

EXHIBIT A-2

Statement of Work Template

Original Amended

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

2/14/2023

Kim Wood
State of MS, Dept. of Mental Health
239 N. Lamar Street Jackson, MS 39201

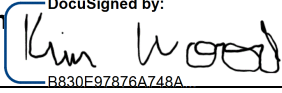
Authorization for work performed pursuant to this Statement of Work ("SOW") is granted under the terms of the Master Consulting Services Agreement between GuideSoft, Inc. d/b/a Knowledge Services and Mississippi Department of Information Technology Services.

- **Knowledge Services Posting Number:** 113677
- **IT Contingent Worker Name:** Tabby Polk
- **Vendor Name:** Rose International
- **Position Title:** Helpdesk
- **Regular Hourly Bill Rate:** \$45.50
- **OT Hourly Bill Rate (if applicable):** \$45.50
- **Original Number of Hours to be worked:** 1664
- ***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 3: Additional Number of hours to be worked:** Click or tap here to enter text.
- **Original Total Cost of SOW: (Not to exceed)** \$75,712.00
- ***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:** 3/1/2023
- **Original End Date of Service:** 2/29/2024
- ***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:** 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
Mental Health**

DocuSigned by:

B830E97876A748A

Authorized Signature

Kim Wood

Printed Name

Chief Information officer

Title

2/17/2023

Date

GuideSoft Inc., d/b/a Knowledge Services


Katie Belange (Feb 14, 2023 10:31 EST)

Authorized Signature

Katie Belange

Printed Name

Corporate Counsel

Title

Feb 14, 2023

Date