

EXHIBIT A-2

Statement of Work Template

Original Amended #3

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

11/4/2020

John Kraman
State of MS, Dept. of Education
PO Box 771 Jackson, MS 39205-0771

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:** 65424
- **IT Contingent Worker Name:** Gail Myers
- **Vendor Name:** SystemDomain
- **Position Title:** Program Manager
- **Regular Hourly Bill Rate:** \$110.00
- **OT Hourly Bill Rate (if applicable):** \$110.00
- **Original Number of Hours to be worked:** 680
- **Amendment 1: Number of hours to be worked:** 2000
- **Amendment 2: Number of hours to be worked:** 2000
- **Amendment 3: Number of hours to be worked:** Click or tap here to enter text.
- **Original Total Cost of SOW: (Not to exceed)** \$74,800.00
- **Amendment 1: Total Cost of SOW: (Not to exceed)** \$220,000.00
- **Amendment 2: Total Cost of SOW: (Not to exceed)** \$220,000.00
- **Amendment 3: Total Cost of SOW: (Not to exceed)** Click or tap here to enter text.
- **Start Date of Service:** 9/30/2019
- **Original End Date of Service:** 1/22/2020
- **Amendment 1: End Date of Service:** 1/21/2021
- **Amendment 2: End Date of Service:** 1/21/2022
- **Amendment 3: End Date of Service:** Click or tap to enter a date.
- **Work Location:** 359 North West Street
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 Education

DocuSigned by:

John Kraman

Authorized Signature

John Kraman

Printed Name

Chief Information Officer

Title

1/12/2021

Date

GuideSoft Inc., d/b/a Knowledge Services

Hailey Petty

Authorized Signature

Hailey Petty

Printed Name

Program Manager

Title

11/4/2020

Date