

EXHIBIT A-2
Statement of Work Template

**STATEMENT OF WORK FOR IT CONTINGENT WORKERS
BETWEEN
Mississippi Division of Medicaid
AND
GUIDESOFT, INC., d/b/a KNOWLEDGE SERVICES**

May 22, 2019

Sheila Kearney
Mississippi Division of Medicaid
550 High Street, Suite 1000 | Jackson, MS 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:** 60485
- **IT Contingent Worker Name:** Richard Zhang
- **Vendor Name:** Endeavor Cloud Technology
- **Position Title:** Interoperability Tech
- **Regular Hourly Bill Rate:** \$149.50
- **OT Hourly Bill Rate (if applicable):** \$ 149.50
- **Number of Hours to be worked:** Not to exceed 2,080 per year/6,240 total
- **Total Cost of SOW:** not to exceed \$310,960 per year/\$932,880 3 year total
- **Start Date of Service:** 7/15/2019
- **End Date of Service:** 7/15/2022
- **Work Location:** 550 High Street, Suite 1000 | Jackson, MS 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 Medicaid


Authorized Signature

Drew Snyder

Printed Name

Executive Director

Title

JULY 11, 2019

Date

GuideSoft Inc., d/b/a Knowledge Services
Doreen DeLancy

Authorized Signature

Doreen DeLancy

Printed Name

Program Manager

Title

May 22, 2019

Date