

ROMAN CATHOLIC DIOCESE OF HAMILTON (CANADA)

MISSION CO-OPERATIVE PROGRAM APPLICATION FORM

(also available at <http://hamiltondiocese.com/missionary-coop.php>)

Please indicate the year for which you are applying _____

The mandate of the Mission Co-operative Program is to promote the Gospel of Jesus Christ in developing countries by:

- (a) Providing food, clean water, clothing, medical and dental care and supplies, tuition, school supplies, and literacy training to those in need in developing countries;
- (b) Supporting the on-going formation of missionaries in the evangelization of the Word of God;
- (c) Supporting the work of catechists in developing countries;
- (d) Educating the parishes of the Dioceses of Hamilton about the work of missionaries and missionary groups.

For applicants from an (Arch)Diocese

Name of (Arch)Diocese	
Name of Ordinary	

For applicants from a Religious Order

Name of Religious Order	
Name of Superior	

Address			
Phone		Fax	
e-mail			

Name of Speaker Presenting	
Languages spoken by the Speaker	

If the Religious Order has an office in Canada and has been issued a Canada Revenue Agency Charitable Registration Number, and will report the proceeds from the presentation directly to Canada Revenue Agency, please provide the following information:

Canada Revenue Agency Charitable Registration Number					
Contact Person					
Legal Name					
Address					
City		Prov.		Postal Code	
Telephone					
e-mail (if applicable)					

To comply with Canada Revenue Agency requirements, participants of the Mission Co-Operative program are required to provide a report outlining the use of the proceeds from the presentation. This report must show that the proceeds were used for the projects approved in their application and must be received by our Office no later than December 31 of the following year. **Future participation in the program will be contingent upon the receipt of this report**

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Description of the use of funds from the Mission Co-Op Program:

Please provide a detailed statement of the activities that you propose to assist the Mission Co-op achieve its mandate. In particular, provide information about what you plan to do, how you plan to do it, when you plan to do it, where you plan to do it, who will benefit and a budget.

Please accept this application for participation in the Mission Co-Operative Program. Due to the volume of requests, I understand that acceptance into the Program does not guarantee participation in subsequent years.

Applicant Signature	
Applicant Title	
Date	

Applicant			
Address			
Telephone		Fax	
e-mail			

If the applicant is not the Ordinary of the (Arch)Diocese, a letter of authorization from the Ordinary must accompany this application.

If the applicant is not the Superior of the Order, a letter of authorization from the Superior must accompany this application