



Office of the
State Superintendent of Education

Part 1: Local Educational Agency Information

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@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: Programs for Which the LEA is Applying for Funding

Below, input the allocation, provided by the State Education Agency, for each program for which the LEA is applying for funding through this application. For Title III, Part A, the LEA is eligible to apply through this application only if the allocation is at least \$10,000. Please note that allocations are subject to change according to the applicable federal and state statutes, regulations, and policies.

LEA Allocation for Title I, Part A	LEA Allocation for Title II, Part A	LEA Allocation for Title III, Part A
\$ 266,881.94	\$ 69,015.52	

Part 3: Schedule for Submission of Reimbursement Requests

Please indicate, by checking the applicable box below, the schedule that the LEA will follow for Federal Fiscal Year 2010 (July 1, 2010 - September 30, 2012, including the "Tydings" period) for submitting reimbursement requests for all grants included in this application in order to maintain regular drawdowns of federal funds. From among these options, the LEA has the flexibility to choose a schedule that best meets its needs.

Monthly (12 workbooks per year)	Bi-Monthly (6 workbooks per year)	Quarterly (4 workbooks per year)
	X	

Part 4: LEA Certification of Application

By signing below, the Applicant certifies that all of the information contained in this application is true and accurate to the best of its knowledge. Additionally, the Applicant certifies that it has read and agrees to all additional assurances and certifications included in Phase II of the application.

Name of individual Certifying Phase II Application (Board Chairperson or Chancellor only) James Kemp	Signature of individual Certifying Phase II Application
Title of individual Certifying Phase II Application (Board Chairperson or Chancellor only) Chairperson of the Board of Directors	Date of Certification (input at the time of signature) 10/22/13

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 Phase II Application First Received:	
Date Phase II Application Approved (first date for reimbursement):	