



**Office of the
State Superintendent of Education**

Part 1: Local Educational Agency Information	
Full Legal Name of Local Educational Agency St. Collette Institute, Washington	Name of LEA Executive Director (Public Charter Schools Only) Sharon Raine
Full Address of Local Educational Agency 1902 Independence Ave., SE	Email Address of LEA Executive Director (Public Charter Schools Only) sraine@stcollette.org
Main Telephone Number of Local Educational Agency (202) 350-4400	Telephone Number of LEA Executive Director (Public Charter Schools Only) (202) 350-8550
Name of Primary LEA Contact for Consolidated Application Programs Den Gerrard	Name of Additional LEA Contact for Consolidated Application Programs
Position Title of Primary LEA Contact for Consolidated Application Programs Director of Foundation and Corporate Relations	Position Title of Additional LEA Contact for Consolidated Application Programs
Email Address of Primary LEA Contact for Consolidated Application Programs den.gerrard@stcollette.org	Email Address of Additional LEA Contact for Consolidated Application Programs
Telephone Number of Primary LEA Contact for Consolidated Application Programs (202) 350-4600	Telephone Number of Additional LEA Contact for Consolidated Application Programs
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) Elizabeth A. Pierce	Signature of Individual Certifying Phase I Application
Title of Individual Certifying Phase I Application (Board Chairperson or Chancellor only) President, Board of Trustees	Date of Certification (Input at the time of signature) 6-26-13
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) Elizabeth A. Pierce	Signature of Individual Certifying Phase I Application
Title of Individual Certifying Phase I Application (Board Chairperson or Chancellor only) President, Board of Trustees	Date of Certification (Input at the time of signature) 6-26-13
SUBMIT BOTH A MICROSOFT EXCEL VERSION OF THIS FULL WORKBOOK AND A DATED, SCANNED COPY OF THIS PAGE BY EMAIL TO COB_APP@DC.GOV	
OSSE Use Only	
Date Assurances Received:	
Date Assurances Complete (First date for obligation):	