

The designated representative for the LEA for this DPA is:

Name: _____ Title: _____

Address: _____

Phone: _____ Email: _____

The designated representative for the Provider for this DPA is:

Name: _____ Title: _____

Address: _____

Phone: _____ Email: _____


IN WITNESS WHEREOF, LEA and Provider execute this DPA as of the Effective Date.

LEA [_____]

By: _____ Date: _____

Printed Name: _____ Title/Position: _____

Provider [_____]

By:  _____ Date: _____

Printed Name: _____ Title/Position: _____