

EXHIBIT "E" - GENERAL OFFER OF PRIVACY TERMS**1. Offer of Terms**

Provider offers the same privacy protections found in this DPA between it and **Madison-Oneida BOCES** ("New York Originating LEA") which is dated 7/8/2024, 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 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**: contracts@greatminds.org.

Great Minds PBC

BY: Donna Wilson Date: 7/8/2024
DocuSigned by: AF8EBD7DDED6471...
 Printed Name: Donna Wilson Title/Position: Assistant General Counsel

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 **Madison-Oneida BOCES** and the Provider. ****PRIOR TO ITS EFFECTIVENESS, SUBSCRIBING LEA MUST DELIVER NOTICE OF ACCEPTANCE TO PROVIDER PURSUANT TO ARTICLE VII, SECTION 5 of the Originating DPA. ****

Subscribing LEA: (School District Name): _____

By: Dr. Ellen Moskowitz Date: 2025-05-05
 Printed Name: Dr. Ellen Moskowitz Title: _____

SCHOOL DISTRICT NAME: Croton-Harmon Union Free School District

DESIGNATED REPRESENTATIVE OF LEA:

Name: Dr. Ellen Moskowitz

Title: _____

Address: 10 Gerstein St

Phone: _____

Email: ellen.moskowitz@chufsd.org