



Office of the
State Superintendent of Education

Part 1: Local Educational Agency Information

Full Legal Name of Local Educational Agency Shining Stars Montessori Academy	Name of LEA Executive Director (Public Charter Schools Only) Dana Clark, Ed S
Full Address of Local Educational Agency 733 Euclid Street NW Washington, DC 20001	Email Address of LEA Executive Director (Public Charter Schools Only) dclark@shiningstarsdc.org
Main Telephone Number of Local Educational Agency 202-319-2307	Telephone Number of LEA Executive Director (Public Charter Schools Only) 202-319-2307
Name of Primary LEA Contact for Consolidated Application Programs Bryan Patten	Name of Additional LEA Contact for Consolidated Application Programs Carenda Tillery
Position Title of Primary LEA Contact for Consolidated Application Programs Consultant	Position Title of Additional LEA Contact for Consolidated Application Programs Administrative Assistant
Email Address of Primary LEA Contact for Consolidated Application Programs bpatten@ed-ops.com	Email Address of Additional LEA Contact for Consolidated Application Programs ctillery@shiningstarsdc.org
Telephone Number of Primary LEA Contact for Consolidated Application Programs 202-251-1737	Telephone Number of Additional LEA Contact for Consolidated Application Programs 202-319-2307

Part 2: LEA Certification of Assurances

All assurances and certifications included in Phase I of the application represent requirements associated with the federal grant programs included in the Consolidated Application. By signing below, the Applicant certifies that it has read and agrees to all assurances and certifications.

Name of Individual Certifying Phase I Application (Board Chairperson or Chancellor only) Malcolm Woodland Ph.D.	Signature of Individual Certifying Phase I Application
Title of Individual Certifying Phase I Application (Board Chairperson or Chancellor only) Board Chair	Date of Certification (input at the time of signature) 6/22/12

Part 3: Additional LEA Certification

The Phase II application must be returned to the Office of the State Superintendent in accordance with the established deadlines. The Superintendent will allow a minimum of 90 days for completion. By signing below, the Applicant certifies that it will submit an approvable Phase II application in accordance with the deadlines or risk the denial of funding under this Phase I application.

Name of Individual Certifying Phase I Application (Board Chairperson or Chancellor only) Malcolm Woodland Ph.D.	Signature of Individual Certifying Phase I Application
Title of Individual Certifying Phase I Application (Board Chairperson or Chancellor only) Chairperson of the Board of Directors	Date of Certification (input at the time of signature) 6/22/12

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

OSSE Use Only

Date Assurances Received:	
Date Assurances Complete (first date for obligation):	