



Conscious Awareness Learning Model – HCC Educational Site Support Request FY2021

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, 2019 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 13, 2021</u> **			

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