

EXHIBIT "E"
GENERAL OFFER OF PRIVACY TERMS

1. Offer of Terms

Provider offers the same privacy protections found in this DPA between it and Trumann School District ("Originating LEA") which is dated 11/17/2023 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 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:

Global Grid for Learning

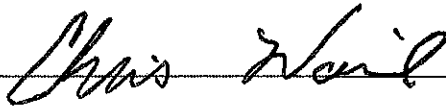
BY: Wallace E. Reeves Digitally signed by Wallace E. Reeves
Date: 2023.11.17 12:09:08 -05'00' Date: 11/17/2023

Printed Name: Wallace E. Reeves Title/Position: VP, Client Operations

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 Trumann School District and the Provider.

****PRIOR TO ITS EFFECTIVENESS, SUBSCRIBING LEA MUST DELIVER
NOTICE OF ACCEPTANCE TO PROVIDER PURSUANT TO ARTICLE VII, SECTION 5. ****

BY:  Date: 11/17/2023

Pr: BY: _____ Date: 02/01/2024

Printed Name: **Dr. Chris Nail** Title/Position: **Superintendent**

SC School District Name: **Beebe Public Schools**

DESIGNATED REPRESENTATIVE OF LEA:

DE Name: **Dr. Chris Nail**

Title: **Superintendent**

NE Address: **1201 W Center Street Beebe, AR 72012**

TH Telephone Number: **501-882-5463**

Email: **Cnail@beebeschools.org**

Ac _____

Telephone Number: _____

Email: _____