



MISSION COOPERATIVE PLAN  
THE SOCIETY FOR THE PROPAGATION OF THE FAITH  
The Pontifical Mission Societies USA  
DIOCESE OF OAKLAND

2121 Harrison Street, Suite 100, Oakland, CA 94612-3741  
Telephone: 510-267-8317 •• FAX: 510-496-7253 •• Email: [spof@oakdiocese.org](mailto: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 provide our parishioners with 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 should your diocese or organization 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 statutes 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 40 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. The Parish Assignment will be based on this information.



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APPLICATION FOR \_\_\_\_\_ YEAR Due by **December 31<sup>st</sup>** 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 Mission, Society, (Arch)Diocese, Group or Organization is located: \_\_\_\_\_

3. Web Address where we may 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 2<sup>nd</sup> 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: \_\_\_\_\_