



**KNIGHTS  
OF COLUMBUS**  
IN SERVICE TO ONE. IN SERVICE TO ALL.

# STATE COUNCIL SERVICE PROGRAM AWARDS

**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

☐ YOUTH

☐ COUNCIL

**FROM: GRAND KNIGHT:** Ken Tyler **TELEPHONE NUMBER:** 360-672-0823

**COUNCIL NAME** Havre Council **NUMBER:** #1644

**LOCATION:** Havre, Montana 59501  
(TOWN OR CITY) (STATE OR PROVINCE)

**Project Title:** Ring Bells for Salvation Army

**Date Project Conducted:** Dec. 17, 2022

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

Raise money for Salvation Army

**Number of council members participating in project:** ..... 12 Ryle

**Percentage of council members participating in project:** ..... 12%

**Number of man hours expended in project:** ..... 24 hrs.

**Chairman's Name:** Jerry Kinsella **Telephone Number:** (406) 385-4800

**Mailing Address:** 10661<sup>th</sup> St West Havre, Montana 59501

(continued on reverse)

MAIL ORIGINAL TO: State Deputy or State Program Director

COPY TO: Council File

STSP 11/06





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CATEGORY (MARK ONE):

☐ CHURCH

☐ FAMILY

☒ COMMUNITY

☐ YOUTH

☐ COUNCIL

FROM: GRAND KNIGHT: Ken Tyler TELEPHONE NUMBER: 360-672-0823

COUNCIL NAME Havre Council NUMBER: #1644

LOCATION: Havre, Montana 59501  
(TOWN OR CITY) (STATE OR PROVINCE)

Project Title: Provide Canteen Following <sup>BLOOD</sup> donations

Date Project Conducted: January 9, 2023

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

Provide sandwiches for <sup>BLOOD</sup> donors.

Number of council members participating in project: ..... 6

Percentage of council members participating in project: ..... 6%

Number of man hours expended in project: ..... 42

Chairman's Name: LeRoy Keller Telephone Number: (406) 398-5553

Mailing Address: P.O. Box 1618 Havre Montana, 59501

(continued on reverse)

MAIL ORIGINAL TO: State Deputy or State Program Director

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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, video-cassettes, display materials, films, etc., as they will not be considered in judging the nomination.

WE PROVIDED HAM SALAD, BEEF SALAD AND  
EGG SALAD SANDWICHES ~~FOR~~ AND BEEF CONSUME  
FOR 108 BLOOD DONORS AND THE RED CROSS  
STAFFED <sup>2023</sup> 9 JANUARY FROM 11AM UNTIL 5:30PM

ATTEST: \_\_\_\_\_

(State Deputy)

Signed: \_\_\_\_\_

(Grand Knight)

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**CATEGORY (MARK ONE):**

☐ CHURCH

☐ FAMILY

☒ COMMUNITY

☐ YOUTH

☐ COUNCIL

**FROM: GRAND KNIGHT:** Ken Tyler

**TELEPHONE NUMBER:** 360-672-0823

**COUNCIL NAME** Havre Council

**NUMBER:** #1644

**LOCATION:** Havre, Montana

59501

(TOWN OR CITY)

(STATE OR PROVINCE)

**Project Title:** Do Canteen for Red Cross

**Date Project Conducted:** January 9<sup>th</sup> 2023

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

Serve sandwiches and cookies, also  
Consomme

**Number of council members participating in project:** .....

4 K of Cs

**Percentage of council members participating in project:** .....

4%

**Number of man hours expended in project:** .....

24 hrs

**Chairman's Name:** De Roy Keller

**Telephone Number:** (408) 398-5833

**Mailing Address:** P.O. Box 1618 Havre Montana 59501

(continued on reverse)

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We served approximately 90 Folks, sandwiches,  
cookies + Consomme after folks had donated.  
4 K of C's from our Council also donated Blood

ATTEST: \_\_\_\_\_

(State Deputy)

Signed: \_\_\_\_\_

(Grand Knight)

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**CATEGORY (MARK ONE):** ☐ CHURCH ☐ FAMILY  
☒ COMMUNITY ☐ YOUTH  
☐ COUNCIL

**FROM: GRAND KNIGHT:** Ken Tyler **TELEPHONE NUMBER:** 360-672-0823  
**COUNCIL NAME:** Havre Council **NUMBER:** #1644  
**LOCATION:** Havre, Montana 59501  
(TOWN OR CITY) (STATE OR PROVINCE)

**Project Title:** Havre Ministerial Breakfast

**Date Project Conducted:** Jan 19<sup>th</sup> 2023

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

Serve folks from local Church members  
breakfast.

**Number of council members participating in project:** ..... 6

**Percentage of council members participating in project:** ..... 6%

**Number of man hours expended in project:** ..... 12 hrs

**Chairman's Name:** Tom Maroneef **Telephone Number:** (406) 265-2323

**Mailing Address:** 5585 County Rd 838 NW Havre Montana 59501

(continued on reverse)

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Catholic Women brought breakfast casseroles, muffins and served juice and coffee. B of C's men helped serve and participate in service.

ATTEST: \_\_\_\_\_  
(State Deputy)

Signed: Kenneth J. Tyler  
(Grand Knight)

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☒ COMMUNITY

☐ YOUTH

☐ COUNCIL

**FROM: GRAND KNIGHT:** Ken Tyler **TELEPHONE NUMBER:** 360-672-0823

**COUNCIL NAME** Havre Council **NUMBER:** #1644

**LOCATION:** Havre, Montana 59501  
(TOWN OR CITY) (STATE OR PROVINCE)

**Project Title:** Sunday Parish Breakfast

**Date Project Conducted:** November 27, 2022

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

Serve breakfast after mass for Parishioners

**Number of council members participating in project:** ..... 14

**Percentage of council members participating in project:** ..... 14%

**Number of man hours expended in project:** ..... 34 hr

**Chairman's Name:** Steve Don **Telephone Number:** (406) 262-7814

**Mailing Address:** 1045 8th St. Havre, Montana 59501

(continued on reverse)

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We served 71 folks. Pancakes, French toast, eggs and  
bacon, with juice and coffee. We raised \$560.00  
to cover some of our expenses.

ATTEST: \_\_\_\_\_

(State Deputy)

Signed: \_\_\_\_\_

(Grand Knight)

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☒ COMMUNITY

☐ YOUTH

☐ COUNCIL

**FROM: GRAND KNIGHT:** Ken Tyler

**TELEPHONE NUMBER:** 360-672-0823

**COUNCIL NAME:** Havre Council

**NUMBER:** 1644

**LOCATION:** Havre, Montana

59501

(TOWN OR CITY)

(STATE OR PROVINCE)

**Project Title:** Monthly Parish Breakfast

**Date Project Conducted:** Jan 29<sup>th</sup>, 2023

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

Serve Breakfast following Mass

**Number of council members participating in project:** .....

14 KofCs

**Percentage of council members participating in project:** .....

14%

**Number of man hours expended in project:** .....

28 hrs

**Chairman's Name:** Steve Don

**Telephone Number:** (406) 262-7814

**Mailing Address:** 1045 8<sup>th</sup> St. Havre, Montana 59501

(continued on reverse)

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Hot Cakes, French Toast, Eggs + Bacon was served to 80 folks. We raised \$628.00 to be used to purchase fish for our 1st Fish Fry coming up in February.

ATTEST: \_\_\_\_\_  
(State Deputy)

Signed: Kenneth V. [Signature]  
(Grand Knight)

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