

EXHIBIT "E"
GENERAL OFFER OF PRIVACY TERMS

1. Offer of Terms

Provider offers the same privacy protections found in this DPA between it and Argo Community High School District 217 ("Originating LEA") which is dated April 8, 2024, 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: studentprivacy@grammarly.com

GRAMMARLY, INC.

DocuSigned by:
Mary Rose Craycraft
7B045F84E1E8484

4/10/2024 | 3:47 AM PDT

BY: _____ Date: _____

Mary Rose Craycraft

Head of Education
Customer Success

Printed Name: _____ Title/Position: _____

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 Argo Community High School District 217. ****PRIOR TO ITS EFFECTIVENESS, SUBSCRIBING LEA MUST DELIVER NOTICE OF ACCEPTANCE TO PROVIDER PURSUANT TO ARTICLE VII, SECTION 5. ****

[Insert Name of Subscribing LEA]

BY: *Scott LeBaron* _____ Date: *4-19-24* _____

Printed Name: *SCOTT LEBARON* _____ Title/Position: *IT DIRECTOR* _____

SCHOOL DISTRICT NAME: *ALDEN-HEBRON SCHOOL DIST 19* _____

DESIGNATED REPRESENTATIVE OF LEA:

Name: *SCOTT LEBARON* _____

Title: *IT DIRECTOR* _____

Address: *9604 ILLINOIS ST. HEBRON, IL 60034* _____

Telephone Number: *815 648 2442* _____

Email: *lebaron@ah19.org* _____