EXHIBIT A-2

Statement of Work Template

Original Amended

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

11/15/2021

John Kraman State of MS, Dept. of Education PO Box 771 Jackson, MS 39205-0771

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.

 IT Contingent Worker Name: Vendor Name: Position Title: Regular Hourly Bill Rate: OT Hourly Bill Rate (if applicable): Original Number of Hours to be worked: *Amendment 1: Additional Number of hours to be worked: *Amendment 2: Additional Number of hours to be worked: *Amendment 3: Additional Number of hours to be worked: Click or tap here to enter text. Click or tap here to enter text.
 Position Title: Regular Hourly Bill Rate: OT Hourly Bill Rate (if applicable): Original Number of Hours to be worked: *Amendment 1: Additional Number of hours to be worked: *Amendment 2: Additional Number of hours to be worked: Click or tap here to enter text.
 Regular Hourly Bill Rate: OT Hourly Bill Rate (if applicable): Original Number of Hours to be worked: *Amendment 1: Additional Number of hours to be worked: *Amendment 2: Additional Number of hours to be worked: Click or tap here to enter text. Click or tap here to enter text.
 OT Hourly Bill Rate (if applicable): Original Number of Hours to be worked: *Amendment 1: Additional Number of hours to be worked: *Amendment 2: Additional Number of hours to be worked:
 Original Number of Hours to be worked: *Amendment 1: Additional Number of hours to be worked: *Amendment 2: Additional Number of hours to be worked: Click or tap here to enter text.
 *Amendment 1: Additional Number of hours to be worked: Click or tap here to enter text. *Amendment 2: Additional Number of hours to be worked: Click or tap here to enter text.
• *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) \$270,000.00
• *Amendment 1: Additional Cost of SOW: (Not to exceed) Click or tap here to enter text.
• *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: 12/6/2021
 Original End Date of Service:
• *Amendment 1: New End Date of Service: Click or tap to enter a date.
• *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: 359 NW Street

Jackson, MS 39201

^{*} 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	GuideSoft Inc., d/b/a Knowledge Services
Education	
	Katie Belange Katie Belange (Dec 8, 2021 09:17 EST)
Authorized Signature	Authorized Signature
John Kraman	Katie Belange
Printed Name	Printed Name
Chief Information Officer	Corporate Counsel
Title	Title
11/29/2021	Dec 8, 2021
Date	Date