



Office of the
State Superintendent of Education

Part 1: Local Educational Agency Information	
Full Legal Name of Local Educational Agency Options PCS	Name of LEA Executive Director (Public Charter Schools Only) Dr. Donna Montgomery
Full Address of Local Educational Agency 1375 E Street NE Washington DC 20002	Email Address of LEA Executive Director (Public Charter Schools Only) dmontgomery@optionsschool.org
Main Telephone Number of Local Educational Agency 202-547-1028	Telephone Number of LEA Executive Director (Public Charter Schools Only) 202-547-1028
Name of Primary LEA Contact for Consolidated Application Programs Steven R. Hook, Esq	Name of Additional LEA Contact for Consolidated Application Programs Dr. Charles Vincent
Position Title of Primary LEA Contact for Consolidated Application Programs Accountability/Data Officer	Position Title of Additional LEA Contact for Consolidated Application Programs Deputy Director
Email Address of Primary LEA Contact for Consolidated Application Programs shook@optionsschool.org	Email Address of Additional LEA Contact for Consolidated Application Programs cvincent@optionsschool.org
Telephone Number of Primary LEA Contact for Consolidated Application Programs 202-547-1028	Telephone Number of Additional LEA Contact for Consolidated Application Programs 202-547-1028
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) Dr. J. C. Hayward	Signature of Individual Certifying Phase I Application
Title of Individual Certifying Phase I Application (Board Chairperson or Chancellor only) Board Chairperson	Date of Certification (input at the time of signature) 6/28/2011
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) Dr. J. C. Hayward	Signature of Individual Certifying Phase I Application
Title of Individual Certifying Phase I Application (Board Chairperson or Chancellor only) Board Chairperson	Date of Certification (input at the time of signature) 6/27/2011
SUBMIT BOTH A MICROSOFT EXCEL VERSION OF THIS FULL WORKBOOK AND A SIGNED, SCANNED OF THIS PAGE BY EMAIL TO CON.APP@DC.GOV .	
OSSE Use Only	
Date Assurances Received:	
Date Assurances Complete (first date for obligation):	

