

**EXHIBIT A-2**

**Statement of Work Template**

Original  Amended

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

6/1/2021

Sean Tindell  
1900 East Woodrow Wilson Avenue  
Jackson, MS 39216


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:** 63149
- **IT Contingent Worker Name:** Lore Brady
- **Vendor Name:** Meris LLC.
- **Position Title:** Systems Manager
- **Regular Hourly Bill Rate:** \$200.00
- **OT Hourly Bill Rate (if applicable):** \$200.00
- **Original Number of Hours to be worked:** 3600
- **\*Amendment 1: Additional Number of hours to be worked:** 325
- **\*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)** \$720,000.00
- **\*Amendment 1: Additional Cost of SOW: (Not to exceed)** \$65,000.00
- **\*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:** 8/12/2019
- **Original End Date of Service:** 8/12/2022
- **\*Amendment 1: New End Date of Service:** 8/12/2022
- **\*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:** 1900 E. Woodrow Wilson Ave.  
Jackson, MS 39216

\* 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  
Public Safety**

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

*Sean Tindell*  
\_\_\_\_\_  
*Printed Name*

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

*7/2/21*  
\_\_\_\_\_  
*Date*

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

*Doreen DeLancy*  
\_\_\_\_\_  
*Authorized Signature*

*Doreen DeLancy*  
\_\_\_\_\_  
*Printed Name*

*Program Manager*  
\_\_\_\_\_  
*Title*

*6/1/2021*  
\_\_\_\_\_  
*Date*