

**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**

5/21/2024

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:** 128841
- **IT Contingent Worker Name:** Akanksha Sharma
- **Vendor Name:** Sita Consulting Services
- **Position Title:** Vital Records Interoperability and Modernization Manager
  
- **Regular Hourly Bill Rate:** \$71.00
- **OT Hourly Bill Rate (if applicable):** \$71.00
- **Original Number of Hours to be worked:** 2,280
- **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.
- **Amendment 3: Number of hours to be worked:** Click or tap here to enter text.
- **Original Total Cost of SOW: (Not to exceed)** \$161,880.00
- **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:** Click or tap to enter a date.
- **Original End Date of Service:** 6/30/2025
- **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.
- **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

5/31/2024 | 7:55 PM CDT

Date

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

*Katie Belange*

Authorized Signature

Katie Belange

Printed Name

Corporate Counsel

Title

May 22, 2024

Date