

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**

11/19/2019

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:** 65953
- **IT Contingent Worker Name:** Thomas Costa
- **Vendor Name:** Red Salsa Technologies Inc.
- **Position Title:** Project Lead/Project Manager
- **Regular Hourly Bill Rate:** \$105.00
- **OT Hourly Bill Rate (if applicable):** \$105.00
- **Original Number of Hours to be worked:** 6900
- **Amended Number of Hours to be worked:** N/A
- **Original Total Cost of SOW: (Not to exceed)** \$724,500.00
- **Amended Total Cost of SOW: (Not to exceed)** N/A
- **Start Date of Service:** 12/20/2019
- **Original End Date of Service:** 12/20/2022
- **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:
Jacob Black
Authorized Signature

Jacob Black
Printed Name

Deputy Executive
Title

11/20/2019
Date

GuideSoft Inc., d/b/a Knowledge Services

Doreen DeLancy
Authorized Signature

Doreen DeLancy
Printed Name

Program Manager
Title

11/19/2019
Date