

**TABOR FUNDS  
APPLICATION FORM: SABBATICAL**

APPLICANT NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_

ZIP CODE \_\_\_\_\_ COUNTY \_\_\_\_\_

TELEPHONE NUMBER (     ) \_\_\_\_\_

MINISTRY \_\_\_\_\_

PARISH/ORGANIZATION/AFFILIATION  
\_\_\_\_\_

PRIMARY CONTACT \_\_\_\_\_

TELEPHONE NUMBER (     ) \_\_\_\_\_

AMOUNT REQUESTED: \$ \_\_\_\_\_

IF AWARDED, CHECK PAYABLE TO: \_\_\_\_\_

**Tabor Fund Grant Program History**

The Tabor Fund Grant Program was established to continue the mission of Tabor House Consultation Center and to be a resource to assist in the serving the spiritual, physical, emotional and intellectual needs of the employees, religious and laity involved in pastoral ministry in the Diocese of Cleveland.

**The Tabor Fund Sabbatical Grants** - Provides support to individual ministers to take time away from ministry for spiritual and personal growth and well-being. The period of the Sabbatical must be more than 30 days. Funds will be supplied for one calendar year.

*Please note: Individuals with access to continuing education funds by virtue of employment or appointment are not eligible for Tabor Fund Grants and travel expenses will only be considered for an incoming guest speaker.*

**By signing below, I certify the applicant listed above is a bona fide employee (paid or volunteer), lay or religious and works in a recognized ministry actively serving the Catholic Diocese of Cleveland.**

\_\_\_\_\_  
Pastor, Superior, Director, Principal (Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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Please succinctly describe in one-page:

- The amount you are requesting and how Tabor funds will be allocated.
- Provide the Subjects(s)/Topic(s) and objectives of the Sabbatical.
- The date(s), time(s), location(s) and format of the Sabbatical.
- Tentative presenters and/or facilitators.
- Provide the total cost/registration fees of the Sabbatical.
- How the Sabbatical will enrich, strengthen, promote growth and/or well-being of attendees.

*Please note: individuals with access to continuing education funds by virtue of employment or appointment are not eligible for Tabor Fund Grants and travel expenses will only be considered for an incoming guest speaker.*

**Grant Application Deadline:**

Cycle A – March 15 - Funding decisions will be made in late April

Cycle B – September 15 - Funding decisions will be made in late October

If the deadline falls on a weekend, you have until the following Monday to submit your application.

**Applications may be mailed to:**

THE TABOR FUND  
Catholic Community Foundation  
Attn: Colleen Rigo  
1404 E. Ninth Street, 8<sup>th</sup> Floor  
Cleveland, OH 44114

**Questions may be directed to:** Colleen Rigo at (216) 696.6525, or 800-869-6525, x 4080  
*crigo@catholiccommunity.org*

# BUDGET

List your expenses and revenue in the following categories. This Budget form must be accompanied by the Budget Narrative, which provides an explanation for each item listed.

<b>A. EXPENSES</b>	<b>Amount \$</b>
<b>1. Personnel</b>	
a. <b>Consultants/Speakers</b>	_____
b. <b>Stipends</b>	_____
c. <b>Other</b>	_____
d. <b>Other</b>	_____
<b>Total Personnel</b>	<b>\$ _____</b>

<b>2. Non-Personnel</b>	
a. <b>Rental Costs</b>	_____
b. <b>Conference Support</b>	_____
c. <b>Food</b>	_____
d. <b>Supplies</b>	_____
e. <b>Mileage (\$0.54 beyond 25 mi. radius)</b>	_____
f. <b>Travel*</b>	_____
g. <b>Registration Fees</b>	_____
h. <b>Living Expenses</b>	_____
i. <b>Books/Subscriptions</b>	_____
j. <b>Copying Fees</b>	_____
k. <b>Total Retreat/Education Fee (per person)</b>	_____
l. <b>Other</b>	_____
<b>Total Non-Personnel</b>	<b>\$ _____</b>

<b>TOTAL EXPENSES</b>	<b>\$ _____</b>
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<b>B. REVENUE</b>	
a. <b>Tabor Funds</b>	_____
b. <b>Registration Fees</b>	_____
c. <b>Personal Contribution</b>	_____
d. <b>Parish Contribution</b>	_____
e. <b>Congregation Contribution**</b>	_____
f. <b>Other _____</b>	_____
g. <b>Other _____</b>	_____
<b>TOTAL REVENUE</b>	<b>\$ _____</b>

\* Travel expenses will only be considered for the fees of an incoming guest speaker.  
 \*\* The Tabor Fund Grant Award Committee acknowledges monies are available for Retreats from applicant's respective communities. Please indicate this amount on both the Budget form and Budget Narrative.

## BUDGET NARRATIVE

Please provide a detailed explanation of every budget line-item requested. This Narrative must accompany the Budget form. Use additional pages if necessary.

<u>LINE ITEM</u>	<u>EXPLANATION</u>
<b>EXPENSES</b>	
PERSONNEL	<i>For Education and Formation Initiatives</i>
Consultants/Speakers	
Wages/Stipends	
Other	
Other	
NON-PERSONNEL	
Rental Costs	
Conference Support	
Food	
Supplies	
Mileage	
Travel	
Registration Fee for Sabbatical or Retreat	
Living Expenses	
Books/Subscriptions	
Copying Fees	
Total Retreat/Ed Fee (per person)	
Other	
<b>REVENUE</b>	
Tabor Funds	
Registration Fees	
Personal Contribution	
Parish Contribution	
Congregation Contribution	
Other	
Other	