

TRANSLATION ASSISTANCE FUND APPLICATION

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

PLEASE PRINT LEGIBLY		
Service Body/Group Name	Service Body/Group #	Region #
Address		
City/Postal Code		
State/Province	Country	
Contact Name	Telephone	
Address	_	
City/Postal Code		
	Country	
Email	PayPal Account	
Please answer the following questions a	as completely as possible:	
	the Digital Translations List and confirmed that th	
2. Has the service body/group ever asked f	for translation funds from WSO? □ No □ Yes	
If "Yes," when?		_
3. Please indicate which piece of literature/	material you'd like to translate and into which lang	guage?
4. At what stage is your translation project	now?	
5. Which licenses have you applied for/rec	eived, if applicable?	
6. When do you expect your translation to	be completed?	
7. What OA literature is currently available	in your language? (Attach list if necessary)	
REQUIRED SIGNATURE: INTERGRO	OUP/SERVICE BOARD/GROUP CHAIR or GROUP SE	CRETARY IF UNAFFILIATED
Signature	Printed Name and Title	 Date

TRANSLATION ASSISTANCE FUND TABLE

Provide information in US dollars. BE SPECIFIC!

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/group	(\$)
Less amount contributed by other sources)
(neighboring intergroups, region, fundraising, service board, etc.)		
Amount of money requested from Translation Assistance Fund		
(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 service body/group.)		

SERVICE BODY/GROUP'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.

Trovide information in Co domaio. Tod may doe the forme	
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.)	

COMPLETED APPLICATIONS RECEIVED BY WSO BY THE LAST DAY OF EACH MONTH WILL BE CONSIDERED THE FOLLOWING MONTH.

World Service Office – DeDe DeMoss Translation Assistance Fund PO Box 44727, Rio Rancho, New Mexico 87174-4727 USA Tel: 1-505-891-2664 • <u>DDeMoss@oa.org</u>

Tel: 1-505-891-2664 • <u>DDeMoss@oa.org</u>
FOR WSO USE ONLY :
Date last funded:
Application: ☐ Approved ☐ Denied
Reason denied:
Amount funded (\$) / Date sent:
Service body contacted by: