REPORT 2018 July Cycle

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GENERAL INFORM	IATION			
Organization Informatio	n			
Legal Name:		Federal Tax ID#:		
Make-A-Wish Central and South Texas		74-2357788		
Address:	City:	State:	Zip Code:	
1931 NW Military Highway Ste. 210	San Antonio	Texas	78213	
Website:		Fax:		
www.cstx.wish.org		(512) 329-9474		
Head Of Organization				
Name:		Title:		
Kathrin Brewer		President & CEO		
E-Mail Address:		Phone:		
kbrewer@cstx.wish.org		(210) 525-9474		
Application Contact				
Name:	Title:	E-Mail Address:	Phone:	
Sarah Gaye Conner	San Antonio Regional Director	sarah@cstx.wish.org	(210) 525-9474	
REPORT INFORMA	TION			
Report Funding Cycle:		Report Date:		
2018 July Cycle		02/08/2019 12:00 am		
1: Please include in your funded and what the fun	-	of the funds that were av	varded, the date they were	
Awarded Amount: 50,000		Date: 07/18/2018		
2: Were the objectives cirhow it was met.	ted in your original propo	osal met? Please address e	ach started objective and	
Yes the objectives were m changing wishes granted.	et. Ten children in San Ant	tonio with critical illnesses	had life affirming, life	
3: Please explain any cha modification of the object	0 1	oposal and the circumsta	nces that lead to the	

none 4: What needs were addressed?

The need to provide wish children with yet another tool to help them in their battle against their critical medical condition was addressed by providing a wish experience. The need to help boost the children's' self-confidence, and increase their willingness to comply with treatment protocols was addressed as emotional well being is strengthened by a wish experience helping to improve health status.

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

Our wish families complete wish satisfaction surveys.

Also, over 70% of our wish children overcome their battle with their critical medical condition and go on to adulthood.

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

Yes, Since being founded in 1984, we are proud to have never denied a wish to a medically qualified child in our region. We will continue to sustain this project through gifts from individuals, foundations, corporations, national partners, events, etc., as the number of referrals of critically ill children continues to rise.

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

This grant has been instrumental in helping us in our goal of reaching every medically eligible child in our region. We are so grateful to Harvey Najim for his generous heart!

Through the Adopt-A-Wish program a grant of \$5,000. adopts the wish of one child. Wish types and family sizes vary so wish do wish costs. Regardless of the actual wish cost, a grant of \$5,000 adopts a wish. Wish cost reports are available and can be provided.

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
Analisa's Disneyland wish	\$5,000	\$5,000	\$4,024	\$5,000
Carolina's Hawaii wish	\$5,000	\$5,000	\$10,607	\$5,000
Cassidy's Hawaii wish	\$5,000	\$5,000	\$14,370	\$5,000
Derek's Disney World wish	\$5,000	\$5,000	\$4,533	\$5,000
Hayley's Disney World wish	\$5,000	\$5,000	\$6,914	\$5,000
Jennevie's Disney World wish	\$5,000	\$5,000	\$7,957	\$5,000
Madilyn's Disney World wish	\$5,000	\$5,000	\$3,221	\$5,000
Nadar's Hawaii wish	\$5,000	\$5,000	\$11,385	\$5,000
Timothy's Disney World wish	\$5,000	\$5,000	\$5,670	\$5,000
Zoey's Disney World wish	\$5,000	\$5,000	\$5,997	\$5,000
TOTAL:	\$50,000	\$50,000	\$74,678	\$50,000

Signature

Sarah Gaye Conner