**2018 Missionary Cooperation Plan (MCP) Archdiocese of St. Paul and Minneapolis ARCHDIOCESE/DIOCESE**  Application Form

**Return completed form by email, regular mail or FAX**

**TYPEWRITTEN ONLY!**

Name of (Arch)Diocese:

U.S. Contact Person:

Contact Person Address (street):

Address 2 (City, State, Country, Zip):

Contact Person Telephone:

Contact Person Email:

Name of person(s) making the appeal:

Presenter is: \_\_U.S. Contact Person \_\_ Returned Missionary \_\_(Arch)Diocesan Representative

Presenter is: \_\_Fluent in English \_\_ Fluent in Spanish \_\_ Fluent in Vietnamese Other Language:

*(It is to your benefit if the person(s) making the appeals speaks fluent English and has public speaking experience. Also many parishes celebrate Mass in Spanish, Vietnamese or other languages)*

Explain why you should be considered for the 2018 MCP and be very specific:

Explain below why your (Arch)Diocese should be considered for the 2018 MCP appeal? How will the funds be used? Specify your plan of action (be specific). **Do not attach additional literature to this application.**

**(Arch)Diocesan Information**

Name of (Arch)Diocesan Bishop:

Bishop’s Address (Street):

Address 2 (City, State, Country, Zip)

Bishop’s Telephone:

Bishop’s Email:

What year was your (Arch)Diocese last included in our MCP?

Has your (Arch)Diocese received funding from Pontifical Mission Societies during in the past 5 years? (Check all that apply): \_\_ **Propagation of the Faith** \_\_ **Missionary Childhood Assoc**. \_\_ **St Peter Apostle**

If any are checked above:  **Would you be willing to give an additional appeal for the Pontifical Mission Societies?** Y\_\_N\_\_

**Distribution of Collected Funds** *Please provide the most secure and preferred means of sending money to your (Arch)Diocese: Mail (in the U.S. only) or wire transfer (U.S. and international)*

**Mail (U.S. only) Information Required** Make Check Payable to:

Full Mailing Address:

**Wire Transfer (U.S. and international) Information Required**

Wire Transfer Account Name:

Bank Name and Address:

Address Continued:

Swift Code:

Account Number:

Other important information:

***Note****: It is the responsibility of the (Arch)Diocese to inform us of any information changes to the above data*

**Deadline for your MCP Application is December 1, 2017**

Typed application can be emailed to: friesenm@archspm.org

Typed application can also be mailed to: Center for Mission 777 Forest Street  
St. Paul, Minnesota 55106   
USA   
FAX (651) 291 - 4467

**a letter of acceptance will be mailed out by february 2018**

**Questions?** Contact Deacon Mickey Friesen  
Center for Missions Director  
651.291.4445, or [friesenm@archspm.org](mailto:friesenm@archspm.org)

**For office use only: \_\_\_\_\_\_\_\_Appeals Accepted \_\_\_\_\_\_\_\_Dates Received \_\_\_\_\_\_\_Testimonial Form(s) Received**