<u>EXHIBIT A-2</u>

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

6/4/2020

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:** 73372
- **IT Contingent Worker Name:** Rangarajan Narasimhan
- **Vendor Name:** Information Resource Group
- **Position Title:** Lead Systems Administrator
- **Regular Hourly Bill Rate:** $86.50
- **OT Hourly Bill Rate** *(if applicable)***:** $86.50
- **Original Number of Hours to be worked:** 6900 hours
- **Amendment 1: Number of hours to be worked:** N/A
- **Amendment 2: Number of hours to be worked:** N/A
- **Amendment 3: Number of hours to be worked:** N/A
- **Original Total Cost of SOW:** *(Not to exceed)* $596,850.00
- **Amendment 1: Total Cost of SOW:** *(Not to exceed)* N/A
- **Amendment 2: Total Cost of SOW:** *(Not to exceed)* N/A
- **Amendment 3: Total Cost of SOW:** *(Not to exceed)* N/A
- **Start Date of Service:** 8/12/2020
- **Original End Date of Service:** 8/12/2023
- **Amendment 1: End Date of Service:** N/A
- **Amendment 2: End Date of Service:** N/A
- **Amendment 3: End Date of Service:** N/A
- **Work Location:** 200 South Lamar Street
  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	**GuideSoft Inc., d/b/a Knowledge Services**

* *Nathan Wilson*
DocuSigned by:
EA5F1349CE074D7...

_____
Authorized Signature

* Nathan Wilson

_____
Printed Name

* Deputy Executive Director for Administration

_____
Title

* 8/11/2020

_____
Date

Doreen DeLancy

_____
Authorized Signature

_____
Printed Name

Program Manager

_____
Title

Click or tap to enter a date.

_____
Date