OPTIONAL EXHIBIT "A" GENERAL OFFER OF PRIVACY TERMS

1. Offer of Terms Provider offers the same privacy protections found in this DPA between it and the LEA to any other school district ("Subscribing LEA") who accepts this General Offer though its signature below. The Provider agrees that the information on the next page will be replaced throughout the Agreement with the information specific to the Subscribing LEA filled on the next page for the Subscribing LEA. 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 provide by 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 statues; (2) a material change in the services and products subject listed in the Originating Service Agreement; or three (3) years after the date of Provider's signature to this Form. Provider shall notify the LEA in the event of any withdrawal so that this information may be transmitted to the Subscribing LEAs.

Provider's Name:	Centerver	ntion				
1.	11	\sum				
BY: ////	And		_ Date	02/1	4/20	23

Printed Name: Tim Huntley

Title/Position: CEO

2. Subscribing LEA (Local Education Agency)

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's individual information is contained on the next page.

Page 14 of 15 © MTSBA

MTDPA v3 with Exhibit A

The Subscribing LEA and the Provider <u>Centervention</u> shall therefore be bound by the same terms of this DPA.

Briau Patrick BY: 11 / 14 / 2023 Date:

Printed Name:_____Brian Patrick

Title/Position: ______

Great Falls Public Schools

DESIGNATED REPRESENTATIVE OF LEA:

Brian Patrick
Name______
Title _____Director of Business Operations
Address _______Address ______Address _____Address _____Address _____Address ______Address _____Address ______Address ______Address ______Address _____Address _____Address _____Address _____Address ______Address _____Address _____Address _____Address _____Address _____Ad

COUNTY OF LEA: Cascade

Page 15 of 15 © MTSBA MTDPA v3 with Exhibit A

Signature Certificate

Reference number: MDPFZ-J5FDD-KADPN-FSCJD

Signer

Timestamp

Brian Patrick

Email: brian_patrick@gfps.k12.mt.us

Sent: Viewed: Signed: 14 Nov 2023 15:47:51 UTC 14 Nov 2023 16:43:39 UTC 14 Nov 2023 16:44:16 UTC

Recipient Verification:

14 Nov 2023 16:43:39 UTC

Signature

Briau Patrick

IP address: 174.231.95.140 Location: Denver, United States

Document completed by all parties on: 14 Nov 2023 16:44:16 UTC

Page 1 of 1

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