



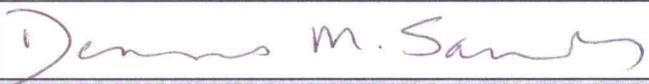
**Office of the
State Superintendent of Education**

Part 1: Local Educational Agency Information

Full Legal Name of Local Educational Agency Early Childhood Academy Public Charter School	Name of LEA Executive Director (Public Charter Schools Only) Wendy S. Edwards
Full Address of Local Educational Agency 4025 9 Street, SE., Washington, DC 20032	Email Address of LEA Executive Director (Public Charter Schools Only) wedwards@ecapcs.org
Main Telephone Number of Local Educational Agency 202 373 0035	Telephone Number of LEA Executive Director (Public Charter Schools Only) 202 373 0035
Name of Primary LEA Contact for Consolidated Application Programs Yesenia Menjivar	Name of Additional LEA Contact for Consolidated Application Programs Debra Robinson-Foster
Position Title of Primary LEA Contact for Consolidated Application Programs Program Administrator	Position Title of Additional LEA Contact for Consolidated Application Programs Financial Manager
Email Address of Primary LEA Contact for Consolidated Application Programs ymenjivar@ecapcs.org	Email Address of Additional LEA Contact for Consolidated Application Programs dfoster@ecapcs.org
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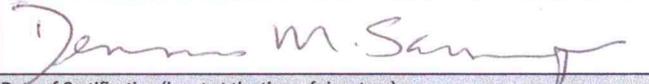
Part 2: LEA Certification of Assurances

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) Dennis Sawyers	Signature of Individual Certifying Phase I Application 
Title of Individual Certifying Phase I Application (Board Chairperson or Chancellor only) Board President	Date of Certification (input at the time of signature) 6/27/2013

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) Dennis Sawyers	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) 6/27/2013

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):	