2018 MISSIONARY COOPERATIVE PLAN (MCP)				
	Archdiocese of Miami		Name of Mission Diocese/ Congregation or other Cause:	
	Propagation of the	ission Office	Please circle one:	
		agation of the Faith on Cooperative Plan	Archdiocese ~	Diocese ~ Vicariate ~ Prefecture ~ Religious
	Phone: 305-76	62-1236 Fax: 305-762-1249 hoffice@theadom.org	Congregation	 Organization ~ Other
(Direct contact information for the mission cause is required, even if a USA representative is submitting application)				
Name of Bishop/ Superior/ Director:				Phone:
Address:				Fax:
Country				Email: (Required)
Name/Title of Contact Person in the United States: (if invited, this contact will receive future correspondence regarding the MCP, however the direct contact information for the mission cause is required)				Phone: (Required)
Address:				Fax:
City, State, Zip/ Posta	al Code:			Email: (Required)
Please check additional languages spoken by those that will make the appeal: <u>English is required</u> (Note: <u>most parishes</u> have Sunday masses in Spanish or other language; it is not possible to accommodate for only English speaking group of parishes.)				
Spo	anish	_ Haitian Kreyol	_ French	Other
 All applications for the 2018 Mission Cooperative Plan must be completed fully, and returned to the Mission office by the deadline of December 1, 2017 –via email or fax. No late applications will be considered. Determinations will be made in January 2018. Acceptance letters will be sent sometime in January or February of 2018. If you do not receive any communication by the end of February 2018, please feel free to resubmit a new application for MCP 2018. Only approved applicants will receive a list of parish assignments. Please note that a Certificate of Aptitude or appropriate form must be completed for each speaker, with the original seal and signature and it must be received in this office by March 1st, 2018. A list of parishes will be issued only after the ORIGINAL certificate for the speaker has been received via regular mail; no fax copies or email attachments of this form will be accepted. 				
By signing below the applicant confirms having read the <u>MCP Information and Guidelines</u> and that the mission cause will comply with the stated requirements and deadlines:				
SIGNATURE:			PRINT NAME	