

**EXHIBIT A-2**

**Statement of Work Template**

Original  Amended

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

2/22/2024

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:** 127520
- **IT Contingent Worker Name:** Daniel Genous
- **Vendor Name:** ePath USA Inc.
- **Position Title:** Helpdesk
- **Regular Hourly Bill Rate:** \$45.00
- **OT Hourly Bill Rate (if applicable):** \$45.00
- **Original Number of Hours to be worked:** 1,000
- **\*Amendment 1: Additional Number of hours to be worked:** Click or tap here to enter text.
- **\*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)** \$45,000.00
- **\*Amendment 1: Additional Cost of SOW: (Not to exceed)** Click or tap here to enter text.
- **\*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:** 4/8/2024
- **Original End Date of Service:** 9/30/2024
- **\*Amendment 1: New End Date of Service:** Click or tap to enter a date.
- **\*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:** 359 NW Street  
Jackson, MS 39201

\* 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  
Education**

\_\_\_\_\_  
*Authorized Signature*

**John Kraman**

\_\_\_\_\_  
*Printed Name*

**Chief Information Officer**

\_\_\_\_\_  
*Title*

**03/28/2024**

\_\_\_\_\_  
*Date*

**GuideSoft Inc., d/b/a Knowledge Services**

*Katie Belange*

\_\_\_\_\_  
*Authorized Signature*

**Katie Belange**

\_\_\_\_\_  
*Printed Name*

**Corporate Counsel**

\_\_\_\_\_  
*Title*

**Apr 9, 2024**

\_\_\_\_\_  
*Date*