

Faith Activities Report

Reporting Period April 1, 2024 to March 31, 2025

Council No.

Members on 4/1/2024

Division

_____, **Grand Knight**

INSTRUCTIONS:

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 4/1/2024" and "Division" and the fields will be filled in automatically. Do not grade the Application!
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: "Faith Activities 2025 – Council XXXXX"; where "XXXXX" represents your Council Number.
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, 2025.

A. Domestic Church Activities

(25)

Did the Council Purchase a Domestic Church Kiosk during this Year: Yes No (8)

If Council had purchase Kiosk before this year, did Council Purchase
Replacement Books during this Year? : Yes No (7)

Number of Council Members involved in Faith Support Activities (unduplicated): (10)

Teaching or Assisting in CCD Teaching or Assisting in RCIA

Family Ministries Parish or Emmaus Retreats Taking Eucharist to Home Bound

B. Holy Hour Programs

(20)

Number of Holy Hour Programs

Dates:	Attendance	Members Attending
	Attendance	Members Attending
	Attendance	Members Attending
	Attendance	Members Attending

Describe in Detail What was done in each Holy Hour Program:

C. "Into the Breach" Apostolic Exhortation

(15)

Describe in Detail How the Exhortation is being carried out:

Number of Men Participating

Number of Discussion Meetings Held

D. Rosary Program (at least four are required) (20)

Dates Of Rosary	Purpose or Intention	Attendance
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

E. Vocations Support (70)**a. Refund Support Vocation Program (RSVP)** (50)**Seminarians Supported:****Amount:**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

b. State Vocations Fund: (10)

Number of Council Members on April 1, 2021 _____

Did Council Donate \$12.00 per members indicate above? __ Yes __ No

Amount Donated to Vocations Fund _____

c. Memorial and Healing Mass Cards (10)

Did Council Average \$2.00 per member? __ Yes __ No

Amount Donated by: Council _____ Council Members on 4/1/20

F. Sacramental Gifts Program (10)

Number of Gifts presented _____

Group Receiving Gifts & How Many:

School Students _____ CCD Students _____ RCIA Students _____

Describe the Gift and How was it presented:

G. Spiritual Reflection Program (15)

Date of Spiritual Reflection Program _____ Number of Hours _____

Number of Council Members Participating _____

Additional Activities Held During the Program (Check all that apply) Confessions

Mass Trip to Shrine, Basilica, Cathedral or Monastery

H. Clergy and/or Religious Recognition Event (10)

Date Held _____ Attendance _____ # Knights Attending _____

Number of Clergy and/or Religious Recognized _____

I. Altar Servers Recognition Event (10)

Number of Altar Servers Recognized _____

Date Held _____ Attendance _____ # Knights Attending _____

Altar Server of Year Recognition for State Award (5 each)

Name: _____ Age _____

Name: _____ Age _____

J. Bible Placement Program (10)

Did Council Average \$2.00 per member? ☐ Yes ☐ No

Number of Bibles Purchased _____ Dollar Value of Bibles Purchased \$ _____

K. Marian Icon Prayer Program (15)

<u>Date(s) Prayer Program(s) Held</u>	<u>Knights in Attendance</u>	<u>Total Attendance</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

L. Special Project (Can not be one of the activities reported above!) (30)

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 THE 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:
FCS04103 -- 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:
StateFaithDir@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.