## Mission Cooperation Plan (MCP), Office of the Missions, Diocese of San Diego Application for 2025

Name of Mission Society or Dioc	ese:			
It is a: ☐(Arch)diocese, ☐ Vicariate, ☐ Religious Society or Congregation, ☐ Other				
Name of the Bishop/Superior:		, ,	,	
Address:				
Phone:			Email:	
Name of the US based Contact				
Address:				
·				
Phone:	Cell Phone:		Email:	
Name of the speaker:				
Phone:	Cell Phone:		Email:	
All speakers must be fluent in English. Specify other languages the speaker can speak.				
☐ Spanish, ☐ Vietnamese, ☐ Korean, ☐ Chinese, ☐ Polish, ☐ Other				
Web site or social media platform where we can				
find more information about your mission work,				
diocese or mission group.				
Please share with us something specific about your project. (Use additional page if necessary)				
How will the MCP funds be used? (Use additional page if necessary)				
Have you been included in the MCP of the Diocese of San Diego?  If yes, indicate the years:				
Name:		Signature:		Date: