

ROMAN CATHOLIC DIOCESE OF HAMILTON (CANADA)
MISSION CO-OPERATIVE PROGRAM APPLICATION FORM / AGREEMENT

Please indicate the year for which you are applying _____
*Applications must be received in the year **prior** to that 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/dental care and supplies, tuition, school supplies, literacy training to those in need
 - (b) Supporting the on-going formation of missionaries in the evangelization of the Word of God
 - (c) Supporting the work of catechists
 - (d) Educating the parishes of the Diocese of Hamilton about the work of missionaries and missionary groups

Name of (Arch)Diocese or Religious Order	
Name of Ordinary or Superior	

Address			
Telephone		Web site	
E-mail			

Name of Speaker(s) Presenting			
Languages spoken by the Speaker(s)			

To comply with Canada Revenue Agency requirements, all participants of the Mission Co-Operative program are required to provide a 'use-of-funds' report. This report must show that the proceeds were used for the projects approved in their application; the report must be received by the Mission Co-operative Office no later than March 1 of the year following the presentation. **Future participation in the program will be contingent upon the receipt of this report**

If the Religious Order has an office in Canada, has been issued a Canada Revenue Agency (CRA) Charitable Registration Number (qualified donee) and will report the proceeds from the presentation directly to the Canada Revenue Agency, please provide the information below. Qualified donees are NOT required to complete the Use-of-Funds report.

Please complete this section only if you are a charity which is registered in Canada

CRA Charitable Registration Number				
Charity Contact Person				
Legal Name of Charity				
Address				
City		Prov.		Postal Code
Telephone				
E-mail (if applicable)				

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Description of how your activities will promote the mandate of the Mission Co-Operative Program:

Please provide a detailed statement of the activities that you propose to assist the Mission Co-operative achieve its mandate. **Do not attach brochures.** In particular, provide information about the following:
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, 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.

If accepted into the Program, we agree that this application will form the basis of an agreement between us and Mission Co-operative. **We will provide a complete use-of-funds report as well as progress reports.** We confirm that any monies which we receive will only be used to further the programs as outlined above and consistent with the Mission Co-operative mandate. We will provide report(s) to verify the activities and agree to be audited at any time and without notice by Mission Co-operative. We also agree that the funds may be withdrawn or withheld by Mission Co-operative at any time for non-compliance with its mandate.

Below, please provide information on the person with whom we should communicate:

Applicant Name	
Applicant Title	
Applicant Signature	

Applicant Address (if different from page 1)	
E-mail	
Telephone	
	Date

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

Mission Co-operative Program (Diocese of Hamilton), 700 King Street West, Hamilton, Ontario L8P 1C7
 (t) 905-528-7988 x 2247: (f) 905-528-1088: (e) missioncoop@hamiltondiocese.com