EXHIBIT A-2

Statement of Work Template

Original 🖂 Amended

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

6/26/2025

Jill Chastant Mississippi Division of Medicaid 550 High St. 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: IT Contingent Worker Name: Lynn Smith **Vendor Name: Talent Groups**

Position Title: HHSTP Operations Manager

\$115.50 **Regular Hourly Bill Rate:** \$115.50 **OT Hourly Bill Rate** (if applicable):

10,400/Not to exceed 2,080 per Original Number of Hours to be worked:

year

7/21/2025

7/20/2030

Amendment 1: Number of hours to be worked: Click or tap here to enter text. **Amendment 2: Number of hours to be worked:** Click or tap here to enter text. Amendment 3: Number of hours to be worked: Click or tap here to enter text. \$1.201.200.00/Not to exceed Original Total Cost of SOW: (Not to exceed) \$240,240.00 per year

Amendment 1: Total Cost of SOW: (Not to exceed)

Click or tap here to enter text. Click or tap here to enter text. **Amendment 2: Total Cost of SOW:** (Not to exceed) Click or tap here to enter text.

Amendment 3: Total Cost of SOW: (Not to exceed)

Start Date of Service:

Original End Date of Service:

Amendment 1: End Date of Service: Click or tap to enter a date. **Amendment 2: End Date of Service:** Click or tap to enter a date. Click or tap to enter a date. **Amendment 3: End Date of Service:**

Work Location: Remote/Walter Sillers Building 550 High Street, Suite 1000

Jackson, MS 39201

Revised 07/10/2019 1 STATE OF MS IT STAFF AUG Vendor hereby acknowledges and agrees that Vendor's Contingent Worker (Contingent Worker) to perform under this SOW is based on that Contingent Worker's skill and expertise to efficiently supplement DOM staffing needs. As such, Vendor hereby agrees to prioritize all job duties enumerated within this SOW as the Contingent Worker's primary employment obligation. In response to this SOW and prior to DOM's acceptance and approval of Contingent Worker, Vendor shall provide DOM advance written notice disclosing any outside work that Contingent Worker is currently performing and/or intends to perform for clients other than DOM during the active term of this SOW. DOM shall review Vendor's notice of Contingent Worker's outside work to screen for conflicts of interest and provide a written response indicating DOM's approval or disapproval of the outside work.

In the event of DOM's disapproval of Contingent Worker's outside work, the Purchase Order and/or SOW under which the Contingent Worker is retained for service shall be subject to termination pursuant to Article 13 of the Knowledge Services Master Agreement if Vendor elects to assign Contingent Worker to perform the outside work.

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 Division of	GuideSoft Inc., d/b/a Knowledge Services
Medicaid Cindy Bradshaw	Katie Belange
Authorized Signature	Authorized Signature
Cindy Bradshaw	Katie Belange
Printed Name	Printed Name
Executive Director	Corporate Counsel
Title	Title
7/15/2025 1:04:08 PM CDT	07/02/2025
Date	Date
Vendor: Talent Groups	
Authorized Signature	
Carl Foster	
Printed Name	
President, East	
Title	
7/2/2025	
Date	

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