| 5. <u>Verification of Disp</u>   | osition of Data   |  |   |  |
|--|---|--|---|--|
| Miles K  | ronby   |  |   | _05/19/2020  |
| Authorized Representa  |   |  | D   | rate   |
|  |   | EXHIBIT "E"  |   |  |
|  | GENERAL   | OFFER OF PRIVAC  | CY TERMS  |  |
| 1. Offer of Terms  |   |  |   |  |
| below will be replaced thre<br>Subscribing LEA. This Go<br>bind Provider to other term<br>The Provider and the Subs<br>needs of the Subscribing L<br>applicable privacy statues; | accepts this General Offer<br>oughout the Agreement wi<br>eneral Offer shall extend on<br>as, such as price, term, or a<br>cribing LEA may also agr<br>LEA. The Provider may wi<br>(2) a material change in the<br>ars after the date of Provider | r though its signature be<br>ith the information specially to privacy protection<br>schedule of services, of<br>the tee to change the data point<br>ithdraw the General Office the services and production<br>der's signature to this leading to the services. | pelow. The Providencific to the Subscions and Provider or to any other proportion by LEA to fee in the event of the subject listed in Form. Provider sl | der agrees that the information ribing LEA filled below for the 's signature shall not necessarily vision not addressed in this DPA to the Provider to suit the unique f: (1) a material change in the |
| BY:  |   |  | Date:   | _05/19/2020  |
| Printed Name:Miles K  2. SUBSCRIBING LEA   | ronby   | Title/Position:  | Chief Prod  | luct Officer   |
|  | he Subscribing LEA's ind  | lividual information is  | contained below.  | ature below, accepts the General<br>The Subscribing LEA and the  |
| BY: Nancy Rose (Feb 19, 202  | :1 09:57 EST)   |  | Date: 2/1   | 19/2021  |
| Printed Name: Nancy  | y Rose  | Title/Position:  | Director  | of Technology  |
| SCHOOL DISTRICT NAI  | Merrimack   | k School Di  | strict  |  |
| DESIGNATED REPRESE   | ENTATIVE OF LEA:  |  |   |  |
| Name   | Nancy Rose  |  |   |  |
| Title  | Director of Technology  |  |   |  |
| Address  | 36 McElwain St Merrimack NH 03054   |  |   |  |

| Telepl | hone Number    | 6034246203  |
|--------|----------------|---|
| Email  |                | nancy.rose@sau26.org  |
| COUN   | NTY OF LEA:    | Hillsborough  |
|        |                | OPTIONAL: EXHIBIT "F"   |
|        |                | DATA SECURITY REQUIREMENTS  |
| Pleas  | _              | ecurity policies and controls in place are the best ways to ensure data privacy. llowing questions regarding the security measures in place in your |
| 1.     | Does your or   | ganization have a data security policy? □ Yes □ No  |
|        | As above, w    | e don't store any Student Data.   |
|        | If yes, please | provide it.   |
| 2.     | Has your org   | canization adopted a cybersecurity framework to minimize the risk of a data breach? one(s):   |
|        | ISO 270        | 01/27002  |
|        | CIS Crit       | ical Security Controls  |
|        | NIST Fr        | amework for Improving Critical Infrastructure Security  |
|        | Other: _       |   |
| 3.     | Does your or   | rganization store any customer data outside the United States? □ Yes □X No  |
| 4.     | Does your or   | ganization encrypt customer data both in transit and at rest?   Yes   No  |
|        | We don't sto   | ore any Student Data.   |
| 5.     |                | de the name and contact info of your Chief Information Security Officer (CISO) or sponsible for data security should we have follow-up questions.   |
|        | Name:K         | arimulla Shaik  |
|        | Contact info   | rmation:kshaik@coolmath.com   |

6. Please provide any additional information that you desire.

## Coolmath\_NHExhibitE

Final Audit Report 2021-02-19

Created: 2021-02-19

By: Ramah Hawley (rhawley@tec-coop.org)

Status: Signed

Transaction ID: CBJCHBCAABAAatWYmdV0OUhx4yCxGSF\_MMoW\_yL1j7Pj

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