



**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):**

- |                                    |                                   |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> CHURCH    | <input type="checkbox"/> FAMILY   |
| <input type="checkbox"/> COMMUNITY | <input type="checkbox"/> PRO-LIFE |
| <input type="checkbox"/> COUNCIL   | <input type="checkbox"/> YOUTH    |

**FROM: GRAND KNIGHT:** \_\_\_\_\_ **TELEPHONE NUMBER:** \_\_\_\_\_

**E-MAIL** \_\_\_\_\_

**COUNCIL NAME** \_\_\_\_\_ **NUMBER:** \_\_\_\_\_

**LOCATION:** \_\_\_\_\_  
(TOWN OR CITY) (STATE OR PROVINCE)

**Project Title:** \_\_\_\_\_

**Date Project Conducted:** \_\_\_\_\_

**Purpose of Activity:** (In the space provided below, describe in one sentence the purpose of this activity. This section must be completed.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Number of council members participating in project:** ..... \_\_\_\_\_

**Percentage of council members participating in project:** ..... \_\_\_\_\_

**Number of man hours expended in project:** ..... \_\_\_\_\_

**Chairman's Name:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

(continued on reverse)

MAIL ORIGINAL TO: State Deputy or State Program Director

COPY TO: Council File

Available in electronic format at [www.kofc.org](http://www.kofc.org)

