

EXHIBIT "E"
GENERAL OFFER OF PRIVACY TERMS

1. Offer of Terms

Provider offers the same privacy protections found in this DPA between it and Apple Valley Unified School District ("Originating LEA") which is dated Oct 4, 2022, to any other LEA ("Subscribing LEA") who accepts this General Offer of Privacy Terms ("General Offer") through its signature below. This General Offer shall extend only to privacy protections, and Provider's signature shall not necessarily bind Provider to other terms, such as price, term, or schedule of services, or to any other provision not addressed in this DPA. The Provider and the Subscribing LEA may also agree to change the data provided by Subscribing LEA to the Provider to suit the unique needs of the Subscribing LEA. The Provider may withdraw the General Offer in the event of: (1) a material change in the applicable privacy statutes; (2) a material change in the services and products listed in the originating Service Agreement; or three (3) years after the date of Provider's signature to this Form. Subscribing LEAs should send the signed **Exhibit "E"** to Provider at the following email address:

privacy@teachbanzai.com
PROVIDER: _____ Banzai, Inc. _____

BY: _____ *Morgan Vandagriff* _____ Date: 10-14-2022 _____

Printed Name: _____ Morgan Vandagriff _____ Title/Position: _____ President _____

2. Subscribing LEA

A Subscribing LEA, by signing a separate Service Agreement with Provider, and by its signature below, accepts the General Offer of Privacy Terms. The Subscribing LEA and the Provider shall therefore be bound by the same terms of this DPA for the term of the DPA between the Apple Valley Unified School District and the Provider. ****PRIOR TO ITS EFFECTIVENESS, SUBSCRIBING LEA MUST DELIVER NOTICE OF ACCEPTANCE TO PROVIDER PURSUANT TO ARTICLE VII, SECTION 5. ****

LEA: _____ Sacramento City Unified School District _____

BY: _____ *Bob Lyons* _____ Date: 12-08-2022 _____

Printed Name: _____ Bob Lyons _____ Title/Position: _____ Chief Information Officer _____

SCHOOL DISTRICT NAME: _____ Sacramento City Unified School District _____

DESIGNATED REPRESENTATIVE OF LEA:

Name: _____ Bob Lyons _____

Title: _____ Chief Information Officer _____

Address: _____ 5735 47th AVE Sacramento CA 95824 _____

Telephone Number: _____ 916-643-9425 _____

Email: _____ bob-lyons@scusd.edu _____