## Part 1: Local Educational Agency Information

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|---|---|
| **Name of Local Educational Agency** | **Name of LEA Executive Director (Public Charter Schools Only)** |
| Creative Minds International Public Charter School | Golnar Abedin |
| **Full Address of Local Educational Agency** | **Email Address of LEA Executive Director (Public Charter Schools Only)** |
| 3224 16th St. NW<br>Washington, DC 20009 | golnar.abedin@creativemindspcs.org |
| **Main Telephone Number of Local Educational Agency** | **Telephone Number of LEA Executive Director (Public Charter Schools Only)** |
| (202)588-0370 | (202)588-0370 |
| **Name of Primary LEA Contact for Title I LEA Plan** | **Name of Additional LEA Contact for Title I LEA Plan** |
| John Roussel | James Lafferty-Furphy |
| **Position Title of Primary LEA Contact for Title I LEA Plan** | **Position Title of Additional LEA Contact for Title I LEA Plan** |
| Consultant | Director of Operations |
| **Email Address of Primary LEA Contact for Title I LEA Plan** | **Email Address of Additional LEA Contact for Title I LEA Plan** |
| john@ed-ops.com | james.lafferty-furphy@creativemindspcs.org |
| **Telephone Number of Primary LEA Contact for Title I LEA Plan** | **Telephone Number of Additional LEA Contact for Title I LEA Plan** |
| (310)710-4559 | (202)588-0370 |

## Part 2: LEA Certification

I certify that all of the information contained in this application is true and accurate to the best of my knowledge.
Additionally, I certify that the LEA agrees to all assurances included in the application.
I have been authorized to file this application on behalf of the agency named above.

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|---|---|
| **Name of Individual Certifying Title I LEA Plan (Board Chairperson or Chancellor only)** | **Signature of Individual Certifying Title I LEA Plan** |
| Yamillett Fuentes | |
| **Title of Individual Certifying Title I LEA Plan (Board Chairperson or Chancellor only)** | **Date of Certification (input at the time of signature)** |
| Board Chairperson | 9/26/13 |

SUBMIT BOTH A MICROSOFT EXCEL VERSION OF THIS FULL WORKBOOK AND A SIGNED, SCANNED COPY OF THIS PAGE BY EMAIL TO CON.APP@DC.GOV.

## OSSE Use Only

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|---|---|
| Date Title I LEA Plan First Received: | |