# **REPORT 2019 July Cycle**

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GENERAL INFOI	RMATION				
Organization Informa	tion				
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	1				
Name:		Title:	Title:		
Kathrin Brewer		President & CEO			
E-Mail Address:		Phone:			
kbrewer@cstx.wish.org		(210) 862-8228			
<b>Application Contact</b>					
Name:	Title:	E-Mail Address:	Phone:		
Sarah Gaye Conner	San Antonio Regional Director	sarah@cstx.wish.org	(210) 525-9474		
REPORT INFORM	MATION				
Report Funding Cycle:		Report Date:			
2019 July Cycle		03/31/2020 12:00 am			
1: Please include in yo funded and what the f		nt of the funds that were a	warded, the date they were		
Awarded Amount: 50,000		Date: 07/26/2019			
2: Were the objectives how it was met.	s cited in your original prop	oosal met? Please address	each started objective and		
Yes, the objectives wer	e met. The grant of \$50,000	adopted the wishes of 10 cl	hildren with critical illnesses		

Yes, the objectives were met. The grant of \$50,000 adopted the wishes of 10 children with critical illnesses in San Antonio.

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?

Ten children waiting for their wishes were adopted to The Najim Charitable Foundation, and they all had life changing wish experiences.

The wish granting experience gave the children much needed hope to help them persevere through their difficult all consuming medical condition.

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

The child's wish coordinator monitors every step of the way of the wish process from conception of the wish, to the completion of the wish, and throughout the follow up with the family.

It is our goal to deliver the highest quality wishes possible. In order for us to measure our performance and continually strive to improve our services, we encourage every family to complete a Wish Satisfaction Survey at the end of the child's wish. Those results provide feedback to the board, wish team and staff to strengthen our services.

The outcome for this grant was successful. Ten children had their heartfelt wishes granted which created life changing wish experiences for them.

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

With hundreds of children in our pipeline and an unprecedented rise in referrals, we will sustain our 35 year tradition of never denying a wish to a medically qualified child by continuing to seek support from foundations, corporations, individuals, national partners, our Kids For Wish Kids school based program, external events and internal events.

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

Make-A-Wish is honored to be part of Harvey Najim's philanthropy. We value and appreciate the integral support that has enabled to make a profound difference in the lives of so many children in San Antonio.

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		Najim Funds Allocation
Adopt A Wish Program	\$4,223,015	\$50,000 (10 Wishes)	\$59,093	\$50,000
TOTAL:	\$4,223,015	\$50,000	\$59,093	\$50,000

## Signature

Sarah Gaye B. Conner