



Maryland State Council Spring Meeting March 6, 2021 Terry Waters



Putting Our Faith Into Action!





Special Olympics Maryland Virtual Plunge!



Over
\$17,000
raised
for
SOMD!

Team Name	captainName	Total Raised
K of C Our Lady Seat of Wisdom 11259	John Weaver	\$ 894.50
Knights of Columbus 2797 RC Coolers	Alex Lieb	\$ 4,073.75
Knights of Columbus Council # 11815	Thomas Walters	\$ 516.00
Knights of Columbus Council 12127	Terry Waters	\$ 780.00
Knights of Columbus Council 2323	Richard Staab	\$ 1,493.90
Knights of Columbus District 10 ICE Cubes	Michael Webster	\$ 537.50
KoC-Bishop Becker 2427	Louis Najera	\$ 150.00
KOFC 5567	Gavin Pereira	\$ 676.25
Cardinal Gibbons Co. # 2521 Plungers	Timothy Burdyck	\$ 276.25
St. Louis the King Council 11898	John Sniezek	\$ 2,404.25
Fr. Burggraff Council 6021 - Knights of Columbus	Robert Medeiros	\$ 3,846.25
		\$ 15,648.65

Holy Face Council #3849 (GK Chuck Shilling) also raised \$1,478 with their live Plunge!



Leave No Neighbor Behind

Hundreds
of hours
cleaning
church
pews!



Little Sisters:
Over 15
tons of
supplies and
\$12,000
raised!

Tons of
food
collected
and
donated!



Faith in Action Performance

111
Councils!

*All 33
Districts!*

Over 1,150
Programs!



Thousands
Impacted!



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)



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 FORM REPORT

Council Number: _____ Date(s) of Program: _____ to _____

Refer to program guide sheet for required items and wording

Topic	Family	Community	Life
Is the Break Program	Is Family of the Month/Year	Disaster Preparedness	Christian Beliefs Report
Minimum Low Prayer Program	Keep Children at Christmas Family Life Aides	Five Days Chaplaincy/Secret Challenge	Share Love Program/Carpet Relief
Build the Brotherhood Team	Family Walk	Helping Hands	News for Life
Revitalize Program	Volunteers to the Holy Family	Catholic Community Link	Stand for People with Special Needs
Spiritual Reflection Program	Family Prayer Night		
Secretive Gifts	Good Family Future Plan		
		<input type="checkbox"/> OTHER (designate category) _____	

Participation:
 Initiation _____
New Members _____
First Participants _____
Visitors _____
Homes _____
Total Veterans _____

Program Planning:
 Cant _____
Time _____
Members Recruited _____
Donations _____
Local/Career _____

Is your council Self Environment Program compliant? ☐ YES ☐ NOT YES intl.org/career

Program Personnel (check all that apply): ☐ Church Bulletin ☐ Council Board Newsletter ☐ Pulpit Announcement ☐ Mailer/E-mail ☐ Other: _____

How successful was your program:
 ☐ Very Successful (low participation)
 ☐ Successful (not expectations)
 ☐ Needs improvement (low participation)

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

Sign: _____
 Council Sign: _____
 Sign: _____
 Program Date: _____
 Date: _____

Email a copy of this document to: fraternational@bells.org
 Receipt of the document is proof of the actual event. (Effective January 2010)

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			
1	Faith <ul style="list-style-type: none"><input type="checkbox"/> Into the Breach<input type="checkbox"/> Marian Icon Prayer Program<input type="checkbox"/> Build the Domestic Church Kiosk<input type="checkbox"/> Rosary Program<input type="checkbox"/> Spiritual Reflection Program<input type="checkbox"/> Holy Hour<input type="checkbox"/> Sacramental Gifts	Family <ul style="list-style-type: none"><input type="checkbox"/> Family of the Month/Year<input type="checkbox"/> Keep Christ in Christmas<input type="checkbox"/> Family Fully Alive<input type="checkbox"/> Family Week<input type="checkbox"/> Consecration to the Holy Family<input type="checkbox"/> Family Prayer Night<input type="checkbox"/> Good Friday Family Promotion	Community <ul style="list-style-type: none"><input type="checkbox"/> Disaster Preparedness<input type="checkbox"/> Free Throw Championship<input type="checkbox"/> Soccer Challenge<input type="checkbox"/> Helping Hands<input type="checkbox"/> Catholic Citizenship Essay Contest
			Life <ul style="list-style-type: none"><input type="checkbox"/> Christian Refugee Relief<input type="checkbox"/> Silver Rose<input type="checkbox"/> Pregnancy Center Support<input type="checkbox"/> Novena for Life<input type="checkbox"/> Mass for People with Special Needs
<input type="checkbox"/> OTHER (designate category): _____			
2	Participation: $\frac{\text{Members}}{\text{Costs}} + \frac{\text{Non Members}}{\text{Time}} = \frac{0}{\text{Total Participants}}$ $\frac{0}{\text{Total Participants}} \times \frac{\text{Hours}}{\text{Total Volunteer Hours}} = \frac{0}{\text{Total Volunteer Hours}}$		
	Program Planning: _____ & _____ Members Recruited: _____ Donations: _____ Costs Time Local Currency		
3	Is your council Safe Environment Program compliant? <input type="checkbox"/> YES <input type="checkbox"/> NOT YET kofc.org/safe		
4	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: _____		
5	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)		
6	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: fraternalmission@kofc.org			
Retain a copy of each report to assist in completion of the Annual Survey of Fraternal Activity (1728) & Columbian Award Application (SP7).			



Program Report Tracking-MD

Faith In Action by District																
Revised 02/26/2021																
		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		112	128	120	90		125	127	140	101		57	68	66	39	
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	1	0	0		0	0	0	0	
1	11341	1	2	1	1	X	0	0	0	0		0	0	0	0	
1	11898	1	1	1	2	X	3	3	4	1	X	2	1	3	1	X
1	13294	4	1	1	1	X	3	1	1	1	X	1	1	1	1	X

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



Maryland State Program Awards



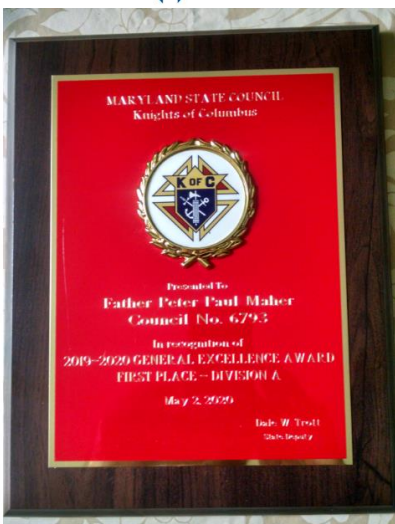
General Excellence Award

Recognizes councils earning the highest scores (1st, 2nd, 3rd) 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: _____
Program Planning: _____
Members Recruited: _____
Donations: _____
Lead: _____

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.
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: Councils
Available in electronic format at www.kofc.org

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Maryland 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: _____
Program Planning: _____
Members Recruited: _____
Donations: _____

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.

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Maryland State Program Awards



Supreme Council Service Program Award

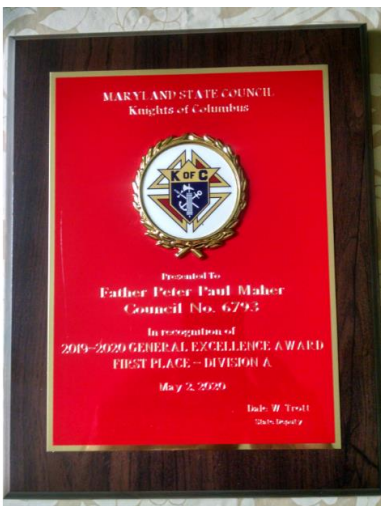
Recognizes the best single program activity of the year in each of the four program categories.

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: _____

Participation: _____
Program Planning: _____

DO NOT SUBMIT THIS REPORT FORM TO SUPREME COUNCIL.
ENTRY MUST BE RECEIVED BY THE STATE COUNCIL
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“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 = Total Participants
 Total Participants x Hours = 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



(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:	TOTAL COUNCIL MEMBERS:												
GRAND KNIGHT:	E-MAIL:												
PROJECT INFORMATION (complete all sections):													
2 PROJECT TITLE:	PROJECT DATE:												
Participation: <table><tr><td>Members</td><td>+</td><td>Non Members</td><td>=</td><td>0</td><td>Total Participants</td></tr></table> <table><tr><td>Total Participants</td><td>x</td><td>Hours</td><td>=</td><td>0</td><td>Total Volunteer Hours</td></tr></table>		Members	+	Non Members	=	0	Total Participants	Total Participants	x	Hours	=	0	Total Volunteer Hours
Members	+	Non Members	=	0	Total Participants								
Total Participants	x	Hours	=	0	Total Volunteer Hours								
Program Planning: <table><tr><td>Costs</td><td>&</td><td>Time</td></tr></table> Members Recruited: Donations: <table><tr><td>Local Currency</td></tr></table>		Costs	&	Time	Local Currency								
Costs	&	Time											
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></div>													
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Program Performance and Tracking- Supreme

					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



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 30th 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



New Programs!



Blessed Michael McGivney Prayer Hour

MaryGold Program

Soccer Shoot-Out!

St. Joseph Virtual Retreat hosted by Cross Catholic- June





Founders Day Mass



Sunday, March 21, 2021 at 1:00 PM

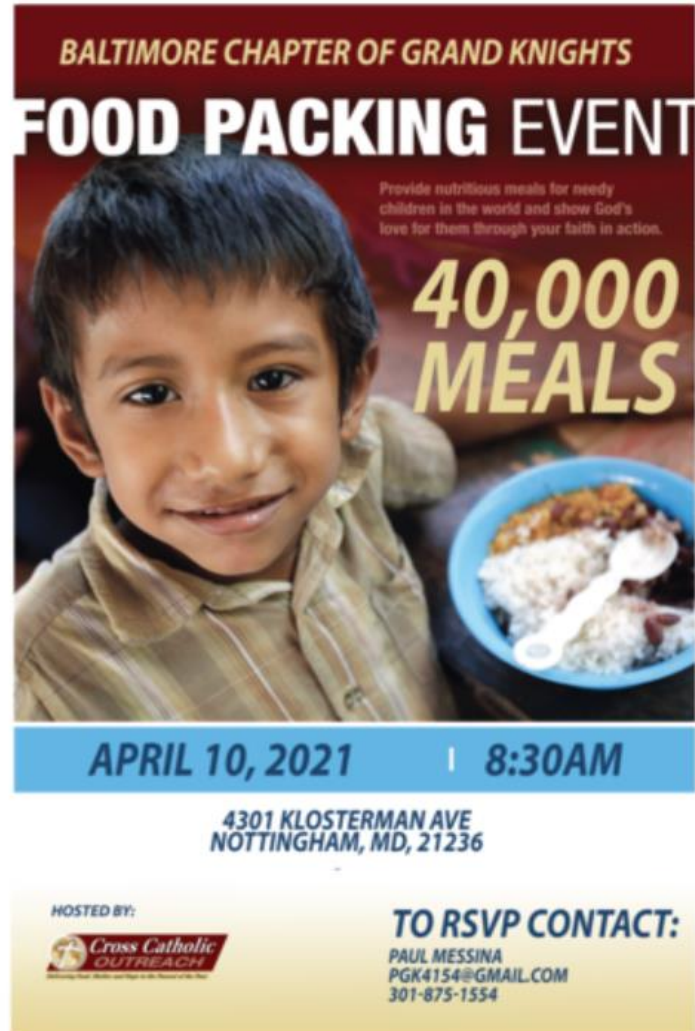
Our Lady of the Fields, Millersville, MD

Community Recognition Awards
Presentation following Mass





Baltimore Chapter of Grand Knights and Cross Catholic Outreach Food Packing Event



April 10, 2021

8:30am to Noon

Columbus Gardens

Packing 40,000 Meals!

120 Volunteers Needed!





“Car Raffle” Program Update



Ticket Collection Process:

Wks of April 11 and April 18:

DD's gather tickets from councils

April 24:

State-Wide Collection Day: All tickets delivered to drop-sites

April 30:

Ticket Processing Day

May 1:

Car Raffle Drawing (following State Convention)

Note: Regional Advisor Oversight of Ticket Collection





Stay Connected!



Program Forum “Happy Hour”- March 22 at 8:00 PM

Chapter Meetings- Baltimore: March 11 at 7PM

-McNamara: March 17 at 8PM

-Seton: March 23 at 7:30PM

Assembly Meetings

Maryland State Newsletter and Facebook Page



Deputy Grand Knight Action Items:



March 8- April 30:

- 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!



Make Every Program an Invitation to Become a Knight!



- You don't have to be a member of the Knights to participate in most of our programs!
- Invite Catholic men to participate-we always need more volunteers!
- Remember to invite wives and families to participate in your programs!
- Continually find ways to tell your story!



“We must leave no neighbor behind in our charity. And we must leave no Catholic man behind, when it comes to the opportunity of membership in Blessed Michael McGivney’s Knights of Columbus.”
-Carl Anderson

