



Contract Committee Review Request
MUST BE COMPLETED IN FULL

Date: 6/5/24

Contract/Agreement Vendor:
Name of Vendor & Contact Person

Vendor Email Address

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.

Reason/Audience to benefit

BOE Date

Amount of agreement

Person Submitting Contract/Agreement for Review:

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: Fund/Project OCAS Coding

Consent

Action

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.

This Memo of Understanding outlines the terms of the partnership between OAK CREST ELEMENTARY SCHOOL ("**School**") and Literati Book Fairs ("**Literati**"). **School** is scheduled to run a Literati Book Fair: 2024-10-07 - 2024-10-15.

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: | School will: |
|---|---|
| <ul style="list-style-type: none"> 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. | <ul style="list-style-type: none"> 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: | School will: |
|--|--|
| <ul style="list-style-type: none"> 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. | <ul style="list-style-type: none"> 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

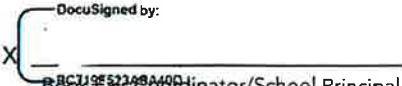
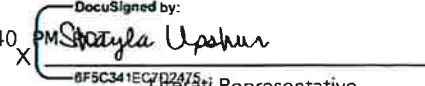
| Literati will: |
|---|
| <ul style="list-style-type: none"> Provide School with the easiest fair setup, saving you time to dedicate to your students. Literati will provide expertly curated stories and artistic displays to spark imaginations, strengthen literacy skills, and inspire a school-wide passion 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.

| | | | |
|---|-----------------------------|---|-----------------------------|
| DocuSigned by:  Book Fair Coordinator/School Principal | 3/14/2024 2:40 PM Date | DocuSigned by:  Literati Representative | 3/11/2024 9:57 AM Date |
|---|-----------------------------|---|-----------------------------|

F24 Oak Crest Elementary School OK
School Name

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

► Go to www.irs.gov/FormW9 for instructions and the latest informatoin.

| | | |
|--|---|---|
| Print or type See Specific Instructions on page 3 | 1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Literati, Inc | |
| | 2 Business name/disregarded entity name, if different from above | |
| | 3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should 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 FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small> |
| | 5 Address (number, street, and apt. or suite no.) See instructions. 1145 w 5th Street | Requester's name and address (optional) |
| 6 City, state, and ZIP code Austin, TX 78703 | | |
| 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.

| | | | | | | | | |
|------------------------|--|--|---|--|--|--|--|--|
| Social security number | | | | | | | | |
| | | | - | | | | | |

or

| | | | | | | | | | |
|--------------------------------|---|---|---|---|---|---|---|---|---|
| Employer identification number | | | | | | | | | |
| 8 | 1 | - | 3 | 8 | 6 | 3 | 1 | 4 | 7 |

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

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 ► *Michael Eason*

Date ► 1/16/2024



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/1/2023

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).

| | | |
|---|---|-----------------------|
| PRODUCER Marsh & McLennan Agency LLC 2500 Bee Cave Rd, Bldg. 1, Ste.125 Austin TX 78746 | CONTACT NAME: Randy Thole | |
| | PHONE (A/C, No, Ext): 512-226-7903 | FAX (A/C, No): |
| E-MAIL ADDRESS: randy.thole@marshmma.com | | |
| INSURER(S) AFFORDING COVERAGE | | NAIC # |
| INSURER A: Twin City Fire Insurance Company | | 29459 |
| INSURER B: Progressive County Mutual Insurance Co | | 29203 |
| INSURER C: | | |
| INSURER D: | | |
| INSURER E: | | |
| INSURER F: | | |

INSURED
 Literati Inc.
 1145 W. 5th Street
 Austin TX 78703

COVERAGES **CERTIFICATE NUMBER:** 1347834920 **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"/> COMMERCIAL GENERAL LIABILITY <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 OTHER: | | 46SBAAF2386 | 8/1/2023 | 8/1/2024 | 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 | <input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY | | 01961570 | 3/23/2023 | 3/23/2024 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| A | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000 | | 46SBAAF2386 | 8/1/2023 | 8/1/2024 | EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below | | N/A | | | <input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER 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 For Information Purposes Only ----- ----- | CANCELLATION 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 |
|--|--|