Office of the
State Superintendent of Education

Part 1: Local Educational Agency Information

Full Legal Name of Local Educational Agency Two Rivers Public Charter School Inc	**Name of LEA Executive Director (Public Charter Schools Only)** Jessica E. Woolleck
Full Address of Local Educational Agency 1227 4th Street NE, Washington DC 20002	**Email Address of LEA Executive Director (Public Charter Schools Only)** [illegible]
Main Telephone Number of Local Educational Agency 202-546-4477	**Telephone Number of LEA Executive Director (Public Charter Schools Only)** 202-546-4477
Name of Primary LEA Contact for Consolidated Application Programs Sarah Richardson	**Name of Additional LEA Contact for Consolidated Application Programs** Andrea Robertson
Position Title of Primary LEA Contact for Consolidated Application Programs Chief Financial Officer	**Position Title of Additional LEA Contact for Consolidated Application Programs** Manager of Compliance
Email Address of Primary LEA Contact for Consolidated Application Programs [illegible]	**Email Address of Additional LEA Contact for Consolidated Application Programs** [illegible]
Telephone Number of Primary LEA Contact for Consolidated Application Programs 202-546-4477	**Telephone Number of Additional LEA Contact for Consolidated Application Programs** 202-546-4477

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) Ann Gosier	**Signature of Individual Certifying Phase I Application** Ann Gosier
Title of Individual Certifying Phase I Application (Board Chairperson or Chancellor only) President, Board of Trustees	**Date of Certification (legible at the time of signature)** 6/17/2011

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) Ann Gosier	**Signature of Individual Certifying Phase I Application** Ann Gosier
Title of Individual Certifying Phase I Application (Board Chairperson or Chancellor only) Chairperson of the Board of Directors	**Date of Certification (legible at the time of signature)** 6/17/2011

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):	

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