

EXHIBIT A-2
Statement of Work Template – FOR INFORMATION PURPOSES ONLY

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

May 10, 2018

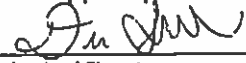
Sheila Kearney
Mississippi Division of Medicaid
550 High Street, Suite 1000 | Jackson, MS 39201

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:** 52897
- **IT Contingent Worker Name:** Stefanie Bryant
- **Vendor Name:** SWB Consulting
- **Position Title:** Data Analyst/Eligibility Business Analyst
- **Regular Hourly Bill Rate:** \$ 51.00
- **OT Hourly Bill Rate (if applicable):** \$ 51.00
- **Knowledge Services Not to Exceed Rate:** \$53,040 per year (\$265,200 Total)
- **Number of Hours to be worked:** 1,040 per year (5,200 Total)
- **Total Cost of SOW:** \$265,200
- **Start Date of Service:** 5/21/2018 *Signed SOW must be received beforehand*
- **End Date of Service:** 4/2/2023
- **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

5/21/2018

Date

GuideSoft Inc., d/b/a Knowledge Services



Authorized Signature

Doreen DeLancy

Printed Name

Program Manager

Title

5/10/2018

Date