Part 1: Local Educational Agency Information

Name of Local Educational Agency DC Bilingual Publci Charter School	**Name of LEA Executive Director (Public Charter Schools Only)** Myrna Peralta
Full Address of Local Educational Agency 1420 Columbia Road NW, Washington DC 20009	**Email Address of LEA Executive Director (Public Charter Schools Only)** mperalta@centronia.org
Main Telephone Number of Local Educational Agency 202-332-4200	**Telephone Number of LEA Executive Director (Public Charter Schools Only)** 202-332-4200 x 1026
Name of Primary LEA Contact for Title I LEA Plan Wanda Perez	**Name of Additional LEA Contact for Title I LEA Plan** Daniella Anello
Position Title of Primary LEA Contact for Title I LEA Plan Principal	**Position Title of Additional LEA Contact for Title I LEA Plan** Assistant Principal
Email Address of Primary LEA Contact for Title I LEA Plan wperez@centronia.org	**Email Address of Additional LEA Contact for Title I LEA Plan** danello@centronia.org
Telephone Number of Primary LEA Contact for Title I LEA Plan 202-332-4200 x 1051	**Telephone Number of Additional LEA Contact for Title I LEA Plan** 202-332-4200

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.

Name of Individual Certifying Title I LEA Plan (Board Chairperson or Chancellor only) Lester Matlock	**Signature of Individual Certifying Title I LEA Plan** LMatlock
Title of Individual Certifying Title I LEA Plan (Board Chairperson or Chancellor only) Board Chair	**Date of Certification (input at the time of signature)** 9/16/13

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

Date Title I LEA Plan First Received:	