

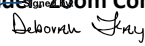
GENERAL OFFER OF PRIVACY TERMS

1. Offer of Terms

Provider offers the same privacy protections found in this DPA between it and the **Board of Cooperative Educational Services for the First Supervisory District, Erie County** ("New York Originating LEA") which is dated 04/22/25, 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 the privacy protections set forth in this DPA, and Provider's signature below 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 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 listed in the originating Service Agreement; or (3) three (3) years after the date of Provider's signature to this General Offer.

To indicate Subscribing LEAs acceptance, Subscribing LEAs must send the signed Exhibit "E" General Offer to Provider at the following email address: **ironcladimports@zoom.us**

Provider: **Zoom Communications Inc.**

BY:  Date: Apr 17, 2025
AA444A874E98427
Printed Name: Deborah Fay Title/Position: Deputy General Counsel

2. Subscribing LEA

A Subscribing LEA, by agreeing to Provider Terms, and by its signature below, accepts this 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 New York Originating LEA and the Provider. **PRIOR TO ITS EFFECTIVENESS, SUBSCRIBING LEA MUST DELIVER NOTICE OF ACCEPTANCE TO PROVIDER AND PROVIDER MUST PROVIDE A CONFIRMATION OF RECEIPT IN ORDER FOR THIS GENERAL OFFER TO TAKE EFFECT. **

Subscribing LEA: (School District Name): _____

BY: _____ Date: _____

By: William Baker

Date: 2025-05-08

Printed Name: William Baker

Title: Admin/Signer

SCHOOL DISTRICT NAME: Galway Central School District

DESIGNATED REPRESENTATIVE OF LEA:

Name: William Baker

Title: Admin/Signer

Address: 5317 Sacandaga Road, Galway, NY 12074

Phone: 518-882-1033

Email: wbaker@galwaycsd.org