



Conscious Awareness Learning Model – HCC Educational Site Support Request FY2024

Name of Person Submitting Request:		Role: <input type="checkbox"/> Director <input type="checkbox"/> Teacher	
Contact Number:		E-mail address:	
Center/FCCH Name:		<input type="checkbox"/> Center <input type="checkbox"/> Family Child Care Home	
Address:		# of Children Enrolled: _____	
City:		# of Staff Employed: _____	
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 _____			
<ul style="list-style-type: none"> 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, 2022 and actively participating in FY24 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. 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 Applicant		_____ Date	
_____ Signature of Director/Authorized Official		_____ Date	
** <u>Deadline to submit support request is August 9, 2024</u> **			

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