

**EXHIBIT A-2**

**Statement of Work Template**

Original  Amended

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

4/7/2020

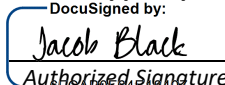
Mississippi Department of Human Services  
200 South Lamar Street  
Jackson, MS 39202

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:** 70008
- **IT Contingent Worker Name:** Tim Holweger
- **Vendor Name:** Ciber
- **Position Title:** Programmer Analyst
- **Regular Hourly Bill Rate:** \$81.15
- **OT Hourly Bill Rate (if applicable):** \$81.15
- **Original Number of Hours to be worked:** 6,900 hrs
- **Amended Number of Hours to be worked:** N/A
- **Original Total Cost of SOW: (Not to exceed)** \$559,935.00 (3 year term)
- **Amended Total Cost of SOW: (Not to exceed)** N/A
- **Start Date of Service:** 5/1/2020
- **Original End Date of Service:** 5/1/2023
- **Amended End Date of Service:** N/A
- **Work Location:** 200 South Lamar St. Jackson, MS 39202

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 Human Services**

DocuSigned by:  
  
 Authorized Signature  
 Jacob Black  
 \_\_\_\_\_  
 Printed Name  
 Deputy Executive  
 \_\_\_\_\_  
 Title  
 4/13/2020  
 \_\_\_\_\_  
 Date

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

  
 Authorized Signature  
 Doreen DeLancy  
 \_\_\_\_\_  
 Printed Name  
 Program Manager  
 \_\_\_\_\_  
 Title  
 4/7/2020  
 \_\_\_\_\_  
 Date