



**Office of the
State Superintendent of Education**

Part 1: Local Educational Agency Information	
Full Legal Name of Local Educational Agency Bridges Public Charter School	Name of LEA Executive Director (Public Charter Schools Only) Olivia Smith
Full Address of Local Educational Agency 1250 Taylor Street NW Washington, DC 20011	Email Address of LEA Executive Director (Public Charter Schools Only) osmith@bridgespcs.org
Main Telephone Number of Local Educational Agency 202 545-0515	Telephone Number of LEA Executive Director (Public Charter Schools Only) 202 545-0515
Name of Primary LEA Contact for Consolidated Application Programs Olivia Smith	Name of Additional LEA Contact for Consolidated Application Programs Patrick Shaw
Position Title of Primary LEA Contact for Consolidated Application Programs Principal / Director	Position Title of Additional LEA Contact for Consolidated Application Programs Assistant Principal
Email Address of Primary LEA Contact for Consolidated Application Programs osmith@bridgespcs.org	Email Address of Additional LEA Contact for Consolidated Application Programs pshaw@bridgespcs.org
Telephone Number of Primary LEA Contact for Consolidated Application Programs 202 545-0515	Telephone Number of Additional LEA Contact for Consolidated Application Programs 202 545-0515
Part 2: LEA Certification of Assurances	
Part 3: Additional LEA Certification	
<p>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.</p>	
Name of Individual Certifying Phase I Application (Board Chairperson or Chancellor only) Betsy Centofanti	Signature of Individual Certifying Phase I Application
Title of Individual Certifying Phase I Application (Board Chairperson or Chancellor only) Chairperson of the Board of Directors	Date of Certification (input at the time of signature) June 30, 2011
<p>SUBMIT BOTH A MICROSOFT EXCEL VERSION OF THIS FULL WORKBOOK AND A SIGNED, SCANNED OF THIS PAGE BY EMAIL TO CON.APP@DC.GOV.</p>	
OSSE Use Only	
Date Assurances Received:	
Date Assurances Complete (first date for obligation):	