



Conscious Awareness Learning Model – HCC Educational Site Support Request FY2025

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: _____	
		# of Staff Employed: _____	
City:	Zip Code:	Center/FCCH Phone Number:	
Application Information:		Classroom Name(s) and Structure(s): (Fill out all applicable)	
<input type="checkbox"/> Director Request		<input type="checkbox"/> Infants _____ # enrolled _____	
<input type="checkbox"/> Teacher Request		<input type="checkbox"/> Toddlers _____ # enrolled _____	
Primary language spoken in classroom/center?		<input type="checkbox"/> 2 year olds _____ # enrolled _____	
<input type="checkbox"/> English		<input type="checkbox"/> 3 year olds _____ # enrolled _____	
<input type="checkbox"/> Spanish		<input type="checkbox"/> 4 year olds _____ # enrolled _____	
<input type="checkbox"/> Haitian-Creole		<input type="checkbox"/> Pre-K _____ # enrolled _____	
<input type="checkbox"/> Other _____		Total number of classrooms: _____	
<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, 2023 and actively participating in FY25 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	

**** Deadline to submit support request is August 8, 2025 ****