

EXHIBIT A-2
Statement of Work Template

STATEMENT OF WORK FOR IT CONTINGENT WORKERS
BETWEEN
Mississippi Department of Human Services
AND
GUIDESOFT, INC., d/b/a KNOWLEDGE SERVICES

November 28, 2018

John Davis
Mississippi Department of Human Services
750 North 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: 56722
- IT Contingent Worker Name: Madhu Pushpak Raag Eaga
- Position Title: Linux Admin
- Regular Hourly Bill Rate: \$ 65.25
- OT Hourly Bill Rate (if applicable): \$ 65.25
- Knowledge Services Not to Exceed Rate: \$150,075.00
- Number of Hours to be worked: 2300 Hours yearly
- Total Cost of SOW: \$ 450,225.00 (3 year term)
- Start Date of Service: 12/03/18 Fingerprint screen complete
- End Date of Service: 10/31/21
- Work Location: 200 South Lamar Street, Jackson, MS 39201

Name of Vendor providing IT Contingent Worker: *Chandra Technologies*

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 Human Services

John Davis
Authorized Signature

John Davis

Printed Name

Executive Director

Title

12/3/2018

Date

GuideSoft Inc., d/b/a Knowledge Services

Doreen DeLancy
Authorized Signature

Doreen DeLancy

Printed Name

Program Manager

Title

November 27, 2018

Date