

**Lea County Board of County  
Commissioners Agency Funding Request for  
Fiscal Year 23/24**

Full Legal Organization Name

Mailing Address

City  State  ZIP

President/Executive Director

Email Address  Phone

Contact Person (if different)

Email Address  Phone

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Prior Year Funded Amount  **2023-2024 Request**

**Description of Agency:** Brief Description of the organization

**Achievements:** Goals met by your organization during FY 22/23

**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)**