



Massachusetts State Council Knights of Columbus

**DISTRICT DEPUTY VISITATION REPORT**

District Deputy # \_\_\_\_\_ District Deputy \_\_\_\_\_

Date of Visit \_\_\_\_\_ Council Name \_\_\_\_\_ Council # \_\_\_\_\_

1. Does the Council sponsor an Exemplification Team?
2. Date of the last Church Drive -
3. Did the Council participate in the Charity Drive?
4. Does the Council do COR?
5. Is the Council current with Supreme and State assessments?
6. Is the Council SAFE Environment Compliant?

GK Present?  
FS Present?  
Field Agent Present?

7. Have the following reports been completed and do you have copies?

|    |                                                                                |         |                          |
|----|--------------------------------------------------------------------------------|---------|--------------------------|
| a. | Officers and Delegates for the State Convention (Due July 1)                   | #SF-1   | <input type="checkbox"/> |
| b. | Report of Officers chosen for the Term: July 1-Jun 30 (Due July 1)             | #185    | <input type="checkbox"/> |
| c. | Service Program Personnel Report for the Term: July 1 - June 30 (Due August 1) | #365    | <input type="checkbox"/> |
| d. | Semi Annual Council Audit Report (Due July 15)                                 | #1295   | <input type="checkbox"/> |
| e. | Annual Survey of Fraternal Activity Report (Due January 31)                    | #1728   | <input type="checkbox"/> |
| f. | Annual Report of the Knights of Columbus Round Table (Due June 30)             | #2630   | <input type="checkbox"/> |
| g. | Columbian Award Application (Due June 30)                                      | #SP-7   | <input type="checkbox"/> |
| h. | State Council Service Program Awards Entry Form                                | State   | <input type="checkbox"/> |
| i. | Annual Charity Fund Report                                                     | State   | <input type="checkbox"/> |
| j. | IRS Form 990                                                                   | IRS 990 | <input type="checkbox"/> |

8. Overall Council Status: (Council Activities, Strengths, Weaknesses, Needs, etc.

- 9 . Recommendations: (To Council Leadership and/or to the State Deputy)