



Office of the
State Superintendent of Education

Part 1: Local Educational Agency Information

Full Legal Name of Local Educational Agency HOPE COMMUNITY PUBLIC CHARTER SCHOOL	Name of LEA Executive Director (Public Charter Schools Only) MICHAEL DEPASSE
Full Address of Local Educational Agency 2917 8th Street NE Washington, DC 20011	Email Address of LEA Executive Director (Public Charter Schools Only) michael.depasse@imageschools.com
Main Telephone Number of Local Educational Agency 202-832-7370	Telephone Number of LEA Executive Director (Public Charter Schools Only) 202-832-7370
Name of Primary LEA Contact for Consolidated Application Programs VALERY DRAGON	Name of Additional LEA Contact for Consolidated Application Programs INEZ JOHNSON
Position Title of Primary LEA Contact for Consolidated Application Programs COMPLIANCE OFFICER	Position Title of Additional LEA Contact for Consolidated Application Programs BUSINESS MANAGER
Email Address of Primary LEA Contact for Consolidated Application Programs valery.dragon@imageschools.com	Email Address of Additional LEA Contact for Consolidated Application Programs inez.johnson@imageschools.com
Telephone Number of Primary LEA Contact for Consolidated Application Programs 202-722-4421	Telephone Number of Additional LEA Contact for Consolidated Application Programs 202-832-7370

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) 6/17/2012

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) Board Chairperson	Date of Certification (Input at the time of signature) 6/17/2012

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):	