



Office of the
State Superintendent of Education

Part 1: Local Educational Agency Information

Full Legal Name of Local Educational Agency Capital City PCS	Name of LEA Executive Director (Public Charter Schools Only) Karen Dresden
Full Address of Local Educational Agency 100 Peabody Street NW Washington DC 20011	Email Address of LEA Executive Director (Public Charter Schools Only) kdresden@ccpcs.org
Main Telephone Number of Local Educational Agency 202-808-9800	Telephone Number of LEA Executive Director (Public Charter Schools Only) 202-808-9800
Name of Primary LEA Contact for Consolidated Application Programs Megan Reamer	Name of Additional LEA Contact for Consolidated Application Programs Arogya Singh
Position Title of Primary LEA Contact for Consolidated Application Programs Director of Data and Accountability	Position Title of Additional LEA Contact for Consolidated Application Programs Business Manager
Email Address of Primary LEA Contact for Consolidated Application Programs mreamer@ccpcs.org	Email Address of Additional LEA Contact for Consolidated Application Programs asingh@ccpcs.org
Telephone Number of Primary LEA Contact for Consolidated Application Programs 202-808-9724	Telephone Number of Additional LEA Contact for Consolidated Application Programs 202-808-9800

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) David Bennett	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) 27 JUN 13

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) David Bennett	Signature of Individual Certifying Phase I Application
Title of Individual Certifying Phase I Application (Board Chairperson or Chancellor only) Chairperson of the Board of Directors	Date of Certification (Input at the time of signature) 27 JUN 13

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):	