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#### **Eligibility Quiz**

### IMPORTANT INFORMATION BEFORE BEGINNING YOUR APPLICATION

#### FIRST-TIME USERS

- If you have never used our online application process, after completing the eligibility quiz, create your account by clicking the Save and Finish Later button at the end of page one of the application. \*\*Applications will not be saved unless an account is created.
- After completing the eligibility quiz, a new application is now in your online account and the application is considered to be In-Progress.
- You will receive an email that your application was saved. Once saved, the pending application will be listed in your "In Progress" section of the Application tab.

#### **RETURNING USERS**

- If you have used our online application process, it is recommended you save the application once you have completed the eligibility quiz. (If you are a previous grantee, you do not have to create another account. You can use your existing login and password.)
- If you have forgotten your password, select "Forgot Password?". Enter your email address associated with this account. A temporary password will be sent to that email address.
- After saving your application, you will receive an email that your application has been saved. Once saved, the pending application will be listed in your "In Progress" section of the Application tab.

#### **COMPLETING THE APPLICATION**

- SAVE OFTEN. You will receive a warning notification. If you do not save the application, after 20 minutes, any unsaved work will be lost.
- To access your saved application at other times, go to our website at <a href="http://zsr.org/grantees">http://zsr.org/grantees</a> and click on "Access your online account".
- Only one person can be logged into the account at a time.
- Save your work frequently by clicking the "Save and Finish Later" button found at the bottom of each page. Please note that saving your application will also trigger an automated email reminder.
- Please do not use the back button on your browser; click the tabs across the top of the page to take you back to a particular section of the application.
- Please do not use bullet points, tabs, or any other symbols or special characters (#, (), ", >, <, \*).</li>
   Our online system does not recognize them. Also, bold and underlined text formatting options will not be displayed within your answers.
- Click the red check mark to spell check your narrative.
- Upon reviewing your application, if red errors display, please correct the information and then click on the "Update" button at the bottom of the page. Please review your application carefully before you submit. AN INCOMPLETE APPLICATION COULD POSSIBLY NOT BE ACCEPTED.
- Do not submit any information to sabbatical@zsr.org (unless directed by Foundation Staff). If you would like to submit any information that is not listed within the application, contact LaRita Bell first at the number provided below.
- Once you have submitted your application, you will receive an email confirmation from bethp@zsr.org indicating your recent submission.
  - a. When your online account was created for your organization, make sure that the email address is a valid email address without spam blockers or bulk mail filter. All communications will be emailed to the email address that was used when the online account was created.
  - b. If that email address has changed or if you are unsure about the email address used, contact the Foundation at the number provided below.
  - c. If you do not receive confirmation of submission, check your spam mail or junk mail. If not there, you may not have selected the Submit button. Log

back into your account and look in the pending applications. If not submitted, open and resubmit the application.

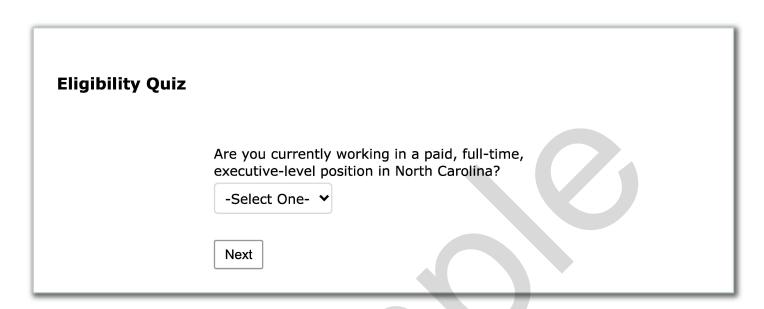
- d. To ensure the email confirmations will not go to spam or junk mail, add bethp@zsr.org to your email contacts.
- If other questions arise while working on this application, visit our website at www.zsr.org. If you cannot find the answer to your questions, call us at (800) 443-8319 or (336) 725-7541.

I have read the above information and understand the content.



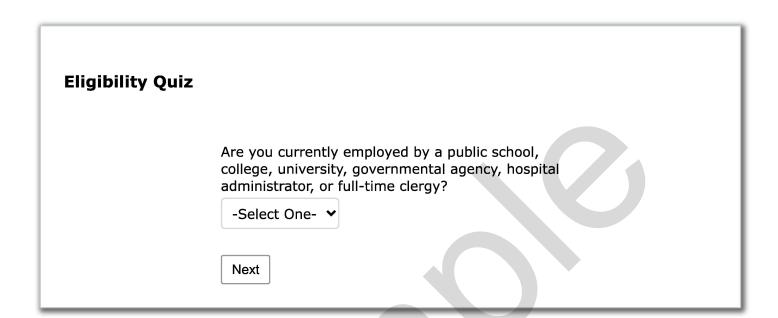


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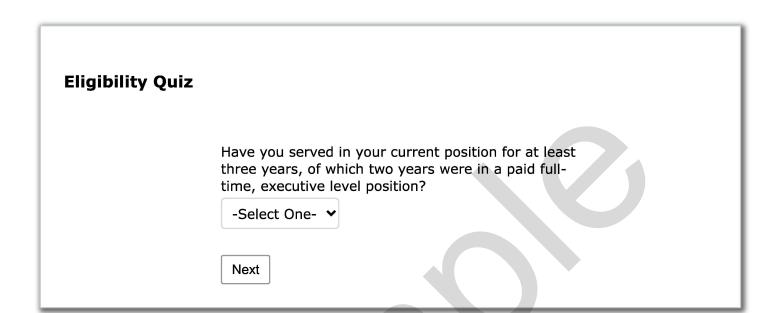


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#### **Eligibility Quiz**

Currently, the Foundation awards up to five sabbaticals every other year. Three to six month sabbaticals offer individuals the opportunity to focus primarily on their personal needs and devote themselves to self-revitalization. The awarded compensation (\$30,000) and \$10,000 to each organization for planning and transition expenses, provides the financial support necessary for sabbatical recipients to temporarily leave their place of employment. Please note: Of the \$10,000, at least \$5,000 must go toward activities that will enhance the recipient's entire organization. For example, staff retreats, team-building exercises, mentoring opportunities, and/or other activities to support the staff.

Sabbatical recipients use this time to engage in nonprofessional development activities of their own choosing to aid in personal renewal and growth. While on hiatus, award recipients travel, study, read, reflect, rest, and/or explore interests unrelated to their field of work. It is the Foundation's hope that sabbatical recipients will return recommitted to the challenges and rewards of public service and thus prolong their tenure in the nonprofit sector.

The deadline for the Sabbatical Application submission is November 1, 2023 at 12:00 pm (NOON).

I am aware and understand.

-Select One- ¥

Submit

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Applicant Information



Organizational Information

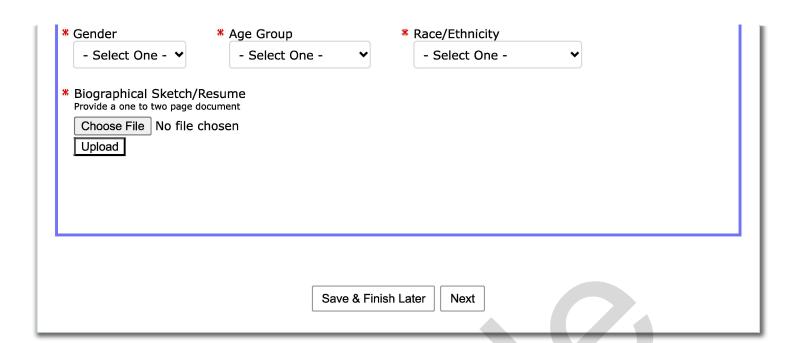


Other Information



Review My Application

Applicant Information  Required before final submission	Printer Friendly Version   E-mail Draft
Applicant Information	
Year for Which You are Requesting a Sabbatical 2024	
Sabbatical Amount: 30000	
* Have you previously applied for a Z. Smith Reynolds Foundat	ion Sabbatical?
- Select One -	•
Name Please enter as "Smith, John W."	
First Name Middle Na	me
* Title (Example: Executive Director, etc.)  * E-mail (Work email is preferred.)	
Home Address	
City State < None>	Zip Code
Home Phone Number Cell Phone Format: 999-999-9999 Format: 999-999-9999	
County in Which You Live	
- Select One - 🕶	



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Applicant Information



Organizational Information

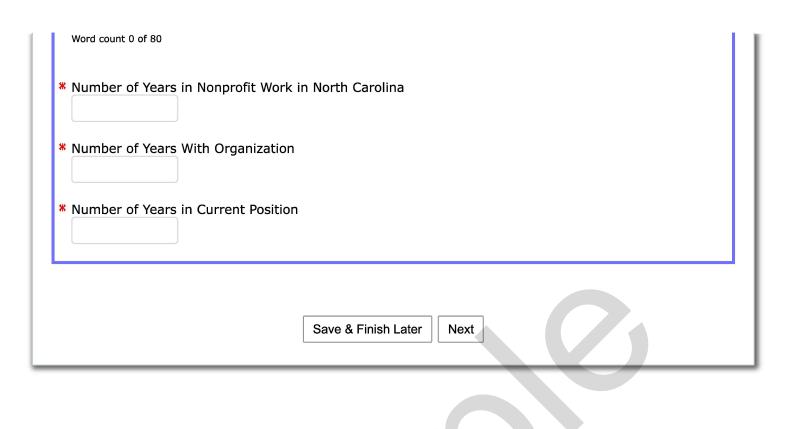


Other Information



Review My Application

Required before final submissio	n	
Organizational Information  Name of Organization w		
Organization Mailing Add	dress	
City	* State - Select One - •	* Zip Code
Telephone Number Format: 999-999-9999  Region of State where y  - Select One - •	our organization is located.	
Organization's Physical A	Address	
City		
	Address Zip Code	
City		



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(1)

Applicant Information



Who has authorized your sabbatical release?

Organizational Information



Other Information



Review My Application

	Printer Friendly Version   E-mail Dr Required before final submission
	required before final submission
t	her Information
	Briefly describe your current responsibilities.
1	Word count 0 of 150
	How would your responsibilities be managed during your sabbatical period?
1	Word count 0 of 150
	Endorsement Letter  Please upload an endorsement letter from a board member of your organization including:  a. The plan for organizational management during your absence b. A statement about the particular need for you to receive a sabbatical
(	Please Limit to 2 Pages)
ı	Please List Any Special Recognition or Awards Received.
	Word count 0 of 75

* Name	** Title (Example: Board Chair, etc.)
* Telephone Number Format: 999-999-9999	* Cell Format: 999-999-9999
<b>* Email</b> (Email of person authorizing s	abbatical.)
Sabbatical Narrative Please attach a narrative of no more th	an 2-3 pages. Make sure the four topics below are explained within the narrative.
Why did you choose to work in     Why do you need a sabbatical a     What are some of the planned	
Opiouu	
Sabbatical Budget: Include a proposed sabbatical budget n development expenses, and taxes. Choose File No file chosen Upload	ot to exceed \$30,000. The budget should include items such as household expenses, travel, personal
References: References	
	three references. Include the name, mailing address, email address, work/cell number of the three
Reference Letter Include a letter from one of the above	references describing a particular need for you to receive a sabbatical.

Additional Information (Please limit any additional information to 1 page or less.)

	Choose File No file chosen Upload			
Ad	knowledgement			
	Acknowledgement:			
*	I acknowledge the Sabbatical online application submission deadline is November 1, 2023 at 12:00 pm (NOON).			
If selected, by submitting this application I agree that I will:				
<ul> <li>a. be released from my organizational obligations during my sabbatical;</li> <li>b. complete a sabbatical for one continuous period of three to six months;</li> <li>c. begin the sabbatical before April of the year after selection;</li> <li>d. attend the pre-sabbatical and post-sabbatical retreats; and</li> <li>e. submit a two- to three-page typed final report describing and assessing my sabbatical experience, by one month after completion of the sabbatical.</li> </ul>				
	*Failure to uphold this commitment may lead the Foundation to seek a refund of the reward.			
"	Please type your signature below which will serve as acknowledgement of your expected commitment if selected.			
	Save & Finish Later Review & Submit			