

EXHIBIT A-2

Statement of Work Template

Original ☐ Amended ☒

**STATEMENT OF WORK FOR IT CONTINGENT WORKERS
BETWEEN
STATE OF MISSISSIPPI, Department of Child Protection Services
AND
GUIDESOFT, INC., d/b/a KNOWLEDGE SERVICES**

9/15/2025

Michael Pantin
Department of Child Protective Services
750 North State Street
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:** 115080
- **IT Contingent Worker Name:** Diana Lem
- **Vendor Name:** Virtus Public Services LLC
- **Position Title:** Data Analyst
- **Regular Hourly Bill Rate:** \$100.00
- **OT Hourly Bill Rate** *(if applicable):* \$100.00
- **Original Number of Hours to be worked:** 2080
- *** Amendment 1: Additional Number of hours to be worked:** 2080
- *** Amendment 2: Additional Number of hours to be worked:** 2080
- *** Amendment 3: Additional Number of hours to be worked:** Click or tap here to enter text.
- **Original Total Cost of SOW:** *(Not to exceed)* \$208,000.00
- *** Amendment 1: Additional Cost of SOW:** *(Not to exceed)* \$208,000.00
- *** Amendment 2: Additional Cost of SOW:** *(Not to exceed)* \$208,000.00
- *** Amendment 3: Additional Cost of SOW:** *(Not to exceed)* Click or tap here to enter text.
- **Start Date of Service:** 5/15/2023
- **Original End Date of Service:** 5/14/2024
- *** Amendment 1: New End Date of Service:** 5/14/2025
- *** Amendment 2: New End Date of Service:** 5/14/2026
- *** Amendment 3: New End Date of Service:** Click or tap to enter a date.
- **Work Location:** 750 North State Street
Jackson, MS 39201

* Please do not add the amendments to the original number of hours or original cost of the SOW.
The amendment is the amount you are adding to the contract.

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 Child Protective
Services**



Authorized Signature

Michael Pantin

Printed Name

CIO

Title

9/16/2025

Date

GuideSoft Inc., d/b/a Knowledge Services



Authorized Signature

Katie Belange

Printed Name

Corporate Counsel

Title

09/16/2025

Date