



## 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 \_\_\_\_\_ PayPal Account \_\_\_\_\_

**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 (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)	\$
	\$
<i>(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.)</i>	

## 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: \_\_\_\_\_