

FIRST AMENDMENT TO
PROFESSIONAL SERVICES AGREEMENT

THIS FIRST AMENDMENT TO PROFESSIONAL SERVICES AGREEMENT ("Amendment") is made and entered into _____, 2016 ("Effective Date"), by and between the CITY OF COSTA MESA, a municipal corporation (the "City"), and WEST COAST ARBORISTS, a California corporation ("Consultant").

Recitals

WHEREAS, the City and Consultant entered into a Professional Services Agreement on October 1, 2012 to provide tree maintenance services, including trimming, pruning, planting and removal (the "Agreement"); and

WHEREAS, City desires to increase the maximum annual compensation limit to allow Consultant to provide tree maintenance services to support the City's Parkway Maintenance Capital Improvement program; and

WHEREAS, City also desires to ensure there is adequate funding for Consultant to continue to provide tree maintenance services, including prompt removal of dead trees, emergency services during or following storms, and preventive maintenance, throughout the year; and

WHEREAS, Consultant is willing to perform such services.

NOW, THEREFORE, for valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties agree as follows:

1. Section 2.1 of the Agreement is hereby amended to add \$85,000 to the maximum annual compensation limit. This amount reflects \$35,000 for Consultant's services in support of the City's Parkway Maintenance Capital Improvement projects and \$50,000 to ensure there is sufficient funding for tree removal, emergency services during or following storms, and maintaining the preventive maintenance pruning schedule.

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

IN WITNESS WHEREOF, the parties hereto have caused this Amendment to be executed by and through their respective authorized officers, as of the date first written above.

[Signatures appear on the following page.]

CITY OF COSTA MESA,
A municipal corporation

Chief Executive Officer

Date: _____

Interim Finance Director

Date: _____

Public Services Director

Date: _____

CONSULTANT

Signature

Date: _____

Name and Title

Social Security or Taxpayer ID Number

ATTEST:

City Clerk

APPROVED AS TO FORM:

City Attorney

Date: _____