

EXHIBIT A-2

Statement of Work Template

Original Amended

**STATEMENT OF WORK FOR IT CONTINGENT WORKERS
BETWEEN
STATE OF MISSISSIPPI, Department of Environmental Quality
AND
GUIDESOFT, INC., d/b/a KNOWLEDGE SERVICES**

8/11/2020

Lisa Vaughn
Mississippi Department of Environmental Quality
700 N. State Street Jackson, MS 39202

Authorization for work performed pursuant to this Statement of Work ("SOW") is granted under the terms of the Master Consulting Services Agreement between GuideSoft, Inc. d/b/a Knowledge Services and Mississippi Department of Information Technology Services.

- **Knowledge Services Posting Number:** 68834
- **IT Contingent Worker Name:** Donald Caviness
- **Vendor Name:** Information Management Systems Inc.
- **Position Title:** SQL/Javascript Developer
- **Regular Hourly Bill Rate:** \$85.00
- **OT Hourly Bill Rate (if applicable):** \$85.00
- **Original Number of Hours to be worked:** 300
- **Amendment 1: Number of hours to be worked:** 94.5
- **Amendment 2: Number of hours to be worked:**
- **Amendment 3: Number of hours to be worked:**
- **Original Total Cost of SOW: (Not to exceed)** \$25,500.00
- **Amendment 1: Total Cost of SOW: (Not to exceed)** \$8,032.50
- **Amendment 2: Total Cost of SOW: (Not to exceed)**
- **Amendment 3: Total Cost of SOW: (Not to exceed)**
- **Start Date of Service:** 4/27/2020
- **Original End Date of Service:** 6/30/2021
- **Amendment 1: End Date of Service:**
- **Amendment 2: End Date of Service:**
- **Amendment 3: End Date of Service:**
- **Work Location:** 700 N. State St. Jackson, MS 39202

Total Cost of SOW (not to exceed): \$33,532.50
Total number of hours to be worked: 394.50

For the faithful performance of the terms of this Statement of Work, the parties hereto have caused this Statement of Work to be executed by their undersigned authorized representatives.

**Mississippi Department of Environmental
Quality**



Authorized Signature

Chris Wells

Printed Name

Interim Executive Director

Title

8/14/2020

Date

GuideSoft Inc., d/b/a Knowledge Services



Authorized Signature

Printed Name

Program Manager

Title

8/11/2020

Date