The following PROGRAM forms are to be mailed to:

Bob Nellans
Colorado State Program Coordinator
13485 W. 67th Pl.
Arvada, CO, 80004

KNIGHTS OF COLUMBUS

COLUMBIAN AWARD APPLICATION

20__-20__

Due By JUNE 30

Council Number: __________ Location: ____________________ (City) , ________________ (State or Province)

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 below. **Additionally, a minimum of four (4) of these programs must be designated as Domestic Church activities.** Domestic Church activities can be attributed to any category and there can be multiple Domestic Church activities conducted in a single category. Please visit kofc.org/domesticchurch for a list of qualifying programs.
2. 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.** The most efficient way of submission is electronically. Please visit kofc.org/forms.
3. Submit the *Service Program Personnel Report* (#365). The most efficient way for submission is by using the Member Management Application.

If your council conducts a featured program in any category, ensure that the program's minimum requirements are met in order to receive credit for all four activities in that category. The minimum requirements for each featured program are located in the *Surge with Service* (#962) manual.

The council's program director should complete this application with the grand knight. Typing the name and membership number below constitutes a signature.

Signed: ____________________ (Program Director) __________ (Membership No.)

Attest: ____________________ (Grand Knight) __________ (Membership No.)

Date: ____________________ (mm/dd/yyyy)

<u>CHURCH ACTIVITIES</u> (vocations, parish roundtable, parish services, Keep Christ in Christmas, etc.)

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

Check if Domestic Church Activity

☐ 1. ____________________

☐ 2. ____________________

☐ 3. ____________________

☐ 4. ____________________

SUBMIT ELECTRONICALLY TO: fraternalmission@kofc.org

OR

SUBMIT BY MAIL TO: Knights of Columbus Supreme Council
Fraternal Mission Department
1 Columbus Plaza
New Haven, CT 06510-3326

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

Co. Number: ______

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

* Participating with Habitat for Humanity or Global Wheelchair Mission and meeting the minimum participation requirements will fulfill all four activity requirements in this category.

Check if Domestic Church Activity

☐ 1.

☐ 2.

☐ 3.

☐ 4.

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

* Participating with Special Olympics and meeting minimum participation requirements will fulfill all four activity requirements in this category.

Check if Domestic Church Activity

☐ 1.

☐ 2.

☐ 3.

☐ 4.

CULTURE OF LIFE ACTIVITIES (Ultrasound Initiative, March for Life, Pregnancy Care Center, baby showers, baby bottle campaign, memorials, etc.)

* Participating in a local, regional or national March for Life or with the Ultrasound Initiative and meeting the minimum participation requirements will fulfill all four activity requirements in this category.

Check if Domestic Church Activity

☐ 1.

☐ 2.

☐ 3.

☐ 4.

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

* Sponsoring a qualifying Food for Families program and meeting minimum participation requirements, will fulfill all four activity requirements in this category.

Check if Domestic Church Activity

☐ 1.

☐ 2.

☐ 3.

☐ 4.

YOUTH ACTIVITIES (youth ministry, scholarships, Catholic Scouting, etc.)

* Participation in the Coats for Kids program or sponsoring a Columbian Squires Circle and meeting minimum participation requirements will fulfill all four activity requirements in this category.

Check if Domestic Church Activity

☐ 1.

☐ 2.

☐ 3.

☐ 4.

Our council sponsors Columbian Squires Circle No. ______ .

The KNIGHTS *of* COLUMBUS

5th Sunday Rosary Program

Council Number ________________ Location _______________________

City **State/Province**

Our council has conducted the 5th Sunday Rosary Program (please check date conducted)

☐ **July 31, 2016**
☐ **October 30, 2016**
☐ **January 29, 2017**
☐ **April 30, 2017**

Number of Knights that participated ____________________

Total Participants ______________

How many new members were recruited as a result of this program?

____

COMMENTS OR OBSERVATIONS CONCERNING THE KNIGHTS OF COLUMBUS 5th SUNDAY ROSARY PRORGAM. HOW CAN WE IMPROVE THE PROGRAM? ADDITIONAL SUPPORT MATERIAL NEEDED?

____
____
____
____
____
____

Date: ________________

(Signed)______________________________
(Grand Knight)

(Signed)_____________________________
(Church Director)

SEND ONE COPY TO: Fraternal Services **COPIES TO:** State Deputy, District Deputy, Council File Email: fraternalservices@kofc.org
Fax: 203-752-4108
Mail: 1 Columbus Plaza, New Haven, CT 06510

KNIGHTS OF COLUMBUS

“KEEP CHRIST IN CHRISTMAS” POSTER CONTEST PARTICIPATION FORM

Council Number ____

City/Town ____

State/Providence ____

PLEASE INDICATE THE NUMBER OF PARTICIPANTS IN YOUR COUNCIL CONTEST

AGE GROUP	5 - 7	8-10	11-14	TOTAL
TOTAL				0

CONTEST PARTICIPATION FORM:

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

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

____

____

____

____

____

____

Signed: ____

Grand Knight

Colorado State Council
Knights of Columbus

Marian Hour of Prayer Participation Report

Submit by February 1st to State Program Coordinator

Council ______________________________ in ____________________________.
(Name and number) (City)

has participated in the Marian Hour of Prayer Program

A. Date Held: ____________________

B. Location Held: ____
____

C. Number of Participants:

Knights: __________
Women: __________
Children: _________

D. Who Officiated the Prayer Service (Title/Name): ___________________________
____

E. Provide any other comments on your Council Marian Hour of Prayer

____
____
____

Signed: ______________________________________ Grand Knight

Chaplain of the Year **Due February 1st**

Submit to: State Program Coordinator

Colorado State Council
Knights of Columbus

FATHER FRANCIS KAPPES CHAPLAIN OF THE YEAR

Submit by February 1st to State Service Program Coordinator

____ is nominated for Chaplain of the Year by

Council____ in ____________________.

(Name and number) (City)

Please enter our selection in the State Chaplain of the Year contest.

NOTE JUDGING CRITERIA SHOWN IN SECTION B.3.2.6

Winner's qualifications are listed below. (Attach additional sheets as necessary. Maximum 10 pages.)

____

____

____

____

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____

____

____

____

Winner's address:

____

____

Signed: ____ Grand Knight

Knight of the Month **Due 15th of the Month**

Submit to: State Knight of the Month Chairman

Colorado State Council

Knights of Columbus

KNIGHT OF THE MONTH

Submit by the 15th of the Month to State Knight of the Month Chairman

Brother______________________________________ has been selected as Knight of the Month for

the Month of _______________________ in the year of our Lord _____________.

Council ______________________________________ in ___________________________________.

(Name and number) (City)

Membership # _________________________.

Please enter our winner in the State Knight of the Month contest.

Winner's qualifications are listed below; (Attach additional sheets as necessary.)

Highest degree attained: ____

Parish name and location: ____

Current council office held (if None, State "Member": ____

Past Grand Knight: Y N

Past Faithful Navigator: Y N

Describe the Knight's effort in support of Charity, Unity, Fraternity and Patriotism as well as his activities in support of Church, Council, Community, Family, Youth and Culture of Life programs.

____

____

____

Winner's address:

____

____

Signed: ____ Grand Knight

Colorado State Council
Knights of Columbus

KNIGHT OF THE YEAR

Submit by February 1st to State Service Program Coordinator

Brother_____________________________________ has been selected as Knight of the Year.

Council _____________________________________ in ________________________________.
(Name and number) (City)

Membership # ________________________.

He was the Council Knight of the Month for the month of _______________________.

Please enter our winner in the State Knight of the Year contest.

NOTE JUDGING CRITERIA SHOWN IN SECTION B.3.2.8

Winner's qualifications are listed below. (Attach additional sheets as necessary. Maximum 10 pages.)

Highest degree attained: ____
Parish name and location: ____
Current council office held (if None, State "Member": ____________________________________
Past Grand Knight: Y N
Past Faithful Navigator: Y N

Describe the Knight's effort in support of Charity, Unity, Fraternity and Patriotism as well as his activities in support of Church, Council, Community, Family, Youth and Culture of Life programs.

Winner's address:

____

____

Signed: ____ Grand Knight

Family of the Month **Due on the 15th of each Month**

Submit to: State Family of the Month Chairman and Supreme
http://www.kofc.org/un/en/officers/forms/council.html

FAMILY OF THE MONTH

On the fifteenth day of each month — from August through July — 100 "Family of the Month reporting forms will be drawn at random from among all entries received at the Supreme Council office for the previous month. Each of the 100 families selected will receive a beautiful Holy Family statuette along with a letter of congratulations from Supreme Knight Carl A. Anderson. The following factors should be considered in the search for the "Family of the Month:"

- Has the family made significant contributions to the Church, community and/or council?
- Does the family enjoy one another?
- Does the family share experiences?
- Does the family communicate openly and honestly?
- Does the family pray and attend Mass together?
- Does the family spend its time together interacting instead of in front of the television set?

The family of Brother: ______________________
(Member's Name – Please Print)

has been selected as "Family of the Month" for Council: __________

in ______________________
(State or Province)

Please enter our nominee in the Supreme Council "Family of the Month" Contest. We have listed the nominee's qualifications below.

The names of the family members are:

Member: ______________________

Membership Number: ______________________

Spouse: ______________________

Children/Ages:

______________	______________
______________	______________
______________	______________

Home Address:
Address Line 1
Address Line 2
Address Line 3

Our Council's "Family of the Month" was elected for the following reasons:

Grand Knight: ______________________

SELECT ONE

☐ JULY
Due August 15

☐ AUGUST
Due September 15

☐ SEPTEMBER
Due October 15

☐ OCTOBER
Due November 15

☐ NOVEMBER
Due December 15

☐ DECEMBER
Due January 15

☐ JANUARY
Due February 15

☐ FEBRUARY
Due March 15

☑ MARCH
Due April 15

☐ APRIL
Due May 15

☐ MAY
Due June 15

☐ JUNE
Due July 15

FAX TO: Supreme Council Department of Fraternal Services (203) 752-4108
SEND COPIES TO: State Deputy, District Deputy, Council File

1993A 1/04

Family of the Year **Due on June 1st**

Submit to: State Family of the Month Chairman and Supreme
http://www.kofc.org/un/en/officers/forms/council.html

Family of the Year
Submission Cover Sheet

Family of the Year Nominee ____

Council Name ____

Council Number ____________________ City __________________________________

Knight's Degree Attained (Circle one) 1st 2nd 3rd 4th

Month Family was "Family of the Month" ______________________

Below are the criteria which your submission will be judged:

- Describes the Family's effort in support of Charity, Unity, Fraternity and Patriotism
- Describes the Family's effort in support of Church, Council, Community, Family, Youth and Culture of Life programs
- Articulate activities and programs within the calendar year
- Document sustained participation throughout the calendar year
- Activities had tangible effects on others in the council, parish, or community
- Inspired others to participate in programs/activities
- Brought families together in activities (describe activities/events)
- Identify hours spent on each project described

FAMILY of the YEAR

Entry Form

Jurisdiction: ______________________________ Date: ______________

Instructions

Local Councils: **To enter your "Family of the Year" into state/provincial 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.**

State Council: Select **one** entry to honor as state/provincial "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 Services by **June** 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 ______________ in ______________________
(Number) (Location)

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

____

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

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

FAMILY
of the
YEAR

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 State Council Use Only:

This family has been chosen state/provincial "Family of the Year."

Attest: ______________________________
(State Deputy)

NOTE: Submit winning entry to Supreme Council Department of Fraternal Services, 1 Columbus Plaza, New Haven, CT 06510-3326. All entries must reach the Supreme Council office by June 10 to qualify.

Perpetual Memorial Society **Due as required**

Submit to: State Charities, c/o State Secretary

Colorado State Council
Knights of Columbus

PERPETUAL MEMORIAL SOCIETY

Don't forget your living and deceased family members and/or Council & Assembly brothers. Enroll them in the Colorado State Perpetual Memorial Society. You can also enroll yourself.

The benefits are as follows:

- At least 100 Masses said annually for the members
- Each new member or their family will receive an Enrollment Certificate
- Each member's name is engraved on a plaque which will be displayed at the State Convention each year.
- Each member's name will be included in the Society Membership Roll
- The money is deposited in a special K of C Charity Trust Fund, the principal of which will never be spent. Only the interest will be spent.

Make your check of $50.00 per enrollee, payable to
THE KNIGHTS OF COLUMBUS STATE CHARITY FUND
and send it to the State Charities Secretary:

Claude A. Trujillo, Jr. PSD
Secretary, Colorado State K of C Charities
505 Columbia Ave.
Del Norte, CO 81132

WORTHY STATE SECRETARY - PLEASE ENROLL

Name: ____

In the Colorado State Knights of Columbus Perpetual Memorial Society.

Enrollee was born (date) ____________________ died (date) ____________________ .

Enrollee was/is a member of Council # __________ Assembly # ___________.

-or -

Enrollee was/is the (circle one) mother, father, brother, sister, wife, daughter, son of:

Brother ________________________ Council # _________ Assembly # _____________.

ENROLLED BY (Name) ____
(Address)____
(City) ______________________ (State)____(Zip) _______

Family Game Night Participation Report **Due February 1st**

Submit to: State Program Coordinator

Colorado State Council
Knights of Columbus

Family Game Night
Participation Report

Submit by February 1st to State Service Program Coordinator

Council ______________________________ in ______________________________.
(Name and number) (City)

has participated in a Council Family Game Night.

A. Date held: ____________________

B. Location Held:
 Name of location ______________________________
 Address ______________________________
 City ______________________________
 State / Zipcode ________________ ____________

C. How many participated?
 Knights ______________________________
 Ladies ______________________________
 Children ______________________________

D. Describe the activity (what games were played, what was enjoyable, etc.)

____

____

____

____

____

Signed: ____ Grand Knight

Essay Contest Participation Report **Due February 1st**

Submit to: State Program Coordinator

Colorado State Council
Knights of Columbus

Essay Contest
Participation Report

Submit by February 1st to State Service Program Coordinator

Council ____ in ____________________________________.
(Name and number) (City)

has participated in the Youth Essay Contest.

Please indicate the number of participants in your Council Essay Contest

GRADES	8	9	10	11	12	TOTALS
GIRLS						
BOYS						
TOTALS						

Provide Comments and Observations concerning the Knight of Columbus Youth Essay Contest

____

____

____

Signed: ____ Grand Knight

Community Activities Participation Report **Due February 1st**

Submit to: State Program Coordinator

Colorado State Council
Knights of Columbus

Community and Youth Activities Participation Report

Submit by February 1st to State Service Program Coordinator

Council ________________________________ in ______________________________.
(Name and number) (City)

has participated in the State Focus Community Activities in the one or more of the following ways during the Calendar Year: **(Feel free to add backup documentation)**

A. Intellectual Disabilities Program Y N

Describe When/How: ____

B. Special Olympics Challenge Y N

Describe When/How: ____

C. Food For Families Y N

Describe When/How: ____

D. Coats for Kids Y N

Describe When/How: ____

E. Global Wheelchair Mission Y N

Describe When/How: ____

F. Habitat For Humanity Y N

Describe When/How: ____

Signed: ____________________________________ **Grand Knight**

Ultrasound Initiative Participation Report **Due February 1st**

Submit to: State Program Coordinator

Colorado State Council
Knights of Columbus

Ultrasound Initiative Participation Report

Submit by February 1st to State Service Program Coordinator

Council ______________________________________ in ___________________________________.
(Name and number) (City)

Has participated in the Supreme or State Ultrasound Initiative in the one or more of the following ways:

E. **Fundraising Y N If Yes, the amount raised $___________**

F. **Coordinated with a Pro-Life Pregnancy Care Center Y N**

Name of Center ______________________________

Address ______________________________

City ______________________________

State / Zipcode ________________ ____________

Contact & Phone ____________________________ _______________

G. **Describe other activity that was in support of the Ultrasound Initiative**

____

____

____

____

____

____

Signed: ____ Grand Knight

Colorado State Council
Knights of Columbus

Culture of Life
Participation Report

Submit by February 1st to State Service Program Coordinator

Council ___________________________________ in ________________________________.
(Name and number) (City)

has participated in the Supreme or State Culture of Life Program in one or more of the following ways during the Calendar Year:

A. **Education** **Y N Describe When/How:** __________________________________
____

B. **Prayer** **Y N Describe When/How:** __________________________________
____

C. **Public Witness/Civic Action Y N Describe When/How:** ____________________
____

D. **Donation** **Y N Describe Amount/When/How:** __________________________
____

E. **Describe other activity that was in support of the Culture of Life**

____
____
____

Signed: ____ Grand Knight

Pro-Life Couple of the Year **Due February 1st**

Submit to: State Program Coordinator

Colorado State Council
Knights of Columbus

JOHN J. MILDENBERGER PRO-LIFE COUPLE OF THE YEAR AWARD

Submit by February 1st to State Service Program Coordinator

Brother ____ and his wife
______________________ are nominated for Pro-Life Couple of the Year
by Council____ in
__________________________.
(Name and number) (City)

Please enter our selection in the Pro-Life Knight/Couple of the Year contest.

NOTE JUDGING CRITERIA SHOWN IN SECTION B.3.2.7

The Winner's qualifications are listed below. (Attach additional sheets as necessary. Maximum 10 pages.)

____
____
____
____
____
____
____
____
____

Winner's address:

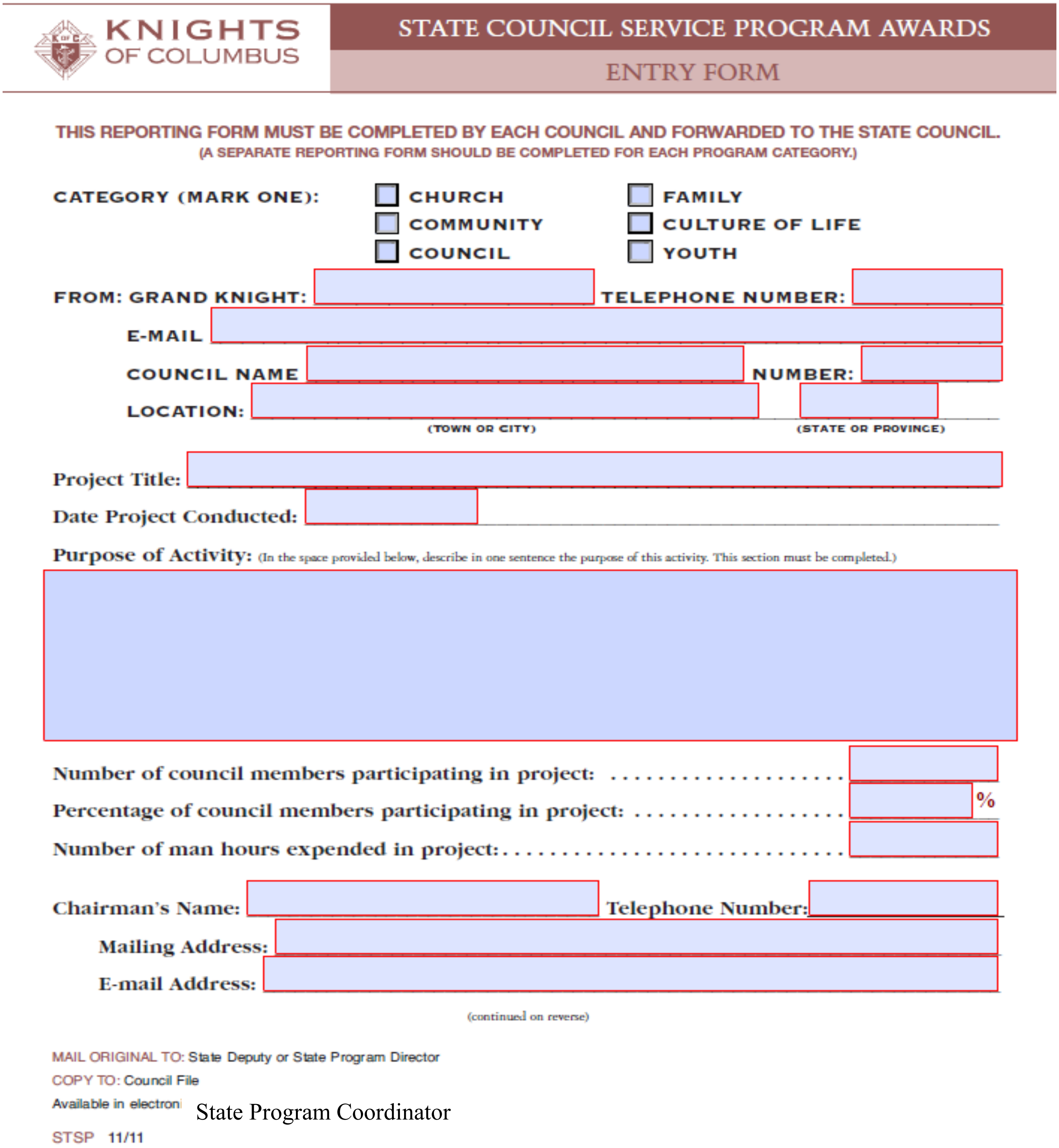
____

____

Signed: ____ Grand Knight

Service Activity Program Report **Due February 1st**

Submit to: State Program Coordinator
On-Line at http://www.kofc.org/un/en/forms/council/state_serviceaward_p.pdf



KNIGHTS OF COLUMBUS

STATE COUNCIL SERVICE PROGRAM AWARDS

ENTRY FORM

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): ☐ CHURCH ☐ COMMUNITY ☐ COUNCIL ☐ FAMILY ☐ CULTURE OF LIFE ☐ 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 electroni State Program Coordinator
STSP 11/11

Describe project in detail. Use additional paper if necessary. Supplementary material may be submitted along with the nomination. Accompanying materials can include letters, testimonials, news clippings, photographs, pamphlets, etc. Do not submit tapes, videocassettes, DVD'S, display materials, films, etc., as they will not be considered in judging the nomination.

ATTEST: ______________________________ **Signed:** ______________________________

(State Deputy) (Grand Knight)

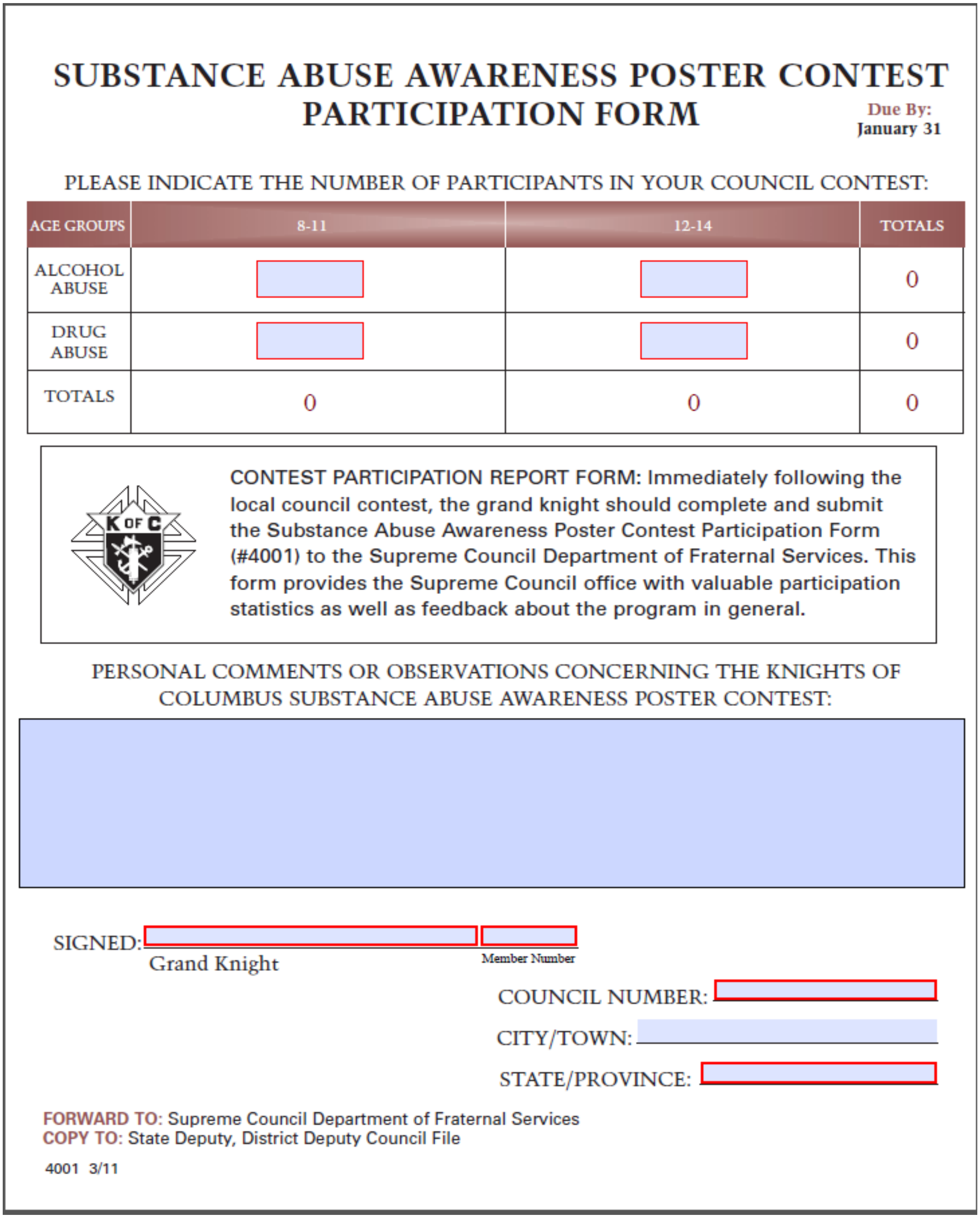
DO NOT SUBMIT THIS REPORT FORM TO SUPREME COUNCIL

ENTRY MUST BE RECEIVED BY THE STATE COUNCIL
TO BE ELIGIBLE FOR THE COMPETITION

For more information on the Service Program Awards go to www.kofc.org/service and click on the left-hand "Council" link.

Substance Abuse Awareness Poster Contest Participation Form **Due January 1st**

Submit to: State Program Coordinator



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			0
DRUG ABUSE			0
TOTALS	0	0	0

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 Member Number

COUNCIL NUMBER: ____________

CITY/TOWN: ____________

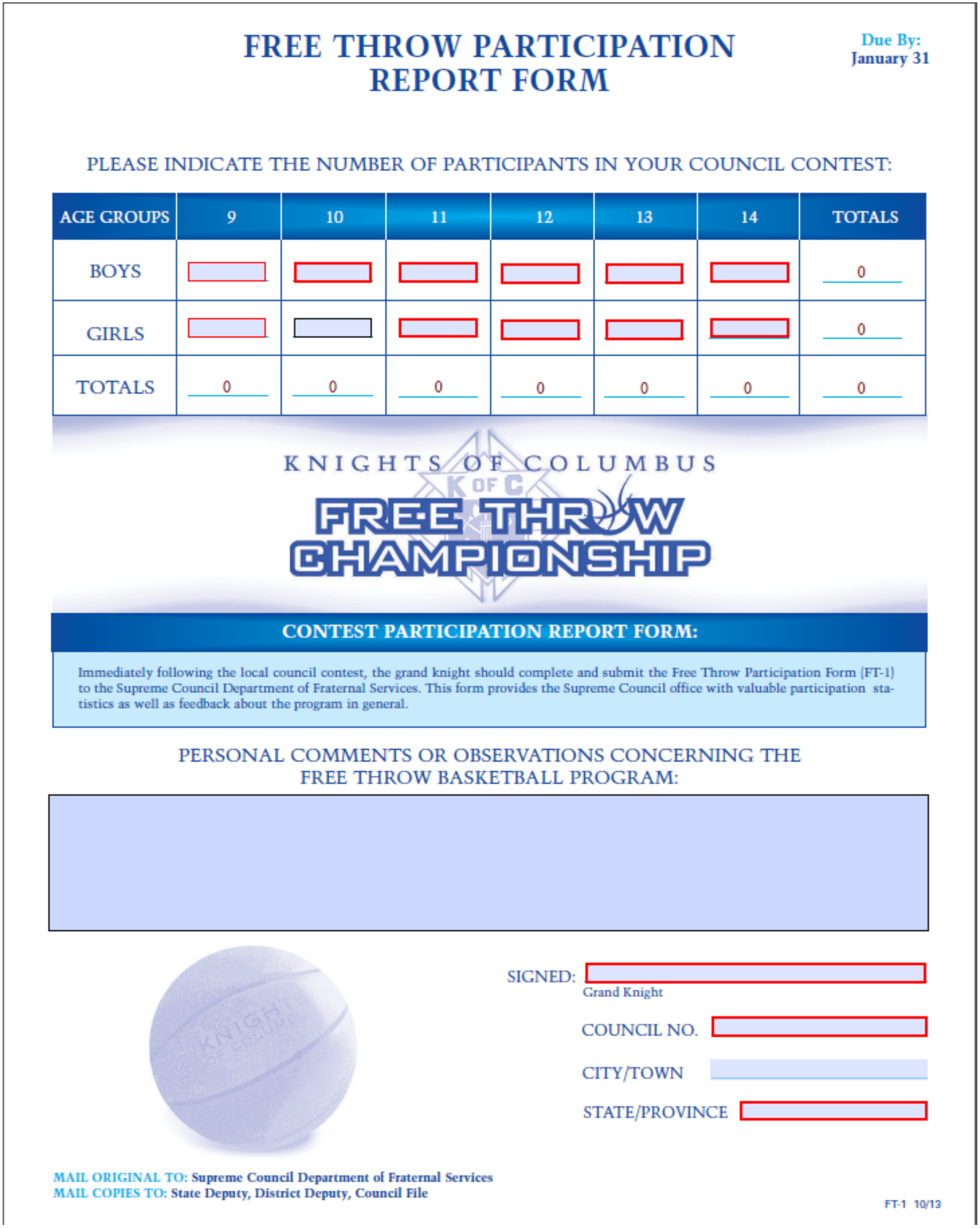
STATE/PROVINCE: ____________

FORWARD TO: Supreme Council Department of Fraternal Services
COPY TO: State Deputy, District Deputy Council File

4001 3/11

Free Throw Participation Form **Due January 1st**

Submit to: State Program Coordinator



FREE THROW PARTICIPATION REPORT FORM

Due By:
January 31

PLEASE INDICATE THE NUMBER OF PARTICIPANTS IN YOUR COUNCIL CONTEST:

AGE GROUPS	9	10	11	12	13	14	TOTALS
BOYS							0
GIRLS							0
TOTALS	0	0	0	0	0	0	0

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

MAIL ORIGINAL TO: **Supreme Council Department of Fraternal Services**
MAIL COPIES TO: **State Deputy, District Deputy, Council File**

FT-1 10/13

Soccer Participation Form **Due December 1st**

Submit to: State Program Coordinator

PARTICIPATION REPORT FORM

Due By:
Dec. 1

PLEASE INDICATE THE NUMBER OF PARTICIPANTS IN YOUR COUNCIL CONTEST:

AGE GROUPS	9	10	11	12	13	14	TOTALS
BOYS							0
GIRLS							0
TOTALS	0	0	0	0	0	0	0

SOCCER CHALLENGE

K OF C

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 12/13

KNIGHTS OF COLUMBUS

REFUND SUPPORT VOCATIONS PROGRAM (RSVP)

REFUND AND PLAQUE APPLICATION 20__-20__

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

For Office Use Only

Ref $ ____________________________

Y. St. ____________________________

Date ____________________________

Important: Please complete this box:

State/Province ________________ Council No. ________________

Location ____
city

Council Name ____

Grand Knight ____

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

SECTION I: REFUND INFORMATION

See directives on the reverse side before completing this section.

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

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

SECTION II: MORAL SUPPORT INFORMATION

See directives on the reverse side before completing this section.

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

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

☐ We already have a Vocations Plaque and require only an adhesive date plate for 20__-20__.

☐ This is our first year with RSVP and we require both a Vocations Plaque and an adhesive date plate for 20__-20__.

☐ Our Vocations Plaque is full and we require a new one.

I AFFIRM THE ABOVE TO BE ACCURATE: ____
Grand Knight

Date: ______________________________

MAIL ORIGINAL TO: Supreme Council, Fraternal Mission Department
MAIL COPIES TO: State Vocations Chairman, Council File
Available in electronic format at kofc.org/forms

(See other side for instructions)

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KNIGHTS OF COLUMBUS

REFUND SUPPORT VOCATIONS PROGRAM (RSVP)

Please review these guidelines before completing application form on reverse

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

The following persons are eligible to receive RSVP funds:

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

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

Persons not eligible for RSVP funds are the following:

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

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

DIRECTIVES FOR SECTION I: (RSVP) REFUND INFORMATION

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

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

DIRECTIVES FOR SECTION II: (RSVP) MORAL SUPPORT INFORMATION

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

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

KNIGHTS OF COLUMBUS

PARTNERSHIP PROFILE REPORT
WITH SPECIAL OLYMPICS

For Twelve Month Period Ending December 31, 20__

Council Number ____________ **Location** ______________________________
city/town state/province

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

1. State Games/Events	
2. Regional Games/Events	
3. Local Games/Events	
TOTAL VOLUNTEER HOURS	0

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	0

YEAR-ROUND K of C VOLUNTEERS

1. State Games/Events	
2. Regional Games/Events	
3. Local Games/Events	
Total Year-Round	0
TOTAL K of C VOLUNTEERS (Event-Specific and Year-round)	0

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	0

IV. Total Funds Contributed to Special Olympics.

	Dollars Only
1. State Games/Events	
2. Regional Games/Events	
3. Local Games/Events	
TOTAL CONTRIBUTIONS	0

V. New Events Added This Year.

VI. Special Olympics Affiliations

Date: ______________________________ (Signed) ______________________________
(Grand Knight)

(Signed) ______________________________
(Financial Secretary)

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

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KNIGHTS
OF COLUMBUS

PARTNERSHIP PROFILE REPORT
WITH SPECIAL OLYMPICS

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

Due By:
JANUARY 31

IMPORTANT

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

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

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

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

Event-Specific K of C Volunteers — announcer, athlete escort, awards presenter, competition volunteer, family services, food services, lane escort, lane judge, scorekeeper, timer, transportation, venue services, etc.

Year-Round K of C Volunteers — program management, administration, clerical, planning, games management, sports training, Special Olympics Board Member, coaching, etc.

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

All events involving Special Olympics — state, national, international games, community programs, etc.

Special Olympics Initiatives:

- Athlete Leadership Programs
- Family Leadership and Support
- Schools and Youth
- Healthy Athletes
- Law Enforcement Torch Run

SECTION IV. TOTAL FUNDS CONTRIBUTED TO SPECIAL OLYMPICS:

Local, state, and national contributions, "Healthy Athletes", donations to Special Olympics initiatives, etc.

Donations to Special Olympics Support Programs:

- Online Donation
- Mail / Telephone Donation
- Planned Giving
- Matching Gifts
- Wedding / Special Occasion Favors
- Monthly Giving
- Frequent Flyer Miles

SECTION V. NEW EVENTS ADDED THIS YEAR:

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

SECTION VI. SPECIAL OLYMPICS AFFILIATIONS:

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

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KNIGHTS OF COLUMBUS

FOOD FOR FAMILIES REIMBURSEMENT PROGRAM

REFUND AND PLAQUE APPLICATION 20__-20__

Due By: JUNE 30

For Office Use Only

Ref $ ____________________

Y. St. ____________________

Date ____________________

Important: Please complete this box:

State/Province ______________ Council No. ____________

Location ____ (city)

Council Name ____

Grand Knight ____

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

SECTION I: REFUND INFORMATION

See directives on the reverse side before completing this section.

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

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

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

SECTION II: MANPOWER SUPPORT INFORMATION

See directives on the reverse side before completing this section.

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

Hours of Service Provided ______________

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

☐ We already have a Food for Families Plaque and require only an adhesive date plate for 20__-20__.

☐ This is our first year participating in Food for Families and we require both a plaque and an adhesive date plate for 20__-20__.

☐ Our Food for Families Plaque is full and we require a new one.

I AFFIRM THE ABOVE TO BE ACCURATE: ____________________ ____________________

Grand Knight | Food Bank Representative

Date: ______________________________

MAIL ORIGINAL TO: Supreme Council, Fraternal Mission Department
MAIL COPIES TO: State Program Director, Council File
Available in electronic format at kofc.org/forms

(See other side for instructions)

10057 8/14

KNIGHTS
OF COLUMBUS

FOOD FOR FAMILIES REIMBURSEMENT PROGRAM

Due By: JUNE 30

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

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

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

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

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

KNIGHTS OF COLUMBUS

GLOBAL WHEELCHAIR REPORT FORM

The Global Wheelchair Mission is a partnership between the American Wheelchair Mission and the Canadian Wheelchair Foundation

Council Number ____________________ Location ____
City State

"Wheelchair Sunday" Parish Drive

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

○ Our Council has conducted a "Wheelchair Sunday"

The total amount of donations received during the weekend? $ ____________________

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

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

Other Fundraising Activities for the American Wheelchair Mission

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

Total amount of dollars raised during other fundraising activities: $ ____________________

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

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

Date: ____________________ (Signed) ________________________________
(Grand Knight)

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

(Signed) ________________________________
(Financial Secretary)

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KNIGHTS OF COLUMBUS

PARTNERSHIP PROFILE REPORT
WITH HABITAT FOR HUMANITY

Council Number ____________________ Location ____
City State

PARTNERSHIP WITH HABITAT FOR HUMANITY

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

○ Our Council has contributed volunteers and funds to Habitat for Humanity

The total amount of volunteer hours contributed: ____________________

How many members volunteered for Habitat for Humanity projects: ____________________

The total amount of funds donated to Habitat for Humanity: $____________________

Number of Habitat for Humanity houses built: ____________________

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

Other Fundraising Activities for the Habitat for Humanity

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

Total amount of dollars raised during other fundraising activities: $____________________

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

Total amount of donations to the Habitat for Humanity this year: $____________________

Date: ____________________ (Signed) ______________________________
(Grand Knight)

Mail Original To: Supreme Council – Fraternal Mission Dept. (Signed) ______________________________
Mail Copies To: State Deputy, District Deputy (Financial Secretary)

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