



PROGRAM REPORT

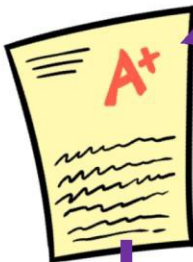


OPTIONAL ELECTRONIC SUBMISSION

Electronic submission of quarterly program activity reports is available in Fraternal Year **2018-2019**. The initial option is to e-mail completed reports to the State Program Activities Director. Future improvements will permit uploading reports directly to a state-level database. The initial process is provided below. Councils retain the option to complete the reports offline and submit them as printed reports.

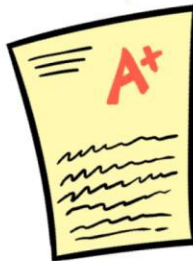


**COUNCIL PROGRAM DIRECTOR
REVIEWS AND MERGES COUNCIL
REPORTS INTO SINGLE DOCUMENT**



COUNCIL PROGRAM DIRECTOR EMAILS REPORT TO GK

- GK REVIEWS REPORT FOR ACCURACY
- GK DIGITALLY SIGNS REPORT
(Enter name & membership number if digital signature is unavailable)
- GK EMAILS SIGNED REPORT TO DISTRICT DEPUTY
(Email from GK provides day/time/identity for submission to DD)



DISTRICT DEPUTY REVIEWS AND FORWARDS REPORT

- DD REVIEWS REPORT FOR ACCURACY & QUALITY
- DD RETURNS REPORT TO GK IF NEEDED
- DD DIGITALLY SIGNS REPORT
(Enter name & membership number if digital signature is unavailable)
- DD EMAILS SIGNED REPORT TO STATE PROGRAMS DIRECTOR, COPY TO GK
(Email from DD provides day/time/identity for submission to Pgm Dir)

**STATE PROGRAM DIRECTOR RECEIVES EMAIL FROM DD AT
bvh312@aol.com
STATE DIRECTOR SENDS EMAIL ACKNOWLEDGEMENT TO DD & GK**



MARYLAND STATE COUNCIL

FAITH ACTIVITY AWARD CONTEST ENTRY FORM AND REPORT COVER SHEET



SEND TO PROGRAM DIRECTOR: Bill Van Horn, 24433 Club View Drive, Damascus, MD 20872-820
Cell number 301-461-3660, Home number is 301-482-1135, e-mail is bvh312@aol.com

Date received by State Program Director _____

GRAND KNIGHT _____ TELEPHONE NO. _____

COUNCIL NAME _____ NUMBER _____ DISTRICT _____

LOCATION _____
(CITY) (ZIP CODE)

THE INFORMATION THAT FOLLOWS DESCRIBES OUR COUNCIL'S PROJECT AND SERVES AS OUR ENTRY IN THE STATE COUNCIL'S SERVICE PROGRAM AWARDS CONTEST.

DATE PROJECT CONDUCTED _____

TITLE OR NATURE OF PROJECT _____

WHO BENEFITED MOST FROM THIS PROJECT? _____

CHAIRMAN _____
(NAME-ADDRESS-TELEPHONE NO.)

NUMBER OF COUNCIL MEMBERS PARTICIPATING IN PROJECT _____

NUMBER OF NON-COUNCIL MEMBERS PARTICIPATING IN PROJECT _____

ATTACH DETAILED DESCRIPTION OF PROGRAM/PROJECT.

**PHOTOGRAPHS, NEWS CLIPPINGS, ETC., MAY BE INCLUDED WITH THIS REPORTING FORM.
USE ADDITIONAL SHEETS AS NECESSARY**

SIGNED _____ ATTEST _____
(DATE) (GRAND KNIGHT) (DISTRICT DEPUTY)

THIS FORM MUST BE COMPLETED BY THE COUNCIL CHAIRMAN. COMPLETED ENTRY MUST BE RECEIVED BY THE STATE PROGRAM DIRECTOR AS FOLLOWS:

- BEST FIRST REPORT PERIOD ACTIVITY (MAR - AUG) DUE BY SEPTEMBER 15TH 2018
- BEST SECOND REPORT PERIOD ACTIVITY (SEPT, OCT, NOV) DUE BY DECEMBER 15TH 2018
- BEST THIRD REPORT PERIOD ACTIVITY (DEC, JAN, FEB) DUE BY MARCH 5TH 2019

(Please check the appropriate box for the report being submitted)



MARYLAND STATE COUNCIL

FAITH ACTIVITY REPORT

ADDITIONAL INFORMATION FOR DETAILS AND PHOTOS

A large, empty rectangular box with a black border, intended for providing additional information and photos related to the Faith Activity Report.



MARYLAND STATE COUNCIL

FAITH ACTIVITY REPORT

ADDITIONAL INFORMATION FOR DETAILS AND PHOTOS

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MARYLAND STATE COUNCIL

COMMUNITY ACTIVITY AWARD CONTEST ENTRY FORM AND REPORT COVER SHEET



SEND TO PROGRAM DIRECTOR: Bill Van Horn, 24433 Club View Drive, Damascus, MD 20872-820
Cell number 301-461-3660, Home number is 301-482-1135, e-mail is bv312@aol.com

Date received by State Program Director _____

GRAND KNIGHT _____ TELEPHONE NO. _____

COUNCIL NAME _____ NUMBER _____ DISTRICT _____

LOCATION _____
(CITY) (ZIP CODE)

THE INFORMATION THAT FOLLOWS DESCRIBES OUR COUNCIL'S PROJECT AND SERVES AS OUR ENTRY IN THE STATE COUNCIL'S SERVICE PROGRAM AWARDS CONTEST

DATE PROJECT CONDUCTED _____

TITLE OR NATURE OF PROJECT _____

WHO BENEFITED MOST FROM THIS PROJECT? _____

CHAIRMAN _____
(NAME, ADDRESS, TELEPHONE NO.)

NUMBER OF COUNCIL MEMBERS PARTICIPATING IN PROJECT _____

NUMBER OF NON-COUNCIL MEMBERS PARTICIPATING IN JECT _____

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(Please check the appropriate box for the report being submitted)



MARYLAND STATE COUNCIL

COMMUNITY ACTIVITY REPORT ADDITIONAL INFORMATION FOR DETAILS AND PHOTOS



A large, empty rectangular box with a black border, intended for providing additional information, details, and photos for the community activity report.



MARYLAND STATE COUNCIL

COMMUNITY ACTIVITY REPORT ADDITIONAL INFORMATION FOR DETAILS AND PHOTOS



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MARYLAND STATE COUNCIL

LIFE ACTIVITY AWARD CONTEST ENTRY FORM AND REPORT COVER SHEET

SEND TO PROGRAM DIRECTOR: Bill Van Horn, 24433 Club View Drive, Damascus, MD 20872-2820
Cell number 301-461-3660, Home number is 301-482-1135, e-mail is bvh312@aol.com

Date received by State Program Director _____

GRAND KNIGHT _____ TELEPHONE NO. _____

COUNCIL NAME _____ NUMBER _____ DISTRICT _____

LOCATION _____

(CITY)

(ZIP CODE)

THE INFORMATION THAT FOLLOWS DESCRIBES OUR COUNCIL'S PROJECT AND SERVES AS OUR ENTRY IN THE STATE COUNCIL'S SERVICE PROGRAM AWARDS CONTEST.

DATE PROJECT CONDUCTED _____

TITLE OR NATURE OF PROJECT _____

WHO BENEFITED MOST FROM THIS PROJECT? _____

CHAIRMAN _____

(NAME-ADDRESS-TELEPHONE NO.)

NUMBER OF COUNCIL MEMBERS PARTICIPATING IN PROJECT _____

NUMBER OF NON-COUNCIL MEMBERS PARTICIPATING IN PROJECT _____

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BEST THIRD REPORT PERIOD ACTIVITY (DEC, JAN, FEB) DUE BY MARCH 5TH 2019

(Please check the appropriate box for the report being submitted)



MARYLAND STATE COUNCIL

LIFE ACTIVITY REPORT

ADDITIONAL INFORMATION FOR DETAILS AND PHOTOS

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MARYLAND STATE COUNCIL



LIFE ACTIVITY REPORT ADDITIONAL INFORMATION FOR DETAILS AND PHOTOS

A large, empty rectangular box with a black border, intended for the user to provide additional information and photos for their Life Activity Report.



MARYLAND STATE COUNCIL

FAMILY ACTIVITY AWARD CONTEST ENTRY FORM AND REPORT COVER SHEET



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Cell number 301-461-3660, Home number is 301-482-1135, e-mail is bvh312@aol.com

Date received by State Program Director _____

GRAND KNIGHT _____ TELEPHONE NO. _____

COUNCIL NAME _____ NUMBER _____ DISTRICT _____

LOCATION _____
(CITY) (ZIP CODE)

THE INFORMATION THAT FOLLOWS DESCRIBES OUR COUNCIL'S PROJECT AND SERVES AS OUR ENTRY IN THE STATE COUNCIL'S SERVICE PROGRAM AWARDS CONTEST.

DATE PROJECT CONDUCTED _____

TITLE OR NATURE OF PROJECT _____

WHO BENEFITED MOST FROM THIS PROJECT? _____

CHAIRMAIN

(NAME-ADDRESS-TELEPHONE NO.)

NUMBER OF COUNCIL MEMBERS PARTICIPATING IN PROJECT _____

NUMBER OF NON-COUNCIL MEMBERS PARTICIPATING IN PROJECT _____

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MARYLAND STATE COUNCIL
FAMILY ACTIVITY REPORT
ADDITIONAL INFORMATION FOR DETAILS AND
PHOTOS



A large empty rectangular box with a black border, intended for providing additional information and photos for the report.



MARYLAND STATE COUNCIL

FAMILY ACTIVITY REPORT

ADDITIONAL INFORMATION FOR DETAILS AND PHOTOS



A large, empty rectangular box with a black border, intended for providing additional information and photos for the Family Activity Report.