## **EXHIBIT A-2**

## **Statement of Work Template**

Original 🖂 Amended

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

8/21/2024

State of Mississippi Department of Health 570 E Woodrow Wilson Ave Jackson, MS 39213

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: IT Contingent Worker Name:** Sacha Moses

**Vendor Name:** Rose International Inc. **Position Title: Procurement Analyst** 

**Regular Hourly Bill Rate:** \$79.75 **OT Hourly Bill Rate** (if applicable): \$79.75 **Original Amount of Expenses:** \$0.00 **Original Number of Hours to be worked:** 2.080

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. Click or tap here to enter text. Amendment 3: Number of hours to be worked:

\$165,880.00 Original Total Cost of SOW: (Not to exceed)

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:** 

9/16/2024 **Original End Date of Service:** 9/15/2025

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. 570 E Woodrow Wilson Ave. Work Location:

Jackson, MS 39216

Revised 07/10/2019 1 STATE OF MS IT STAFF AUG 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 Health	GuideSoft Inc., d/b/a Knowledge Services
Daniel Edney, MD Authorized Signature	Katie Belange
Authorized Signature (	Authorized Signature
Daniel Edney, MD, FACP, FASAM	Katie Belange
Printed Name	Printed Name
State Health Officer	Corporate Counsel
Title	Title
9/10/2024 5:42 PM CDT Click of tap to enter a date.	Sep 1r1ta2024nter a date.
Date	Date