

KNIGHTS OF COLUMBUS CALIFORNIA STATE COUNCIL



2023-2024 DISTRICT DEPUTY MID-YEAR MEETING

January 2024

Visalia Marriott at the Convention Center

"...together we can do great things."

St. Mother Teresa



KNIGHTS OF COLUMBUS CALIFORNIA STATE COUNCIL



State Awards and Forms Chairman

Jim Hart

jimhart63@yahoo.com

661-878-2183



"...together we can do great things."

St. Mother Teresa

KNIGHTS OF COLUMBUS CALIFORNIA STATE COUNCIL



What are we going to talk about:

- **Form 185 and 365**
- **Online Form 10784**
- **State Awards Reporting Form STSP-CA**
- **How We Judge Awards Submissions**
- **Columbian Award - SP7**
- **Star Council/District**
- **Other Awards**

"...together we can do great things."

St. Mother Teresa



KNIGHTS OF COLUMBUS CALIFORNIA STATE COUNCIL



Report of Officers Chosen for the Term July 1, 20 [] to June 30, 20 []

Council # [] Date of Election: [] DUE BY: JUNE 30

THIS REPORT CAN BE COMPLETED USING MEMBER MANAGEMENT.
OTHERWISE PLEASE PRINT — INDICATE MEMBERSHIP NUMBERS

COUNCIL ADDRESS (Meeting Location)		STREET	ADDITIONAL ADDRESS	
		CITY	ST./PROV.	ZIP/POSTAL CODE
GRAND KNIGHT	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL
<input type="checkbox"/> ADDRESS CHANGE		STREET	CITY	STATE/PROVINCE ZIP/POSTAL CODE
<input type="checkbox"/> NEWLY ELECTED <input type="checkbox"/> RE-ELECTED		TELEPHONE AREA CODE	PHONE NO.	EMAIL
CHAPLAIN	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL EMAIL
<input type="checkbox"/> ADDRESS CHANGE		STREET	CITY	STATE/PROVINCE ZIP/POSTAL CODE
DEPUTY GRAND KNIGHT	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL EMAIL
<input type="checkbox"/> ADDRESS CHANGE		STREET	CITY	STATE/PROVINCE ZIP/POSTAL CODE
CHANCELLOR	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL EMAIL
<input type="checkbox"/> ADDRESS CHANGE		STREET	CITY	STATE/PROVINCE ZIP/POSTAL CODE
RECORDER	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL EMAIL
<input type="checkbox"/> ADDRESS CHANGE		STREET	CITY	STATE/PROVINCE ZIP/POSTAL CODE
TREASURER	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL EMAIL
<input type="checkbox"/> ADDRESS CHANGE		STREET	CITY	STATE/PROVINCE ZIP/POSTAL CODE
LECTURER	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL EMAIL
<input type="checkbox"/> ADDRESS CHANGE		STREET	CITY	STATE/PROVINCE ZIP/POSTAL CODE
ADVOCATE	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL EMAIL
<input type="checkbox"/> ADDRESS CHANGE		STREET	CITY	STATE/PROVINCE ZIP/POSTAL CODE
WARDEN	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL EMAIL
<input type="checkbox"/> ADDRESS CHANGE		STREET	CITY	STATE/PROVINCE ZIP/POSTAL CODE

185
←

365
→

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 filling 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 fraternal 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		EMAIL		
FAITH DIRECTOR	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL
		EMAIL		
FAMILY DIRECTOR	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL
REQUIRED		EMAIL		
COMMUNITY DIRECTOR	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL
REQUIRED		EMAIL		
LIFE DIRECTOR	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL
		EMAIL		
MEMBERSHIP DIRECTOR	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL
REQUIRED		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	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL
REQUIRED		EMAIL		
INSURANCE PROMOTION	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL
		EMAIL		
VOCATIONS CHAIRMAN	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL



"...together we can do great things."

St. Mother Teresa

KNIGHTS OF COLUMBUS CALIFORNIA STATE COUNCIL



10784 Fraternal Programs Report

- Online ONLY
- Any member can complete this form
- To report all programs
- Builds a database for Supreme and State Councils

FRATERNAL PROGRAMS REPORT FORM																																											
Reporting Officer Name: _____		Membership Number: _____																																									
Council Number: _____		Date(s) of Program ____/____/____ to ____/____/____																																									
State / Province: _____																																											
1 <table border="1"> <thead> <tr> <th>Faith</th> <th>Family</th> <th>Community</th> <th>Life</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Into the Breach</td> <td><input type="checkbox"/> Family of the Month</td> <td><input type="checkbox"/> Disaster Preparedness</td> <td><input type="checkbox"/> Christian Refugee Relief</td> </tr> <tr> <td><input type="checkbox"/> Pilgrim Iona Program</td> <td><input type="checkbox"/> Keep Christ in Christmas</td> <td><input type="checkbox"/> Five Throw Championship</td> <td><input type="checkbox"/> Silver Rose</td> </tr> <tr> <td><input type="checkbox"/> Build the Domestic Church Kiosk</td> <td><input type="checkbox"/> Family Fully Alive</td> <td><input type="checkbox"/> Soccer Challenge</td> <td><input type="checkbox"/> Pregnancy Center Support</td> </tr> <tr> <td><input type="checkbox"/> Rosary</td> <td><input type="checkbox"/> Family Week</td> <td><input type="checkbox"/> Helping Hands</td> <td><input type="checkbox"/> Novena for Life</td> </tr> <tr> <td><input type="checkbox"/> Spiritual Reflection</td> <td><input type="checkbox"/> Consecration to the Holy Family</td> <td><input type="checkbox"/> Catholic Citizenship Essay Contest</td> <td><input type="checkbox"/> Mass for People with Special Needs</td> </tr> <tr> <td><input type="checkbox"/> Holy Hour</td> <td><input type="checkbox"/> Family Prayer Night</td> <td><input type="checkbox"/> Coats for Kids</td> <td><input type="checkbox"/> March for Life</td> </tr> <tr> <td><input type="checkbox"/> Sacramental Gifts</td> <td><input type="checkbox"/> Good Friday Family Promotion</td> <td><input type="checkbox"/> Global Wheelchair Mission</td> <td><input type="checkbox"/> Special Olympics</td> </tr> <tr> <td><input type="checkbox"/> RSVP</td> <td><input type="checkbox"/> Food for Families</td> <td><input type="checkbox"/> Habitat for Humanity</td> <td><input type="checkbox"/> Ultrasound</td> </tr> <tr> <td><input type="checkbox"/> Other</td> <td><input type="checkbox"/> Other</td> <td><input type="checkbox"/> Other</td> <td><input type="checkbox"/> Other</td> </tr> </tbody> </table>	Faith	Family	Community	Life	<input type="checkbox"/> Into the Breach	<input type="checkbox"/> Family of the Month	<input type="checkbox"/> Disaster Preparedness	<input type="checkbox"/> Christian Refugee Relief	<input type="checkbox"/> Pilgrim Iona Program	<input type="checkbox"/> Keep Christ in Christmas	<input type="checkbox"/> Five Throw Championship	<input type="checkbox"/> Silver Rose	<input type="checkbox"/> Build the Domestic Church Kiosk	<input type="checkbox"/> Family Fully Alive	<input type="checkbox"/> Soccer Challenge	<input type="checkbox"/> Pregnancy Center Support	<input type="checkbox"/> Rosary	<input type="checkbox"/> Family Week	<input type="checkbox"/> Helping Hands	<input type="checkbox"/> Novena for Life	<input type="checkbox"/> Spiritual Reflection	<input type="checkbox"/> Consecration to the Holy Family	<input type="checkbox"/> Catholic Citizenship Essay Contest	<input type="checkbox"/> Mass for People with Special Needs	<input type="checkbox"/> Holy Hour	<input type="checkbox"/> Family Prayer Night	<input type="checkbox"/> Coats for Kids	<input type="checkbox"/> March for Life	<input type="checkbox"/> Sacramental Gifts	<input type="checkbox"/> Good Friday Family Promotion	<input type="checkbox"/> Global Wheelchair Mission	<input type="checkbox"/> Special Olympics	<input type="checkbox"/> RSVP	<input type="checkbox"/> Food for Families	<input type="checkbox"/> Habitat for Humanity	<input type="checkbox"/> Ultrasound	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	If Other, Program Name: _____		
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2 Volunteers: _____ Members + _____ Non-Members = _____ Total Volunteers _____ Total Volunteers x _____ Hours (Per Person) = _____ Total Volunteer Hours Participants (Non-Volunteer): _____ Was your Pastor present? <input type="checkbox"/> Yes <input type="checkbox"/> No Program Planning: _____ Cost _____ Time (Hours) _____ Members Recruited: _____ Donations: _____ Local Currency																																											
3 On a scale of 1-5 (with 5 being the highest) how engaged was your parish and council by this program? _____																																											
4 What information or feedback would you like to share about your program? (To share more success stories, visit kofc.org/knightinaction) _____ _____ _____																																											



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St. Mother Teresa

KNIGHTS OF COLUMBUS CALIFORNIA STATE COUNCIL



How do I find the 10784?
kofc.org

Become a Knight of the Eucharist

LEARN MORE



Knights of
Columbus®

CONTACT US

SAFE ENVIRONMENT PROGRAM

CAREERS

LANGUAGE ▼

SIGN IN

JOIN

DONATE



FOR MEMBERS

WHO WE ARE

WHAT WE DO

GET INVOLVED

NEWS HUB



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Click on the **PROGRAMS** button



- FORMS
- SUPPLIES/MERCHANDISE
- FRATERNAL OPERATIONS
- TRAINING & WEBINARS
- PROGRAMS**
- INVITING MEN TO JOIN
- ENGAGE YOUR MEMBERS
- CEREMONIALS



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Faith in Action Forms

Training Video

CONTACT US SAFE ENVIRONMENT PROGRAM CAREERS LANGUAGE SIGN IN

Knights of Columbus

JOIN DONATE FOR MEMBERS

WHO WE ARE WHAT WE DO GET INVOLVED NEWS HUB

FAITH IN ACTION - RESOURCES

FAITH IN ACTION OVERVIEW FAITH FAMILY COMMUNITY LIFE FAITH IN ACTION FORMS

FORM TRAINING

#1172 Program Reference Guide #10784 Fraternal Programs Report Form Training Video

COUNCIL FORMS

#11337 ASAP Grant Application #10715 Ultrasound - Diocesan Evaluation Form
#10784 Fraternal Programs Report Form #10716 Ultrasound - Application
#2863 RSVP Refund Application #SP-7 Columbian Award Application
#10057 Food for Families Refund Application



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Click on the 10784 hyperlink

Enter Membership Number

Last Name

**You will receive an emailed invitation
to submit the form.**

Please enter your Membership Number and Last Name and click PROCEED to validate you are authorized to submit this form. Fields marked with an asterisk (*) are required.

*Membership Number

*Last Name

PROCEED



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KNIGHTS OF COLUMBUS CALIFORNIA STATE COUNCIL



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 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

SUBMIT ORIGINAL BY APRIL 1 to: State Activity Chair for Each Category (Faith, Family, Community or Life)

EMAIL TO: State Deputy or State Program Director

COPY TO: Council File

Available in electronic format at www.kofc.org



(continued on reverse)

Page 1 of 2

State Awards STSP-CA

April 1st

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: _____ Signed: _____ Date: _____
State Deputy Grand Knight

STSP-CA 4/21

Page 2 of 2



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KNIGHTS OF COLUMBUS CALIFORNIA STATE COUNCIL



California Knights of Columbus Divisions

Division 1...1-60 members

Division 2...61-90 members

Division 3...91-120 members

Division 4...121-180 members

Division 5...over 180 members

Active members as of May 01.

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KNIGHTS OF COLUMBUS CALIFORNIA STATE COUNCIL



How will my awards submissions be scored?

There are seven scoring categories...

Appropriateness

Organizational

Completeness

Involvement

Purpose

Description

Traction

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Appropriateness

(scoring reduction)

The activity must be submitted in the correct category.

For example, if a “Community Activity” is submitted in the “Life Activity” category, that activity’s score will be reduced. If only a few features of the activity are in the correct category, the score will be reduced proportionately.



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Organizational

(scoring reduction)

The activity must be conducted by a Council and not by an Assembly, a Chapter, or an individual. The only activity in which an Assembly or Chapter can participate is in “Vocations” because that activity has special awards.



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Completeness

(up to 5 points)

All required form fields have details.



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Involvement

(up to 5 points)

Details about how many Brothers were directly involved as well as others (family and friends)



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Purpose

(up to 10 points)

Short, yet concise statement with powerful wording (“action” verbs and visual descriptions). For example, “Prepare and Cook a Delicious Parish Pancake Breakfast Open to Everyone on Sunday Morning” is better than “Pancake Breakfast.”



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Description

(up to 25 points)

This section is the heart of the report. Is this a Council event or individual Knights performing the activity? Knights only or are others involved? How “significant” was the event? What did it accomplish? Who benefited? The details here must be vivid and descriptive, and only complemented by photos and other attachments.

Write this section assuming the reader does not have anything more than the report itself. This section should be convincing and carry some “marketing” appeal to promote the best of the Council along with clearly calling out who benefited from the event.

Notable events are “doing” something, so talk about what you did and what you saw others doing, particularly those who benefited from the event.

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Overall “TRACTION”

(up to 5 points)

This is the overall appeal of the event as viewed from the perspective of the State Program Director. Put forth your best events. One important element here is the uniqueness of the event – something others would talk about. Good ideas start small and gain traction when more people talk about it. Think of the report as a way of telling your story.



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IMPORTANT!

The Council Grand Knight and Program Chairman should submit **five** events – **no more** – for each activity category.

Each individual event report form will be scored separately, up to a maximum of five events. Those individual scores will then be totaled and divided by five, even if fewer than five events are reported.

That will determine the overall score for your council.

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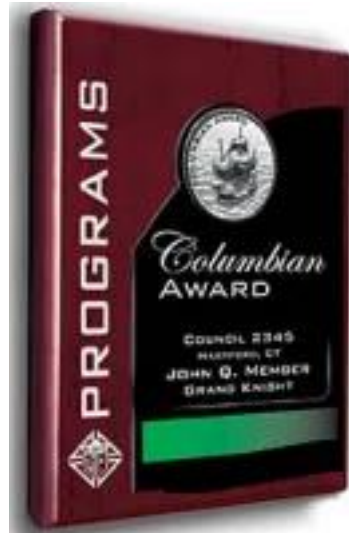
St. Mother Teresa



KNIGHTS OF COLUMBUS CALIFORNIA STATE COUNCIL



Columbian Award – SP7



Due to Supreme by June 30th

4 program credits in each FIA Category

Featured programs count for 2 credits

Refer to Faith in Action Handbook



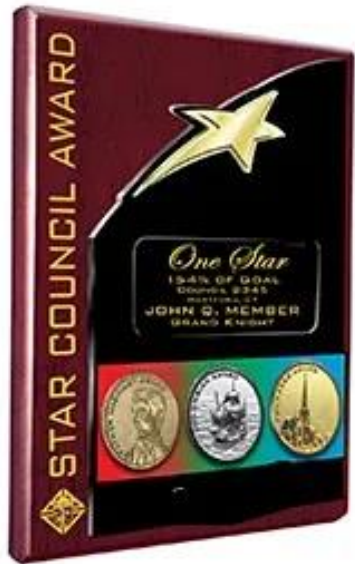
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Star Council Award



- Earn the Father McGivney Award (Membership)
 - Earn the Founders' Award (Insurance)
 - Earn the Columbian Award (Programs)
- Submit the Survey of Fraternal Activity (1728)
- Submit the Service Program Personnel Report (365)
 - Be **FULLY** compliant in Safe Environment

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KNIGHTS OF COLUMBUS CALIFORNIA STATE COUNCIL



Star District Award

District reaches 70% of combined membership quotas

The Founders' Award is earned by at least 50% of your councils

At least one (1) Star Council in the district

Submit District Deputy Report on Council Status (944) for each council



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Other Awards in California

Family of the Year

Fr. Juan Perez

State Blessed Michael McGivney

K of C Priest Martyrs Award

Newsletter of the Year

Website of the Year

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