

**Lea County Board of County  
Commissioners Agency Funding Request for  
Fiscal Year 26/27**

Full Legal Organization Name	<input type="text"/>		
Mailing Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/> ZIP <input type="text"/>
President/Executive Director	<input type="text"/>		
Email Address	<input type="text"/>	Phone	<input type="text"/>
Contact Person (if different)	<input type="text"/>		
Email Address	<input type="text"/>	Phone	<input type="text"/>

Prior Year Funded Amount	<input type="text"/>	2026-2027 Request	<input type="text"/>
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**Description of Agency:** Brief Description of the organization

**Achievements:** Goals met by your organization during FY 25/26

**Scope of Work:** Brief description of services to be provided

**Number of County residents receiving a direct or first-hand impact from the Scope of Work**

**Cost per County resident  
(request divided by residents impacted)**

Total revenue from all sources  
(most recent completed fiscal year)

Total expenses from all sources  
(most recent completed fiscal year)

Total personnel costs  
(most recent completed fiscal year)

**Ratio of expense for personnel and benefits (personnel costs divided by total expenses)**