

ROBERT H. HUNT
709 MARYLAND AVE.
SALEM, VA 24153

65-270/550

8112

051053206

DATE

1/27/13

PAY TO THE
ORDER OF

Robert T. Washington PCS

\$ 150.00

One hundred fifty and $\frac{No}{100}$

DOLLARS



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Details on Back.



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MEMO

Contribution

Robert H. Hunt

MP

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Part 1: Local Educational Agency Information

Name of Local Educational Agency	Name of LEA Executive Director (Public Charter Schools Only)
Booker T. Washington Public Charter School for Technical Arts	Edward W. Pinkard
Full Address of Local Educational Agency	Email Address of LEA Executive Director (Public Charter Schools Only)
1346 Florida Avenue,Nw, Washington,DC 20009	four_walls@verizon.net
Main Telephone Number of Local Educational Agency	Telephone Number of LEA Executive Director (Public Charter Schools Only)
(202) 232-6090	(202) 232-6090
Name of Primary LEA Contact for Title I LEA Plan	Name of Additional LEA Contact for Title I LEA Plan
Dr. G. Hope Asterilla	Dr. Basil Buchanan
Position Title of Primary LEA Contact for Title I LEA Plan	Position Title of Additional LEA Contact for Title I LEA Plan
Principal	Assistant to the Executive Director
Email Address of Primary LEA Contact for Title I LEA Plan	Email Address of Additional LEA Contact for Title I LEA Plan
ghopebtw@yahoo.com	bvb323@yahoo.com
Telephone Number of Primary LEA Contact for Title I LEA Plan	Telephone Number of Additional LEA Contact for Title I LEA Plan
(202) 232-6090	(202) 232-6090 X 426

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
Dr. Richard A. English	<i>Richard A English</i>
Title of Individual Certifying Title I LEA Plan (Board Chairperson or Chancellor only)	Date of Certification (input at the time of signature)
Board Chairperson	<i>25 March 2013</i>

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:	
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