



**Office of the  
State Superintendent of Education**

Part 1: Local Educational Agency Information	
Full Legal Name of Local Educational Agency Hope Community Charter School	Name of LEA Executive Director (Public Charter Schools Only) Michael DePass
Full Address of Local Educational Agency 2917 8th Street NE, Washington, DC 20017	Email Address of LEA Executive Director (Public Charter Schools Only) Michael.DePass@imagineschools.com
Main Telephone Number of Local Educational Agency 202-832-7370	Telephone Number of LEA Executive Director (Public Charter Schools Only) 301-996-2175
Name of Primary LEA Contact for Consolidated Application Programs Emily Ashcroft	Name of Additional LEA Contact for Consolidated Application Programs Khafi McDowell
Position Title of Primary LEA Contact for Consolidated Application Programs Compliance Manager	Position Title of Additional LEA Contact for Consolidated Application Programs Business Manager
Email Address of Primary LEA Contact for Consolidated Application Programs Emily.Ashcroft@imagineschools.com	Email Address of Additional LEA Contact for Consolidated Application Programs Khafi.McDowell@imagineschools.com
Telephone Number of Primary LEA Contact for Consolidated Application Programs 202-832-7370	Telephone Number of Additional LEA Contact for Consolidated Application Programs 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) James Kemp	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) 6/24/2013
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) James Kemp	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) 6/24/2013
SUBMIT BOTH A MICROSOFT EXCEL VERSION OF THIS FULL WORKBOOK AND A SIGNED, SCANNED OF THIS PAGE BY EMAIL TO <a href="mailto:CON.APP@DC.GOV">CON.APP@DC.GOV</a> .	
OSSE Use Only	
Date Assurances Received:	
Date Assurances Complete (first date for obligation):	