



**Part 1: Local Educational Agency Information**

<b>Name of Local Educational Agency</b> Septima Clark Public Charter School	<b>Name of LEA Executive Director (Public Charter Schools Only)</b> Jenny DuFresne
<b>Full Address of Local Educational Agency</b> 2501 MLK AVE., SE WASHINGTON, DC 20020	<b>Email Address of LEA Executive Director (Public Charter Schools Only)</b> jdufresne@scpcs.org
<b>Main Telephone Number of Local Educational Agency</b> 202-563-6556	<b>Telephone Number of LEA Executive Director (Public Charter Schools Only)</b> 202-563-6556
<b>Name of Primary LEA Contact for Title I LEA Plan</b> Jenny DuFresne	<b>Name of Additional LEA Contact for Title I LEA Plan</b> Joseph Lojo
<b>Position Title of Primary LEA Contact for Title I LEA Plan</b> Head of School	<b>Position Title of Additional LEA Contact for Title I LEA Plan</b> Business Manager
<b>Email Address of Primary LEA Contact for Title I LEA Plan</b> jdufresne@scpcs.org	<b>Email Address of Additional LEA Contact for Title I LEA Plan</b> jlojo@scpcs.org
<b>Telephone Number of Primary LEA Contact for Title I LEA Plan</b> 202-563-6556	<b>Telephone Number of Additional LEA Contact for Title I LEA Plan</b> 202-563-6556

**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.

<b>Name of Individual Certifying Title I LEA Plan (Board Chairperson or Chancellor only)</b> <i>James M. Costan</i>	<b>Signature of Individual Certifying Title I LEA Plan</b> <i>James M. Costan</i>
<b>Title of Individual Certifying Title I LEA Plan (Board Chairperson or Chancellor only)</b>	<b>Date of Certification (input at the time of signature)</b>

**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**

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