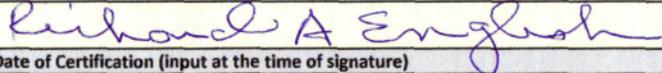


### Part 1: Local Educational Agency Information

<b>Name of Local Educational Agency</b> Booker T. Washington Public Charter School for Technical Arts	<b>Name of LEA Executive Director (Public Charter Schools Only)</b> Edward W. Pinkard
<b>Full Address of Local Educational Agency</b> 1346 Florida Avenue,Nw, Washington,DC 20009	<b>Email Address of LEA Executive Director (Public Charter Schools Only)</b> <a href="mailto:four_walls@verizon.net">four_walls@verizon.net</a>
<b>Main Telephone Number of Local Educational Agency</b> (202) 232-6090	<b>Telephone Number of LEA Executive Director (Public Charter Schools Only)</b> (202) 232-6090
<b>Name of Primary LEA Contact for Title I LEA Plan</b> Dr. G. Hope Asterilla	<b>Name of Additional LEA Contact for Title I LEA Plan</b> Dr. Basil Buchanan
<b>Position Title of Primary LEA Contact for Title I LEA Plan</b> Principal	<b>Position Title of Additional LEA Contact for Title I LEA Plan</b> Assistant to the Executive Director
<b>Email Address of Primary LEA Contact for Title I LEA Plan</b> <a href="mailto:ghopebtw@yahoo.com">ghopebtw@yahoo.com</a>	<b>Email Address of Additional LEA Contact for Title I LEA Plan</b> <a href="mailto:bvb323@yahoo.com">bvb323@yahoo.com</a>
<b>Telephone Number of Primary LEA Contact for Title I LEA Plan</b> (202) 232-6090	<b>Telephone Number of Additional LEA Contact for Title I LEA Plan</b> (202) 232-6090 X 426

### 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.

<b>Name of Individual Certifying Title I LEA Plan (Board Chairperson or Chancellor only)</b> Dr. Richard A. English	<b>Signature of Individual Certifying Title I LEA Plan</b> 
<b>Title of Individual Certifying Title I LEA Plan (Board Chairperson or Chancellor only)</b> Board Chairperson	<b>Date of Certification (input at the time of signature)</b> 9-30-2013

**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](mailto:CON.APP@DC.GOV).**

OSSE Use Only

Date Title I LEA Plan First Received: