

EXHIBIT A-2

Statement of Work Template

Original Amended

**STATEMENT OF WORK FOR IT CONTINGENT WORKERS
BETWEEN
STATE OF MISSISSIPPI, Division of Medicaid
AND
GUIDESOFT, INC., d/b/a KNOWLEDGE SERVICES**

4/7/2021

Grant Banks
Mississippi Division of Medicaid
550 High St. Suite 1000 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:** 80122
- **IT Contingent Worker Name:** Victoria Edwards
- **Vendor Name:** Cambria Solutions, Inc.
- **Position Title:** Business Analyst
- **Regular Hourly Bill Rate:** 134.00
- **OT Hourly Bill Rate (if applicable):** 134.00
- **Original Number of Hours to be worked:**
 - FY21 – 368
 - FY22 – 2,080
 - FY22 – 2,080
 - Total – 4,528

- **Amendment 1: Number of hours to be worked:**
- **Amendment 2: Number of hours to be worked:**
- **Amendment 3: Number of hours to be worked:**
- **Original Total Cost of SOW: (Not to exceed)**
 - FY21 - \$49,312
 - FY22 - \$278,720
 - FY22 - \$278,720
 - Total - \$606,752

- **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)**
- **Start Date of Service:** 4/27/2021
- **Original End Date of Service:** 4/27/2024
- **Amendment 1: End Date of Service:**
- **Amendment 2: End Date of Service:**
- **Amendment 3: End Date of Service:**
- **Work Location:** 550 High St. Suite 1000 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 Division of
Medicaid**



Authorized Signature

Drew Snyder

Printed Name

Executive Director

Title

4/14/2021

Date

GuideSoft Inc., d/b/a Knowledge Services

Hailey Petty

Authorized Signature

Hailey Petty

Printed Name

Program Manager

Title

4/7/2021

Date