



Date _____

Missionary Cooperative PROGRAM (MCP) application

Name of (arch)diocese, eparchy, community and province, or lay association:

Name of diocese and country where mission is located: _____

Name of designated contact person and mailing address in United States:

Telephone number: _____ Email address: _____

Please include a *Letter of Introduction* from the local Ordinary, community's Superior, or board president which grants authority to the contact person to represent the diocese or mission for MCP appeals.

TELL US ABOUT THE MISSION PROJECT

How will appeal donations be used to help the poor and to promote the works of the Propagation of the Faith? How should the parish bulletin insert read to promote your project?

TELL US ABOUT YOUR SPEAKER

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

The speaker's point of origin for traveling: _____

In the Archdiocese of Denver, over 40% of our parishes are Spanish speaking. Do you have a speaker fluent in Spanish who can communicate clearly? Yes ____ No ____ Do you have a speaker fluent in Polish or Vietnamese? _____

Does the speaker have a friend, relative, or community member living in the Denver area that will assist the with travel and housing needs? If Yes, where? Name of city: _____

Does the speaker have a driver's license and is able to drive to rural and mountain parishes? Yes ____ No ____

What is the maximum number of parishes the speaker is available to schedule: ☐ 1 ☐ 2 ☐ 3 ☐ 4

Has your mission participated in MCP appeals in U.S. or Canadian dioceses? If so, where:

TELL US HOW DONATIONS ARE TO BE SENT TO YOUR MISSION

What is the preferred payment method: ☐ **U.S. check** ☐ **International Wire Transfer**

If appeal proceeds are to be sent by check, please complete the following information:

Legal name of the non-profit organization : _____

The non-profit is registered in the state of: _____

The IRS Tax Identification Number ("EIN") for the 501c(3) non-profit: ____ - _____

If the missionary organization does not have a checking account in the United States, appeal donations will be sent by bank transfer to the country where the mission is located or to an account at the Vatican Bank.

SUBMIT THE APPLICATION

All MCP applications are accepted July 1 – October 1 to be considered for the following year.

PLEASE NOTE: Only 35-40 applications are approved each year to participate in the following year's program. If this limit is reached prior to the October 1 deadline, no more applications will be accepted for the following year's program.

Selected missions will receive an invitation letter with parish assignments by late January of the appeal year. Please be advised that **you will only hear from us if your mission is accepted.** **Due to the large number of applications, we do NOT send rejection letters.**

Please send the completed application along with a *Letter of Introduction* to Robbyn Celestin at:

robbyn.celestin@archden.org

or at:

**Archdiocese of Denver
Missionary Cooperative Program
2830 Lawrence St.
Denver, CO 80205**

For additional information, email Robbyn at the above email address
or call her at : 720-535-1752

Thank you for your application to the Archdiocese of Denver Missionary Cooperative Program and for all that you do for His Holy Church.