



Office of the  
State Superintendent of Education

Part 1: Local Educational Agency Information	
Full Legal Name of Local Educational Agency Bridges Public Charter School	Name of LEA Executive Director (Public Charter Schools Only) Olivia Smith
Full Address of Local Educational Agency 1250 Taylor St. NW, Washington, DC 20011	Email Address of LEA Executive Director (Public Charter Schools Only) osmith@bridgespcs.org
Main Telephone Number of Local Educational Agency (202) 545-0515	Telephone Number of LEA Executive Director (Public Charter Schools Only) (202) 545-0515
Name of Primary LEA Contact for Consolidated Application Programs Olivia Smith	Name of Additional LEA Contact for Consolidated Application Programs Yousefth Guzman
Position Title of Primary LEA Contact for Consolidated Application Programs Olivia Smith	Position Title of Additional LEA Contact for Consolidated Application Programs Director of Operations
Email Address of Primary LEA Contact for Consolidated Application Programs osmith@bridgespcs.org	Email Address of Additional LEA Contact for Consolidated Application Programs yguzman@bridgespcs.org
Telephone Number of Primary LEA Contact for Consolidated Application Programs (202) 545-0515	Telephone Number of Additional LEA Contact for Consolidated Application Programs (202) 545-0515

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) Betsy Centofanti	Signature of Individual Certifying Phase I Application <i>Betsy Centofanti</i>
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) 6-28-12

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) Betsy Centofanti	Signature of Individual Certifying Phase I Application <i>Betsy Centofanti</i>
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) 6-28-12

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

OSSE Use Only	
Date Assurances Received:	
Date Assurances Complete (first date for obligation):	