

EXHIBIT A-2

Statement of Work Template

Original Amended

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

10/10/2024

Bill Ashley, Ph.D., M.B.A.
Department of Employment Security
1235 Echlon Parkway 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:** 124091
- **IT Contingent Worker Name:** Loren DeGroat
- **Vendor Name:** Optimize Manpower Solutions
- **Position Title:** Systems Administrator
- **Regular Hourly Bill Rate:** 84.60
- **OT Hourly Bill Rate (if applicable):** 84.60
- **Original Number of Hours to be worked:** 2080
- ***Amendment 1: Additional Number of hours to be worked:** 2080
- ***Amendment 2: Additional Number of hours to be worked:** Click or tap here to enter text.
- ***Amendment 3: Additional Number of hours to be worked:** Click or tap here to enter text.
- **Original Total Cost of SOW: (Not to exceed)** \$175,968.00
- ***Amendment 1: Additional Cost of SOW: (Not to exceed)** \$180,000.00
- ***Amendment 2: Additional Cost of SOW: (Not to exceed)** Click or tap here to enter text.
- ***Amendment 3: Additional Cost of SOW: (Not to exceed)** Click or tap here to enter text.
- **Start Date of Service:** 1/2/2024
- **Original End Date of Service:** 12/31/2024
- ***Amendment 1: New End Date of Service:** 12/31/2025
- ***Amendment 2: New End Date of Service:** Click or tap to enter a date.
- ***Amendment 3: New End Date of Service:** Click or tap to enter a date.
- **Work Location:** Click or tap here to enter text.

** Please do not add the amendments to the original number of hours or original cost of the SOW. The amendment is the amount you are adding to the contract.*

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 Department of
Employment Security**

Signed by:

William J. Ashley, Ph.D.
Authorized Signature

William J. Ashley, Ph.D.

Printed Name

Executive Director

Title

10/16/2024

Date

GuideSoft Inc., d/b/a Knowledge Services

Katie Belange

Authorized Signature

Katie Belange

Printed Name

Corporate Counsel

Title

10/10/2024
Click or tap to enter a date.

Date