

**Lea County Board of County
Commissioners Agency Funding Request for
Fiscal Year 19/20**

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 **2019-2020 Request**

Description of Agency: Brief Description of the organization

Achievements: Goals met by your organization during FY 18/19

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)