Office of the
State Superintendent of Education

Part 1: Local Educational Agency Information

Full Legal Name of Local Educational Agency WASHINGTON LATIN PUBLIC CHARTER SCHOOL	Name of LEA Executive Director (Public Charter Schools Only) MARTHA E. CUTTS
Full Address of Local Educational Agency 2501 11TH STREET NW, WASHINGTON DC 20011	Email Address of LEA Executive Director (Public Charter Schools Only) mcutts@latinpcs.org
Main Telephone Number of Local Educational Agency 202-223-1111	Telephone Number of LEA Executive Director (Public Charter Schools Only) 202-223-1111
Name of Primary LEA Contact for Consolidated Application Programs GIOVANNA ZURIETA	Name of Additional LEA Contact for Consolidated Application Programs LACY PEALE
Position Title of Primary LEA Contact for Consolidated Application Programs DIRECTOR OF FINANCE	Position Title of Additional LEA Contact for Consolidated Application Programs DIRECTOR OF COMPLIANCE
Email Address of Primary LEA Contact for Consolidated Application Programs [illegible]@latinpcs.org	Email Address of Additional LEA Contact for Consolidated Application Programs lpeale@latinpcs.org
Telephone Number of Primary LEA Contact for Consolidated Application Programs 202-302-5252	Telephone Number of Additional LEA Contact for Consolidated Application Programs 202-223-1111

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) MARK S. LERNER	Signature of Individual Certifying Phase I Application [signature]
Title of Individual Certifying Phase I Application (Board Chairperson or Chancellor only) Chairperson of the Board of Directors	Date of Certification (input at the time of signature) 6.21.13

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) MARK S. LERNER	Signature of Individual Certifying Phase I Application [signature]
Title of Individual Certifying Phase I Application (Board Chairperson or Chancellor only) Chairperson of the Board of Directors	Date of Certification (input at the time of signature) 6.21.13

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):	