

EXHIBIT A-2

Statement of Work Template

Original Amended

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

7/16/2020

Albert Brown
State of Mississippi, Department of Health
570 E Woodrow Wilson Ave Jackson, MS 39213

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:** 68407
- **IT Contingent Worker Name:** Marvin Daniel Little
- **Vendor Name:** Pileum
- **Position Title:** Server Management Support
- **Regular Hourly Bill Rate:** \$150.00
- **OT Hourly Bill Rate (if applicable):** \$150.00
- **Original Number of Hours to be worked:** 500
- **Amended Number of Hours to be worked:** Click or tap here to enter text.
- **Original Total Cost of SOW: (Not to exceed)** \$75,000.00
- **Amended Total Cost of SOW: (Not to exceed)** Click or tap here to enter text.
- **Start Date of Service:** 8/3/2020
- **Original End Date of Service:** 12/31/2020
- **Amended End Date of Service:** Click or tap to enter a date.
- **Work Location:** 570 E Woodrow Wilson Ave
Jackson, Ms 39213

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 Health


Authorized Signature

Albert Brown
Printed Name

DH. Office Director
Title

7/17/20
Date

GuideSoft Inc., d/b/a Knowledge Services


Authorized Signature

Doreen DeLancy
Printed Name

Doreen DeLancy
Printed Name

Program Manager
Title

3/23/2020
Date