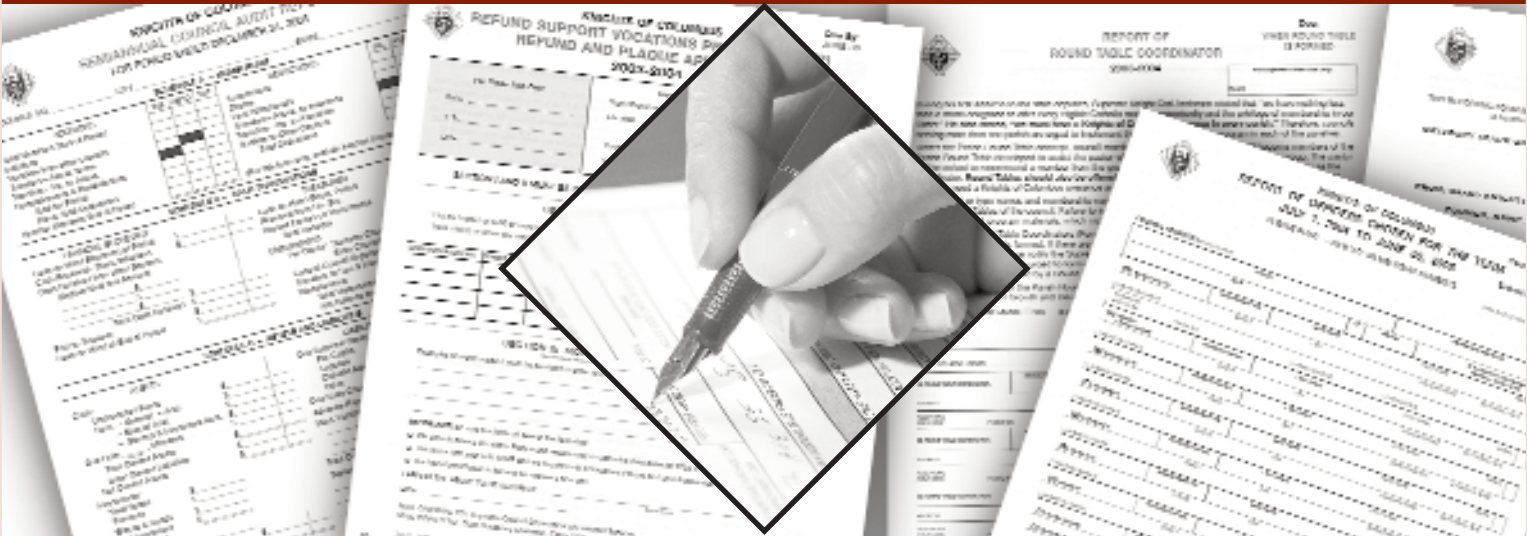


COUNCIL REPORT Forms Booklet



**KNIGHTS
OF COLUMBUS**



This *Council Report Forms Booklet* (#1436) and the Knights of Columbus web site, kofc.org/forms, contain many of the important reports and forms your council is expected to submit during the fraternal year.

The forms included in this booklet are arranged in the order of deadline dates for each form. The due date is also located in the upper right hand corner of each form. Grand knights, financial secretaries and program directors should review this booklet monthly to ensure that the council is filing the forms when they are due. The tab of each form contains the proper mailing address and e-mail address of the Supreme Council office.

If necessary, your council is responsible for sending copies of each report to the appropriate state/district officials. A copy of the form must always be kept for your council's files.

NOTE: Your council should record the actual date on which the form was mailed to the Supreme Council office in the space provided.

Any questions concerning the Council Report Forms Booklet (#1436) or on the forms themselves should be directed to: Supreme Council Department of Fraternal Services, 1 Columbus Plaza, New Haven, CT 06510-3326 or by telephone (203) 752-4270 or by email: fraternalservices@kofc.org.

FORM/DEADLINE CHECKLIST

FORM	REPORT	PAGE	DUE BY	DATE SENT
1295	SEMI ANNUAL COUNCIL AUDIT REPORT	1	AUGUST 15	_____
SC-KIT	SOCCER CHALLENGE KIT ORDER FORM	3	AUGUST 15	_____
EA-KIT	ESSAY CONTEST COMPETITION KIT ORDER FORM	3	SEPTEMBER 1	_____
CPC-KIT	CHRISTMAS POSTER CONTEST KIT ORDER FORM	5	OCTOBER 1	_____
FT-KIT	FREE THROW COUNCIL COMPETITION KIT ORDER FORM	7	NOVEMBER 1	_____
SA-KIT	SUBSTANCE ABUSE AWARENESS POSTER CONTEST KIT ORDER FORM	7	DECEMBER 1	_____
4567	SOCCER CHALLENGE PARTICIPATION REPORT FORM	27	NOVEMBER 1	_____
2630	ANNUAL REPORT KNIGHTS OF COLUMBUS ROUND TABLE	9	JANUARY 15	_____
FT-1	FREE THROW CHAMPIONSHIP PARTICIPATION REPORT	11	JANUARY 31	_____
1728	ANNUAL SURVEY OF FRATERNAL ACTIVITY REPORT	15	JANUARY 31	_____
4584	PARTNERSHIP PROFILE REPORT WITH SPECIAL OLYMPICS	17	JANUARY 31	_____
5023	CHRISTMAS POSTER CONTEST REPORT FORM	19	JANUARY 31	_____
1295	SEMIANNUAL COUNCIL AUDIT REPORT	21	FEBRUARY 15	_____
4001	SUBSTANCE ABUSE AWARENESS POSTER CONTEST PARTICIPATION FORM	25	MARCH 31	_____
10057	FOOD FOR FAMILIES REIMBURSEMENT PROGRAM	31	JUNE 30	_____
SP7	COLUMBIAN AWARD APPLICATION	33	JUNE 30	_____
185	REPORT OF OFFICERS CHOSEN FOR TERM JULY 1, 20__-JUNE 30, 20__	35	JULY 1, 20__	_____
365	SERVICE PROGRAM PERSONNEL REPORT FOR THE TERM JULY 1, 20__-JUNE 30, 20__	37	AUGUST 1, 20__	_____
1728A	SURVEY OF FRATERNAL ACTIVITY INDIVIDUAL MEMBER WORKSHEET	13	AS NEEDED	_____
STSP	STATE COUNCIL SERVICE PROGRAM AWARDS ENTRY FORM	23	AS NEEDED	_____
2863	RSVP REFUND/PLAQUE APPLICATION	29	AS NEEDED	_____
532	REQUISITION FOR FIRST DEGREE CEREMONIALS	39	AS NEEDED	_____
2935	COLUMBIAN SQUIRES INQUIRY KIT ORDER FORM	41	AS NEEDED	_____
4885	ULTRASOUND MACHINE PURCHASE PROGRAM GUIDELINES	43	AS NEEDED	_____
4886	ULTRASOUND MACHINE INITIATIVE APPLICATION	44	AS NEEDED	_____
5029	COATS FOR KIDS ORDER FORM	45	AS NEEDED	_____
2629	NOTICE OF APPOINTMENT OF ROUND TABLE COORDINATOR	47	AS NEEDED	_____
10092	PARTNERSHIP PROFILE REPORT WITH HABITAT FOR HUMANITY	49	AS NEEDED	_____
10071	GLOBAL WHEELCHAIR REPORT FORM	51	AS NEEDED	_____



Due By: **AUGUST 15**

COUNCIL NO. _____ CITY _____ STATE _____

SCHEDULE A – MEMBERSHIP

ADDITIONS	INS.			ASSO.			TOT.		
	INS.	ASSO.	TOT.	INS.	ASSO.	TOT.	INS.	ASSO.	TOT.
Total members start of period									
Initiations									
Transfers from other councils									
Transfers—assoc. to insurance									
Transfers—ins. to associate									
Re-entries									
Total for period									
Minus total deductions									
Number members end of period									

DEDUCTIONS	INS.			ASSO.			TOT.		
	INS.	ASSO.	TOT.	INS.	ASSO.	TOT.	INS.	ASSO.	TOT.
Suspensions									
Deaths									
Withdrawals									
Transfers—assoc. to insurance									
Transfers—ins. to associate									
Transfers to other councils									
Total deductions									

Do not include inactive insurance members in this section. See Knights of Columbus Leadership Resources (#5093) booklet.

Our council uses Member Management/Member Billing. The requirement for completing Schedule A is satisfied.

SCHEDULE B – CASH TRANSACTIONS

FINANCIAL SECRETARY		TREASURER	
Cash on hand beginning of period	\$ _____	Cash on hand beginning of period	\$ _____
Cash received—dues, initiations	\$ _____	Received from financial secretary	\$ _____
Cash received from other sources: (Explain kind and amount)	_____	Transfers from sav./other accts.	\$ _____
_____ \$ _____		Interest earned	\$ _____
_____ \$ _____		Total receipts	\$ _____
_____ \$ _____		Disbursements	
Total cash received	\$ _____	Per capita: Supreme Council	\$ _____
Transferred to treasurer	\$ _____	State council	\$ _____
Cash on hand at end of period	\$ _____	General council expenses	\$ _____
		Transfers to sav./other accts.	\$ _____
		Miscellaneous	\$ _____
		Total disbursements	\$ _____
		Net balance on hand	\$ _____

SCHEDULE C – ASSETS AND LIABILITIES

ASSETS		LIABILITIES	
Cash:		Due Supreme Council:	
Undeposited funds	\$ _____	Per capita	\$ _____
Bank — Checking acct.	\$ _____	Supplies	\$ _____
— Savings acct.	\$ _____	Catholic advertising	\$ _____
— Money market accts.	\$ _____	Other	\$ _____
Due from _____ members	\$ _____	Due state council	\$ _____
Total current assets	\$ _____	Advance payments by _____ members	\$ _____
Less: current liabilities	\$ _____	Misc. liabilities	\$ _____
Net current assets	\$ _____	_____	\$ _____
Other Assets:		_____	\$ _____
Short term CD	\$ _____	_____	\$ _____
Money Market		Total current liabilities	\$ _____
Mutual Funds	\$ _____	Signed this _____ day of _____ 20 _____	
Misc. assets	\$ _____	_____ Grand Knight	
Total other assets	\$ _____	_____ Trustee	
Total assets	\$ _____	_____ Trustee	
		_____ Trustee	

Please complete all items. Insert "None" where no figures are to be shown. **SEND ONE COPY TO: Council Accounts** **COPIES TO: State Deputy, District Deputy, Council File**

Email: council.accounts@kofc.org
Fax: 203-752-4103
Mail: 1 Columbus Plaza, New Haven, CT 06510

Available in electronic format at kofc.org/forms

Detach and mail to: Knights of Columbus Supreme Council Office, Council Accounts
1 Columbus Plaza, New Haven, CT 06510-3326 or Email: council.accounts@kofc.org

Catholic Citizenship Essay Contest

Competition Kit Order Form



**KNIGHTS
OF COLUMBUS**

All materials needed to participate in the Knights of Columbus Essay Contest are included in the Essay Contest Kit available from the Supreme Council office. Councils should coordinate the scheduling of their contest with participating school(s) and order their kits at least 4 weeks ahead of time.

Complete the Essay Contest Kit entry form and submit it to the Department of Fraternal Services. Please type or print all required information since this will be used as your shipping label. (Street addresses only. No P.O. Boxes.) To avoid duplicate orders, please be certain that only one person in your council is responsible for ordering Essay Contest Kits. Each Essay Contest Kit contains the following items:

- 1 #4216 Essay Contest Participation Report Form
- 5 #4202 Official Contest Guide
- 75 #4206 Participation Certificate
- 75 #4208 Entry Form/Judging Sheet
- 5 #4209 Promotional Poster
- 5 #4214 Generic Winner Certificate
- 5 #4207 1st Place Certificate
- 5 #4865 2nd Place Certificate
- 5 #4866 3rd Place Certificate

EA-KIT 8/14

Available in electronic format at kofc.org/forms

KNIGHTS OF COLUMBUS Supreme Office
1 COLUMBUS PLAZA NEW HAVEN CT 06510-3326

Catholic Citizenship Essay Contest Kit Order Form

- ___ Number of Kits in English
- ___ Number of Kits in French
- ___ Number of Kits in Spanish

Name _____ Title _____

Membership No. _____ Council No. _____

Street _____

City _____ State/Province _____ Postal Code _____

			P.P. <input type="checkbox"/> Sp. D.		
			<input type="checkbox"/> Air M.		
/	/		U.P.S. <input type="checkbox"/> 1st. Cl.		
Picked by	Packed by	Date Shipped	How Shipped	No. Pkgs.	Weight

Available in electronic format at kofc.org/forms

Soccer Challenge

Competition Kit Order Form



**KNIGHTS
OF COLUMBUS**

All materials needed for conducting a council-level Knights of Columbus Soccer Challenge are included in the Soccer Challenge Kit available from the Supreme Council office. **Councils should order their kit at least 4 weeks in advance** to have the proper materials on hand for the competition. **9 year old boys and girls will now be eligible.**

Complete the label to the right and submit it to the Department of Fraternal Services by early August. Please type or print all required information since this will also be used as your shipping label. (Street address only. No P.O. Boxes.) To avoid duplicate orders, please be sure that only one person in your council is responsible for ordering the Soccer Challenge Kit. Each Soccer Challenge Kit contains the following items:

- 1 #4567 Soccer Challenge Participation Report Form
- 5 #4571 Soccer Challenge Poster
- 5 #4572 Soccer Challenge Poster
- 75 #4573 Soccer Challenge Participation Certificates
- 75 #4578 Entry Form Score Sheets
- 12 #4575 Council Champion Certificates
- 1 #4576 Soccer Challenge Program Guide

SC-KIT 8/14

KNIGHTS OF COLUMBUS Supreme Office
1 COLUMBUS PLAZA NEW HAVEN CT 06510-3326

Soccer Challenge Kit Order Form

- ___ Number of Kits in English
- ___ Number of Kits in French
- ___ Number of Kits in Spanish

Name _____ Title _____

Membership No. _____ Council No. _____

Street _____

City _____ State/Province _____ Postal Code _____

			P.P. <input type="checkbox"/> Sp. D.		
			<input type="checkbox"/> Air M.		
/	/		U.P.S. <input type="checkbox"/> 1st. Cl.		
Picked by	Packed by	Date Shipped	How Shipped	No. Pkgs.	Weight

Keep Christ in Christmas

Poster Contest Order Form



**KNIGHTS
OF COLUMBUS**

The materials necessary for conducting a Knights of Columbus Keep Christ in Christmas Poster Contest are available from the Supreme Council Office. Council should be ready to get started by early November. **Plan to order your kit by October 1st to be able to get everything ready for your competition.**

Complete the label to the right and submit it to the Department of Fraternal Services. Please type or print all required information since this will also be used as your shipping label. (Street addresses only. No P.O. Boxes.) To avoid duplicate orders, please be sure that only one person in your council is responsible for ordering the Keep Christ in Christmas Poster Kit. Each kit contains the following items:

- 3 #5022 Council Winner Certificates
- 1 #5023 Keep Christ in Christmas Poster Contest Report Form
- 1 #5024 Keep Christ in Christmas Program Guide
- 75 #5025 Entry/forms/Judging Sheets
- 5 #5026 Keep Christ in Christmas Poster #1
- 75 #5028 Participation Certificate

CPC-KIT 8/14

KNIGHTS OF COLUMBUS Supreme Office

1 COLUMBUS PLAZA NEW HAVEN CT 06510-3326

Keep Christ in Christmas Kit Order Form

Please Print _____ Number of Kits in English
 _____ Number of Kits in French
 _____ Number of Kits in Spanish

Name _____ / ____ / ____ Competition Date

Title _____ Council No. _____

Street _____

City _____ State/Province _____ Postal Code _____

/ /			P.P. <input type="checkbox"/> Sp. D.		
			<input type="checkbox"/> Air M.		
			U.P.S. <input type="checkbox"/> 1st. Cl.		
Picked by	Packed by	Date Shipped	How Shipped	No. Pkgs.	Weight

Available in electronic format at kofc.org/forms

Detach and mail to: Knights of Columbus Supreme Council Office, Department of Fraternal Services
 1 Columbus Plaza, New Haven, CT 06510-3326 or Fax to: (203) 752-4108 or Email: fraternalservices@kofc.org

Substance Abuse Awareness

Poster Contest Kit Order Form



**KNIGHTS
OF COLUMBUS**

The materials necessary for conducting a Knights of Columbus Substance Abuse Awareness Poster Contest are available in the Substance Abuse Awareness Poster Contest Kit available from the Supreme Council office. Councils should be ready to get started early in the new year. **Plan to order your kit at least 4 weeks before your competition.**

Complete the label to the right and submit it to the Department of Fraternal Services. Please type or print all required information since this will also be used as your shipping label. (Street addresses only. No P.O. Boxes.) To avoid duplicate orders, please be sure that only one person in your council is responsible for ordering the Substance Abuse kit. Each kit contains the following items:

- 10 #4015 Council Winner Certificate
- 1 #4001 Substance Abuse Awareness Poster Contest Report Form
- 1 #4112 Substance Abuse Awareness Program Guide
- 75 #4000 Entry Form/Judging Sheet
- 5 #4537-A Substance Abuse Awareness Poster #1
- 5 #4537-B Substance Abuse Awareness Poster #2
- 75 #4016 Participation Certificate

SA-KIT 8/14

KNIGHTS OF COLUMBUS Supreme Office
1 COLUMBUS PLAZA NEW HAVEN CT 06510-3326

Substance Abuse Awareness Kit Order Form

Please Print _____ Number of Kits in English
 _____ Number of Kits in French
 _____ Number of Kits in Spanish

_____/_____/_____
 Name _____ Competition Date _____

 Title _____ Council No. _____

 Street _____

_____/_____/_____
 City _____ State/Province _____ Postal Code _____

_____/_____/_____			P.P. <input type="checkbox"/> Sp. D.		
			<input type="checkbox"/> Air M.		
			U.P.S. <input type="checkbox"/> 1st. Cl.		
Picked by	Packed by	Date Shipped	How Shipped	No. Pkgs.	Weight

Available in electronic format at kofc.org/forms

Available in electronic format at kofc.org/forms

Free Throw Championship

Competition Kit Order Form



**KNIGHTS
OF COLUMBUS**

All materials needed for conducting a council-level Knights of Columbus Free Throw competition are included in the Free Throw Competition Kit available from the Supreme Council office. **Councils should order their kit at least 4 weeks in advance** to have the proper materials on hand for their competition. **9 year old boys and girls will now be eligible.**

Complete the label to the right and submit it to the Department of Fraternal Services by early November. Please type or print all required information since this will also be used as your shipping label. (Street addresses only. No P.O. Boxes.) To avoid duplicate orders, please be sure that only one person in your council is responsible for ordering the Free Throw Kit. Each Free Throw Kit contains the following items:

- 1 #FT-1 Free Throw Participation Report Form
- 5 #1596 On The Rim
- 5 #1686 Step Up To The Line
- 75 #1597 Free Throw Participation Certificates
- 75 #1598 Entry Form/Score Sheets
- 12 #1809 Council Champion Certificates
- 1 #1928 Free Throw Program Guide

FT-KIT 8/14

KNIGHTS OF COLUMBUS Supreme Office
1 COLUMBUS PLAZA NEW HAVEN CT 06510-3326

Free Throw Kit Order Form

Please Print _____ Number of Kits in English
 _____ Number of Kits in French
 _____ Number of Kits in Spanish

_____/_____/_____
 Name _____ Competition Date _____

 Title _____ Council No. _____

 Street _____

_____/_____/_____
 City _____ State/Province _____ Postal Code _____

_____/_____/_____			P.P. <input type="checkbox"/> Sp. D.		
			<input type="checkbox"/> Air M.		
			U.P.S. <input type="checkbox"/> 1st. Cl.		
Picked by	Packed by	Date Shipped	How Shipped	No. Pkgs.	Weight

Detach and mail to: Knights of Columbus Supreme Council Office, Department of Fraternal Services
1 Columbus Plaza, New Haven, CT 06510-3326 or Fax to: (203) 752-4108 or Email: fraternalservices@kofc.org



An Annual Report should be submitted for every Parish Round Table sponsored by your council. Make photocopies of this blank form for use in completing each report. Include the numbers in the Annual Survey of Fraternal Activity (#1728).

Date: _____

Due By: JAN. 15

Parent Council No. _____

Name of Parish/Diocese

City and State/Province

1. Number of members of the Knights of Columbus in parish: _____

2. Number of new members recruited this year: _____

3. Knights of Columbus man-hours of service to parish:

a. Maintenance of parish property hrs. _____

b. Social Justice (aid to elderly, handicapped, St. Vincent de Paul etc.) hrs. _____

c. C.C.D. program hrs. _____

d. Parish fund raising hrs. _____

e. Liturgical participation (lectors, readers, commentators, choir). hrs. _____

f. Youth work (Columbian Squires, Scouting, sports, teen club, CYO) hrs. _____

g. Others hrs. _____

Total Man-hours: _____

4. Has your grand knight held the recommended annual review with the pastor? _____

Briefly describe the most meaningful activities conducted by the members of the Knights of Columbus Round Table in your parish during the year.

Remarks/General Observations: _____

Spanish speaking Round Table.

Coordinator _____
name membership number

Name: _____
Pastor

Available in electronic format at kofc.org/forms

MAIL ORIGINAL TO: Grand Knight of Sponsoring Council

MAIL COPIES TO: State Deputy, District Deputy, State Round Table Chairman, Council File

Detach and mail to: Knights of Columbus Supreme Council Office, Department of Fraternal Services
1 Columbus Plaza, New Haven, CT 06510-3326 or Fax to: (203) 752-4108 or Email: fraternalservices@kofc.org

Round Table Coordinator for next year

(1) ROUND TABLE COORDINATOR:	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL
------------------------------	-------------------	-----------	------------	---------

ADDRESS	STREET	CITY	STATE	ZIP
---------	--------	------	-------	-----

TELEPHONE AREA CODE	PHONE NO.	PARISH:	CITY
---------------------	-----------	---------	------

(2) ROUND TABLE COORDINATOR:	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL
------------------------------	-------------------	-----------	------------	---------

ADDRESS	STREET	CITY	STATE	ZIP
---------	--------	------	-------	-----

TELEPHONE AREA CODE	PHONE NO.	PARISH:	CITY
---------------------	-----------	---------	------

(3) ROUND TABLE COORDINATOR:	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL
------------------------------	-------------------	-----------	------------	---------

ADDRESS	STREET	CITY	STATE	ZIP
---------	--------	------	-------	-----

TELEPHONE AREA CODE	PHONE NO.	PARISH:	CITY
---------------------	-----------	---------	------

(4) ROUND TABLE COORDINATOR:	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL
------------------------------	-------------------	-----------	------------	---------

ADDRESS	STREET	CITY	STATE	ZIP
---------	--------	------	-------	-----

TELEPHONE AREA CODE	PHONE NO.	PARISH:	CITY
---------------------	-----------	---------	------

(5) ROUND TABLE COORDINATOR:	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL
------------------------------	-------------------	-----------	------------	---------

ADDRESS	STREET	CITY	STATE	ZIP
---------	--------	------	-------	-----

TELEPHONE AREA CODE	PHONE NO.	PARISH:	CITY
---------------------	-----------	---------	------

(6) ROUND TABLE COORDINATOR:	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL
------------------------------	-------------------	-----------	------------	---------

ADDRESS	STREET	CITY	STATE	ZIP
---------	--------	------	-------	-----

TELEPHONE AREA CODE	PHONE NO.	PARISH:	CITY
---------------------	-----------	---------	------

(7) ROUND TABLE COORDINATOR:	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL
------------------------------	-------------------	-----------	------------	---------

ADDRESS	STREET	CITY	STATE	ZIP
---------	--------	------	-------	-----

TELEPHONE AREA CODE	PHONE NO.	PARISH:	CITY
---------------------	-----------	---------	------

(8) ROUND TABLE COORDINATOR:	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL
------------------------------	-------------------	-----------	------------	---------

ADDRESS	STREET	CITY	STATE	ZIP
---------	--------	------	-------	-----

TELEPHONE AREA CODE	PHONE NO.	PARISH:	CITY
---------------------	-----------	---------	------

MAIL ORIGINAL TO: Supreme Council Membership Growth Department

MAIL COPIES TO: State Deputy, District Deputy, State Round Table Chairman, Council File _____ Grand Knight

Available in electronic format at kofc.org/forms

FREE THROW PARTICIPATION REPORT FORM

Due By:
January 31

PLEASE INDICATE THE NUMBER OF PARTICIPANTS IN YOUR COUNCIL CONTEST:

AGE GROUPS	9	10	11	12	13	14	TOTALS
BOYS	_____	_____	_____	_____	_____	_____	_____
GIRLS	_____	_____	_____	_____	_____	_____	_____
TOTALS	_____	_____	_____	_____	_____	_____	_____



CONTEST PARTICIPATION REPORT FORM:

Immediately following the local council contest, the grand knight should complete and submit the Free Throw Participation Form (FT-1) to the Supreme Council Department of Fraternal Services. This form provides the Supreme Council office with valuable participation statistics as well as feedback about the program in general.

PERSONAL COMMENTS OR OBSERVATIONS CONCERNING THE FREE THROW BASKETBALL PROGRAM:



SIGNED: _____
Grand Knight

COUNCIL NO. _____

CITY/TOWN _____

STATE/PROVINCE _____

Available in electronic format at kofc.org/forms
MAIL ORIGINAL TO: Supreme Council Department of Fraternal Services
MAIL COPIES TO: State Deputy, District Deputy, Council File

Detach and mail to: Knights of Columbus Supreme Council Office, Department of Fraternal Services
1 Columbus Plaza, New Haven, CT 06510-3326 or Fax to: (203) 752-4108 or Email: fraternalservices@kofc.org



INSTRUCTIONS TO FINANCIAL SECRETARIES/FAITHFUL COMPTROLLERS/BURSARS

Note: Knights should separate reported assembly activities from their reported council activities.

Located on the lower portion of this page are individual Member Worksheets to assist you in determining the number of hours of volunteer service expended by members during 20__.

This worksheet is printed on clip-art ready, reproducible paper. Simply photocopy as many forms as you need, cut along the dotted line and distribute the form at the November meeting. Forward a worksheet to every member on your current roster or include a copy in your next bulletin. Each member can individually identify the number of volunteer hours he expended in community service projects. You only need to collect and tabulate the council/assembly/circle results for completion of the 20__ Annual Survey of Fraternal Activity Report due at the Supreme Council office by January 31, 20__.

20__ ANNUAL SURVEY OF FRATERNAL ACTIVITY INDIVIDUAL MEMBER WORKSHEET

Over the last ten years, the Knights of Columbus donated more than \$1.5 billion to charitable and benevolent causes and more than 682 million hours of volunteer community service to aid the less fortunate. **To help prepare our Fraternal Survey for the Supreme Council office, please complete the information requested below and return it at our next meeting.** This information will assist us in determining the total number of hours of community service volunteered by our members.

1. Number of visits you made during 20__ to:
 - Sick — caring for the sick/nursing homes/hospitals _____
 - Bereaved — visits of condolence _____
2. Number of times you served as a blood donor during 20__ _____
3. Estimated hours of community volunteer service during 20__:
 - Church Activities — service in all Church related activities _____
 - Community Activities — service in all community related activities _____
 - Youth Activities — service in all youth related activities _____
 - Habitat for Humanity — service in all related projects _____
 - Culture of Life Activities — service in all related projects _____
 - VAVS _____
 - Food For Families _____
 - Special Olympics _____
 - Miscellaneous Activities — service in areas not outlined above _____
4. Number of hours of fraternal service during 20__:
 - Sick/disabled members and their families — household chores, transportation, tutoring, counselling, etc. _____

20__ ANNUAL SURVEY OF FRATERNAL ACTIVITY INDIVIDUAL MEMBER WORKSHEET

Over the last ten years, the Knights of Columbus donated more than \$1.5 billion to charitable and benevolent causes and more than 682 million hours of volunteer community service to aid the less fortunate. **To help prepare our Fraternal Survey for the Supreme Council office, please complete the information requested below and return it at our next meeting.** This information will assist us in determining the total number of hours of community service volunteered by our members.

1. Number of visits you made during 20__ to:
 - Sick — caring for the sick/nursing homes/hospitals _____
 - Bereaved — visits of condolence _____
2. Number of times you served as a blood donor during 20__ _____
3. Estimated hours of community volunteer service during 20__:
 - Church Activities — service in all Church related activities _____
 - Community Activities — service in all community related activities _____
 - Youth Activities — service in all youth related activities _____
 - Habitat for Humanity — service in all related projects _____
 - Culture of Life Activities — service in all related projects _____
 - VAVS _____
 - Food For Families _____
 - Special Olympics _____
 - Miscellaneous Activities — service in areas not outlined above _____
4. Number of hours of fraternal service during 20__:
 - Sick/disabled members and their families — household chores, transportation, tutoring, counselling, etc. _____

Duplicate and distribute this form to council members in November. Ask for return by December 31. Use the information provided when preparing your council's Annual Survey of Fraternal Activity.



For Twelve Month Period Ending December 31, 20__

Council Number _____ **Location** _____
city/town state/province

I. NUMBER OF MEETINGS HELD DURING YEAR:

- 1. Regular

- 2. Social

- 3. Special

TOTAL NUMBER OF MEETINGS HELD

--	--	--	--

II. ACTIVITY EXPENSE

- 1. a. Printing and Postage
 - b. Food and Refreshments
 - c. Prizes
 - d. Projects
 - e. Entertainment
 - f. Miscellaneous
- DOLLARS ONLY:**
- | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

TOTAL ACTIVITY EXPENSES

--	--	--	--	--	--	--	--	--	--

III. CHARITABLE DISBURSEMENTS:

- Church Activities**
- 1. a. Church Facilities
 - b. Catholic Schools
 - c. Religious Education
 - d. Seminarians/RSVP
 - e. Seminaries
 - f. Vocations Projects
 - g. Miscellaneous
- DOLLARS ONLY:**
- | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

Total Church Disbursements

--	--	--	--	--	--	--	--	--	--

- Community Activities**
- 2. a. Elderly
 - b. Physically Disabled
 - c. Special Olympics/Intellectual Disabilities
 - d. Veteran Military/VAWS
 - e. Food for Families
 - f. Victims of Disasters
 - g. Hospitals/Institutions/Health Organizations
 - h. Global Wheelchair Mission
 - i. Community Wide Projects
 - j. Habitat for Humanity Projects
 - k. Miscellaneous
- DOLLARS ONLY:**
- | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

Total Community Disbursements

--	--	--	--	--	--	--	--	--	--

- Culture of Life Activities**
- 3. a. Donations
 - b. March for Life
 - c. Birthright/Baby showers
 - d. Baby bottle campaign
 - e. Memorials to unborn children
 - f. Ultra-Sound Initiative
- DOLLARS ONLY:**
- | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

Total Culture of Life Disbursements

--	--	--	--	--	--	--	--	--	--

Youth Activities

- 4. a. Columbian Squires
 - b. Scouting
 - c. Youth Groups
 - d. Youth Welfare/Services
 - e. Athletics
 - f. Scholarships/Education
 - g. Coats for Kids
 - h. Miscellaneous
- DOLLARS ONLY:**
- | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

Total Youth Disbursements

--	--	--	--	--	--	--	--	--	--

TOTAL CHARITABLE (Church, Community, Culture of Life and Youth) DISBURSEMENTS

--	--	--	--	--	--	--	--	--	--

IV. FRATERNAL COMMITMENT:

- 1. Number of visits to:
 - a. Sick

--	--	--	--	--	--	--	--	--	--
 - b. Bereaved

--	--	--	--	--	--	--	--	--	--

Total Visits

--	--	--	--	--	--	--	--	--	--

- 2. Number of blood donors

--	--	--	--	--	--	--	--	--	--
- 3. Habitat for Humanity Projects

--	--	--	--	--	--	--	--	--	--

Estimated hours of volunteer service:

- 4. a. Church
 - b. Community
 - c. Youth
 - d. Habitat for Humanity
 - e. Culture of Life
 - f. VAWS
 - g. Food for Families
 - h. Special Olympics
 - i. Miscellaneous
- | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

Total Volunteer Hours

--	--	--	--	--	--	--	--	--	--

Estimated hours of fraternal service:

- 5. Sick/disabled members and their families

--	--	--	--	--	--	--	--	--	--

(Signed) _____
(Grand Knight)

(Signed) _____
(Financial Secretary)

Date: _____

MAIL ORIGINAL TO: Supreme Council Department of Fraternal Services.
MAIL COPIES TO: State Deputy, District Deputy, Council File
Available in electronic format at www.kofc.org

Detach and mail to: Knights of Columbus Supreme Council Office, Department of Fraternal Services
1 Columbus Plaza, New Haven, CT 06510-3326 or Fax to: (203) 752-4108 or Email: fraternalservices@kofc.org



**INSTRUCTIONS FOR COMPLETING REPORT FORM
For Twelve Month Period Ending December 31, 20__**

**Due By:
JANUARY 31**

***IMPORTANT**

- * *Please type or print legibly.*
- * *Please record information to reflect members and their families' participation.*
- * **INCLUDE SQUIRES AND 4TH DEGREE ASSEMBLY TOTALS IN THIS REPORT.**
- * *Include financial contributions and hours of community service from all Special Olympics programs (i.e. "Family Leadership and support," "Invest in a Life,"etc.)*
- * **UNITS IN THE PHILIPPINES SHOULD REPORT ALL FINANCIAL DATA IN PESOS.**
- * **MAKE A PHOTOCOPY OF SURVEY REPORT FOR YOUR COUNCIL FILE.**

SECTION I. VOLUNTEER HOURS PROVIDED BY K of C MEMBERS AND THEIR FAMILIES TO SPECIAL OLYMPICS THROUGHOUT THE CALENDER YEAR:

Volunteer service with all levels of Special Olympics by Council members and their families — games, events, programs, special initiatives, etc.

SECTION II. NUMBER OF K of C VOLUNTEERS AT SPECIAL OLYMPICS GAMES AND EVENTS:

Event-Specific K of C Volunteers — announcer, athlete escort, awards presenter, competition volunteer, family services, food services, lane escort, lane judge, scorekeeper, timer, transportation, venue services, etc.
Year-Round K of C Volunteers — program management, administration, clerical, planning, games management, sports training, Special Olympics Board Member, coaching, etc.

SECTION III. NUMBER OF EVENTS IN WHICH K of C MEMBERS AND FAMILIES VOLUNTEER:

All events involving Special Olympics — state, national, international games, community programs, etc.
 Special Olympics Initiatives:
 - Athlete Leadership Programs
 - Family Leadership and Support
 - Schools and Youth
 - Healthy Athletes
 - Law Enforcement Torch Run

SECTION IV. TOTAL FUNDS CONTRIBUTED TO SPECIAL OLYMPICS:

Local, state, and national contributions, "Healthy Athletes", donations to Special Olympics initiatives, etc.
 Donations to Special Olympics Support Programs:
 - Online Donation
 - Mail / Telephone Donation
 - Planned Giving
 - Matching Gifts
 - Wedding / Special Occasion Favors
 - Monthly Giving
 - Frequent Flyer Miles

SECTION V. NEW EVENTS ADDED THIS YEAR:

Please provide the names of any new sporting events that your Council has contributed to or added to Special Olympics on any level this year.

SECTION VI. SPECIAL OLYMPICS AFFILIATIONS:

Please provide the names of any Special Olympics groups, organizations or teams with which your council is affiliated or actively supports. Please indicate if this is a local, regional, or state organization or group.

For Twelve Month Period Ending December 31, 20__

Council Number _____ **Location** _____
city/town state/province

I. Volunteer Hours provided by K of C members and their families to Special Olympics throughout the calendar year.

1. State Games/Events	
2. Regional Games/Events	
3. Local Games/Events	
TOTAL VOLUNTEER HOURS	

II. Number of K of C Volunteers at Special Olympics Games and Events.

EVENT-SPECIFIC VOLUNTEERS

1. State Games/Events	
2. Regional Games/Events	
3. Local Games/Events	
Total Event-Specific	

YEAR-ROUND K of C VOLUNTEERS

1. State Games/Events	
2. Regional Games/Events	
3. Local Games/Events	
Total Year-Round	
TOTAL K of C VOLUNTEERS (Event-Specific and Year-round)	

III. Number of Events in which K of C members and families volunteer.

1. State Games/Events	
2. Regional Games/Events	
3. Local Games/Events	
TOTAL EVENTS	

IV. Total Funds Contributed to Special Olympics.

Dollars Only

1. State Games/Events	
2. Regional Games/Events	
3. Local Games/Events	
TOTAL CONTRIBUTIONS	

V. New Events Added This Year.

VI. Special Olympics Affiliations

Date: _____ (Signed) _____
(Grand Knight)

(Signed) _____
(Financial Secretary)

Mail Original To: Supreme Council Department of Fraternal Services.
Mail Copies To: State Deputy, District Deputy, Council File.
 Available in electronic format at kofc.org/forms

Detach and mail to: Knights of Columbus Supreme Council Office, Department of Fraternal Services
 1 Columbus Plaza, New Haven, CT 06510-3326 or Fax to: (203) 752-4108 or Email: fraternalservices@kofc.org

KEEP CHRIST IN CHRISTMAS POSTER CONTEST PARTICIPATION FORM

Due By:
January 31

PLEASE INDICATE THE NUMBER OF PARTICIPANTS IN YOUR COUNCIL CONTEST:

AGE GROUP	5-7	8-10	11-14	TOTAL
BOYS				
GIRLS				



CONTEST PARTICIPATION REPORT FORM: Immediately following the local council contest, or by January 31st, the Grand Knight should complete and submit this Keep Christ in Christmas Poster Contest Participation Form (#5023) to the Supreme Council Department of Fraternal Services. This form provides the Supreme Council office with valuable participation statistics as well as feedback about the program in general.

PERSONAL COMMENTS OR OBSERVATIONS CONCERNING THE KNIGHTS OF
COLUMBUS KEEP CHRIST IN CHRISTMAS POSTER CONTEST:

SIGNED: _____
Grand Knight

COUNCIL NUMBER: _____

CITY/TOWN: _____

STATE/PROVINCE: _____

Detach and mail to: Knights of Columbus Supreme Council Office, Department of Fraternal Services
1 Columbus Plaza, New Haven, CT 06510-3326 or Fax to: (203) 752-4108 or Email: fraternalervices@kofc.org



Due By: FEBRUARY 15

COUNCIL NO. _____ **CITY** _____ **STATE** _____

SCHEDULE A – MEMBERSHIP

ADDITIONS	INS.			ASSO.			TOT.		
	INS.	ASSO.	TOT.	INS.	ASSO.	TOT.	INS.	ASSO.	TOT.
Total members start of period									
Initiations									
Transfers from other councils									
Transfers—assoc. to insurance									
Transfers—ins. to associate									
Re-entries									
Total for period									
Minus total deductions									
Number members end of period									

DEDUCTIONS		
INS.	ASSO.	TOT.
Suspensions		
Deaths		
Withdrawals		
Transfers—assoc. to insurance		
Transfers—ins. to associate		
Transfers to other councils		
Total deductions		

Do not include inactive insurance members in this section. See Knights of Columbus Leadership Resources (#5093) booklet.

SCHEDULE A – ALTERNATIVE

Our council uses Member Management/Member Billing. The requirement for completing Schedule A is satisfied.

SCHEDULE B – CASH TRANSACTIONS

FINANCIAL SECRETARY		TREASURER	
Cash on hand beginning of period	\$ _____	Cash on hand beginning of period	\$ _____
Cash received—dues, initiations	\$ _____	Received from financial secretary	\$ _____
Cash received from other sources: (Explain kind and amount)	\$ _____	Transfers from sav./other accts.	\$ _____
_____ \$ _____		Interest earned	\$ _____
_____ \$ _____		Total receipts	\$ _____
_____ \$ _____		Disbursements	
Total cash received	\$ _____	Per capita: Supreme Council	\$ _____
Transferred to treasurer	\$ _____	State council	\$ _____
Cash on hand at end of period	\$ _____	General council expenses	\$ _____
		Transfers to sav./other accts.	\$ _____
		Miscellaneous	\$ _____
		Total disbursements	\$ _____
		Net balance on hand	\$ _____

SCHEDULE C – ASSETS AND LIABILITIES

ASSETS		LIABILITIES	
Cash:		Due Supreme Council:	
Undeposited funds	\$ _____	Per capita	\$ _____
Bank — Checking acct.	\$ _____	Supplies	\$ _____
— Savings acct.	\$ _____	Catholic advertising	\$ _____
— Money market accts.	\$ _____	Other	\$ _____
Due from _____ members	\$ _____	Due state council	\$ _____
Total current assets	\$ _____	Advance payments by _____ members	\$ _____
Less: current liabilities	\$ _____	Misc. liabilities	\$ _____
Net current assets	\$ _____	_____	\$ _____
Other Assets:		_____	\$ _____
Short term CD	\$ _____	_____	\$ _____
Money Market		Total current liabilities	\$ _____
Mutual Funds	\$ _____	Signed this _____ day of _____ 20 _____	
Misc. assets	\$ _____	_____ Grand Knight	
Total other assets	\$ _____	_____ Trustee	
Total assets	\$ _____	_____ Trustee	
		_____ Trustee	

Please complete all items. Insert "None" where no figures are to be shown.

SEND ONE COPY TO: Council Accounts

Email: council.accounts@kofc.org
Fax: 203-752-4103
Mail: 1 Columbus Plaza, New Haven, CT 06510

COPIES TO: State Deputy, District Deputy, Council File

Available in electronic format at kofc.org/forms

Detach and mail to: Knights of Columbus Supreme Council Office, Council Accounts
1 Columbus Plaza, New Haven, CT 06510-3326 or Email: council.accounts@kofc.org



**THIS REPORTING FORM MUST BE COMPLETED BY EACH COUNCIL AND FORWARDED TO THE STATE COUNCIL.
(A SEPARATE REPORTING FORM SHOULD BE COMPLETED FOR EACH PROGRAM CATEGORY.)**

- CATEGORY (MARK ONE):**
- | | |
|------------------------------------|--|
| <input type="checkbox"/> CHURCH | <input type="checkbox"/> FAMILY |
| <input type="checkbox"/> COMMUNITY | <input type="checkbox"/> CULTURE OF LIFE |
| <input type="checkbox"/> COUNCIL | <input type="checkbox"/> YOUTH |

FROM: GRAND KNIGHT: _____ **TELEPHONE NUMBER:** _____

E-MAIL _____

COUNCIL NAME _____ **NUMBER:** _____

LOCATION: _____
(TOWN OR CITY) (STATE OR PROVINCE)

Project Title: _____

Date Project Conducted: _____

Purpose of Activity: (In the space provided below, describe in one sentence the purpose of this activity. This section must be completed.)

Number of council members participating in project: _____

Percentage of council members participating in project: _____

Number of man hours expended in project: _____

Chairman's Name: _____ **Telephone Number:** () _____

Mailing Address: _____

E-mail Address: _____

(continued on reverse)

MAIL ORIGINAL TO: State Deputy or State Program Director

COPY TO: Council File

Available in electronic format at kofc.org/forms

STSP 8/14

DETACH AND MAIL TO YOUR STATE DEPUTY OR STATE PROGRAM DIRECTOR
PRIOR TO YOUR STATE CONVENTION

SUBSTANCE ABUSE AWARENESS POSTER CONTEST PARTICIPATION FORM

Due By:
March 31

PLEASE INDICATE THE NUMBER OF PARTICIPANTS IN YOUR COUNCIL CONTEST:

AGE GROUPS	8-11	12-14	TOTALS
ALCOHOL ABUSE			
DRUG ABUSE			
TOTALS			



CONTEST PARTICIPATION REPORT FORM: Immediately following the local council contest, the grand knight should complete and submit the Substance Abuse Awareness Poster Contest Participation Form (#4001) to the Supreme Council Department of Fraternal Services. This form provides the Supreme Council office with valuable participation statistics as well as feedback about the program in general.

PERSONAL COMMENTS OR OBSERVATIONS CONCERNING THE KNIGHTS OF COLUMBUS SUBSTANCE ABUSE AWARENESS POSTER CONTEST:

SIGNED: _____
Grand Knight

COUNCIL NUMBER: _____

CITY/TOWN: _____

STATE/PROVINCE: _____

Available in electronic format at kofc.org/forms

FORWARD TO: Supreme Council Department of Fraternal Services

COPY TO: State Deputy, District Deputy Council File

Detach and mail to: Knights of Columbus Supreme Council Office, Department of Fraternal Services
1 Columbus Plaza, New Haven, CT 06510-3326 or Fax to: (203) 752-4108 or Email: fraternalservices@kofc.org

SOCCER CHALLENGE PARTICIPATION REPORT FORM

Due By:
November 1

PLEASE INDICATE THE NUMBER OF PARTICIPANTS IN YOUR COUNCIL CONTEST:

AGE GROUPS	9	10	11	12	13	14	TOTALS
BOYS	_____	_____	_____	_____	_____	_____	_____
GIRLS	_____	_____	_____	_____	_____	_____	_____
TOTALS	_____	_____	_____	_____	_____	_____	_____



CONTEST PARTICIPATION REPORT FORM:

Immediately following the local council contest, the grand knight should complete and submit the Soccer Challenge Participation Report Form (4567) to the Supreme Council Department of Fraternal Services. This form provides the Supreme Council office with valuable participation statistics as well as feedback about the program in general.

PERSONAL COMMENTS OR OBSERVATIONS CONCERNING THE SOCCER CHALLENGE PROGRAM:



SIGNED: _____
Grand Knight

COUNCIL NO. _____

CITY/TOWN _____

STATE/PROVINCE _____

MAIL ORIGINAL TO: Supreme Council Department of Fraternal Services

MAIL COPIES TO: State Deputy, District Deputy, Council File

Available in electronic format at kofc.org/forms

4567 8/14

Detach and mail to: Knights of Columbus Supreme Council Office, Department of Fraternal Services
1 Columbus Plaza, New Haven, CT 06510-3326 or Fax to: (203) 752-4108 or Email: fraternalservices@kofc.org



Please review these guidelines before completing application form on reverse

The Knights of Columbus launched the Refund Support Vocations Program (RSVP) in 1981. Under this program, local councils or assemblies make an annual contribution of \$500 or more to an individual seminarian to help with his daily living expenses. Councils and assemblies can sponsor more than one seminarian if their resources permit. In each case, the minimum annual contribution to qualify for reimbursement under RSVP is \$500 per seminarian. For every \$500 donated, the council or assembly is eligible for a refund of \$100 from the Supreme Council. The maximum refund a council or assembly can receive is \$400 per individual supported. For Columbian Squires circles, the annual contribution per seminarian is a minimum of \$100 to qualify for reimbursement, with each circle eligible to receive from the Supreme Council a refund of \$20 for each \$100 contributed.

The following persons are eligible to receive RSVP funds:

- Seminarians who have been accepted by a diocese and are currently in their “spirituality” year;
- Seminarians attending major seminaries (usually, four years) in preparation for priestly ordination;
- Seminarians in their “pastoral” year (most often, when they are deacons);
- Seminarians attending college seminaries (sometimes called minor seminaries);
- Seminarians who belong to a religious institute and are currently in formation for the priesthood (religious seminarians often are called “Brother” even though they will eventually be ordained as priests); and
- Men and women who are novices or postulants in religious orders or religious communities.

Those eligible for assistance include foreign seminarians studying in the United States or Canada; U.S. or Canadian seminarians studying overseas; seminarians from your home diocese currently attending seminaries in another diocese, state, or country; and seminarians from other states or dioceses attending a seminary located in your jurisdiction.

Persons not eligible for RSVP funds are the following:

- Priests or religious seeking assistance for continuing education;
- Religious brothers not currently studying for the priesthood; and
- Candidates for the permanent diaconate.

SECTION I AND II MUST BE COMPLETED TO BE ELIGIBLE FOR THE RSVP PLAQUE

DIRECTIVES FOR SECTION I: (RSVP) REFUND INFORMATION

To qualify for the refund, the following conditions must be met:

- a) Money given to each individual must be vocation-related, donated between July 1 and June 30 within the fraternal year applied for and must amount to at least **\$500 per individual**.
- b) The money must have been given to an **individual** and NOT to an institution or fund.
- c) Money must be given to a seminarian, postulant or novice only.
- d) The money must be paid with a check drawn on the council account.
- e) Copies of any cancelled check(s) (both front and back sides) or other documentation **must** be attached to this application. An example of other documentation is a council bank statement, with non-relevant sections blacked out.

DIRECTIVES FOR SECTION II: (RSVP) MORAL SUPPORT INFORMATION

Substantial moral support is required. This would include some or all of the following:

- a) correspondence between council and seminarian/postulant
- b) personal visits to seminary or religious residence
- c) invitation of seminarian/postulant to council events
- d) similar signs of interest.



REFUND SUPPORT VOCATIONS PROGRAM (RSVP)

REFUND AND PLAQUE APPLICATION 20__-20__

Submit this form as needed throughout the fraternal year. For contributions made early in the fraternal year, there is no need to wait until June 30 to apply for your refund.

For Office Use Only	Important: Please complete this box:
Ref \$ _____	State/Province _____ Council No. _____
Y. St. _____	Location _____ city _____
Date _____	Council Name _____
	Grand Knight _____

SECTION I AND II MUST BE COMPLETED TO BE ELIGIBLE FOR THE RSVP PLAQUE

SECTION I: REFUND INFORMATION

See directives on the reverse side before completing this section.

List each donation of \$500 or more with name, amount and date of check. **Attach copies of canceled checks (both front and back sides) or other documentation such as a council bank statement to this application.**

SEMINARIAN/POSTULANT	FORMER SQUIRE (Y/N)	ADDRESS	CITY/STATE	ZIP	DATE	CHECK #	AMOUNT	NAME OF SEMINARY/CONVENT

SECTION II: MORAL SUPPORT INFORMATION

See directives on the reverse side before completing this section.

Examples of moral support must be provided in order to receive plaque or date plate:

IMPORTANT: Be sure to check off **one** of the following:

- We already have a Vocations Plaque and require only an adhesive date plate for 20__-20__.
- This is our first year with RSVP and we require both a Vocations Plaque and an adhesive date plate for 20__-20__.
- Our Vocations Plaque is full and we require a new one.

I AFFIRM THE ABOVE TO BE ACCURATE: _____

Grand Knight

Date: _____

MAIL ORIGINAL TO: Supreme Council Department of Fraternal Services

MAIL COPIES TO: State Vocations Chairman, Council File

Available in electronic format at kofc.org/forms

(See other side for instructions)

Detach and mail to: Knights of Columbus Supreme Council Office, Department of Fraternal Services
1 Columbus Plaza, New Haven, CT 06510-3326 or Fax to: (203) 752-4108 or Email: fraternalservices@kofc.org



Due By: JUNE 30

For Office Use Only

Ref \$ _____

Y. St. _____

Date _____

Important: Please complete this box:

State/Province _____ Council No. _____

Location _____
city

Council Name _____

Grand Knight _____

SECTION I AND II MUST BE COMPLETED TO BE ELIGIBLE FOR THE FOOD FOR FAMILIES PLAQUE

SECTION I: REFUND INFORMATION

See directives on the reverse side before completing this section.

List each contribution of \$500 or more with name, amount and date of check, or each contribution of 1,000 or more pounds of food.

Attach copies of canceled checks (both front and back sides) or other documentation to this application.

NAME OF FOOD BANK	ADDRESS	CITY/STATE	ZIP	DATE	CHECK #	AMOUNT	POUNDS OF FOOD

SECTION II: MANPOWER SUPPORT INFORMATION

See directives on the reverse side before completing this section.

Please provide a summary of manpower support provided to food banks and/or food pantries, including hours of service contributed, in order to receive a Food for Families plaque or date plate.

Hours of Service Provided _____

IMPORTANT: Be sure to check off **one** of the following:

- We already have a Food for Families Plaque and require only an adhesive date plate for 20__-20__.
- This is our first year participating in Food for Families and we require both a plaque and an adhesive date plate for 20__-20__.
- Our Food for Families Plaque is full and we require a new one.

I AFFIRM THE ABOVE TO BE ACCURATE: _____
Grand Knight | Food Bank Representative

Date: _____

MAIL ORIGINAL TO: Supreme Council Department of Fraternal Services

MAIL COPIES TO: State Program Director, Council File

Available in electronic format at kofc.org/forms

(See other side for instructions)

Detach and mail to: Knights of Columbus Supreme Council Office, Department of Fraternal Services
1 Columbus Plaza, New Haven, CT 06510-3326 or Fax to: (203) 752-4108 or Email: fraternalservices@kofc.org



Due By: JUNE 30

The Knights of Columbus Food for Families Reimbursement Program was established in 2012. Under this program, local Knights of Columbus councils, assemblies and circles make contributions of money and/or food to a local community food bank or parish food pantry. For every \$500 or 1,000 pounds of food contributed, the council or assembly is eligible for a refund of \$100 from the Supreme Council. The maximum refund a council or assembly can receive is \$500 per fraternal year.

For Columbian Squires circles, for every \$100 or 200 pounds of food contributed, the circle is eligible for a refund of \$20 from the Supreme Council.

Reimbursement **must** be applied for in the fraternal year during which contributions were made.

As resources permit, councils, assemblies and circles may provide support to multiple food banks and/or food pantries. The minimum contribution to qualify for a refund is \$500 (\$100 for Squires circles) or 1,000 pounds of food (200 pounds for Squires circles) for each food bank/food pantry supported.

In addition to a refund for contributions, councils, assemblies and circles are also eligible to receive a Food for Families plaque (and, in successive years, date plates signifying years of participation) in recognition of manpower support provided to food banks and food pantries. Significant manpower support is required, and should be outlined in Section II of this application.



Due By JUNE 30

Council Number _____ Location _____, _____
(City) (State or Province)

Those councils deemed outstanding in their implementation of the Service Program for the 20__-20__ fraternal year are eligible to receive the Supreme Council's **COLUMBIAN AWARD**. The award is a tangible testimonial of the efficiency, industry and excellent activity program of the council. Those councils winning the award should display it with justifiable pride.

In order to qualify for the Columbian Award, the council must:

1. Have completed and returned the Service Program Personnel Report Form (#365) to the Supreme Council office by August 1, 20__.
2. Annually conduct and report at least **four (4) major involvement** programs in each of the following sections of the Service Program: Church Activities, Community Activities, Council Activities, Culture of Life Activities, Family Activities and Youth Activities.
3. Have completed and returned the Annual Survey of Fraternal Activity Report Form (#1728) to the Supreme Council Department of Fraternal Services by January 31, 20__. **(New councils instituted after November 1, 20__ need not meet this requirement.)**

The council's program director must complete the necessary information in this Columbian Award application. Each application must be signed by the program director and the grand knight must attest to the information contained herewith. When the application is completed, return to: Knights of Columbus Supreme Council, Department of Fraternal Services, 1 Columbus Plaza, New Haven, CT 06510-3326.

This application must be received in the Supreme Council office no later than June 30, 20__.

Signed _____
Program Director

Attest: _____
Grand Knight

Date _____

This Area For Supreme Council Use Only

Form #365 Received _____

Fraternal Survey Received _____

Application Received _____

Acknowledged _____

Please list and briefly describe the four major involvement programs sponsored by your council between July 1, 20__ and June 30, 20__ in each of the six activity areas.

CHURCH ACTIVITIES (vocations, parish roundtable, parochial services, Keep Christ in Christmas, etc.)

1. _____
2. _____
3. _____
4. _____

· Participating in the RSVP program, and meeting minimum participation requirements will fulfill all four activity requirements in this category.

MAIL ORIGINAL TO: Supreme Council Department of Fraternal Services.

(Additional information required on reverse side.)

MAIL COPIES TO: State Deputy, District Deputy, Council File.

Available in electronic format at kofc.org/forms



Council Number _____ Location _____, _____
(City) (State or Province)

COMMUNITY ACTIVITIES (feed the hungry, decency, health services, ecology, poverty, helping the aged, etc.)

1. _____
2. _____
3. _____
4. _____

COUNCIL ACTIVITIES (public relations, fraternal recognition, blood donors, athletics, socials, etc.)

1. _____
2. _____
3. _____
4. _____

CULTURE OF LIFE ACTIVITIES (March for Life, Birthright, baby showers, baby bottle campaign, memorials, etc.)

1. _____
2. _____
3. _____
4. _____

* Participating in the Ultrasound Initiative, and meeting minimum participation requirements, will fulfill all four activity requirements in this category.

FAMILY ACTIVITIES (widows/orphans, memorials, "Family of the Month/Year," recreation, etc.)

1. _____
2. _____
3. _____
4. _____

* Sponsoring a qualifying "FOOD FOR FAMILIES" program, and meeting minimum participation requirements, will fulfill all four activity requirements in this category.

YOUTH ACTIVITIES* (Columbian Squires, CYO, scholarships, Scouting, Big Brothers/Big Sisters, etc.)

1. _____
2. _____
3. _____
4. _____

* Participation in the "COATS FOR KIDS" program and meeting minimum participation requirements will fulfill all four activity requirements in this category. Sponsorship of a Columbian Squires Circle continues to fulfill all four requirements as well.

Our Council sponsors Columbian Squires Circle No. _____ .



Council # _____

DATE OF ELECTION _____

THIS REPORT CAN BE COMPLETED USING MEMBER MANAGEMENT.
OTHERWISE PLEASE PRINT – INDICATE MEMBERSHIP NUMBERS

**Due By:
JUNE 30**

COUNCIL ADDRESS (Meeting Location)

STREET			ADDITIONAL ADDRESS		
CITY		ST/PROV.	ZIP/POSTAL CODE		

GRAND KNIGHT	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL
		STREET	CITY	STATE/PROVINCE
				ZIP/POSTAL CODE

ADDRESS CHANGE

<input type="checkbox"/> NEWLY ELECTED	<input type="checkbox"/> RE-ELECTED	TELEPHONE AREA CODE	PHONE NO.	EMAIL:
--	-------------------------------------	---------------------	-----------	--------

DEPUTY GRAND KNIGHT	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL	EMAIL
		STREET	CITY	STATE/PROVINCE	ZIP/POSTAL CODE

ADDRESS CHANGE

CHANCELLOR	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL	EMAIL
		STREET	CITY	STATE/PROVINCE	ZIP/POSTAL CODE

ADDRESS CHANGE

RECORDER	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL	EMAIL
		STREET	CITY	STATE/PROVINCE	ZIP/POSTAL CODE

ADDRESS CHANGE

TREASURER	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL	EMAIL
		STREET	CITY	STATE/PROVINCE	ZIP/POSTAL CODE

ADDRESS CHANGE

ADVOCATE	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL	EMAIL
		STREET	CITY	STATE/PROVINCE	ZIP/POSTAL CODE

ADDRESS CHANGE

WARDEN	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL	EMAIL
		STREET	CITY	STATE/PROVINCE	ZIP/POSTAL CODE

ADDRESS CHANGE

INSIDE GUARD	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL	EMAIL
---------------------	----------------	-----------	------------	---------	-------

OUTSIDE GUARD	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL	EMAIL
----------------------	----------------	-----------	------------	---------	-------

TRUSTEE FOR ONE YEAR	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL	EMAIL
-----------------------------	----------------	-----------	------------	---------	-------

TRUSTEE FOR TWO YEARS	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL	EMAIL
------------------------------	----------------	-----------	------------	---------	-------

TRUSTEE FOR THREE YEARS	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL	EMAIL
--------------------------------	----------------	-----------	------------	---------	-------

COUNCIL MEETS _____

SIGNED F.S. _____

- THIS INFORMATION IS ESSENTIAL FOR TRANSACTION OF OFFICIAL BUSINESS AND DIRECT MAIL COMMUNICATIONS WITH OFFICERS.
- APPOINTMENT OF FINANCIAL SECRETARY. (SECTION 128, LAWS AND RULES).
THE FINANCIAL SECRETARY SHALL BE APPOINTED BY THE SUPREME KNIGHT. HE SHALL HOLD OFFICE AT THE WILL OF THE SUPREME KNIGHT.

MAIL ORIGINAL TO: Membership Records

MAIL COPIES TO: State Deputy, District Deputy, Council File



For Supreme Office Use Only

Rec'd _____

**Due By:
AUGUST 1**

The Service Program Personnel Reporting (#365) must be received by the Supreme Council office by **August 1** for the council to be eligible to earn the Star Council Award.

This report can be completed using Member Management as soon as a majority of your council's Service Program personnel have been appointed. It is not necessary for your council to appoint members to fill all of the positions listed below. Due to local circumstances, a council may wish to only appoint the seven directors and a few chairmen to conduct programs needed in your area. When and if additional chairmen are appointed, they should be reported promptly using Member Management.

If completing the paper report, please print or type names and membership numbers for those directors and/or chairmen appointed in your council. Failure to include membership numbers will delay the processing and receipt of special program materials, including Knightline.

If there are additions or deletions to your listing of Service program personnel during the fraternal year, and your council uses Member Management, simply update the member's record accordingly. If your council reports the additions or deletions using the paper form, only complete that information which has changed.

Date _____

Council No. _____

City _____

State or Province _____

CHAPLAIN:	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL
		EMAIL		
PROGRAM DIRECTOR:	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL
		EMAIL		
CHURCH DIRECTOR:	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL
		EMAIL		
VOCATIONS CHAIRMAN:	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL
		EMAIL		
COMMUNITY DIRECTOR:	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL
		EMAIL		
CULTURE OF LIFE DIRECTOR:	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL
		EMAIL		
HEALTH SERVICES:	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL
		EMAIL		
COUNCIL DIRECTOR	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL
		EMAIL		
PUBLIC RELATIONS:	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL
		EMAIL		

MAIL ORIGINAL TO: Supreme Council Department of Fraternal Services

MAIL COPIES TO: State Deputy, District Deputy, Council File

(Continued on Reverse)

Available in electronic format at kofc.org/forms

FAMILY DIRECTOR:	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL	
		EMAIL			
YOUTH DIRECTOR:	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL	
		EMAIL			
COLUMBIAN SQUIRES:	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL	
		EMAIL			
MEMBERSHIP DIRECTOR:	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL	
		EMAIL			
RECRUITMENT COMMITTEE:	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL	
		EMAIL			
RECRUITMENT COMMITTEE:	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL	
		EMAIL			
RECRUITMENT COMMITTEE:	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL	
		EMAIL			
RETENTION CHAIRMEN:	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL	
		EMAIL			
INSURANCE PROMOTION:	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL	
		EMAIL			
LECTURER:	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL	
		EMAIL			
CULTURE OF LIFE CHAIR COUPLE: HUSBAND AND WIFE	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	WIFE'S NAME	INITIAL
		EMAIL			

_____ Grand Knight

365 8/14

Detach and mail to: Knights of Columbus Supreme Council Office, Department of Fraternal Services
 1 Columbus Plaza, New Haven, CT 06510-3326 or Fax to: (203) 752-4108 or Email: fraternal-services@kofc.org



**KNIGHTS OF COLUMBUS
Supreme Council**

**Requisition for
First Degree Ceremonials**

I, _____ Grand Knight of Council No. _____,
_____, request approval for a set of First
Degree Ceremonial Books. (A set consists of 6 Ceremonial Books, song books and music and
narration CD. All Degree books are serialized.

location

Degree Ceremonial Books. (A set consists of 6 Ceremonial Books, song books and music and
narration CD. All Degree books are serialized.

Grand Knight's Signature

Date

Ship To: _____
Financial Secretary

Address: _____

E-Mail: _____

Telephone: _____

Grand Knight retains a copy of this request for council records and mails approved copies to
Supreme Secretary and State Deputy.

For Supreme Council
Use Only

serial number

Available in electronic format at kofc.org/forms

532 8/14

Detach and mail to: Knights of Columbus Supreme Council Office, Director of Ceremonials,
1 Columbus Plaza, New Haven, CT 06510-3326 or Fax to: (203) 752-4113 or Email: ceremonials@kofc.org



The Columbian Squires is a leadership development program for Catholic young men, 10-18 years old. There are approximately 22,000 Squires in over 1,700 local units, called circles, throughout the United States, Canada, Mexico, the Philippines, Puerto Rico, and Guam.

The Squires is the official youth organization of the Knights of Columbus.

The Squires program is designed to develop young men as leaders who understand their Catholic religion, who have a strong commitment to the Church and who are ready, willing and capable of patterning their lives after the Youth Christ.

A Squires circle must be sponsored by a council or assembly, but is run by and for young men, under the guidance of several Knights, who serve as counselors. Squires are to be leaders, thus, to the degree they are able, they are given the opportunity to lead, by running their own meetings, investing their own members, setting their circle's agenda and implementing their program of activities.

Squires have fun. They meet new friends, they travel, play sports and socialize. And Squires are serious-minded too. Squires are involved in promoting vocations, marching in defense of unborn children, feeding the hungry, clothing the poor, supporting Special Olympics and promoting Catholic education, among countless other activities. Thus, the Squires circle is an athletic team, a youth group, a social club, a cultural and civic improvement association, a management training course, a civil rights organization and a spiritual development program all rolled into one.

Sponsorship of a Columbian Squires Circle in good standing fulfills all four youth activity requirements for the Columbian Award.

To find out more about the Squires, complete and forward this form to the Supreme Council office. Upon receipt, a Squires Inquiry Kit, containing Squires materials for instituting or reinstating a circle, will be sent to you immediately.

Yes!

**Send me
more
information
about
starting a
Columbian
Squires
Circle.**

Council/Assembly # _____

Name _____ Member # _____ Title _____

Address _____

City _____ State/Province _____ Zip/Postal Code _____

Telephone # _____ E-mail: _____



When a state council/local council campaign raises one-half of the cost of purchasing an ultrasound machine for a pro-life pregnancy care center (PCC), the Supreme Council will match the other half of the machine's cost.

Since this is a joint state and local council initiative, the state deputy must be informed at the beginning of the process of local and state council efforts. Throughout the campaign the state deputy should be kept informed of local and state council progress.

To qualify for matching funds, a Knights of Columbus state or local council must take the following steps:

1. Locate a pro-life PCC that is prepared to receive and use an ultrasound machine.
2. Present a Diocesan Evaluation (Form #9884) to the (Arch)diocesan culture of life director to determine whether or not the PCC is anti-Catholic in any way (i.e. - some centers have individuals who have attempted to lead Catholic women away from the Church) and if the PCC may participate in the Ultrasound Initiative.
3. Determine that this PCC will be able to staff and operate this machine. This will include assuring that:
 - a. the center is properly licensed under state and local laws and regulations to operate an ultrasound machine
 - b. the center is affiliated with a medical doctor who is willing to oversee the ultrasound machine operations
 - c. the machine will be staffed with licensed and experienced medical personnel
 - d. the center has adequate insurance for operation of the machine
4. After the Diocesan Evaluation has been submitted to and acknowledged as positive by the Supreme Council office, and each of the other criteria above have been met, the PCC officials, including the medical director, should select an ultrasound machine that will fit the center's needs. They should obtain a quote for the purchase price of the machine (not including shipping, taxes, maintenance agreements, extra parts or supplies, etc). The prices of ultrasound machines to date have reflected discounts negotiated with the vendor. In some cases, the discount has been 55% of the list price.
5. Begin fundraising. While the PCC may certainly assist in fund raising, if the PCC raises the funds predominately on its own, without on-going and significant involvement of the local council and/or the state council, the PCC will not be eligible for matching funds from the Supreme Council Office. The Knights of Columbus council must be actively involved in raising the funds for half of the purchase price of the ultrasound machine.

In the United States, the state or local council leading the drive should designate, or open, a council bank account to receive the funds. Donated checks should be made out to "Knights of Columbus," not to the PCC, to assure all donations are counted towards the council's 50% share of the funds to be raised and matched.

In Canada, because of differing tax codes, checks should be payable to the PCC, not to the council. The council leading the fund raising campaign should collect the checks and other donations, list them by name and amount, then turn the funds over to the PCC for deposit.

6. Once the funds for not less than half of the purchase price of the ultrasound machine are raised, the Ultrasound Initiative Application (#4886), should be completed, signed by the state deputy, and submitted to the Supreme Council Office. Enclose other required documents, such as the price quote for the ultrasound machine.
7. According to the same terms as described above, funds may be raised and matched in order to replace a PCC's machine that has become less effective because of excessive use or outdated technology.
8. Plan a check presentation or ribbon cutting ceremony to be held when the machine arrives or is ready for operation. Be sure to invite the state deputy and determine with the PCC which media to invite.

Refer to www.kofc.org/ultrasound for additional information and for links to and download of the Diocesan Evaluation form and the Ultrasound Initiative application.

Culture of Life, Marriage and Family Values Office
Knights of Columbus
1 Columbus Plaza
New Haven, CT 06510-3326

william.obrien@kofc.org 203-752-4403



ULTRASOUND INITIATIVE

APPLICATION - FOR STATE COUNCIL AND/OR LOCAL COUNCIL USE

Sponsoring state or local council: _____ # _____

Council location: _____ State/Province _____

The council voted to approve proceeding with this fund raising program on (date): _____

K of C contact person: _____ Title _____ Date: _____

Telephone #: _____ Address: _____

Pregnancy Care Center: _____ Telephone _____

Contact person: _____ Title _____ Email address: _____

Address _____ City/Town _____ State/Province _____ Zip Code _____

U.S. - Tax Status: _____ 501(c)3 _____ other _____ PCC's U.S. Tax ID # (EIN) _____

Canada - The Canadian Revenue Agency (CRA) has approved this PCC as a registered charity authorized to perform limited medical services: (circle) Yes No Canadian Registered Charity #: _____

National affiliations: (circle) NIFLA Care Net Heartbeat other: _____

Check here (____) if this PCC has no policies that are anti-Catholic in any way and does not engage in practices that would tend to lead Catholic women away from their faith.

Check here (____) if this PCC does not advocate or refer for birth control.

Does the center require employees, volunteers or patient/clients to sign a Statement of Faith?

Yes ____ (If yes, please enclose a copy.) No ____

Please verify each of the following statements and indicate with a checkmark:

____ The center complies with all state/provincial/local laws/regulations to operate an ultrasound machine.

The PCC's medical director is: Dr. _____
Address: _____

____ The machine will be staffed with trained, licensed, experienced medical personnel.

____ The PCC will offer limited diagnostic medical services, not non-diagnostic/entertainment services

____ The center has adequate insurance for operation of the ultrasound machine.

Please list the council number of any other councils which assisted in or contributed to the state council's/ council's fund raising efforts. # _____ # _____ # _____ # _____

Please briefly describe anything particularly noteworthy about the PCC (near abortion clinic, colleges, military base, etc.) and the major fundraising programs used by your council to raise the required funds (use additional paper if needed): _____

Ultrasound machine manufacturer: _____ Model: _____

Type of ultrasound machine to be purchased: ____ 2-D ____ 3-D ____ 4-D ____ other _____

List price: \$ _____ Check: ____ new ____ refurbished ____ portable

Machine's actual cost (not including freight, taxes, training, salaries, etc.): \$ _____

Total amount raised to date by the council (must be at least 50% of the machine's cost): \$ _____

Please make \$ _____ check (equal to 50% of the machine's actual cost) payable to:
the PCC listed above; or, to the _____ State Council Charities (EIN # _____)

Please mail check to (name/address): _____

State Deputy's signature: _____ Date: _____

Submit to: **Culture of Life, Marriage and Family Values Office, Knights of Columbus, 1 Columbus Plaza New Haven, CT 06510-3326**
Enclosure: Ultrasound Machine Price Quote

Available in electronic format at kofc.org/forms



During Supreme Knight Carl Anderson's first address to the state deputies, he stated that "we have nothing less than a moral obligation to offer every eligible Catholic man the opportunity and the privilege of membership in our Order." He also stated, "We must have a Knights of Columbus presence in every parish." Therefore, councils serving more than one parish are urged to implement the Parish Round Table program in each of the parishes. They serve there by establishing a Knights of Columbus presence.

Under the Parish Round Table concept, council members belonging to each parish will become members of the Parish Round Table developed to assist the pastor with any project that he may assign to the group. The pastor will be asked to recommend a member from the group and the grand knight will appoint that member as the coordinator. **However, the coordinator must be a member from the council that sponsors the Round Table.** Round Tables should also be offered to small parishes and missions within your area that cannot sustain their own council. These parishes need a Knights of Columbus presence and can also offer your council additional growth potential.

Please print or type names and membership numbers for those chairman appointed for the Parish Round Tables of the council. Failure to include membership numbers will only delay the processing. The Report of Round Table Coordinator (Form #2629) should be submitted to the Supreme Council as soon as the Round Table is formed. If there are address changes, additions or deletions of coordinators at any time during the year please notify the Supreme Council Department of Membership Growth and Ceremonials. State Councils will continue to be urged to form new councils in those parishes large enough (over 150 families or 600 parishioners) to support a council.

Additional information on the Parish Round Table program may be obtained by contacting the Supreme Council Department of Membership Growth and Ceremonials. Form 2629 must be filed each year even if the Coordinator is the same member.

Is your Council a Parish Council? Yes No **Base/Main Parish:** _____

Council: _____ **City:** _____

Jurisdiction: _____ **Language:** **E** **F** **S** **Other**

Diocese: _____ **Specify Language if Other:** _____

(1) ROUND TABLE COORDINATOR:	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL
STREET _____ CITY _____ STATE _____ ZIP _____				
PHONE NO. _____ PARISH: _____ CITY: _____				
NUMBER OF COUNCIL MEMBERS AT THIS PARISH: _____ NUMBER OF FAMILIES AT PARISH: _____				

(2) ROUND TABLE COORDINATOR:	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL
STREET _____ CITY _____ STATE _____ ZIP _____				
PHONE NO. _____ PARISH: _____ CITY: _____				
NUMBER OF COUNCIL MEMBERS AT THIS PARISH: _____ NUMBER OF FAMILIES AT PARISH: _____				

(3) ROUND TABLE COORDINATOR:	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL
STREET _____ CITY _____ STATE _____ ZIP _____				
PHONE NO. _____ PARISH: _____ CITY: _____				
NUMBER OF COUNCIL MEMBERS AT THIS PARISH: _____ NUMBER OF FAMILIES AT PARISH: _____				

Detach and mail to: Knights of Columbus Supreme Council Office, Membership Growth Department
1 Columbus Plaza, New Haven, CT 06510-3326 or Fax to: (203) 752-4108 or Email: councilgrowth@kofc.org

(5) ROUND TABLE COORDINATOR:	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL
	STREET CITY STATE ZIP			
PHONE NO. _____ PARISH: _____ CITY: _____				
NUMBER OF COUNCIL MEMBERS AT THIS PARISH: _____ NUMBER OF FAMILIES AT PARISH: _____				

(6) ROUND TABLE COORDINATOR:	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL
	STREET CITY STATE ZIP			
PHONE NO. _____ PARISH: _____ CITY: _____				
NUMBER OF COUNCIL MEMBERS AT THIS PARISH: _____ NUMBER OF FAMILIES AT PARISH: _____				

(7) ROUND TABLE COORDINATOR:	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL
	STREET CITY STATE ZIP			
PHONE NO. _____ PARISH: _____ CITY: _____				
NUMBER OF COUNCIL MEMBERS AT THIS PARISH: _____ NUMBER OF FAMILIES AT PARISH: _____				

(8) ROUND TABLE COORDINATOR:	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL
	STREET CITY STATE ZIP			
PHONE NO. _____ PARISH: _____ CITY: _____				
NUMBER OF COUNCIL MEMBERS AT THIS PARISH: _____ NUMBER OF FAMILIES AT PARISH: _____				

(9) ROUND TABLE COORDINATOR:	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL
	STREET CITY STATE ZIP			
PHONE NO. _____ PARISH: _____ CITY: _____				
NUMBER OF COUNCIL MEMBERS AT THIS PARISH: _____ NUMBER OF FAMILIES AT PARISH: _____				

(10) ROUND TABLE COORDINATOR:	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL
	STREET CITY STATE ZIP			
PHONE NO. _____ PARISH: _____ CITY: _____				
NUMBER OF COUNCIL MEMBERS AT THIS PARISH: _____ NUMBER OF FAMILIES AT PARISH: _____				

MAIL ORIGINAL TO: Supreme Council, Department of Membership Growth and Ceremonials
 MAIL COPIES TO: State Deputy, District Deputy, Council File _____ Grand Knight

Detach and mail to: Knights of Columbus Supreme Council Office, Membership Growth Department
 1 Columbus Plaza, New Haven, CT 06510-3326 or Fax to: (203) 752-4108 or Email: councilgrowth@kofc.org



Council Number _____ Location _____
City _____ State _____

PARTNERSHIP WITH HABITAT FOR HUMANITY

An effective and successful program to: 1) Contribute volunteers and raise funds for construction of Habitat for Humanity houses, 2) Increase awareness of the charitable works by the Knights of Columbus, and, 3) Inspire men to proudly join the Knights of Columbus.

Our Council has contributed volunteers and funds to Habitat for Humanity

The total amount of volunteer hours contributed: _____

How many members volunteered for Habitat for Humanity projects: _____

The total amount of funds donated to Habitat for Humanity: **\$** _____

Number of Habitat for Humanity houses built: _____

How many new members were inspired to join your Council as a result of these activities? _____

Other Fundraising Activities for the Habitat for Humanity

Briefly describe any other activities your Council did this year to raise funds for the Habitat for Humanity (e.g.: Pancake Breakfasts, Car Wash, Dinner/Dance, etc.)

Total amount of dollars raised during other fundraising activities: \$ _____

Total amount of man-hours spent to raise funds this year: _____

Total amount of donations to the Habitat for Humanity this year: **\$** _____

Date: _____

(Signed) _____
(Grand Knight)

Mail Original To: Supreme Council – Fraternal Services.

Mail Copies To: State Deputy, District Deputy

(Signed) _____
(Financial Secretary)



Council Number _____ Location _____
City _____ State _____

“Wheelchair Sunday” Parish Drive

A very effective and successful program to: 1) Raise funding for the delivery of life-changing wheelchairs, 2) Increase awareness of the charitable works by the Knights of Columbus, and 3) Inspire men to proudly join the Knights of Columbus.

Our Council has conducted a “Wheelchair Sunday”

The total amount of donations received during the weekend? \$ _____

How many new members were inspired to join your Council as a result of the presentation? _____

If your council would like information on how to conduct a “Wheelchair Sunday” please *review the “Wheelchair Sunday” video and Handbook by visiting the Knights of Columbus section at: www.amwheelchair.org*

Other Fundraising Activities for the American Wheelchair Mission

Briefly describe any other activities your Council did this year to raise funds for the American Wheelchair Mission (e.g.: Pancake Breakfasts, Car Wash, Dinner/Dance, etc.)

Total amount of dollars raised during other fundraising activities: \$ _____

Total amount of man-hours spent to raise funds this year: _____

Total amount of donations to the American Wheelchair Mission this year: \$ _____

Date: _____

(Signed) _____
(Grand Knight)

Mail Original To: Supreme Council – Fraternal Services.
Mail Copies To: State Deputy, District Deputy

(Signed) _____
(Financial Secretary)

