### ST. JOSEPH CATHOLIC CHURCH, CONWAY, AR

**MISSIONARY COOPERATION PLAN APPLICATION**



Legal name of (arch)diocese, eparchy, religious order or community requesting participation:

\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In what country is this mission/diocese located?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of mission representative (“contact person”) and mailing address in United States:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

U.S. mailing address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Website address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| Please include a **Letter of Introduction** from the local Ordinary or the community’s Superior General which grants authority to the contact person to represent the group for mission appeals. |



**TELL US ABOUT THE MISSION**

Describe how MCP appeal donations will be used in the mission and for the propagation of faith.

( If you attach a brochure or letter describing your mission, you can leave this space blank.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TELL US ABOUT YOUR SPEAKER**

Name of speaker(s) who will be doing the appeals: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The speaker’s point of origin for traveling: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the speaker have personal mission experience? Yes \_\_\_\_\_ No \_\_\_\_\_

Does the speaker communicate clearly in English? Yes \_\_\_\_\_ No \_\_\_\_\_

St. Joseph’s Parish has a Spanish speaking community and Spanish Mass. Do you have a speaker fluent in Spanish who can communicate clearly? Yes \_\_\_\_\_ No \_\_\_\_\_

Is the speaker fluent in other languages? If so, please list them: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the speaker have a friend, relative, or community member living in the Conway area that can assist with travel and housing needs? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, where? City or location: \_\_\_\_\_\_\_\_\_\_\_

Has your group been an MCP participant in U.S. or Canadian dioceses? If so, where: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***IF ACCEPTED INTO THE PROGRAM,***

***TELL US HOW FUNDS WILL BE SENT TO YOUR MISSION***

* Groups with established tax-exempt status in the U.W. and which generally receive grants/donations by check, please complete Box #1 below.
* If you represent a foreign diocese/organization which has grants/donations sent directly to the mission located outside the United States, follow the instructions and sign the statement in Box #2. Please note: We cannot process a bank wire payment through a third party or NGO unrelated to the Catholic Church.

|  |
| --- |
| #1. U.S. TAX-EXEMPT ORGANIZATIONS  For a group which is a legal entity under the laws of the United States and receives grants/donations at a US mailing address, we will need the following documentation:   1. Your group’s listing in The Official Catholic Directory, indicate the diocese (or page number) where we can find your inclusion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. The OCD diocesan listing is your proof of tax-exempt status under the United States Conference of Catholic Bishops (USCCB) Group ruling or the asterisked inclusion. 2. If accepted into the appeal program, your group will be requested to provide a federal **Employer Identification Number**. Does the group named on the front of this application have and EIN? Yes \_\_\_\_\_ No\_\_\_\_\_ |

|  |
| --- |
| #2. FOREIGN ORGANIZATIONS   1. A foreign diocese or organization should send a photocopy of the page(s) in which it is listed in the home country’s Official Catholic Directory approved by its Bishops’ Conference. The listing serves to establish the group as a recognized entity of the Church, and one that is created or organized under foreign law. 2. Please read and sign the statement below:   By submitting an application to the MCP program, you are certifying that, as the representative of a foreign Catholic diocese or organization, all grant monies disbursed to the group from St. Joseph’s Catholic Church, Conway, AR, will be used solely for activities performed entirely outside of the United States.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of authorized representative |

### *SUBMIT YOUR APPLICATION*

Thank you for your application to St. Joseph’s Catholic Church’s Missionary Cooperation Plan Appeal. All applications must be received by October 15th to be considered for the following calendar year. Accepted groups will receive a letter with assigned date of visit in early December. **Please be advised that you will only hear from us if your group is accepted.**

Please mail this completed form with the letter of introduction and OCD Listing information to:

**Missionary Cooperation Plan**

**St. Joseph’s Catholic Church**

**1115 College Avenue**

**Conway, AR 72032**

**Questions? Please Email Christine Seefeld at** [**seefeldc.62@gmail.com**](mailto:seefeldc.62@gmail.com)