

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**

4/25/2022

Grant Banks
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:** 99501
- **IT Contingent Worker Name:** Chandhrashekar Pandhiri
- **Vendor Name:** Kolla Soft Inc.
- **Position Title:** Security Officer
- **Regular Hourly Bill Rate:** \$145.00
- **OT Hourly Bill Rate (if applicable):** \$145.00
- **Original Number of Hours to be worked:** 6,240 (Not to exceed 2,080 hours per year)
- **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.
- **Original Total Cost of SOW: (Not to exceed)** \$904,800 (Not to exceed \$301,600 per year)
- **Amendment 1: Total Cost of SOW: (Not to exceed)** 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)** Click or tap here to enter text.
- **Start Date of Service:** 5/9/2022
- **Original End Date of Service:** 5/9/2025
- **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:** 550 High St. Suite 1000
Jackson, MS 39201

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

Authorized Signature

Drew Snyder

Printed Name

Executive Director

Title

5/10/2022 | 5:07:13 PM CDT

Date

GuideSoft Inc., d/b/a Knowledge Services

Katie Belange

Katie Belange (Apr 28, 2022 12:59 EDT)

Authorized Signature

Katie Belange

Printed Name

Corporate Counsel

Title

Apr 28, 2022

Date