## Contract Committee Review Request MUST BE COMPLETED IN FULL

Date: 10/21/2024

Contract/Agreement Vendor:	Literati Book Fairs, S	
	Name of Vendor & Contact Perso	
	shayla.upshur@liter Vendor Email Address	au.com
	Book Fair Fundraiser	
	Describe Contract (Technology, pro	gram, consultant-prof Development, etc.)
		explain the contract purchase , any titles, and details for the Board of Education to review.
	Students	
	Reason/Audience to benefit	
	11/11/2024	
	BOE Date	Amount of agreement
Person Submitting Contract/A	greement for Review: A	ubra Beeman Principal secretary
	_	
PLEASE SEND THROUGH A	PPROPRIATE APPROVA	ROUTING BEFORE SENDING TO BOARD CLERK
		A STATE SELECTION OF BOARD CLERK
Principal &/or Director or Adn	ninistrator: Xunly	lulliolen
<u> </u>		
Does this Contract/Agreemen		NO
If yes, Technology Admin: N	0	
Cabinet Team Member:		
Funding Source: 70/889		
runuing source:		
Fund/Pro	ject	OCAS Coding
Accept and a	pprove the NEW agreem	ent with Literati Inc providing fundraising
		2024-2025 school year. Funds collected will be
Consent deposited into	> Vandever Elementary M	ledia Fund. There is no upfront cost.
Consent		
Action		
		9
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.

VANDEVER ELEMENTARY SCHOOL

This Memo of Understanding outlines the terms of the partnership between \_\_\_\_\_\_\_("School") and Literati Book Fairs ("Literati"). School is scheduled to run a Literati Book Fair 2024-10-28

#### 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**

School Name

#### 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			X Shayla Upshur	
Book Fair Coord	dinator/School Principal	Date	6F5C341ECZD247ati Represe	ntative
VANDEVER ELE	MENTARY SCHOOL			

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

6/7/2024 | 3:02 Date Form **W-9** 

(Rev. October 2018)
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 informatoin.

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

		1 Name (as shown on your income tax return). Name is required on this line; do not leave this line to Literati. Inc	olank.									
	-	2 Business name/disregarded entity name, if different from above										
e-	,	3 Check appropriate box for federal tax classification of the person whose name is entered on line of the following seven boxes.	1. Check o	only <b>o</b> ı	ne	certa	ain en	ons (c tities, r	not inc	lividua		
■ Individual/sole proprietor or IFC Corporation ITS Corporation ITP artnership ITT Trust/estate										•		
type	Exempt payee code (if any)									_		
Print or type	single-member LLC  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.    Continued liability company. Enter the tax classification (C=C corporation, P=Partnership)									_		
Spec		☐ Other (see instructions) ➤				(Appli	es to ac	counts m	aintaine	d outside	e the U.S	S.)
S		5 Address (number, street, and apt. or suite no.) See instructions. 1145 w 5th Street	Request	er's na	ame a	ind ad	dress	(optio	nal)			
	Г	6 City, state, and ZIP code										
	L	Austin, TX 78703			_							
	Γ	7 List account number(s) here (optional)										
Pa	t	Taxpayer Identification Number (TIN)										
Enter	yo	our TIN in the appropriate box. The TIN provided must match the name given on line 1 to av	oid	Soc	ial s	ecur	ty nu	mber				
resid	ent	withholding. For individuals, this is generally your social security number (SSN). However, for alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other it is your employer identification number (EIN). If you do not have a number, see How to ge							- J			
TIN, I	ate	er.		or								
Note	: If	the account is in more than one name, see the instructions for line 1. Also see What Name	and	Em	ploy	er ide	ntifi	cation	nun	nber		
Numi	er	To Give the Requester for guidelines on whose number to enter.		8	1		3 8	6	3	1	4 7	
Pa	tΙ	Certification										
	,	enalties of perjury, I certify that:										
		number shown on this form is my correct taxpayer identification number (or I am waiting for										
(IF	RS)	not subject to backup withholding because: (a) I am exempt from backup withholding, or (b ) that I am subject to backup withholding as a result of a failure to report all interest or divident to backup withholding; and	) I have n ends, or (	ot bee c) the	en no IRS	otified has n	by th otifie	e Inter	mal R hat I	teven am no	ue Se o long	rvice jer
3. I a	m	a U.S. citizen or other U.S. person (defined below); and										
4. Tł	e F	FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporti	ng is corr	rect								
becai	ac en	ation instructions. You must cross out item 2 above if you have been notified by the IRS a you have failed to report all interest and dividends on your tax return. For real estate tranquisition or abandonment of secured property, cancellation of debt, contributions to an indicts other than interest and dividends, you are not required to sign the certification, but you rater.	sactions, vidual ret	item 2 ireme	2 doe int ar	es not range	apply ment	/. For (IRA)	moπα , and	gage i gene	ntere: rally,	
Sign Her		Signature of Michael Cason	<sub>Date</sub> ▶ 1/	16/2	202	4						



## 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 e does not confer rights to the certificate holder in lieu of such endorsement(s).

this certificate does not con	ner rights to the certificate holder in hed or st	acii endoraciiiciit[a]i			
PRODUCER		CONTACT NAME: Randy Thole			
Marsh & McLennan Agency	LLC	PHONE (A/C, No, Ext): 512-226-7903	(A/C, No):		
2500 Bee Cave Rd, Bldg. 1, Austin TX 78746	Ste. 125	E-MAIL ADDRESS: randy.thole@marshmma.com			
		INSURER(S) AFFORDING	COVERAGE	NAIC#	
		INSURER A: Twin City Fire Insurance (	Company	29459	
Insured Literati Inc. 1145 W. 5th Street Austin TX 78703	LITER	INSURER B: Progressive County Mutua	29203		
		INSURER C:			
		INSURER D :			
		INSURER E :			
		INSURER F:			
COVERAGES	CERTIFICATE NUMBER: 1347834920	RE\	ISION 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,

EX	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.							
NSR LTR	TYPE OF INSURANCE	ADDL SI	UBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Α	X COMMERCIAL GENERAL LIABILITY			46SBAAF2386	8/1/2023	8/1/2024	EACH OCCURRENCE	\$ 1,000,000
İ	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
ı							MED EXP (Any one person)	\$ 10,000
İ							PERSONAL & ADV INJURY	\$1,000,000
Ì	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
İ	POLICY PRO- X LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
İ	OTHER:							\$
В	AUTOMOBILE LIABILITY		$\exists$	01961570	3/23/2023	3/23/2024	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
İ	ANY AUTO						BODILY INJURY (Per person)	\$
Ì	OWNED X SCHEDULED AUTOS ONLY					3	BODILY INJURY (Per accident)	\$
Ì	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
	AUTOS ONET							\$
А	X UMBRELLA LIAB X OCCUR			46SBAAF2386	8/1/2023	8/1/2024	EACH OCCURRENCE	\$ 5,000,000
1	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$ 5,000,000
İ	DED X RETENTION\$ 10,000							\$
	WORKERS COMPENSATION						PER OTH- STATUTE ER	
- 1	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE						E.L. EACH ACCIDENT	\$
	OFFICER/MEMBEREXCLUDED? (Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						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...

CANCELLATION

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
/	sel x

AGENCY CUSTOMER ID:	LITER
1.00#:	

ACORD	Ð
ACORD	

## ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

	ADDITIONAL NEWA		
AGENCY Marsh & McLennan Agency LLC		NAMED INSURED Literati Inc. 1145 W. 5th Street	
POLICY NUMBER		Austin TX 78703	
CARRIER	NAIC CODE	1	
		EFFECTIVE DATE:	
ADDITIONAL REMARKS			

POLICY NUMBER		Austin TX 78703			
CARRIER	NAIC CODE				
		EFFECTIVE DATE:			
ADDITIONAL REMARKS					
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACO	RD FORM,				
FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF	LIABILITY I	NSURANCE			
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.					
*					