



MISSION COOPERATIVE PLAN
THE SOCIETY FOR THE PROPAGATION OF THE FAITH
Diocese of Oakland

2121 Harrison Street, Suite 100, Oakland, CA 94612-3741

Telephone: 510-267-8337 •• FAX: 510-446-7429 •• Email: spof@oakdiocese.org

APPLICATION GUIDELINES AND REQUIREMENTS

We appreciate your interest in participating in our Mission Cooperative Plan. Every year a few Missionaries, Dioceses and Religious Societies working in the Missions are invited to preach at our parishes and inform the parishioners about the important work being done. Mission Appeals provide an excellent opportunity to gain prayerful and financial support for their projects and provides our parishioners the opportunity to experience and participate in their baptismal call to Mission.

Application Packet Requirements: All five (4) documents must be included.

- **Letter of Request** – On Applicant’s letterhead requesting participation in the upcoming MCP. Please include a summary of the work being done by your diocese, mission or organization. Why your diocese or organization should be considered for participation in the MCP? And who will directly benefit from receiving MCP funds.
- **Authorization Letter of Inclusion – *Mandatory***
Provides written authorization for designated United States Representative (Priest, Deacon, Sister, Brother, Lay Person) to apply, participate, represent and act on behalf of the Organization on Line #1 of the Application. Letter is to come from your Bishop, Superior or Board President and needs to have an original signature and seal.
- **Application Guidelines & Requirements AND Application** – Are for NEXT Year and are due by the end of the **current year (Dec. 31st)** and need to be completely filled out and signed.
- **Copy of Page Listing** – Showing your Diocese listed in the Annuario Pontificio OR Official Catholic Directory (Kenedy)

Important Guidelines:

- Application is **NOT** a guarantee of participation in the annual Missionary Cooperative Plan.
- Submission of your Application indicates your group, including all parties involved in assisting your group, understands and will comply with all statues and limitations of the U.S. Patriot Act enforcing accountability for all money sent here and abroad.
- In **January** of the mission year, Application Packets will be reviewed and only 42 missions can be chosen.
- In **February** all selected Mission Participants will be notified. A Mission or Parish Selection Letter will be mailed with a copy of the Parish Assignment Confirmation Form. The Selection Letter will be mailed to the Mission Representative.
- The selected Mission Speaker needs to be **fluent in English** and preferably have public speaking experience. Fluency in Spanish is very beneficial and if noted on your Application, the selected Mission Speaker(s) must be bilingual. Parish Assignment will be based on this information.



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APPLICATION FOR _____ YEAR Due By **December 31st of Current Year**

1. Name of Mission, Society, Archdiocese, Diocese, Group or Organization:

Check One: Archdiocese or Diocese Prelature Vicariate Religious Society or Congregation Other

2. Name of Country where Diocese, Mission Society, Group is Located: _____

3. At what Web Address may we find more information about your Mission work, Diocese or Group?

4. Name of **Bishop, Superior or Director**: _____

Address: _____

City/State /Zip-Postal Code: _____

Country: _____

Office: _____ Cell: _____ Email: _____

5. Name of **U.S. MISSION REP.**: _____

Address: _____

City/State/Zip Code: _____

Office: _____ Cell: _____ Email: _____

6. Name of Mission Speaker: _____

Address: _____

City/ State/ Zip Code: _____

Office: _____ Cell: _____ Email: _____

7. Mission Speaker MUST Be **Fluent in English**. Is Speaker fluent in 2nd Language? If Yes, Name _____

8. Has the selected Mission Speaker visited the U.S. before? _____

9. Has Mission Speaker participated in other Mission Appeals? _____ Yes OR _____ No

10. Distribution of funds are sent by Wire Transfer, are you set up for this? _____ Yes _____ No

11. Have you participated in the Diocese of Oakland's MCP before? If yes, please list year(s): _____

I have read the Diocese of Oakland's *Application Guidelines and Requirements* and attached is my *Letter of Inclusion* and the mandatory *Letter of Request*. I understand this is not a guarantee of participation.

U. S. Rep. Name (Print) : _____

Signature: _____ Date: _____