

REPORT 2017 October Cycle

GENERAL INFORMATION

Organization Information

Legal Name: Arms of Hope		Federal Tax ID#: 51-0416193	
Address: 21300 State Hwy. 16 N.	City: Medina	State: TX	Zip Code: 78055
Website: armsofhope.org		Fax: (830) 522-2200	

Head Of Organization

Name: Troy Robertson	Title: CEO
E-Mail Address: trobertson@armsofhope.org	Phone: (830) 522-2221

Application Contact

Name: Troy Robertson	Title: CEO	E-Mail Address: trobertson@armsofhope.org	Phone: (830) 522-2221
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REPORT INFORMATION

Report Funding Cycle: 2017 October Cycle	Report Date: 05/05/2021 12:00 am
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1: Please include in your report the dollar amount of the funds that were awarded, the date they were funded and what the funds supported.

Awarded Amount: 75,000	Date: 10/28/2019
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2: Were the objectives cited in your original proposal met? Please address each started objective and how it was met.

1. Match 100% of program residents with qualified counselors within the first 30 days of their care. This objective was met through clinical treatment team partnering a counselor with a resident during the resident's orientation period.

2. 70%-85% of our program participants showing noticeable improvement within first 12 months. This objective was met through evaluating detailed Plans of Service by our treatment team. We had a 90% success rate!

3: Please explain any changes from the original proposal and the circumstances that lead to the modification of the objective.

No changes.

4: What needs were addressed?

The emotional trauma of homelessness, extreme poverty, abuse, neglect and trafficking. Medical and mental health are key to healing and giving the residents hope for the future.

5: What method of evaluation did you use to monitor and measure the project's outcome and what are the result?

Residents were matched with Licensed Professional Christian Counselors with a specific and detailed long-term treatment plan. Providers were evaluated for effectiveness and quality of treatment twice a year by requiring each resident to complete an evaluation of the counselor and by obtaining feedback from the provider. Also, every residents' mental health progress was evaluated regularly by the Clinical Director. Arms of Hope makes sure resident see a medical doctor (and provide transportation) within the first 30 days of arrival.

6: Do you plan to continue this project, and if so, how do you plan to sustain it?

Yes! We are blessed with a robust and diversified development program. We will continue to pursue grants from wonderful foundations to help those in desperate need of our services such as The Living Well Initiative.

7: Please provide any other comments of information relevant to this grant.

We are so thankful for the Najim Foundation and will continue to use funds received to truly bless those in desperate need!

8: Please provide an updated detailed projected budget with expenses for the received grant. Also include the totals for the budgeted and actual amount. Explain any discrepancies between the budgeted and the actual expenses for the project.

Line Item Description	Total Project Funds Allocation	Najim Requested Funds	Project Funds Actual	Najim Funds Allocation
Counseling, Psychological Evaluations, Clinical Director	\$200,000	\$50,000	\$200,000	\$50,000
Medical (Transportation, Dental, Pharmaceutical, Doctor Visits)	\$100,000	\$25,000	\$100,000	\$25,000
TOTAL:	\$300,000	\$75,000	\$300,000	\$75,000

Signature

Troy Robertson