




Part 1: Local Educational Agency Information

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| Name of Local Educational Agency Hope Community Public 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@imageschools.com |
| Main Telephone Number of Local Educational Agency 202-832-7370 | Telephone Number of LEA Executive Director (Public Charter Schools Only) 301-776-4925 |
| Name of Primary LEA Contact for Title I LEA Plan Alexis Johnson | Name of Additional LEA Contact for Title I LEA Plan Khafi Knox-McDowell |
| Position Title of Primary LEA Contact for Title I LEA Plan Compliance | Position Title of Additional LEA Contact for Title I LEA Plan Business Manager |
| Email Address of Primary LEA Contact for Title I LEA Plan alexis.johnson@imageschools.com | Email Address of Additional LEA Contact for Title I LEA Plan khafi.knox-mcdowell@imageschools.com |
| Telephone Number of Primary LEA Contact for Title I LEA Plan 202-832-7370 | Telephone Number of Additional LEA Contact for Title I LEA Plan 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.

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| Name of Individual Certifying Title I LEA Plan (Board Chairperson or Chancellor only) James Kemp | Signature of Individual Certifying Title I LEA Plan  |
| Title of Individual Certifying Title I LEA Plan (Board Chairperson or Chancellor only) Chairperson of the Board of Directors | Date of Certification (input at the time of signature) 10/15/2012 |

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

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| Date Title I LEA Plan First Received: | |
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