EXHIBIT E: GENERAL OFFERS OF TERMS

Page 1 of 2: OFFER OF TERMS						
Provider and the Subscribing LEA (named belooffer") that they are bound by the Salem-Keizer Public Schools	e same terms a	his Gener as the Jinating L	DPA b	etween	Provider	
Provider and Subscribing LEA agree that the information specific to the Subscribing LEA fextend only to the terms set forth in this DPA other terms entered into between Provider an schedule of Services, relating to Subscribing between Provider and Subscribing LEA.	filled in below for the and shall not necessand Originating LEA. Ar	Subscribi arily bind F ny comme	ng LEA. Provider c rcial term	This Gel or Subscri s, such a	neral Offe ibing LEA is price, te	r shall to any erm, or
If Provider makes changes to Exhibit "A" or Provider must complete the Addendum temple and all Subscribing LEAs in accordance with the and contents. With regard to a Subscribing LEA subscribing LEA is notified by Provider. If an from receipt to object. If no written objection parties.	ate provided by the A4 he notification provision A, an Addendum is au Addendum modifies E	IL Commuons of this utomatical Exhibit "B"	inity and DPA, of the light incorport, the LEA	notify the ne Adden orated into will have	Originatin dum's exiso this DPA thirty (30	g LEA stence when) days
The Provider may withdraw the General Offethe event of: (1) a material change in the appand products listed in the Service Agreemand requests@A4L.org.	olicable privacy statut	es; or (2)	a materia	al change	in the Se	rvices
Subscribing LEAs shall send the signed go@gozen.com	d Exhibit "E" to P	rovider a	t the fo	llowing	email ad	dress:
The below signatory confirms they are author	ized to bind their instit	tution to th	nis DPA a	s in its er	ntirety.	
RESOURCE NAME(S):						
[GoZen! programs]
[]
]
PROVIDER: [GoStrengths Inc]		
Signed By: Renee Jain	Date:	06/27/2	2025			
Printed Name: RENEE JAIN	Title/Positio	<u> </u>	& Founde	-		

Exhibit "E" (continued)

Originating LEA:	Salem-Keizer Public Schools
Resource Names	GoZen! programs
Provider Name:	GoStrengths Inc

Page 2 of 2: Insert Name of 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 Originating LEA and the Provider. **PRIOR TO ITS EFFECTIVENESS, SUBSCRIBING LEA MUST DELIVER NOTICE OF ACCEPTANCE TO PROVIDER.** Please note, by signing this Exhibit you are also agreeing to any language that may be included in Exhibits to the Originating DPA beyond this Exhibit "E". The below signatory confirms they are authorized to bind their institution to this DPA as in its entirety.

Subscribing	LEA: Insert Name of Subscribing LEA		
Signed By:		Date:	
Printed Name:		Title/Position:	
School Distric	ct Name:		
Designated	Representative of LEA:		
Name:	Chrystiana Silva	Title:	Tech Support Field Coordinator
Address:	1340 State St Salem Or 97301		
Telephone:	503-576-0815	Email:	silva_chrysti@salkeiz.k12.or.us

Notices to Subscribing LEA: The Provider and Subscribing LEA are each responsible to promptly notify the other Party of changes to the notice information.

Security Notices to Subscribing LEA

[LEA Security Name]	
[LEA Security Role]	
[LEA Security Postal Address]	
[LEA Security Email Address]	
[LEA Name	With a copy to (if provided):
[LEA Role]	LEA Legal Counsel
[Street, City, State]	LEA Legal Counsel Postal Address
[LEA Email Address]	LEA Legal Email Address