EXHIBIT A-2

Statement of Work Template

Original \square Amended \square

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

9/30/2020

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.

		7.4500
•	Knowledge Services Posting Number:	74529
•	IT Contingent Worker Name:	Kristine Agricola
•	Vendor Name:	Queen Consulting Group
•	Position Title:	Business Analyst
•	Regular Hourly Bill Rate:	\$86.00
•	OT Hourly Bill Rate (if applicable):	\$86.00
•	Original Number of Hours to be worked:	552
•	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
•	Amendment 3: Number of hours to be worked:	Click or tap here to enter text.
•	Original Total Cost of SOW: (Not to exceed)	\$47,472.00
•	Amendment 1: Total Cost of SOW: (Not to exceed)	Click or tap here to enter text.
•	Amendment 2: Total Cost of SOW: (Not to exceed)	Click or tap here to enter text.
•	Amendment 3: Total Cost of SOW: (Not to exceed)	Click or tap here to enter text.
•	Start Date of Service:	10/19/2020
•	Original End Date of Service:	1/21/2021
•	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:	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	GuideSoft Inc., d/b/a Knowledge Services
Click of tarchere to enter text.	Doreen DeLancy
Authorized Signature	Authorized Signature
John Kraman	Doreen DeLancy
Printed Name	Printed Name
Chief Information Officer	Program Manager
Title	Title
10/9/2020	9/30/2020
Date	Date