



# Maryland State Council Mid-Term Meeting January 9, 2021 Terry Waters



## Putting Our Faith Into Action!





# Your State Program Directors

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Faith-

Lou Woods



Family-

Dirk Griffin



Community-

Bill Newbrough

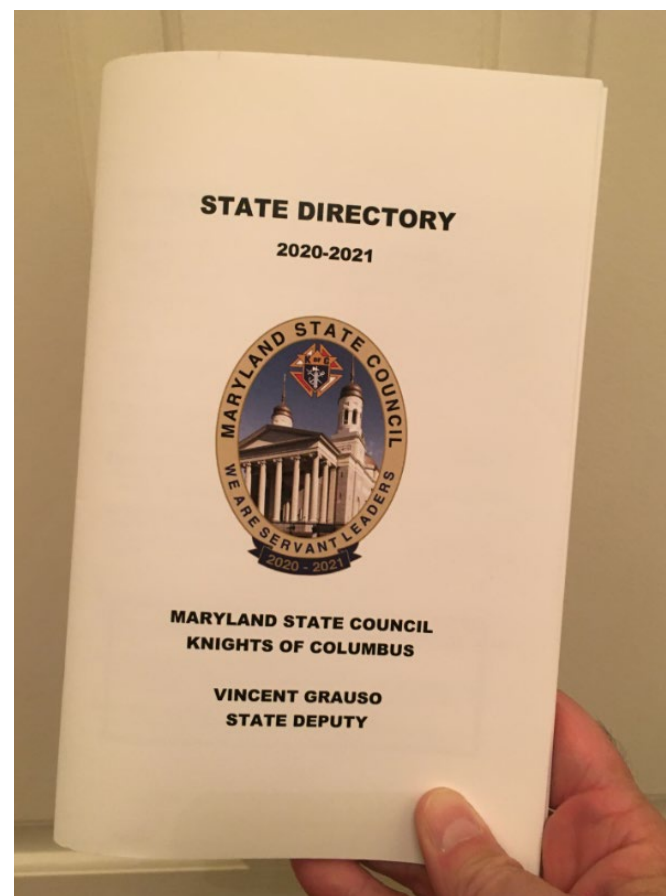
Life-

John Sniezek



# Find Us in the State Directory!

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2021 Mid-Term Meeting



# Let's Celebrate!



2,200+  
Boxes of  
Joy!

Over 12 tons  
of donations  
to  
Little Sisters!





# Let's Celebrate!



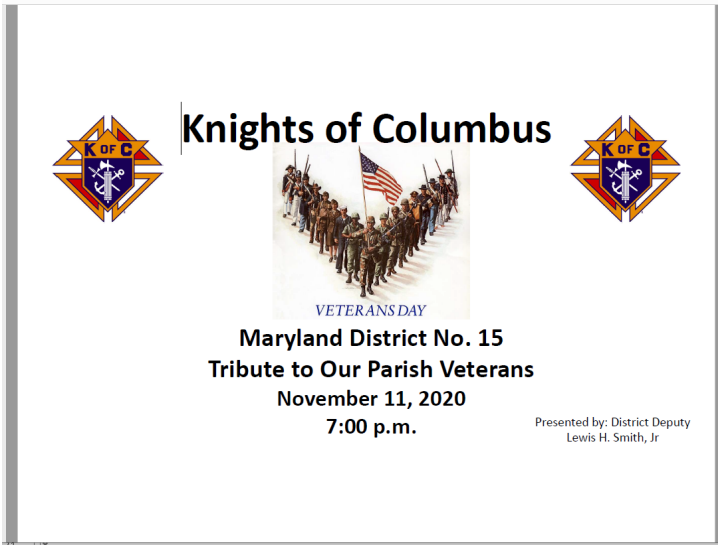
Coats for Kids-  
1,200+ Coats!



Food for Families-  
Thousands of pounds  
of food and dollars!



# Let's Celebrate!



Tributes to Our  
Veterans!

70+ boxes of  
supplies shipped  
to our troops!



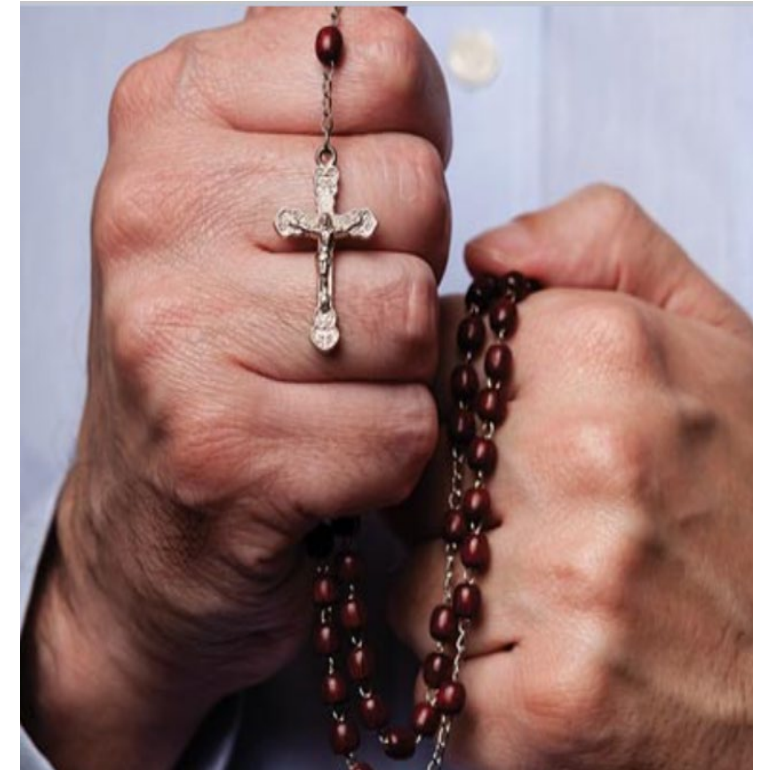
# Let's Celebrate!



State  
Memorial  
Mass!



Into the  
Breach-  
Lou Woods  
and DD's



Virtual  
Rosaries!



# Let's Celebrate!

7pm 12.12.20

*Virtual Wine  
tasting at  
Dr. Victor McCrary's  
Virtual Wine Cellar*

**\$60  
entry**

**In Vino Veritas!**

**CHATEAU HIGHLANDTOWN**

Hosted by Knights of Columbus Columbia Council 7559

Register at [tinyurl.com/columbia75591212](https://tinyurl.com/columbia75591212)

Wine, Food, Auctions, Raffle, Caravan

An illustration of a wine glass filled with white wine, a bunch of green and purple grapes, and a wooden barrel.



# Why Conduct Programs?

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- Opportunity to fulfill our mission- charity, unity, fraternity.
- Opportunity to use God's gifts he gave us to serve others.
- Provide a connection to church and to our faith community.
- Provide experiences that can be transformational.
- Can enhance our spiritual formation.
- Fulfill the vision of Blessed Michael McGivney of assisting those in need, promoting unity among brother Knights, and strengthening our Catholic Church.





# How to Stay Connected



- Monthly Program Forum- next session- Jan 25 at 7pm
- Maryland State Newsletter
- Maryland State Facebook Page
- Chapter Meetings
- Supreme Webinars
- Knightline Weekly Newsletter



Maryland State Council  
Knights of Columbus  
@KOCofMDUnited · Organization

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## FRATERNAL WEBINARS & VIDEO RESOURCES

Join the staff of the Fraternal Mission Department as we discuss relevant topics for effective council operation, membership recruitment and conducting charitable outreach programs that engage council members.

FRATERNAL TRAINING

QUICK TIPS



## Knightline

VOLUME 38 • NUMBER 34 • DECEMBER 28, 2020

Weekly news for Knights around the world

*This year has brought many challenges, but it has proven that Knights of Columbus only grow stronger during trying times.*

*As we look forward to the new year, may each of us turn to the inspiration of Blessed Michael McGivney and resolve to stand together as the strong right arm of the Church, leaving no neighbor behind.*

### VIDEO:

The year in review

*To honor our brother Knights and their service to Christ, his Church and to all those in need, we made*

### Our job is not yet done

*In this year that has been a challenge for many, we put our fraternal charity on display anew. If your situation allows, please help us to continue the legacy of charity established by our founder, Blessed*



# Program Performance and Tracking- Maryland

Maryland State- Faith in Action												Period 1	Mar-Aug
												Period 2	Sep-Nov
March	April	May	June	July	August	September	October	November	December	January	February	Period 3	Dec-Feb
2020											2021		

Timing: March 1 thru February 28 (12 months)

Three reporting periods

6mos (Mar-Aug), 3mos (Sep- Nov), 3 mos (Dec-Feb)



# Program Report Tracking-MD



Faith In Action by District																	
Revised 01/04/2021																	
		March to August Due 9/15/2020					Sept. to Nov. Due 12/15/2020					Dec. to Feb. Due 3/15/2021					
		Faith	Family	Community	Life	All	Faith	Family	Community	Life	All	Faith	Family	Community	Life	All	
TOTAL		107	95	116	83		107	89	120	76		25	35	36	13		
PERIOD		1st	1st	1st	1st	1st	2nd	2nd	2nd	2nd	2nd	3rd	3rd	3rd	3rd	3rd	
DD-Rick Opatick																	
1	9638	1	1	1	1	X	0	0	0	0		0	0	0	0		
1	11341	1	1	1	1	X	0	0	0	0		0	0	0	0		
1	11898	1	1	1	2	X	3	3	4	1	X	0	0	0	0		
1	13294	4	1	1	1	X	3	1	1	1	X	0	1	0	0		

Note: "X" indicates program report goal (1 per category) achieved for period



# Faith in Action Performance

## District

1  
2  
6  
9  
10  
11  
14  
15  
19  
21  
23  
27  
29  
31  
32



## District Deputy

Rick Opatick  
Bob Bowles  
Mike Lynch  
John Weaver  
Mike Webster  
Russell Sutton  
Willians Castillo-Vallenas  
Lewis Smith  
Greg Lynch  
David Love  
Alan Pultyniewicz  
Mike Novak  
Dave Spiggler  
Art MacLarty  
Peter Hammerer

15  
Districts

106  
Councils



# Council “Jump Start” Plan

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- Focus on running 3 “easy” programs:
  - Calls to council members- Happy New Year!
  - Virtual rosary
  - Family of the Month
- Find something to celebrate!
- Submit program results- 10784
- 30-Day Follow Up and Debrief
- Fully supported by Tom O’Hara and Terry Waters



# All Programs:

## FRATERNAL PROGRAMS REPORT FORM (#10784)

Submit for each of your  
program activities

Suggestion: Conduct the  
program- Submit the form

Due each period (Sept 15,  
Dec 15, March 15)

FRATERNAL PROGRAMS REPORT FORM			
Council Number: _____ Date(s) of Program ____/____/____ to ____/____/____			
Refer to program guide sheets for required forms and reporting			
<b>1</b>	<b>Faith</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Into the Breach</li><li><input type="checkbox"/> Marian Icon Prayer Program</li><li><input type="checkbox"/> Build the Domestic Church Kiosk</li><li><input type="checkbox"/> Rosary Program</li><li><input type="checkbox"/> Spiritual Reflection Program</li><li><input type="checkbox"/> Holy Hour</li><li><input type="checkbox"/> Sacramental Gifts</li></ul>	<b>Family</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Family of the Month/Year</li><li><input type="checkbox"/> Keep Christ in Christmas</li><li><input type="checkbox"/> Family Fully Alive</li><li><input type="checkbox"/> Family Week</li><li><input type="checkbox"/> Consecration to the Holy Family</li><li><input type="checkbox"/> Family Prayer Night</li><li><input type="checkbox"/> Good Friday Family Promotion</li></ul>	<b>Community</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Disaster Preparedness</li><li><input type="checkbox"/> Free Throw Championship</li><li><input type="checkbox"/> Soccer Challenge</li><li><input type="checkbox"/> Helping Hands</li><li><input type="checkbox"/> Catholic Citizenship Essay Contest</li></ul>
			<b>Life</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Christian Refugee Relief</li><li><input type="checkbox"/> Silver Rose</li><li><input type="checkbox"/> Pregnancy Center Support</li><li><input type="checkbox"/> Novena for Life</li><li><input type="checkbox"/> Mass for People with Special Needs</li></ul>
<input type="checkbox"/> <b>OTHER</b> (designate category): _____			
<b>2</b>	Participation: _____ + _____ = <b>0</b> _____ x _____ = <b>0</b> <small>Members      Non Members      Total Participants      Total Participants      Hours      Total Volunteer Hours</small>		
	Program Planning: _____ & _____      Members Recruited: _____      Donations: _____ <small>Costs      Time      Local Currency</small>		
<b>3</b>	Is your council Safe Environment Program compliant? <input type="checkbox"/> YES <input type="checkbox"/> NOT YET <a href="https://www.kofc.org/safe">kofc.org/safe</a>		
<b>4</b>	Program Promotions (check all that apply): <input type="checkbox"/> Church Bulletin <input type="checkbox"/> Parish/Council Newsletter <input type="checkbox"/> Pulpit Announcement <input type="checkbox"/> Mailer/Email <input type="checkbox"/> Other: _____		
<b>5</b>	How successful was your program?: <input type="checkbox"/> Very Successful (surpassed expectations) <input type="checkbox"/> Successful (met expectations) <input type="checkbox"/> Needs improvements (low participation)		
<b>6</b>	Summarize the efforts of all volunteers. Describe the event and ideas to improve the success of the program? <div style="border: 1px solid black; height: 150px; width: 100%;"></div>		
Signed: _____		Signed: _____	
Grand Knight		Program Director	
Date: _____		Date: _____	
Email a copy of this document to: <a href="mailto:fraternalmission@kofc.org">fraternalmission@kofc.org</a>			
Retain a copy of each report to assist in completion of the Annual Survey of Fraternal Activity (1728) & Columbian Award Application (SP7).			



Recognizes councils who execute one activity in each of the four program categories during each of the three State periods (Mar-Aug, Sept-Nov, Dec-Feb).

Tracked based on submissions of Fraternal Program Report Form # 10784 to Peter O'Sullivan.

No written reports required.

# FRATERNAL PROGRAMS REPORT FORM

Council Number: \_\_\_\_\_ Date(s) of Program: \_\_\_\_\_ to \_\_\_\_\_

Refer to program goals sheet for required items and wording

Faith	Family	Community	Life
<input type="checkbox"/> Join the Branch	<input type="checkbox"/> Faith of the Month/Year	<input type="checkbox"/> Disaster Preparedness	<input type="checkbox"/> Christian Beliefs Report
<input type="checkbox"/> Motion Low Prayer Program	<input type="checkbox"/> Keep Children at Church	<input type="checkbox"/> Five Days Charge/Week	<input type="checkbox"/> Show Love
<input type="checkbox"/> Build the Branch Family	<input type="checkbox"/> Family Faith Alert	<input type="checkbox"/> Success Challenge	<input type="checkbox"/> Pregnancy Center Support
<input type="checkbox"/> Build the Branch Family	<input type="checkbox"/> Family Work	<input type="checkbox"/> Helping Hands	<input type="checkbox"/> News for Life
<input type="checkbox"/> Revitalize Program	<input type="checkbox"/> Contribute to the Holy Family	<input type="checkbox"/> Catholic Citizenship/First Communion	<input type="checkbox"/> Music for People with Special Needs
<input type="checkbox"/> Spiritual Reflection Program	<input type="checkbox"/> Family Prayer Night		
<input type="checkbox"/> Holy Hour	<input type="checkbox"/> Good Friday Family Feast		
<input type="checkbox"/> Seasonal Gifts			

**OR OTHER (designate category):**

Participation:	<input type="checkbox"/> Men <input type="checkbox"/> New Members <input type="checkbox"/> Low Participation	<input type="checkbox"/> Men <input type="checkbox"/> New Members <input type="checkbox"/> Low Participation	<input type="checkbox"/> Men <input type="checkbox"/> New Members <input type="checkbox"/> Low Participation
Program Planning:	<input type="checkbox"/> Men <input type="checkbox"/> New Members <input type="checkbox"/> Low Participation	<input type="checkbox"/> Men <input type="checkbox"/> New Members <input type="checkbox"/> Low Participation	<input type="checkbox"/> Men <input type="checkbox"/> New Members <input type="checkbox"/> Low Participation

Is your council Self Environment Program compliant? ☐ YES ☐ NOT YES [info.org/tafe](http://info.org/tafe)

Are your Program Planning (check all that apply): ☐ Church Bulletin ☐ Faith/Catholic Newsletter ☐ Pulpit Announcement ☐ Mail/E-mail ☐ Other: \_\_\_\_\_

How successful was your program: ☐ Very Successful (surpassed expectations) ☐ Successful (met expectations) ☐ Needs improvement (low participation)

Summarize the efforts of all volunteers. Describe the event and state to improve the success of the program?

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Send a copy of this document to: [fraternalsolutions@info.org](mailto:fraternalsolutions@info.org)  
 Receipt of each copy must be sent in completion of the Annual General Assembly (2018) Church Bulletin Accreditation (2018)

# “Best of the Best” Programs:

## STATE COUNCIL SERVICE PROGRAM AWARDS ENTRY FORM

Submit for your “Best of the Best” programs- one per program category.

This is your program cover sheet!

### 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:  Members +  Non Members =  0  Total Participants  
 Total Participants x  Hours =  0  Total Volunteer Hours  
Program Planning:  Costs &  Time Members Recruited:  Donations:  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](http://www.kofc.org)



*(continued on reverse)*






# “Best of the Best” Programs:

Submit up to one report per program category.

Follow standard report guidelines- cover sheet, max of 5 pages, correct font, etc.

Program Directors will score (rating 1-10).

Due March 15 to Terry Waters.

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): <input type="checkbox"/> FAITH <input type="checkbox"/> FAMILY <input type="checkbox"/> COMMUNITY <input type="checkbox"/> LIFE	
   	
COUNCIL INFORMATION:	
1 COUNCIL NUMBER: <input type="text"/>	TOTAL COUNCIL MEMBERS: <input type="text"/>
GRAND KNIGHT: <input type="text"/>	E-MAIL: <input type="text"/>
PROJECT INFORMATION (complete all sections):	
2 PROJECT TITLE: <input type="text"/> PROJECT DATE: <input type="text"/>	
Participation: <input type="text"/> Members + <input type="text"/> Non Members = <input type="text"/> Total Participants <input type="text"/> Total Participants x <input type="text"/> Hours = <input type="text"/> Total Volunteer Hours	
Program Planning: <input type="text"/> Costs & <input type="text"/> Time Members Recruited: <input type="text"/> Donations: <input type="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.	
<div style="border: 1px solid black; height: 100px;"></div>	
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 <a href="http://www.kofc.org">www.kofc.org</a>	
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# State Program Awards

## General Excellence Award

Recognizes councils earning the highest scores (1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>) in each program category within each Division (A,B,C,D).

Written report- one per category- 5 pages max.

Council must have conducted at least one program within each FIA category for all three periods.

Total awards presented: 48



**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:**

COUNCIL NUMBER: \_\_\_\_\_ TOTAL COUNCIL MEMBERS: \_\_\_\_\_  
GRAND KNIGHT: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

**PROJECT INFORMATION (complete all sections):**

PROJECT TITLE: \_\_\_\_\_ PROJECT DATE: \_\_\_\_\_

Participation:		New Members		Total Participants		Hours		Total Volunteer Hours	
Members	New	Members	New	Members	New	Members	New	Members	New
0	0	0	0	0	0	0	0	0	0

Program Planning: \_\_\_\_\_

1. Describe the 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, DVDs, display materials, films, etc., as they will not be considered in judging the nomination.

2a) 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 Display or State Program Director  
COPY TO: Council/FA  
Available in electronic format at [www.kofc.org](http://www.kofc.org)

(Continued on reverse)

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# State Program Awards

## Program Director's Award

Recognizes the 3 councils, regardless of Division, that earn the most combined total points across all four program categories.

Written report- one per category- 5 pages max.

Council must have conducted at least one program within each FIA category for all three periods.

Total awards presented: 3



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:  
COUNCIL NUMBER: \_\_\_\_\_ TOTAL COUNCIL MEMBERS: \_\_\_\_\_  
GRAND KNIGHT: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

PROJECT INFORMATION (complete all sections):  
PROJECT TITLE: \_\_\_\_\_ PROJECT DATE: \_\_\_\_\_  
Participation: Members: \_\_\_\_\_ New Members: \_\_\_\_\_ Total Participants: \_\_\_\_\_ Total Participants: \_\_\_\_\_ Hours: \_\_\_\_\_ Total Volunteer Hours: \_\_\_\_\_  
Program Planning: \_\_\_\_\_ Cost: \_\_\_\_\_ Members Recruited: \_\_\_\_\_ Donations: \_\_\_\_\_ Lead Counselor: \_\_\_\_\_

Describe the 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, DVDs, 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.  
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MAIL: ORIGINAL TO: State Display or State Program Director  
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# State Program Awards

## Supreme Council Service Program Award

Recognizes the best single program activity of the year in each of the four program categories.

Written report- one per category- 5 pages max.

Two-stage judging process: Directors > State Officers.

Winning reports submitted to Supreme.

Total awards presented: 4



**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:**  
COUNCIL NUMBER: \_\_\_\_\_ TOTAL COUNCIL MEMBERS: \_\_\_\_\_  
GRAND KNIGHT: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

**PROJECT INFORMATION (complete all sections):**

PROJECT TITLE: \_\_\_\_\_ PROJECT DATE: \_\_\_\_\_

Participants: \_\_\_\_\_  
New Members: \_\_\_\_\_ Total Participants: \_\_\_\_\_  
Program Planning: \_\_\_\_\_  
Cost: \_\_\_\_\_ Time: \_\_\_\_\_ Members Recruited: \_\_\_\_\_ Donations: \_\_\_\_\_ Lead Counselor: \_\_\_\_\_

Describe the 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, DVDs, or display materials. Items, etc., 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 Display or State Program Director  
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# State Program Awards

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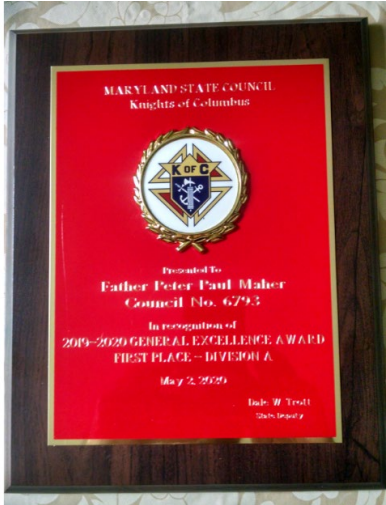
## “Box of Joy” Award

Recognizes one council within each Division that collects the most Boxes of Joy during the 2020 program period.

Councils receive credit for physical boxes assemble and delivered to a drop site, in addition to boxes purchased on-line.

Final program results must be reported by each participating council to Chairman Alex Lopez-Bueno by December 2020.

Total awards presented: 4





# Program Performance and Tracking- Supreme

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					Supreme-Columbian							
	July	August	September	October	November	December	January	February	March	April	May	June
	2020											2021

Timing: July 1 thru June 30 (12-month fraternal year)

Four reporting quarters

3 mos (Jul-Sep), 3mos (Oct-Dec), 3 mos (Jan-Mar), 3mos (Apr-Jun)



# Supreme Awards

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## Columbian Award

### Guidelines:

*Earn 16 total credits for program execution.*

*Earn 4 credits within each category- Faith, Family, Community, Life- during the fraternal year.*

*Featured programs earn 2 credits. All other programs earn 1 credit.*

*Due June 30<sup>th</sup> of each fraternal year.*





# Supreme Awards



## Star Council Award

### Star Council Checklist



**Fraternal Year 2020 - 2021**

- ☐ Service Program Personnel Report — *Form #365* — **Due August 1**
- ☐ Annual Survey of Fraternal Activity — *Form #1728* — **Due January 31**
- ☐ McGivney Award  
Net Membership Quota of \_\_\_\_\_ — **By June 30**

	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June
Gains:												
Losses:												

- ☐ Founders' Award  
Conduct two Fraternal Benefit Seminars — **By June 30**  
☐ Seminar #1 \_\_\_\_\_ ☐ Seminar #2 \_\_\_\_\_  
DATE DATE

- ☐ Columbian Award — *Form #SP7* — **Due June 30**

Faith	Family	Community	Life
1.	1.	1.	1.
2.	2.	2.	2.
3.	3.	3.	3.
4.	4.	4.	4.

A council must submit a Columbian Award Application (#SP7) listing a total of 16 program credits to earn the Columbian Award. Faith in Action Featured Programs count for two credits. All other council programs count for one credit.

- ☐ Council In Good Standing  
In the U.S. and Canada, fully compliant with applicable Safe Environment requirements.

Membership

Insurance

Programs

Remember to  
submit your  
forms on time!



**Knights of  
Columbus®**

504 9/20



# State Program Team Goals

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- 80% council participation in FIA programs
- Sharing of “best practices” - State Newsletter, Chapter Mtgs, Monthly Program Forums
- “Check-ins” with District Deputies
- New program activations
- Help identify talent and future leaders



# Grand Knight Action Items:

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- Finalize 6-month FIA program calendar to ensure well-rounded focus on 4 categories.
- Set up your virtual SO Plunge team!
- Try one new program!
- Share your success stories- and pictures!
- Embrace and utilize new program reporting process.



# Deputy Grand Knight Action Items:



## Next 90 Days:

- Meet with your pastor.
- Begin building your 12-month program calendar.
- Begin building your budget.

## May 1- June 15:

- Begin recruiting your program chairmen (Suggestion: DGK serves as your Program Director).
- Finalize your budget and get it approved.
- Build your leadership team- and then delegate!



# “Car Raffle” Program



- Extended to Spring 2021 this fraternal year
- Funds submitted to State in March 2021
- Mustang (2021) drawing at Founders Day Dinner in March 2021

And...

Begin thinking about how to present to the winners...



MARYLAND STATE COUNCIL  
KNIGHTS OF COLUMBUS

51<sup>ST</sup> ANNUAL

## CAR RAFFLE

*Benefit of the Charity and Scholarship Programs*

**GRAND PRIZE:**



**2021 FORD MUSTANG**  
or \$18,000.00 Cash Option

2nd Prize: iPad

3rd Prize: \$200.00 gift card

**DRAWING: SUNDAY, MARCH 28, 2021**

**FOUNDERS DAY DINNER**

**Fr. Rosensteel Council No. 2169, Silver Spring, MD**

Contributions, gifts, etc., paid to Maryland State Council K.C. are not deductible as charitable contributions. With Fees, Tips, etc. additional

**\$1.00 PER TICKET**

**\$1.00 PER TICKET**



# Make Every Program an Invitation to Become a Knight!

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- You don't have to be a member of the Knights to participate in most of our programs!
- Invite men to participate-we always need more volunteers!
- Give Catholic men an opportunity to enjoy an experience- live or virtual- involving faith and fraternity!
- Remember to invite wives and families to participate in your programs!
- Remember to include your recruitment materials!



“Let’s not focus on what we can’t do- and instead focus on what we can do!” Adam Hayes- SOMD Athlete

