

EXHIBIT A-2

Statement of Work Template

Original Amended

**STATEMENT OF WORK FOR IT CONTINGENT WORKERS
BETWEEN
STATE OF MISSISSIPPI, DEPARTMENT OF FINANCE & ADMINISTRATION
AND
GUIDESOFT, INC., d/b/a KNOWLEDGE SERVICES**

10/9/2019

Becky Thompson
Mississippi Department of Finance and Administration
301 North Lamar Street
Jackson, Mississippi 39201

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:** 65346
- **IT Contingent Worker Name:** Caryl Sinfield
- **Vendor Name:** EPI-USE
- **Position Title:** Employee Central Payroll Functional Lead

- **Regular Hourly Bill Rate:** \$225.00
- **OT Hourly Bill Rate (if applicable):** \$225.00
- **Original Number of Hours to be worked:** 5,380
- **Amended Number of Hours to be worked:** Click or tap here to enter text.
- **Original Total Cost of SOW: (Not to exceed)** \$1,210,500.00
- **Amended Total Cost of SOW: (Not to exceed)** Click or tap here to enter text.
- **Start Date of Service:** 12/2/2019
- **Original End Date of Service:** 6/30/2022
- **Amended End Date of Service:** Click or tap to enter a date.
- **Work Location:** 301 North Lamar Street; Suite 400
Jackson, Mississippi 39201

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 Agency Name

GuideSoft Inc., d/b/a Knowledge Services

Authorized Signature

Doreen DeLancy

Authorized Signature

Becky Thompson

Doreen DeLancy

Printed Name

Printed Name

DFA - Deputy Executive Director

Program Manager

Title

Title

10/9/2019

10/9/2019

Date

Date