## **EXHIBIT A-2**

## **Statement of Work Template**

Original Amended

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

10/22/2020

Becky Thompson
Department of Finance and Administration
301 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: 73996

IT Contingent Worker Name:

 Vendor Name:
 Position Title:

 Lakshmi Subramanian

 Cynet Systems Inc.

 SAP Financial Consultant

Regular Hourly Bill Rate: \$147.50
 OT Hourly Bill Rate (if applicable): \$147.50

• Original Number of Hours to be worked: 3,467

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.
 Click or tap here to enter text.
 Click or tap here to enter text.

• Original Total Cost of SOW: (Not to exceed) \$511,382.50

Amendment 1: Total Cost of SOW: (Not to exceed)
Amendment 2: Total Cost of SOW: (Not to exceed)
Amendment 3: Total Cost of SOW: (Not to exceed)
Click or tap here to enter text.
Click or tap here to enter text.

Start Date of Service: 11/2/2020

• Original End Date of Service: 6/30/2022

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: 301 North State Street Jackson, MS 39201

Revised 07/10/2019 1 STATE OF MS IT STAFF AUG

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.

Administration	GuideSoft Inc., d/b/a Knowledge Services
	Doreen DeLancy
Authorized Signature	Authorized Signature
Becky Thompson	Doreen DeLancy
Printed Name	Printed Name
DFA – Deputy Executive Director	Program Manager
Title	Title
10/22/2020	10/22/2020
Date	Date