

DS  
JS

**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**

1/12/2021

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:** 77983
- **IT Contingent Worker Name:** Jose Garay Jr.
- **Vendor Name:** Cambria Solutions
- **Position Title:** Chatbot Full Stack Developer
- **Regular Hourly Bill Rate:** 138.00
- **OT Hourly Bill Rate (if applicable):** 138.00
- **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)** \$952,200.00
- **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:** 2/01/2021
- **Original End Date of Service:** 2/01/2024
- **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

replaced for new start date

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**

*Nathan Wilson*

EASF1347CE07407  
*Authorized Signature*

Nathan Wilson

*Printed Name*

Deputy Executive Director for Administration

*Title*

1/13/2021

*Date*

**GuideSoft Inc., d/b/a Knowledge Services**

*Hailey Petty*

*Authorized Signature*

Hailey Petty

*Printed Name*

Program Manager

*Title*

1/11/2021

*Date*