

**EXHIBIT A-2**

**Statement of Work Template**

Original  Amended

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

1/5/2024

John Kraman  
State of MS, Dept. of Education  
PO Box 771 Jackson, MS 39205-0771

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:** 124918
- **IT Contingent Worker Name:** Seshagiri Chirumarnilla
- **Vendor Name:** Alrek Business Solutions
- **Position Title:** Developer
- **Regular Hourly Bill Rate:** \$125.00
- **OT Hourly Bill Rate (if applicable):** \$125.00
- **Original Number of Hours to be worked:** 1,500
- **\*Amendment 1: Additional Number of hours to be worked:** Click or tap here to enter text.
- **\*Amendment 2: Additional Number of hours to be worked:** Click or tap here to enter text.
- **\*Amendment 3: Additional Number of hours to be worked:** Click or tap here to enter text.
- **Original Total Cost of SOW: (Not to exceed)** \$187,500.00
- **\*Amendment 1: Additional Cost of SOW: (Not to exceed)** Click or tap here to enter text.
- **\*Amendment 2: Additional Cost of SOW: (Not to exceed)** Click or tap here to enter text.
- **\*Amendment 3: Additional Cost of SOW: (Not to exceed)** Click or tap here to enter text.
- **Start Date of Service:** 1/22/2024
- **Original End Date of Service:** 9/30/2024
- **\*Amendment 1: New End Date of Service:** Click or tap to enter a date.
- **\*Amendment 2: New End Date of Service:** Click or tap to enter a date.
- **\*Amendment 3: New End Date of Service:** Click or tap to enter a date.
- **Work Location:** 359 NW 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 Department of  
Education**

\_\_\_\_\_  
*Authorized Signature*

**John Kraman**

\_\_\_\_\_  
*Printed Name*

**Chief Information Officer**

\_\_\_\_\_  
*Title*

**01/22/2024**

\_\_\_\_\_  
*Date*

**GuideSoft Inc., d/b/a Knowledge Services**

*Katie Belange*

\_\_\_\_\_  
*Authorized Signature*

**Katie Belange**

\_\_\_\_\_  
*Printed Name*

**Corporate Counsel**

\_\_\_\_\_  
*Title*

**Jan 22, 2024**

\_\_\_\_\_  
*Date*