Part 1: Local Educational Agency Information

Name of School Center City Public Charter Schools	**Name of School Principal or Executive Director (Public Charter Schools Only)** Russ Williams
Full Address of School 900 2nd Street NE, Suite 221 Washington, DC 20002	**Email Address of School Principal or Executive Director (Public Charter Schools Only)** rwilliams@centercitypcs.org
Main Telephone Number of School 202-589-0202	**Telephone Number of School Principal or Executive Director (Public Charter Schools Only)** 202-589-0202
Name of Primary School Contact for Title I School Plan Cristine Doran	**Name of Additional School Contact for Title I School Plan** Dan Theisen
Position Title of Primary School Contact for Title I School Plan Director of Facilities and Real Estate	**Position Title of Additional School Contact for Title I School Plan** Accountant
Email Address of Primary School Contact for Title I School Plan cdoran@centercitypcs.org	**Email Address of Additional School Contact for Title I School Plan** dan@ed-ops.com
Telephone Number of Primary School Contact for Title I School Plan 202-589-0202	**Telephone Number of Additional School Contact for Title I School Plan** 202-352-7878

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 School Plan (Chief Academic Officer or Executive Director) Russ Williams	**Signature of Individual Certifying Title I School Plan (Chief Academic Officer or Executive Directo** Russ Williams
Title of Individual Certifying Title I School Plan (Chief Academic Officer or Executive Director) President and CEO	**Date of Certification (input at the time of signature)** 8/15/15

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 School Plan First Received:	