

EXHIBIT A-2

Statement of Work Template

Original Amended

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

3/18/2021

Click or tap here to enter text.


State of Mississippi, Department of Health
570 E Woodrow Wilson Ave Jackson, MS 39213

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:** 82705
- **IT Contingent Worker Name:** Dennis Harvey
- **Vendor Name:** Business Communication, Inc.
- **Position Title:** Security Consultant
- **Regular Hourly Bill Rate:** \$110.00
- **OT Hourly Bill Rate (if applicable):** \$110.00
- **Original Number of Hours to be worked:** 800
- **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)** \$88,000.00
- **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:** 4/1/2021
- **Original End Date of Service:** 12/31/2021
- **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:** 570 E Woodrow Wilson Ave.
Jackson, MS 39213

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 Health


Authorized Signature

~~Thomas Dobber, MD, MPH ext.~~

Printed Name

State Health Officer

Click or tap here to enter text.

Title

April 1, 2021

Click or tap to enter a date.

Date

GuideSoft Inc., d/b/a Knowledge Services


Authorized Signature

Hailey Petty

Printed Name

Program Manager

Title

3/18/2021

Date