## EXHIBIT A-2

### Statement of Work Template

Original ☐     Amended ☒

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

8/11/2020

Lisa Vaughn
Mississippi Department of Environmental Quality
700 N. State 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:** 68839
- **IT Contingent Worker Name:** Harry Boswell
- **Vendor Name:** Information Management Systems Inc.
- **Position Title:** Oracle DBA
- **Regular Hourly Bill Rate:** $115.00
- **OT Hourly Bill Rate** *(if applicable)*: $115.00
- **Original Number of Hours to be worked:** 300
- **Amendment 1: Number of hours to be worked:** 126.5
- **Amendment 2: Number of hours to be worked:**
- **Amendment 3: Number of hours to be worked:**
- **Original Total Cost of SOW:** *(Not to exceed)* $34,500.00
- **Amendment 1: Total Cost of SOW:** *(Not to exceed)* $14,547.50
- **Amendment 2: Total Cost of SOW:** *(Not to exceed)*
- **Amendment 3: Total Cost of SOW:** *(Not to exceed)*
- **Start Date of Service:** 4/6/2020
- **Original End Date of Service:** 6/30/2021
- **Amendment 1: End Date of Service:**
- **Amendment 2: End Date of Service:**
- **Amendment 3: End Date of Service:**
- **Work Location:** 700 N. State St. Jackson, MS 39202

**Total Cost of SOW (not to exceed): $49,047.50**
**Total number of hours to be worked: 426.50**

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 Environmental Quality** | **GuideSoft Inc., d/b/a Knowledge Services** |
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|---|---|
| _Authorized Signature_ | _Doreen DeLancy_ |
| | _Authorized Signature_ |
| Chris Wells | |
| _Printed Name_ | _Printed Name_ |
| Interim Executive Director | Program Manager |
| _Title_ | _Title_ |
| 8/14/2020 | 8/11/2020 |
| _Date_ | _Date_ |