



**Part 1: Local Educational Agency Information**

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| <b>Name of Local Educational Agency</b><br>EAGLE ACADEMY PUBLIC CHARTER SCHOOL                  | <b>Name of LEA Executive Director (Public Charter Schools Only)</b><br>CASSANDRA S. PINKNEY                   |
| <b>Full Address of Local Educational Agency</b><br>3400 WHEELER RD SE WASHINGTON, DC 20032      | <b>Email Address of LEA Executive Director (Public Charter Schools Only)</b><br>cpinkney@eagleacademy pcs.org |
| <b>Main Telephone Number of Local Educational Agency</b><br>202-544-2646                        | <b>Telephone Number of LEA Executive Director (Public Charter Schools Only)</b><br>202-544-2646               |
| <b>Name of Primary LEA Contact for Title I LEA Plan</b><br>JOE M. SMITH                         | <b>Name of Additional LEA Contact for Title I LEA Plan</b><br>ANDREA C. SHORTER                               |
| <b>Position Title of Primary LEA Contact for Title I LEA Plan</b><br>CHIEF FINANCIAL OFFICER    | <b>Position Title of Additional LEA Contact for Title I LEA Plan</b><br>ACCOUNTANT                            |
| <b>Email Address of Primary LEA Contact for Title I LEA Plan</b><br>ismith@eagleacademy pcs.org | <b>Email Address of Additional LEA Contact for Title I LEA Plan</b><br>ashorter@acscca.net                    |
| <b>Telephone Number of Primary LEA Contact for Title I LEA Plan</b><br>202-544-2646             | <b>Telephone Number of Additional LEA Contact for Title I LEA Plan</b><br>301-996-3909                        |

**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.

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| <b>Name of Individual Certifying Title I LEA Plan (Board Chairperson or Chancellor only)</b><br>DAVENE M. WHITE                    | <b>Signature of Individual Certifying Title I LEA Plan</b><br><i>Davene M. White</i> |
| <b>Title of Individual Certifying Title I LEA Plan (Board Chairperson or Chancellor only)</b><br>CHAIRPERSON OF BOARD OF DIRECTORS | <b>Date of Certification (input at the time of signature)</b><br><i>JUN 18, 2013</i> |

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**

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| <b>Date Title I LEA Plan First Received:</b> |  |
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