



## TRANSLATION ASSISTANCE FUND APPLICATION

Our service body requests financial assistance from the Translation Assistance Fund to translate OA literature/material.

**PLEASE PRINT LEGIBLY**

Service Body Name \_\_\_\_\_ Service Body # \_\_\_\_\_ Region # \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

City/Postal Code \_\_\_\_\_

State/Province \_\_\_\_\_ Country \_\_\_\_\_

Contact Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

City/Postal Code \_\_\_\_\_

State/Province \_\_\_\_\_ Country \_\_\_\_\_

Email \_\_\_\_\_

**Please answer the following questions as completely as possible:**

1. Has the service body ever asked for translation funds from WSO?  No  Yes

If "Yes," when? \_\_\_\_\_

2. Please indicate which piece of literature/material you'd like to translate and into which language?

\_\_\_\_\_

3. At what stage is your translation project now?

\_\_\_\_\_

4. Which licenses have you applied for/received, if applicable?

\_\_\_\_\_

5. When do you expect your translation to be completed?

\_\_\_\_\_

6. What OA literature is currently available in your language? (Attach list if necessary)

\_\_\_\_\_

\_\_\_\_\_

**REQUIRED SIGNATURE: INTERGROUP/SERVICE BOARD CHAIRMAN *or* GROUP SECRETARY IF UNAFFILIATED**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name and Title

\_\_\_\_\_  
Date

## TRANSLATION ASSISTANCE FUND TABLE

Provide information in US dollars.

|   |       |
|---|-------|
| Estimated total expenses for the translation of this piece of literature/material, for example translator fees, proofreading, duplicating, design, printing, shipping, etc. (please itemize on separate sheet and attach)   | \$    |
| Less amount contributed by service body   | (\$ ) |
| Less amount contributed by other sources<br>(neighboring intergroups, region, fundraising, service board, etc.)   | (\$ ) |
| Amount of money requested from Translation Assistance Fund<br>(Please note, in order to receive funds, you must create a free account at paypal.com. PayPal provides a secure payment system that allows the WSO to transfer funds quickly and easily, thus minimizing costs and allowing for prompt payment to your group/service body.) | \$    |

### SERVICE BODY'S FINANCIAL STATEMENT

A financial statement for the period January 1, 20\_\_ through December 31, 20\_\_  
must be included with your application for funds.

Provide information in US dollars. You may use the format below.

|  |    |
|--|----|
| Cash on hand January 1, 20__   | \$ |
| Plus Income received:  |    |
| Contributions  | \$ |
| Fundraisers  | \$ |
| Assemblies   | \$ |
| Sales  | \$ |
| Sales of OA Translated Literature  |    |
| Other  | \$ |
| Less Expenses paid:  |    |
| Rent   | \$ |
| Utilities  | \$ |
| Newsletter   | \$ |
| Travel   | \$ |
| Literature   | \$ |
| Other  | \$ |
| Cash on hand December 31, 20__   | \$ |
| Please list any outstanding financial commitments (use separate sheet if needed):  | \$ |
|  | \$ |
| Literature (purchased in English)  | \$ |
| Costs of OA Translated Literature  | \$ |
| Royalties Payable to OA (10% of Net Sales of OA Translated Literature)   | \$ |
|  |    |
| (Please note, in order to pay the WSO royalties, you must create a free account at paypal.com. PayPal provides a secure payment system that allows the transfer of funds quickly and easily, thus minimizing costs and allowing for prompt payment.) |    |

### COMPLETE APPLICATION MUST BE RECEIVED IN THE WSO BY FEBRUARY 1 OR JUNE 1 EACH YEAR.

World Service Office – DeDe DeMoss

Translation Assistance Fund

PO Box 44727, Rio Rancho, New Mexico 87174-4727 USA

Tel: (505) 891-2664 • Fax: (505) 891-4320 • [DDeMoss@oa.org](mailto:DDeMoss@oa.org)

FOR WSO USE ONLY

Date last funded: \_\_\_\_\_

Application:  Approved  Denied

Reason denied: \_\_\_\_\_

Amount funded\$ / Date Sent: \_\_\_\_\_

Service body contacted by: \_\_\_\_\_