



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 (neighboring intergroups, region, fundraising, service board, etc.)	(\$)
Amount of money requested from Translation Assistance Fund	\$

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	\$
Other	\$
Less Expenses paid:	
Rent	\$
Utilities	\$
Newsletter	\$
Travel	\$
Literature	\$
Other	\$
Cash on hand December 31, 20__	\$
Please list any outstanding financial commitments:	\$
	\$
	\$
	\$
	\$

COMPLETE APPLICATION MUST BE RECEIVED IN THE WSO BY FEBRUARY 1, AUGUST 1, OR NOVEMBER 1 EACH YEAR.

World Service Office – DeDe DeMoss

Translation Assistance Fund

PO Box 44020, Rio Rancho, New Mexico 87174-4020 USA

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

FOR WSO USE ONLY

Date last funded: _____

Application: Approved Denied

Reason denied: _____

Amount funded: \$ _____ **Date Sent:** _____

Service body contacted by: _____