



Safe Environment Training and Timely Submittal of Council Forms

State Advocate Dick Burns

State Organizational Meeting

7/18/2020



Safe Environment Training



- 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	✓		✓
State Program Director	✓		✓
State Youth Director	✓	✓	✓
State Family Director	✓	✓	✓
State Community Director	✓	✓	✓
State Squire Chairman	✓	✓	✓
Subordinate Council			
Grand Knight	✓		✓
Faithful Navigator	✓		
Program Director	✓		✓
Family Director	✓	✓	
Community Director	✓	✓	
Chief Counsellor	✓	✓	
Adult Counsellor	✓	✓	



Safe Environment Training

- 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:

<u>District</u>	<u>DD</u>	<u>Council</u>	<u>Role(s)</u>
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



Safe Environment Training

BUT....

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



Safe Environment Training

And Remember:

Diocesan Safe Environment Training does not satisfy KofC Safe Environment 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



KNIGHTS OF COLUMBUS		REPORT OF OFFICERS CHOSEN FOR THE TERM			
		JULY 1, 20__ TO JUNE 30, 20__			
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
<input type="checkbox"/> ADDRESS CHANGE					
<input type="checkbox"/> NEWLY ELECTED		<input type="checkbox"/> RE-ELECTED		TELEPHONE AREA CODE	PHONE NO.
CHAPLAIN	MEMBERSHIP NO.	LAST NAME	FIRST NAME	EMAIL	EMAIL
STREET			CITY	STATE/PROVINCE	ZIP/POSTAL CODE
<input type="checkbox"/> ADDRESS CHANGE					
DEPUTY GRAND KNIGHT	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL	EMAIL
STREET			CITY	STATE/PROVINCE	ZIP/POSTAL CODE
<input type="checkbox"/> ADDRESS CHANGE					
CHANCELLOR	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL	EMAIL
STREET			CITY	STATE/PROVINCE	ZIP/POSTAL CODE
<input type="checkbox"/> ADDRESS CHANGE					
RECORDER	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL	EMAIL
STREET			CITY	STATE/PROVINCE	ZIP/POSTAL CODE
<input type="checkbox"/> ADDRESS CHANGE					
TREASURER	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL	EMAIL
STREET			CITY	STATE/PROVINCE	ZIP/POSTAL CODE
<input type="checkbox"/> ADDRESS CHANGE					
LECTURER	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL	EMAIL
STREET			CITY	STATE/PROVINCE	ZIP/POSTAL CODE
<input type="checkbox"/> ADDRESS CHANGE					
ADVOCATE	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL	EMAIL
STREET			CITY	STATE/PROVINCE	ZIP/POSTAL CODE
<input type="checkbox"/> ADDRESS CHANGE					
WARDEN	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL	EMAIL
STREET			CITY	STATE/PROVINCE	ZIP/POSTAL CODE
<input type="checkbox"/> ADDRESS CHANGE					
INSIDE GUARD	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL	EMAIL
OUTSIDE GUARD	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL	EMAIL
TRUSTEE FOR ONE YEAR	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL	EMAIL
TRUSTEE FOR TWO YEARS	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL	EMAIL
TRUSTEE FOR THREE YEARS	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL	EMAIL
COUNCIL MEETS _____					
					SIGNED F.S.
<ul style="list-style-type: none"> 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					
					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

Dennis Herricks

10987

District 2

David Dean

1055

District 3

Ed Shoemaker

1361

1367

District 4

Tim Molnar

17247

District 5

Joshua Barnstead

2046

16125

District 6

George Barber

District 7

Neil Scott

7831

District 8

Christopher Moore -----

2282

District 9

6368

8145

District 10

Dannie Harris

1455

District 11

John Thomas

1276

4270

12973

District 12

Tim Gahlinger



Form 185

Report of Officers Chosen for the Term

District 13

George Daniels

10682

14471

District 14

Joe Carter

District 15

John Staudt

District 16

Mickey Ward

District 17

Ed Louisignau

5071

14128

District 18

Steve O'Bryan

6317

10263

17234

District 19

Jim Wharton

15452

15707

District 20

Ed Quinn

2459

District 21

David White

16424

District 22

Paul Motz

702

1764

District 23

Mike Rinehart

1377

5220

14728

District 24

Sidney Tackett

11191

15063



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 365

Service Program Personnel Report

Due August 1

SERVICE PROGRAM PERSONNEL REPORT

JULY 1, 20__ THRU JUNE 30, 20__

Council # _____ Jurisdiction: _____ 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.
- Required roles to be appointed have been designated - Program Director, Community Director, Family Director, Membership Director, & Retention Chairman.
- 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 REQUIRED	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL
		EMAIL		
FAMILY DIRECTOR	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL
		EMAIL		
COMMUNITY DIRECTOR REQUIRED	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL
		EMAIL		
FAMILY DIRECTOR REQUIRED	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL
		EMAIL		
LIFE DIRECTOR	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL
		EMAIL		
MEMBERSHIP DIRECTOR REQUIRED	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 REQUIRED	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: fratmission@kofc.org)
SEND COPIES TO: State Deputy, District Deputy, Council File

Grand Knight _____ Date _____





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!**



Form 365

Service Program Personnel Report

District 1

1418 Fancy Farm
6897 Murray
10987 Fulton

District 2

1055 Paducah
10988 Calvert City
11591 Paducah

District 3

1004 Morganfield
1320 Henderson
1361 Waverly
1367 Uniontown

District 4

6101 Sorgho
10725 Owensboro
14290 Owensboro
17247 Owensboro

District 5

817 Owensboro
2046 Whitesville
16125 Knotsville

District 6

12965 Oak Grove
15914 Ft. Campbell

District 7

7831 Sebree



Form 365 Service Program Personnel Report

District 8

2282 Brandenburg

2499 Hardinsburg

12623 Radcliff

District 9

1315 Bowling Green

6368 Glasgow

8145 Russellville

16232 Scottsville

District 10

1455 Elizabethtown

District 11

1264 Lebanon

1290 Bardstown

4270 Springfield

12923 Campbellsville

District 12

4473 Louisville

12354 Mt. Washington

14234 Taylorsville

15699 Louisville

District 13

4665 Shively

5634 Louisville

10682 Louisville

12562 Louisville

14471 Louisville

15914 Ft. Campbell

District 14

16179 Louisville



Form 365

Service Program Personnel Report

District 15

13304 La Grange

14604 Pewee Valley

District 16

1483 Frankfort

11470 Georgetown

District 17

5071 Corbin

12852 Richmond

14128 Somerset

District 18

6317 Danville

10263 Nicholasville

12774 Lexington

15613 Lexington

17234 Harrodsburg

District 19

15452 Lexington

15707 Lexington

District 20

762 Lexington

1955 Paris

2459 Winchester

District 21

5453 Hebron

12502 Independence

14933 Erlanger

16424 Walton



Form 365

Service Program Personnel Report

District 22

702 Covington

1301 Southgate

1764 Ludlow

District 23

1377 Maysville

5220 Alexandria

13196 Cynthiana

14728 Falmouth

District 24

1487 Ashland

11191 Prestonburg

15063 Pikeville



Star Council Award Required Forms

- 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 1295/1295A

Semiannual Council Audit Reports

Due August 15th & February 15th

KNIGHTS OF COLUMBUS SEMIANNUAL COUNCIL AUDIT REPORT
FOR PERIOD ENDED JUNE 30, 20

COUNCIL NO. _____ CITY _____ STATE _____ Due By: AUGUST 15

SCHEDULE A -- MEMBERSHIP

ADDITIONS	INS.			ASSO.			TOT.			DEDUCTIONS	INS.			ASSO.			TOT.		
Total members start of period																			
Initiations																			
Transfers from other councils																			
Transfers--assoc. to insurance																			
Transfers--ins. to associate																			
Re-entries																			
Total for period																			
Minus total deductions																			
Number members end of period																			

Our council uses Member Management/Member Billing. The requirement for completing Schedule A is satisfied.

SCHEDULE B -- CASH TRANSACTIONS

FINANCIAL SECRETARY		TREASURER	
Cash on hand beginning of period	\$ _____	Cash on hand beginning of period	\$ _____
Cash received--dues, initiations	\$ _____	Received from financial secretary	\$ _____
Cash received from other sources: (Explain kind and amount)	\$ _____	Transfers from sav./other accts.	\$ _____
	\$ _____	Interest earned	\$ _____
	\$ _____	Total receipts	\$ _____
Total cash received	\$ _____	Disbursements	\$ _____
Transferred to treasurer	\$ _____	Per capita: Supreme Council	\$ _____
Cash on hand at end of period	\$ _____	State council	\$ _____
		General council expenses	\$ _____
		Transfers to sav./other accts.	\$ _____
		Miscellaneous	\$ _____
		Total disbursements	\$ _____
		Net balance on hand	\$ _____

SCHEDULE C -- ASSETS AND LIABILITIES

ASSETS		LIABILITIES	
Cash:		Due Supreme Council:	
Undeposited funds	\$ _____	Per capita	\$ _____
Bank -- Checking acct.	\$ _____	Supplies	\$ _____
-- Savings acct.	\$ _____	Catholic advertising	\$ _____
-- Money market accts.	\$ _____	Other	\$ _____
Due from _____ members	\$ _____	Due state council	\$ _____
Total current assets	\$ _____	Advance payments by _____ members	\$ _____
Less: current liabilities	\$ _____	Misc. liabilities	\$ _____
Net current assets	\$ _____		\$ _____
Other Assets:		Total current liabilities	\$ _____
Short term CD	\$ _____	Signed this _____ day of _____ 20 _____	
Money Market	\$ _____		Grand Knight
Mutual Funds	\$ _____		Trustee
Misc. assets	\$ _____		Trustee
Total other assets	\$ _____		Trustee
Total assets	\$ _____		

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

SEND ONE COPY TO: Council Accounts
Email: council.accounts@koc.org
Fax: 856-298-1396
Mail: 1 Columbus Plaza, New Haven, CT 06510

COPIES TO: State Deputy, District Deputy, Council File
Available in electronic format at koc.org/forms 1295 12/16

All U.S. Councils must file form 990 with IRS annually. For info call 203-752-4281 or refer to Officer's Desk Reference.

KNIGHTS OF COLUMBUS SEMIANNUAL COUNCIL AUDIT REPORT
FOR PERIOD ENDED DECEMBER 31, 20

COUNCIL NO. _____ CITY _____ STATE _____ Due By: FEBRUARY 15

SCHEDULE A -- MEMBERSHIP

ADDITIONS	INS.			ASSO.			TOT.			DEDUCTIONS	INS.			ASSO.			TOT.		
Total members start of period																			
Initiations																			
Transfers from other councils																			
Transfers--assoc. to insurance																			
Transfers--ins. to associate																			
Re-entries																			
Total for period																			
Minus total deductions																			
Number members end of period																			

Our council uses Member Management/Member Billing. The requirement for completing Schedule A is satisfied.

SCHEDULE B -- CASH TRANSACTIONS

FINANCIAL SECRETARY		TREASURER	
Cash on hand beginning of period	\$ _____	Cash on hand beginning of period	\$ _____
Cash received--dues, initiations	\$ _____	Received from financial secretary	\$ _____
Cash received from other sources: (Explain kind and amount)	\$ _____	Transfers from sav./other accts.	\$ _____
	\$ _____	Interest earned	\$ _____
	\$ _____	Total receipts	\$ _____
Total cash received	\$ _____	Disbursements	\$ _____
Transferred to treasurer	\$ _____	Per capita: Supreme Council	\$ _____
Cash on hand at end of period	\$ _____	State council	\$ _____
		General council expenses	\$ _____
		Transfers to sav./other accts.	\$ _____
		Miscellaneous	\$ _____
		Total disbursements	\$ _____
		Net balance on hand	\$ _____

SCHEDULE C -- ASSETS AND LIABILITIES

ASSETS		LIABILITIES	
Cash:		Due Supreme Council:	
Undeposited funds	\$ _____	Per capita	\$ _____
Bank -- Checking acct.	\$ _____	Supplies	\$ _____
-- Savings acct.	\$ _____	Catholic advertising	\$ _____
-- Money market accts.	\$ _____	Other	\$ _____
Due from _____ members	\$ _____	Due state council	\$ _____
Total current assets	\$ _____	Advance payments by _____ members	\$ _____
Less: current liabilities	\$ _____	Misc. liabilities	\$ _____
Net current assets	\$ _____		\$ _____
Other Assets:		Total current liabilities	\$ _____
Short term CD	\$ _____	Signed this _____ day of _____ 20 _____	
Money Market	\$ _____		Grand Knight
Mutual Funds	\$ _____		Trustee
Misc. assets	\$ _____		Trustee
Total other assets	\$ _____		Trustee
Total assets	\$ _____		

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

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COPIES TO: State Deputy, District Deputy, Council File
Available in electronic format at koc.org/forms 1295 12/16

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Forms 1295/1295A Semiannual Council Audit Report

- 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

District 1

Dennis Herricks

10987 (4)

District 2

David Dean

1055

10962 (4)

11591

District 3

Ed Shoemaker

District 4

Tim Molnar

14290

District 5

Joshua Barnstead

2046

16125 (7)

District 6

George Barber

District 7

Neil Scott

7831 (2)

11132 (2)

District 8

Christopher Moore

2282

12623 (3)

District 9

6368 (4)

8145 (3)

District 10

Dannie Harris

District 11

John Thomas

1264 (3)

District 12

Tim Gahlinger



Forms 1295/1295A

Semiannual Council Audit Report

<u>District 13</u> <i>George Daniels</i> 14471	<u>District 14</u> <i>Joe Carter</i>	<u>District 15</u> <i>John Staudt</i> 2761 13304	<u>District 16</u> <i>Mickey Ward</i>	<u>District 17</u> <i>Ed Louisignau</i>	<u>District 18</u> <i>Steve O'Bryan</i> 10263 17234 (2)
<u>District 19</u> <i>Jim Wharton</i> 15452 (2) 15707 (4)	<u>District 20</u> <i>Ed Quinn</i>	<u>District 21</u> <i>David White</i> 12502 (4)	<u>District 22</u> <i>Paul Motz</i> 1764 (3)	<u>District 23</u> <i>Mike Rinehart</i> 1377 5220 14728 (5) 16206 (5)	<u>District 24</u> <i>Sidney Tackett</i> 11191 (6) 15063 (7)



Star Council Award Required Forms

- 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

ANNUAL SURVEY OF FRATERNAL ACTIVITY

JANUARY 1, 2019 THRU DECEMBER 31, 2019

STATE/JURISDICTION KENTUCKY

Section I. Fraternal Program Activities

FAITH ACTIVITIES (where applicable)

- 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

CHARTABLE DISBURSEMENTS

HOURS OF SERVICE

TOTAL FAITH CONTRIBUTIONS

0

0

FAMILY ACTIVITIES (where applicable)

- a. Food for Families
- b. Family Formation Programs
- c. Keep Christ in Christmas
- d. Family Week
- e. Family Prayer Night
- f. Miscellaneous Family Programs

TOTAL FAMILY CONTRIBUTIONS

0

0

COMMUNITY ACTIVITIES (where applicable)

- 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/VAVS
- n. Miscellaneous Community/Youth Activities

TOTAL COMMUNITY CONTRIBUTIONS

0

0

LIFE ACTIVITIES (where applicable)

- 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

TOTAL LIFE CONTRIBUTIONS

0

0

TOTAL

0

0

Section II. Fraternal Commitment Activities

MEETINGS

- 1. Regular
- 2. Social
- 3. Special/Committee

TOTAL MEETINGS

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 Members and their Families

--

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

State Deputy _____ Date _____

State Secretary _____ Date _____





1728

Annual Survey of Fraternal Activity

- Covers activities during the CALENDAR year, not the FRATERNAL 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)



Councils not Submitting Form 1728

as of 5/30/20

<u>District 1</u> <i>Dennis Herricks</i> 10987	<u>District 2</u> <i>David Dean</i>	<u>District 3</u> <i>Ed Shoemaker</i>	<u>District 4</u> <i>Tim Molnar</i>	<u>District 5</u> <i>Joshua Barnstead</i>	<u>District 6</u> <i>George Barber</i>
<u>District 7</u> <i>Neil Scott</i>	<u>District 8</u> <i>Christopher Moore</i> 12623	<u>District 9</u> ----- 6368	<u>District 10</u> <i>Dannie Harris</i> 1455 3379	<u>District 11</u> <i>John Thomas</i> 1264	<u>District 12</u> <i>Tim Gahlinger</i>



Councils not Submitting Form 1728 as of 5/30/20

District 13

George Daniels

District 14

Joe Carter

District 15

John Staudt

13304

District 16

Mickey Ward

District 17

Ed Louisignau

District 18

Steve O'Bryan

17234

District 19

Jim Wharton

15707

District 20

Ed Quinn

District 21

David White

District 22

Paul Motz

District 23

Mike Rinehart

5220

14728

District 24

Sidney Tackett

11191

15063



Star Council Award Required Forms

- Required Forms
 - 185 Report of Officers Chosen for Term
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COLUMBIAN AWARD APPLICATION

Due by June 30th

Council Number: _____ Jurisdiction: _____ 20__ - 20__

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

1. Program Name: _____ Recruitment Opportunity? YES NO Participants: _____ x _____ Hours = _____ Total Hours
Donations: _____
Program Description: _____

2. Program Name: _____ Recruitment Opportunity? YES NO Participants: _____ x _____ Hours = _____ Total Hours
Donations: _____
Program Description: _____

3. Program Name: _____ Recruitment Opportunity? YES NO Participants: _____ x _____ Hours = _____ Total Hours
Donations: _____
Program Description: _____

4. Program Name: _____ Recruitment Opportunity? YES NO Participants: _____ x _____ Hours = _____ 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, Conversation to the Holy Family is the required program)

1. Program Name: _____ Recruitment Opportunity? YES NO Participants: _____ x _____ Hours = _____ Total Hours
Donations: _____
Program Description: _____

2. Program Name: _____ Recruitment Opportunity? YES NO Participants: _____ x _____ Hours = _____ Total Hours
Donations: _____
Program Description: _____

3. Program Name: _____ Recruitment Opportunity? YES NO Participants: _____ x _____ Hours = _____ Total Hours
Donations: _____
Program Description: _____

4. Program Name: _____ Recruitment Opportunity? YES NO Participants: _____ x _____ Hours = _____ Total Hours
Donations: _____
Program Description: _____



Page 1 of 2

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

1. Program Name: _____ Recruitment Opportunity? YES NO Participants: _____ x _____ Hours = _____ Total Hours
Donations: _____
Program Description: _____

2. Program Name: _____ Recruitment Opportunity? YES NO Participants: _____ x _____ Hours = _____ Total Hours
Donations: _____
Program Description: _____

3. Program Name: _____ Recruitment Opportunity? YES NO Participants: _____ x _____ Hours = _____ Total Hours
Donations: _____
Program Description: _____

4. Program Name: _____ Recruitment Opportunity? YES NO Participants: _____ x _____ Hours = _____ Total Hours
Donations: _____
Program Description: _____

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

1. Program Name: _____ Recruitment Opportunity? YES NO Participants: _____ x _____ Hours = _____ Total Hours
Donations: _____
Program Description: _____

2. Program Name: _____ Recruitment Opportunity? YES NO Participants: _____ x _____ Hours = _____ Total Hours
Donations: _____
Program Description: _____

3. Program Name: _____ Recruitment Opportunity? YES NO Participants: _____ x _____ Hours = _____ Total Hours
Donations: _____
Program Description: _____

4. Program Name: _____ Recruitment Opportunity? YES NO Participants: _____ x _____ Hours = _____ Total Hours
Donations: _____
Program Description: _____

Signed: _____ Grand Knight Signed: _____ Program Director Date _____

SUBMIT ELECTRONICALLY TO: fraternalmission@kofc.org • SEND COPIES TO: State Deputy, District Deputy, Council File

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Form SP-7 Columbian Award Application

Due June 30



Columbian Award (Faith in Action Programs) SP-7

- 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!



Columbian Award
(Faith in Action Programs)
SP-7



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

KNIGHTS OF COLUMBUS PARTNERSHIP PROFILE REPORT
WITH SPECIAL OLYMPICS

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

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.

Due By:
JANUARY 31

SECTION I. VOLUNTEER HOURS PROVIDED BY K of C MEMBERS AND THEIR FAMILIES TO SPECIAL OLYMPICS THROUGHOUT THE CALENDAR 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 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	<input type="text"/>
2. Regional Games/Events	<input type="text"/>
3. Local Games/Events	<input type="text"/>
TOTAL VOLUNTEER HOURS	<input type="text" value="0"/>

II. Number of K of C Volunteers at Special Olympics Games and Events.

EVENT-SPECIFIC VOLUNTEERS	
1. State Games/Events	<input type="text"/>
2. Regional Games/Events	<input type="text"/>
3. Local Games/Events	<input type="text"/>
Total Event-Specific	<input type="text" value="0"/>
YEAR-ROUND K of C VOLUNTEERS	
1. State Games/Events	<input type="text"/>
2. Regional Games/Events	<input type="text"/>
3. Local Games/Events	<input type="text"/>
Total Year-Round	<input type="text" value="0"/>
TOTAL K of C VOLUNTEERS (Event-Specific and Year-round)	<input type="text" value="0"/>

III. Number of Events in which K of C members and families volunteer.

1. State Games/Events	<input type="text"/>
2. Regional Games/Events	<input type="text"/>
3. Local Games/Events	<input type="text"/>
TOTAL EVENTS	<input type="text" value="0"/>

IV. Total Funds Contributed to Special Olympics. Dollars Only

1. State Games/Events	<input type="text"/>
2. Regional Games/Events	<input type="text"/>
3. Local Games/Events	<input type="text"/>
TOTAL CONTRIBUTIONS	<input type="text" value="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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