



Office Use Only: 8 or more CALM Sessions Attended Date:

Conscious Awareness Learning Model – HCC Educational Site Support Request FY2022

Name of Person Submitting Request: _____ Role: Director Teacher

Contact Number: _____ E-mail address: _____

Center/FCCH Name: _____ Center Family Child Care Home
of Children Enrolled: _____
Address: _____ # of Staff Employed: _____

City: _____ Zip Code: _____ Center/FCCH Phone Number: _____

Application Information: <input type="checkbox"/> Director Request <input type="checkbox"/> Teacher Request	Classroom Name(s) and Structure(s): (Fill out all applicable) <input type="checkbox"/> Infants _____ # enrolled _____ <input type="checkbox"/> Toddlers _____ # enrolled _____ <input type="checkbox"/> 2 year olds _____ # enrolled _____ <input type="checkbox"/> 3 year olds _____ # enrolled _____ <input type="checkbox"/> 4 year olds _____ # enrolled _____ <input type="checkbox"/> Pre-K _____ # enrolled _____ Total number of classrooms: _____
Primary language spoken in classroom/center? <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Haitian-Creole <input type="checkbox"/> Other _____	

- I acknowledge that CALM support requests are awarded to a Center, FCCH, or Non-Public School with an early childhood educator who has participated in **at least eight** regular cycle CALM sessions since **October 1, 2020** and actively participating in FY 2022 to implement CALM strategies that enhance classroom quality.
- I acknowledge that this award has a **maximum amount of \$5,000** per Center, FCCH, or Non-Public School.
- For a corporate/franchise or an organization with multiple locations in Hillsborough County, the maximum expenditure cannot exceed \$5,000 across all eligible sites.
- I certify that the Center, FCCH or Non-Public School is in compliance with Hillsborough County Child Care Licensing and support may not be granted to sites with a Class 1 violation.
- I certify that materials received will be used in the aforementioned classroom(s), outlined above, and will support CALM strategies and practices.
- I acknowledge that I may be subject to a site visit to confirm appropriate implementation of material(s).

Signature of Requestor _____ Date _____

Signature of Director/Authorized Official _____ Date _____

**** Deadline to submit support request is August 12, 2022 ****

Generously funded by The Children’s Board of Hillsborough County, in partnership with ELM, HCC & QEES

