

Lea County Board of County Commissioners Agency Funding Request for Fiscal Year 20/21

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		2020-2021 Request	
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Description of Agency: Brief Description of the organization

Achievements: Goals met by your organization during FY 19/20

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)