<u>**EXHIBIT "E"**</u>
GENERAL OFFER OF PRIVACY TERMS

1. Offer of Terms

Provider offers the same privacy protections found in this DPA between it and <u>Oak Grove School District</u> ("Originating LEA") which is dated   09/18/2023   , 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 statues; (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: sales@brainingcamp.com

PROVIDER: Brainingcamp_____

BY: *Dan Harris*_____ Date: _____09/18/2023_____

Printed Name: Dan Harris_____ 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   **O a k   G r o v e   S c h o o l   D i s t r i c t** and the Provider. **PRIOR TO ITS EFFECTIVENESS, SUBSCRIBING LEA MUST DELIVER NOTICE OF ACCEPTANCE TO PROVIDER PURSUANT TO ARTICLE VII, SECTION 5. **

LEA: ____Santa Rosa City Schools_____

BY: ___Lisa August (Nov 7, 2023 13:09 PST)_____ Date: Nov 7, 2023_____

Printed Name: _____Lisa August_____ Title/Position: Associate Superintendent_____

SCHOOL DISTRICT NAME: ____Santa Rosa City Schools_____

DESIGNATED REPRESENTATIVE OF LEA:

Name: ____Lisa August_____

Title: _____Associate Superintendent_____

Address: ____211 Ridgway Ave Santa Rosa CA_____

Telephone Number: _____7078903800_____

Email: _____laugust@srcs.k12.ca.us_____