Part 1: Local Educational Agency Information

Name of Local Educational Agency	Name of LEA Executive Director (Public Charter Schools Only)
Hope Community Public Charter School	Michael DePass
Full Address of Local Educational Agency	Email Address of LEA Executive Director (Public Charter Schools Only)
2917 8th Street NE, Washington, DC 20017	michael.depass@imagineschools.com
Main Telephone Number of Local Educational Agency	Telephone Number of LEA Executive Director (Public Charter Schools Only)
202-832-7370	301-776-4925
Name of Primary LEA Contact for Title I LEA Plan	Name of Additional LEA Contact for Title I LEA Plan
Emily Ashcroft	Khafi McDowell
Position Title of Primary LEA Contact for Title I LEA Plan	Position Title of Additional LEA Contact for Title I LEA Plan
Compliance Manager	Business Manager
Email Address of Primary LEA Contact for Title I LEA Plan	Email Address of Additional LEA Contact for Title I LEA Plan
emily.ashcroft@imagineschools.com	khafi.mcdowell@imagineschools.com
Telephone Number of Primary LEA Contact for Title I LEA Plan	Telephone Number of Additional LEA Contact for Title I LEA Plan
202-832-7370	202-722-4421

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 LEA Plan (Board Chairperson or Chancellor only)	Signature of Individual Certifying Title I LEA Plan
James Kemp	
Title of Individual Certifying Title I LEA Plan (Board Chairperson or Chancellor only)	Date of Certification (input at the time of signature)
Board Chairperson	8/16/13

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 LEA Plan First Received:	