



**Contract Committee Review Request**  
**MUST BE COMPLETED IN FULL**

Date: 4/8/2025

Contract/Agreement Vendor:

Literati Book Fair

Name of Vendor & Contact Person

SHAYLA.UPSHUR@LITERATI.COM

Vendor Email Address

Spring Book Fair

*Describe Contract (Technology, program, consultant-prof Development, etc.)*

*Please use Summary below to fully explain the contract purchase, any titles, and details for the Board of Education to review.*

Students of Wolf Creek

Reason/Audience to benefit

4/14/2025

BOE Date

Amount of agreement

Person Submitting Contract/Agreement for Review: Kari Billingsley

**PLEASE SEND THROUGH APPROPRIATE APPROVAL ROUTING BEFORE SENDING TO BOARD CLERK**

Principal &/or Director or Administrator:

Does this Contract/Agreement utilize technology? YES/NO

If yes, Technology Admin:

Cabinet Team Member:

Funding Source: 70/889

Fund/Project

889-3200-670-900-1050-000-165

OCAS Coding

☒ Consent

☐ Action

Spring Book Fair - opportunity for students and families to purchase books.

Summary

*This area must be complete with full explanation of contract*

**The Contract/Agreement should be received at least 2 weeks prior to a Board Meeting to ensure placement on the Agenda. The Contract Committee meets most Tuesdays at 8:00a.m. All Contracts/Agreements, regardless the amount, must be first approved by the Contract Committee and then presented to the Board of Education for approval and signature. The item will be placed on Electronic School Board for the board agenda by Janet Brown. By following this process, the liability of entering into an agreement is placed with the district rather than an individual.**



# Literati Book Fairs

**Thank you for inspiring a school-wide love of reading and hosting a Literati Book Fair!**

We look forward to partnering with you to bring your students—and your entire school community—a uniquely wonderful reading experience.

WOLF CREEK ELEMENTARY

This Memo of Understanding outlines the terms of the partnership between SCHOOL ("School") and Literati Book Fairs ("Literati"). **School** is scheduled to run a Literati Book Fair: 2026-03-02 - 2026-03-06.

## FAIR PLANNING

### Literati will:

- Provide a Literati Event Coordinator to help you plan your fair from beginning to end.

### School will:

- Provide a Book Fair Coordinator who will be the primary contact between **School** and **Literati**. The Book Fair Coordinator will be responsible for recruiting and leading volunteers to assist with the fairs.
- Provide access to an electrical outlet and Ethernet or Wi-Fi.

## FAIR DELIVERY AND PICKUP LOCATION

### Literati will:

- Deliver your fair up to three days prior to the start date and pick up no later than three days after the end date.

*All **Literati** team members have passed a pre-employment background check and drug screen as a condition of employment.*

*All **Literati** vehicles, owned or leased, will be properly insured in accordance with all applicable laws and regulations. All legally required documentation will be present on all vehicles.*

### School will:

- Provide a location on the first floor of the school building or access to an elevator for upper-level delivery. This is necessary to safely deliver your fair.
- Ensure fair location provided has access to an electrical outlet.

## MARKETING

### Literati will:

- Provide creative and fun marketing materials to publicize and promote your fair.
- Provide ideas and strategies to build excitement and involvement at your fair to generate a successful and engaging literacy event.

### School will:

- Agree to promote the book fair through various communication channels (social media, school webpage, newsletters, provided print marketing, etc.).

## PRODUCT

### Literati will:

- Partner with **School** to provide a fair that is appropriate to your enrollment, grade span, reading levels, and interests, with tabletop display selections that best fit your school community.
- Provide cases and pre-merchandised displays that will be simple to set up and display in your chosen location.

### School will:

- Agree that **Literati** will be the sole provider of books being sold during the scheduled fair date.
- Set up the fair upon delivery and repack upon completion.
- Return all unsold items.
- Provide the **Literati** cash registers access to a live Ethernet port or secure Wi-Fi network connection.
- **Acknowledge the Literati Book Fair is not tax-exempt. Tax will need to be collected at time of purchase.**

## FINANCIAL PROCESS AND WRAP-UP

### Literati will:

- Provide a Point-of-Sale System (POS), which will allow you to easily track sales and take multiple payment forms, including all major credit cards, cash, checks, and **Literati** gift cards.
- Walk you through all financial paperwork and assist **School** with choosing the best rewards.

### School will:

- **Collect sales tax if required by state law.**
- Verify Literati as an approved vendor in advance of conducting your book fair.
- Complete fair closeout and remit payment within 10 business days of the fair.
- Complete a feedback survey providing **Literati** with a recap of improvement opportunities.

## CUSTOMER REWARDS

### Literati will:

- Provide **School** with the easiest fair setup, saving you time to dedicate to your students. **Literati** will provide expertly curated stories and artistic displays to spark imaginations, strengthen literacy skills, and inspire a school-wide passion for reading that will last well beyond your Book Fair week.
- Help you determine the best profit and rewards options based on the specific needs of your students. Speak with your Literati Representative for additional details.

*Literati reserves the right to update and modify the rewards program without notice. For the latest information, please talk to your Literati Representative.*

*Changes to this Memo of Understanding may be made at the discretion of **Literati** as business conditions deem appropriate.*

As this is your Book Fair, we would like to schedule time to review your fair to better understand the opportunities to serve you.

Please sign below and return to your Literati Representative to ensure your fair is scheduled. We appreciate the opportunity to be your partner on this literacy journey.

X \_\_\_\_\_  
Book Fair Coordinator/School Principal

\_\_\_\_\_ Date

X Shayla Upshur  
Literati Representative

2025-04-01  
\_\_\_\_\_ Date

WOLF CREEK ELEMENTARY SCHOOL

\_\_\_\_\_  
School Name

***This Memo of Understanding will expire 30 days from date sent.***

**Request for Taxpayer  
Identification Number and Certification**

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

**Give form to the  
requester. Do not  
send to the IRS.**

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) <b>Literati, Inc.</b>	
	2 Business name/disregarded entity name, if different from above.	
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input checked="" type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ <b>Note:</b> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____  (Applies to accounts maintained outside the United States.)
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . <input type="checkbox"/>	
	5 Address (number, street, and apt. or suite no.). See instructions. <b>4509 Freidrich Ln Bldg. 4 Ste 402</b>	Requester's name and address (optional) <b>LITERATI INC.</b> Dept 2147 PO BOX 122147 Dallas, TX 75312-2147
6 City, state, and ZIP code <b>Austin TX 78744</b>		
7 List account number(s) here (optional)		

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.


<b>Social security number</b>								
			-				-	
<b>or</b>								
<b>Employer identification number</b>								
8	1	-	3	8	6	3	1	4 7

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

**Sign Here**    Signature of U.S. person 

Date    **12/10/24**

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

**What's New**

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/1/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Marsh & McLennan Agency LLC 2500 Bee Cave Rd, Bldg. 1, Ste.125 Austin TX 78746	<b>CONTACT NAME:</b> Randy Thole <b>PHONE (A/C, No, Ext):</b> 512-226-7903 <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b> randy.thole@marshmma.com
<b>INSURED</b> Literati Inc. 4509 Freidrich Ln Bldg. 4 Ste 402 Austin TX 78744	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Twin City Fire Insurance Company <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>

**COVERAGES****CERTIFICATE NUMBER:** 1182678600**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER:		46SBAAF2386	8/1/2024	8/1/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		46SBAAF2386	8/1/2024	8/1/2025	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N N/A If yes, describe under DESCRIPTION OF OPERATIONS below					PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Additional Insured form #SS0008 edition 04/05 applies to the General Liability policy.  
Waiver of subrogation form #SS0008 edition 04/05 applies to the General Liability policy.  
Primary & Non-Contributory General Liability form #SS0008 edition 04/05.

The General Liability policy includes a blanket additional insured endorsement to the certificate holder only when there is a written contract between the named insured and the certificate holder that requires such status.

The General Liability policy contains an endorsement with "Primary and NonContributory" wording that may apply only when there is a written contract between See Attached...

**CERTIFICATE HOLDER****CANCELLATION**

For Information Purposes Only

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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AGENCY CUSTOMER ID: LITER

LOC #:

**ADDITIONAL REMARKS SCHEDULE**Page 1 of 1

AGENCY Marsh & McLennan Agency LLC		NAMED INSURED Literati Inc. 4509 Freidrich Ln Bldg. 4 Ste 402 Austin TX 78744
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

**ADDITIONAL REMARKS****THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,****FORM NUMBER:** 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE

the named insured and the certificate holder that requires such wording.

The General Liability policy contains a blanket waiver of subrogation endorsement that may apply only when there is a written contract between the named insured and the certificate holder that requires such wording.

# CERTIFICATE *of* SIGNATURE

REF. NUMBER  
FZBJD-5BSXE-EWSU5-LYDG5

DOCUMENT COMPLETED BY ALL PARTIES ON  
01 APR 2025 15:50:26 UTC

## SIGNER

**SHAYLA UPSHUR**

EMAIL  
SHAYLA.UPSHUR@LITERATI.COM

## TIMESTAMP

SENT  
01 APR 2025 15:50:07 UTC  
VIEWED  
01 APR 2025 15:50:15 UTC  
SIGNED  
01 APR 2025 15:50:26 UTC

## SIGNATURE

*Shayla Upshur*

IP ADDRESS  
71.226.59.162

LOCATION  
TUCSON, UNITED STATES

## RECIPIENT VERIFICATION

EMAIL VERIFIED  
01 APR 2025 15:50:15 UTC

