Part 1: Local Educational Agency Information

Name of Local Educational Agency	**Name of LEA Executive Director (Public Charter Schools Only)**
Maya Angelou Public Charter Shool	Heather Wathington
Full Address of Local Educational Agency	**Email Address of LEA Executive Director (Public Charter Schools Only)**
1436 U Street NW, Suite 203, Washington, DC 20009	hwathington@seeforever.org
Main Telephone Number of Local Educational Agency	**Telephone Number of LEA Executive Director (Public Charter Schools Only)**
202-797-8250	202-797-8250
Name of Primary LEA Contact for Title I LEA Plan	**Name of Additional LEA Contact for Title I LEA Plan**
Chris Tessone	Amanda Acker
Position Title of Primary LEA Contact for Title I LEA Plan	**Position Title of Additional LEA Contact for Title I LEA Plan**
Chief Operating Officer	Finance Manager
Email Address of Primary LEA Contact for Title I LEA Plan	**Email Address of Additional LEA Contact for Title I LEA Plan**
ctessone@seeforever.org	aacker@seeforever.org
Telephone Number of Primary LEA Contact for Title I LEA Plan	**Telephone Number of Additional LEA Contact for Title I LEA Plan**
202-797-8250	202-797-8250

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 I LEA Plan (Board Chairperson or Chancellor only)	**Signature of Individual Certifying Title I LEA Plan**
Jane Dimyan-Ehrenfeld	Jane Dimyan-Ehrenfeld
Title of Individual Certifying Title I LEA Plan (Board Chairperson or Chancellor only)	**Date of Certification (input at the time of signature)**
Chairperson of the Board of Directors	9.30.13

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 I LEA Plan First Received:	