

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**

March 26, 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: 59244
- IT Contingent Worker Name: Terry Neil Norman
- Vendor Name: RadGov
- Position Title: Procurement Project Manager
- Regular Hourly Bill Rate: \$ 87.04
- OT Hourly Bill Rate (if applicable): \$ 87.04
- Number of Hours to be worked: 5,520 hours (1,840 hours per year)
- Total Cost of SOW: \$ 480,460.80 (\$160,153.60 per year)
- Start Date of Service: 04/01/2019
- End Date of Service: 04/01/2022
- Work Location: 550 High Street, Suite 1000 | Jackson, MS 39201

It has been agreed upon that, due to the Contractor assisting in the preparation and solicitation of Statement of Work and Request for Proposal opportunities; the Contractor and Vendor are precluded from bidding on or being submitted as a Resource to any of the opportunities of which the Contractor has been involved.

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

March 27, 2019
Date

GuideSoft Inc., d/b/a Knowledge Services

Doreen DeLancy
Authorized Signature

Doreen DeLancy
Printed Name

Program Manager
Title

March 26, 2019
Date