



Part 1: Local Educational Agency Information

Name of Local Educational Agency OPTIONS PUBLIC CHARTER SCHOOL	Name of LEA Executive Director (Public Charter Schools Only) DR. DONNA MONTGOMERY
Full Address of Local Educational Agency 1375 E. STREET NW, WASHINGTON DC 20002	Email Address of LEA Executive Director (Public Charter Schools Only) dmontgomery@optionsschool.org
Main Telephone Number of Local Educational Agency 202-547-1028	Telephone Number of LEA Executive Director (Public Charter Schools Only) 202-547-1028
Name of Primary LEA Contact for Title I LEA Plan Rebekah Roberts	Name of Additional LEA Contact for Title I LEA Plan Andrea Shorter
Position Title of Primary LEA Contact for Title I LEA Plan Chief Academic Officer	Position Title of Additional LEA Contact for Title I LEA Plan Accountant
Email Address of Primary LEA Contact for Title I LEA Plan rroberts@optionsschool.org	Email Address of Additional LEA Contact for Title I LEA Plan ashorter@acscca.net
Telephone Number of Primary LEA Contact for Title I LEA Plan 202-547-1028	Telephone Number of Additional LEA Contact for Title I LEA Plan 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.

Name of Individual Certifying Title I LEA Plan (Board Chairperson or Chancellor only) Dr. J. C HAYWARD	Signature of Individual Certifying Title I LEA Plan
Title of Individual Certifying Title I LEA Plan (Board Chairperson or Chancellor only) CHAIRPERSON OF BOARD OF DIRECTORS	Date of Certification (input at the time of signature) 1/15/13

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:	
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