The designated representative for the Provider for this DPA is:
Name:BRONMENTitle:
Address: 18 Grand Rue 67500 HAGUENAU (FRANCE)
Phone: 433624698186
Email: Contact @ josybronner of
The designated representative for the LEA for this DPA is:
Dan MacLeod, Director of Technology and Digital Learning, CETL 370 Hollis St., Holliston, MA 01746 508-429-0654 Ext. 1135 macleodd@holliston.k12.ma.us
IN WITNESS WHEREOF, LEA and Provider execute this DPA as of the Effective Date.
HOLLISTON PUBLIC SCHOOLS
By:
Date: 01/06/2022
Printed Name: Daniel MacLeod
Title/Position: Director of Technology & Digital Learning
TRANSLATE MY SLIDE
By: Jaly BRONNER
Date: January O5th, 2021
Printed Name:BRONNED
Title/Position: Owner of Translate by State Add-Ch

EXHIBIT "E" GENERAL OFFER OF PRIVACY TERMS

1. Offer of Terms
Provider offers the same privacy protections found in this DPA between it and Holliston Public Schools ("Originating LEA") which is dated 01/06/2022 , 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 LFAs should send the signed Exhibit "E" to Provider at the following email address:
- Contact Co joen bronner .fr.
TRANSLATE MY SLIDE
BY: Jay BRONNER Date: January 05th, 2021
Printed Name:
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 Holliston Public Schools and the Provider. **PRIOR TO ITS EFFECTIVENESS, SUBSCRIBING LEA MUST DELIVER NOTICE OF ACCEPTANCE TO PROVIDER PURSUANT TO ARTICLE VII, SECTION 5. **
Subscribing LEA: (School District Name):
BY:Date:
Printed Name: Title/Position:
DESIGNATED REPRESENTATIVE OF LEA:
Name:
Title:
Address:
Telephone Number:

Email:

TranslateMySlide_Holliston_Countersignature

Final Audit Report 2022-01-06

Created: 2022-01-06

By: Ramah Hawley (rhawley@tec-coop.org)

Status: Signed

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