

**KNIGHTS OF COLUMBUS
CALIFORNIA STATE COUNCIL
STATE DEPUTY AWARD**

Form - SDA-CA



Council Name: _____ Council #: _____ District #: _____ Division #: _____

Council Location (town/city) _____ Chapter: _____

Award given to each and every Council that meets the following criteria:

A. FORMS

- 1 Report Of Officers Chosen – **form 185**
- 2 Service Program Personnel Report – **form 365**
- 3 Semi-Annual Council Audit Report – **form 1295**
- 4 Annual Survey Of Fraternal Activity Report – **form 1728**
- 5 Safe Environment Certification

Date Submitted:

B. MEMBERSHIP

Attain council membership (supreme) NET quota by June 30.

Quota / Attained:

____/____

C. INSURANCE

Hold a benefits night.

Date Held :

General Agent or Field Agent signature >>> _____
GA/FA signature

D. SERVICE PROGRAM

Participate in all 4 state service programs:
(Form STSP-CA to respective Service Program Award Chairman)

Date Mailed:

Faith _____
Family _____
Community _____
Life _____

GK Signature: _____ GK Name: _____

GK Phone No: _____

MAIL BY JUNE 30