

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**

5/17/2021

Brad Estess
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:** 77366
- **IT Contingent Worker Name:** Vince Rodino
- **Vendor Name:** VertiSystems
- **Position Title:** Database Administrator DBA
- **Regular Hourly Bill Rate:** \$105.00
- **OT Hourly Bill Rate (if applicable):** \$105.00
- **Original Number of Hours to be worked:**
 - FY21 – 520 hours
 - FY22 – 1,040 hours
 - FY23 – 1,040 hours
 - Total -2,600 hours
- **Amendment 1: Additional Number of hours to be worked:** FY21 – 70 hours
- **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.
- **Original Total Cost of SOW: (Not to exceed)**
 - FY21 - \$54,600
 - FY22 - \$109,200
 - FY23 - \$109,200
 - Total - \$273,000
- **Amendment 1: Additional Total Cost of SOW: (Not to exceed)**
 - FY21 - \$7,350
 - Total - \$7,350
- **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)** Click or tap here to enter text.
- **Start Date of Service:** 1/4/2021
- **Original End Date of Service:** 1/4/2024
- **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.
- **Amendment 3: End Date of Service:** Click or tap to enter a date.
- **Work Location:** Remote/Walter Sillers Building

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 Medicaid

Drew Snyder

Click or tap here to enter text.

Authorized Signature

Drew Snyder

Printed Name

Executive Director

Title

6/10/2021 | 10:48:47 AM CDT

Date

GuideSoft Inc., d/b/a Knowledge Services

Katie Belange

Katie Belange (May 18, 2021 09:16 EDT)

Authorized Signature

Katie Belange

Printed Name

Corporate Counsel

Title

May 18, 2021

Date