



Knowledge Services  
State of Mississippi  
Managed Service Provider  
Request for Project Services Change Order


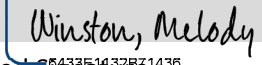

**Project Name:** Integrated Disease Surveillance Platform

**State Agency:** Mississippi Department of Human Services    **Vendor Name:** Cambria

**Change Order to Exhibit A-1#:** 01    **Posting ID#** 76804

**Change Order Description/Justification:** Extend the estimated project completion date to July 31, 2021.

Deliverable/Services Description	Cost
Total Project Cost	Not applicable

Authorization		
Vendor Authorized Signature	Vendor Printed Name	Date
	Gayle Lowery	7/20/2021
Agency Authorized Signature	Agency Printed Name	Date
 <small>DocuSigned by: Winston, Melody</small>	MSDH	7/6/2021   8:57 AM CDT
MSP Authorized Signature	MSP Printed Name	Date
 <small>Katie Belange (Aug 4, 2021 08:40 EDT)</small>	Katie Belange	Aug 4, 2021