February 1, 2004

Dear Worthy Grand Knights,

During my term as State Deputy, 1996-1998, the Indiana State Council had a request from the family of a recently deceased brother knight for assistance in helping to pay his funeral expenses. At that time, the State Council had no specific funding set aside for this type of emergency assistance.

From this request the State Officers voted to begin formation of a fundraiser to establish a fund to set aside monies for helping our Indiana brother Knights in need. Over the past six years, the Indiana State Council has had an ongoing fund-raising program consisting of money making projects such as return address labels, Christmas Cards, etc. to help build funds for this account.

Enclosed please find the paperwork with the guidelines for the Indiana State Council Knights of Columbus Charity Fund, Inc. Included in the paperwork are a set of instructions, an application form, and a set of bylaws for the Charity Fund, as passed during the 1998 Indiana State Convention.

This fund is to be used for unexpected emergencies; not to be used for house payments, monthly utilities, school tuitions, etc. We would encourage local councils to be of assistance to their brother knights whenever possible. Applications for assistance are to be mailed directly to the current State Deputy who will call a meeting of the Charity Fund Board who will then determine what assistance will be issued. Please allow two weeks after mailing date to allow the Board to discuss your appeal.

Thanks to all brother knights who have made donations to the Charity Fund and made this account possible.

Fraternally,

Charles Maurer, Jr. PSD
Supreme Director

Dale Heuer
State Deputy
INDIANA STATE COUNCIL KNIGHTS OF COLUMBUS CHARITY FUND, INC.

The primary purpose of the FUND is to provide financial assistance to Knights of Columbus members and families in urgent need in the name of the Knights of Columbus of Indiana.

All applications for assistance will come through a Knights of Columbus Council in the State of Indiana on our Application Form

GRAND KNIGHT'S ROLE:

- Be responsible for the investigation of any request for assistance originating within the COUNCIL'S jurisdiction to determine if it is justified.

- In the event the COUNCIL cannot satisfy the total request, the GRAND KNIGHT will complete an Application Form, check for accuracy and completeness of detail. When the Grand Knight is satisfied that all is in order, he signs the Application and forwards it to his District Deputy for his evaluation for completeness of informational detail.

- The Grand Knight and District Deputy must each make and maintain a copy of each completed Application and any other cover sheet for further reference.

DISTRICT DEPUTY ROLE:

- Include the CHARITY FUND in your reminders when you visit your COUNCILS and at your DISTRICT MEETINGS.

- In the event an Application for assistance originates within your District, be certain it is legitimate, completed and signed by the Grand Knight.

- Sign the Application after checking for accuracy and forward Application to the STATE DEPUTY as soon as possible.
*CONFIDENTIAL* REQUEST FOR ASSISTANCE * REQUEST NO. ______

COUNCIL NAME AND NUMBER ____________________________
COUNCIL CITY _______________________________________
GRAND KNIGHT __________________________
DATE OF REQUEST __________________________
REQUESTERS NAME __________________________
FINANCIAL SECRETARY VERIFIES REQUESTER IS A CURRENT MEMBER OF ABOVE COUNCIL BY HIS SIGNATURE ON THIS LINE __________________________

REASON FOR FILING FOR REQUEST: ____________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

FAMILY - LIST ALL DEPENDENTS AND 1 OR PERSONS RESIDING WITH YOU.
NAME (INCLUDE SPOUSE) - AGE - RELATIONSHIP- WORK – REMARKS
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

HOW HAS THE COUNCIL HELPED THIS MEMBER? ______________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE

__________________________________________________________
GRAND KNIGHT - DATE

__________________________________________________________
DISTRICT DEPUTY – DATE

__________________________________________________________
STATE DEPUTY ____________________________
DATE RECEIVED ____________________________
APPLICATION COVER SHEET TO BE COMPLETED BY GRAND KNIGHT AND DISTRICT DEPUTY
MUST BE SUBMITTED WITH APPLICATION

GRAND KNIGHT'S COMMENTS:

Would you recommend approval of this request? Yes or No
Why?

Did you discuss the application with the applicant?

Please resolve any questions or concerns you may have relative to any information contained in the application.

Can you explain the above information to the District Deputy and answer all his questions?

LIST ANY PERSONAL COMMENTS WHICH MAY HELP THE BOARD ARRIVE AT A DECISION.

DISTRICT DEPUTY'S COMMENTS:

Would you recommend approval of this request? Yes or No
Why?

Did the Grand Knight answer all of your concerns relative to this application?

Please resolve any questions or concerns you may have relative to any information contained in this application with the Grand Knight before submitting it to the Charity Fund Board.

LIST ANY PERSONAL COMMENTS WHICH MAY HELP THE BOARD ARRIVE AT A DECISION.