

State Advocate Dick Burns

State Organizational Meeting 7/18/2020







• No Forms/Reports Required!

 Status Report issued weekly on Officers Desk Reference (as well as a lot of other good reference material!)



Safe Environment Training



Safe Environment Member Roles

Roles	Training	Background Check	ARMATUS Administration
State Council			
State Deputy	✓		√
State Advocate	✓		1
State Program Director	✓		✓
State Youth Director	✓	✓	✓
State Family Director	✓	1	1
State Community Director	✓	1	1
- State Squire Chairman	<i>4</i>	·	. ✓
Subordinate Council			
Grand Knight	✓		✓
Faithful Navigator	✓		
Program Director	✓		✓
Family Director	✓	✓	
Community Director	✓	✓	
Chief Counsellor	✓	✓	
Adult Counsellor	✓	✓	







 Notifications from Armatus should be coming out this week, and those in required positions will have 30 days to complete their training modules



Safe Environment Training

As of 7/2/20, 95% of required Council positions were Compliant



11 Councils had 18 Non-Compliant Positions:

District	DD	<u>Council</u>	Role(s)
1	David Dean	1418	GK, Family, Community
3	Ed Shoemaker	1361	GK
		1367	GK
9	Vacant	6368	GK
12	Tim Gahlinger	14234	Program, Family
13	George Daniels	4665	Program
17	Ed Louisignau	14128	GK
18	Steve O'Bryan	17234	Family, Community
20	Ed Quinn	762	Program
		1955	GK
21	David White	16424	Program, Family, Community
22	Paul Motz	702	GK
23	Mike Rinehart	5220	GK







BUT....

I suspect we'll have more soon because we have many councils who haven't reported new Officers and Directors







And Remember:

Diocesan Safe Environment Training does not satisfy KofC Safe Environtment Training requirements!



Star Council Award Requirements



• No Forms

- Safe Environment Compliance
- McGivney Award (Membership)
- Founders Award (Insurance)

Required Forms

- 185 Report of Officers Chosen for Term
- 365 Service Program Personnel Report
- 1728 Annual Survey of Fraternal Activities
- Semiannual Council Audit Report
- SP-7 Columbian Award (Faith in Action Programs)



Star Council Award Required Forms



Required Forms

- 185 Report of Officers Chosen for Term
- 365 Service Program Personnel Report
- 1728 Annual Survey of Fraternal Activities
- Semiannual Council Audit Report
- SP-7 Columbian Award (Faith in Action Programs)



Form 185 Report of Officers Chosen for Term

Due June 30

	KNIGH OF COLUM			JULI	r 1, 2	0	10)	UNE	30, 20	
Council #									DATE OF 6	LECTION
			T CAN BE COMP E PLEASE PRINT							Due By:
COUNCIL ADD	RESS Meeting Locatio		E PLEASE PHINI		GALE ME	EMBE	HSHIP N	UMBER	8	JUNE 30
		STR	IET .					A	DOITIONAL ADD	PESS
		CITY			STPROV.	200	POSTAL COL			
GRAND KNIGHT	MEMBERSHIP NO.	LAST NAME			FR	KST NAME				INTIAL.
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			TELEPHONE	_			_			
NEWLY BLECK	MEMBERSHIP NO.	LAST NAME	AREA CODE	PHON			EMAL:		EMA	
undrund .	Statementaria Maria						No. 194			-
ADDRESS CHAN	66	STREET		city				STATEPR	OWNER	2P/POSTAL CODE
DEBUTY	MEMBERSHIP NO.	LAST NAME		FIRST	OAME		NTAL		EMA	L
GRAND KNIGHT		STREET		CITY				STATEPE	OWNER	2P/POSTAL CODE
ADDRESS CHAN										
CHANCELLOR	MEMBERSHIP NO.	LAST NAME		FIRST	NAME		INTIAL		EMA	L
		STREET		CITY		_		STATEPH	OWNER	29/POSTAL CODE
ADDRESS CHAN	MEMBERSHIP NO.	LAST NAME		FIRST	NAME		INTIAL	_	EMA	
	66	STREET		city				STATEPR	OVINCE	2P/POSTAL CODE
TREASURER	MEMBERSHIP NO.	LAST NAME		PIRST	NAME		INTIAL		EMA	L
		STREET		CITY				STATEPR	OWNER	29/POSTAL CODE
ADDRESS CHAN	MEMBERSHIP NO.			FIRST			INTIAL.		EMA	
LECTORER	NEMBERSHIP NO.	LAST NAME		FIRST	NAME:		INTER.		100	
ADDRESS CHAN	16 C	STREET		CITY				STATEPR	OVINCE	29/POSTAL CODE
ADVOCATE	MEMBERSHIP NO.	LAST NAME		FIRST	NAME		INTIAL	_	EMA	L
		\$79667		CITY				STATEPR		2P/POSTAL CODE
ADDRESS CHAN	66			Carry Carry				and how		LIFT CALL COLOR
WARDEN	MEMBERSHIP NO.	LAST NAME		PIRST	NAME		INTIAL.		EMA	L
		STREET		CITY		_		STATEPH	OWNER	29/POSTAL CODE
ADDRESS CHAN	MEMBERSHIP NO.	LAST NAME		Dest	LANE		INTIAL	_	EMA	
OUTSIDE OUARD	MEMBERSHIP NO.	LAST NAME		FIRST			INTIAL.		EMA	
TRUSTEE FOR ONE YEAR	MEMBERSHIP NO.	LAST NAME		FIRST	NAME		INTIAL.		EMA	L
TRUSTEE FOR	MEMBERSHIP NO.	LAST NAME		FIRST	NAME		INTIAL.		EMA	L
TRUSTEE FOR	MEMBERSHIP NO.	LAST NAME		FIRST	NAME		INTIAL.		EMA	L
THREE YEARS								_		
COUNCE MEETS										

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

185 4/18

Form 185

Report of Officers Chosen for the Term

- Due 6/30/20
- Can be completed online
- Needed to determine SET requirement for GK and ensure communications with all Officers
- As of 7/15 33 Councils had not submitted their Form #185 for 2020-21

 If you haven't had your elections yet, submit the form with the current officers and send in another one after your elections!

Form 185 Report of Officers Chosen for the Term



District 1	District 2	District 3	District 4	District 5	District 6
Dennis Herricks	David Dean	Ed Shoemaker	Tim Molnar	Joshua Barnstead	<mark>George Barber</mark>
10987	1055	1361	17247	2046	
		1367		16125	
District 7	District 8	District 9	District 10	District 11	District 12
Neil Scott	Christopher Moo	re	Dannie Harris	John Thomas	Tim Gahlinger
7831	2282	6368	1455	1276	
		8145		4270	
				12973	

Form 185 Report of Officers Chosen for the Term



District 13	District 14	District 15	District 16	District 17	District 18
George Daniels	Joe Carter	John Staudt	Mickey Ward	Ed Louisignau	Steve O'Bryan
10682				5071	6317
14471				14128	10263
					17234
District 19	District 20	District 21	District 22	District 23	District 24
Jim Wharton	Ed Quinn	David White	Paul Motz	Mike Rinehart	Sidney Tackett
15452	2459	16424	702	1377	11191
15707			1764	5220	15063
				14728	



Star Council Award Required Forms



Required Forms

- 185 Report of Officers Chosen for Term
- 365 Service Program Personnel Report
- 1728 Annual Survey of Fraternal Activities
- Semiannual Council Audit Report
- SP-7 Columbian Award (Faith in Action Programs)



Due August 1

SERVICE PROGRAM PERSONNEL REPORT

JULY 1, 20_____ THRU JUNE 30, 20_

Council

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.

Jurisdiction:

If filling out this report on paper, be sure to include the correct membership number for each role.

+ Required roles to be appointed have been designated - Program Director, Community Director, Family Director, Membership Director, & Retention Chairman.

Changes during the fratemal 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	MIMBIBIE NO.	LASTNAME	PERIT YOMME	DITLA
REQUIRED		EMAL.		
ATTH DIMECTOR	MEMBERSHEP NO.	LASTNAME	PERT YOME	DITLAL
		DAME.		
CONDUCTIVE DIRECTOR	MEMBERSHEP NO.	LATTAME	PIKIT XAMI	DITL6.
REQUIRED		<u> </u>		
AMILY DIRECTOR	MEMBERSHEP NO.	EMAIL LAUTRAME	PERT YOME	DITLS
REQUIRED			This course	
		EMAR		
PEDBECTOR	MIMBURSHEP NO.	LATTAME	PERIT YOAME	DITLAL
		EMAL		
ADDRESS PORTOR	MIMBURSHIP NO.	LATTAME	PIKIT XAME	DITLAL
REQUIRED		EMAL.		
CRUTHENT COMMITTEE	MIMBURSHIP NO.	LATTAME	FIRST NAME	DITE.
ICRUTINENT COMMITTEE	MIMBIBIHIP NO.	EMAIL	FIRST YOME	DITE:
acaerra er construite	ALL DE LE COL	LATINA	1551 5565	Partice.
		EMAL		
INCRUTINENT COMMITTEE	MIMBURSHIP NO.	LASTNAME	PERIT NAME	DITLAL
		EMAL		
UTENTION CRAIRMAN	MIMBERSHIP NO.	LASTNAME	PERT YOME	DITL6.
REQUIRED		EMAL.		
ASUBANCE PROMOTION	MEMBERSHEP NO.	LATTAME	PIKIT YAMI	DITLA.
OCATIONS CHAIRMAN	MIMBURHP NO.	EMAIL LARTNAME	PERT YOME	pma
Contraction of the second	and the second second	Latrada	1551 5565	Pillin.
		EMAL		
HEALTH SERVICES	MEMBERSHEP NO.	LATTAME	PERIT NAME	INITIAL
		EMAL		
UBLIC BILATIONS	MEMBERSHEP NO.	LARTNAME	PERT NAME	DITLAL
		EMAL.		
				_
	enantment of Enternal M	lission (email: fraternalmission@kofc.or		



Form 365

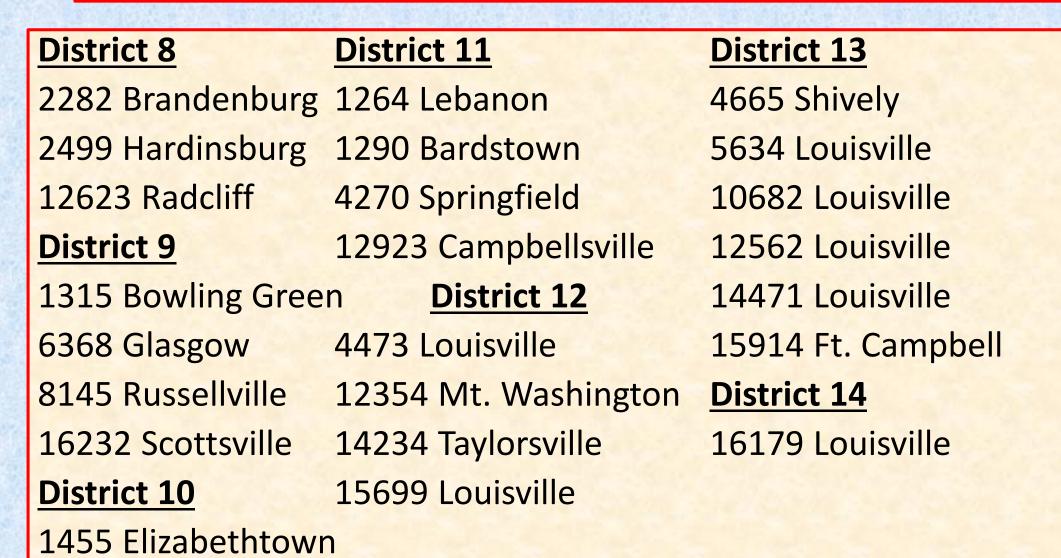


Service Program Personnel Report

- Due August 1
- Can be completed online
- Needed to determine SET requirement for Program, Family, and Community Directors and ensure communications with all Directors, Chairmen, and Committee members
- You don't have to have a name in every position, just the one00.s marked "Required"
- As of 7/15/20 83 Councils had not submitted their Form #365
- If you haven't had your elections/appointments yet, submit the form with the current Service Program Personnel and send in another one after your elections!



District 1	District 3	District 5
1418 Fancy Farm	1004 Morganfield	817 Owensboro
6897 Murray	1320 Henderson	2046 Whitesville
10987 Fulton	1361 Waverly	16125 Knotsville
District 2	1367 Uniontown	District 6
1055 Paducah	District 4	12965 Oak Grove
10988 Calvert City	6101 Sorgho	15914 Ft. Campbell
11591 Paducah	10725 Owensboro	District 7
	14290 Owensboro	7831 Sebree
	17247 Owensboro	





District 15	District 18	District 20
13304 La Grange	6317 Danville	762 Lexington
14604 Pewee Valley	10263 Nicholasville	1955 Paris
District 16	12774 Lexington	2459 Winchester
1483 Frankfort	15613 Lexington	District 21
11470 Georgetown	17234 Harrodsburg	5453 Hebron
District 17	District 19	12502 Independence
5071 Corbin	15452 Lexington	14933 Erlanger
12852 Richmond	15707 Lexington	16424 Walton
14128 Somerset		



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District 22	District 24
702 Covington	1487 Ashland
1301 Southgate	11191 Prestonburg
1764 Ludlow	15063 Pikeville
District 23	
1377 Maysville	
5220 Alexandria	
13196 Cynthiana	
14728 Falmouth	







Required Forms

- 185 Report of Officers Chosen for Term
- 365 Service Program Personnel Report
- 1295/1295A Semiannual Council Audit Report
- 1728 Annual Survey of Fraternal Activities
- SP-7 Columbian Award (Faith in Action Programs)

<u>Form 1295/1295A</u> *Semiannual Council Audit Reports*

Due August 15th & February 15th

	FC	DR PERIOD ENDED JUNE 30	, 20
	CITY		Due By: AUGUST 1
COUNCIL NO.		- MEMBERSHIP	
ADDITIONS		DEDUCTIONS	
Total members start of period	INS. ASSO. TOT.	Suspensions	INS. ASSO. TOT.
Initiations		Deaths	
Transfers from other councils		Withdrawals	
Transfers—assoc. to insurance		Transfers-assoc. to insurance	
Transfers—ins. to associate Re-entries		Transfers—ins. to associate Tranfers to other councils	
Total for period		Total deductions	
Minus total deductions		Do not include inactive insurance men	thers in this section
Number members end of period		See Knights of Columbus Leadership Re	sources (#5093) bookle
	SCHEDULE A	- ALTERNATIVE	
Our council uses Member Mana		The requirement for completing Schedu	e A is satisfied.
	SCHEDULE B - C	ASH TRANSACTIONS	
FINANCIAL SECRETARY		TREASURER	
Cash on hand beginning of period Cash received—dues, initiations	s		\$\$
Cash received - dues, initiations Cash received from other sources:	v		\$
(Explain kind and amount)		Interest earned	\$
<u>s</u>		Total receipts	\$
\$		Disbursements	
\$ Total cash received	\$\$	Per capita: Supreme Council State council	5
Transferred to treasurer	ŝ		\$
Cash on hand at end of period	\$	Transfers to say./other accts.	\$
		Miscellaneous Total disbursements	\$
			\$\$
		SETS AND LIABILITIES	
ASSETS	SCHEDULE C = AS	LIABILITIES	
Cash:		Due Supreme Council:	
Undeposited funds	\$	Per capita	\$
Bank — Checking acct.	\$	Supplies	\$
 Savings acct. Money market accts. 	\$ \$	Catholic advertising Other	5
Due from members	s. S	Due state council	ŝ
Total current assets	s	Advance payments by member	s S
Less: current liabilities	s	Misc. liabilities	
Net current assets	\$		\$
Other Assets:			\$
Short term CD \$			\$
Money Market		Total current liabilities	S
Mutual Funds \$		Signed this day of	20
Misc. assets \$			Grand Knight
Total other assets	\$		Trustee
Total assets	\$		Trustee
			Trustee
Please complete all items. Insert "No			
SEND ONE COPY TO: Council Acco Email: council.accounts@kofc.org	unta	COPIES TO: State Deputy, District De	puty, Council File
Fax: 855-228-1396 Mail: 1 Columbus Plaza, New Har	en CT 05510	Available in electronic format at kolc.o	manma
to contracts risks, new risk		COMPANY OF STREET, INCOME AN ADDREED	1295 12/1

A KNIGHTS	SEMIANI	NUAL COUNCIL AU	DIT REPORT
OF COLUMBUS	FOR	PERIOD ENDED DECEMB	ER 31, 20
			Due By: FEBRUARY
COUNCIL NO CIT		STATE	
	SCHEDULE A -	MEMBERSHIP	
ADDITIONS	INS. ASSO. TOT.	DEDUCTIONS	INS. ASSO. TOT.
Total members start of period		Suspensions	
Initiations Transfers from other councils		Deaths Withdrawals	
Transfers—assoc. to insurance		Transfers—assoc, to insurance	
Transfers—ins, to associate		Transfers—ins. to associate	
Re-entries		Tranfers to other councils	
Total for period		Total deductions	
Minus total deductions		Do not include inactive insurance m	
Number members end of period		See Knights of Columbus Leadership R	Resources (#5093) booklet.
		- ALTERNATIVE	
Our council uses Member Mana		The requirement for completing Sche	dule A is satisfied.
	SCHEDULE B - CA	SH TRANSACTIONS	
FINANCIAL SECRETARY		TREASURER	
Cash on hand beginning of period Cash received—dues, initiations	5	Cash on hand beginning of period Received from financial secretary	s
Cash received from other sources:	e	Transfers from say/other accts.	ŝ
(Explain kind and amount)		Interest earned	S
\$		Total receipts	\$
\$		Disbursements	
	S	Per capita: Supreme Council	\$
Total cash received Transferred to treasurer	s	State council General council expenses	\$ \$
Cash on hand at end of period	s	Transfers to say/other accts.	\$
	•	Miscellaneous	Ś
		Total disbursements	\$
		Net balance on hand	\$
	SCHEDULE C - ASS	ETS AND LIABILITIES	
ASSETS Cash:		LIABILITIES Due Supreme Council:	
Undeposited funds	\$	Per capita	\$
Bank - Checking acct.	s	Supplies	ŝ
- Savings acct.	\$	Catholic advertising	\$
 Money market accts. 	\$	Other	\$
Due from members	\$	Due state council	s
Total current assets	s	Advance payments by memb	bers \$
Less: current liabilities	s	Misc. liabilities	
Net current assets	S		\$
Other Assets:			8
Short term CD \$			5
Money Market		Total current liabilities	5
Mutual Funds \$	_	Signed this day of	20
Misc. assets \$	_		Grand Knight
Total other assets	\$		Trustee
Total assets	\$		Trustee
			Trustee
Please complete all items. Insert "Non			
SEND ONE COPY TO: Council Acco Email: council.accounts/#kolc.org	unta	COPIES TO: State Deputy, Distric	t Deputy, Council File
Fax: 855-228-1396			



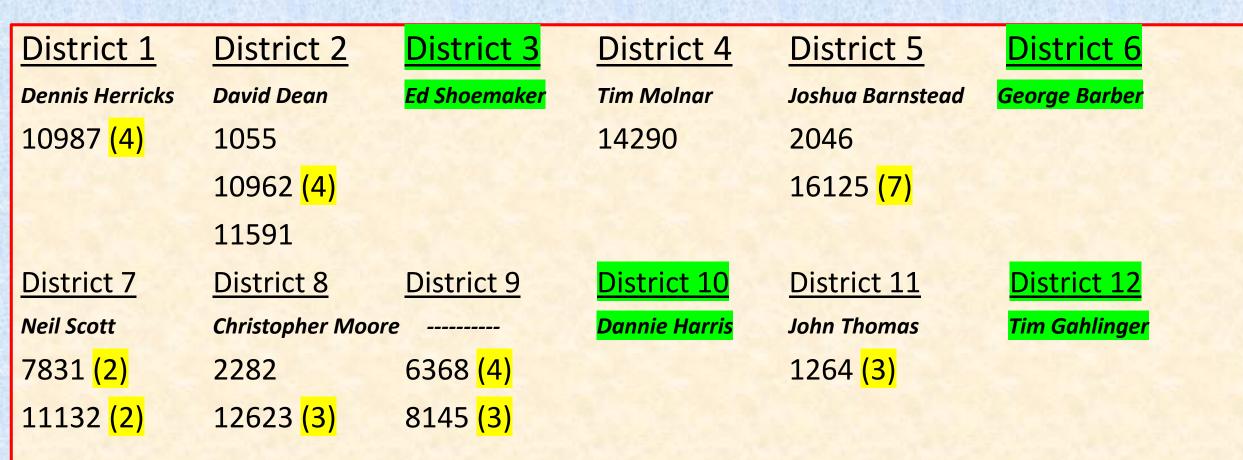




- Due August 15 and February 15
- Up to date Audits required to earn Star Council honors
- As of 7/15/20 29 Councils have at least one audit overdue
 - 18 of those have more than one audit overdue
 - Councils with 2 or more overdue audits are at risk of losing their bond on the Financial Secretary and the Treasurer (\$5K each)

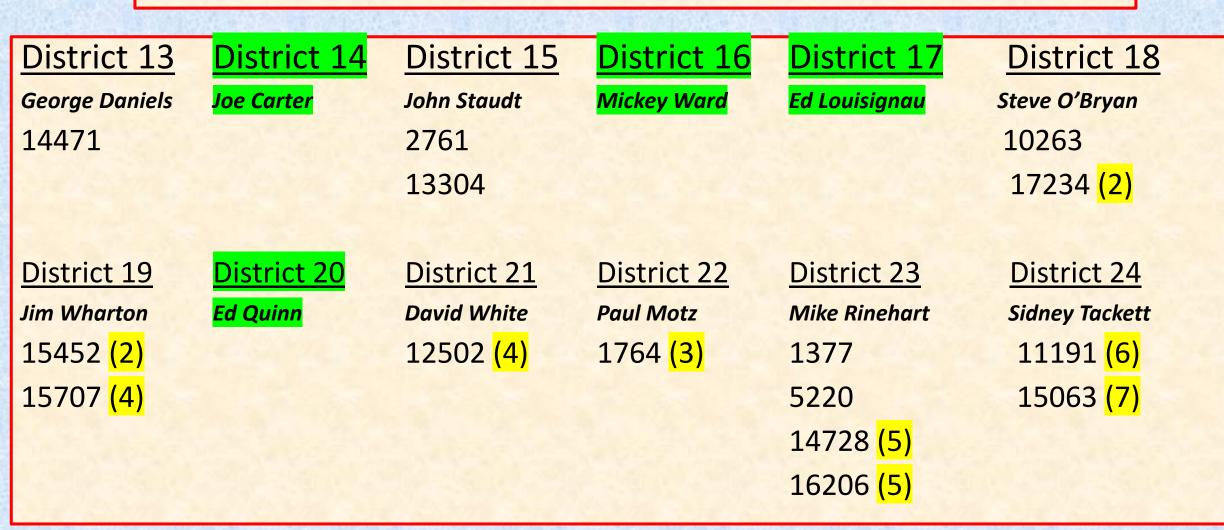


Forms 1295/1295A Semiannual Council Audit Report





Forms 1295/1295A Semiannual Council Audit Report









Required Forms

- 185 Report of Officers Chosen for Term
- 365 Service Program Personnel Report
- 1295/1295A Semiannual Council Audit Report
- 1728 Annual Survey of Fraternal Activities
- SP-7 Columbian Award (Faith in Action Programs)

Form 1728 Survey of Fraternal Activity

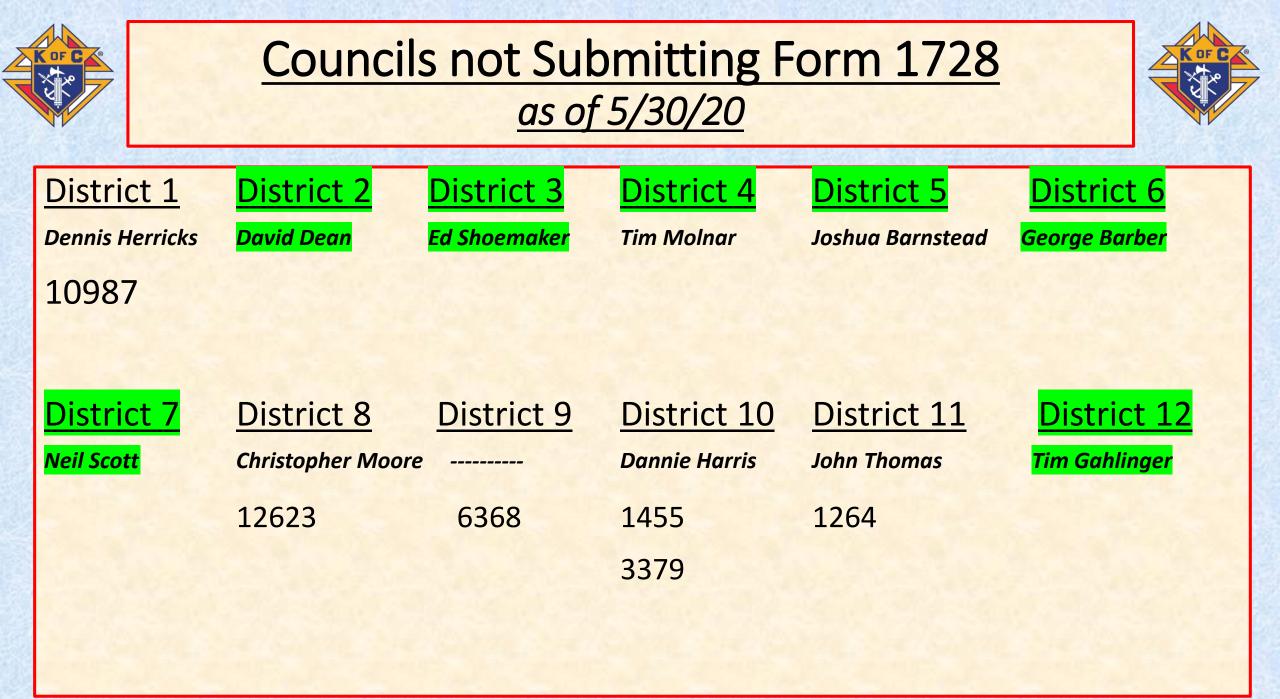
Due by 1/31

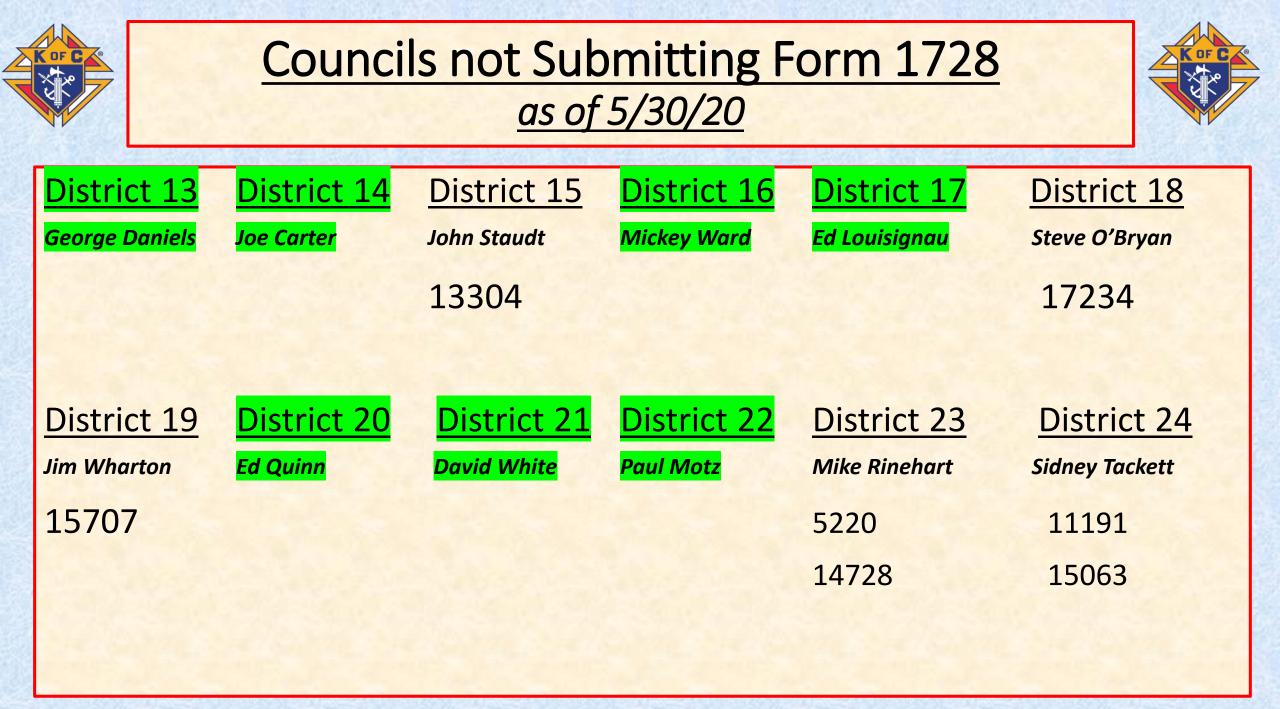
			MBER 31, 20 <u>19</u>
STATE/JU	J RISDICTI	DN KE	INTUCKY
Section I. Fraternal Program Activities			Section II. Fraternal Commitment Activities
FAITH ACTIVITIES (where applicable)	CHARITABLE DISBURSEMENTS	HOURS OF SERVICE	MEETINGS
a. RSVP Program	-		1. Regular
b. Church Facilities			2. Social
c. Catholic Schools/Seminaries			3. Special/Committee
d. Religious/Vocations Education			TOTAL MEETINGS 0
e. Prayer & Study Programs		I	
f. Sacramental Gifts g. Miscellaneous Faith Activities			
0			OTHER FRATERNAL COMMTIMENTS:
TOTAL FAITH CONTRIBUTIONS	0	0	Visits to the Sick
-			Visits to the Bereaved
FAMILY ACTIVITIES (where applicable)			Number of Blood Donations
a. Food for Families			Masses Held for Members
b. Family Formation Programs			Hours of Fraternal Service to
c. Keep Christ in Christmas d. Family Week		<u> </u>	Sick/Disabled Members and their Families
e. Family Week			
f. Miscellaneous Family Programs			
TOTAL FAMILY CONTRIBUTION	s 0	0	
d. Disaster Preparedness/Relief c. Physically Disabled/Intellectual Disabilities f. Elderly/Nielow(er) Care g. Hospitals/Health Organizations h. Columbian Squires i. Scouting/Youth Groups j. Athletics k. Youth Welfare/Service 1. Scholarships/Education m. Veteran Military/VAVS n. Miscellaneous Community/Youth Activities TOTAL COMMUNITY CONTRIBUTION LIFE ACTIVITIES (where applicable)	S 0	0	All information provided on this report is to be from Programs & Activities conducted January 1st through December 31st annually. Submit form to: fraternalmission@kofc.org
a. Special Olympics	-		
b. Marches for Life			State Deputy Date
c. Ultrasound Initiative			
d. Pregnancy Support e. Christian Refugee Relief			
 c. Christian Kerugee Keiler f. Memorials to Unborn Children 			
 Miscellaneous Life Activities 			
TOTAL LIFE CONTRIBUTION	S 0	0	State Secretary Date

<u>1728</u> Annual Survey of Fraternal Activity



- Covers activities during the <u>CALENDAR</u> year, not the <u>FRATERNAL</u> year
- This summary of Charitable contributions and volunteer activities justifies our status as a 501c(8) organization
- Can be completed online
- As of 5/30/20, 13 Councils had not submitted their Form 1728 (87% Compliance)











Required Forms

- 185 Report of Officers Chosen for Term
- 365 Service Program Personnel Report
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- 1295/1295A Semiannual Council Audit Report
- SP-7 Columbian Award (Faith in Action Programs)



Form SP-7 Columbian Award Application

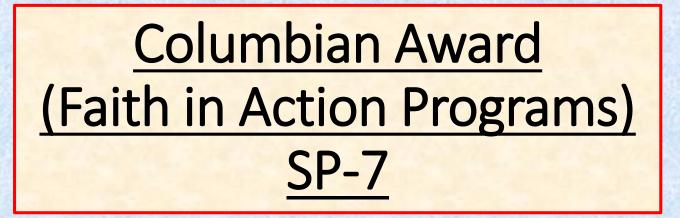
Due June 30

Council Number:	Jurisdiction:	20 - 20		
FAITH PROGRAMS: (RSVP, Imo the Berach, Matian Icon Prayer Program, Building the Domestic Church Kissk, Rosary Program, Holy H Sacramental Gifts, Spiritual Reflection Program is the required program)				
1. Program Name: Program	Recruitment Dypartunity? VES N	O Participants x = 0 Donations:		
Description:	Recruitment IVES N Oppurtunity?	O Participants Donations:		
Description:	Recruitment I YES N Opportunity?	0 Participants Donations: = 0 Total		
Description:				
4. Program Name: Program Description:	Recruitment VES N Oppurnanity? VES N r Families, Family of the Month/Year, Kreep Christe in C	Donations:		
Program Name: Program Description: FAMILY PROGRAMS: (Food fr family Payer Night, Good Friday F: 1. Program Name: Program		Donations:		
Program Name: Program Descriptions: EMULY PROGRAMS: (Food F Family Payer Night, Good Friday F Program Name: Program Description: Program Name: Program Name: Program Name: Program Name: Program Name: Program	Oppurtunity: 115 IN r Families, Family of the Month/Year, Keep Christ in C mily Promotion, <i>Conservation to the Holy Family is the repair</i> Recruitment 1555 IN	Donations: hristmas, Family Fully Alive, Family G of program Donations: 0		
Program Nance: Program Description: Program Program Program Program Nance: Program Program Nance: Program Program Nance: Program Program Nance: Program Program	Oppartanity: VIS N Pramilies, Family of the Month/Vess, Keep Christ in C mily Promotion, Conservations to the Holy Eanily is the repair Recruitment Oppartanity: YES N Recruitment VIS VIS	Donations: hristmas, Family Fully Alive, Family G of program) O Participants O Participants - Hours - 0 Total Donations: 		
Program Name: Program Description: PAULY PROGRAMS: (Food friday Fr Innity Program Name: Program Name: Program Name: Program Name: Program Name: S. Program	Oppartanity: 1755 IN Pranifices, Family of the Month/Vene, Keep Cherist in C mily Promotion, Conservations to the Haly Eansily is the repair Recruitment Oppartanity? YES N Recruitment VES N Recruitment VES N	Donations: hristmas, Family Fully Alive, Family G of program Denations: De		



COMMUNITY PROGRAMS: (Coats Championship, Catholic Citizenship Ess	ay Contest, Soccer Challenge, Helping Handi is the required program)
1. Program Name:	Recruikment Departicipuant Oppurtunity? UES NO Participuant Departions:
Program Description:	LYOBARDINS:
2. Program Name:	Recruikment YES NO Participants T - 0 Oppartunity? Dotations:
Program Description:	27 000100100
3. Program Name:	Recruikment UYES NO Participants T Hours 0 Oppartunity? Destations:
Program Description:	
4. Program Name:	Recruitment Opportunity? UYES NO Participants
Program Description: LIFE PROGRAMS: (Marches for Life, Special Needs, Pregnancy Center Suppor	Domarisme Special Olympics, Ultrasound Program, Christian Refugee Relief, Silver Rose, Mass for People 1, Nevena for Life is the required program)
Program Description: LIFE PROGRAMS: (Marches for Life, Special Needs, Pregnancy Center Suppor 1. Program Name:	Denations:
Program Description: LIFE PROGRAMS: (Marches for Life, Special Nerds, Pregnancy Center Suppor 1. Program	Special Olympics, Ultrasound Program, Christian Refugee Relief, Silver Rose, Mass for People 1, Novena for Life is the required program) Recretingent Opportunity?
Program Description: LIFE PROGRAMS: (Marches for Life, Special Needs, Pregnancy Center Suppor 1. Program Name: Program	Special Olympics, Ultrasound Program, Christian Refugee Relief, Silver Rose, Mass for People 1, Novena for Life is the required program) Recretingent Opportunity?
Program Description: LIFE PROGRAMS: (Marches for Life Special Needs, Pregnancy Center Suppor 1. Program Name: Program Description: 2. Program	Special Olympics, Ultrasound Program, Christian Refugee Relief, Silver Rose, Mass for People t, Novena for Life is the required program) Recreixment Oppartunity? YES NO Participant Recreixment Oppartunity? YES NO Participant Recreixment Oppartunity? YES NO Participant Total Hours * 0 Total Hours *
Program Description: LIFE PROGRAMS: (Marches for Life, Special Needs, Pregnancy Center Suppor Name: Program Description: 2. Program Name: Program	Special Olympics, Ultrasound Program, Christian Refugee Relief, Silver Rose, Mass for People t, Norena for Life is the required program) Recreixment Oppartunity? YES NO Participum Recreixment Oppartunity? YES NO Participum Recreixment Oppartunity? YES NO Participum Recreixment Oppartunity? YES NO Participum Recreixment Oppartunity? YES NO Participum
Program Description: LIFE PROGRAMS: (Marches for Life, Special Needs, Pregnancy Center Suppor 1. Program Nence: Program Description: 2. Program Description: 3. Program	Special Olympics, Ultrasound Program, Christian Refuger, Relief, Silver Rose, Mass for Proplet, Nerona for Life is the required program) Recruixment Opportunity? YES DNO Participuan Recruitment Opportunity? YES DNO Recruitment Opportunity?
Program Description: LIFE PROGRAMS: (Marches for Life, Special Needs, Pregnancy Center Suppor Name: Program Description: 2. Program Name: Program Description: 3. Program Name: Program	Special Olympics, Ultrassonal Program, Christian Refuger Relief, Silver Rose, Mass for People t, Norena for Life is the required program) Recreikment Oppartunity? YES NO Participant Recreikment Oppartunity? YES NO Participant
Program Description: LIFE PROGRAMS: (Marches for Life, Special Needs Pregnancy Center Suppor Name: Program Program Name: Program	Special Olympics, Ultrasound Program, Christian Refugee Relief, Silver Rose, Mass for Peoplers, Nerona for Life is the required program) Recruitment Opportunity? YES NO Perticipant Perticipant Opportunity? YES NO Perticipant Tetal H Desation: Recruitment Question: Tetal H Desation: Tetal H Tetal H Desation: Tetal H Tet

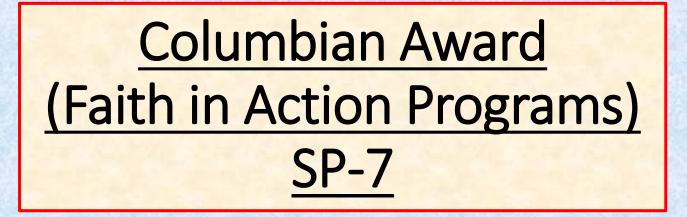






- State Program Director is PSD Mike Kuchenbrod
- Supreme doesn't usually start processing SP-7s until around Late May/early June
- Keep Mike in the loop throughout the year and especially get him the final form early so he can help you make sure you won't get any kick-backs from Supreme!







I'll start reporting this on my "Report Card" in April or May

Form 4854 Partnership Profile Report with Special Olympics

Due January 31

Not required for Star Council

IMPORTANT			Due By:
* Please type or print legibl	у.		JANUARY 3
* Please record information * INCLUDE SOURES AND	to reflect members and the 4TH DEGREE ASSEMBLY TO	hir families' participation.	
		nity service from all Special O	Hympics programs
(i.e. "Family Leadership a	and support," "Invest in a L ES SHOULD REPORT ALL FI	ife, "etc.)	
	SURVEY REPORT FOR YOU		
SECTION I. VOLUNTEER HOURS	E CALENDER YEAR:	BERS AND THEIR FAMILIES TO	SPECIAL OLYMPICS
Volunteer service wi	th all levels of Special Olympi	cs by Council members and their	families - games,
events, programs, s	pecial initiatives, etc.		
SECTION II. NUMBER OF K of C	VOLUNTEERS AT SPECIAL	OLYMPICS GAMES AND EVENT	TB:
		athlete escort, awards presenter,	
Year-Round K of C	ces, lane escort, lane judge, s Volunteers program man	corekeeper, timer, transportation, agement, administration, clerical,	planning, games managem
sports training, Spe	cial Olympics Board Member,	coaching, etc.	harrond dennes mendeden
SECTION III. NUMBER OF EVEN	TS IN WHICH K of C MEMBE	ERS AND FAMILIES VOLUNTEE	R:
All events involving	Special Olympics - state, na	dional, international games, comm	munity programs, etc.
Special Olympics - Athlete Leadershi	Programs		
- Family Leadership	and Support		
 Schools and Yout Healthy Athletes 	h		
- Law Enforcement	Torch Run		
SECTION IV. TOTAL FUNDS CON	TRIBUTED TO SPECIAL OUT	(MPICS)	
Local, state, and na	tional contributions, "Healthy	Athletes", donations to Special O	lympics initiatives, etc.
	I Olympics Support Programs		
 Online Donation Mail / Telephone I 	Donation		
- Planned Giving			
 Matching Gifts Wedding / Special 	Decasion Enum		
 Monthly Giving 			
- Frequent Flyer Mi	les .		
SECTION V. NEW EVENTS ADDE	D THIS YEAR:		
		ents that your Council has contril	buted to or added to Speci
Olympics on any	level this year.		
SECTION VI. SPECIAL OLYMPIC:			
Please provide the afflicted or actively	names of any Special Olympic supports. Please indicate if th	es groups, organizations or teams tis is a local, regional, or state org	with which your council is agaization or grown
and an an an and an and a start of a sector of a secto	and the second s	to be a recent reduction of a state ord	Bernancert er Brank-
4584 8/14			

PARTNERSHIP PROFILE REPORT

KNIGHTS

& KNIGHTS	PARTN	ERSHIP PROFILE REPORT		
OF COLUMBUS	WITH SPECIAL OLYMPICS			
For Twelve Month Period Ending December 31, 20				
Council Number	Location	city/town state/province		
Volunteer Hours provided by K of their families to Special Olympics calendar year.		III. Number of Events in which K of C members and families volunteer.		
1. State Games/Events		1. State Games/Events		
2. Regional Games/Events		2. Regional Games/Events		
3. Local Games/Events		3. Local Games/Events		
TOTAL VOLUNTEER HOURS	0	TOTAL EVENTS		
TOTAL VOLONTEER HOURS		IV. Total Funds Contributed to Special Olympics Dollars Only		
Number of K of C Volunteers at Special Olympics Games and Eve	ints.	1. State Games/Events		
EVENT-SPECIFIC VOLUNTEERS		2. Regional Games/Events		
1. State Games/Events		3. Local Games/Events		
2. Regional Games/Events		TOTAL CONTRIBUTIONS		
3. Local Games/Events	-	V. New Events Added This Year.		
Total Event-Specific	U			
YEAR-ROUND K of C VOLUNTEERS				
1. State Games/Events				
2. Regional Games/Events		VL Special Olympics Affiliations		
3. Local Games/Events	0			
Total Year-Round				
(Event-Specific and Year-round)	0			
ite:		(Signed)(Grand Knight)		
		(Signed)		