

District Deputy Semiannual Report on Council Status

STATE/PROVINCE: _____

DISTRICT NO.: _____

DATE: _____

Due December 31 and June 30

Council No.: _____ Location: _____ (city) Type of Council: Regular Military College

COUNCIL DEADLINES

- Election of Officers* (Form #185) – July 1 deadline for receipt at Supreme Council office
- Service Program Personnel Report* (Form #365) – August 1 deadline for receipt at Supreme Council office
- Semiannual Council Audit Report* (Form #1295) – August 15 deadline for receipt at Supreme Council office
- July Per Capita Assessment – October 10 deadline for receipt at Supreme Council office
- Annual Survey of Fraternal Activity* (Form #1728) – January 31 deadline for receipt at Supreme Council office
- Semiannual Council Audit Report* (Form #1295) – February 15 deadline for receipt at Supreme Council office
- January Per Capita Assessment – April 10 Deadline for receipt at Supreme Council office
- IRS Form 990 (Return of Organization Exempt from Income Tax) – Due the fifteenth day of the fifth month following the close of the council's annual reporting period

ORGANIZATION

1. Are council officers performing as expected? YES NO
2. Do council officers regularly attend district meetings? (Number of district meetings held _____) YES NO
3. Has the District Deputy inspected the council books and financial records? YES NO
4. Does the District Deputy certify the records comply with the Order's laws and rules?
(if NO attach explanation) YES NO

MEMBERSHIP

1. Is the council implementing effective membership recruitment strategies? YES NO
2. Does the council utilize an Admissions Committee? YES NO
3. Has the council implemented an organized membership retention program? YES NO
4. Do the Grand Knight and Financial Secretary reconcile the membership transactions reported by the Supreme Council on the monthly *Grand Knight's Membership and Financial Statement* (Form #1189) and the *Council Billing Statement?* (Form #F056) YES NO

FAITH IN ACTION PROGRAM

1. Has the council adopted the *Faith in Action* program model? YES NO
2. Has the Grand Knight met with the Pastor to review the programs and offer support to the parish? YES NO
3. Is the Star Council Award being used as a goal for success? YES NO
4. Do you expect this council to earn the Star Council Award? YES NO



INSURANCE PROMOTION

1. Is a Field Agent assigned to this council? YES NO
2. Is the council conducting an effective insurance promotion program? YES NO
3. Does the Financial Secretary provide copies of the *Membership Document* (Form #100) to the Field Agent? YES NO
4. Does the Field Agent participate in council functions? YES NO
5. Do you expect this council to meet its insurance requirements? YES NO

COUNCIL DEVELOPMENT

1. What is the number of parishes served by this council? _____
2. Is there a Round Table serving each parish? (If council serves more than one parish) YES NO
3. Could a new council be developed in this area? If yes, identify the site: _____ YES NO

OVERALL STATUS

(Outline council strengths, weaknesses, achievements, etc. Attach additional page if needed.)

District Deputy recommendations to council leadership (Attach additional page if needed.)

Signed: _____

Print Name: _____

Email: _____

Email completed report to: FraternalMission@KofC.Org
Send copy to State Deputy and retain a copy for your files