

District Deputy Training



Michigan State Council
Knights of Columbus



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***F
Is For Forms
and
Forms are Fun***



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185



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

DUE BY: JUNE 30

Council # _____ Date of Election: _____

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
STREET		CITY	STATE/PROVINCE ZIP/POSTAL CODE
<input type="checkbox"/> ADDRESS CHANGE		<input type="checkbox"/> RE-ELECTED	
TELEPHONE AREA CODE		PHONE NO.	EMAIL
CHAPLAIN	MEMBERSHIP NO.	LAST NAME	FIRST NAME INITIAL EMAIL
STREET		CITY	STATE/PROVINCE ZIP/POSTAL CODE
<input type="checkbox"/> ADDRESS CHANGE		<input type="checkbox"/> RE-ELECTED	
TELEPHONE AREA CODE		PHONE NO.	EMAIL
DEPUTY GRAND KNIGHT	MEMBERSHIP NO.	LAST NAME	FIRST NAME INITIAL EMAIL
STREET		CITY	STATE/PROVINCE ZIP/POSTAL CODE
<input type="checkbox"/> ADDRESS CHANGE		<input type="checkbox"/> RE-ELECTED	
TELEPHONE AREA CODE		PHONE NO.	EMAIL

- Reports to Supreme for access for Member Management
- Initiates the Presidium Process
- Report is due June 30th right before the new fraternal year
- If submitted online, make sure the dates are for the NEXT Fraternal Year, not the current Year.
- You CAN'T make Star Council without this form being submitted



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365


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- Report is due at the beginning of the Fraternal Year July 1
- Initiates the Presidium Process
- If submitted online, make sure the dates are for the NEXT Fraternal Year, not the current Year.
- Sets your plan for the Fraternal Year, key roles and responsibilities

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		


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10784





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Fraternal Programs Report Form

Faith	Family	Community	Life
<input type="radio"/> Into the Breach	<input type="radio"/> Family of the Month	<input type="radio"/> Disaster Preparedness	<input type="radio"/> Christian Refugee Relief
<input type="radio"/> Pilgrim Icon Program	<input type="radio"/> Keep Christ in Christmas	<input type="radio"/> Free Throw Championship	<input type="radio"/> Silver Rose
<input type="radio"/> Build the Domestic Church Kiosk	<input type="radio"/> Family Fully Alive	<input type="radio"/> Soccer Challenge	<input type="radio"/> Pregnancy Center Support
<input type="radio"/> Rosary	<input type="radio"/> Family Week	<input type="radio"/> Helping Hands	<input type="radio"/> Novena for Life
<input type="radio"/> Spiritual Reflection	<input type="radio"/> Consecration to the Holy Family	<input type="radio"/> Catholic Citizenship Essay Contest	<input type="radio"/> Mass for People with Special Needs
<input type="radio"/> Holy Hour	<input type="radio"/> Family Prayer Night	<input type="radio"/> Coats for Kids	<input type="radio"/> March for Life
<input type="radio"/> Sacramental Gifts	<input type="radio"/> Good Friday Family Promotion	<input type="radio"/> Global Wheelchair Mission	<input type="radio"/> Special Olympics
<input type="radio"/> RSVP	<input type="radio"/> Food for Families	<input type="radio"/> Habitat for Humanity	<input type="radio"/> Ultrasound
<input type="radio"/> Other	<input type="radio"/> Other	<input type="radio"/> Other	<input type="radio"/> Other

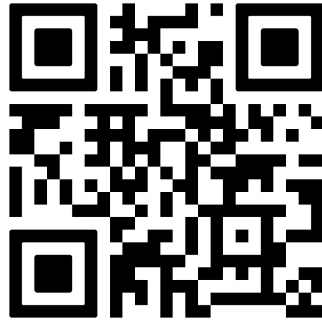
- Report sent in after **every** program
- Helps track for the SP-7 Award submission
- Tells Supreme and the State we are active Councils
- Any member of the Council can submit as long as they have an email on file with Supreme



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Cor Council Director



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Council EFF Director Submission Form 2025/2026 Fraternal Year

Worthy Grand Knight,

You have received this survey link to provide contact information for your council's appointed Evangelization and Faith Formation (EFF) Director for the upcoming fraternal year (2025/2026). Please answer a few short questions below. This contact information will be shared with the State EFF Director and Supreme so both are able to provide ongoing resources and guidance to help sustain Cor for your council and parish. If the role has not yet been filled and you are still discerning the right man for the job, consider referencing the EFF Role Description on the www.kofc.org/cor webpage.

This survey was created as there is not a space in the council 365 to write in this position at this time. Thank you for submitting this survey.

- Please enter your council number below:
* If you do not have a council, enter 0 *

Characters used: 0-9 and 0-5
- Jurisdiction *
- Council Location *
- Please enter contact information for your EFF director below: *
 First Name
 Last Name
 Email Address
- Is this a new EFF director or someone who has held the position before? *

- Naming your Council EFF Director is the first step to starting Cor
- Supreme and the State can send direct communication on Cor activities to your Director to help them perform their position
- This is one of the 3 pillars of our order, with the Program and Membership Directors



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- Every Cor gathering, complete this survey
- Let's the State know who is meeting and how often
- The survey takes less than 2 minutes to complete
- Helps you track the success of your meetings
- The survey does NOT have to be completed by the EFF Director, but it is preferred



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This survey was created as there is not a space in the council 365 to write in this position at this time. Thank you for submitting this survey.

1. Please enter your council number below.
If you do not have a council, enter 0

Characters used: 0 / out of 5

2. Jurisdiction *

-- Please Select --

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11077





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#11077 Fraternal Benefits Event Council Report

Councils striving for the Founders' Award must host / promote at least two Fraternal Benefits Events during the fraternal year. The required sum total attendance of members, or member eligible men, at these events must equal or exceed:

- 18 for councils with 99 or fewer members on their July 1, 2024 roster
- 18 for councils with 100 or more members on their July 1, 2023 roster

Councils should submit this report form within seven (7) days of each Fraternal Benefits Event.

Council Number *

Characters used 8 out of 8.

Jurisdiction *

-- Please Select --

Grand Knight Name *

Grand Knight Email *

Event Date *

Number of Attendees *

Please provide the names, email addresses, and phone numbers of all member or member-eligible attendees invited by your council.

Note: If you need to list more than 10 attendees, please select the option to attach an image, text, Word, Excel, or PDF file. *

☐ I will upload an image, text, Word, Excel, or PDF file with this information
 ☐ I will manually enter this information



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- Completed within 7 days of event
- Grand Knight does NOT have to complete the form, but his information needs to be in the form
- You only get credit for FBN if completed properly
- Attendees listed must be men over 18, catholic with name, email address & phone numbers listed

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1728 Annual Survey



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- Without this survey completed, the Tax-Exempt Status of the K of C is in **jeopardy**
- This needs to be submitted by 1/31 every year
- 10784 is a great resource of information to complete this survey
- 1728A survey of members should be taken in December to help complete this form

Annual Survey of Fraternal Activity

January 1, 20__ through December 31, 20__

Council Number _____ Jurisdiction _____

Section I. Fraternal Program Activities

Faith Activities (where applicable)

- a. Refund Support Vocations Program
- b. Church Facilities
- c. Catholic Schools/Seminaries
- d. Religious/Vocations Education
- e. Prayer & Study Programs
- f. Sacramental Gifts
- g. Miscellaneous Faith Activities

Charitable Disbursements

Hours of Service

TOTAL FAITH CONTRIBUTIONS

0 0

Family Activities (where applicable)

- a. Food for Families
- b. Family Formation Programs
- c. Keep Christ in Christmas
- d. Family Week
- e. Family Prayer Night
- f. Miscellaneous Family Programs

TOTAL FAMILY CONTRIBUTIONS

0 0

Community Activities (where applicable)

- a. Coats For Kids
- b. Global Wheelchair Mission
- c. Habitat for Humanity
- d. Disaster Preparedness/Relief
- e. Physically Disabled/Intellectual Disabilities
- f. Elderly/Widow(er) Care
- g. Hospitals/Health Organizations

Section II. Fraternal Commitment Activities

Meetings

- 1. Regular
- 2. Social
- 3. Special/Committee

TOTAL MEETINGS 0

Other Fraternal Commitments (where applicable)

Visits to the Sick

Visits to the Bereaved

Number of Blood Donations

Masses Held for Members

Hours of Fraternal Service to

Sick/Disabled Members and their Families

All information provided on this report is to be for Programs & Activities conducted January 1st through December 31st annually.

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1295 September



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Knights of Columbus		Semiannual Council Audit Report For Period Ended June 30, 20__		DUE BY: AUGUST 15				
Council No.: _____		City: _____		State: _____				
SCHEDULE A — MEMBERSHIP								
ADDITIONS		INS.	ASSO.	TOT.	DEDUCTIONS	INS.	ASSO.	TOT.
Total members start of period					Suspensions			
Initiations					Deaths			
Transfers from other councils					Withdrawals			
Transfers — assoc. to insurance					Transfers — assoc. to insurance			
Transfers — ins. to associate					Transfers — ins. to associate			
Re-entries					Transfers to other councils			
Total for period					Total deductions			
Minus total deductions					<i>Do not include inactive insurance members in this section.**</i>			
Number members end of period								
SCHEDULE A — ALTERNATIVE								
<input type="checkbox"/> Our council uses Member Management/Member Billing. The requirement for completing Schedule A is satisfied.								
SCHEDULE B — CASH TRANSACTIONS								
FINANCIAL SECRETARY			TREASURER					
Cash on hand beginning of period	\$		Cash on hand beginning of period	\$				
Cash received — dues, initiations	\$		Received from financial secretary	\$				
Cash received from other sources:			Transfers from sav./other accts.	\$				
<i>(Explain kind and amount)</i>			Interest earned	€				

- If not completed for 2 years the Council is automatically suspended from the Order
- Needs to be completed twice a year June 30th & December 31st
- Schedule A and B **BOTH** need to be completed
- June Report is Due 8/15



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1295 February



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- If not completed for 2 years the Council is automatically suspended from the Order
- Needs to be completed twice a year June 30th & December 31st
- Schedule A and B **BOTH** need to be completed
- December Report is Due 2/15

Knights of Columbus		Semiannual Council Audit Report For Period Ended December 31, 20__																																																														
Council No.: _____ City: _____ State: _____		DUE BY: FEBRUARY 15																																																														
SCHEDULE A — MEMBERSHIP																																																																
ADDITIONS Total members start of period Initiations Transfers from other councils Transfers — assoc. to insurance Transfers — ins. to associate Re-entries Total for period Minus total deductions Number members end of period		<table border="1"> <thead> <tr> <th>INS.</th> <th>ASSO.</th> <th>TOT.</th> </tr> </thead> <tbody> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </tbody> </table>	INS.	ASSO.	TOT.																												DEDUCTIONS Suspensions Deaths Withdrawals Transfers — assoc. to insurance Transfers — ins. to associate Transfers to other councils Total deductions	<table border="1"> <thead> <tr> <th>INS.</th> <th>ASSO.</th> <th>TOT.</th> </tr> </thead> <tbody> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </tbody> </table>	INS.	ASSO.	TOT.																											
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FINANCIAL SECRETARY Cash on hand beginning of period \$ _____ Cash received — dues, initiations \$ _____ Cash received from other sources \$ _____		TREASURER Cash on hand beginning of period \$ _____ Received from financial secretary \$ _____ Transfers from escu/other sects \$ _____																																																														



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SP7 Colombian Award



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Columbian Award Application

Due by June 30th

Review the Columbian Award Program Reporting Guidelines on page 1 before completing this form.

Council Number: _____ Jurisdiction: _____ 20____-20____

FAITH PROGRAMS: RSVP, Into the Breach, Spiritual Reflection, Holy Hour, Pilgrim Icon Program, Building the Domestic Church Kiosk, Rosary Program, Sacramental Gifts

<p>1. Program Name: _____</p> <p>Program Description: _____</p>	<p>Featured Program Minimum Requirements met? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>2. Program Name: _____</p> <p>Program Description: _____</p>	<p>Featured Program Minimum Requirements met? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>

- Due Prior to 6/30 Every Year
- Proper completion guarantees the Columbian Award
- Read Page one to Understand what a Featured Program is and what qualifies as a featured program
- Nearly every Council should qualify for this Award
- If they don't you need to work with the Council before they are no longer active



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State Expense Report For All Expenses OUTSIDE of your District, (i.e. Travel to Summer Meeting)

Michigan State Council
Expense Report



NAME: _____ POSITION: _____ PERIOD ENDING: _____

MM/DD/YY DATE	TRAVEL FROM HOME To:	PURPOSE AND COMMENTS	Distance in Miles	Mileage @ .48	Lodging	Meals	Misc.	Explain	Total
				\$ 0.00					\$ 0.00
				\$ 0.00					\$ 0.00
				\$ 0.00					\$ 0.00
				\$ 0.00					\$ 0.00

CATE

Name _____ Office _____

Street _____

City, _____ MI _____ Zip _____

Sign here: _____

After completing send to State
Deputy Bary Borsenik @
B.Borsenik@mikofc.org
Found on the MIKOFC.ORG in
Resources tab, State & Diocesan
Directors Forms



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Supreme Expense Report to be Completed and sent to the
State Deputy, B.Borsenik@mikofc.org for expenses in
District Only Form 267DD



Knights of Columbus

Expense Account of District Deputy or Conferring Officer



Date	Travel		Purpose/Council Number	Round Trip Mileage	Transportation at .30 per mile	*Room	*Meals	*Misc.	Total
	From	To							



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Membership Number _____ District Number _____

