



Office of the
State Superintendent of Education

Part 1: Local Educational Agency Information	
Full Legal Name of Local Educational Agency E.L. Haynes Public Charter School	Name of LEA Executive Director (Public Charter Schools Only) Jennifer C. Niles
Full Address of Local Educational Agency 3600 Georgia Ave NW	Email Address of LEA Executive Director (Public Charter Schools Only) jniles@elhaynes.org
Main Telephone Number of Local Educational Agency 202-667-4446	Telephone Number of LEA Executive Director (Public Charter Schools Only) 202-667-4446
Name of Primary LEA Contact for Consolidated Application Programs Samuel Page	Name of Additional LEA Contact for Consolidated Application Programs Jimmy Henderson
Position Title of Primary LEA Contact for Consolidated Application Programs Federal and State Programs Manager	Position Title of Additional LEA Contact for Consolidated Application Programs Chief Operating Officer
Email Address of Primary LEA Contact for Consolidated Application Programs spage@elhaynes.org	Email Address of Additional LEA Contact for Consolidated Application Programs jhenderson@elhaynes.org
Telephone Number of Primary LEA Contact for Consolidated Application Programs 202-667-4446	Telephone Number of Additional LEA Contact for Consolidated Application Programs 202-667-4446
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) Michael W. Hall	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) 6/28/11
<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):	