OSSE

Part 1: Local Educational Agency Information

Name of Local Educational Agency	**Name of LEA Executive Director (Public Charter Schools Only)**
Howard University Middle School for Math & Science Public Charter School	Yohance Maqubela
Full Address of Local Educational Agency	**Email Address of LEA Executive Director (Public Charter Schools Only)**
405 Howard Place, NW, Washington, DC 20059	ym@ms-2.org
Main Telephone Number of Local Educational Agency	**Telephone Number of LEA Executive Director (Public Charter Schools Only)**
202-806-7725	202-806-7845
Name of Primary LEA Contact for Consolidated Application Programs	**Name of Additional LEA Contact for Consolidated Application Programs**
Claudia Hines	Tia Lott
Position Title of Primary LEA Contact for Consolidated Application Programs	**Position Title of Additional LEA Contact for Consolidated Application Programs**
Finance Manager	Principal
Email Address of Primary LEA Contact for Consolidated Application Programs	**Email Address of Additional LEA Contact for Consolidated Application Programs**
claudia@universitymiddleschool.org	tia.lott@universitymiddleschool.org
Telephone Number of Primary LEA Contact for Consolidated Application Programs	**Telephone Number of Additional LEA Contact for Consolidated Application Programs**
202-865-0294	202-865-0261

Part 2: Programs for Which the LEA is Applying for Funding

Below, input the allocation, provided by the State Education Agency, for each program for which the LEA is applying for funding through this application. For Title III, Part A, the LEA is eligible to apply through this application only if the allocation is at least $10,000. Please note that allocations are subject to change according to the applicable federal and state statutes, regulations, and policies.

LEA Allocation for Title I, Part A	LEA Allocation for Title II, Part A	LEA Allocation for Title III, Part A
$ 156,392.12	$ 40,709.10	

Part 3: Schedule for Submission of Reimbursement Requests

Please indicate, by checking the applicable box below, the schedule that the LEA will follow for Federal Fiscal Year 2013 (July 1, 2013 - September 30, 2015, including the "Tydings" period) for submitting reimbursement requests for all grants included in this application in order to maintain regular drawdowns of federal funds. From among these options, the LEA has the flexibility to choose a schedule that best meets its needs.

Monthly (12 workbooks per year)	Bi-Monthly (6 workbooks per year)	Quarterly (4 workbooks per year)
		X

Part 4: LEA Certification of Application

By signing below, the Applicant certifies that all of the information contained in this application is true and accurate to the best of its knowledge. Additionally, the Applicant certifies that it has read and agrees to all additional assurances and certifications included in Phase II of the application.

Name of Individual Certifying Phase II Application (Board Chairperson or Chancellor only)	**Signature of Individual Certifying Phase II Application**
Aprille Ericsson, Ph.D.	Aprille J Ericsson
Title of Individual Certifying Phase II Application (Board Chairperson or Chancellor only)	**Date of Certification (Input at the time of signature)**
Chairperson of the Board of Directors	16-Sep-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 Phase II Application First Received:	
Date Phase II Application Approved (first date for reimbursement):	

Part 1: Local Educational Agency Information

Name of Local Educational Agency	**Name of LEA Executive Director (Public Charter Schools Only)**
Howard University Middle School for Math & Science Public Charter School	Yohance Maqubela
Full Address of Local Educational Agency	**Email Address of LEA Executive Director (Public Charter Schools Only)**
405 Howard Place, NW, Washington, DC 20059	ycm@ms-2.org
Main Telephone Number of Local Educational Agency	**Telephone Number of LEA Executive Director (Public Charter Schools Only)**
202-806-7725	202-806-7845
Name of Primary LEA Contact for Title I LEA Plan	**Name of Additional LEA Contact for Title I LEA Plan**
Claudia Hines	Tia Lott
Position Title of Primary LEA Contact for Title I LEA Plan	**Position Title of Additional LEA Contact for Title I LEA Plan**
Finance Manager	Principal
Email Address of Primary LEA Contact for Title I LEA Plan	**Email Address of Additional LEA Contact for Title I LEA Plan**
claudia@universitymiddleschool.org	tia.lott@universitymiddleschool.org
Telephone Number of Primary LEA Contact for Title I LEA Plan	**Telephone Number of Additional LEA Contact for Title I LEA Plan**
202-865-0294	202-865-0271

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)	**Signature of Individual Certifying Title I LEA Plan**
Aprille Ericsson, Ph.D.	Aprille J Ericsson
Title of Individual Certifying Title I LEA Plan (Board Chairperson or Chancellor only)	**Date of Certification (input at the time of signature)**
Board Chairperson	16-Sep-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:	