



DIOCESE^{of} BEAUMONT

2022-2023 Mission Co-Op Program

General Guidelines for Application

Required

- I. Missions must complete and submit a new application each year. A copy of this form will be automatically emailed upon completion for your records.
- II. Letter of Recommendation - If accepted into the MCP, an ORIGINAL letter of recommendation must be stamped and signed from your local bishop, superior, or board president. The letter must indicate that the missionary is in good standing, giving assurance that there is no known prior action or accusation, which would be detrimental to the Christian faithful. **Copies will not be accepted.** Please be aware that we can only accept letters of recommendation that are dated within 12-weeks of the appeal.
- III. A copy of the cleric's celebrant card.
- IV. Verification of mission's status. We will accept a copy of the page you are located in the newest edition of either The Official Directory, published by P.J. Kenedy and Sons, or the Annuario Pontificio.

Missionary Responsibilities

- I. Follow Up with Host Parish: After receiving your parish assignment, it will be the responsibility of the missionary to make contact with the pastor to discuss the specifics of the appeal weekend (arrival time to the parish, when during the mass the appeal will take place, etc.)
- II. Travel and Lodging: The visiting missionary is responsible for all travel and lodging arrangements. We will let you know in advance if the host parish is able to assist with travel or lodging, but if they are not, please do not expect the parish to arrange for you.
- III. Upon arrival to the parish, the visiting missionary should notify the parish contact. A parish representative should accompany visitors at all times.
- IV. The missionary will speak at all the Masses.
 - a. The pastor will advise the missionary on the preferred time to speak during the mass.
 - b. The pastor may give the missionary permission to speak to other groups in the parish; however, at these times no additional collections are to be made.
 - c. The missionary may not solicit names and/or addresses of potential donors. d. The missionaries may not distribute envelopes. There is to be no sale of goods or further solicitation of funds beyond the appeal.
- V. A second collection will be taken at each Mass for the appeal.
 - a. The pastor will forward the collection directly to the Office of Stewardship and Development for accountability and audit. No donation is to be given to the missionary on the day of appeal.
 - b. Money will be sent to the missionary group by check
 - c. Checks will only be sent in the name of the Bishop or Provincial of the diocese or congregation indicated in the Payment Form.



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Thank you for your application to the Diocese of Beaumont. Applications for 2022-2023 will be accepted until June 30, 2022. Approved missions will receive a letter from the Diocese of Beaumont. Please be advised that you will only hear from us if your mission group is accepted.

You can email or mail your application to:

Office of Stewardship & Development

Mission Co-Op Program

P.O. Box 3948

Beaumont, TX 77704-3948

Phone: (409) 924-4327

stewardship@dioceseofbmt.org



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Name of Missionary Requesting Participation: _____

Diocese/Religious Order/Missionary Group (Arch/Diocese, Religious Order-Men or Women, Lay Missionary Group/ Organization): _____

Mailing Address: _____

Website (Copy and Paste URL, including https://): _____

Telephone Number _____ Fax Number _____

E-mail Address _____

Name of Contact Person in United States: _____

Address: _____

Telephone Number _____ E-Mail Address _____

Please respond to the following by circling Yes or No.

Have you participated in our diocese previously? Yes No

Are you a MCP participant in other dioceses in the U.S.? Yes No
(when / how often?) _____

Do you have a religious affiliation/personal contact in the diocese? Yes No

Name of group, person, town/city? _____



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Will the person be able to celebrate the liturgy of the Mass?

Yes No

Payment Information:

Archdiocese/Diocese/Congregation Name: _____

Name of Bishop/Superior: _____

Mailing Address for Check: _____

Purpose of the Appeal

How do you plan to use the MCP appeal monies? Who will directly benefit from the funds received from the appeal?

Other comments: (If a new applicant, please provide referrals from other dioceses visited.)

PLEASE RETURN THIS COMPLETED APPLICATION VIA MAIL OR EMAIL ONLY TO:

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Phone: (409) 924-4327
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