OSSE

Part 1: Local Educational Agency Information

Name of Local Educational Agency Imagine Southeast Public Charter School	**Name of LEA Executive Director (Public Charter Schools Only)** Michael DePass
Full Address of Local Educational Agency 3100 Martin Luther King Jr. Ave. SE, Washington, DC, 20032	**Email Address of LEA Executive Director (Public Charter Schools Only)** michael.depass@imagineschools.com
Main Telephone Number of Local Educational Agency Imagine Southeast Public Charter School	**Telephone Number of LEA Executive Director (Public Charter Schools Only)** 202-561-1622
Name of Primary LEA Contact for Title I LEA Plan Melissa Winters	**Name of Additional LEA Contact for Title I LEA Plan** Katrina Settles
Position Title of Primary LEA Contact for Title I LEA Plan Compliance Officer	**Position Title of Additional LEA Contact for Title I LEA Plan** Business Manager
Email Address of Primary LEA Contact for Title I LEA Plan melissa.winters@imagineschools.com	**Email Address of Additional LEA Contact for Title I LEA Plan** katrina.settles@imagineschools.com
Telephone Number of Primary LEA Contact for Title I LEA Plan 202-561-1622	**Telephone Number of Additional LEA Contact for Title I LEA Plan** 202-561-1622

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.

Name of Individual Certifying Title I LEA Plan (Board Chairperson or Chancellor only) Dr. Barbara Bazron	**Signature of Individual Certifying Title I LEA Plan** Barbara Bazron
Title of Individual Certifying Title I LEA Plan (Board Chairperson or Chancellor only) Board Chairperson	**Date of Certification (input at the time of signature)** Sept 9, 2013

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 Title I LEA Plan First Received:	