

OSSE

Part 1: Local Educational Agency Information

Name of Local Educational Agency
Beas DC Public Charter School

Name of LEA Executive Director (Public Charter Schools Only)
Paul Morrissey

Email Address of LEA Executive Director (Public Charter Schools Only)
paul.morrissey@beasdc.org

Telephone Number of Local Educational Agency
202-393-5437

Name of Additional LEA Contact for Title I LEA Plan
Kristen Jordan

Position Title of Additional LEA Contact for Title I LEA Plan
Director of Schools Management Department

Email Address of Additional LEA Contact for Title I LEA Plan
kristen.jordan@beasdc.org

Telephone Number of Additional LEA Contact for Title I LEA Plan
800-785-2833

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 Chairperson only)
Craig Barrett

Signature of Individual Certifying Title I LEA Plan
[Signature]

Date of Certification (Input at the time of signature)
17 SEPT 2012

SUBMIT BOTH A MICROSOFT EXCEL VERSION OF THIS FULL WORKBOOK AND A SIGNED, SCANNED COPY OF THIS PAGE BY EMAIL TO COR.APP@DC.GOV.

OSSE Use Only

DEB Title I LEA Plan First Received