



**Office of the
State Superintendent of Education**

Part 1: Local Educational Agency Information	
Full Legal Name of Local Educational Agency Shining Stars Montessori Academy Public Charter School	Name of LEA Executive Director (Public Charter Schools Only) Ayize Sabater
Full Address of Local Educational Agency 1328 Florida Avenue NW, Annex Washington, DC 20009	Email Address of LEA Executive Director (Public Charter Schools Only) ayize@shiningstarsdc.org
Main Telephone Number of Local Educational Agency (202)319-2307	Telephone Number of LEA Executive Director (Public Charter Schools Only) (202)319-2307
Name of Primary LEA Contact for Consolidated Application Programs John Rousselet	Name of Additional LEA Contact for Consolidated Application Programs Maria Fenton
Position Title of Primary LEA Contact for Consolidated Application Programs Consultant	Position Title of Additional LEA Contact for Consolidated Application Programs Office Manager
Email Address of Primary LEA Contact for Consolidated Application Programs john@ed-ops.com	Email Address of Additional LEA Contact for Consolidated Application Programs mfenton@shiningstarsdc.org
Telephone Number of Primary LEA Contact for Consolidated Application Programs (310)710-4559	Telephone Number of Additional LEA Contact for Consolidated Application Programs (202)319-2307
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) Allison Brown	Signature of Individual Certifying Phase I Application
Title of Individual Certifying Phase I Application (Board Chairperson or Chancellor only) Board Chairperson	Date of Certification (input at the time of signature) 6/21/13
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) Allison Brown	Signature of Individual Certifying Phase I Application
Title of Individual Certifying Phase I Application (Board Chairperson or Chancellor only) Chairperson of the Board of Directors	Date of Certification (input at the time of signature) 6/21/13
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):	