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

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)		
Thease share with as something specific about your project. (ose additional page if necessary)		
How will the MCP funds be used? (Use additional page if necessary)		
Have you been included in the MCD of the Disease of Can Disease		
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.		

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