OSSE

Part 1: Local Educational Agency Information

Name of Local Educational Agency	Name of LEA Executive Director (Public Charter Schools Only)
Mary McLeod Bethune Day Academy	Linda Mckay Ed.D
Full Address of Local Educational Agency	**Email Address of LEA Executive Director (Public Charter Schools Only)**
1404 Jackson Street, NE Washington DC 20017	l.mckay@mmbethune.org
Main Telephone Number of Local Educational Agency	**Telephone Number of LEA Executive Director (Public Charter Schools Only)**
202-459-4710	202-459-4710
Name of Primary LEA Contact for Title I LEA Plan	**Name of Additional LEA Contact for Title I LEA Plan**
Stacii Bryson	Marcus McKay
Position Title of Primary LEA Contact for Title I LEA Plan	**Position Title of Additional LEA Contact for Title I LEA Plan**
Finance Manager	Business Manager
Email Address of Primary LEA Contact for Title I LEA Plan	**Email Address of Additional LEA Contact for Title I LEA Plan**
s.bryson@mmbethune.org	m.mckay@mmbethune.org
Telephone Number of Primary LEA Contact for Title I LEA Plan	**Telephone Number of Additional LEA Contact for Title I LEA Plan**
202-459-4710	202-459-4710

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
Valerie Smith	Valerie Smith
Title of Individual Certifying Title I LEA Plan (Board Chairperson or Chancellor only)	**Date of Certification (input at the time of signature)**
Board Chairperson	10/5/2012

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:	