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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)**
Hope Community 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 6100 Kansas Avenue, Washington, DC 20011	Michael.DePass@ImagineSchools.com
Main Telephone Number of Local Educational Agency	**Telephone Number of LEA Executive Director (Public Charter Schools Only)**
(202) 832-7370 (202) 722-4421	(202) 722-4421
Name of Primary LEA Contact for Consolidated Application Programs	**Name of Additional LEA Contact for Consolidated Application Programs**
Alexis Johnson	Frank Bonnano
Position Title of Primary LEA Contact for Consolidated Application Programs	**Position Title of Additional LEA Contact for Consolidated Application Programs**
Compliance Officer	Regional Finance Director
Email Address of Primary LEA Contact for Consolidated Application Programs	**Email Address of Additional LEA Contact for Consolidated Application Programs**
Alexis.Johnson@ImagineSchools.com	Frank.Bonnano@ImagineSchools.com
Telephone Number of Primary LEA Contact for Consolidated Application Programs	**Telephone Number of Additional LEA Contact for Consolidated Application Programs**
(202) 832-7370	(202) 722-4421

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**
James Kemp	
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	5/26/2011

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 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**
James Kemp	
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	5/26/2011

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):	

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Office of the
State Superintendent of Education

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