



**Part 1: Subgrantee Information**

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| <b>Name of Subgrantee</b><br>Elsie Whitlow Stokes Community Freedom Public Charter School                | <b>Name of Subgrantee's Executive Leader (Chancellor, Executive Director, Etc.)</b><br>Linda Moore, Executive Director |
| <b>Full Address of Subgrantee</b><br>3700 Oakview Terrace NE, Washington DC 20017                        | <b>Email Address of Subgrantee's Executive Leader</b><br>LindM@ewstokes.org  |
| <b>Main Telephone Number of Subgrantee</b><br>202.265.7237   | <b>Telephone Number of Subgrantee's Executive Leader</b>   |
| <b>Name of Primary Subgrantee Contact for Applicable Grant Program/s</b><br>Erika Bryant                 | <b>Name of Additional Subgrantee Contact for Applicable Grant Program/s</b><br>Bill Moczydlowski                       |
| <b>Position Title of Primary Subgrantee Contact for Applicable Grant Program/s</b><br>Managing Director  | <b>Position Title of Additional Subgrantee Contact for Applicable Grant Program/s</b><br>Business Manager              |
| <b>Email Address of Primary Subgrantee Contact for Applicable Grant Program/s</b><br>erikab@ewstokes.org | <b>Email Address of Additional Subgrantee Contact for Applicable Grant Program/s</b><br>billm@ewstokes.org             |
| <b>Telephone Number of Subgrantee Contact for Applicable Grant Program/s</b><br>2022657237 x103          | <b>Telephone Number of Additional Subgrantee Contact for Applicable Grant Program/s</b><br>2022657237                  |

**Part 2: LEA Certification of Application Amendment Request**

By signing below, the Applicant certifies that the application amendment request covers all amendments made to the application (submitted simultaneously).

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| <b>Name of Individual Certifying Request (for LEAs: Executive Officer of Board or Chancellor only)</b><br>Lisa Hall                    | <b>Signature of Individual Certifying Amendment Request</b><br> |
| <b>Title of Individual Certifying Request (for LEAs: Executive Officer of Board or Chancellor only)</b><br>Chairman, Board of Trustees | <b>Date of Certification (input at the time of signature)</b><br>7-24-12  |



Office of the  
State Superintendent of Education

**Part 1: Local Educational Agency Information**

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|---|--|
| <b>Name of Local Educational Agency</b><br>Elsie Whitlow Stokes Public Charter School                     | <b>Name of LEA Executive Director (Public Charter Schools Only)</b><br>Linda Moore                           |
| <b>Full Address of Local Educational Agency</b><br>3700 Oakview Terrace NE Washington DC 20017            | <b>Email Address of LEA Executive Director (Public Charter Schools Only)</b><br>lindam@ewstokes.org          |
| <b>Main Telephone Number of Local Educational Agency</b><br>2022657237                                    | <b>Telephone Number of LEA Executive Director (Public Charter Schools Only)</b><br>202.265.7237 X104         |
| <b>Name of Primary LEA Contact for Consolidated Application Programs</b><br>Bill Moczydlowski             | <b>Name of Additional LEA Contact for Consolidated Application Programs</b><br>Erika Bryant                  |
| <b>Position Title of Primary LEA Contact for Consolidated Application Programs</b><br>Business Manager    | <b>Position Title of Additional LEA Contact for Consolidated Application Programs</b><br>Managing Director   |
| <b>Email Address of Primary LEA Contact for Consolidated Application Programs</b><br>billm@ewstokes.org   | <b>Email Address of Additional LEA Contact for Consolidated Application Programs</b><br>Erikab@ewstokes.org  |
| <b>Telephone Number of Primary LEA Contact for Consolidated Application Programs</b><br>2022657237Ext 124 | <b>Telephone Number of Additional LEA Contact for Consolidated Application Programs</b><br>202.265.7237 x103 |

**Part 2: Programs for Which the LEA is Applying for Funding**

Below, input the allocation, provided by the State Education Agency, for each program for which the LEA is applying for funding through this application. For Title III, Part A, the LEA is eligible to apply through this application only if the allocation is at least \$10,000. Please note that allocations are subject to change according to the applicable federal and state statutes, regulations, and policies.

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|---|--|---|
| <b>LEA Allocation for Title I, Part A</b> | <b>LEA Allocation for Title II, Part A</b> | <b>LEA Allocation for Title III, Part A</b> |
| \$ 238,263.81                             | \$ 55,421.43                               | \$ 11,368.04                                |

**Part 3: Schedule for Submission of Reimbursement Requests**

Please indicate, by checking the applicable box below, the schedule that the LEA will follow for Federal Fiscal Year 2010 (July 1, 2010 - September 30, 2012, including the "Tydings" period) for submitting reimbursement requests for all grants included in this application in order to maintain regular drawdowns of federal funds. From among these options, the LEA has the flexibility to choose a schedule that best meets its needs.

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|--|--|---|
| <b>Monthly (12 workbooks per year)</b> | <b>Bi-Monthly (6 workbooks per year)</b> | <b>Quarterly (4 workbooks per year)</b> |
| X                                      |  |   |

**Part 4: LEA Certification of Application**

By signing below, the Applicant certifies that all of the information contained in this application is true and accurate to the best of its knowledge. Additionally, the Applicant certifies that it has read and agrees to all additional assurances and certifications included in Phase II of the application.

|  |  |
|--|--|
| <b>Name of Individual Certifying Phase II Application (Board Chairperson or Chancellor only)</b><br>Lisa Hall                              | <b>Signature of Individual Certifying Phase II Application</b><br>       |
| <b>Title of Individual Certifying Phase II Application (Board Chairperson or Chancellor only)</b><br>Chairperson of the Board of Directors | <b>Date of Certification (input at the time of signature)</b><br>7-26-13 |

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

**OSSE Use Only**

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|---|--|
| <b>Date Phase II Application First Received:</b>                          |  |
| <b>Date Phase II Application Approved (first date for reimbursement):</b> |  |