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EXHIBIT "E"

GENERAL OFFER OF PRIVACY TERMS

1. Offer of Terms

Provider offers the same privacy protections found in this DPA between it and Santa Clara County Office of Ed ("Originating LEA") which is dated August 22, 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 statues; (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:

bids@mindeducation.org.

PROVIDER: MIND Education

BY: Brett Woudenberg (Aug 22, 2024 09:45 PDT) Date: Aug 22, 2024

Printed Name: Brett Woudenberg Title/Position: Chief Executive Officer

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 the Santa Clara County Office of Ed and the Provider. **PRIOR TO ITS EFFECTIVENESS, SUBSCRIBING LEA MUST DELIVER NOTICE OF ACCEPTANCE TO PROVIDER PURSUANT TO ARTICLE VII, SECTION 5. **

LEA: tshipp@sccoe.org

DS

BY: DocuSigned by: Teresa Shipp 09EC2B642F0E47E... Date: 8/28/2024 | 8:39 PM PDT

Printed Name: Teresa Shipp Title/Position: Assistant Superintendent

Initial DCH

SCHOOL DISTRICT NAME: Santa Clara County of Education

DESIGNATED REPRESENTATIVE OF LEA:

Name: _____

Title: _____

Address: _____

Telephone Number: _____

Email: _____