



# Office of the State Superintendent of Education

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Main Telephone Number of Local Educational Agency 202-223-4505	Telephone Number of LEA Executive Director (Public Charter Schools Only) 202-223-4505
Name of Primary LEA Contact for Consolidated Application Programs Edmund Han	Name of Additional LEA Contact for Consolidated Application Programs Candice Chung
Position Title of Primary LEA Contact for Consolidated Application Programs Director of Operations	Position Title of Additional LEA Contact for Consolidated Application Programs Accounting Manager
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**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) <i>Terry Golden</i>	Signature of Individual Certifying Phase I Application <i>Terry Golden</i>
Title of Individual Certifying Phase I Application (Board Chairperson or Chancellor only) <i>Board Chairperson</i>	Date of Certification (input at the time of signature) <i>6/8/11</i>

**Part 3: Additional LEA Certification**

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 I Application (Board Chairperson or Chancellor only) <i>Terry Golden</i>	Signature of Individual Certifying Phase I Application <i>Terry Golden</i>
Title of Individual Certifying Phase I Application (Board Chairperson or Chancellor only) <i>Board Chairperson</i>	Date of Certification (input at the time of signature) <i>6/8/11</i>

SUBMIT **BOTH** A MICROSOFT EXCEL VERSION OF THIS FULL WORKBOOK **AND** A SIGNED, SCANNED OF THIS PAGE BY EMAIL TO [CON\\_APP@DC.GOV](mailto:CON_APP@DC.GOV).

**OSSE Use Only**

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

