OSSE

Part 1: Local Educational Agency (LEA) Information

Name of Local Educational Agency District of Columbia Public Schools	**Name of LEA Executive Director (Public Charter Schools Only)** Not Applicable
Full Address of Local Educational Agency 1200 First Avenue, NE Washington DC, 20002	**Email Address of LEA Executive Director (Public Charter Schools Only)** Not Applicable
Main Telephone Number of Local Educational Agency 202-442-5885	**Telephone Number of LEA Executive Director (Public Charter Schools Only)** Not Applicable
Name of Primary LEA Contact for Title III, Part A Improvement Plan Addendum (IPA) Elba M Garcia	**Name of Additional LEA Contact for Title III, Part A IPA** Jocelyn Basley
Position Title of Primary LEA Contact for Title III, Part A IPA Director, Office of Bilingual Education	**Position Title of Additional LEA Contact for Title III, Part A IPA** Deputy Chief, Office of Federal Programs and Grants
Email Address of Primary LEA Contact for Title III, Part A IPA elba.garcia@dc.gov	**Email Address of Additional LEA Contact for Title III, Part A IPA** Jocely.Basley@dc.gov
Telephone Number of Primary LEA Contact for Title III, Part A IPA 202-671-0750	**Telephone Number of Additional LEA Contact for Title III, Part A IPA** 202-442-5155

Part 2: LEA Certification

I certify that all of the information contained in this application is true and accurate to the best of my knowledge.
Additionally, I certify that the LEA agrees to all assurances included in the application.
I have been authorized to file this application on behalf of the agency named above.

Name of Individual Certifying Title III, Part A IPA (Board Chairperson or Chancellor only) Kaya Henderson	**Signature of Individual Certifying Title III, Part A IPA** Kaya Henderson
Title of Individual Certifying Title III, Part A IPA (Board Chairperson or Chancellor only) Chancellor of the District of Columbia Public Schools	**Date of Certification (input at the time of signature)** 2/20/2013

SUBMIT BOTH A MICROSOFT EXCEL VERSION OF THIS FULL WORKBOOK AND A SIGNED, SCANNED COPY OF THIS PAGE BY EMAIL TO CON.APP@DC.GOV.

OSSE Use Only

Date Title III Improvement Plan Addendum (IPA) First Received:	