



THE PONTIFICAL MISSION SOCIETIES of BOSTON

66 Brooks Drive Braintree, MA 02184 USA

Phone (617) 542-1776 • info@propfaithboston.org • www.propfaithboston.org

MISSION COOPERATIVE PLAN (MCP) APPLICATION GUIDELINES & REQUIREMENTS

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

To be considered for our Mission Cooperative Plan, the following prerequisites must be followed:

- MCP Application must be filled out completely (any blank field will result in application being returned).
- An Original "Letter of Request" must be stamped and signed by the local Ordinary, Religious Superior, or Head of Mission Organization granting your representative permission to apply for MCP in Boston (copies will not be accepted).
- The Application Packet (application + letter of request) must be postmarked before December 1st (no exceptions).

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

- A description of the work done by your (Arch)diocese, religious order, or mission organization
- Reasons why your (Arch)diocese, religious order, or mission organization should be considered for participation in our MCP
- How the MCP funds from Boston parish(es) will be concretely used
- Who will directly benefit from these funds
- Verify that any person who will make the appeal and travel to the U.S. holds a valid and current traveling U.S. visa
- Verify that any speaker sent to the Archdiocese of Boston is able to provide signed copies of Boston's suitability form, Boston's Code of Conduct, and proof of completion of a Child Protection Program
- Be stamped with an original signature of your local Ordinary, Religious Superior, or Head of Mission Organization

Things to keep in mind:

- Receipt of this application does not indicate acceptance in the Mission Cooperative Plan.
- You agree that you will not take names or addresses from parishioners nor hand out/leave promotional brochures/flyers for the purpose of fundraising.
- No money is to be accepted by the speaker.
- 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.
- If you do not hear from us by March 1st, you have not been accepted and may apply for the next calendar year. Restrictions and rules may change.
- If you are accepted in the MCP, assigned copies of Boston's suitability form, Boston's Code of Conduct, and proof of completion of a Child Protection Program for every individual assigned to speak must be mailed to our office. All necessary forms will be sent to you upon acceptance to the program.
- **MCP application packet must be postmarked by December 1st and mailed to:
Pontifical Mission Societies of Boston 66 Brooks Drive, Braintree, MA 02184, USA**



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MISSION COOPERATIVE PLAN (MCP) APPLICATION FOR 2024

DEADLINE: DECEMBER 1, 2023

PART I

APPLICANT : _____

THIS IS A: (ARCH)DIOCESE PRELATURE VICARIATE RELIGIOUS CONGREGATION MISSION ORGANIZATION

NAME OF BISHOP/SUPERIOR: _____

ADDRESS: _____

PHONE: _____

E-MAIL: _____

OTHER LANGUAGE(S) SPOKEN BY SPEAKERS: _____

LIST A LOCAL CONTACT IN THE UNITED STATES

NAME: _____

ADDRESS: _____

PHONE: _____

E-MAIL: _____

PART II

COUNTRY WHERE PROJECT IS LOCATED: _____

NUMBER OF PEOPLE SERVED BY PROJECT: _____

HOW WILL MCP FUNDS BE USED: _____

PART III

HAVE YOU BEEN INCLUDED IN THE MISSION COOPERATIVE PLAN FOR THE ARCHDIOCESE OF BOSTON IN THE PAST?

YES

NO

IF YES, WHEN: _____

APPLICATION PACKET CHECKLIST

- 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, 2022**

NAME: _____

SIGNATURE: _____

DATE: _____