

D. Rosary Program (at least four are required) (20)

Dates Of Rosary	Purpose or Intention	Attendance
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

E. Vocations Support (70)

a. Refund Support Vocation Program (RSVP) (50)

Seminarians Supported:	Amount:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

b. State Vocations Fund: (10)

Number of Council Members on April 1, 2021 _____

Did Council Donate \$12.00 per members indicate above? Yes No

Amount Donated to Vocations Fund _____

c. Memorial and Healing Mass Cards (10)

Did Council Average \$2.00 per member? Yes No

Amount Donated by: Council _____ Council Members on 4/1/20

F. Sacramental Gifts Program (10)

Number of Gifts presented _____ **Group Receiving Gifts & How Many:**

School Students _____ CCD Students _____ RCIA Students _____

Describe the Gift and How was it presented:

G. Spiritual Reflection Program (15)

Date of Spiritual Reflection Program _____ Number of Hours _____

Number of Council Members Participating _____

Additional Activities Held During the Program (Check all that apply) Confessions

Mass Trip to Shrine, Basilica, Cathedral or Monastery

H. Clergy and/or Religious Recognition Event (10)

Date Held _____ Attendance _____ # Knights Attending _____

Number of Clergy and/or Religious Recognized _____

I. Altar Servers Recognition Event (10)

Number of Altar Servers Recognized _____

Date Held _____ Attendance _____ # Knights Attending _____

Altar Server of Year Recognition for State Award (5 each)

Name: _____ Age _____

Name: _____ Age _____

J. Bible Placement Program (10)

Did Council Average \$2.00 per member? Yes No

Number of Bibles Purchased _____ Dollar Value of Bibles Purchased \$ _____

K. Marian Icon Prayer Program (15)

<u>Date(s) Prayer Program(s) Held</u>	<u>Knights in Attendance</u>	<u>Total Attendance</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

L. Special Project (Can not be one of the activities reported above!) (30)

Project Title: _____

Date Started: _____ **Date Completed:** _____

Participation: Members: _____ **+ Non-Members:** _____ **=Total** _____

Volunteer Hours: _____ **Program Planning: Costs:** _____ **Hours:** _____

Members Recruited: _____ **Donations:** _____

Describe purpose and goals of this program **Project Purpose Score:** **Max: (5)**

Whom does this project benefit? **Project Benefit Score:** **Max: (5)**

What problem or need did this project resolve? **Project Prob/Need Score:** **Max: (5)**

Why did the council select this project? **Selection Criteria Score:** **Max: (5)**

Describe the success of the project: **Success of Project Score:** **Max: (5)**

Total Score:

Photographs:

TO PRINT THIS FORM CLICK THE "PRINT" BUTTON
TO SUBMIT THIS FORM CLICK THE "SUBMIT" BUTTON
TO CLEAR THE FORM CLICK THE "CLEAR" BUTTON

INSTRUCTIONS -- EMAIL PROBLEMS

If your email program fails to send the application, do the following:

1. Save the File with the following name:
FCS04103 -- COUNCIL XXXXX
Where XXXXX is the Council number; if the council number consists of only four numbers, add a "0" in front of the number.
2. Close the file.
3. Open your email program.
4. Prepare an email with the following recipients:
StateFaithDir@floridakofc.org
StateProgramsDir@floridakofc.org
Reports@floridakofc.org
5. Attach the Report file you saved.
6. In the "Subject" field include the file name.
7. Send the email.