

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**

4/3/2024

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:** 124754
- **IT Contingent Worker Name:** Donald Kyzar
- **Vendor Name:** Integrated Resources Inc.
- **Position Title:** Data Modernization Director
- **Regular Hourly Bill Rate:** \$108.50
- **OT Hourly Bill Rate (if applicable):** \$108.50
- **Original Number of Hours to be worked:** 2,080 hours
- **Amendment 1: Number of hours to be worked:** N/A – Added expense dollars only
- **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 Expense Dollars:** \$5,000.00
- **Original Total Cost of SOW: (Not to exceed)** \$230,680.00
- **Amendment 1: Total Cost of SOW: (Not to exceed)** N/A – Added expense dollars only
- **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:** 4/1/2024
- **Original End Date of Service:** 3/31/2025
- **Amendment 1: End Date of Service:** Not applicable – Added expense dollars only
- **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:** 570 E Woodrow Wilson Ave.
Jackson, MS 39213

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

Daniel Edney, MD
Authorized Signature

Daniel Edney, MD, FACP, FASAM
Printed Name

State Health Officer
Title

4/4/2024 | 7:56 PM CDT
Date

GuideSoft Inc., d/b/a Knowledge Services

Katie Belange
Authorized Signature

Katie Belange
Printed Name

Corporate Counsel
Title

Apr 3, 2024
Date


Certificate Of Completion

| | |
|--|-------------------------------|
| Envelope Id: 9E7A583718DC4B33A57FB1F096144388 | Status: Completed |
| Subject: Please DocuSign: Modification to Contract for Don Kyzar (Data Modernization Director) | |
| Source Envelope: | |
| Document Pages: 2 | Signatures: 1 |
| Certificate Pages: 2 | Initials: 0 |
| AutoNav: Enabled | Envelope Originator: |
| Envelope Stamping: Enabled | Trewolla, David |
| Time Zone: (UTC-06:00) Central Time (US & Canada) | 570 East Woodrow Wilson Drive |
| | Jackson, MS 39216 |
| | david.trewolla@msdh.ms.gov |
| | IP Address: 69.60.36.32 |

Record Tracking

| | | |
|----------------------|----------------------------|--------------------|
| Status: Original | Holder: Trewolla, David | Location: DocuSign |
| 4/4/2024 12:50:20 PM | david.trewolla@msdh.ms.gov | |

Signer Events

| Signer Events | Signature | Timestamp |
|--|---|-----------------------------|
| Daniel Edney, MD |  | Sent: 4/4/2024 12:54:21 PM |
| Daniel.Edney@msdh.ms.gov | | Viewed: 4/4/2024 7:55:56 PM |
| State Health Officer | | Signed: 4/4/2024 7:56:05 PM |
| Mississippi State Department of Health | Signature Adoption: Pre-selected Style | |
| Security Level: Email, Account Authentication (None) | Using IP Address: 23.116.3.164 | |
| | Signed using mobile | |

Electronic Record and Signature Disclosure:
Not Offered via DocuSign

In Person Signer Events

Signature

Timestamp

Editor Delivery Events

Status

Timestamp

Agent Delivery Events

Status

Timestamp

Intermediary Delivery Events

Status

Timestamp

Certified Delivery Events

Status

Timestamp

Carbon Copy Events

Status

Timestamp

| | | |
|--|---|----------------------------|
| Joyce Brown |  | Sent: 4/4/2024 12:54:21 PM |
| joyce.brown@msdh.ms.gov | | |
| Staff Officer | | |
| Mississippi State Department of Health | | |
| Security Level: Email, Account Authentication (None) | | |

Electronic Record and Signature Disclosure:
Not Offered via DocuSign

Witness Events

Signature

Timestamp

Notary Events

Signature

Timestamp

Envelope Summary Events

Status

Timestamps

| | | |
|---------------------|------------------|----------------------|
| Envelope Sent | Hashed/Encrypted | 4/4/2024 12:54:21 PM |
| Certified Delivered | Security Checked | 4/4/2024 7:55:56 PM |
| Signing Complete | Security Checked | 4/4/2024 7:56:05 PM |
| Completed | Security Checked | 4/4/2024 7:56:05 PM |

Payment Events

Status

Timestamps