

# REPORT 2018 October Cycle

## GENERAL INFORMATION

### Organization Information

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

### Head Of Organization

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

### Application Contact

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

<b>Report Funding Cycle:</b> 2018 October Cycle	<b>Report Date:</b> 11/06/2019 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: 11/01/2018
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**2: Were the objectives cited in your original proposal met? Please address each started objective and how it was met.**

Yes they were met!

Medical and mental health services were provided to 100 children on our Medina Campus. This includes psychological assessments, counseling sessions, doctor's visits, prescriptions and transportation. The funds from Najim (and the entire Living Well budget) paid for these invaluable services.

**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?**

100% of the children we serve in our single-mother program were homeless prior to placements and over 87% of all our residents have experienced physical, emotional or sexual abuse, neglect and human trafficking. Based on the understanding that our children have a history of extreme physical and emotional trauma, medical and and mental health treatment is absolutely critical in their healing process.

**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 Licenses Professional 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 fro the provider. Also, every resident's mental health progress is evaluated regularly by our highly experienced Clinical Director. Monthly progress reports for medical and emotional health are submitted to the Clinical Director by case managers and counselors. Medical treatment and transportation occur on an as needed basis. The results were perfect! Every Arms of Hope resident that needed medical treatment timely received it and all residents received counseling.

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

Yes! The Living Well Initiative is imperative for our residents success. We have already received funding for 2019 (thank you Najim!) and will continue to give our residents the greatest chance for a future filled with hope.

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

We continue to hear story after story from our residents about the difference counseling makes in their lives! Thank you for helping make this possible.

**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.**

<b>Line Item Description</b>	<b>Total Project Funds Allocation</b>	<b>Najim Requested Funds</b>	<b>Project Funds Actual</b>	<b>Najim Funds Allocation</b>
Counseling, Psychological Evaluations, Clinical Director	\$200,000	\$50,000	\$225,000	\$50,000
Medical (transportation, dental, pharmaceutical, doctor visits)	\$100,000	\$25,000	\$115,000	\$25,000
<b>TOTAL:</b>	<b>\$300,000</b>	<b>\$75,000</b>	<b>\$340,000</b>	<b>\$75,000</b>

**Signature**

Troy Robertson