Office of the
State Superintendent of Education

Part 1: Local Educational Agency Information

Full Legal Name of Local Educational Agency Cesar Chavez Public Charter Schools for Public Policy	**Name of LEA Executive Director (Public Charter Schools Only)** Irasema Salcido
Full Address of Local Educational Agency 709 12th Street SE Washington, DC 20003	**Email Address of LEA Executive Director (Public Charter Schools Only)** irasema.salcido@chavezschools.org
Main Telephone Number of Local Educational Agency 202 547-3975	**Telephone Number of LEA Executive Director (Public Charter Schools Only)** 202 547-3975
Name of Primary LEA Contact for Consolidated Application Programs Patricia Bevis	**Name of Additional LEA Contact for Consolidated Application Programs** Jeff Cooper
Position Title of Primary LEA Contact for Consolidated Application Programs Director of Finance	**Position Title of Additional LEA Contact for Consolidated Application Programs** COO & Managing Director
Email Address of Primary LEA Contact for Consolidated Application Programs patricia.bevis@chavezschools.org	**Email Address of Additional LEA Contact for Consolidated Application Programs** jeff.cooper@chavezschools.org
Telephone Number of Primary LEA Contact for Consolidated Application Programs 202 547-3975 ext 38	**Telephone Number of Additional LEA Contact for Consolidated Application Programs** 202 547-3975

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) Kathy Bihr	**Signature of Individual Certifying Phase I Application** Kathy Bihr
Title of Individual Certifying Phase I Application (Board Chairperson or Chancellor only) Chairperson of the Board	**Date of Certification (input at the time of signature)** 6-20-2013

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) Kathy Bihr	**Signature of Individual Certifying Phase I Application** Kathy Bihr
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)** 6-20-2013

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):	