



Leadership Calendar & Reports

	Form or Activity	Form	Comments
January	<i>Request Members to report fraternal activity for prior year</i>	1728A	Members can complete on Council Website or send to council via e-mail
January 15	<i>Dues – Issue Second Notice</i>		<ul style="list-style-type: none"> • Minimum 30 days after First Dues Notice is posted to Billing System • Send to members via e-mail
January 31	<i>Annual Survey of Fraternal Activity</i>	1728	<ul style="list-style-type: none"> • Assemble from individual member reports • Submit online
February 15	<i>Semi-Annual Audit</i>	1295-2	
February-March	<i>Retention Committee</i>		Personal contacts to delinquent members
March 15	<i>Dues – Issue Knight Alert</i>		Minimum 30 days after Second Notice
April 1	<i>Dues – Issue Notice of Intent</i>		<ul style="list-style-type: none"> • Minimum 15 days after Knight Alert • Send to members via postal mail
May	<i>Nomination Committee Recommendations</i>		List Officer & Trustee slate in June <i>Knight Worthy News</i>
June 1	<i>Dues – Issue Form 100 for delinquent members</i>		<ul style="list-style-type: none"> • Minimum 60 (maximum 90) days after Notice of Intent • Send to Supreme,
June	<i>Election of Officers</i>		At first meeting in June
June 30	<i>Food for Families Report</i>	10057	Data provided by Activity Director
June 30	RSVP & Plaque Application	2863	Data provided by Activity Director
June 30	<i>Columbian Award Application</i>	SP-7	Submit Online
July 1	<i>Report of Officers Chosen for Term (Officers & Trustees)</i>	185	Submit via Membership Management System
July	<i>Assemble Annual Budget</i>		<ul style="list-style-type: none"> • Request input from Directors & Activity Leaders • Finalize at Leadership Meeting
August 1	<i>Service Program Personnel Report (Directors)</i>	365	Submit via Membership Management System
August 15	<i>Semi-Annual Audit</i>	1295-1	
August	<i>Member approval of Annual Budget</i>		Meeting Motion needed
September	<i>2nd Vote – Final of Annual Budget</i>		Meeting Motion needed
December 15	<i>Issue Annual Dues Statements (First Notice)</i>		Send to members via E-mail from Membership Billing System

ANNUAL SURVEY OF FRATERNAL ACTIVITY

JANUARY 1, 20____ THRU DECEMBER 31, 20____

COUNCIL NUMBER _____ JURISDICTION _____

Section I. Fraternal Program Activities

FAITH ACTIVITIES (where applicable)

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

FAMILY ACTIVITIES (where applicable)

CHARITABLE DEBITMENTS	HOURS OF SERVICE	NUMBER SUPPORTED
a. Food for Families		
b. Family Formation Program		
c. Keep Chart in Christmas		
d. Family Week		
e. Family Prayer Night		
f. Miscellaneous Family Programs		
TOTAL FAMILY CONTRIBUTIONS	D	E

COMMUNITY ACTIVITIES (where applicable)

CHARITABLE DEBITMENTS	HOURS OF SERVICE	NUMBER SUPPORTED
a. Care 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. Colostomy Signers		
i. Scouting/Youth Groups		
j. Athletics		
k. Youth Welfare/Service		
l. Scholarships/Education		
m. Veterans Military/VAVS		
n. Miscellaneous Community/Youth Activities		
TOTAL COMMUNITY CONTRIBUTIONS	D	E

LIFE ACTIVITIES (where applicable)

CHARITABLE DEBITMENTS	HOURS OF SERVICE	NUMBER SUPPORTED
a. Special Olympics		
b. Marches for Life		
c. Ultrasound Initiative		
d. Pregnancy Support		
e. Christian Refugee Relief		
f. Memorials to Unknown Children		
g. Miscellaneous Life Activities		
TOTAL LIFE CONTRIBUTIONS	D	E

TOTAL **D** **E** **B**

Section II. Fraternal Commitment Activities

MEETINGS

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

TOTAL MEETINGS **D**

PROGRAM EXPENSES

- a. Printing & Postage _____
- b. Food & Refreshments _____
- c. Travel _____
- d. Projects _____
- e. Entertainment _____
- f. Miscellaneous Expenses _____

TOTAL PROGRAM EXPENSES **D**

OTHER FRATERNAL COMMITMENTS:

Visits to the Sick _____

Visits to the Bereaved _____

Number of Blood Donations _____

Manus Held for Members _____

Hours of Fraternal Service to Sick/Disabled Member and their Families **D**

Grand Knight _____ Date _____

Financial Secretary _____ Date _____

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

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KNIGHTS OF COLUMBUS SEMIANNUAL COUNCIL AUDIT REPORT

FOR PERIOD ENDED JUNE 30, 20____

Due By: **AUGUST 15**

COUNCIL NO. _____ CITY _____ STATE _____

SCHEDULE A – MEMBERSHIP

	ADDITIONS			DEDUCTIONS		
	INS.	ASSO.	TOT.	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						

Do not include inactive insurance members in this section. See Knights of Columbus Leadership Resources (#5093) booklet.

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
	Disbursements
	Per capita: Supreme Council
	State council
	General council expenses
	Transfers to sav/other accts.
	Miscellaneous
	Total disbursements
	Net balance on hand

Total cash received \$ _____

Transferred to treasurer \$ _____

Cash on hand at end of period \$ _____

SCHEDULE C – ASSETS AND LIABILITIES

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

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

SEND ONE COPY TO: Council Accounts
Email: council.accounts@kcolc.org
Fax: 855-228-1396
Mail: 1 Columbus Plaza, New Haven, CT 06510

COPIES TO: State Deputy, District Deputy, Council File

Available in electronic format at kcolc.org/forms 1295 12/16

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 (including location)

STREET _____ ADDITIONAL ADDRESS _____

CITY _____ STATE _____ ZIP/POSTAL CODE _____

OFFICER	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL
GRAND KNIGHT				
CHAPLAIN				
DEPUTY GRAND KNIGHT				
SCHEMELLER				
RECORDER				
TREASURER				
LECTURER				
ADVOCATE				
WARDEN				
INSIDE GUARD				
OUTSIDE GUARD				
TRUSTEE FOR ONE YEAR				
TRUSTEE FOR TWO YEARS				
TRUSTEE FOR THREE YEARS				

COUNCIL MEETS _____

• 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@kcolc.org)
SEND COPIES TO: State Deputy, District Deputy, Council File

185 4/18

Service Program Personnel Report

July 1, 20____ through June 30, 20____

Council # _____ Jurisdiction: _____ Due By: **July 1**

The Service Program Personnel Report (#365) must be received by the Supreme Council by July 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.

- Strongly consider submitting this report through Member Management for expedited processing. This is the preferred method.
- If filing out this report on paper, be sure to include the accurate membership number for each role.
- **Required roles to be appointed have been designated – Program Director, Family Director, Community Director, Membership Director, Retention Chairman.**
- Changes during the Internal year should be made using Member Management to update the roles accordingly. If your council uses the paper form, only complete and submit that information which has changed.

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

SEND ORIGINAL TO: Department of Fraternal Mission (email: Internationals@kcolc.org)
SEND COPIES TO: State Deputy, District Deputy, Council File

Grand Knight _____ Date _____

365 7/21

COLUMBIAN AWARD APPLICATION

Due by June 30th

Council Number: Jurisdiction: 20 - 20

FAITH PROGRAMS

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

- Program Name: Recurrence: YES NO Opportunity: YES NO Participants: x Hours: - Total Hours:
Program Description: Donations:
- Program Name: Recurrence: YES NO Opportunity: YES NO Participants: x Hours: - Total Hours:
Program Description: Donations:
- Program Name: Recurrence: YES NO Opportunity: YES NO Participants: x Hours: - Total Hours:
Program Description: Donations:
- Program Name: Recurrence: YES NO Opportunity: YES NO Participants: x Hours: - Total Hours:
Program Description: Donations:

FAMILY PROGRAMS

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

- Program Name: Recurrence: YES NO Opportunity: YES NO Participants: x Hours: - Total Hours:
Program Description: Donations:
- Program Name: Recurrence: YES NO Opportunity: YES NO Participants: x Hours: - Total Hours:
Program Description: Donations:
- Program Name: Recurrence: YES NO Opportunity: YES NO Participants: x Hours: - Total Hours:
Program Description: Donations:
- Program Name: Recurrence: YES NO Opportunity: YES NO Participants: x Hours: - Total Hours:
Program Description: Donations:

COMMUNITY PROGRAMS

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

- Program Name: Recurrence: YES NO Opportunity: YES NO Participants: x Hours: - Total Hours:
Program Description: Donations:
- Program Name: Recurrence: YES NO Opportunity: YES NO Participants: x Hours: - Total Hours:
Program Description: Donations:
- Program Name: Recurrence: YES NO Opportunity: YES NO Participants: x Hours: - Total Hours:
Program Description: Donations:
- Program Name: Recurrence: YES NO Opportunity: YES NO Participants: x Hours: - Total Hours:
Program Description: Donations:

LIFE PROGRAMS

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

- Program Name: Recurrence: YES NO Opportunity: YES NO Participants: x Hours: - Total Hours:
Program Description: Donations:
- Program Name: Recurrence: YES NO Opportunity: YES NO Participants: x Hours: - Total Hours:
Program Description: Donations:
- Program Name: Recurrence: YES NO Opportunity: YES NO Participants: x Hours: - Total Hours:
Program Description: Donations:
- Program Name: Recurrence: YES NO Opportunity: YES NO Participants: x Hours: - Total Hours:
Program Description: Donations:

Food for Families Report Form

Refund Application 20__ - 20__

FORM DUE TO THE SUPREME COUNCIL BY JUNE 30.

***Featured Program Instructions on Page 2** **IMPORTANT: PLEASE COMPLETE THIS BOX**
 Council Assembly Council/Assembly No. _____
 State/Province _____

FORM MUST BE COMPLETED TO BE ELIGIBLE FOR THE FOOD FOR FAMILIES CERTIFICATE & FEATURED PROGRAM REQUIREMENTS

REFUND INFORMATION
 Applications will not be accepted without supporting documentation. Attach copies of canceled checks (front and back) for monetary donations and signed Food Donation Receipts for food donations.
 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 1000 or more pounds of food.

NAME OF FOOD BANK	DATE	CHECK #	AMOUNT	POUNDS OF FOOD

Total hours provided: _____

I AFFIRM THE ABOVE TO BE ACCURATE _____ date _____
Grand Knight/faithful navigator

(See other side for instructions)

Food Donation Receipt

The _____ (name of organization) acknowledges receipt of the below donation from the Knights of Columbus on _____ (date)

Pounds of Food: _____

Organization Name: _____
 Address: _____
 Signature: _____ (organization representative) Date: _____
 E-mail Address: _____ Phone: _____

Jurisdiction: _____ Council / Assembly No.: _____

Refund Support Vocations Program RSVP

REFUND APPLICATION 20__ - 20__

Submit this form as needed throughout the fraternal year. This form is due to the Supreme Council by June 30.

***Featured Program Instructions on Page 2** **IMPORTANT: PLEASE COMPLETE THIS BOX**
 Council Assembly Council/Assembly No. _____
 State/Province _____

FORM MUST BE COMPLETED TO BE ELIGIBLE FOR THE RSVP CERTIFICATE & FEATURED PROGRAM REQUIREMENTS
 Applications will not be accepted without supporting documentation. Attach copies of canceled checks (front and back) or both a financial statement and letter of receipt from the seminarian/postulant.
 See directives on the reverse side before completing this section.
 List each donation of \$500 or more with name of seminarian/postulant, amount and date of check.
 Attach financial documentation to this application. For directives on required documentation, see the reverse side of this form.

SEMINARIAN/POSTULANT	MEMBER # (IF APPLICABLE)	NAME OF SEMINARIAN/POSTULANT	DATE	CHECK #	AMOUNT

See reverse side for eligibility requirements.

SECTION II: MORAL SUPPORT INFORMATION
 Check all boxes of moral support provided in order to receive a certificate:
 Invitations to meetings/events
 Letters, cards, email
 Phone calls Other _____

I AFFIRM THE ABOVE TO BE ACCURATE _____
Grand Knight/Faithful Navigator Member Number Date
(See other side for instructions)

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

Fraternal Programs Report Form

Faith	Family	Community	Life
<input type="radio"/> Into the Breach	<input type="radio"/> Family of the Month	<input type="radio"/> Disaster Preparedness	<input type="radio"/> Christian Refugee Relief
<input type="radio"/> Pilgrim Icon Program	<input type="radio"/> Keep Christ in Christmas	<input type="radio"/> Free Throw Championship	<input type="radio"/> Silver Rose
<input type="radio"/> Build the Domestic Church Kiosk	<input type="radio"/> Family Fully Alive	<input type="radio"/> Soccer Challenge	<input type="radio"/> Pregnancy Center Support
<input type="radio"/> Rosary	<input type="radio"/> Family Week	<input type="radio"/> Helping Hands	<input type="radio"/> Novena for Life
<input type="radio"/> Spiritual Reflection	<input type="radio"/> Consecration to the Holy Family	<input type="radio"/> Catholic Citizenship Essay Contest	<input type="radio"/> Mass for People with Special Needs
<input type="radio"/> Holy Hour	<input type="radio"/> Family Prayer Night	<input type="radio"/> Coats for Kids	<input type="radio"/> March for Life
<input type="radio"/> Sacramental Gifts	<input type="radio"/> Good Friday Family Promotion	<input type="radio"/> Global Wheelchair Mission	<input type="radio"/> Special Olympics
<input type="radio"/> RSVP	<input type="radio"/> Food for Families	<input type="radio"/> Habitat for Humanity	<input type="radio"/> Ultrasound
<input checked="" type="radio"/> Other	<input type="radio"/> Other	<input type="radio"/> Other	<input type="radio"/> Other

If Other, Program Name :

Date(s) of Program: MM DD YYYY to MM DD YYYY

Volunteers: Members + Non Members = Total Volunteers

Total Volunteers x Hours (Per Person) = Total Volunteer Hours

Participants (Non-Volunteer): Was your Pastor present? Yes No

Program Planning: Costs & Time (Hours) Members Recruited: Donations: Local Currency

On a scale of 1-5 (with 5 being the highest) how engaged was your parish and council by this program? Select

What information or feedback would you like to share about your program? (To share more success stories, visit kofc.org/knightsinaction)

300/300 Characters Limit

Optional State Council Program Award Report (Online)

State Council 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): Faith Family Community Life

COUNCIL INFORMATION:

1 Council Number: Total Council Members:
 Grand Knight: E-Mail:

PROGRAM INFORMATION (complete all sections):

2 Program Title: Program Date:

Participation: Members + Non Members = Total Participants Total Participants x Hours = Total Volunteer Hours

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

3 Describe program 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.

3a) In the space provided below, briefly describe the purpose and goals of this program. This section must be completed.

DO NOT SUBMIT THIS REPORT FORM TO SUPREME COUNCIL
ENTRY MUST BE RECEIVED BY THE STATE COUNCIL
TO BE ELIGIBLE FOR THE COMPETITION

MAIL ORIGINAL TO: State Deputy or State Program Director
COPY TO: Council File
Available in electronic format at www.kofc.org

3b) Whom does this program benefit?

3c) What problem or need did this program resolve?

3d) Why did the council select this program?

3e) Describe the success of the program:

Attest: State Deputy

Signed: Grand Knight

Date:

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