



MARYLAND STATE COUNCIL

PROGRAM ACTIVITY REPORT COVER SHEET

PROGRAM CATEGORY: FAITH _____ FAMILY _____ COMMUNITY _____ LIFE _____

COUNCIL NAME _____ COUNCIL # _____ DISTRICT # _____

LOCATION _____
(City) (Zip Code)

IS YOUR COUNCIL SAFE ENVIRONMENT PROGRAM COMPLIANT (Youth Protection)? _____

PROGRAM TYPE: REQUIRED, FEATURED, RECOMMENDED OR OTHER? _____

INDICATE FIRST, SECOND OR THIRD REPORTING PERIOD AND YEAR _____
(First Report Due by Sept. 15 - Second Report Due by Dec. 15 - Third Report Due by March 5)

PROJECT (Name and Date) _____

COUNCIL CHAIRMAN (Name and Phone #) _____

OF COUNCIL MEMBERS PARTICIPATING _____ # OF NON-COUNCIL MEMBERS _____

SUBMIT A DETAILED DESCRIPTION OF YOUR PROGRAM/PROJECT AS A WORD DOCUMENT OR PDF FILE ONLY.

SUBMIT NO MORE THAN 10 PAGES (Not including this cover page), FONT SIZE 12.

INCLUDE NO MORE THAN 6 PHOTOS AND NO VIDEOS.

SUBMIT ONLY ONE REPORT FOR EACH PROGRAM CATEGORY OF FAITH, FAMILY, COMMUNITY AND LIFE PER REPORTING PERIOD.

GRAND KNIGHT, APPROVE AND SUBMIT TO DISTRICT DEPUTY ONE WEEK PRIOR TO DUE DATE. DISTRICT DEPUTY, BE SURE TO REVIEW AND SUBMIT VIA EMAIL TO STATE PROGRAM DIRECTOR BY DUE DATE.

* APPROVED/SIGNED BY GK _____
(Grand Knight Name and Date)

* APPROVED/SIGNED BY DD _____
(District Deputy Name and Date)

***GK AND DD, BY COMPLETING THIS NAME AND DATE LINE THE MARYLAND STATE COUNCIL CONSIDERS THIS FORM TO BE APPROVED AND ELECTRONICALLY SIGNED AND DATED BY YOU.**