Contract Committee Review Request
MUST BE COMPLETED IN FULL

Consent

Action

MUST BE COMPLETED IN FULL	Date: Dec 20, 2024
Contract/Agreement Vendor:	Literati Book Fairs, Shalya Upshur
contract/Agreement vendor.	Name of Vendor & Contact Person
	Shalya.Upshur@literati.com Vendor Email Address
	Book Fair Fundraiser
	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 Reason/Audience to benefit
	BOE Date Amount of agreement
	APPROPRIATE APPROVAL ROUTING BEFORE SENDING TO BOARD CLERK
Principal <u>&/or</u> Director or Adr	ninistrator: Studenty Cleck
Does this Contract/Agreemen If yes, Technology Admin: NO	
Cabinet Team Member:	
Funding Source:	olect OCAS Coding
Fund/Pro	Jerr Sala Sala Sala Sala Sala Sala Sala Sa
Accept and a	approve the NEW agreement with Literati Inc. providinr fundraising

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.

deposited into the Vandever Media Fund. There is no up front cost.

oppertunities at Vandever Elementary 2025-2026 school year. Funds collected will be

This area must be complete with full explanation of contract

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 VANDEVER ELEMENTARY SCHOOL ("School") and Literati Book Fair: 2026-03-23 2026-03-27

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

VANDEVER ELEMENTARY SCHOOL

School Name

X Shayla Upohun 12/19/2024 | 12:44

6F5C341EC70247 Representative Date

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

Form W-9

(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

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

Befor	you begin. For guidance related to the purpose of Form W-9, see Purpose of Form, below.							
	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's entity's name on line 2.)	name on line	1, and ente	r the busi	ness/dis	regarded		
	Literati, Inc.							
	2 Business name/disregarded entity name, if different from above.							
Print or type. Specific Instructions on page 3.	LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the abox for the tax classification of its owner. Other (see instructions) 3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classificand you are providing this form to a partnership, trust, or estate in which you have an ownership interest this box if you have any foreign partners, owners, or beneficiaries. See instructions	tax appropriate fication, , check	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.)					
See		ester's name a	and address	(optional	1)			
	DEPT 2147 PO BOX 122147							
	6 City, state, and ZIP code							
	Dallas, TX 75312-2147							
- 1	7 List account number(s) here (optional)							
Par	Taxpayer Identification Number (TIN)							
_	our TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid	Social sec	urity numb	er	-			
-	withholding. For individuals, this is generally your social security number (SSN). However, for a				T	\Box		
	t alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other		-	177				
entities	, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a</i>	or						
IIIV, Ia	or.	Employer	identificati	on numb	er			
	f the account is in more than one name, see the instructions for line 1. See also What Name and r To Give the Requester for guidelines on whose number to enter.	8 1 -	3 8	6 3	1 4	7		
Part	II Certification							
Under	penalties of perjury, I certify that:							
1. The	number shown on this form is my correct taxpayer identification number (or I am waiting for a num	ber to be iss	ued to me); and				
Serv	not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have ce (IRS) that I am subject to backup withholding as a result of a failure to report all interest or divic nger subject to backup withholding; and							
3. I am	a U.S. citizen or other U.S. person (defined below); and							
4. The	FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is co	rrect.						
becaus acquisi	ation instructions. You must cross out item 2 above if you have been notified by the IRS that you are by you have failed to report all interest and dividends on your tax return. For real estate transactions, ite ion or abandonment of secured property, cancellation of debt, contributions to an individual retirement an interest and dividends, you are not required to sign the certification, but you must provide your con	m 2 does not t arrangemer	t apply. Fo it (IRA), an	r mortga d, genera	ge inter ally, pay	est paid, ments		
Sign Here	Signature of U.S. person Date 0	6/05/20)24					
_		4-4-4-6	A (1	41	h			

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.

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.

lf th	SUBROGATION IS WAIVED, subject is certificate does not confer rights t	to the	terms and conditions of the	e policy, certain pouch endorsement(s	olicies may 1).	require an endorsement.	A stat	ement on	
_	UCER			CONTACT Randy The					
Marsh & McLennan Agency LLC 2500 Bee Cave Rd, Bldg. 1, Ste.125				PHONE (A/C, No, Ext): 512-226-7903 E-MAIL ADDRESS: randy.thole@marshmma.com					
				INSURER A : Twin Cit				29459	
			LITER		y File Ilisurar	ice Company		20100	
INSUI Lite	rati Inc.			INSURER B:					
450	9 Freidrich Ln Bldg. 4 Ste 402			INSURER C :					
Aus	tin TX 78744			INSURER D :					
				INSURER E :					
				INSURER F:		DELEGICAL MUMES.			
CO	ERAGES CER	TIFICA	TE NUMBER: 1182678600			REVISION NUMBER:	E DOUG	V DEBIOD	
IN CE	IIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH	EQUIREN PERTAIN POLICIE	MENT, TERM OR CONDITION N, THE INSURANCE AFFORD S. LIMITS SHOWN MAY HAVE	OF ANY CONTRACT ED BY THE POLICIE BEEN REDUCED BY	OR OTHER I S DESCRIBE PAID CLAIMS.	DOCUMENT WITH RESPECT TO	I TO W	HIUR IRIS	
NSR LTR	TYPE OF INSURANCE	ADDL SU	BR /D POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
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						MED EXP (Any one person)	\$ 10,000		
						PERSONAL & ADV INJURY	\$ 1,000,0	00	
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,0	00	
	POLICY PRO- X LOC				1	PRODUCTS - COMP/OP AGG	\$ 2,000,0	00	
	OTHER:						\$		
_	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO						\$		
	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$		
	HIRED NON-OWNED					PROPERTY DAMAGE (Per accident)	\$		
	AUTOS ONLY AUTOS ONLY						\$		
Α	X UMBRELLALIAB X OCCUR		46SBAAF2386	8/1/2024	8/1/2025	EACH OCCURRENCE	\$ 5,000.0	100	
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$ 5,000,0	100	
	DED X RETENTION\$ 10,000						\$		
-	WORKERS COMPENSATION					PER OTH- STATUTE ER			
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE						S		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	s		
	If yes, describe under					E.L. DISEASE - POLICY LIMIT			
-	DÉSCRIPTION OF OPERATIONS below								
Add	RIPTION OF OPERATIONS / LOCATIONS / VEHIC itional Insured form #SS0008 edition 0- ver of subrogation form #SS0008 editio nary & Non-Contributory General Liabili	4/05 app on 04/05	lies to the General Liability p applies to the General Liabil	olicy.	re space is requi	ea}			
The	General Liability policy includes a blan red and the certificate holder that requi	ket addi res such	tional insured endorsement to status.	o the certificate hold	er only when	there is a written contract t	etween	the named	
The	General Liability policy contains an end Attached			ntributory" wording th	nat may apply	only when there is a writte	en contra	act between	
	TIFICATE HOLDER			CANCELLATION					
	For Information Purposes	Only		SHOULD ANY OF	THE ABOVE D	DESCRIBED POLICIES BE CA EREOF, NOTICE WILL B CY PROVISIONS.	NCELLE SE DEL	ED BEFORE VERED IN	
				AUTHORIZED REPRESE	ENTATIVE		_		
				seg the	~				

AGENCY CUSTOMER ID:	LITER
LOC #:	

ACORD

ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Marsh & McLennan Agency LLC		NAMED INSURED Literati Inc. 4509 Freidrich Ln Bldg. 4 Ste 402			
POLICY NUMBER		Austin TX 78744			
CARRIER	NAIC CODE	7			
		EFFECTIVE DATE:			

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