Part 1: Local Educational Agency Information

Name of Local Educational Agency Achievement Preparatory Academy	**Name of LEA Executive Director (Public Charter Schools Only)** Shantelle Wright
Full Address of Local Educational Agency 908 Wahler Pl SE Washington, DC 20032	**Email Address of LEA Executive Director (Public Charter Schools Only)** swright@aprepacademy.org
Main Telephone Number of Local Educational Agency 202-562-1214	**Telephone Number of LEA Executive Director (Public Charter Schools Only)** 202-562-1214
Name of Primary LEA Contact for Title I LEA Plan Dan Theisen	**Name of Additional LEA Contact for Title I LEA Plan** Karima Simmons
Position Title of Primary LEA Contact for Title I LEA Plan Accountant	**Position Title of Additional LEA Contact for Title I LEA Plan** Director of Development
Email Address of Primary LEA Contact for Title I LEA Plan dan@ed-ops.com	**Email Address of Additional LEA Contact for Title I LEA Plan** ksimmons@aprepacademy.org
Telephone Number of Primary LEA Contact for Title I LEA Plan 202-352-7878	**Telephone Number of Additional LEA Contact for Title I LEA Plan** 202-562-1214

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 I LEA Plan (Board Chairperson or Chancellor only) John Green	**Signature of Individual Certifying Title I LEA Plan** John M. Gree
Title of Individual Certifying Title I LEA Plan (Board Chairperson or Chancellor only) Chairperson of the Board of Directors	**Date of Certification (input at the time of signature)** 8/13/13

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.

OSSE Use Only

Date Title I LEA Plan First Received:	