



TRANSLATION SUBSIDY PROGRAM
APPLICATION FORM

1. The Applicant:

Publishing House name: _____

Name of Contact Person: _____

Address: _____

Phone no.: _____ email: _____ @ _____

2. The Work to be translated:

Title (English or transliteration): _____

Author: _____

Publisher/ Year of the Hebrew original: _____

3. The Translation:

Target Language: _____

A. Name & Email of Translator: _____

B. Translator's Professional Experience:

Author	Title	Publisher in target language	Year

B. Name, email and professional experience of the editor who will check translation accuracy:

C. Estimated publication date: _____

המכון הישראלי
לספרות עברית
The Israeli Institute for
Hebrew Literature

www.ithl.org.il

+972 3 579 6830

40 Yitzhak Sadeh st.
Tel Aviv 6721210

יצחק שדה 40
תל אביב יפו 6721210

מ.ר. 580100212 NPO no.



4. Translation Costs:

Number of words of the work in target language: _____

Requested translation fee in US Dollars: _____ per page of 300 words

Number of pages in target language: _____

5. Budget in US Dollars:

Estimated Expenses:

Production costs: _____

Advance payment for rights: _____

Payment for translation: _____

Total expenses: _____

Estimated Income:

Price per copy: _____

First printing: _____

Estimated income from sales: _____

Total estimated income: _____

Support from other sources: YES / NO

Please supply details:

Source	Amount

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6. Arguments supporting request:

Name: _____ Signature: _____

Date: _____

Publisher's name: _____

Corporate seal or stamp:

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