

# Welcome to the Knights of Columbus



Church Name  
Council

Grand Knight Handbook  
2018 - 2019

Revision 1

# Knights of Columbus

## Grand Knights



Worthy Grand Knights,

The grand knight is the highest-ranking elected officer of his council and is responsible for observing the laws of the Order and his council. The office of grand knight is one that is rich in opportunities to serve his fellow Knights and to lead his council in service to family, Church and community. Additionally, the grand knight must ensure the membership, insurance and programming growth of his council and the involvement of all its members.

Please find attached documents that you will need for the upcoming months. These documents are a key to your council successfully receiving their awards of achievement. All these forms can be found on [kofc-az.org](http://kofc-az.org) under the menu option of more – state forms. These forms are to be used by the council and to be completed for your District Deputy's/Assigned State Officers review at periods throughout the year.

Please review the SP-7A instructions as these are guidelines for your councils to ensure you reach your goals. The New Year is upon us. How many resolutions were made to be a better servant of God? As we move through this year, we have programs that ask us to be involved in our councils, assemblies and parishes. Ask yourself to make another resolution. **Be involved** with your fellow Brother Knights and support your council, assembly and parish programs. Act now to make sure you have enough help for the work ahead.

Tom Kalisz  
State Deputy  
Arizona Knights of Columbus

# Knights of Columbus Grand Knights



## Duties of the Grand Knight

Section 135 of the Laws of the Order governs the duties of the grand knight. References to other business related to the office of grand knight can be found on page 103 of the “Charter, Constitution and Laws.” A copy of the laws should be in the grand knight’s possession. A new, up-to-date issue is published each year following the Supreme Council meeting in August. Copies of the “Charter, Constitution and Laws” (#30, available in English, French and Spanish, 20¢ each) may be obtained from the Supreme Council Supply Department.

Each grand knight should also read the by-laws of his own council and learn what specific duties and functions they prescribe for him. If the council does not have a set of bylaws, he may obtain a copy from the office of the supreme advocate that is recommended for adoption by subordinate councils.

## Responsibilities of the Grand Knight

The grand knight is primarily responsible for the successful conduct of his council. He will not be able to perform all its business details, but he must see that they are done properly and on time. This is done through constant supervision of the work of all officers, directors and committees. During their term of office, the grand knight and officers should set as their goal — “a better council.” Obviously, this task is far too much for one man alone. It must be achieved by teamwork—

- through generous and eager cooperation with the council’s official “family,” and
- by voluntary participation of all members in the affairs of the council.

It is the grand knight’s obligation to inspire mutual cooperation and voluntary service among the officers and members. In addition, the grand knight is directly responsible for cooperation with other Columbian groups and leaders, which include: Fourth Degree assemblies, chapters, district deputy, other councils, state deputy and state council — its officers and representatives.

# Knights of Columbus Grand Knights



## Specific Duties

- 1) Be familiar with fundamental principles of parliamentary law, understand the principles of Robert's Rules of Order and observe the laws of the Order in his Council.
- 2) Be familiar with the Supreme Charter, Constitution, and Laws of the Order as well as bylaws of his own Council.
- 3) Provide leadership to the Council and Community.
- 4) Maintain fraternal conduct of his Council.
- 5) Perform all business details properly and on time.
- 6) Inspire mutual cooperation and voluntary service among the officers and members of the Council.
- 7) Be responsible for cooperation with other Columbian groups and leaders... Fourth Degree, Chapters, District Deputy, other Councils, State Deputy, State Council and the Supreme Council.
- 8) Call all Council meetings and preside at all Council and Executive meetings.
- 9) Appoint standing committees including Service Program Chairman and a Membership Chairman for the Council.
- 10) Appoint a Chaplain in consultation with the Deputy Grand Knight and the Trustees of the Council.
- 11) Appoint the Lecturer of the Council.

# Knights of Columbus Grand Knights



12) Appoint a Membership Retention Chairman to ensure membership are contacted regularly of council activities and events.

13) Be familiar with Admissions Committee procedures and ensure that a First Degree is properly exemplified in his Council.

14) Be familiar with the Council's financial obligations due the Supreme Council and the State Council.

15) See that the Laws of the Order that outline how its monies should be handled by the Financial Secretary and Treasurer are fully observed.

16) Complete and file timely Reports Forms to Supreme Council Office and provide copies to the District Deputy and State Deputy:

Columbian Award (#1295), June 30

Report of Officers Chosen for the Term (#185), July 1

Service Program Personnel Report (#365), August 1

Semi-Annual Audits (#1295), six months, August 15

Annual Audit (#1295), twelve months, February 15

Annual Survey of Fraternal Activity (#1728), January 31

Other Relevant Forms required by Supreme

17) Preside as Chairman of the Board of Trustees.

18) See that Council members are assessed dues on time by the Financial Secretary.

19) Keep informed on delinquent members.

# Knights of Columbus Grand Knights



20) Instruct his Council Directors on proper procedures for ordering supplies.

21) Act as Chaplain in absence of same.

22) Countersign orders and checks and read vouchers.

23) Is a member of State Council.

24) Must complete the Knights of Columbus Safe Environment Program through a partnership with Praesidium. He must also require his Youth Director and any other council member responsible for Youth Activities to complete the Safe Environment Program. The Praesidium's Armatus® partnership provides online training, background screenings and an exclusive hotline to report child safety concerns.

25) Perform such other duties as the Order may impose.

Other forms and documents to consider having on your person for Board Meetings and General Membership Meetings are:

Membership Roster

A list of seminarians your council supports

A copy of the Knights of Columbus Constitution

A copy of your Councils By-Laws

A copy of Action Plans for Faith In Action Implementation

## Grand Knight



The Grand Knight is in charge and responsible for the operation, welfare and accomplishments of the council. He presides over council meetings, acts as an ex-officio member of all committees, appoints a membership and programming director, convenes officers for a monthly meeting, and ensures all necessary reports are submitted to the state and Supreme Council. He should also be aware of the council's financial status and ensure that his signature appears on all checks drawn.

## Chaplain



The Chaplain is the spiritual advisor of the council. He is expected to make a report at council meetings on religious matters. The Grand Knight appoints a priest in accordance with any rules established by the bishop of the diocese to serve as council chaplain. Bishop ( ) of the Diocese of ( ) has approved the appointment of our pastor Father ( ) for this Fraternal Year.

## Deputy Grand Knight



The Deputy Grand Knight is second in command. He assists the Grand Knight with council affairs and fulfills all duties assigned to him by the Grand Knight. Should the Grand Knight be absent from a council meeting, the Deputy Grand Knight will preside. He serves as the general Programs Director of ( ) council and is the chairman of the council's Retention Committee.

## Chancellor



The Chancellor has a variety of responsibilities. Primarily, he assists the Grand Knight and the Deputy Grand Knight in the execution of their duties and oversees the council in both their absences. He is charged with strengthening the members' interests in council activities. The Chancellor is also chairman of the Admission Committee

## Recorder



The Recorder is similar to a court reporter or a secretary. He is responsible for maintaining a true record of all actions of the council and its correspondence. A Recorder's Minute Book (#1403) is available from the Knights of Columbus Supply Department for keeping a record of council meetings.

## Financial Secretary



The Financial Secretary is appointed by the Supreme Knight (the Chief Executive Officer and Chairman of the Board of the Knights of Columbus), upon recommendation of the council. His main area of responsibilities is maintaining all financial and membership records. He collects and receives all moneys from all sources, including annual dues from council members. He also handles supply orders for the council officers and members, filing the Report of Officer (#185), and submitting all membership transactions to the Supreme Council.



## Treasurer



The Treasurer is responsible for the safekeeping and maintaining of records of all council funds and accounts. He is responsible for depositing money into the council accounts and provides a voucher or certificate of deposit of such monies to the Grand Knight. He is also responsible for payment of all expenses.

## Lecturer



The Lecturer is appointed by the Grand Knight to provide both educational and entertaining programs to the council. He is responsible for the 'Good of the Order' portion of council meetings. In order to provide members with informative and educational programs, he must be knowledgeable and aware of all council programming.

## Advocate



The Advocate is the parliamentarian of the council and serves as the council's attorney at trials and investigations of any interest to the council. While he does not need to be a member of the legal profession, he should be familiar with the council by-laws, the Order's Charter, Constitution and Laws (#30), Methods of Conducting a Council Meeting (#1937), and Robert's Rules of Order. When a by-law is to be revised, the Advocate serves as chairman of the revision committee.

## Warden



The Warden is the 'watchdog' for council property and degree paraphernalia, except the property of the Financial Secretary, Treasurer, and Recorder. He is also responsible for setting up the council chambers for meetings and ceremonial work. During ceremonial exemplifications, he will appoint and supervise the inside and outside guards.

## Inside & Outside Guards



The Guards have similar responsibilities, but distinct differences. The Outside Guard tends to the outer door admitting visitors and members to the inner door. Once at the inner door, the Inside Guard checks to make sure that their membership cards are current.

## Board of Trustees



The Board of Trustees consists of three members elected by the council and the Grand Knight, who serves as Chairman of the Board. They oversee the work of the Financial Secretary and Treasurer, and with the Deputy Grand Knight serve on the council's Retention Committee. During council elections, only the three-year trustee is voted on, with the others moving on to become two-year and one-year trustees, respectively.

## The Degrees of the Order

There are four degrees in the Knights of Columbus; each is associated a Principle of the Order.

### At the Council Level:

**Admission (First) Degree – Charity**

**Formation (Second) Degree –Unity**

**Knighthood (Third) Degree – Fraternity**



Every applicant must take the Admission, or First, Degree before he can be considered a Member of the Knights of Columbus. Once he has taken his Admission Degree, he becomes a member in good standing of the Order. To reach full Knighthood, members must also take the Formation, or Second, and the Knighthood, or Third, Degrees, and all members are strongly encouraged to do so at their first opportunity. At the Council Level, First, Second, Third, and Fourth degree members meet on at least a monthly basis. Members must have attained the Third degree to be elected to Council offices or to enter into the Fourth Degree.

### At the Assembly Level:

**Patriotic (Fourth) Degree – Patriotism**



The Patriotic, or Fourth, Degree is separate from the first three degrees. Once a man has been a member of the Knights of Columbus and has completed his Third Degree, he is eligible to join a Fourth Degree Assembly. The Fourth Degree has its own organizational and dues structure separate from that of the Council. Fourth Degree Assemblies gain their membership from Third Degree members of several Councils within a larger geographic area. The most visible members of the Order are often the Fourth Degree Color Corps, with their colorful capes, chapeaux, and swords. Our Council is affiliated with ( ) Assembly ( ) to which most all of our Fourth Degree members belong.

For a Knight to be both a member of the Council and the 4th Degree Assembly, they must keep their dues current in both organizations. Failure to do so will result in a change in status from a Member in Good Standing to possibly suspension and termination of membership within the Order.

## **What is expected of you as a member of (     ) Council (     )**

What you get out of membership in our council depends entirely on what you put into it. You will certainly know more about the council and what activities might interest you, or benefit you from contributing your time and talents, by attending the monthly business meetings. Attendance at business meetings also gives you an opportunity to interact with the officers and the other members to become better acquainted both with them and the Council's service programs.

There are only six firm requirements as explained to you by the Grand Knight at your first degree:

1. Pay your dues on time.
2. Attend at least three business meetings each fraternal year.
3. Support the annual Tootsie Roll drive in October with at least two hours of your time
4. Support our "Works of Mercy" projects with at least two hours of your time.
5. Wear your nametag to Mass and other church functions.
6. Volunteer to participate in at least one other Council activity per year.

### **Meeting Schedules**

### **Council Activities**

The activities listed below are only a sample of what our council is involved in around the parish and community. We invite your suggestions and encourage your ideas as to other activities that will continue to help us in our mission of service to the membership, our families, and the community at large. You are also referred back to the information contained in the "FAITH IN ACTION" or many programs within the Order.

## **Dress Code**

### BUSINESS MEETINGS

Normally, Council attire (polo or short or long sleeve shirt) or casual dress is considered appropriate unless otherwise instructed. Don't forget your name tag and rosary.

### SOCIAL MEETINGS

### DEGREE CEREMONIES

Council members attending any degree ceremony, whether as a candidate or an observer, should be dressed in a business suit or sport coat and tie. Naturally, the Knights blazer is always appropriate. For members being honored at a degree ceremony, always wear a coat and tie. Don't forget your name tag, membership card, and rosary.

### STATE MEETINGS

Dress attire (coat / tie / nametag / rosary) is always appropriate for all State Council events, unless instructed otherwise by the State Deputy in the meeting announcement.

### OTHER GATHERINGS

Normally, Council attire is considered appropriate unless otherwise instructed. The Grand Knight, Deputy Grand Knight or the event coordinator will instruct members of any special dress considerations.

## **Procedures for Entering Meetings Late/Leaving Early**

Do not feel embarrassed to enter a Council meeting once it has started. Don't skip one simply because you are running a little late. On these occasions, quietly enter the room, show your membership card to the Inside Guard, then quietly walk to the center of the room, salute the Grand Knight without comment, then turn around and salute the Deputy Grand Knight without comment, then take any available seat.

Use the same procedure if you must leave the room for any reason during a meeting. There is no need to say anything, or ask permission; simply execute the double salute and depart quietly.

### IN SUMMARY

So, what about you? If you have made it this far in the Member Handbook for new members, you have a pretty wide array of choices to make as far as being an active participant in the Knights of Columbus and our Council in particular. Remember that you must go to the event. No events are going to come to you, or wait for you to make up your mind. If there is an activity you think we should be involved in, bring it to the attention of the General Program Director (DGK) or the appropriate service program chairman and be prepared to help make it a reality!

An involved Knight is a person who receives many blessings. Don't sit idly on the sidelines, become involved. You will be glad you did.



# Arizona State Council Knights of Columbus



**Contact Information**  
**Arizona State Council**  
Website: [www.KofC-AZ.org](http://www.KofC-AZ.org)

**State Deputy**

Tom Kalisz  
Email: [StateDeputy@kofc-az.org](mailto:StateDeputy@kofc-az.org)  
Phone: 602-418-3467

.....  
**State Secretary**

Mario Vasallo  
Email: [StateSecretary@kofc-az.org](mailto:StateSecretary@kofc-az.org)  
Phone: 520-481-1250

.....  
**State Treasurer**

Luigi Baratta  
Email: [StateTreasurer@kofc-az.org](mailto:StateTreasurer@kofc-az.org)  
Phone: 602-326-8511

.....  
**State Advocate**

Tom Kato  
Email: [StateAdvocate@kofc-az.org](mailto:StateAdvocate@kofc-az.org)  
Phone: 480-907-4581

.....  
**State Warden**

Kevin McCarthy  
Email: [StateWarden@kofc-az.org](mailto:StateWarden@kofc-az.org)  
Phone: 602-684-8125

.....  
**Immediate Past State Deputy**

Sean Halpain  
Email: [sean.azkofc@yahoo.com](mailto:sean.azkofc@yahoo.com)  
Phone: 602-617-0730

**State Membership Director**

Kevin McCarthy  
Email: [Membership@kofc-az.org](mailto:Membership@kofc-az.org)  
Phone: 602-684-8125

**State Programs Director**

Larry Powers  
Email: [Programs@kofc-az.org](mailto:Programs@kofc-az.org)  
Phone: 702-827-8135

.....  
**State Executive Secretary**

Rick Garrison  
Email: [KofCRick@Q.com](mailto:KofCRick@Q.com)  
Phone: 480-522-7064

.....  
**Hispanic Membership Coordinator**

Luis Leyva  
Email: [leyva.azkofcd2@gmail.com](mailto:leyva.azkofcd2@gmail.com)  
Phone: 520-313-0141



Arizona State Council  
**Knights of Columbus**



**Contact Information**  
**Arizona State Council**  
Website: [www.KofC-AZ.org](http://www.KofC-AZ.org)

**For all "State Deputy" copy, send to the State Executive Secretary**  
**Reports can be sent by Email - USPS Mail - Fax**  
(Preferred Method is Email)

**Email Address:**  
[AzKnights@Q.com](mailto:AzKnights@Q.com)  
Fax: 1-877-899-7505

**Mailing Address:**  
Knights of Columbus  
14175 W Indian School Rd  
Suite B4-626  
Goodyear, AZ 85395-8369

**Some of the Report Forms Are:**

State Directory Information Form *Jul 15, 2018!!!!*  
**Form 1295-1** - Council Audit *Jun 30, 2018*  
**Form 185** - Report of Officers Chosen for Term *Jul 1, 2018*  
**Form 365** - Service Programs Personnel *Aug 1, 2018*  
**Form 1295-2** - Council Audit *Dec 31, 2018*  
**Form 1728** - Annual Survey Fraternal Activities *Jan 31, 2019*  
**Form SP-7** - Columbian Award Application *Jun 30, 2019*  
**FORM 100**  
And All Other Reports

Reports or letters which require the State Deputy signature such as Expense Reports, Financial Secretary Evaluation, etc. should be submitted by email (preferred) or mail to points below:

**Email Address:**  
[StateDeputy@kofc-az.org](mailto:StateDeputy@kofc-az.org)

**Mailing Address:**  
Thomas Kalisz  
State Deputy  
PO Box 1563  
Sun City, AZ 85372-1563



## Council Reports

<http://www.kofc.org/en/members/resources/forms/council.html>



- 1) **State Directory Information Form (Arizona State Form)** **Due July 1, 2018**  
Preferred method is to Email: [AZKnights@Q.com](mailto:AZKnights@Q.com)  
Send Form to AZ State Council (Address at bottom) or FAX: 1-877-899-7505
  
- 2) **Form 185 - Report of Officer Chosen for Term** **Due July 1, 2018**  
Preferred method is to file online with Member Management  
Email: [AddressChange@kofc.org](mailto:AddressChange@kofc.org)  
Mail: *Knights of Columbus*  
*Department of Membership Records*  
*1 Columbus Plaza*  
*New Haven, CT 06510-3326*
  
- 3) **Form 365 - Service Programs Personal Report** **Due August 1, 2018**  
Preferred method is to file online with Member Management  
Email: [fraternalmission@kofc.org](mailto:fraternalmission@kofc.org)
  
- 4) **Form 1295-1 - Semiannual Council Audit** **Due August 15, 2018**  
Preferred method is Email: [council.accounts@kofc.org](mailto:council.accounts@kofc.org)
  
- 5) **Form 100 - Membership Applications – Send Original Form to Supreme by Email or USPS Mail.**  
Preferred method is Email: [membership@kofc.org](mailto:membership@kofc.org)  
Mail: *Knights of Columbus*  
*Department of Membership Records*  
*1 Columbus Plaza*  
*New Haven, CT 06510-3326*
  
- 6) **Form 1728 - Annual Fraternal Survey** **Due January 31, 2019**  
Preferred method is to file online  
Email: [fraternalmission@kofc.org](mailto:fraternalmission@kofc.org)
  
- 7) **Form 1295-2 - Semiannual Council Audit** **Due February 15, 2019**  
Preferred method is to Email: [council.accounts@kofc.org](mailto:council.accounts@kofc.org)  
Mail to: *Knights of Columbus*  
*Council Accounts*  
*1 Columbus Plaza*  
*New Haven, CT 06510-3326*
  
- 8) **Form SP-7 Columbian Award** **Due June 30, 2019**  
Preferred method is to File Online  
Email to: [fraternalmissions@kofc.org](mailto:fraternalmissions@kofc.org)  
Mail to: *Knights of Columbus*  
*Department of Fraternal Services*  
*1 Columbus Plaza*  
*New Haven, CT 06510-3326*

### State Deputy and State Council Contact Information:

*Knights of Columbus*  
*14175 W. Indian School Rd*  
*Suite B4-626*  
*Goodyear, AZ 85395-8369*

Email: [AZKnights@Q.com](mailto:AZKnights@Q.com)

FAX: 1-877-899-7505

*The State Deputy copy of Reports should only be sent to these contact points noted directly above.  
They should not be sent or email directly to the State Deputy's personal mail or email address.  
Send copies of all forms to State Deputy and your District Deputy*



**KNIGHTS OF COLUMBUS**

**ARIZONA STATE COUNCIL**

**Statement of Per Capita Assessment and Voluntary Contributions**

**Worthy Financial Secretary**

District: \_\_\_\_\_ Council: XXXX **Chandler**

Pursuant to Article VIII of the By-Laws of the Arizona State Council, this is the official notice of your Council's Per Capita Assessment and Voluntary Contributions for the 1st half of the 2015 - 2016 fraternal year.

Assessment is due and payable upon receipt. Section 57 of the Knights of Columbus Charter, Constitution, and Laws, states in part: ... councils failing to pay such assessment ... shall not be entitled to representation in their State Council until they do pay the same and any arrears.

**MEMBERSHIP FOR PERIOD**

Associates - Inactive:	<u>165</u>	Insurance:	<u>116</u>	Total:	<u>281</u>
Honorary Life:	<u>67</u>	Disabled:	<u>0</u>	Total Minus:	<u>67</u>
		<b>Total Active Taxable Membership:</b>			<u>214</u>
Inactive:	<u>21</u>	<b>Total Inactive Taxable Membership:</b>			<u>21</u>

**AMOUNT TO PAY IF BEFORE: October 15, 2015**

Select one and check box. St Joe's and Navarrete are voluntary.

Per Capita	+	Arrearage	-	Rebate	+	St. Joseph's YC	+	Navarrete Vocations	=	Total	Check Paid Amount
\$796.25		\$0.00		\$21.40						<u>\$774.85</u>	<input type="checkbox"/>
\$796.25		\$0.00		\$21.40		\$214.00				<u>\$988.85</u>	<input type="checkbox"/>
\$796.25		\$0.00		\$21.40				\$389.48		<u>\$1,164.33</u>	<input type="checkbox"/>
\$796.25		\$0.00		\$21.40		\$214.00		\$389.48		<u>\$1,378.33</u>	<input type="checkbox"/>

**AMOUNT TO PAY IF AFTER: October 15, 2015**

Select one and check box. St Joe's and Navarrete are voluntary.

\$796.25		\$0.00								<u>\$796.25</u>	<input type="checkbox"/>
\$796.25		\$0.00				\$214.00				<u>\$1,010.25</u>	<input type="checkbox"/>
\$796.25		\$0.00						\$389.48		<u>\$1,185.73</u>	<input type="checkbox"/>
\$796.25		\$0.00				\$214.00		\$389.48		<u>\$1,399.73</u>	<input type="checkbox"/>

**MAIL TO: State Secretary**

Sean Halpain  
2875 W Ray 6-280  
Chandler AZ 85224 - 0000

sean.azkofc@yahoo.com  
(602) 617 - 0730

Billing Date: September 15, 2015

**\*\* MAKE CHECKS PAYABLE TO: Arizona State Council Knights of Columbus \*\***

**\*\* PLEASE RETURN A COPY OF THIS BILLING WITH YOUR REMITTANCE \*\***

For Official Use Only

	\$	\$	\$	\$			
Postmark Date	Per Capita	St. Joseph's	Vocations	Check Amt	Check Date	Check No.	Voucher No.



# DIRECTORY INFORMATION

Mail to: Knights of Columbus  
AZ State Council  
14175 W Indian School Road  
Suite B4-626  
Goodyear, AZ 85395-3363

Email To: [AZKnights@Q.com](mailto:AZKnights@Q.com)  
FAX To: 1-877-899-7505  
Questions or Help, Call:  
(623) 536-4801

DUE DATE: July 1 \_\_\_\_\_

## PLEASE TYPE OR PRINT LEGIBLY

USE TAB/SHIFT TAB TO MOVE BETWEEN SHADED FIELDS

COUNCIL NAME: \_\_\_\_\_ COUNCIL NUMBER: \_\_\_\_\_

### GRAND KNIGHT

### DEPUTY GRAND KNIGHT

Name: \_\_\_\_\_  
Wife: \_\_\_\_\_ Home: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Cellular: \_\_\_\_\_  
**\*\*Email:** \_\_\_\_\_

Name: \_\_\_\_\_  
Wife: \_\_\_\_\_ Home: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Cellular: \_\_\_\_\_  
**\*\*Email:** \_\_\_\_\_

### FINANCIAL SECRETARY

### CHAPLAIN

Name: \_\_\_\_\_  
Wife: \_\_\_\_\_ Home: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Cellular: \_\_\_\_\_  
Email: \_\_\_\_\_

Name: \_\_\_\_\_  
Parish: \_\_\_\_\_ Work: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Home: \_\_\_\_\_ Cellular: \_\_\_\_\_  
Email: \_\_\_\_\_

Council Mailing Address: \_\_\_\_\_

Council Meeting Address: \_\_\_\_\_

Meeting Day and Time: \_\_\_\_\_

Council Phone: \_\_\_\_\_ Council Email / Web Page: \_\_\_\_\_

### FR. MCGIVNEY GUILD CHAIRMAN

### PARISH INFORMATION

Name: \_\_\_\_\_  
Wife: \_\_\_\_\_ Home: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Cellular: \_\_\_\_\_  
Email: \_\_\_\_\_

Diocese: \_\_\_\_\_  
Parish Name: \_\_\_\_\_  
City: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Parish Name: \_\_\_\_\_  
City: \_\_\_\_\_ ZIP: \_\_\_\_\_

### CULTURE OF LIFE CHAIRMAN

### LADIES AUXILIARY PRESIDENT

Name: \_\_\_\_\_  
Wife: \_\_\_\_\_ Home: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Cellular: \_\_\_\_\_  
Email: \_\_\_\_\_

Auxiliary Name: \_\_\_\_\_  
Name: \_\_\_\_\_ Husband: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Cellular: \_\_\_\_\_  
Email: \_\_\_\_\_



**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:	
--	-------------------------------------	---------------------	-----------	--------	--

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

ADDRESS CHANGE

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

LECTURER	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
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OUTSIDE GUARD	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL	EMAIL
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TRUSTEE FOR ONE YEAR	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL	EMAIL
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TRUSTEE FOR TWO YEARS	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL	EMAIL
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TRUSTEE FOR THREE YEARS	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL	EMAIL
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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.

SEND ORIGINAL TO: Membership Records (email: AddressChange@kofc.org)  
SEND COPIES TO: State Deputy, District Deputy, Council File



Council # \_\_\_\_\_ State or Province \_\_\_\_\_

**Due By:  
AUGUST 1**

The Service Program Personnel Report (#365) must be received by the Supreme Council office by **August 1** for the council to be eligible to earn the Star Council Award. Please complete and submit the report with the council's appointed personnel.

- Submit this report through Member Management for expedited processing. This is the preferred method.
- If filling out this report on paper, be sure to include the correct membership number for each role.
- It is not necessary for your council to appoint members to fill all of the positions listed below.
- Changes during the fraternal year can be made using Member Management to update the roles accordingly. If your council uses the paper form, only complete and submit that information which has changed.

PROGRAM DIRECTOR	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL
		EMAIL		
FAITH DIRECTOR	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL
		EMAIL		
COMMUNITY DIRECTOR	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL
		EMAIL		
FAMILY DIRECTOR	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL
		EMAIL		
LIFE DIRECTOR	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL
		EMAIL		
MEMBERSHIP DIRECTOR	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL
		EMAIL		
RECRUITMENT COMMITTEE	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL
		EMAIL		
RECRUITMENT COMMITTEE	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL
		EMAIL		
RECRUITMENT COMMITTEE	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL
		EMAIL		
RETENTION CHAIRMAN	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL
		EMAIL		
INSURANCE PROMOTION	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL
		EMAIL		
VOCATIONS CHAIRMAN	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL
		EMAIL		
HEALTH SERVICES	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL
		EMAIL		
PUBLIC RELATIONS	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL
		EMAIL		

SEND ORIGINAL TO: Department of Fraternal Mission (email: [fraternalmission@kofc.org](mailto:fraternalmission@kofc.org)) \_\_\_\_\_

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

Grand Knight

Date



# Arizona State Knights of Columbus

Clear Form

Council Worksheet

GK Name:

The following is a will help schedule activities throughout the year.

Council Name	Council #	Meeting Address	Meeting Date & Time											
<b>DD Name</b>		<b>DD Email</b>	<b>DD Phone</b>											
<b>Agent Name</b>		<b>Agent Email</b>	<b>Agent Phone</b>											
REPORTS														
Semiannual Report on Council (944 A) Due 6/30			Officers Chosen for Term (185) – Due 7/1											
Semiannual Report on Council (944 B) Due 12/31			Service Program Personnel Report (365) Due 8/1											
Meet with Pastor			Annual Survey of Fraternal Activity (1728) Due 1/31											
Evaluation of Financial Secretary (1938) As needed			Columbian Award Application (SP-7) Due 6/30											
MEMBERSHIP														
	Goal	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total
Members														
Ins														
PROGRAMS														
(Supreme Form number in bracket) <i><b>Bold and Italic – Required; Bold – Supreme Featured</b></i>														
Faith							Family							
<i><b>Spiritual Reflection Program</b></i>							<i><b>Consecration to Holy Family</b></i>							
<i><b>RSVP Refund (2863)</b></i>							<i><b>Food for Families (10057)</b></i>							
Into the Breach							Keep Christ In Christmas Program – Essay Contest or Poster Contest (5023)							
Marian Icon Prayer Program							Family of the Month (1993A) / Year							
Building the Domestic Church Kiosk							Family Fully Alive							
Rosary Program							Family Week							
Holy Hour							Family Prayer Night							
Sacramental Gifts							Good Friday Family Promotion							
Community							Life							
<i><b>Helping Hands</b></i>							<i><b>Novena for Life</b></i>							
<i><b>Coats for Kids</b></i>							<i><b>Marches for Life</b></i>							
<i><b>Global Wheelchair Mission (10071)</b></i>							<i><b>Special Olympics</b></i>							
<i><b>Habitat for Humanity (10092)</b></i>							<i><b>Ultrasound Program</b></i>							
Disaster Preparedness							Christian Refugee Relief							
Free Throw Championship (FT-1, 1598)							Silver Rose							
Catholic Citizenship Essay Contest							Mass for People with Special Needs							
Soccer Challenge (4567)							Pregnancy Center Support							
Other														
PWID														
AZ Rosary Celebration														

# FRATERNAL PROGRAMS REPORT FORM

Council Number: \_\_\_\_\_ Date(s) of Program \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Refer to program guide sheets for required forms and reporting

	<u>Faith</u>	<u>Family</u>	<u>Community</u>	<u>Life</u>
1	<input type="checkbox"/> Into the Breach <input type="checkbox"/> Marian Icon Prayer Program <input type="checkbox"/> Build the Domestic Church Kiosk <input type="checkbox"/> Rosary Program <input type="checkbox"/> Spiritual Reflection Program <input type="checkbox"/> Holy Hour <input type="checkbox"/> Sacramental Gifts	<input type="checkbox"/> Family of the Month/Year <input type="checkbox"/> Keep Christ in Christmas <input type="checkbox"/> Family Fully Alive <input type="checkbox"/> Family Week <input type="checkbox"/> Consecration to the Holy Family <input type="checkbox"/> Family Prayer Night <input type="checkbox"/> Good Friday Family Promotion	<input type="checkbox"/> Disaster Preparedness <input type="checkbox"/> Free Throw Championship <input type="checkbox"/> Soccer Challenge <input type="checkbox"/> Helping Hands <input type="checkbox"/> Catholic Citizenship Essay Contest	<input type="checkbox"/> Christian Refugee Relief <input type="checkbox"/> Silver Rose <input type="checkbox"/> Pregnancy Center Support <input type="checkbox"/> Novena for Life <input type="checkbox"/> Mass for People with Special Needs
	<input type="checkbox"/> <u>OTHER</u> (designate category): _____			

2 Participation: \_\_\_\_\_ + \_\_\_\_\_ =  $\frac{0}{\text{Total Members}}$      $\frac{0}{\text{Total Members}}$  x \_\_\_\_\_ =  $\frac{0}{\text{Total Volunteer Hours}}$   
Members                      Non Members                      Total Members                      Total Members                      Hours                      Total Volunteer Hours

Program Planning: \_\_\_\_\_ & \_\_\_\_\_                      Members Recruited: \_\_\_\_\_                      Donations: \_\_\_\_\_  
Costs                      Time                      Local Currency

3 Is your council Safe Environment Program compliant?     YES     NOT YET    [kofc.org/safe](http://kofc.org/safe)

4 Program Promotions (check all that apply):     Church Bulletin     Parish/Council Newsletter     Pulpit Announcement  
 Mailer/Email     Other: \_\_\_\_\_

5 How successful was your program?:  
 Very Successful (surpassed expectations)     Successful (met expectations)     Needs improvements (low participation)

6 Summarize the efforts of all volunteers. Describe the event and ideas to improve the success of the program?

Signed: \_\_\_\_\_ Date: \_\_\_\_\_                      Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Grand Knight                      Program Director

**Email a copy of this document to: [fraternalmission@kofc.org](mailto:fraternalmission@kofc.org)**

Retain a copy of each report to assist in completion of the Annual Survey of Fraternal Activity (1728) & Columbian Award Application (SP7).



# ANNUAL SURVEY OF FRATERNAL ACTIVITY INDIVIDUAL MEMBER WORKSHEET

## 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\_\_.

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

**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\_\_:
  - Faith Activities — service in all Church related activities .....
  - Family Activities — service in all youth related activities .....
  - Community Activities — service in all community related activities .....
  - 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. ....

## 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\_\_.

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\_\_.

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  - 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\_\_:
  - Faith Activities — service in all Church related activities .....
  - Family Activities — service in all youth related activities .....
  - Community Activities — service in all community related activities .....
  - 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. ....



# ANNUAL SURVEY OF FRATERNAL ACTIVITY

JANUARY 1, 20\_\_ THRU DECEMBER 31, 20\_\_

COUNCIL NUMBER \_\_\_\_\_ JURISDICTION \_\_\_\_\_

## Section I. Fraternal Program Activities

### FAITH ACTIVITIES (where applicable)

	CHARITABLE DISBURSEMENTS	HOURS OF SERVICE	NUMBER SUPPORTED
a. RSVP Program			
b. Church Facilities			
c. Catholic Schools/Seminaries			
d. Religious/Vocations Education			
e. Prayer & Study Programs			
f. Sacramental Gifts			
g. Miscellaneous Faith Activities			
<b>TOTAL FAITH CONTRIBUTIONS</b>	0	0	0

### FAMILY ACTIVITIES (where applicable)

	CHARITABLE DISBURSEMENTS	HOURS OF SERVICE	NUMBER SUPPORTED
a. Food for Families			
b. Family Formation Programs			
c. Keep Christ in Christmas			
d. Family Week			
e. Family Prayer Night			
f. Miscellaneous Family Programs			
<b>TOTAL FAMILY CONTRIBUTIONS</b>	0	0	0

### COMMUNITY ACTIVITIES (where applicable)

	CHARITABLE DISBURSEMENTS	HOURS OF SERVICE	NUMBER SUPPORTED
a. Coats For Kids			
b. Global Wheelchair Mission			
c. Habitat for Humanity			
d. Disaster Preparedness/Relief			
e. Physically Disabled/Intellectual Disabilities			
f. Elderly/Widow(er) Care			
g. Hospitals/Health Organizations			
h. Columbian Squires			
i. Scouting/Youth Groups			
j. Athletics			
k. Youth Welfare/Service			
l. Scholarships/Education			
m. Veteran Military/VAWS			
n. Miscellaneous Community/Youth Activities			
<b>TOTAL COMMUNITY CONTRIBUTIONS</b>	0	0	0

### LIFE ACTIVITIES (where applicable)

	CHARITABLE DISBURSEMENTS	HOURS OF SERVICE	NUMBER SUPPORTED
a. Special Olympics			
b. Marches for Life			
c. Ultrasound Initiative			
d. Pregnancy Support			
e. Christian Refugee Relief			
f. Memorials to Unborn Children			
g. Miscellaneous Life Activities			
<b>TOTAL LIFE CONTRIBUTIONS</b>	0	0	0
<b>TOTAL</b>	0	0	0

## Section II. Fraternal Commitment Activities

### MEETINGS

1. Regular	
2. Social	
3. Special/Committee	
<b>TOTAL MEETINGS</b>	0

### PROGRAM EXPENSES

a. Printing & Postage	
b. Food & Refreshments	
c. Prizes	
d. Projects	
e. Entertainment	
f. Miscellaneous Expenses	
<b>TOTAL PROGRAM EXPENSES</b>	0

### OTHER FRATERNAL COMMITMENTS:

Visits to the Sick	
Visits to the Bereaved	
Number of Blood Donations	
Masses Held for Members	
Hours of Fraternal Service to Sick/Disabled Member and their Families	0

All information provided on this report is to be from Programs & Activities conducted January 1st through December 31st annually.

Grand Knight \_\_\_\_\_ Date \_\_\_\_\_

Financial Secretary \_\_\_\_\_ Date \_\_\_\_\_





# ANNUAL SURVEY OF FRATERNAL ACTIVITY

## Section I. Fraternal Program Activities

### FAITH ACTIVITIES

- a. **RSVP Program** - direct contributions to students studying to become priests or postulants.
- b. Church Facilities - construction, repairs, remodeling, memorial gifts, etc.
- c. Catholic Schools/Seminaries - donations, grants, equipment, etc.
- d. Religious/Vocations Education - scholarships, CCD, lay apostolate, programs, speakers, films, program materials, etc.
- e. Prayer & Study Programs - direct contributions to prayer groups, faith program materials, domestic church kiosk, rosary program, Marian Icon program, etc.
- f. Sacramental Gifts - costs related to gifts presented to congregation.
- g. Miscellaneous Faith Activities - all other disbursements not outline above relating to Faith Activities.

### FAMILY ACTIVITIES

- a. **Food for Families** - direct contributions to food banks, pantries, soup kitchens.
- b. Family Formation Programs - Family Fully Alive, Family of the Month/Year, Consecration to the Holy Family, Good Friday Family Promotion, etc.
- c. Keep Christ in Christmas - all contributions to KCIC, Journey to the Inn, Light Up for Christ, Christmas Poster Contest, billboard signs, etc.
- d. Family Week - direct contributions to the coordination, promotion, and conduct of this program.
- e. Family Prayer Night - direct contributions to coordination and execution of this program.
- f. Miscellaneous Family Programs - all other disbursements not outline above relating to Family Activities.

### COMMUNITY ACTIVITIES

- a. **Coats For Kids** - direct contributions to purchasing and distribution of coats to those in need.
- b. **Global Wheelchair Mission** - direct contributions to purchasing and coordination of wheelchair distribution to the needy.
- c. **Habitat for Humanity** - direct contributions to Habitat for Humanity projects, materials, tools, and construction.
- d. **Disaster Preparedness/Relief** - direct contributions to planning and executing disaster preparedness and response, food, water, equipment, etc.
- e. Physically Disabled/Intellectual Disabilities - direct contributions to schools, care services, organizations, etc.
- f. Elderly/Widow(er) Care - direct contributions to homes for the aged, retired/senior volunteer programs, construction, repairs, remodeling, gifts, etc.
- g. Hospitals/Health Organizations - direct contributions to Red Cross, Hospice, heart/cancer funds, equipment, construction, donations, etc.
- h. Columbian Squires - direct contributions to the operations and support of the Columbian Squires program.
- i. Scouting/Youth Groups - direct contributions to sponsorship, volunteer efforts, projects, 4-H, Big Brothers, CYO, mentoring, etc.
- j. Athletics - direct contributions to council sport events, youth sport sponsorships, equipment, transportation, etc.
- k. Youth Welfare/Service - direct contributions to substance/child abuse, foster parents, etc.
- l. Scholarships/Education - direct contributions to career nights, essay contests, scholarships, tuition, fund raising, etc.
- m. Veteran Military/VAWS - direct contributions to veterans, VA hospital support/visitation, memorials, parades, etc.
- n. Miscellaneous Community/Youth Activities - all other disbursements not outline above relating to Community Activities.

### LIFE ACTIVITIES

- a. **Special Olympics** - direct contributions to local, state, and national events.
- b. **Marches for Life** - direct contributions to local, state, and nation marches.
- c. **Ultrasound Initiative** - direct contributions to the purchase and placement of Ultrasound machines for crisis pregnancy centers.
- d. Pregnancy Support - direct contributions to donations, diapers, supplies, baby showers, birthright, etc.
- e. Christian Refugee Relief - direct contributions to aid provided to refugee relief, Solidarity Crosses.
- f. Memorials to Unborn Children - direct contributions to purchases, fund raisers, donations, construction, etc.
- g. Miscellaneous Life Activities - all other disbursements not outline above relating to Life Activities.

## Section II. Fraternal Commitment Activities

### MEETINGS

1. Business - discussing or conducting business.
2. Social - dinners, dances, parties, etc.
3. Special/Committee - lectures, films, educational, etc.

### PROGRAM EXPENSES

- a. Printing & Postage - costs for newsletters, flyers, communications for activities, etc.
- b. Food & Refreshments - food, refreshments, etc. for activities and programs.
- c. Prizes - gifts, awards, incentives, raffles, etc. related to activities and programs.
- d. Projects - transportation, facility rental, photography, etc. for activities and programs.
- e. Entertainment - bands, magicians, comedians, etc. for events.
- f. Miscellaneous Expenses - all other expenses not outlines above related to activities & programs.

# COLUMBIAN AWARD APPLICATION

Due by June 30th

Council Number: \_\_\_\_\_ Jurisdiction: \_\_\_\_\_ 20\_\_\_\_ - 20\_\_\_\_

**FAITH PROGRAMS:** (RSVP, Into the Breach, Marian Icon Prayer Program, Building the Domestic Church Kiosk, Rosary Program, Holy Hour, Sacramental Gifts, *Spiritual Reflection Program is the required program*)

1. Program Name: \_\_\_\_\_ Recruitment Opportunity?  YES  NO  $\frac{\text{Participants}}{\text{Hours}} \times \text{Hours} = \frac{0}{\text{Total Hours}}$   
Donations: \_\_\_\_\_  
Program Description: \_\_\_\_\_

2. Program Name: \_\_\_\_\_ Recruitment Opportunity?  YES  NO  $\frac{\text{Participants}}{\text{Hours}} \times \text{Hours} = \frac{0}{\text{Total Hours}}$   
Donations: \_\_\_\_\_  
Program Description: \_\_\_\_\_

3. Program Name: \_\_\_\_\_ Recruitment Opportunity?  YES  NO  $\frac{\text{Participants}}{\text{Hours}} \times \text{Hours} = \frac{0}{\text{Total Hours}}$   
Donations: \_\_\_\_\_  
Program Description: \_\_\_\_\_

4. Program Name: \_\_\_\_\_ Recruitment Opportunity?  YES  NO  $\frac{\text{Participants}}{\text{Hours}} \times \text{Hours} = \frac{0}{\text{Total Hours}}$   
Donations: \_\_\_\_\_  
Program Description: \_\_\_\_\_

**FAMILY PROGRAMS:** (Food for Families, Family of the Month/Year, Keep Christ in Christmas, Family Fully Alive, Family Week, Family Prayer Night, Good Friday Family Promotion, *Consecration to the Holy Family is the required program*)

1. Program Name: \_\_\_\_\_ Recruitment Opportunity?  YES  NO  $\frac{\text{Participants}}{\text{Hours}} \times \text{Hours} = \frac{0}{\text{Total Hours}}$   
Donations: \_\_\_\_\_  
Program Description: \_\_\_\_\_

2. Program Name: \_\_\_\_\_ Recruitment Opportunity?  YES  NO  $\frac{\text{Participants}}{\text{Hours}} \times \text{Hours} = \frac{0}{\text{Total Hours}}$   
Donations: \_\_\_\_\_  
Program Description: \_\_\_\_\_

3. Program Name: \_\_\_\_\_ Recruitment Opportunity?  YES  NO  $\frac{\text{Participants}}{\text{Hours}} \times \text{Hours} = \frac{0}{\text{Total Hours}}$   
Donations: \_\_\_\_\_  
Program Description: \_\_\_\_\_

4. Program Name: \_\_\_\_\_ Recruitment Opportunity?  YES  NO  $\frac{\text{Participants}}{\text{Hours}} \times \text{Hours} = \frac{0}{\text{Total Hours}}$   
Donations: \_\_\_\_\_  
Program Description: \_\_\_\_\_



**COMMUNITY PROGRAMS:** (Coats for Kids, Global Wheelchair Mission, Habitat for Humanity, Disaster Preparedness, Free Throw Championship, Catholic Citizenship Essay Contest, Soccer Challenge, *Helping Hands is the required program*)

<p>1. Program Name: _____</p> <p>Program Description: _____</p>	<p>Recruitment Opportunity? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p><math>\frac{\text{Participants}}{\text{Hours}} \times \text{Hours} = \frac{0}{\text{Total Hours}}</math></p> <p>Donations: _____</p>
<p>2. Program Name: _____</p> <p>Program Description: _____</p>	<p>Recruitment Opportunity? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p><math>\frac{\text{Participants}}{\text{Hours}} \times \text{Hours} = \frac{0}{\text{Total Hours}}</math></p> <p>Donations: _____</p>
<p>3. Program Name: _____</p> <p>Program Description: _____</p>	<p>Recruitment Opportunity? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p><math>\frac{\text{Participants}}{\text{Hours}} \times \text{Hours} = \frac{0}{\text{Total Hours}}</math></p> <p>Donations: _____</p>
<p>4. Program Name: _____</p> <p>Program Description: _____</p>	<p>Recruitment Opportunity? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p><math>\frac{\text{Participants}}{\text{Hours}} \times \text{Hours} = \frac{0}{\text{Total Hours}}</math></p> <p>Donations: _____</p>

**LIFE PROGRAMS:** (Marches for Life, Special Olympics, Ultrasound Program, Christian Refugee Relief, Silver Rose, Mass for People with Special Needs, Pregnancy Center Support, *Novena for Life is the required program*)

<p>1. Program Name: _____</p> <p>Program Description: _____</p>	<p>Recruitment Opportunity? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p><math>\frac{\text{Participants}}{\text{Hours}} \times \text{Hours} = \frac{0}{\text{Total Hours}}</math></p> <p>Donations: _____</p>
<p>2. Program Name: _____</p> <p>Program Description: _____</p>	<p>Recruitment Opportunity? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p><math>\frac{\text{Participants}}{\text{Hours}} \times \text{Hours} = \frac{0}{\text{Total Hours}}</math></p> <p>Donations: _____</p>
<p>3. Program Name: _____</p> <p>Program Description: _____</p>	<p>Recruitment Opportunity? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p><math>\frac{\text{Participants}}{\text{Hours}} \times \text{Hours} = \frac{0}{\text{Total Hours}}</math></p> <p>Donations: _____</p>
<p>4. Program Name: _____</p> <p>Program Description: _____</p>	<p>Recruitment Opportunity? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p><math>\frac{\text{Participants}}{\text{Hours}} \times \text{Hours} = \frac{0}{\text{Total Hours}}</math></p> <p>Donations: _____</p>

Signed: \_\_\_\_\_ Signed: \_\_\_\_\_ Date \_\_\_\_\_  
Grand Knight Program Director

SUBMIT ELECTRONICALLY TO: [fraternalmission@kofc.org](mailto:fraternalmission@kofc.org) • SEND COPIES TO: State Deputy, District Deputy, Council File

# COLUMBIAN AWARD APPLICATION

Due by June 30th

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

1. Annually conduct and report at least **four (4) major involvement** programs in each of the sections: Community Programs, Faith Program, Family Programs, and Life Programs.
2. Recommended programs and the required program for each category are listed on the application. Councils are permitted to report programs that are not part of the recommended group as long as the program is reported in the proper category.
3. If your council reports a featured program in any category, ensure that the program's minimum requirements are met and reported on the designated form in order to receive credit for two activities in that category. The minimum requirements for each featured program are located in the *Faith In Action Guidebook* (#10590).
4. Submit the *Annual Survey of Fraternal Activity* (#1728). **New councils instituted after November 1 of the current fraternal year do not need to meet this requirement.**
5. Submit the *Service Program Personnel Report* (#365) with required roles and meet the Safe Environment Program compliance requirement. The most efficient way for submission is by using the Member Management Application.
6. Maintain compliance with the Safe Environment Program throughout the fraternal year. Report all updates for the Community Director, Family Director, and Program Director roles in a timely manner so that training and background checks can be completed before the end of the fraternal year.

Volunteering and charitable outreach are the products of successful programs and should be reported on the *Annual Survey of Fraternal Activity* (#1728).

All reported programs should be tangible actions performed by council that engage the membership base, enhance faith and spirituality, and strengthen family life within the parish.

***Examples of activities that should not be reported on the Columbian Award application: Eucharistic minister, lector, ushers, choir, coaching, school board volunteering, donations (monetary and goods), scholarships, sponsoring of trips and teams, etc.***



Clear Data



# Knights of Columbus Arizona State Council Monthly Council Activity Report



<i>Type or Print</i> Report for Month of		Council		City		District #	
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### Positive Activities

Enter information on something Good that happened in your Council during this report month:  
(Membership Increase, Fund Raiser, Program Activity, etc.)

### Challenges

Enter information on something that challenged your Council during this report month: (Membership Retention, Issues, etc.)

### 1<sup>st</sup> Degree Ceremony

Did Your Council Host or Participate in a 1<sup>st</sup> Degree Ceremony during this report month:

Yes:  No:  Number of new Members at Degree: \_\_\_\_\_

Comments:

### Star Council

Is your Council going to earn the Star Council Award this year? Yes:  No:

If no, why not?

Is your Columbian Award Form SP7 being used as a planning tool for programs? Yes:  No:

Comments:

PERSON WHO PREPARED REPORT

GRAND KNIGHT:

DATE:

### Distribution Instructions:

Council: Send one copy to District Deputy to arrive by the 5<sup>th</sup> of the month.

Rev: July 1, 2014 Previous versions obsolete.

Save Form	Email Form
	Print Form

# DEGREE EXEMPLIFICATION REPORT

TO: SUPREME KNIGHT CARL A. ANDERSON  
FROM: DISTRICT DEPUTY NAME \_\_\_\_\_  
DISTRICT NUMBER \_\_\_\_\_ JURISDICTION \_\_\_\_\_  
DEGREE DATE \_\_\_\_\_ HOST COUNCIL NUMBER \_\_\_\_\_

**ONLY SUBMIT ONE REPORT PER DEGREE. DO NOT REPORT MULTIPLE DEGREES ON A SINGLE FORM**

DEGREE REPORT: TOTAL NUMBER OF CANDIDATES \_\_\_\_\_

**ADMISSION**  STAFF COUNCIL NUMBER: \_\_\_\_\_  
ADMISSION DEGREE PRESENTATION: STAFF PRESENTED BY MEMORY   
STAFF READ FROM SCRIPT  STAFF USED CEREMONIAL DVD

**FORMATION**  STAFF NAME: \_\_\_\_\_

**KNIGHTHOOD**  C.O. NAME: \_\_\_\_\_

GENERAL  
OBSERVATIONS:

## PARTICIPATING COUNCILS – CANDIDATES

COUNCIL NUMBER	NUMBER OF CANDIDATES	COUNCIL NUMBER	NUMBER OF CANDIDATES
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SUBMITTED BY: \_\_\_\_\_

TITLE \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CC: STATE DEPUTY

City and State or Province

ZIP or Postal Code

# FAMILY OF THE MONTH ENTRY FORM

DUE BY 15th DAY OF THE FOLLOWING MONTH

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ The family of \_\_\_\_\_ has been selected as the  
(Please Print)  
 \_\_\_\_\_ Family of the Month for Council \_\_\_\_\_ in \_\_\_\_\_  
(Month) (Number) (City, State or Province)

Fully complete this report form by listing the family's information and qualifications. This will also ensure that the family is entered in the Supreme Council Family of the Month Contest.

Husband: \_\_\_\_\_ Membership Number (if applicable) Wife: \_\_\_\_\_

Children /Ages: \_\_\_\_\_ Children /Ages: \_\_\_\_\_ Children /Ages: \_\_\_\_\_  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Home Address: \_\_\_\_\_

Signed: \_\_\_\_\_  
(Grand Knight)

Our council's Family of the Month was selected for the following reasons:

**The following factors should be considered when selecting a Family of the Month:**

- Is the family tight-knit?  
Does the family spend quality time together?
- Does the family attend weekly Mass together?  
Does the family pray together outside of Mass?
- Has the family made significant contributions to the parish and church community?
- Does the family serve as a model of Catholic family values?

Email a copy of this document to: [fraternalmission@kofc.org](mailto:fraternalmission@kofc.org)  
*(Councils should also retain a copy of this completed form for their files)*

Families will be randomly selected each month from the forms received and presented with a special Holy Family gift

10668 6/18



# FAMILY OF THE YEAR ENTRY FORM

Council/Jurisdiction: \_\_\_\_\_ Date: \_\_\_\_\_

**Instructions**

**Local Councils:** To enter your Family of the Year into jurisdiction competition, complete this form and forward it to the state deputy. Additional paper may be used if space allocated is not sufficient. Photographs, news clippings, letters of commendation or other special exhibits may be included. **Note:** Individual jurisdictions set their own deadlines for state/provincial competitions, so watch for deadline dates or contact the state deputy.

**Jurisdictions:** Select **one** entry to honor as Jurisdiction Family of the Year. Submit that entry form, with the state deputy's signature and all collateral material, to the Supreme Council Department of Fraternal Mission by **June 1** for consideration in the International Family of the Year competition.

**A. Personal Data**

Member's Name: \_\_\_\_\_ (Membership Number) \_\_\_\_\_

Wife's Name: \_\_\_\_\_

Children/Ages: _____	Children/Ages: _____
_____	_____
_____	_____

Home Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Parish: \_\_\_\_\_ Pastor: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

**B. Knights of Columbus Data**

Family nominated by Council \_\_\_\_\_ (Number) in \_\_\_\_\_ (Location)

For how many years has husband/father been a member of the Knights of Columbus? \_\_\_\_\_

Positions (offices / program directorships / chairmanships / committee assignments) held:

*continued on back*





Explain the entire family's involvement within the Knights of Columbus:

*C. Family Involvement*

Explain the entire family's involvement within the Church:

Explain the entire family's involvement within the community:

Explain why this family was chosen as the model family in your jurisdiction. Why does this family deserve the distinction of being named Knights of Columbus Family of the Year?

*For Jurisdiction Use Only:*

This family has been chosen Jurisdiction Family of the Year.

Attest: \_\_\_\_\_  
(State Deputy)

Email a copy of this document to: [fraternalmission@kofc.org](mailto:fraternalmission@kofc.org) (Councils should also retain a copy of this completed form for their files)



# Knights of Columbus

## Arizona

NOMINATION FOR **2018- 2019 KNIGHT OF THE YEAR**

COUNCIL NAME: \_\_\_\_\_

NOMINEE: \_\_\_\_\_ COUNCIL NO. \_\_\_\_\_

SUBMITTED BY: \_\_\_\_\_

(500 words or less)

The above named Knight is submitted based on the following:

OUTSTANDING ACCOMPLISHMENTS:



# Knights of Columbus

## Arizona

NOMINATION FOR 2018 / 2019 CHAPLAIN OF THE YEAR

COUNCIL NAME: \_\_\_\_\_

NOMINEE: \_\_\_\_\_ COUNCIL NO. \_\_\_\_\_

SUBMITTED BY: \_\_\_\_\_

(500 words or less)

The above named Chaplain is submitted based on the following:



**DISTRICT DEPUTY SEMIANNUAL REPORT**  
**ON COUNCIL STATUS (944A)**  
**JULY THROUGH DECEMBER**  
**DEADLINE – DECEMBER 31**

State/Prov.: \_\_\_\_\_  
 District No.: \_\_\_\_\_  
 Date of report: \_\_\_\_\_

(Print or type all information)

Council #: \_\_\_\_\_ Location: \_\_\_\_\_  
 (City) (State/Province)  
 Type of Council:  Regular  Military  College

**COUNCIL DEADLINE**

- Election of Officers (Form #185) – Deadline: July 1 for receipt at Supreme Council office.
- Service Program Personnel Report (Form #365) – Deadline: August 1 for receipt at Supreme Council office.
- Semiannual Council Audit Report (Form #1295) – Deadline: August 15 for receipt at Supreme Council office.
- Survey of Fraternal Activity (Form #1728) – Deadline: January 31 for receipt at Supreme Council office.
- Semiannual Council Audit Report (Form #1295) – Deadline: February 15 for receipt at Supreme Council office.
- July Per Capita Tax Assessment – Deadline: October 10 for receipt at Supreme Council office.
- IRS Form 990 – Return of Organization Exempt from Income Tax – Deadline: 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 meeting held from July-December? \_\_\_\_\_  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 conducting an effective membership recruitment campaign?  Yes  No
2. Does the council utilize an Admission Committee?  Yes  No
3. Do the grand knight and financial secretary reconcile the membership transactions reported by the Supreme Council office on the monthly Grand Knight's Membership and Financial Statement (Form #1189) and the Council Billing Statement (Form #F056)  Yes  No
4. Has the council implemented an organized membership retention program?  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) immediately after First Degrees?  Yes  No
4. Does the field agent participate in council functions?  Yes  No
5. Do you expect this council to meet its insurance member quota?  Yes  No

**SERVICE PROGRAM**

1. Is the council operating under the recommended service program structure?  
 Status of program:  Excellent  Good  Fair  Yes  No
2. Does the council sponsor a Columbian Squires circle?  
 Status of program:  Excellent  Good  Fair  Yes  No
3. Is the council interested in starting or reactivating a Columbian Squires circle?  
 If yes, Contact name: \_\_\_\_\_  Yes  No  
 Address: \_\_\_\_\_

4. Will this council earn Star Council?  Likely  Unlikely

**NEW COUNCIL DEVELOPMENT**

1. 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. Use other side if more space is needed)

\_\_\_\_\_  
 \_\_\_\_\_

District deputy recommendations to council leadership (Use other side if more space is needed)

\_\_\_\_\_

Forward completed report to:  
 Knights of Columbus  
 Department of Fraternal Services  
 1 Columbus Plaza  
 New Haven CT 06510-3326

Send copy to state deputy and retain a copy for district deputy files  
 (944A 10/11)

Signed: \_\_\_\_\_ DD # \_\_\_\_\_

Address: \_\_\_\_\_

City and State/Province \_\_\_\_\_ Zip/postal code \_\_\_\_\_