

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**

December 19, 2017

Grant Banks
Mississippi Division of Medicaid
550 High Street, Suite 1000 | Jackson, MS 39201
Phone: 601-359-6153

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:** 49907
- **IT Contingent Worker Name:** Patti Irgens
- **Position Title:** Procurement Administrator
- **Regular Hourly Bill Rate:** \$ 129.00
- **OT Hourly Bill Rate (if applicable):** \$ 129.00
- **Knowledge Services Not to Exceed Rate:** \$237,360
- **Number of Hours to be worked:** 1840
- **Total Cost of SOW:** \$ 237,360
- **Start Date of Service:** 1/2/2018
- **End Date of Service:** 1/2/2019
- **Work Location:** 550 High Street, Suite 1000 | Jackson, MS 39201

Name of Vendor providing IT Contingent Worker: ICPM

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

Shela Kearney, CSID
Authorized Signature *for Rita Rutland*

Rita Rutland

Printed Name

Deputy Director, Information Technology
Management Services

Title

12/19/17

Date

GuideSoft Inc., d/b/a Knowledge Services

Doreen DeLancy
Authorized Signature

Doreen DeLancy

Printed Name

Project Director

Title

December 18, 2017

Date