

STATE COUNCIL SERVICE 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: _____

PROJECT INFORMATION (complete all sections):

2 PROJECT TITLE: _____ PROJECT DATE: _____

Participation: $\frac{\text{Members}}{\text{Members}} + \frac{\text{Non Members}}{\text{Non Members}} = \frac{\text{Total Participants}}{\text{Total Participants}}$ $\times \frac{\text{Hours}}{\text{Hours}} = \frac{\text{Total Volunteer Hours}}{\text{Total Volunteer Hours}}$

Program Planning: $\frac{\text{Costs}}{\text{Costs}} \& \frac{\text{Time}}{\text{Time}}$ Members Recruited: _____ Donations: $\frac{\text{Local Currency}}{\text{Local Currency}}$

3 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.

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**

MAIL ORIGINAL TO: State Deputy or State Program Director

COPY TO: Council File

Available in electronic format at www.kofc.org



(continued on reverse)

3b) Whom does this project benefit?

3c) What problem or need did this project resolve?

3d) Why did the council select this project?

3e) Describe the success of the project:

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