



Office of the  
State Superintendent of Education

Part 1: Local Educational Agency Information

Full Legal Name of Local Educational Agency Center City Public Charter Schools, Inc.	Name of LEA Executive Director (Public Charter Schools Only) Dr Beverley R. Wheeler
Full Address of Local Educational Agency 7 New York Avenue, NE, Suite 200, Washington, DC 20002	Email Address of LEA Executive Director (Public Charter Schools Only) bwheeler@centercitypcs.org
Main Telephone Number of Local Educational Agency 202-589-0202	Telephone Number of LEA Executive Director (Public Charter Schools Only) 202-589-1625
Name of Primary LEA Contact for Consolidated Application Programs James J. Laychak	Name of Additional LEA Contact for Consolidated Application Programs Dr Marjorie Lloyd
Position Title of Primary LEA Contact for Consolidated Application Programs COO	Position Title of Additional LEA Contact for Consolidated Application Programs CAO
Email Address of Primary LEA Contact for Consolidated Application Programs laychak@centercitypcs.org	Email Address of Additional LEA Contact for Consolidated Application Programs MLloyd@centercitypcs.org
Telephone Number of Primary LEA Contact for Consolidated Application Programs 202-589-1626	Telephone Number of Additional LEA Contact for Consolidated Application Programs 202-589-0202

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 Chair) Signature of Individual Certifying Phase I Application

Ralph Boyd

Title of Individual Certifying Phase I Application (Board Chairperson or Chair) Date of Certification (input at the time of signature)  
Chairperson of the Board of Directors

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 Chair) Signature of Individual Certifying Phase I Application

Ralph Boyd

Title of Individual Certifying Phase I Application (Board Chairperson or Chair) Date of Certification (input at the time of signature)  
Chairperson of the Board of Directors

SUBMIT BOTH A MICROSOFT EXCEL VERSION OF THIS FULL WORKBOOK AND A SIGNED, SCANNED OF THIS PAGE BY EMAIL TO [CONAPP@DC.GOV](mailto:CONAPP@DC.GOV).

OSSE Use Only

Date Assurances Received:

Date Assurances Complete (first date for obligation):