OSSE

Part 1: Local Educational Agency (LEA) Information

Name of Local Educational Agency	**Name of LEA Executive Director (Public Charter Schools Only)**
Center City Public Charter Schools	Dr Marjorie Edmonds-Lloyd
Full Address of Local Educational Agency	**Email Address of LEA Executive Director (Public Charter Schools Only)**
7 New York Ave, NE., Suite 200, Washington, DC 20002	mlloyd@centercitypcs.org
Main Telephone Number of Local Educational Agency	**Telephone Number of LEA Executive Director (Public Charter Schools Only)**
202-589-0202	202-589-0202
Name of Primary LEA Contact for Title III, Part A Improvement Plan Addendum (IPA)	**Name of Additional LEA Contact for Title III, Part A IPA**
Dr Marjorie Edmonds-Lloyd	Megan Sands
Position Title of Primary LEA Contact for Title III, Part A IPA	**Position Title of Additional LEA Contact for Title III, Part A IPA**
Chief Academic Officer	Associate Director, English Language Learning
Email Address of Primary LEA Contact for Title III, Part A IPA	**Email Address of Additional LEA Contact for Title III, Part A IPA**
mlloyd@centercitypcs.org	Msands@centercitypcs.org
Telephone Number of Primary LEA Contact for Title III, Part A IPA	**Telephone Number of Additional LEA Contact for Title III, Part A IPA**
202-589-0202	202-589-0202

Part 2: LEA Certification

I certify that all of the information contained in this application is true and accurate to the best of my knowledge.
Additionally, I certify that the LEA agrees to all assurances included in the application.
I have been authorized to file this application on behalf of the agency named above.

Name of Individual Certifying Title III, Part A IPA (Board Chairperson or Chancellor only)	**Signature of Individual Certifying Title III, Part A IPA**
Ralph Boyd	
Title of Individual Certifying Title III, Part A IPA (Board Chairperson or Chancellor only)	**Date of Certification (input at the time of signature)**
Chairperson of the Board of Directors	> Nov. 5, 2012

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.

OSSE Use Only

Date Title III Improvement Plan Addendum (IPA) First Received:	