

THE PONTIFICAL MISSION SOCIETIES IN THE ARCHDIOCESE OF LOS ANGELES

3424 Wilshire Boulevard, 3rd Floor, Los Angeles, California 90010 USA

Phone (213) 637-7223 • Fax (213) 637-6223 • missionoffice@la-archdiocese.org • www.MissionsLA.org



MISSION COOPERATIVE PLAN (MCP) APPLICATION GUIDELINES & REQUIREMENTS

APLICACIÓN EN ESPAÑOL
DISPONIBLE POR:
www.MISSIONSLA.org

Thank you for your interest in applying to the Mission Cooperative Plan (MCP) in the Archdiocese of Los Angeles. Please know we consider our speakers to be partners in our efforts to animate and educate the Catholics of the Archdiocese concerning the mission endeavors of our Universal Church.

To be considered for the Mission Cooperative Plan, the following requirements are to be followed:

- MCP Application must be filled out completely (any blank field will result in application being returned)
- Original "Letter of Request" must be stamped and signed from the local bishop, superior or board president (copies will not be accepted)
- Application Packet (application + letter of request) must be received and postmarked before December 1st (no exceptions)
- MCP identification number is the 4-digit ID# that is assigned to your group that is required for all correspondence regarding MCP. First time applicants need to contact our office for their ID #. Failure to do so may cause delay in your application review.

Before we can review your request, all priests, deacons, religious congregations and lay organizations will need to provide an original "Letter of Request" from the local bishop, superior or board president granting you permission to apply to participate in the MCP in the Archdiocese of Los Angeles.

Guideline of information which needs to be included in the original "Letter of Request":

- A description of the work done by your (arch)diocese, mission or organization
- Why your (arch)diocese, mission or organization should be considered for participation in the MCP
- How MCP funds will be concretely used
- Who will directly benefit from these funds
- Specify that you are authorized to function legally as a 501-C-3 or similar identity
- Verify person who will make the appeal and travel to the U.S. holds a valid and current traveling U.S. visa
- Letter must be stamped with an original signature of your (arch)diocese, institute or society

Things to keep in mind:

- Receipt of this application does not indicate acceptance in the Mission Cooperative Plan
- If accepted in the Mission Cooperative Plan, you will not be eligible to apply for Mass stipends
- You agree that you will not take names, addresses and hand out promotional brochures or flyers for the purpose of fundraising outside of the MCP
- 85% of our parishes celebrate Mass in Spanish or another language
- It is to your benefit in making an appeal if your representative speaks fluent English and has public speaking experience
- Your representative should be able to drive and rent a car if necessary if transportation is not available
- Applicants will be notified at the end of February of our decision
- If you are accepted in the MCP, an original "Letter of Good Standing" on letterhead from the local Archbishop, superior, or board president for every individual assigned to speak, must be mailed to our office
- MCP application packet must be received and postmarked by December 1st and mailed to:
Mission Office ATTN: Mission Cooperative Plan, 3424 Wilshire Blvd., 3rd Floor, Los Angeles, California 90010 USA

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MISSION COOPERATIVE PLAN (MCP) APPLICATION FOR 2024

**DEADLINE: DECEMBER
1, 2023**

MCP ID#: _____

YOUR 4-DIGIT MCP ID# IS REQUIRED ON ALL
CORRESPONDENCE REGARDING MCP. REFER TO
GUIDELINES FOR MORE INFORMATION.

PART I

NAME OF GROUP/ORGANIZATION: _____

THIS IS A: ARCHDIOCESE PRELATURE VICARIATE RELIGIOUS SOCIETY OR CONGREGATION OTHER: _____

NAME OF BISHOP/SUPERIOR: _____

ADDRESS: _____

PHONE: _____ FAX: _____ E-MAIL: _____

NAME OF BISHOP/PRIEST/SUPERIOR/SISTER WHO WILL MAKE THE APPEAL: _____

ENGLISH SPEAKING: YES NO

OTHER LANGUAGE(S) SPOKEN BY SPEAKER: _____

ADDRESS: _____ E-MAIL: _____

PHONE: _____ FAX: _____

LIST A LOCAL CONTACT IN THE UNITED STATES (USA): _____

ADDRESS: _____

PHONE: _____ FAX: _____ E-MAIL: _____

PART II: NAME OF COUNTRY WHERE (ARCH)DIOCESE OR PROJECT IS LOCATED: _____

IF RELIGIOUS COMMUNITY OR SOCIETY, COUNTRIES IN WHICH YOU WORK: _____

NUMBER OF PEOPLE SERVED: _____ NUMBER OF CATHOLICS: _____

HOW WILL MCP FUNDS BE USED: _____

PART III

HAVE YOU BEEN INCLUDED IN THE MISSION COOPERATIVE PLAN FOR THE ARCHDIOCESE OF LOS ANGELES IN THE PAST? YES NO
IF YES, INDICATE EXACTLY WHICH YEARS: _____

DO YOU RECEIVE ASSISTANCE FROM "PROPAGANDA FIDE" IN ROME? YES NO

HAVE YOU APPLIED OR INTEND TO APPLY TO THE MISSION COOPERATIVE PLANS OF THE FOLLOWING CALIFORNIA DIOCESES? NO YES

<input type="checkbox"/> FRESNO	<input type="checkbox"/> MONTEREY	<input type="checkbox"/> OAKLAND	<input type="checkbox"/> ORANGE	<input type="checkbox"/> STOCKTON
<input type="checkbox"/> SACRAMENTO	<input type="checkbox"/> SAN DIEGO	<input type="checkbox"/> SAN FRANCISCO	<input type="checkbox"/> SANTA ROSA	<input type="checkbox"/> SAN BERNARDINO

APPLICATION PACKET CHECKLIST *(PLEASE VERIFY CHECKLIST IS COMPLETE AND MAILED BY DECEMBER 1, 2023)*

- APPLICATION FILLED OUT COMPLETELY (ANY BLANK FIELDS WILL RESULT IN APPLICATION BEING RETURNED)
- SIGNATURE ON HARDCOPY OF THIS APPLICATION ALONG WITH YOUR "LETTER OF REQUEST"
- ORIGINAL "LETTER OF REQUEST", STAMPED & SIGNED FROM LOCAL BISHOP/SUPERIOR/BOARD PRESIDENT (COPIES ARE NOT ACCEPTED)
- APPLICATION PACKET (APPLICATION + LETTER OF REQUEST) MUST BE SUBMITTED AND POSTMARKED BY **DECEMBER 1, 2023**

NAME: _____ **SIGNATURE:** _____ **DATE:** _____