

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
--------------------------------	----------------------	---	---------------------------------

REPORT INFORMATION

Report Funding Cycle: 2017 October Cycle	Report Date: 10/10/2018 12:00 am
--	--

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: 50,000	Date: 10/21/2017
------------------------	------------------

2: Were the objectives cited in your original proposal met? Please address each started objective and how it was met.

Yes! Assessments, counseling, medication and transportation was provided to 80 children.

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?

Poverty stricken children were provided invaluable medical and emotional (counseling) needs that wouldn't have been addressed without our program.

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

Resident, social services team and counseling feedback/evaluation twice a year. 100% of children were matched within first six months and 83% showed noticeable improvement.

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

Yes... through individual donors, businesses, churches, and private foundations (such as Najim).

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

Very successful year and we are very thankful to Najim!

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 for 80 children	\$100,000	\$25,000	\$152,000	\$25,000
Medical needs for 80 children	\$100,000	\$25,000	\$113,000	\$25,000
TOTAL:	\$200,000	\$50,000	\$265,000	\$50,000

Signature

Troy Robertson