



**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):**

**CHURCH**

**FAMILY**

**COMMUNITY**

**CULTURE OF LIFE**

**COUNCIL**

**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)

**Describe project 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.**

**ATTEST:** \_\_\_\_\_  
(State Deputy)

**Signed:** \_\_\_\_\_  
(Grand Knight)

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

For more information on the Service Program Awards go to [www.kofc.org/service](http://www.kofc.org/service) and click on the left-hand "Council" link.