

## Life Activities Report

Reporting Period April 1, 2025 to March 31, 2026

\_\_\_\_\_ Council \_\_\_\_\_ Members on 4/1/2025 \_\_\_\_\_ Division \_\_\_\_\_  
 \_\_\_\_\_, Grand Knight

### DIRECTIONS

1. Please use Adobe Acrobat, Adobe Reader or other software capable of completing this Application.
2. The fields "Council Name", "Council Number" and "Grand Knight's Name" are Required. Do not enter the Council Number, click on the drop down arrow and move the slide down until you find your Council Number and "click" on it to select it; "tab" to the "Members on 4/1/2025" and "Division" and the fields will be filled in automatically.
3. You will be able to move through the Application by tapping the "TAB" Key.
4. You will be able to save your entries by renaming it to: "Life Activities 2026 – Council XXXXX"; where "XXXXX" represents your Council Number. Do not grade your council's Application!
5. When you are ready to submit the Report, make sure that your email program is open.
6. Report must be submitted by midnight April 7, 2026.

**A. Marches for Life** (25)

March Attended	Number Attendees	Number Sponsored by Council	Number of Man-Hours Dedicated	Number of Co-Sponsoring Organizations

Pro-life Materials Distributed    Yes    No    Money Donated by Council for this:

**B. Mass for People with Special Needs** (15)

Date Mass Held \_\_\_\_\_ # of Families Participating \_\_\_\_\_

# Persons with Special Needs \_\_\_\_\_ # Knights Participating \_\_\_\_\_

# Man-Hours Given to this Activity \_\_\_\_\_

In addition to Sacrament of the Mass, were any other Sacraments offered:

\_\_\_ Reconciliation \_\_\_ Baptism \_\_\_ Confirmation?

**C. Novena for Life** (15)

Dates 'Novena for Life' Held: \_\_\_\_\_ to \_\_\_\_\_.

Describe Activities Carried Out:

# of Knights Participating: \_\_\_\_\_ Total Attendance to Novena \_\_\_\_\_

# of Service Hours Donated to this Activity: \_\_\_\_\_

**D. Pregnancy Center Support**

(20)

Pregnancy Center Supported	Money Donation	Value of Goods Donated	Fund Raising Activity	Service Hrs. at Center
_____		_____		
_____				
_____				

Identify Fund Raising Activities as to Baby Bottles, Baby Showers, Laps for Life, etc.

**E. Christian Refugee Relief**

(20)

<u>Program/Activity</u>	<u>Donation</u>	<u>Assistance Center Name</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Describe Activities Held to obtain the funds:

**F. Special Olympics**

(20)

Describe Activities Held to obtain the funds for Special Olympics:

Amount Donated to Special Olympics \$ \_\_\_\_\_

Number of Council Members Participating in Project \_\_\_\_\_

Number of Service Hours Given to Activity by Council & Volunteers \_\_\_\_\_

**G. Ultrasound Initiative**

(25)

Describe Activities Held to obtain the funds for the Ultrasound purchase or donation to FL K of C Charities Ultrasound Fund:

Amount Raised for Ultra Sound Initiative: \_\_\_\_\_ Amount Donated: \_\_\_\_\_  
# of Knights Participating \_\_\_\_\_ # Service Hours Given to Activity: \_\_\_\_\_

**H. Helping Life**

(20)

Describe Activities, not reported above, conducted to obtain the funds for other Life-related activities (FL K of C Charities Helping Life Campaign Fund, donations to handicapped other than Special Olympics, etc.:

Amount Donated to Helping Life Program \$\_\_\_\_\_   
Number of Council Members Participating in Project \_\_\_\_\_   
Number of Service Hours Given to Activity by Council & Volunteers \_\_\_\_\_

**I. Silver Rose**

(10)

Did the Council Participate in the Silver Rose Pilgrimage? \_\_ Yes \_\_ No   
Date of Service \_\_\_\_\_ Number of Persons Attending \_\_\_\_\_   
Number of Service Hours Given to this Activity by Knights and Volunteers \_\_\_\_\_

**J. Special Project Life Activity (Must not be one of the above reported Activities) (20)**

**Project Title:** \_\_\_\_\_   
**Date Started:** \_\_\_\_\_ **Date Completed:** \_\_\_\_\_   
**Participation: Members:** \_\_\_\_\_ **+ Non-Members:** \_\_\_\_\_ **=Total** \_\_\_\_\_   
**Volunteer Hours:** \_\_\_\_\_ **Program Planning: Costs:** \_\_\_\_\_ **Hours:** \_\_\_\_\_   
**Members Recruited:** \_\_\_\_\_ **Donations:** \_\_\_\_\_

**Describe purpose and goals of this program**      **Project Purpose Score:**      **Max: (5)**

**Whom does this project benefit?**      **Project Benefit Score:**      **Max: (5)**

**What problem or need did this project resolve?**      **Project Prob/Need Score:**      **Max: (5)**

**Why did the council select this project?**      **Selection Criteria Score:**      **Max: (5)**

**Describe the success of the project:**      **Success of Project Score:**      **Max: (5)**

**Total Score:**

**Photographs:**

TO 'PRINT' THIS FORM CLICK THE "PRINT" BUTTON

TO 'SUBMIT' THIS FORM CLICK THE "SUBMIT" BUTTON

TO 'CLEAR' THIS FORM CLICK THE "CLEAR" BUTTON

#### INSTRUCTIONS -- EMAIL PROBLEMS

If your email program fails to send the application, do the following:

1. Save the File with the following name:  
FCS04101 -- COUNCIL XXXXX  
Where XXXXX is the Council number; if the council number consists of only four numbers, add a "0" in front of the number.
2. Close the file.
3. Open your email program.
4. Prepare an email with the following recipients:  
StateLifeDir@floridakofc.org  
StateProgramsDir@floridakofc.org  
Reports@floridakofc.org
5. Attach the Report file you saved.
6. In the "Subject" field include the file name.
7. Send the email.