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.

Revised 01/31/19
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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:____________________

Form Revised 01/31/19