

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

Full Legal Organization Name

Mailing Address

City State ZIP

President/Executive Director

Email Address Phone

Contact Person (if different)

Email Address Phone

Prior Year Funded Amount 2026-2027 Request

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)