The designated representative for the LEA for this DPA is:	
Name:	Title:
Address:	
Phone:	Email:
The designated representative for the Pro	ovider for this DPA is:
Name:	Title:
Address:	
Phone:	Email:
IN WITNESS WHEREOF, LEA and Provider execute	this DPA as of the Effective Date.
LEA: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	ship HS District 203
By: Michael Marassa	Date:
Printed Name:	Title/Position:
By: <u>Chipman J Schmidt</u> Printed Name: <u>Chipman J Schmidt</u>	Date: 2021-09-09 Title: Technology Director
SCHOOL DISTRICT NAME: <u>Vandalia CUSD</u> DESIGNATED REPRESENTATIVE OF LEA	

Name: <u>Chipman J Schmidt</u>
Title: <u>Technology Director</u>
Address: <u>1109 N. 8th Street</u>
Phone: <u>2178210165</u>

Email: <a href="mailto:cschmidt@vandals203.org">cschmidt@vandals203.org</a>