

*“Charity is Love”*

**Food for Families  
The Knights of Columbus  
Food for Families Reimbursement Program**

Food for Families Reimbursement Program can best be explained as neighbors helping neighbors or families helping families. The program allows our councils to provide a helping hand to the less fortunate in our communities by donating money or food to a local community food bank or the parish food pantry. Let's do our best to help those that are in need but may not want to ask for help by participating in the program.

The Knights of Columbus Food for Families Reimbursement Program was established in 2012. Under this program, local Knights of Columbus councils or assemblies make an annual contribution of \$500 or more, or 1,000 pounds of food to a local community food bank or the parish food pantry. For every \$500 or 1,000 pounds of food contributed, the council or assembly is eligible for a refund of \$100 from the Supreme Council. The maximum refund a council or assembly can receive is \$500 per fraternal year. For Columbian Squires circles, the minimum donation is \$100, or 100 pounds of food, with each circle eligible to receive from the Supreme Council a refund of \$20 for each \$100 donated or 100 pounds of food.

**Reimbursement must be applied for in the fraternal year during which contributions were made.**

As resources permit, councils, assemblies and circles may provide support to multiple food banks and/or food pantries. The minimum contribution to qualify for a refund is \$500 (\$100 for Squires circles) for each food bank/food pantry supported.


In addition to a refund for financial contributions, councils, assemblies and circles are also eligible to receive a Food for Families plaque (and, in successive years, date plates signifying years of participation) in recognition of manpower support provided to food banks and food pantries.

**When you participate in this program, remember to fill out the report form that is due by June 30<sup>th</sup>. The report form #10057 can be found on the Supreme Knights of Columbus website at [kofc.org](http://kofc.org).**

For more information contact:

**Family Activities Chairman  
BRIAN DUKART  
168 7<sup>th</sup> Street SE                      cell 701-290-1946  
Dickinson, ND 58601  
[brdukart@gmail.com](mailto:brdukart@gmail.com).**

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	<b>KNIGHTS OF COLUMBUS</b> <small>THE ORDER OF THE BROTHERHOOD OF THE KNIGHTS OF COLUMBUS</small>	<b>FOOD FOR FAMILIES REIMBURSEMENT PROGRAM</b> <b>REFUND AND PLAQUE APPLICATION 20__-20__</b>																																								
<b>Due By: JUNE 30</b>																																										
<p align="center"><b>For Office Use Only</b></p> <p>Ref \$ _____</p> <p>Y. St. _____</p> <p>Date _____</p>	<p align="center"><b>Important: Please complete this box:</b></p> <p>State/Province _____ Council No. _____</p> <p>Location _____ city _____</p> <p>Council Name _____</p> <p>Grand Knight _____</p>																																									
<b>SECTION I AND II MUST BE COMPLETED TO BE ELIGIBLE FOR THE FOOD FOR FAMILIES PLAQUE</b>																																										
<p><b>SECTION I: REFUND INFORMATION</b></p> <p><small>See directives on the reverse side before completing this section.</small></p> <p>List each contribution of \$500 or more with name, amount and date of check, or each contribution of 500 or more pounds of food.  <b>Attach copies of canceled checks (both front and back sides) or other documentation to this application.</b></p>																																										
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:25%;">NAME OF FOOD BANK</th> <th style="width:15%;">ADDRESS</th> <th style="width:15%;">CITY/STATE</th> <th style="width:10%;">ZIP</th> <th style="width:10%;">DATE</th> <th style="width:10%;">CHECK #</th> <th style="width:10%;">AMOUNT</th> <th style="width:15%;">POUNDS OF FOOD</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>			NAME OF FOOD BANK	ADDRESS	CITY/STATE	ZIP	DATE	CHECK #	AMOUNT	POUNDS OF FOOD																																
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<p><b>SECTION II: MANPOWER SUPPORT INFORMATION</b></p> <p><small>See directives on the reverse side before completing this section.</small></p> <p>Please provide a summary of manpower support provided to food banks and/or food pantries, including hours of service contributed, in order to receive a Food for Families plaque or date plate.</p> <p>Hours of Service Provided _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><b>IMPORTANT:</b> Be sure to check off one of the following:</p> <p><input type="checkbox"/> We already have a Food for Families Plaque and require only an adhesive date plate for 20__-20__.</p> <p><input type="checkbox"/> This is our first year participating in Food for Families and we require both a plaque and an adhesive date plate for 20__-20__.</p> <p><input type="checkbox"/> Our Food for Families Plaque is full and we require a new one.</p> <p>I AFFIRM THE ABOVE TO BE ACCURATE: _____</p> <p style="text-align: center;">Date: _____ <span style="margin-left: 150px;">Grand Knight</span>   <span style="margin-left: 150px;">Food Bank Representative</span></p> <p><b>MAIL ORIGINAL TO:</b> Supreme Council Department of Fraternal Services  <b>MAIL COPIES TO:</b> State Program Director, Council File</p> <p align="right">(See other side for instructions)</p> <p>10057 11/12</p>																																										