OSSE

Part 1: Local Educational Agency Information

Name of Local Educational Agency Two Rivers Public Charter School Inc.	**Name of LEA Executive Director (Public Charter Schools Only)** Jessica K. Wodatch
Full Address of Local Educational Agency 1227 4th Street NE, Washington, DC 20002	**Email Address of LEA Executive Director (Public Charter Schools Only)** [illegible]
Main Telephone Number of Local Educational Agency 202-546-4477	**Telephone Number of LEA Executive Director (Public Charter Schools Only)** 202-546-4477
Name of Primary LEA Contact for Title I LEA Plan Sarah Richardson	**Name of Additional LEA Contact for Title I LEA Plan** Nicole Gates
Position Title of Primary LEA Contact for Title I LEA Plan Chief Financial Officer	**Position Title of Additional LEA Contact for Title I LEA Plan** Program Associate
Email Address of Primary LEA Contact for Title I LEA Plan [illegible]	**Email Address of Additional LEA Contact for Title I LEA Plan** [illegible]
Telephone Number of Primary LEA Contact for Title I LEA Plan 202-546-4477, x. 421	**Telephone Number of Additional LEA Contact for Title I LEA Plan** 202-546-4477

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) Ann Gosier	**Signature of Individual Certifying Title I LEA Plan** Ann M. Gosier
Title of Individual Certifying Title I LEA Plan (Board Chairperson or Chancellor only) Chair, Board of Trustees	**Date of Certification (input at the time of signature)** 10/26/12

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:	