



**Office of the  
State Superintendent of Education**

Part 1: Local Educational Agency Information	
<b>Full Legal Name of Local Educational Agency</b> SEED Public Charter School	<b>Name of LEA Executive Director (Public Charter Schools Only)</b> Charles B. Adams
<b>Full Address of Local Educational Agency</b> 4300 C Street, SE	<b>Email Address of LEA Executive Director (Public Charter Schools Only)</b> <a href="mailto:cadams@seedschooldc.org">cadams@seedschooldc.org</a>
<b>Main Telephone Number of Local Educational Agency</b> (202) 248-7773	<b>Telephone Number of LEA Executive Director (Public Charter Schools Only)</b> (202) 248-3019
<b>Name of Primary LEA Contact for Consolidated Application Programs</b> Margaret Ward	<b>Name of Additional LEA Contact for Consolidated Application Programs</b> Thomas Posey
<b>Position Title of Primary LEA Contact for Consolidated Application Programs</b> Development Director	<b>Position Title of Additional LEA Contact for Consolidated Application Programs</b> Finance Director
<b>Email Address of Primary LEA Contact for Consolidated Application Programs</b> <a href="mailto:maward@seedschooldc.org">maward@seedschooldc.org</a>	<b>Email Address of Additional LEA Contact for Consolidated Application Programs</b> <a href="mailto:tposey@seedschooldc.org">tposey@seedschooldc.org</a>
<b>Telephone Number of Primary LEA Contact for Consolidated Application Programs</b> (202) 249-1937	<b>Telephone Number of Additional LEA Contact for Consolidated Application Programs</b> (202) 248-3028
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.	
<b>Name of Individual Certifying Phase I Application (Board Chairperson or Chancellor only)</b> Vasco Fernandes	<b>Signature of Individual Certifying Phase I Application</b> 
<b>Title of Individual Certifying Phase I Application (Board Chairperson or Chancellor only)</b> Board Chairman	<b>Date of Certification (Input at the time of signature)</b> 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.	
<b>Name of Individual Certifying Phase I Application (Board Chairperson or Chancellor only)</b> Vasco Fernandes	<b>Signature of Individual Certifying Phase I Application</b> 
<b>Title of Individual Certifying Phase I Application (Board Chairperson or Chancellor only)</b> Chairperson of the Board of Directors	<b>Date of Certification (Input at the time of signature)</b> 6/27/2013
<b>SUBMIT BOTH A MICROSOFT EXCEL VERSION OF THIS FULL WORKBOOK AND A SIGNED, SCANNED OF THIS PAGE BY EMAIL TO <a href="mailto:CON.APP@DC.GOV">CON.APP@DC.GOV</a>.</b>	
OSSE Use Only	
<b>Date Assurances Received:</b>	
<b>Date Assurances Complete (first date for obligation):</b>	