



THIS REPORTING FORM MUST BE COMPLETED BY EACH COUNCIL AND FORWARDED TO THE STATE COUNCIL.
(A SEPARATE REPORTING FORM SHOULD BE COMPLETED FOR EACH PROGRAM CATEGORY.)

CATEGORY (MARK ONE):

CHURCH

FAMILY

COMMUNITY

CULTURE OF LIFE

COUNCIL

YOUTH

FROM: GRAND KNIGHT: Charles Underwood TELEPHONE NUMBER: 228-234-3321

E-MAIL _____

COUNCIL NAME BISHOP GUNN NUMBER: 1583

LOCATION: GULFPORT, Mississippi 39501
(TOWN OR CITY) (STATE OR PROVINCE)

Project Title: Preserving the rights of Christians to receive communion.

Date Project Conducted: _____

Purpose of Activity: (In the space provided below, describe in one sentence the purpose of this activity. This section must be completed.)

Number of council members participating in project: 181

Percentage of council members participating in project: ... 100 %

Number of man hours expended in project: 14

Chairman's Name: DAVID Sciaia Telephone Number: 228-806-1859

Mailing Address: 125 Ridgeway Dr. GULFPORT 39507

E-mail Address: _____

(continued on reverse)

MAIL ORIGINAL TO: State Deputy or State Program Director

COPY TO: Council File

Available in electronic format at www.kofc.org

Describe project in detail. Use additional paper if necessary. Supplementary material may be submitted along with the nomination. Accompanying materials can include letters, testimonials, news clippings, photographs, pamphlets, etc. Do not submit tapes, videocassettes, DVD'S, display materials, films, etc., as they will not be considered in judging the nomination.

It was brought to our council knowledge, that Isis was persecuting Christians and destroying all religious vessels used in conducting mass. The priests were without these items as they were being destroyed. We voted to spend \$200 initially for our first purchase with subsequent purchases to be made during the course of the year. One of our members who has a brother who is a priest has contacts to get the vessels to the proper parties. Hopefully, we can make a difference. We would encourage other councils to take up the cause.

ATTEST: _____
(State Deputy)

Signed: Charles Underwood
(Grand Knight)

DO NOT SUBMIT THIS REPORT FORM TO SUPREME COUNCIL

ENTRY MUST BE RECEIVED BY THE STATE COUNCIL
TO BE ELIGIBLE FOR THE COMPETITION

For more information on the Service Program Awards go to www.kofc.org/service and click on the left-hand "Council" link.