



Office of the
State Superintendent of Education

Part 1: Local Educational Agency Information

Full Legal Name of Local Educational Agency	Name of LEA Executive Director (Public Charter Schools Only)
DC Hebrew Language Charter School, Inc. d/b/a Sela Public Charter School	Dr. Jason Lody, Ed. D.
Full Address of Local Educational Agency	Email Address of LEA Executive Director (Public Charter Schools Only)
6015-17 Chillum Place, NE Washington, DC 20011	jlody@selapcs.org
Main Telephone Number of Local Educational Agency	Telephone Number of LEA Executive Director (Public Charter Schools Only)
202-670-7352	202-670-7352
Name of Primary LEA Contact for Consolidated Application Programs	Name of Additional LEA Contact for Consolidated Application Programs
Dr. Jason Lody	Principal Wanda Young
Position Title of Primary LEA Contact for Consolidated Application Programs	Position Title of Additional LEA Contact for Consolidated Application Programs
Executive Director	Principal
Email Address of Primary LEA Contact for Consolidated Application Programs	Email Address of Additional LEA Contact for Consolidated Application Programs
jlody@selapcs.org	wyoung@selapcs.org
Telephone Number of Primary LEA Contact for Consolidated Application Programs	Telephone Number of Additional LEA Contact for Consolidated Application Programs
202-670-7352	202-670-7352

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)	Signature of Individual Certifying Phase I Application
Dr. Bryce Jacobs	
Title of Individual Certifying Phase I Application (Board Chairperson or Chancellor only)	Date of Certification (input at the time of signature)
Board Chairperson	6/24/13

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)	Signature of Individual Certifying Phase I Application
Dr. Bryce Jacobs	
Title of Individual Certifying Phase I Application (Board Chairperson or Chancellor only)	Date of Certification (input at the time of signature)
Chairperson of the Board of Directors	6/24/13

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):	