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Office of the
State Superintendent of Education

Part 1: Local Educational Agency Information

Full Legal Name of Local Educational Agency	Name of LEA Executive Director (Public Charter Schools Only)
IDEAL ACADEMY PUBLIC CHARTER SCHOOL	GEORGE H. RUTHERFORD II, Ph.D
Full Address of Local Educational Agency	Email Address of LEA Executive Director (Public Charter Schools Only)
6130 N. CAPITOL STREET, NW, WASHINGTON, DC 20011	rutherford52085@aol.com
Main Telephone Number of Local Educational Agency	Telephone Number of LEA Executive Director (Public Charter Schools Only)
202-729-6660	202-729-6660
Name of Primary LEA Contact for Consolidated Application Programs	Name of Additional LEA Contact for Consolidated Application Programs
PEARLINE HUMBLES	ZUELLA EVANS
Position Title of Primary LEA Contact for Consolidated Application Programs	Position Title of Additional LEA Contact for Consolidated Application Programs
FEDERAL GRANTS COORDINATOR	BUSINESS MANAGER
Email Address of Primary LEA Contact for Consolidated Application Programs	Email Address of Additional LEA Contact for Consolidated Application Programs
phumbles@iapcs.com	zuella_evans@yahoo.com
Telephone Number of Primary LEA Contact for Consolidated Application Programs	Telephone Number of Additional LEA Contact for Consolidated Application Programs
202-729-6660	202-729-6660

Part 2: LEA Certification of Assurances

All assurances and certifications included in Phase I of the application represent requirements associated with the federal grant programs included in the Consolidated Application. By signing below, the Applicant certifies that it has read and agrees to all assurances and certifications.

Name of Individual Certifying Phase I Application (Board Chairperson or Chancellor only)	Signature of Individual Certifying Phase I Application
GEORGE H. RUTHERFORD II, Ph.D	George H Rutherford II
Title of Individual Certifying Phase I Application (Board Chairperson or Chancellor only)	Date of Certification (Input at the time of signature)
PRINCIPAL	07/29/2012

Part 3: Additional LEA Certification

The Phase II application must be returned to the Office of the State Superintendent in accordance with the established deadlines. The Superintendent will allow a minimum of 90 days for completion. By signing below, the Applicant certifies that it will submit an approvable Phase II application in accordance with the deadlines or risk the denial of funding under this Phase I application.

Name of Individual Certifying Phase I Application (Board Chairperson or Chancellor only)	Signature of Individual Certifying Phase I Application
PATRICIA COOKS, MBA	Patricia Cooks
Title of Individual Certifying Phase I Application (Board Chairperson or Chancellor only)	Date of Certification (Input at the time of signature)
Board Chairperson	July 29, 2012

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

OSSE Use Only

Date Assurances Received:	
Date Assurances Complete (first date for obligation):	