



## Official Languages Program

### Organization information and main point of contact

Organization:	
Contact Person:	
Address:	Postal Code:
Telephone:	Email:

### Translation and Proofreading Services

Type of services requested: <input type="checkbox"/> English to French Translation <input type="checkbox"/> French to English Translation	<input type="checkbox"/> Proofreading
Date required by:	Time of day required by:
Type of document: <input type="checkbox"/> Foundational document (Constitution/Bylaws/Policies/Meeting minutes) <input type="checkbox"/> Promotional materials (Newsletter/Brochure/Event program) <input type="checkbox"/> Press-release/Media advisory <input type="checkbox"/> Other, please specify:	Document Format: <input type="checkbox"/> Word <input type="checkbox"/> PowerPoint

Name of document:

Other information to share with service provider:

### Simultaneous Translation Services (Interpretation)

Financial assistance will be considered for simultaneous translation at sport and recreation events that are provincial in scope and hosted by Sport NB members.

Name of Service/Interpretation Provider:  
Please include a quote with this application form.

Event Type: # of Attendees expected: Duration of event:	Amount Requested: \$ (Maximum \$3,000 per event). Until allocated budget is fully spent.
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**Submit request for funding to Sport NB at: [translation@sportnb.com](mailto:translation@sportnb.com)**

### For internal use only

Approval check list:

<input type="checkbox"/> Event is provincial in scope.	<input type="checkbox"/> Event has taken place.
<input type="checkbox"/> Quote is included with application.	<input type="checkbox"/> Funding is still available.

Program Coordinator sign-off:

Approved for payment by:

Cheque #:	Payment date:
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