



| Part 1: Local Educational Agency Information  |   |
|---|---|
| Name of Local Educational Agency<br>St. Coletta Public Charter School   | Name of LEA Executive Director (Public Charter Schools Only)<br>Sharon Raimo                  |
| Full Address of Local Educational Agency<br>1901 Independence Ave, SE   | Email Address of LEA Executive Director (Public Charter Schools Only)<br>sraimo@stcoletta.org |
| Main Telephone Number of Local Educational Agency<br>202-350-8580   | Telephone Number of LEA Executive Director (Public Charter Schools Only)<br>202-350-8690      |
| Name of Primary LEA Contact for Consolidated Application Programs<br>Ben Gerrard  | Name of Additional LEA Contact for Consolidated Application Programs                          |
| Position Title of Primary LEA Contact for Consolidated Application Programs<br>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<br>bgerrard@stcoletta.org                          | Email Address of Additional LEA Contact for Consolidated Application Programs                 |
| Telephone Number of Primary LEA Contact for Consolidated Application Programs<br>202-350-8580                                 | Telephone Number of Additional LEA Contact for Consolidated Application Programs              |

**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 |
|------------------------------------|-------------------------------------|--------------------------------------|
| \$ 140,213.62                      | \$ 34,489.70                        |                                      |

**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)<br>Elizabeth A. Pierce           | Signature of Individual Certifying Phase II Application<br>              |
| Title of Individual Certifying Phase II Application (Board Chairperson or Chancellor only)<br>President, Board of Trustees | Date of Certification (input as the month of signature)<br>Sept 12, 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 Phase II Application First Received: \_\_\_\_\_

Date Phase II Application Approved (first date for reimbursement): \_\_\_\_\_