



Office of the  
State Superintendent of Education

**Part 1: Local Educational Agency Information**

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| <b>Full Legal Name of Local Educational Agency</b><br>Inspired Teaching Demonstration Public Charter School                      | <b>Name of LEA Executive Director (Public Charter Schools Only)</b><br>Deborah Dantzer Williams                               |
| <b>Full Address of Local Educational Agency</b><br>1436 U Street, NW Washington DC 20009   | <b>Email Address of LEA Executive Director (Public Charter Schools Only)</b><br>deborah.williams@inspiredteachingschool.org   |
| <b>Main Telephone Number of Local Educational Agency</b><br>202-462-1956   | <b>Telephone Number of LEA Executive Director (Public Charter Schools Only)</b><br>202-462-1956                               |
| <b>Name of Primary LEA Contact for Consolidated Application Programs</b><br>Deborah Dantzer Williams                             | <b>Name of Additional LEA Contact for Consolidated Application Programs</b><br>Zoe Duskin                                     |
| <b>Position Title of Primary LEA Contact for Consolidated Application Programs</b><br>Interim Executive Director                 | <b>Position Title of Additional LEA Contact for Consolidated Application Programs</b><br>Principal                            |
| <b>Email Address of Primary LEA Contact for Consolidated Application Programs</b><br>deborah.williams@inspiredteachingschool.org | <b>Email Address of Additional LEA Contact for Consolidated Application Programs</b><br>zoe.duskin@inspiredteachingschool.org |
| <b>Telephone Number of Primary LEA Contact for Consolidated Application Programs</b><br>202-462-1956                             | <b>Telephone Number of Additional LEA Contact for Consolidated Application Programs</b><br>202-462-1956                       |

**Part 2: LEA Certification of Assurances**

**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.

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| <b>Name of Individual Certifying Phase I Application (Board Chairperson or Chancellor only)</b><br>Gary Cohen                             | <b>Signature of Individual Certifying Phase I Application</b><br> |
| <b>Title of Individual Certifying Phase I 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>6-30-2011  |

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**

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| <b>Date Assurances Received:</b>                             |  |
| <b>Date Assurances Complete (first date for obligation):</b> |  |