

EXHIBIT A-2

Statement of Work Template

Original Amended

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

1/22/2021

Daniel Jordan
Department of Child Protection Services
750 North State 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:** 78447
- **IT Contingent Worker Name:** John Simpson
- **Vendor Name:** Agile Strategy and Solutions Inc
- **Position Title:** Project manager
- **Regular Hourly Bill Rate:** 105.00
- **OT Hourly Bill Rate (if applicable):** 105.00
- **Original Number of Hours to be worked:** 2080
- **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)** \$218,400.00
- **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:** 2/1/2021
- **Original End Date of Service:** 1/31/2022
- **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:** 750 North State Street
Jackson, MS 39201

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 Child Protection Services

DocuSigned by:

Andrea H. Sanders

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Authorized Signature

Andrea Sanders

Printed Name

MDCPS Commissioner

Title

1/25/2021

Date

GuideSoft Inc., d/b/a Knowledge Services

Hailey Petty

Authorized Signature

Hailey Petty

Printed Name

Program Manager

Title

1/22/2021

Date