



Knights of Columbus Florida State Council

2024 - 2025 Organizational Meeting

Rich Dahn
Charities Director





Florida K of C Charities, Inc Program Chairman

Citizens With Disabilities John Gearon

Disaster Relief John Shelton

Helping Life

Mobile Disabilities Michael Costanza

Special Olympics Chris Berens

Ultrasound Initiative Jason O'Neil

Vocations Mark Lynn





What is New for 2024-2025 Fraternal Year





Ultrasound Program Process

- Download forms 10716 (Application) and 10715 (Diocesan Evaluation) from Knights of Columbus Supreme web site (www.kofc.org/). Form 10699 Initiative Guide is great resource.
- Meet with diocesan representative to determine need for new or replacement ultrasound machine.

 Diocesan representative should complete form 10715 and sign.
- Complete application (Form 10716), obtain statement of faith from designated pregnancy center and obtain quote for ultrasound machine desired.
- Send completed forms 10716 (application), 10715 (diocesan evaluation), statement of faith from pregnancy center and ultrasound machine quote to State Ultrasound Program Chair.
- Initiate transfer of raised funds (fifty percent of cost of ultrasound machine) to VP/Director of Florida KofC Charities, Inc.
- Upon transfer of funds from council to Florida <u>KofC</u> Charities, State Ultrasound Program Chair will initiate approval process with State Deputy, and then Supreme Office. Supreme Office meets quarterly.







Designated Donations (Restricted)

Non-Designated Donations (Non-Restricted)







FLORIDA K OF C CHARITIES, INC DONATION FORM

A District, Council, Assembly, Business or an individual may make a donation of \$250.00 or more and request that the amount be made payable to the organization(s) of their choice. The designated organization must have and EIN (#), and be a registered 501(c)3 organization. Please be sure the EIN and the Recipient Organization Name and Address are correct. Individual and corporate donations are tax-deductible within the limits of the law.

Date:	Check #:	Total Donation:	
DONATION FROM: (check or	ne):		
□ Region	☐ District	□ Council	<u> </u>
□ Assembly			
☐ Corporate ☐ Business	□ Individual		
Company/Name:			
Contact:		Title:	
Address:			
City/State/Zip:			
Phone:			
Email:	EI	N:	
Donations to Florida K of Donations to these funds will b		ward Florida State Council Charitable F	Fundraising Goals.
Fund	Amount	Fund	Amount
Vocations	\$	Disaster Relief	\$
Special Olympics	\$	Helping Life	\$
Mobile Disabilities	\$	Ultrasound Inititative	\$
Citizens with Disabilities	\$	Project Name	
General Charities	\$	(If no specific project, enter "General")	

SEND FORMS & CHECKS TO

Make checks payable to: Florida K of C Charities, Inc., write the selected program for the check in the memo line (for example, "Special Olympics") and send both the check and the completed FSC Form to:

> Rich Dahn c/o Florida K of C Charities, Inc. 4801 Bonita Bay Blvd. #203 Bonita Springs, FL 34134

Rich Dahn

Phone: 239-989-2124 Email: rdahn32@gmail.com





Major State Award Program 2024/2025

Triple Crown Award

Vocations
Helping Life
Special Olympics











Additional Awards

Mobile Disabilities

Disaster Relief