

**KNIGHTS OF COLUMBUS  
CALIFORNIA STATE COUNCIL  
STATE DEPUTY AWARD  
Form - SDA-CA**



Council Name: \_\_\_\_\_ Council #: \_\_\_\_\_ District #: \_\_\_\_\_ Division #: \_\_\_\_\_  
 Council Location (town/city) \_\_\_\_\_ Chapter: \_\_\_\_\_

Award given to each and every Council that meets the following criteria:

**A. FORMS**

- 1 Report Of Officers Chosen – **form 185**
- 2 Service Program Personnel Report – **form 365**
- 3 Semi-Annual Council Audit Report – **form 1295**
- 4 Annual Survey Of Fraternal Activity Report – **form 1728**

**Date Submitted:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**B. MEMBERSHIP**

Attain council membership (supreme) NET quota by April 1.

**Quota / Attained:**

\_\_\_\_\_/\_\_\_\_\_

**C. INSURANCE**

Hold a benefits night.

**Date Held :**

\_\_\_\_\_

General Agent or Field Agent signature >>>

\_\_\_\_\_  
 GA/FA signature

**D. SERVICE PROGRAM**

Participate in all 6 state service programs:

(Form STSP-CA to respective Service Program Award Chairman)

- Church
- Community
- Council
- Family
- Youth
- Culture of Life

**Date Mailed:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

GK Signature: \_\_\_\_\_ GK Name: \_\_\_\_\_

GK Phone No: \_\_\_\_\_

**MAIL BY APRIL 1**

TO:

**Gene Hays**

State Awards Chairman  
 1103 W. Oakdale St.  
 West Covina, CA 91790