



Office of the
State Superintendent of Education

Part 1: Local Educational Agency Information

Full (Legal) Name of Local Educational Agency	IDEAL ACADEMY PUBLIC CHARTER SCHOOL
Full Address of Local Educational Agency	6130 NORTH CAPITOL STREET, NW, WASHINGTON, DC 20011
Main Telephone Number of Local Educational Agency	202-729-6660
Name of Primary LEA Contact for Consolidated Application Programs	F. ZUELLA EVANS
Position Title of Primary LEA Contact for Consolidated Application Programs	BUSINESS MANAGER
Email Address of Primary LEA Contact for Consolidated Application Programs	f.zuella@gmail.com
Telephone Number of Primary LEA Contact for Consolidated Application Programs	202-729-6660
Name of Additional LEA Contact for Consolidated Application Programs	DAVY SOUBEIGA
Position Title of Additional LEA Contact for Consolidated Application Programs	ASSISTANT BUSINESS MANAGER
Email Address of Additional LEA Contact for Consolidated Application Programs	dsoubelra@lacs.com
Telephone Number of Additional LEA Contact for Consolidated Application Programs	202-729-6660

Part 2: LEA Certification of Assurances

All assurances and certifications included in Phase I of the application represent requirements associated with the federal grant programs included in the Consolidated Application. By signing below, the Applicant certifies that it has read and agrees to all assurances and certifications.	
Name of Individual Certifying Phase I Application (Board Chairperson or Chancellor Only)	PATRICIA COOKS
Signature of Individual Certifying Phase I Application	<i>Patricia Cooks</i>
Title of Individual Certifying Phase I Application (Board Chairperson or Chancellor Only)	CHAIRPERSON OF BOARD OF TRUSTEES
Date of Certification (Input at the time of signature)	June 26, 2013

The Phase II application must be returned to the Office of the State Superintendent in accordance with the established deadlines. The Superintendent will allow a minimum of 90 days for completion. By signing below, the Applicant certifies that it will submit an approvable Phase II application in accordance with the deadlines or risk the denial of funding under this Phase I application.	
Name of Individual Certifying Phase II Application (Board Chairperson or Chancellor Only)	PATRICIA COOKS
Signature of Individual Certifying Phase II Application	<i>Patricia Cooks</i>
Title of Individual Certifying Phase II Application (Board Chairperson or Chancellor Only)	CHAIRPERSON OF THE BOARD OF DIRECTORS
Date of Certification (Input at the time of signature)	June 26, 2013

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

OSSE Use Only

Date Assurances Received:	
Date Assurances Complete (First date for obligation):	