OSSE

Part 1: Local Educational Agency Information

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

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)	**Signature of Individual Certifying Title I LEA Plan**
Dennis Sawyers	
Title of Individual Certifying Title I LEA Plan (Board Chairperson or Chancellor only)	**Date of Certification (input at the time of signature)**
Board Chairperson	August 16, 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

Date Title I LEA Plan First Received:	