FOURTH AMENDMENT TO PROFESSIONAL SERVICES AGREEMENT NUMBER F001748 WITH HROD, INC. DBA MMO PARTNERS

This Fourth Amendment to Agreer	ment number F001748, dated ("Agreement") is
made as of this day of	, 2021, by and between the City of Santa Rosa,
a municipal corporation ("City"), and HR	OD, Inc. dba MMO Partners, a District of Columbia C-
corporation ("Consultant").	

RECITALS

- A. City and Consultant entered into the Agreement for Consultant to provide assistance with federal advocacy.
- B. City and Consultant now desire to amend the Agreement with this Third Amendment for the purpose of extending the time of performance and increasing compensation.

<u>AMENDMENT</u>

NOW, THEREFORE, the parties agree to amend the Agreement as follows:

1. Section 2. Compensation

Section 2(c) is amended to increase the compensation payable to Consultant under the Agreement by \$108,000 to read as follows:

"Notwithstanding any other provision in this Agreement to the contrary, the total maximum compensation to be paid for the satisfactory accomplishment and completion of all tasks set forth above shall in no event exceed the sum of four hundred sixty-eight thousand dollars and no cents (\$468,000). The City's Chief Financial Officer is authorized to pay all proper claims from Charge Number 010000-5320."

2. Section 12. Time of Performance

The last sentence of Section 12 is amended to read as follows:

"Consultant shall complete all the required services and tasks and complete and tender all deliverables to the reasonable satisfaction of City, not later than September 30, 2022."

All other terms of the Agreement shall remain in full force and effect.

Executed as of the day and year first above stated.

CONSULTANT: CITY OF SANTA ROSA a Municipal Corporation Name of Firm HROD, Inc. dba MMO Partners TYPE OF BUSINESS ENTITY (check By:_____ one): Print Name: ____ Individual/Sole Proprietor _____ Partnership Title: <u>x</u> Corporation ____ Limited Liability Company _____ Other (please specify: _____) APPROVED AS TO FORM: Signatures of Authorized Persons: By: _____ Office of the City Attorney

ATTEST:

City Clerk

Print Name:_____

Title: _____

City of Santa Rosa Business Tax Certificate