# **EXHIBIT E: GENERAL OFFERS OF TERMS**

| Page 1 of 2: OFFER OF TERMS   |  |
|---|--|
| Offer") that they are bound by the same   | e by signing this General Offer of Privacy Terms ("General terms as the DPA between Provider and (" <b>Originating LEA</b> ") dated 1/31/2025  |
| information specific to the Subscribing LEA filled in be<br>extend only to the terms set forth in this DPA and shall<br>other terms entered into between Provider and Origina   | ion below will be replaced throughout the DPA with the<br>elow for the Subscribing LEA. This General Offer shall<br>not necessarily bind Provider or Subscribing LEA to any<br>iting LEA. Any commercial terms, such as price, term, or<br>se of the Provider's Services shall be determined solely  |
| Provider must complete the Addendum template providence and all Subscribing LEAs in accordance with the notification and contents. With regard to a Subscribing LEA, an Addendu | B" in accordance with sections 1.2 and 1.3 respectively, led by the A4L Community and notify the Originating LEA ation provisions of this DPA, of the Addendum's existence dendum is automatically incorporated into this DPA when m modifies Exhibit "B", the LEA will have thirty (30) days led it will become incorporated into the DPA between the |
| the event of: (1) a material change in the applicable p   | re use or for LEAs that have not already accepted it) in rivacy statutes; or (2) a material change in the Services Notification of a withdrawal shall be submitted to  |
| Subscribing LEAs shall send the signed Exhibit<br>legal@wilsonlanguage.com  | "E" to Provider at the following email address:  |
| The below signatory confirms they are authorized to bir   | nd their institution to this DPA as in its entirety.   |
| RESOURCE NAME(S):  Fundations FUN HUB and FUN HUB Practice and Wil  [ [ [   | son Reading System ]   |
|   |  |
| PROVIDER: [ Wilson Language Training Corporation  |  |
| Signed By: Josh Minty   | Date: February 6, 2025   |
| Printed Name: Josh Minty  | Title/Position: General Counsel  |

### Exhibit "E" (continued)

Originating LEA: Flagler County Schools

Resource Names: Fundations FUN HUB and FUN HUB Practice and Wilson Reading System

Provider Name: Wilson Language Training Corporation

## 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:  Printed Name:                       | Date:<br>-<br>Title/Position:<br>- |  |
| School District Name:                           |                                    |  |
| Designated Representative of LEA:  Name:        | Title:                             |  |
|   |                                    |  |
| Address:  | Email:                             |  |
| Telephone:                                      |                                    |  |

**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                |
| [ 1769 East Moody Blvd, Bldg #2, Bunnell, FL ] | LEA Legal Counsel Postal Address |
| [LEA Email Address ]                           | LEA Legal Email Address          |