Mission Cooperation Plan (MCP), Office of the Missions, Diocese of San Diego Application for 2026

| Name of Mission Society or Dio | cese: | |
|---|-------------------|--------|
| It is a: | | |
| 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 yo | our mission work, | |
| diocese or mission group. Please share with us something specific about your project. (Use additional page if necessary) | | |
| Please share with us something specific about your project. (Use additional page if flecessary) | | |
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| How will the MCP funds be used? (Use additional page if necessary) | | |
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| Have you been included in the MCP of the Diocese of San Diego? If yes, indicate the years: | | |
| Name: | Signature: | Date: |
| Office for the Missions, Diocese of San Diego, Diocesan Pastoral Center, P.O Box 82386, San Diego, CA 92138. | | |

DLai@sdcatholic.org