

EXHIBIT A-2

Statement of Work Template

Original Amended

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

1/26/2021

Shana Holt
MISSISSIPPI DEVELOPMENT AUTHORITY
P.O. Box 849
Jackson, MS 39205

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:** 78096
- **IT Contingent Worker Name:** Shanleigh McStay
- **Vendor Name:** CORE Technology
- **Position Title:** Project Manager
- **Regular Hourly Bill Rate:** \$209.00
- **OT Hourly Bill Rate (if applicable):** \$209.00
- **Original Number of Hours to be worked:** 150
- **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)** \$31,350.00
- **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:** 2/2/2021
- **Original End Date of Service:** 8/31/2021
- **Amendment 1: End Date of Service:**
- **Amendment 2: End Date of Service:**
- **Amendment 3: End Date of Service:**
- **Work Location:** P.O. Box 849
Jackson, MS 39205

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 DEVELOPMENT AUTHORITY



Authorized Signature

Shana Holt

Printed Name

IT Procurement Manager

Title

2/2/2021

Date

GuideSoft Inc., d/b/a Knowledge Services



Authorized Signature

Hailey petty

Printed Name

Program Manager

Title

1/26/2021

Date