Family Activities Report
Reporting Period April 1, 2024 to March 31, 2025

_____ **Council** _____ **Members on 4/1/2024** _____ **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. <u>Do not enter</u> the Council Number, click on the drop down arrow and <u>move</u> 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.**
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: "Family 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. Recognition of Family Values: (70)

Family of the Month: (60)

April 2024   _____

May 2024   _____

June 2024   _____

July 2024   _____

August 2024   _____

September 2024   _____

October 2024   _____

November 2024   _____

December 2024   _____

January 2025   _____

February 2025   _____

March 2025   _____

                                                                                                            (10)

Family of the Year: _____

B. Keep Christ In Christmas (KCIC)   (55)

1. Keep Christ in Christmas Poster Contest   (10)

Number of Participants: _____

Age Distribution: AGE 5-7 _____   AGE 8-10 _____   AGE 11-14 _____

Were winning entries submitted to State Competition: __ Yes __ No

2. Journey to the Inn (Posadas)   (10)

Describe Activities carried out to remind members and parishioners of Christ's birth:

3. Light Up for Christ   (10)

Describe how Council promoted and carried out these Activities:

4. Advent Wreath Blessing   (10)

Describe how Council promoted and carried out these Activities:

5. State KCIC Cards and Magnets Promotions as Evangelization   (15)

Indicate What was purchased through the State Program:

Cards ____   Pins ____   Car Magnets ____

Describe how Council promoted and carried out these Activities:

C. Consecration to the Holy Family   (20)

Date of Consecration to the Holy Family   _____

Number of Parish Families Participating   _____

Number of Council Members Participating   _____

Describe how Council promoted and carried out this Activity:

D. Family Fully Alive   (20)

Number of Parish Families Participating   _____

Number of Knight Families Participating   _____

Describe how Council promoted and carried out these Activities:

E. Family Week Celebration   (20)

Dates of Family Week Celebration: _____ to _____

Number of Parish Families Participating   _____

Number of Knight Families Participating   _____

Describe Activities Held:

F. Family Prayer Night   (20)

Date of Family Prayer Night _____

Number of Parish Families Participating _____

Number of Knight Families Participating _____

Describe Activities Held:

G. Food for Families (40)

Name of Food Bank	Date of Donation	Quantity of Food (lbs.)	Amount Donated, $
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Number of Man Hours donated to this Activity: _____

H. Good Friday Family Promotion (20)

Describe action taken to encourage Family Participation at Good Friday Services:

Participation:

Number of Parish Families:_____ Number of Knight Families:_____

I. Special Project (should not report any of the above activities) (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)**

<u>**Total Score:**</u>

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:

   FCS04108 -- 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:

   StateFamilyDir@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.