



Part 1: Local Educational Agency Information

Name of Local Educational Agency E.L. Haynes Public Charter School	Name of LEA Executive Director (Public Charter Schools Only) Jennifer C. Niles
Full Address of Local Educational Agency 3600 Georgia Avenue NW	Email Address of LEA Executive Director (Public Charter Schools Only) jniles@elhaynes.org
Main Telephone Number of Local Educational Agency (202) 667-4446	Telephone Number of LEA Executive Director (Public Charter Schools Only) (202) 667-4446
Name of Primary LEA Contact for Consolidated Application Programs Allen Kramer	Name of Additional LEA Contact for Consolidated Application Programs Richard Pohlman
Position Title of Primary LEA Contact for Consolidated Application Programs Budget and Finance Manager	Position Title of Additional LEA Contact for Consolidated Application Programs Chief of Operations and Policy
Email Address of Primary LEA Contact for Consolidated Application Programs akramer@elhaynes.org	Email Address of Additional LEA Contact for Consolidated Application Programs rpohlman@elhaynes.org
Telephone Number of Primary LEA Contact for Consolidated Application Programs (202) 489-5467	Telephone Number of Additional LEA Contact for Consolidated Application Programs (202) 706-5828

Part 2: Programs for Which the LEA is Applying for Funding

Below, input the allocation, provided by the State Education Agency, for each program for which the LEA is applying for funding through this application.

LEA Allocation for Title I, Part A	LEA Allocation for Title II, Part A	LEA Allocation for Title III, Part A
\$ 630,190.89	\$ 148,260.93	\$ 24,072.35

Part 3: Schedule for Submission of Reimbursement Requests

Please indicate, by checking the applicable box below, the schedule that the LEA will follow for Federal Fiscal Year 2013 (July 1, 2013 - September 30, 2015), including the

Monthly (12 workbooks per year)	Bi-Monthly (6 workbooks per year)	Quarterly (4 workbooks per year)
		X

Part 4: LEA Certification of Application

By signing below, the Applicant certifies that all of the information contained in this application is true and accurate to the best of its knowledge.

Name of Individual Certifying Phase II Application (Board Chairperson or Chancellor only) Michael W. Hall	Signature of Individual Certifying Phase II Application
Title of Individual Certifying Phase II Application (Board Chairperson or Chancellor only) Chairperson of the Board of Directors	Date of Certification (input at the time of signature) 9/13/2013

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 Phase II Application First Received:	
Date Phase II Application Approved (first date for reimbursement):	