## 2025 MISSION CO-OPERATIVE PROGRAM APPLICATION FORM - DIOCESE

Name of (Arch)Di	ocese:		
Name of Ordinary	:		
Address:			
		Country:	
Official Email Add	lress:		
Telephone:		Fax:	
Name of speaker	presenting the Appeal:		
Languages spoke	en by the speaker:		

The mandate of the Mission Co-operative Program (MCP) is to provide education for Missionaries and food and medical aid for the poor. All approved appeals must be made on the MCP mandate which is defined as the following:

- Education of Missionaries is defined as the ongoing formation of priests, seminarians, religious and laity (men and women) to evangelize the word of God in a mission Diocese. The formation of those called to missionary work should demonstrate how the missionary gains an appreciation of the culture and values of the area in which they will serve. Items considered as related costs for missionary formation include non-capital expenditures such as books, educational materials and honorariums for teachers/instructors.
- **Food and medical aid for the poor** is defined as any non-capital expenditures related to the provision of food, clothing and medical services and programs for the poor.

The Mission Cooperative Program **does not** fund the following projects:

- **Capital Projects.** Requests for support of capital projects (i.e. construction, maintenance or transportation) will not be considered.
- Education of children. Request for support for school fees for children will not be considered.
- **Missionary Maintenance.** (food, medical care or insurance) of seminarians, catechists, missionaries or clergy <u>will not</u> be considered.
- Administrative or Communication Programs. Request for subsidy of salaries, overhead, communication programs and tools and all other projects outside of the MCP mandate will not be considered.

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## Description of project/purpose for the use of funds from the Mission Co-Op Program: Please outline in detail how your project/purpose meets the criteria on page one for participation in the Mission Co-operative Program. Attach a separate sheet, if necessary. Please accept this application for participation in the 2024 Mission Co-Operative Program. On behalf of our Diocese, I have read and agree to abide by the attached regulations for the Program. Due to the volume of requests, I understand that acceptance into the Program in 2024 does not guarantee participation in subsequent years. **Applicant Signature \* Date** \*If the applicant is not the Ordinary of the (Arch)Diocese, an original letter of authorization from the Ordinary must accompany the application. If it does not, the application will not be considered. Applicant: Position: Address: Applicant Email: Telephone: Fax:\_\_\_\_\_