## **EXHIBIT A-2**

## Statement of Work Template

Original 🖂 Amended

## STATEMENT OF WORK FOR IT CONTINGENT WORKERS

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## **BETWEEN** STATE OF MISSISSIPPI, Department of Human Services AND GUIDESOFT, INC., d/b/a KNOWLEDGE SERVICES

9/23/2021

Mississippi Department of Human Services 200 South Lamar Street Jackson, MS 39202

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: Joseph Thurman

Elegant Enterprise-Wide Vendor Name:

Solutions Inc.

**Position Title: Programming Analyst** 

\$90.00 **Regular Hourly Bill Rate: OT Hourly Bill Rate** (if applicable): \$90.00 **Original Number of Hours to be worked:** 6900 hours

Amendment 1: Number of hours to be worked: N/A Amendment 2: Number of hours to be worked: N/A Amendment 3: Number of hours to be worked: N/A

Original Total Cost of SOW: (Not to exceed) \$621,000.00

Amendment 1: Total Cost of SOW: (Not to exceed) N/A Amendment 2: Total Cost of SOW: (Not to exceed) N/A **Amendment 3: Total Cost of SOW:** (Not to exceed) N/A

Start Date of Service: 11/29/2021 **Original End Date of Service:** 11/29/2024

**Amendment 1: End Date of Service:** N/A Amendment 2: End Date of Service: N/A Amendment 3: End Date of Service: N/A

200 South Lamar Street Work Location:

Jackson, MS 39202

Revised 07/10/2019 1 STATE OF MS IT STAFF AUG 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 Human Services	Katie Belange Katie Gep 23, 2021 14:28 EDT)
Authorized Signature	Authorized Signature
Nathan Wilson	Katie Belange
Printed Name	Printed Name
Deputy Executive Director for Administ ration	Corporate Counsel
Title	Title
9/24/2021	Sep 23, 2021
Date	Date