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 four (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 (Kennedy)

**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.

Revised 09/02/2021
APPLICATION FOR _____ YEAR   Due by December 31st of Current Year

1. Name of Mission, Society, (Arch)Diocese, Group or Organization:
______________________________________________________________________________________________

Check One:  ___(Arch)Diocese     ___Prelature     ___Vicariate     ___Religious Society or Congregation     ___ Other

2. Name of Country where (Arch)Diocese, Mission Society, Group is located:
______________________________________________________________________________________________

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

4. Name of Bishop, Superior or Director: _______________________________________________________________
Address: _______________________________________________________________________________________
City/State/Zip Code: _____________________________________________________________________________
Country: _______________________________________________________________________________________
Office: ____________________ Cell: ____________________ Email: _____________________________________

5. Name of U.S. Mission Representative:
______________________________________________________________________________________________
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 a 2nd language? If Yes, what language(s)?:
______________________________________________________________________________________________

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

9. Has the Mission Speaker participated in other Mission Appeals? ___Yes   ___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 Appeal before?  If yes, please list year(s) participated:
______________________________________________________________________________________________

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 or participation.

U.S. Mission Representative’s Name (Print): _____________________________________________________________

Signature: ________________________________________________________________________________________ Date: ________________________________

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