OSSE

## Part 1: Local Educational Agency Information

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| **Name of Local Educational Agency** | **Name of LEA Executive Director (Public Charter Schools Only)** |
| Elsie Whitlow Stokes Community Freedom Public Charter School | Erika Bryant |
| **Full Address of Local Educational Agency** | **Email Address of LEA Executive Director (Public Charter Schools Only)** |
| 3700 Oakview Terrace NE, Washington, DC 20017 | Erikab@ewstokes.org |
| **Main Telephone Number of Local Educational Agency** | **Telephone Number of LEA Executive Director (Public Charter Schools Only)** |
| 202.265.7237 | 265.7237 x103 |
| **Name of Primary LEA Contact for Title I LEA Plan** | **Name of Additional LEA Contact for Title I LEA Plan** |
| Linda Moore | Bill Moczydlowski |
| **Position Title of Primary LEA Contact for Title I LEA Plan** | **Position Title of Additional LEA Contact for Title I LEA Plan** |
| Senior Advisor | Business Manager |
| **Email Address of Primary LEA Contact for Title I LEA Plan** | **Email Address of Additional LEA Contact for Title I LEA Plan** |
| lindam@ewstokes.org | billm@ewstokes.org |
| **Telephone Number of Primary LEA Contact for Title I LEA Plan** | **Telephone Number of Additional LEA Contact for Title I LEA Plan** |
| 202.365.7577 / 202.265.7237 x104 | 202.265.7237 |

## 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.

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| **Name of Individual Certifying Title I LEA Plan (Board Chairperson or Chancellor only)** | **Signature of Individual Certifying Title I LEA Plan** |
| Lisa Hall | |
| **Title of Individual Certifying Title I LEA Plan (Board Chairperson or Chancellor only)** | **Date of Certification (input at the time of signature)** |
| Chairperson, Board of Trustees | 8/18/2013 |

**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

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|---|---|
| Date Title I LEA Plan First Received: | |