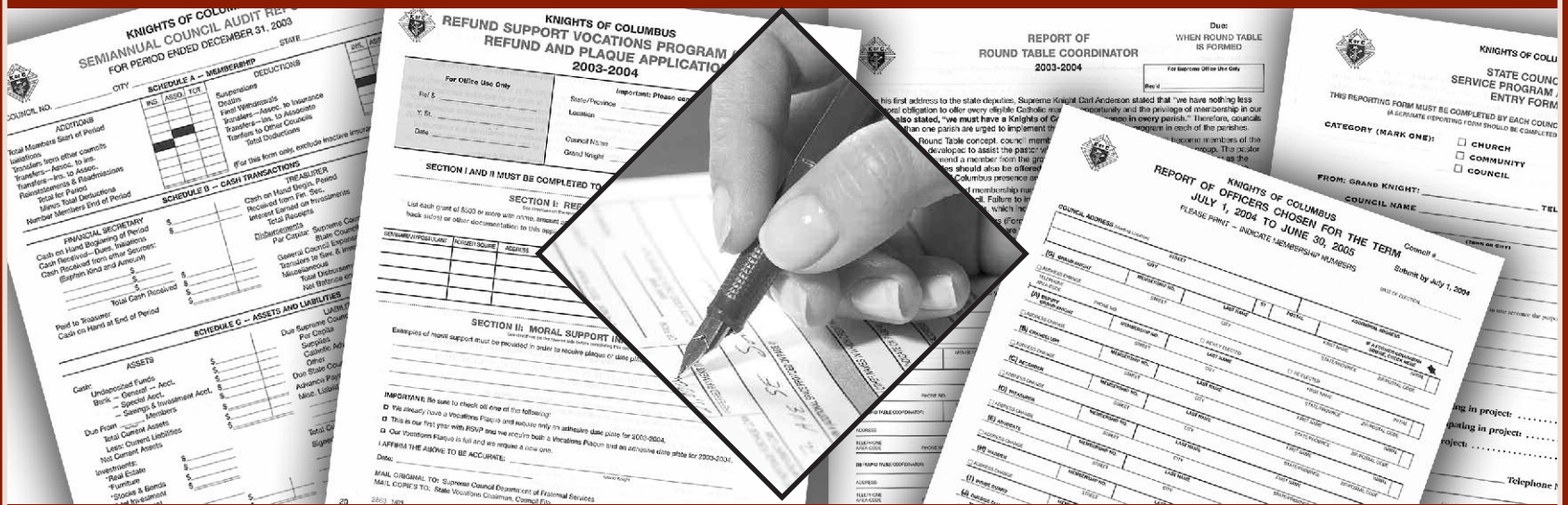


COUNCIL REPORT Forms Booklet



**KNIGHTS
OF COLUMBUS**
IN SERVICE TO ONE. IN SERVICE TO ALL.



This Council Report Forms Booklet, as well as the "Online Forms" section of the Order's website (www.kofc.org), contains many of the important report forms your council is expected to complete during the fraternal year. It has been designed to serve as a ready reference source for the **grand knight, financial secretary and program director** by providing each with the appropriate report forms to file and the dates that these reporting forms are due at the Supreme Council office.

The report forms included in this booklet are arranged in the order of deadline dates assigned for each report. This date is located in the upper right hand corner of each form. **Grand knights, financial secretaries and program directors** should review this book often, definitely monthly, to verify that the council is filing the reporting forms due during that month. The tab of each page includes the proper mailing address and fax number of the Supreme Council office. **Each council is responsible for sending copies of each report to the appropriate state/district officials if necessary. IN EVERY INSTANCE, COPIES OF EACH REPORT FORM MUST BE KEPT FOR THE COUNCIL FILES.**

NOTE: The Form/Deadline Checklist includes a space to record the actual date on which the form was mailed to the Supreme Council office.

Any questions concerning the Council Report Forms Booklet or the forms themselves should be directed to: Supreme Council Department of Fraternal Services, 1 Columbus Plaza, New Haven, CT 06510-3326 (203) 752-4270.

FORM/DEADLINE CHECKLIST

FORM	REPORT	PAGE	DUE BY	DATE SENT
1295	SEMI ANNUAL COUNCIL AUDIT REPORT	1	AUGUST 15	_____
SA-KIT	SUBSTANCE ABUSE AWARENESS POSTER CONTEST KIT ORDER FORM	3	SEPTEMBER 1	_____
FT-KIT	FREE THROW COUNCIL COMPETITION KIT ORDER FORM	3	NOVEMBER 1	_____
EA-KIT	ESSAY CONTEST COMPETITION KIT ORDER FORM	5	SEPTEMBER 1	_____
SC-KIT	SOCCER CHALLENGE KIT ORDER FORM	5	AUGUST 15	_____
2629	NOTICE OF APPOINTMENT OF ROUND TABLE COORDINATOR	7	SEPTEMBER 1	_____
4567	SOCCER CHALLENGE PARTICIPATION REPORT FORM	9	DECEMBER 1	_____
FT-1	FREE THROW CHAMPIONSHIP PARTICIPATION REPORT	11	JANUARY 31	_____
4001	SUBSTANCE ABUSE AWARENESS POSTER CONTEST PARTICIPATION FORM	13	JANUARY 31	_____
1728A	SURVEY OF FRATERNAL ACTIVITY INDIVIDUAL MEMBER WORKSHEET	15	AS NEEDED	_____
1728	ANNUAL SURVEY OF FRATERNAL ACTIVITY REPORT	17	JANUARY 31	_____
4584	PARTNERSHIP PROFILE REPORT WITH SPECIAL OLYMPICS	19	JANUARY 31	_____
1295	SEMIANNUAL COUNCIL AUDIT REPORT	21	FEBRUARY 15	_____
STSP	STATE COUNCIL SERVICE PROGRAM AWARDS ENTRY FORM	23	AS NEEDED	_____
2630	ANNUAL REPORT KNIGHTS OF COLUMBUS ROUND TABLE	25	JUNE 30	_____
2863	RSVP REFUND/PLAQUE APPLICATION	27	JUNE 30	_____
SP7	COLUMBIAN AWARD APPLICATION	29	JUNE 30	_____
185	REPORT OF OFFICERS CHOSEN FOR TERM JULY 1, 20__-JUNE 30, 20__	31	JULY 1, 20__	_____
365	SERVICE PROGRAM PERSONNEL REPORT FOR THE TERM JULY 1, 20__-JUNE 30, 20__	33	AUGUST 1, 20__	_____
4348	YOUTH LEADER FOR THE TERM REPORT	35	AS NEEDED	_____
532	REQUISITION FOR FIRST DEGREE CEREMONIALS	37	AS NEEDED	_____
2935	COLUMBIAN SQUIRES INQUIRY KIT ORDER FORM	39	AS NEEDED	_____
4885	ULTRASOUND MACHINE PURCHASE PROGRAM GUIDELINES	41	AS NEEDED	_____
4886	ULTRASOUND MACHINE INITIATIVE APPLICATION	42	AS NEEDED	_____



Due By: AUGUST 15

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

SCHEDULE A – MEMBERSHIP

ADDITIONS	INS. ASSO. TOT.			DEDUCTIONS	INS. ASSO. TOT.		
	Total members start of period					Suspensions	
Initiations				Deaths			
Transfers from other councils				Withdrawals			
Transfers—assoc. to insurance				Transfers—assoc. to insurance			
Transfers—ins. to associate				Transfers—ins. to associate			
Re-entries				Transfers to other councils			
Total for period				Total deductions			
Minus total deductions				Do not include inactive insurance members in this section.			
Number members end of period				See <i>Financial Secretary Handbook</i> , Council Audit, Schedule A.			

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:		Transfers from sav./invest. accts.	\$ _____
(Explain kind and amount)		Interest earned on investments	\$ _____
_____ \$		Total receipts	\$ _____
_____ \$		<u>Disbursements</u>	
_____ \$		Per capita: Supreme Council	\$ _____
Total cash received	\$ _____	state council	\$ _____
Paid to treasurer	\$ _____	General council expenses	\$ _____
Cash on hand at end of period	\$ _____	Transfers to sav./invest. accts.	\$ _____
		Miscellaneous	\$ _____
		Total disbursements	\$ _____
		Net balance on hand	\$ _____

SCHEDULE C – ASSETS AND LIABILITIES

ASSETS		LIABILITIES	
Cash:		Due Supreme Council:	
Undeposited funds	\$ _____	Per capita	\$ _____
Bank — General acct.	\$ _____	Supplies	\$ _____
— Special acct.	\$ _____	Catholic advertising	\$ _____
— Savings/investment accts.	\$ _____	Other	\$ _____
Due from _____ members	\$ _____	Due state council	\$ _____
Total current assets	\$ _____	Advance payments by _____ members	\$ _____
Less: current liabilities	\$ _____	Misc. liabilities	\$ _____
Net current assets	\$ _____	_____	\$ _____
Investments:		_____	\$ _____
*Real estate (if applicable)	\$ _____	_____	\$ _____
*Furniture	\$ _____	Total current liabilities	\$ _____
*Stocks & bonds	\$ _____		
Total investments	\$ _____	Signed this _____ day of _____ 20 _____	
Less: Investment liabilities	\$ _____	_____ Grand Knight	
Net investment assets	\$ _____	_____ Trustee	
Total assets	\$ _____	_____ Trustee	
		_____ Trustee	

*Use reverse side to describe.

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

Detach and mail to: Knights of Columbus Supreme Council Office, Council Accounts
1 Columbus Plaza, New Haven, CT 06510-3326 or Fax to: (203) 752-4103

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 school year, so **kits should be ordered between September 1 and October 31.**

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 3/11

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

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 by early November** to have the proper materials on hand for their competition.

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 |
| 10 | #1809 | Council Champion Certificates |
| 1 | #1928 | Free Throw Program Guide |
| 1 | #2218 | Clip Art Sheet |

FT-KIT 3/11

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

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 accordingly.

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 | 1 st Place Certificate |
| 5 | #4865 | 2 nd Place Certificate |
| 5 | #4866 | 3 rd Place Certificate |

EA-KIT 3/11

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

Essay Contest Kit Order Form

___ Number of Kits in English

___ Number of Kits in French

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

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 by early August** to have the proper materials on hand for the competition.

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 |
| 10 | #4575 | Council Champion Certificates |
| 1 | #4576 | Soccer Challenge Program Guide |
| 1 | #4577 | Clip Art Sheet |

SC-KIT 3/11

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

(4) ROUND TABLE COORDINATOR:	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL
TELEPHONE AREA CODE	PHONE NO.	PARISH:	CITY	
ADDRESS				
STREET				
CITY				
STATE				
ZIP				
(5) ROUND TABLE COORDINATOR:	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL
TELEPHONE AREA CODE	PHONE NO.	PARISH:	CITY	
ADDRESS				
STREET				
CITY				
STATE				
ZIP				
(6) ROUND TABLE COORDINATOR:	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL
TELEPHONE AREA CODE	PHONE NO.	PARISH:	CITY	
ADDRESS				
STREET				
CITY				
STATE				
ZIP				
(7) ROUND TABLE COORDINATOR:	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL
TELEPHONE AREA CODE	PHONE NO.	PARISH:	CITY	
ADDRESS				
STREET				
CITY				
STATE				
ZIP				
(8) ROUND TABLE COORDINATOR:	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL
TELEPHONE AREA CODE	PHONE NO.	PARISH:	CITY	
ADDRESS				
STREET				
CITY				
STATE				
ZIP				
(9) ROUND TABLE COORDINATOR:	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL
TELEPHONE AREA CODE	PHONE NO.	PARISH:	CITY	
ADDRESS				
STREET				
CITY				
STATE				
ZIP				

Detach and mail to: Knights of Columbus Supreme Council Office, Membership Growth Development
 1 Columbus Plaza, New Haven, CT 06510-3326 or Fax to: (203) 752-4108

MAIL ORIGINAL TO: Supreme Council Department of Fraternal Services

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

Available in electronic format at www.kofc.org

SOCCER CHALLENGE PARTICIPATION REPORT FORM

Due By:
December 15

PLEASE INDICATE THE NUMBER OF PARTICIPANTS IN YOUR COUNCIL CONTEST:

AGE GROUPS	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

4567 3/11

FREE THROW PARTICIPATION REPORT FORM

Due By:
January 31

PLEASE INDICATE THE NUMBER OF PARTICIPANTS IN YOUR COUNCIL CONTEST:

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



KNIGHTS OF COLUMBUS

FREE THROW

CHAMPIONSHIP

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 _____

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

SUBSTANCE ABUSE AWARENESS POSTER CONTEST PARTICIPATION FORM

Due By:
January 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: _____

FORWARD TO: Supreme Council Department of Fraternal Services

COPY TO: State Deputy, District Deputy Council File



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

Last year, the Knights of Columbus donated more than \$151 million to charitable and benevolent causes and more than 69 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 **during 20__.**

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 _____
- Pro-Life Activities — service in all related projects _____
- 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

Last year, the Knights of Columbus donated more than \$144.9 million to charitable and benevolent causes and more than 68 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 **during 20__.**

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 _____
- Pro-Life Activities — service in all related projects _____
- 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__

Due By: JANUARY 31

***IMPORTANT**

* Please type or print legibly.

* Complete numerical data from right to left – ex.

□ □ □ □ 1 0 0

* In sections II and III use EXACT DOLLAR AMOUNTS.

* UNITS IN THE PHILIPPINES SHOULD REPORT ALL FINANCIAL DATA IN PESOS.

* Include financial contributions and hours of community service from all related programs (i.e. council corporations, parish round tables, etc.)

* Do not write-in additional activities or contributions – use only spaces provided.

* MAKE A PHOTOCOPY OF SURVEY REPORT FOR YOUR COUNCIL FILE.

SECTION I. NUMBERS OF MEETINGS HELD DURING YEAR:

1. Regular – meetings for conducting or discussing business. Include officers and Service program committee meetings.
2. Social – dinners, card parties, dances, etc. Business may or may not have been discussed.
3. Special – lectures, films, seminars, cultural, ethnic, educational, religious events, etc. Business may or may not have been discussed.

SECTION II. ACTIVITY EXPENSE:

1. a. Printing and Postage – printing and postage for newsletters, flyers, communications for activities.
- b. Food and Refreshments – food, refreshments, etc. for activities.
- c. Prizes – gifts, awards, incentives, raffles, etc. related to sponsored events.
- d. Projects – transportation, facility rental, photography, etc. for related projects.
- e. Entertainment – bands, magicians, comedians, etc. for events.
- f. Miscellaneous – all other expenses not outlined above relating to activities.

SECTION III. CHARITABLE AND BENEVOLENT DISBURSEMENTS:

Church Activities

1. a. Church Facilities – construction, repairs, remodeling, memorial gifts, etc.
- b. Catholic Schools – donations, grants, construction, repairs, etc.
- c. Religious Education – CCD, lay apostolate, Keep Christ in Christmas, marriage encounter, etc.
- d. Seminarians/RSVP – direct contributions to seminarians, postulants and religious.
- e. Seminaries – donations, construction, equipment, etc.
- f. Vocations Projects – programs, speakers, films, program materials, etc.
- g. Miscellaneous – all other Church related disbursements not outlined above.

Community Activities

2. a. Elderly – homes for the aged, Retired Senior Volunteer Program, etc.
- b. Physically Disabled – Muscular Dystrophy, Cerebral Palsy, etc.
- c. Special Olympics – local, state and national contributions, etc.
- d. People with Intellectual Disabilities – candy distributions, etc.
- e. Human Needs – caring for the sick, food, clothing, shelters, soup kitchens, homeless, etc.
- f. Victims of Disasters – natural disasters, fire, violence, accidents, etc.
- g. Hospitals/Institutions – equipment, construction, memorial gifts, etc.
- h. Health and Service Organizations – Red Cross, Hospice, United Way, cancer/heart funds, etc.
- i. Community-wide Projects – civic involvement, public safety, environment, decency, etc.
- j. Habitat for Humanity – civic involvement, donations, etc.
- k. Miscellaneous – all other community related disbursements not outlined above.

Pro-Life Activities

3. a. Donations – monies donated to Crisis pregnancy centers, BirthRight, Project Rachel, etc.
- b. Hall Usage – making the council home available to pro-life groups and organizations.
- c. BirthRight – fund-raising activities and monetary donations.
- d. Baby Showers – for individual pregnant women who are struggling financially, or for homes for unwed mothers.
- e. Baby Bottle Campaign – individuals or families collect loose change—or paper money—in empty baby bottles and turn over to the council for pro-life initiatives.
- f. Ultra-sound program – raising funds to purchase ultrasound machines for crisis pregnancy centers.

Youth Activities

4. a. Columbian Squires – overall sponsorship, contributions, etc.
- b. Scouting – sponsorship, contributions, etc.
- c. Youth Groups – CYO, Big Brothers/Big Sisters, 4-H, etc.
- d. Youth Welfare/Services – substance/child abuse, foster parents, etc.
- e. Athletics – equipment, league/team sponsorship, transportation, etc.
- f. Scholarships/Education – career nights, essay contests, tuition, fund raising, etc.
- g. Miscellaneous – all other youth related disbursements not outlined above.

SECTION IV. FRATERNAL COMMITMENT:

Number of visits to:

1. a. Sick – caring for the sick/nursing homes/hospitals.
- b. Bereaved – visits of condolence.
2. Number of blood donors – members serving as blood donors.
3. Habitat for Humanity Projects – number of projects involved in during year

Estimated hours of community volunteer service:

4. a. Church Activities – volunteer service in all Church related activities.
- b. Community Activities – volunteer service in all community related activities.
- c. Youth Activities – volunteer service in all youth related activities.
- d. Habitat for Humanity – volunteer services to these projects
- e. Pro-Life Activities – volunteer service in all activities that support pro-life
- f. Miscellaneous Activities – volunteer service in any areas not outlined above.

Estimated hours of fraternal service:

5. Sick/disabled members and their families – household chores, transportation, tutoring, counselling, etc.

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



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
 - d. Intellectual Disabilities
 - e. Human Needs
 - f. Victims of Disasters
 - g. Hospitals/Institutions
 - h. Health and Service Organizations
 - i. Community-wide Projects
 - j. Habitat for Humanity Projects
 - k. Miscellaneous
- DOLLARS ONLY:**
- | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
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| | | | | | | | | | |

Total Community Disbursements

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

Pro-Life Activities

- 3. a. Donations
 - b. Hall usage
 - c. Birthright
 - d. Baby showers
 - e. Baby bottle campaign
 - f. Memorials to unborn children
- DOLLARS ONLY:**
- | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
| | | | | | | | | | |
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| | | | | | | | | | |

Total Pro-Life Disbursements

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

Youth Activities

- 4. a. Columbian Squires
- b. Scouting
- c. Youth Groups
- d. Youth Welfare/Services
- e. Athletics
- f. Scholarships/Education
- g. Miscellaneous

DOLLARS ONLY:

Total Youth Disbursements

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

TOTAL CHARITABLE (Church, Community, Pro-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. 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



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

**Due By:
JANUARY 31**

***IMPORTANT**

- * *Please report, whether your council is involved with the Special Olympics or not.*
- * *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

Council involved in Special Olympics

Council **not** involved in Special Olympics

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)

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

(Signed) _____
(Financial Secretary)



Due By: FEBRUARY 15

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

SCHEDULE A – MEMBERSHIP

ADDITIONS	INS.			ASSO.			TOT.			DEDUCTIONS	INS.			ASSO.			TOT.										
Total members start of period										Suspensions																	
Initiations										Deaths																	
Transfers from other councils										Withdrawals																	
Transfers—assoc. to insurance										Transfers—assoc. to insurance																	
Transfers—ins. to associate										Transfers—ins. to associate																	
Re-entries										Tranfers to other councils																	
Total for period										Total deductions																	
Minus total deductions										Do not include inactive insurance members in this section.																	
Number members end of period										See <i>Financial Secretary Handbook</i> , Council Audit, Schedule A.																	

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:		Transfers from sav./invest. accts.	\$ _____
(Explain kind and amount)		Interest earned on investments	\$ _____
\$ _____		Total receipts	\$ _____
\$ _____		<u>Disbursements</u>	
\$ _____		Per capita: Supreme Council	\$ _____
Total cash received	\$ _____	state council	\$ _____
Paid to treasurer	\$ _____	General council expenses	\$ _____
Cash on hand at end of period	\$ _____	Transfers to sav./invest. accts.	\$ _____
		Miscellaneous	\$ _____
		Total disbursements	\$ _____
		Net balance on hand	\$ _____

SCHEDULE C – ASSETS AND LIABILITIES

ASSETS		LIABILITIES	
Cash:		Due Supreme Council:	
Undeposited funds	\$ _____	Per capita	\$ _____
Bank — General acct.	\$ _____	Supplies	\$ _____
— Special acct.	\$ _____	Catholic advertising	\$ _____
— Savings/investment accts.	\$ _____	Other	\$ _____
Due from _____ members	\$ _____	Due state council	\$ _____
Total current assets	\$ _____	Advance payments by _____ members	\$ _____
Less: current liabilities	\$ _____	Misc. liabilities	\$ _____
Net current assets	\$ _____	_____	\$ _____
Investments:		_____	\$ _____
*Real estate (if applicable)	\$ _____	_____	\$ _____
*Furniture	\$ _____	Total current liabilities	\$ _____
*Stocks & bonds	\$ _____		
Total investments	\$ _____	Signed this _____ day of _____ 20 _____	
Less: Investment liabilities	\$ _____	_____ Grand Knight	
Net investment assets	\$ _____	_____ Trustee	
Total assets	\$ _____	_____ Trustee	
		_____ Trustee	

*Use reverse side to describe.

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



**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"/> PRO-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 www.kofc.org

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



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.

Date: _____

Due By: JUNE 30

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.

Grand Knight _____
name membership number

Coordinator _____
name membership number

Name: _____
Pastor

MAIL ORIGINAL TO: Department of Fraternal Services

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

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 Department of Fraternal Services

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

Available on the website at www.kofc.org



Due By: JUNE 30

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 K of C councils or assemblies make an annual contribution of \$500 or more to an individual seminarian to help with his expenses. Councils and assemblies can sponsor more than one seminarian if their resources permit. In each case, the minimum annual contribution 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, 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.

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.



Due By: JUNE 30

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 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

(See other side for instructions)

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



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, Family Activities, Pro-Life 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 _____

<u>This Area For Supreme Council Use Only</u>	
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. Use additional paper, if necessary.

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

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

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/forms

(Additional information required on reverse side.)

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



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. _____

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

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

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

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

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

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

*Sponsorship of a Columbian Squires Circle in good standing fulfills all four youth activity requirements for the Columbian Award. If your council sponsors a Circle of Columbian Squires, please supply Circle number.

Our Council sponsors Columbian Squires Circle No. _____ .

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



Council # _____

DATE OF ELECTION _____

PLEASE PRINT – INDICATE MEMBERSHIP NUMBERS

Due By:
JUNE 30, 20__

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

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

Detach and mail to: Knights of Columbus Supreme Council Office Department of Membership Records
1 Columbus Plaza, New Haven, CT 06510-3326 or Fax to: (203) 752-4113



For Supreme Office Use Only
Rec'd _____

**Due By:
AUGUST 1, 20__**

Form (#365) should be completed and forwarded to the Supreme Council Department of Fraternal Services as soon as a majority of your council's Service Program personnel have been appointed. Please understand that it is not necessary for your council to appoint members to fill all of the positions listed below. Because of local circumstances, a council may wish to only appoint the seven directors and perhaps a few chairmen to conduct those programs needed in your area. When and if additional chairmen are appointed, they should be reported promptly to the Department of Fraternal Services.

Please print or type names and membership numbers for those directors and/or chairmen appointed for your council. Failure to include membership numbers will only delay the processing and receipt of special program materials which include **KNIGHTLINE**.

The Service Program Personnel Reporting Form (#365) must be received at the Supreme Council office by **August 1**, in order to attain the first requirement for the **Star Council, Columbian, Father McGivney and Founders' Awards**.

If there are additions or deletions to your listing of Service Program personnel during the fraternal year, please notify the Supreme Council Department of Fraternal Services immediately at: 1 Columbus Plaza, New Haven, CT 06510-3326.

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		
PRO-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 www.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			
PRO-LIFE CHAIR COUPLE: HUSBAND AND WIFE	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	WIFE'S NAME	INITIAL
		EMAIL			

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



**PLEASE TYPE OR PRINT IN CAPITAL LETTERS
IF MORE SPACE IS NEEDED, USE AND ATTACH AN ADDITIONAL PAGE**



By my signature below I hereby authorize a background check of my fitness to be appointed as a youth leader in my council/assembly. In addition, in the event that I am appointed as a youth leader, I agree that the Order may conduct future background checks should they find it necessary or desirable to do so. I agree to hold harmless the Knights of Columbus and any organization that provides information concerning me.

Jurisdiction _____ Council # _____ Assembly # _____ Circle # _____
(State/Province)

Position applied for: Columbian Squires: Chief Counselor Committee Counselor Squire Advancement Program Counselor
Boy Scout Leader: Unit# _____ Pack Troop Team Post Ship
Other (specify position): _____

# YEARS A YOUTH LEADER	MEMBERSHIP #	LAST NAME	FIRST NAME	INITIAL
RESIDENCE TELEPHONE #	BUSINESS TELEPHONE #	FAX	SOCIAL SECURITY #/TAX ID #	DATE OF BIRTH MO. / DAY / YEAR
E-MAIL ADDRESS				

Current driver's license #: _____ State/province where issued _____

Previous driver's license #: _____ State/province where issued _____

Current Address:	City	State/Province	Zip/Postal Code	Dates
Previous street addresses since 18th birthday:*				

*If you listed more than 5 addresses in 5 years, please provide a reason for each.

Current Employer	City	State/Province	Zip/Postal Code	Dates
Previous Employers (last 5 years):				

High Schools attended: _____ City, State/Province of residence while attending _____

Colleges/Universities/Graduate Schools attended: _____ City, State/Province of residence while attending _____

*use additional sheet if necessary

(use reverse side)

The applicant should complete and sign this application and submit it to the grand knight. After reviewing the form the grand knight should forward it to the state deputy who will sign and forward the form to the Office of the Director of Security. All signatures are required before processing.

Military experience	City/State/Country of duty residence	Dates

Experience working with youth in other organizations:

Current memberships (religious, community, business, labor, or professional organizations):

References. Please list those who are familiar with your character as it relates to working with youth. References will be checked when necessary.

Name: _____ Telephone _____

Name: _____ Telephone _____

APPLICANT'S SIGNATURE

DATE

Note: The "Social Security #," "Date of Birth," complete residence addresses, and locations of employers and schools must be provided, and the applicant must sign the form, or the form will be returned.

For state and local council use:

I recommend appointment of the above applicant to serve as a youth leader in his council/assembly and hereby appoint him for the term indicated.

Grand Knight/Faithful Navigator

Date

State Deputy

Date

Important processing instructions:

Once completed, the applicant should give the form to the grand knight or faithful navigator. After the grand knight or faithful navigator, or his designee, checks the references listed and is satisfied the candidate is suitable for appointment, he should sign the form and forward it to the state deputy for his signature and subsequent forwarding to the Director of Security. Upon approval, a certificate will be sent to the applicant confirming his appointment. Approval is good for up to three years from the date on the certificate.



**KNIGHTS OF COLUMBUS
Supreme Council**

**Requisition for
First Degree Ceremonials**

I, _____ Grand Knight of Council No. _____,
_____, request approval for a set of First
location
Degree Ceremonial Books. (A set consists of 5 Ceremonial Books and 5 song books. All Degree
books are serialized. Note: Music #1 CD is available at a cost of \$8.00.)

Check here to have your council charged \$8.00 + shipping to receive the music CD.

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

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



The Columbian Squires is a leadership development program for Catholic young men, 10-18 years old. There are about 25,000 Squires in over 1,500 local units, called circles, throughout the United States, Canada, Mexico, the Philippines, Puerto Rico, the Virgin Islands, the Bahamas 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 reinstituting a circle, will be sent to you immediately.

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

Council # _____

Name _____ Member # _____ Title _____

Address _____

City _____ State/Province _____ Zip/Postal Code _____

Telephone # _____ E-mail: _____

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



When a state council/local council campaign raises one-half of the cost of purchasing an ultrasound machine for a pro-life pregnancy help center, 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 pregnancy care center that is prepared to receive and use an ultrasound machine.
2. Determine that this pregnancy care center will be able to staff and operate this machine. This will include:
 - a. assuring the center is properly licensed under state and local laws and regulations to operate an ultrasound machine
 - b. assuring that the center is affiliated with a medical doctor who is willing to oversee the ultrasound machine operations
 - c. assuring that the machine will be staffed with licensed and experienced medical personnel
 - d. assuring the center has adequate insurance for operation of the machine
3. Determine that the pregnancy care center is not anti-Catholic in any way (i.e. - some centers have individuals who have attempted to lead Catholic women away from the Church).
4. In a manner prescribed by the Supreme Council Office, submit documentation showing that you have completed each of the above steps.
5. Once each of these criteria have been met, work with the pregnancy care center to choose an ultrasound machine that will fit the center's needs. Get a quote for the purchase price of the machine (not including maintenance agreements or other add-on costs). 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.
6. Begin fundraising. While the pregnancy care center may certainly assist in fund raising, if the pregnancy care center raises the funds predominately on its own, without on-going and significant involvement of the local council and the state council, the pregnancy care center 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. The state council or the 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 pregnancy care center, to assure all donations are counted towards the council's share of the funds to be raised and matched.
7. Once the funds for not less than half of the purchase price are raised, submit the invoice or sales order for the ultrasound machine to the Supreme Council Office, which will match the other half of the purchase price of the machine.
8. According to the same terms as described above, funds may be raised and matched in order to replace a pregnancy care center's machine that has become less effective because of excessive use or outdated technology.
9. Plan a check presentation or ribbon cutting ceremony to be held when the actual machine arrives or is ready for operation. Be sure to invite the state deputy and determine with the pregnancy center which media to invite.



ULTRASOUND INITIATIVE

APPLICATION - FOR STATE COUNCIL AND/OR LOCAL COUNCIL USE

_____ State Council and/or Council: _____ # _____
 Council location: _____ State/Province _____
 The council voted to approve proceeding with this fund raising program on (date): _____

Pregnancy Care Center: _____ Telephone _____
 Contact person: _____ Title _____ Email address: _____
 Address _____ City/Town _____ State/Province _____ Zip Code _____
 Federal Tax Status (check one): _____ 501(c)3 _____ other _____ Center's Federal Tax ID # _____
 National affiliations: _____

Check here (____) if this pregnancy care center 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 pregnancy care center 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 and local laws and regulations to operate an ultrasound machine.

_____ The center has a medical doctor who will oversee the ultrasound machine operations.

The medical director is: Dr. _____
 Address: _____

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

_____ 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 the fund raising programs/activities/methods used by your council to raise the required funds (use additional paper if needed): _____

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

Manufacturer: _____ Model: _____

List price: \$ _____ (check one) ____ new ____ refurbished

Actual cost: \$ _____ (50% to be paid by the Supreme Council) (attach sales order)

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

Please make check payable, in the amount of \$ _____, to (circle one):

_____ State Council Council # _____ Pregnancy care center listed above

Signed: State Pro-life Director or Grand Knight: _____ Date: _____

Telephone #: _____ Email address: _____

Signed: State Deputy: _____ Date: _____

Mail check to: _____

Enclosures: _____ **Statement of Faith (if one is used by center)**
 _____ **Copy of Ultrasound Machine Sales Order**
 _____ **Center's Mission Statement**
 _____ **Other supporting documents**

Submit to: Office of Pro-life, Marriage and Family Values
Knights of Columbus
One Columbus Plaza
New Haven, CT 06510-3326

