

State Council 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: 205 Total Council Members: 117
Grand Knight: David Ghee E-Mail: mase_of_ta@yahoo.com

PROGRAM INFORMATION (complete all sections):

2 Program Title: Leave No Neighbor Behind Program Date: 4/1/2020-2/28/2021
Participation: $\frac{20}{\text{Members}} + \frac{130}{\text{Non Members}} = \frac{150}{\text{Total Participants}}$ $\frac{150}{\text{Total Participants}} \times \frac{29}{\text{Hours}} = \frac{4,350}{\text{Total Volunteer Hours}}$
Program Planning: $\frac{\$1,250}{\text{Costs}}$ & $\frac{55}{\text{Time}}$ Members Recruited: 0 Donations: $\frac{\$3,000}{\text{Local Currency}}$

3 Describe program 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.

Please refer to the attached sheet.

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)

3b) Whom does this program benefit?

Members of the Council.
Members of the congregation,
Members of the community at large.

3c) What problem or need did this program resolve?

Many as listed on the attached sheet.

3d) Why did the council select this program?

Because it was a call to serve those that where in need during these times and it allow us to serve both our brother Knights and families in need.

3e) Describe the success of the program:

The feeling of being able to provide these many services to the many recepients has brought great satisfaction to the members of our Council who provided these services.

Attest: _____
State Deputy

Signed: **David Ghee**
Grand Knight

3/14/20
Date

