

Information on Reporting the Proceeds of Local Council Intellectual Disabilities Drives

The next page has a worksheet that has been developed to replace the previously used three part NCR pages. There are several reasons for this change. This report should be more meaningful to the local council by allowing them to see the exact amount available to them for their local distribution. It should also assist the state council in simplifying the determination of the local council donation amounts and producing the convention report. Every effort has been made to provide clear instructions, be error free, and make this simple to fill out and understand, but as with anything new, unforeseen problems could be hidden in our best attempt. If you find any problem or can make suggestions for improvement please do not hesitate to inform the State Intellectual Disabilities Chairman to consider any changes and make necessary corrections. Please read the following instruction for completing the worksheet.

Instructions for Completion of the Intellectual Disabilities Drive Worksheet.

- In the box at the end of line A, write the **total** amount collected during your drive.
 - In the box at the end of line B, write the **number** of cases you have received from the state council.
 - Line C has the amount the state council has calculated to be the cost of each case of Tootsie Rolls and associated expenses. Do not change this amount.
 - At the end of line D, write the amount you calculate by multiplying line B amount times the amount in line C.
 - At the end of line E, write the amount you calculate by subtracting the amount in line D from the amount in line A.
 - At the end of line F, write the amount you calculate by multiplying the amount of line E times **.80**.
 - At the end of line G, write the amount you calculate by multiplying the amount of line E times **.20**.
- In **part 2** completely fill out the information requested for each donation. This would include both the name and the mailing address for those receiving the donation. If your council will have more than 3 donations, please reproduce the worksheet as necessary.

After your drive, please send the completed worksheets and check by **January 30th** as noted in the following directions:

1. Send a copy of the worksheet and a check with the amount you entered in line A to

**State Intellectual Disabilities Chairman
Gregory Delaney
119 Homestead Ln
Yankton, SD 57078**

2. Keep a copy of the worksheet for your council records.

Note: Your cooperation in completing the report and remitting the proceeds to the State Secretary on a timely matter will prevent the necessity of making phone calls, e-mails, and other means necessary to complete the donation process before the convention. This results in an extra expense to the Intellectual Disabilities Program, which could be put to better use to benefit those for which the program was designed.

**SOUTH DAKOTA KNIGHTS OF COLUMBUS
LOCAL COUNCIL INTELLECTUAL DISABILITIES DRIVE WORKSHEET**

Council Name _____ Council No. _____ Date _____

Please complete this form and return by January 30, 2018

Part I. Calculation of Amount Available to Local Council from the Drive.

A. ----- Total amount collected during your local drive and sent to **Intellectual Disabilities Chairman** = _____

B. ----- Number of cases of Tootsie Rolls received from the State Council = _____

C. ----- Cost per case of Tootsie Rolls = 21.00

D. ----- Total cost to council for Tootsie Rolls (B times C) = _____

E. ----- Net amount of local drive after deducting costs (A minus D) = _____

F. ----- Local Council's 80% share available to divide for local donations = _____
(line E multiplied by .80 - round to the nearest dollar)

G. ----- State Council's 20% share = _____
(line E multiplied by .20 - round to the nearest dollar)

Part II. Local Donation(s) Made by Dividing Item F among the following recipients.

1. Amount of donations (Round to the nearest dollar.) \$ _____

Name of person(s) or organization receiving donation. _____
Mailing address including city, state, and zip. _____

2. Amount of donations (Round to the nearest dollar.) \$ _____

Name of person(s) or organization receiving donation. _____
Mailing address including city, state, and zip. _____

3. Amount of donations (Round to the nearest dollar.) \$ _____

Name of person(s) or organization receiving donation. _____
Mailing address including city, state, and zip. _____

_____ By placing my initials on this line I am stating that our council wants the State Council to include our council's funds with state funds to be distributed as the State Council wishes.

If you make more than 3 donations, please duplicate this page for the other donations.

After completion, keep a copy for your council records, and send a copy along with the check for the **entire amount** of the drive (amount in line A) to **Gregory Delaney, 119 Homestead Ln, Yankton, SD 57078 (Phone: 605-695-7386**

Email: grdelaney@yahoo.com. The state council will make the checks payable to those your council has identified as a recipient of your Council's share. The checks will be distributed at the State Convention.

Please complete this form and return by January 30th

Grand Knight _____ Date _____