Office of the
State Superintendent of Education

Part 1: Local Educational Agency Information

Full Legal Name of Local Educational Agency	**Name of LEA Executive Director (Public Charter Schools Only)**
St. Coletta of Greater Washington	Sharon Raimo
Full Address of Local Educational Agency	**Email Address of LEA Executive Director (Public Charter Schools Only)**
1901 Independence Ave., SE Washington, DC 20003	sraimo@stcoletta.org
Main Telephone Number of Local Educational Agency	**Telephone Number of LEA Executive Director (Public Charter Schools Only)**
(202) 350-8680	(202) 350-8680
Name of Primary LEA Contact for Consolidated Application Programs	**Name of Additional LEA Contact for Consolidated Application Programs**
Ben Gerrard	
Position Title of Primary LEA Contact for Consolidated Application Programs	**Position Title of Additional LEA Contact for Consolidated Application Programs**
Director of Foundation and Corporate Relations	
Email Address of Primary LEA Contact for Consolidated Application Programs	**Email Address of Additional LEA Contact for Consolidated Application Programs**
bgerrard@stcoletta.org	
Telephone Number of Primary LEA Contact for Consolidated Application Programs	**Telephone Number of Additional LEA Contact for Consolidated Application Programs**
(202) 350-8680	

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)	**Signature of Individual Certifying Phase I Application**
Board Chairperson	Carl B Nelson
Title of Individual Certifying Phase I Application (Board Chairperson or Chancellor only)	**Date of Certification (input at the time of signature)**
Carl B. Nelson	6/22/11

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)	**Signature of Individual Certifying Phase I Application**
Carl B. Nelson	Carl B Nelson
Title of Individual Certifying Phase I Application (Board Chairperson or Chancellor only)	**Date of Certification (input at the time of signature)**
Board Chairperson	6/22/11

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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