Office of the
State Superintendent of Education

Part 1: Local Educational Agency Information

Full Legal Name of Local Educational Agency Mary McLeod Bethune Day Academy Public Charter School	**Name of LEA Executive Director (Public Charter Schools Only)** Linda McKay
Full Address of Local Educational Agency 1404 Jackson St., N.E., Washington, DC 20017	**Email Address of LEA Executive Director (Public Charter Schools Only)** l.mckay@mmbethune.org
Main Telephone Number of Local Educational Agency 202-459-4710	**Telephone Number of LEA Executive Director (Public Charter Schools Only)** 202-459-4710 ext. 212
Name of Primary LEA Contact for Consolidated Application Programs Linda McKay, Ed.D.	**Name of Additional LEA Contact for Consolidated Application Programs** Stacii Bryson
Position Title of Primary LEA Contact for Consolidated Application Programs Executive Director	**Position Title of Additional LEA Contact for Consolidated Application Programs** Fianance Manager
Email Address of Primary LEA Contact for Consolidated Application Programs l.mckay@mmbethune.org	**Email Address of Additional LEA Contact for Consolidated Application Programs** s.bryson@mmbethune.org
Telephone Number of Primary LEA Contact for Consolidated Application Programs 202-459-4710 ext. 212	**Telephone Number of Additional LEA Contact for Consolidated Application Programs** 202-459-4710 ext. 203

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) Valerie Smith	**Signature of Individual Certifying Phase I Application** Valerie M. Smith
Title of Individual Certifying Phase I Application (Board Chairperson or Chancellor only) Board Chairperson	**Date of Certification (input at the time of signature)** 1-Jun-11

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) Valerie Smith	**Signature of Individual Certifying Phase I Application** Valerie M. Smith
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)** 1-Jun-11

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):	

810 First Street, NE, 9th floor, Washington, DC 20002
Phone: 202.727.6436 • Fax: 202.727.2019 • www.osse.dc.gov

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