

OSSE

Part 1: Local Educa	ational Agency Information		
Name of Local Educational Agency	Name of LEA Executive Director (Public Charter Schools Only)		
Basis DC Public Charter School	Sean Aiken		
Full Address of Local Educational Agency	Email Address of LEA Executive Director (Public Charter Schools Only)		
410 8th Street, NW Washington DC 20004	sean.aiken@b asisdc.org		
Main Telephone Number of Local Educational Agency	Telephone Number of LEA Executive Director (Public Charter Schools Only)		
202-393-5437	202-393-5437		
Name of Primary LEA Contact for Consolidated Application Programs	Name of Additional LEA Contact for Consolidated Application Programs		
Kristen Jordison	Robert Biemesderfer		
Position Title of Primary LEA Contact for Consolidated Application Programs	Position Title of Additional LEA Contact for Consolidated Application Programs		
Director of Compliance and Governmental Affairs	Data Analyst		
Email Address of Primary LEA Contact for Consolidated Application Programs	Email Address of Additional LEA Contact for Consolidated Application Programs		
kristen.jordison@basiseducation.net	robert.biemesderfer@basisdc.org		
Telephone Number of Primary LEA Contact for Consolidated Application Programs	Telephone Number of Additional LEA Contact for Consolidated Application Programs		
480-766-2833	202-393-5437		
Part 2: Programs for Whi	ch the LEA is Applying for Funding		

Below, input the allocation, provided by the State Education Agency, for each program for which the LEA is applying for funding through this application. For Title III, Part A, the LEA is eligible to apply through this application only if the allocation is at least \$10,000.

Please note that allocations are subject to change according to the applicable federal and state statutes, regulations, and policies.

-	LEA Allocation for Title I, Part A		LEA Allocation for Title II, Part A	LEA Allocation for Title III, Part A	
	\$ 435,124.65		\$ 64,635.42		
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Trait of Schedule for Submission of Kellipulsement Kequests

Please indicate, by checking the applicable box below, the schedule that the LEA will follow for Federal Fiscal Year 2012 (July 1, 2012 - September 30, 2014, including the "Tydings" period) for submitting reimbursement requests for all grants included in this application in order to maintain regular drawdowns of federal funds. From among these options, the LEA has the flexibility to choose a schedule that best meets its needs.

Monthly (12 workbooks per year)	Bi-Monthly (6 w	vorkbooks per year) X	Quarterly (4 workbooks per ye	ar)
	Part 4: LEA Certif	ication of Application		
By signing below, the Applicant certifies that all o Additionally, the Applicant certifies that it has rea				
Name of Individual Certifying Phase II Application (Board	Chairperson or Chancellor only)	Signature of Individual Cer	tifying Phase II Application	
Craig Barrett		CR	Barre H.	
Title of Individual Certifying Phase II Application (Board C	hairperson or Chancellor only)	Date of Certification (inpu	t at the time of signature)	
Chairperson of the Board of Directors			ugust 2013	
		4		2
SUBMIT BOTH A MICROSOFT EXCEL VERSI	ON OF THIS FULL WORKBOOK A	ND A SIGNED, SCANNED CO	OPY OF THIS PAGE BY EMAIL TO CON.A	PP@DC.GOV.
	OSSE	Use Only		
Date Phase II Application First Received: Date Phase II Application Approved (first date for reimburs	ement):			

810 First Street, NE, 9th floor, Washington, DC 20002 Phone: 202.727.6436 • Fax: 202.727.2019 • www.osse.dc.gov

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Office of the Stote Superintendent of Education

Part 1: Su	ubgrantee Information			
Name of Subgratian	Name of Subgrantoe's Encuritue Leader (Chancellor, Encuritive Director, Etc.)			
BBC, A Public Charter School, Inc.	Sean Aiken			
Feil Address of Subgrantise	timail Address of Subgramoe's Executive Leader			
410 8th Street NW, Wahington DC 20004	sean.aiken@basised.com			
Main Telephons Husiber of Subgrantee	Tolephone Number of Subgrantee's Executive Leader			
202-393-5437	202-393-5437			
Name of Primary Subgrantse Contact for Applicable Grant Program/s	Name of Additional Subgrantan Contact for Applicable Grant Program/s			
Kristen Jordison	Robert Biemesderfer			
Position Thise of Primary Subgranites Contact for Applicable Grant Program/s	Position Title of Additional Subgrantee Context for Applicable Grant Program/s			
Director of Compliance and Governmental Affairs	Data Analyst			
Email Address of Primary Subgrantee Consect for Applicable Gram Program/s	Email Address of Additional Subgrantes Cented for Applicable Grant Program/s			
kristen.jordison@basised.com	robert.biemesderfør@basisdc.org			
Telephone Asonibes of Subgrantes Contact for Applicable Grant Program/s	Telephone Number of Additional Subgrantee Contact for Applicable Grant Prograta/s			
480-765-2833	202-393-5437			
Part 2: LEA Certification	of Application Amendment Request			
By signing below, the Applicant certifies that the application amendment	request covers all amendments made to the application (submitted simultaneously)			
Name of Individual Certifying Request [for LEAs: Executive Officer of Board or Chancel	Her antiv Signature of Individues Contifying Amendinent Reverst			
Craig Barrett	UP Barre A			
Tale of Individual Certifying Request (for LEAs: Executive Officer of Brand or Chancelle	or only) (Date of Certification (input at the time of signature)			
Chairman of the Board	28 August 2013			