) [Sec. March		
	GEO	RGIA DEPARTMENT	OF COMMUNITY AFFAIRS	122
		SERVICE DELIV	ERY STRATEGY	
	FOR_	Bleckley	COUNTY	PAGE 1
I.	GENERAL INSTRUCTIONS:			
1.	Only one set of these forms should be submitted reached by all cities and counties that were particular that were particular to the set of the	ed per county. The compl arty to the service delivery	eted forms should clearly present the co strategy.	llective agreement
2.	List each local government and/or authority th	at provides services inclu	ded in the service delivery strategy in S	ection II below.
3.			e county in Section vice delivery	
4.	For each service or service component listed i (page 2).	For each service or service component listed in Section III, complete a separate Summary of Service Delivery Arrangements form (page 2).		
5.	Complete one copy of the Summary of Land L	Ise Agreements form (pag	e 3).	1.112
6.	Have the <i>Certifications</i> form (page 4) signed b DCA cannot validate the strategy unless it is s	by the authorized represen igned by the local governme	tatives of participating local governmen nents required by law (see Instructions,	ts. Please note that page 4).
7.	Mail the completed forms along with any attac	hments to:		
	Georgia Department of Community Affair Office of Coordinated Planning 60 Executive Park South, N.E. Atlanta, Georgia 30329	rs	For answers to most frequently asked q Georgia's Service Delivery Act, links an publications, visit DCA's website at www.dca.servicedelivery.org, or call the Coordinated Planning at (404) 679-31	nd helpful • • Office of
1	Note: Any future changes to the service delivery arro strategy and submittal of revised for	ingements described on thes rms and attachments to the	e forms will require an official update of t Georgia Department of Community Affair.	he service delivery s.
In ti	. LOCAL GOVERNMENTS INCLUDED IN this section, list all local governments (including cities locate ategy.			e service delivery
Ble	eckley County, City of Allentown, City of Coc thority	hran, Hospital Authority	v, Industrial Development Authority,	Housing

III. SERVICES INCLUDED IN THE SERVICE DELIVERY STRATEGY:

For each service listed here, a separate Summary of Service Delivery Arrangements form (page 2) must be completed.

Airport, Ambulance Service, Animal Control, Board of Registrars, Cemeteries, Code Enforcement, Convention/Tourism, Courts, Cultural Programs, Economic Development, Emergency Management, Engineering, Extension Service, Fire Protection, Gas Utilities, Hospital, Indigent Defense, Jail, Land Use Plan Review, Law Enforcement, Library, Mapping/GIS, Parking Facilities, Public Works, Road/Street Construction & Maintenance, Sewage Collection/Disposal, Social Services, Solid Waste Management, Storm Water Management, Water Supply/Distribution

	United and a second sec	DEPARTMENT OF C	OMMUNITY AFFAIRS	
	S	SERVICE DELIVERY	STRATEGY	
	FOR _	Bleckley	COUNTY	PAGE 1
[. (General Instructions:			
ι.	Only one set of these forms should be submitted per or reached by all cities and counties that were party to the	county. The completed f he service delivery strate	orms should clearly present y	collective agreemen
2.	List each local government and/or authority that prov	vides services included in	the service deliver strategy in	Section II below.
3.	List all services provided or primarily funded by each III below. It is acceptable to break a service into sepa strategy.	h general purpose local g arate components if this	overnment ar authority within will facility c description of the s	the county in Section service delivery
4.	For each service or service component listed in Secti (page 2).	ion III, com lete a separ	ate fummary of Service Delivery	Arrangements for
5.	Complete one copy of the Summary of Land Use Age			
6.	Have the <i>Certifications</i> form (page 4) signed by the a DCA cannot validate the strategy unless it is signed by	authorize epre-entative by the h-cal ge ernments	es of participating local governments required by law (see Instruction	ents. Please note that is, page 4).
7.	Mail the completed forms along with any attachment	s to:		
	Georgia Department of Community Affair Office of Coordinated Planning 60 Executive Park South, N.E Atlanta, Georgia 30329		For answers to most frequently asked Georgia's Service Delivery Act, link ublications, visit DCA's website at www.dca.servicedelivery.org, or call Coordinated Planning at (404) 679-	s and helpful I the Office of
1	Note: Any future changes to the service delivery arrangeme strategy and submittal of revised forms an	ents described on these for a attachments to the Geor	ms will require an official update of a second s The second s	of the service delivery fairs.
Π	LOCAL GOVERNMENTS INCLUYED IN THI	E SERVICE DELIVE	RY STRATEGY:	n the service delivery
	his section, list all local governments (including areas localed parts	any within the county, and ad		
	eckley County			
Ho	spital Authority Justrial Development Authority			
	busing Authority			
	I. SERVICES INCLUDED IN THE SERVICE DE			
Fo	each service listed here, a separate Summary of Service Delivery A	arrangements form (page 2) m	ust be completed.	
	rport, Ambulan e Service, Animal Control, Board onvention/Tourism, Courts, Cultural Programs, Ec nergency Medical/Rescue, Extension Service, Fi ils, Law Enforcement, Libraries, Mapping/GIS Pa oning, Public Health Services, Public Housing, Pu onstruction, Sewage Collection/Disposal, Social S anagement, Water Supply/Distribution	conomic Development re Protection, Gas Uti arking Facilities, Park ublic Transportation, P	t, Emergency Management, lities, Hospital, Indigent Defe s and Recreation, Planning a ublic Works: Road/Street	na

SERVICE DELIVERY STRATES SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

PAGE 2

Instructions:

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.

County: Bleckley

Service: Airport

- 1. Check the box that best describes the agreed upon delivery arrangement for this service:
 - Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
 - Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
 - One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
 - □ One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
 - □ Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)
- 2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.).

Local Government or Authority: Funding Method:

City of Cochran	General Fund	

5. List any formal service delivery agreements or service:	intergovernmental contracts that will be used to imp	lement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
6. What other mechanisms (if any) will be used to General Assembly, rate or fee changes, etc.), ar None	implement the strategy for this service (e.g., ordinar ad when will they take effect?	nces, resolutions, local acts of the
7. Person completing form: Kelly Bowen		
Phone number: (912) 374-4771	Date completed: 6/1/98	
8. Is this the person who should be contacted by st consistent with the service delivery strategy?	tate agencies when evaluating whether proposed loca	l government projects are
If not, provide designated contact person(s) and	phone number(s) below:	

SERVICE DELIVERY STRATEGY SUMARY OF SERVICE DELIVERY ARRANMENTS

Instructions:

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.

County: Bleckley

Service: Ambulance Service

- 1. Check the box that best describes the agreed upon delivery arrangement for this service:
 - Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
 - □ Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
 - □ One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
 - □ One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
 - □ Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)
- 2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

If these conditions will be eliminated under the strategy, **attach an implementation schedule** listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.).

Local Government or Authority: Funding Method:

Bleckley County	General Fund	

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
	be used to implement the strategy for this service	e (e.g., ordinances, resolutions, local acts of the
	as ata) and when will they take affead?	
General Assembly, rate or fee chang	es, etc.), and when will they take effect?	
General Assembly, rate or fee chang	es, etc.), and when will they take effect?	
General Assembly, rate or fee chang	es, etc.), and when will they take effect?	
General Assembly, rate or fee chang	es, etc.), and when will they take effect?	
General Assembly, rate or fee chang	es, etc.), and when will they take effect?	
7. Person completing form: <u>Kelly Bo</u>		
		8
7. Person completing form: <u>Kelly Boy</u> Phone number: <u>(912) 374-4771</u>	wen Date completed: 7-16-9 tacted by state agencies when evaluating whether	and the second second second second

SERVICE DELIVERY STRATEST SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

PAGE 2

Instructions:

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.

County: Bleckley	Service: Animal Control
1. Check the box that best describe	es the agreed upon delivery arrangement for this service:
Service will be provided council checked, identify the government.	ntywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is nent, authority or organization providing the service.)
Service will be provided only identify the government, auth	in the unincorporated portion of the county by a single service provider. (If this box is checked, nority or organization providing the service.)
One or more cities will provide unincorporated areas. (If this	de this service only within their incorporated boundaries, and the service will not be provided in box is checked, identify the government(s), authority or organization providing the service.)
One or more cities will provide unincorporated areas. (If this	de this service only within their incorporated boundaries, and the county will provide the service in box is checked, identify the government(s), authority or organization providing the service.)
Other. (If this box is checked government, authority, or oth	, attach a legible map delineating the service area of each service provider, and identify the er organization that will provide service within each service area.)
2. In developing the strategy, were □ Yes ☑ No	overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will continue un higher levels of service (See O.C.C competition cannot be eliminated).	nder the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or
If these conditions will be eliminate taken to eliminate them, the respon	ed under the strategy, attach an implementation schedule listing each step or action that will be usible party and the agreed upon deadline for completing it.
3. List each government or authori funds, user fees, general funds, a indebtedness, etc.).	ty that will help to pay for this service and indicate how the service will be funded (e.g., enterprise special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
City of Cochran	General Fund
	-
4. How will the strategy change the No change anticipated.	e previous arrangements for providing and/or funding this service within the county?

5. List any formal service delivery	agreements or intergovernmental contracts that will be used to implement the strategy for	• this
service:		

Agreement Name:	Contracting Parties:	Effective and Ending Dates:

6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect? None

7. Person completing form: Kelly Bowen

Phone number: (912) 374-4771

Date completed: 6/1/98

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? 🗹 Yes 🗆 No

If not, provide designated contact person(s) and phone number(s) below:

SERVICE DELIVERY STRATEGY SUR ARY OF SERVICE DELIVERY ARRAN MENTS

PAGE 2



Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.

County: Bleckley

Service: Board of Registrars

- 1. Check the box that best describes the agreed upon delivery arrangement for this service:
 - Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
 - □ Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
 - One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
 - □ One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
 - □ Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)
- 2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.).

Local Government or Authority: Funding Method:

Bleckley County	General Fund	

service:	br intergovernmental contracts that will	be us implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
		ce (e.g., ordinances, resolutions, local acts of the
7. Person completing form: Kelly Bowen		
7. Person completing form: <u>Kelly Bowen</u> Phone number: <u>(912) 374-4771</u>	Date completed: 7-16-	98
	Date completed: 7-16-	

SERVICE DELIVERY STRATEGY SUM RY OF SERVICE DELIVERY ARRANCEMENTS

Instructions:

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.

County: Bleckley

Service: Code Enforcement

- 1. Check the box that best describes the agreed upon delivery arrangement for this service:
 - □ Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
 - □ Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
 - □ One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
 - One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
 - □ Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)
- 2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

If these conditions will continue under the strategy, **attach an explanation for continuing the arrangement** (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

If these conditions will be eliminated under the strategy, **attach an implementation schedule** listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.).

Local Government or Authority: Funding Method:

Bleckley County	General Fund and Fees
City of Cochran	General Fund and Fees

Question 2. Continued

It was determined that there is overlapping service in this area. Bleckley County has a code enforcement officer, and the City of Cochran has a code enforcement officer. The Service Delivery Strategy Committee has recommended to the county and city that the two offices be merged. The current conditions will continue until city and county officials can investigate the feasibility of combining the two offices.

5. List any formal service delivery agree service:	emor intergovernmental contracts that will be	e us implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
6. What other mechanisms (if any) will	be used to implement the strategy for this service.	(e.g., ordinances, resolutions, local acts of the
General Assembly, rate or fee change	es, etc.), and when will they take effect?	
General Assembly, rate or fee change 7. Person completing form: <u>Kelly Boy</u>	es, etc.), and when will they take effect?	
General Assembly, rate or fee chang	es, etc.), and when will they take effect?	

SERVICE DELIVERY STRATEGY SUN ARY OF SERVICE DELIVERY ARRAN MENTS

PAGE 2



Instructions:

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.

County: Bleckley

Service: Convention/Tourism

- 1. Check the box that best describes the agreed upon delivery arrangement for this service:
 - Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
 - Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
 - □ One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
 - □ One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
 - □ Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)
- 2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.).

Local Government or Authority: Funding Method:

City of Cochran	General Fund and Motel Tax
Bleckley County	General Fund

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
Cochran-Bleckley County Chamber of	City of Cochran & Bleckley County	annual
Commerce		
6. What other mechanisms (if any) will be used General Assembly, rate or fee changes, etc.).	to implement the strategy for this service (e.g., or , and when will they take effect?	dinances, resolutions, local acts of the
7. Person completing form: Kelly Bowen		
7. Person completing form: <u>Kelly Bowen</u> Phone number: <u>(912)</u> 374-4771	Date completed:7-16-98	

SERVICE DELIVERY STRATEOY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

PAGE 2

Instructions:

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.

County: Bleckley	Service: Cemeteries

- 1. Check the box that best describes the agreed upon delivery arrangement for this service:
 - □ Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
 - Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
 - One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
 - □ One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
 - □ Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)
- 2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.).

Local Government or Authority: Funding Method:

City of Cochran	General Fund	

5. List any formal service delivery agreements service:	or intergovernmental contracts that will be used to in	mplement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
o. what other mechanisms (if any) will be used General Assembly, rate or fee changes, etc.). None	to implement the strategy for this service (e.g., ordi , and when will they take effect?	nances, resolutions, local acts of the
7. Person completing form: Kelly Bowen		
Phone number: (912) 374-4771	Date completed: <u>6/1/98</u>	
 8. Is this the person who should be contacted by consistent with the service delivery strategy? If not, provide designated contact person(s) and the service delivery strategy of the service delivery strategy? 		ocal government projects are

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

PAGE 2

Instructions:

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.

1	County: Bleckley	Service: Courts

- 1. Check the box that best describes the agreed upon delivery arrangement for this service:
 - □ Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
 - Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
 - □ One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
 - One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
 - □ Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)
- 2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

If these conditions will be eliminated under the strategy, **attach an implementation schedule** listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.).

Local Government or Authority: Funding Method:

City of Cochran	General Fund	
Bleckley County	General Fund	
	HI GOL	

5. List any formal service delivery agreements or in service:	ntergovernmental contracts that will be used to impl	lement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
6. What other mechanisms (if any) will be used to i General Assembly, rate or fee changes, etc.), and None		nces, resolutions, local acts of the
7. Person completing form: Kelly Bowen		
Phone number: (912) 374-4771	Date completed: 6/1/98	
8. Is this the person who should be contacted by sta consistent with the service delivery strategy?		al government projects are
If not, provide designated contact person(s) and	phone number(s) below:	

SERVICE DELIVERY STRATEGY SUN ARY OF SERVICE DELIVERY ARRAN MENTS

PAGE 2

Instructions:

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.

County: Bleckley

Service: Cultural Programs

- 1. Check the box that best describes the agreed upon delivery arrangement for this service:
 - Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
 - Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
 - Cone or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
 - □ One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
 - Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)
- 2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.).

Local Government or Authority: Funding Method:

City of Cochran	General Fund	
Bleckley County	General Fund	

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
	will be used to implement the strategy for this service (nanges, etc.), and when will they take effect?	(e.g., ordinances, resolutions, local acts of the
• '		
7. Person completing form: Kelly	Bowen	
7. Person completing form: <u>Kelly</u> Phone number: <u>(912) 374-477</u>		
· · · · · · · · · · · · · · · · · · ·	Date completed: 7-16-98 contacted by state agencies when evaluating whether p	

SERVICE DELIVERY STRATEGY SUMARY OF SERVICE DELIVERY ARRAN MENTS

PAGE 2

Instructions:

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.

County: Bleckley

Service: Economic Development

- 1. Check the box that best describes the agreed upon delivery arrangement for this service:
 - Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
 - Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
 - □ One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
 - One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
 - □ Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)
- 2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

If these conditions will be eliminated under the strategy, **attach an implementation schedule** listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.).

Local Government or Authority: Funding Method:

City of Cochran	General Fund	
Bleckley County	General Fund	
Cochran-Bleckley	1% Sales Tax	
Industrial Authority		

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
•		
		ce (e.g., ordinances, resolutions, local acts of the
General Assembly, rate or fee changes	, etc.), and when will they take effect?	
General Assembly, rate or fee changes	, etc.), and when will they take effect?	
General Assembly, rate or fee changes	, etc.), and when will they take effect?	
General Assembly, rate or fee changes	, etc.), and when will they take effect?	
General Assembly, rate or fee changes	, etc.), and when will they take effect?	
General Assembly, rate or fee changes 7. Person completing form: Kelly Bow		
		98

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

PAGE 2

Instructions:

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.

County: Bleckley

Service: Emergency Medical/Rescue

- 1. Check the box that best describes the agreed upon delivery arrangement for this service:
 - Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
 - Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
 - □ One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
 - □ One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
 - Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)
- 2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

If these conditions will be eliminated under the strategy, **attach an implementation schedule** listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.).

Local Government or Authority: Funding Method:

City of Cochran	General Fund		
Bleckley County	General Fund		
		-	

5. List any formal service delivery agreements or intergovernmenta	l contracts that will be used to implement the strategy for this
service:	

Agreement Name:	Contracting Parties:	Effective and Ending Dates:

6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect? None.

7. Person completing form: Kelly Bowen

Phone number: (912) 374-4771

_ Date completed: 6/1/98

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? If Yes D No

If not, provide designated contact person(s) and phone number(s) below:

SERVICE DELIVERY STRATEST SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

PAGE 2

Instructions:

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.

County: Bleckley Service: Emergency Management

1.0	Check the box	that best descri	es the agreed upor	n delivery arrangement	for this service:
-----	---------------	------------------	--------------------	------------------------	-------------------

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)

Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)

One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)

- □ One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- □ Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)
- 2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.).

Local Government or Authority: Funding Method:

City of Cochran	General Fund	
Bleckley County	General Fund	

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county? No change anticipated.

.

5. List any formal service delivery agreeme service:	or intergovernmental contracts that will b	e us implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
General Assembly rate or fee abarras	sed to implement the strategy for this service	(
General Assembly, rate or fee changes, et	c.), and when will they take effect?	
General Assembly, rate or fee changes, et 7. Person completing form: <u>Kelly Bowen</u>	c.), and when will they take effect?	
General Assembly, rate or fee changes, et	c.), and when will they take effect? Date completed: 7-16-9	
General Assembly, rate or fee changes, et 7. Person completing form: <u>Kelly Bowen</u>	c.), and when will they take effect? Date completed: 7-16-9 by state agencies when evaluating whether	8

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

Instructions:

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.

County: Bleckley

Service: Engineering

PAGE 2

- 1. Check the box that best describes the agreed upon delivery arrangement for this service:
 - □ Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
 - □ Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- □ Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)
- 2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.).

Local Government or Authority: Funding Method:

City of Allentown	General Fund	

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?

No change anticipated.

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
General Assembly, rate or fee changes	etc.) and when will they take effect?	e (e.g., ordinances, resolutions, local acts of the
General Assembly, rate or fee changes, None	etc.), and when will they take effect?	
General Assembly, rate or fee changes, None	etc.), and when will they take effect?	
General Assembly, rate or fee changes, None	etc.), and when will they take effect?	
 General Assembly, rate or fee changes, None 7. Person completing form: <u>Billy Ray Go</u> Phone number: <u>(912) 934-3200</u> 	etc.), and when will they take effect? odfrey Date completed: 08/12/ ed by state agencies when evaluating whether	99

SERVICE DELIVERY STRATEGY ARY OF SERVICE DELIVERY ARRAN MENTS

PAGE 2

Instructions:

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.

County: Bleckley

Service: Extension Service

1. Check the box that best describes the agreed upon delivery arrangement for this service:

SUN

- Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- □ One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- □ One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- □ Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)
- 2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.).

Local Government or Authority: Funding Method:

Bleckley County	General Fund and State Funds

5. List any formal service delivery ag service:	greeme br intergovernmental contracts that will	be us implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
General Assembly, rate or fee char	nges, etc.), and when will they take effect?	
7. Person completing form: Kelly E	Bowen	
Phone number: (912) 374-4771	Date completed: 7-16-	98
8. Is this the person who should be consistent with the service delivery	ontacted by state agencies when evaluating whether y strategy? I Yes I No	r proposed local government projects are
If not, provide designated contact p	person(s) and phone number(s) below:	

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

Instructions:

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.

County: Bleckley

Service: Fire Protection

- 1. Check the box that best describes the agreed upon delivery arrangement for this service:
 - □ Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
 - Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
 - □ One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
 - □ One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)
- Bieckley County and the City of Cochran jointly fund & operate a fire department which serves both Bieckley County and Cochran. The City of Allentown also provides fire protection for its residents. 2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

If these conditions will be eliminated under the strategy, **attach an implementation schedule** listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.).

Local Government or Authority: Funding Method:

Bleckley County	General Fund	
City of Cochran	General Fund	
City of Allentown	General Fund	

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?

No change anticipated.

5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
Agreement Between the City of Cochran	Bleckley County and the City of Cochran	1/81 -
And County of Bleckley		

6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect? None

7. Person completing form: Billy Ray Godfrey

Phone number: (912) 934-3200

Date completed: 08/12/99

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? If Yes D No

If not, provide designated contact person(s) and phone number(s) below:

SERVICE DELIVERY STRATEGY SUM ARY OF SERVICE DELIVERY ARRANCE

PAGE 2

Instructions:

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.

County: Bleckley

Service: Fire Protection

- 1. Check the box that best describes the agreed upon delivery arrangement for this service:
 - Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
 - Service will be provided only in the unincorporated portion of the county by a single service provider (If this box is checked, identify the government, authority or organization providing the service.)
 - □ One or more cities will provide this service only within their incorporated bound ries, a the ervice will not be provided in unincorporated areas. (If this box is checked, identify the government(s), where or point ation providing the service.)
 - □ One or more cities will provide this service only within their incorporated to inde the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), automaty or organization providing the service.)
 - Cher. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service with new service area.)
- 2. In developing the strategy, were overlapping service areas, unnecessary comparison and/or duplication of this service identified?

If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of an eduplication, or reasons that overlapping service areas or competition cannot be eliminated).

If these conditions will be eliminated under the trateg, a tack an inclementation schedule listing each step or action that will be taken to eliminate them, the responsible arty of the agree 1 por caddine for completing it.

3. List each government or authority the will ele to rev for the ervice and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district rev rues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.).

Local Government or Authority: Funding Method.

City of Cochran	General Fund	
Bleckley County	General Fung	
- Constant - Constant		

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
	City of Cochran & Bleckley County	
6. What other mechanisms (if any) will be u		
General Assembly, rate or fee changes, e	cc.), and when will they take effect?	
7. Person completing form: <u>Kelly Bowen</u>	cc.), and when will they take effect?	
	cc.), and when will they take effect?Date completed: 7-16-98	
7. Person completing form: <u>Kelly Bowen</u> Phone number: <u>(912)</u> 374-4771	c.), and when will they take effect?Date completed: 7-16-98Date state agencies when evaluating whether propose	

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

PAGE 2

Instructions:

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.

County: Bleckley	Service: Gas Utilities	
1. Check the box that best describe	s the agreed upon delivery arrangement for this service:	
Service will be provided count checked, identify the government	tywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is sent, authority or organization providing the service.)	
Service will be provided only identify the government, authority	in the unincorporated portion of the county by a single service provider. (If this box is checked, ority or organization providing the service.)	
One or more cities will provide unincorporated areas. (If this I	e this service only within their incorporated boundaries, and the service will not be provided in box is checked, identify the government(s), authority or organization providing the service.)	
One or more cities will provide unincorporated areas. (If this I	e this service only within their incorporated boundaries, and the county will provide the service in box is checked, identify the government(s), authority or organization providing the service.)	
Other. (If this box is checked, government, authority, or other	attach a legible map delineating the service area of each service provider, and identify the er organization that will provide service within each service area.) City of Cochran	
2. In developing the strategy, were Yes V No	overlapping service areas, unnecessary competition and/or duplication of this service identified?	
If these conditions will continue un higher levels of service (See O.C.G competition cannot be eliminated).	der the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or	
	ed under the strategy, attach an implementation schedule listing each step or action that will be sible party and the agreed upon deadline for completing it.	
3. List each government or authorit funds, user fees, general funds, s indebtedness, etc.).	y that will help to pay for this service and indicate how the service will be funded (e.g., enterprise pecial service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded	
Local Government or Authority:	Funding Method:	
City of Cochran	Gas Fund	
-		
4. How will the strategy change the No change anticipated.	previous arrangements for providing and/or funding this service within the county?	
5. List any formal service delivery agreements of service:	or intergovernmental contracts that will be used to in	nplement the strategy for this
--	--	--------------------------------
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
	to implement the strategy for this service (e.g., ordi	
General Assembly, rate or fee changes, etc.), None	and when will they take effect?	
7. Person completing form: Kelly Bowen		
Phone number: (912) 374-4771	Date completed: 6/1/98	
consistent with the service delivery strategy?		ocal government projects are
If not, provide designated contact person(s) at	nd phone number(s) below:	





PAGE 2

Instructions:

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.

County: Bleckley

Service: Hospital

- 1. Check the box that best describes the agreed upon delivery arrangement for this service:
 - Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
 - □ Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
 - One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
 - □ One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
 - □ Other. (If this box is checked, attach a legible map delineating the service area of each service_provider, and identify the government, authority, or other organization that will provide service within each service area.)
- 2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

If these conditions will be eliminated under the strategy, **attach an implementation schedule** listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.).

Local Government or Authority: Funding Method:

Bleckley County	General Fund		
		-	

5. List any formal service delivery agree	ments or intergovernmental contracts th	hat will be used to implement the strategy for this
service:		

Agreement Name:	Contracting Parties:	Effective and Ending Dates:

6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect? None.

7. Person completing form: Kelly Bowen

Phone number: (912) 374-4771

Date completed: 6/1/98

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? 2 Yes D No

If not, provide designated contact person(s) and phone number(s) below:

PAGE 2



Instructions:

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.

County: Bleckley	Service: Indigent Defense
1. Check the box that best describes the agreed upon delivery a	urangement for this service:
Service will be provided countywide (i.e., including all ci checked, identify the government, authority or organization	ties and unincorporated areas) by a single service provider. (If this box is on providing the service.)

□ Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)

- One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- □ Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)
- 2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.).

Local Government or Authority: Funding Method:

Bleckley County	General Fund	

5. List any formal service delivery a	greements or intergovernmental contracts	that will be used to implement the strategy for this
service:		

Agreement Name:	Contracting Parties:	Effective and Ending Dates:

6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect? None

7. Person completing form: Kelly Bowen

Phone number: (912) 374-4771

Date completed: 6/1/98

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? 🗹 Yes 🗅 No

If not, provide designated contact person(s) and phone number(s) below:

PAGE 2



Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.

County: Bleckley

Service: Jails

- 1. Check the box that best describes the agreed upon delivery arrangement for this service:
 - Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
 - Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
 - One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
 - □ One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
 - □ Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)
- 2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.).

Local Government or Authority: Funding Method:

Bleckley County	General Fund and Fees		
		- math a star	

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
6. What other mechanisms (if any) wi	ll be used to implement the strategy for this servi	e (e.g., ordinances, resolutions, local acts of th
General Assembly, rate or fee chan	ges, etc.), and when will they take effect?	
	ges, etc.), and when will they take effect?	
General Assembly, rate or fee chan 7. Person completing form: <u>Kelly B</u> Phone number: <u>(912)</u> 374-4771	ges, etc.), and when will they take effect?	

Instructions:

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.

County: Bleckley

Service: Land Use Plan Review

- 1. Check the box that best describes the agreed upon delivery arrangement for this service:
 - □ Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
 - □ Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- □ One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)
- 2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

If these conditions will be eliminated under the strategy, **attach an implementation schedule** listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.).

Local Government or Authority: Funding Method:

City of Allentown	General Fund	-

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?

No change anticipated.

PAGE 2

5. List any formal service delivery agreements or service:	intergovernmental contracts that will be used to imp	plement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
General Assembly, rate or fee changes, etc.), a None	o implement the strategy for this service (e.g., ordina and when will they take effect?	inces, resolutions, local acts of the
7. Person completing form: Billy Ray Godfrey		
Phone number: (912) 934-3200	Date completed: 08/12/99	
8. Is this the person who should be contacted by consistent with the service delivery strategy?	state agencies when evaluating whether proposed loc Yes No	al government projects are
If not, provide designated contact person(s) an	d phone number(s) below:	

PAGE 2



Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.

County: Bleckley

Service: Law Enforcement

- 1. Check the box that best describes the agreed upon delivery arrangement for this service:
 - □ Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
 - Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
 - □ One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
 - One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
 - □ Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)
- 2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

If these conditions will continue under the strategy, **attach an explanation for continuing the arrangement** (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.).

Local Government or Authority: Funding Method:

General Fund	· · · · · · · · · · · · · · · · · · ·
General Fund	

Question 2. Continued

It was determined that there is overlapping service in this area. This is an inherent condition due to the jurisdictional boundaries. County law enforcement officers patrol mostly in the unincorporated areas of the county, but can patrol within the city limits of Cochran since it is part of the county. However, city law enforcement officers provide a higher level of service within the city limits than the county officers. Therefore, this is not viewed as a problem area.

5. List any formal service delivery agreements or intergo	vernmental contracts that will be used to implement the strategy for this
service:	

Agreement Name:	Contracting Parties:	Effective and Ending Dates:

6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect? None

7. Person completing form: Kelly Bowen

Phone number: (912) 374-4771

Date completed: 6/1/98

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? 🗹 Yes 🗅 No

If not, provide designated contact person(s) and phone number(s) below:

PAGE 2

Instructions:

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.

County: Bleckley	Service: Libraries
1. Check the box that best describe	s the agreed upon delivery arrangement for this service:
	tywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is sent, authority or organization providing the service.)
	in the unincorporated portion of the county by a single service provider. (If this box is checked, ority or organization providing the service.)
	e this service only within their incorporated boundaries, and the service will not be provided in box is checked, identify the government(s), authority or organization providing the service.)
	e this service only within their incorporated boundaries, and the county will provide the service in box is checked, identify the government(s), authority or organization providing the service.)
	attach a legible map delineating the service area of each service provider, and identify the er organization that will provide service within each service area.)
2. In developing the strategy, were Yes 2 No	overlapping service areas, unnecessary competition and/or duplication of this service identified?
	der the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or
	ed under the strategy, attach an implementation schedule listing each step or action that will be sible party and the agreed upon deadline for completing it.
	y that will help to pay for this service and indicate how the service will be funded (e.g., enterprise pecial service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
Bleckley County	General Fund
City of Cochran	General Fund

 List any formal service delivery agreements or service: 	intergovernmental contracts that will be used to imp	lement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
General Assembly, rate or fee changes, etc.), a None	o implement the strategy for this service (e.g., ordinar nd when will they take effect?	
7. Person completing form: Kelly Bowen		
Phone number: (912) 374-4771	Date completed: 6/1/98	
8. Is this the person who should be contacted by s consistent with the service delivery strategy?	state agencies when evaluating whether proposed loca Yes I No	al government projects are
If not, provide designated contact person(s) and	d phone number(s) below:	

Instructions:

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.

County: Bleckley

Service: Mapping/GIS

- 1. Check the box that best describes the agreed upon delivery arrangement for this service:
 - □ Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
 - □ Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- □ One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- □ One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- C Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.) Bleckley County provides this service countywide, and the City of Allentown provides this service.
- 2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

If these conditions will be eliminated under the strategy, **attach an implementation schedule** listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.).

Local Government or Authority: Funding Method:

Bleckley County	General Fund	
City of Allentown	General Fund	

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?

No change anticipated.

PAGE 2

5. List any formal service delivery agreements or service:	r intergovernmental contracts that will be used to imp	lement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
6. What other mechanisms (if any) will be used to General Assembly, rate or fee changes, etc.), a None	o implement the strategy for this service (e.g., ordinal and when will they take effect?	nces, resolutions, local acts of the
7. Person completing form: Billy Ray Godfrey		
Phone number: (912) 934-3200	Date completed: 08/12/99	Call and the second
consistent with the service delivery strategy?		al government projects are
If not, provide designated contact person(s) and	d phone number(s) below:	

PAGE 2

Instructions:

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.

County:	Bleckley	

Service: Mapping/GIS

- 1. Check the box that best describes the agreed upon delivery arrangement for this service:
 - Service will be provided countywide (i.e., including all cities and unincorporated areas) by a ingle service provider. (If this box is checked, identify the government, authority or organization providing the service.)
 - □ Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
 - One or more cities will provide this service only within their incorporated bound ries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government's authorized areas and the service.)
 - □ One or more cities will provide this service only within their if corp. ref. boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the gor ref. (a), authority or organization providing the service.)
 - □ Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)
- 2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)) the indice of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

If these conditions will be eliminated up der the strateg, at ach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the ag ced upon deadline for completing it.

3. List each government or authority that with the to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service distance revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.).

Local Government or Authority: Funding Mer od:

Bleckley County	General und	

5. List any formal service delivery agreements of service:	or intergovernmental contracts that will be us	ed to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
6. What other mechanisms (if any) will be used General Assembly, rate or fee changes, etc.), None		g., ordinances, resolutions, local acts of the
7. Person completing form: Kelly Bowen		
Phone number: (912) 374-4771	Date completed: 6/1/98	
8. Is this the person who should be contacted by consistent with the service delivery strategy?	y state agencies when evaluating whether pro Yes D No	posed local government projects are
If not, provide designated contact person(s) a	nd phone number(s) below:	

PAGE 2

Instructions:

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.

County: Bleckley

Service: Parking Facilities

- 1. Check the box that best describes the agreed upon delivery arrangement for this service:
 - □ Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
 - □ Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
 - □ One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
 - □ One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.) Bleckley County
- 2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.).

Local Government or Authority: Funding Method:

Bleckley County	General Fund	
		·
	and the second	

5. List any formal service delivery again service:	reements or intergovernmental contracts that will b	be used to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
	Il be used to implement the strategy for this servic ges, etc.), and when will they take effect?	e (e.g., ordinances, resolutions, local acts of the
7. Person completing form: Kelly Be	owen	
Phone number: (912) 374-4771	Date completed: 6/1/98	3
8. Is this the person who should be co consistent with the service delivery	ntacted by state agencies when evaluating whether strategy? 27 Yes I No	r proposed local government projects are
If not, provide designated contact p	erson(s) and phone number(s) below:	



PAGE 2



Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.

County: Bleckley

Service: Parks & Recreation

- 1. Check the box that best describes the agreed upon delivery arrangement for this service:
 - Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
 - Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
 - One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
 - □ One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.).

City of Cochran	General Fund & User Fees	
Bleckley County	General Fund & User Fees	
-		

Local Government or Authority: Funding Method:

A	Contracting Dortion	Effective and Ending Dates:
Agreement Name:	Contracting Parties:	Effective and Ending Dates.
	ill be used to implement the strategy for this servic	e (e.g., ordinances, resolutions, local acts of the
General Assembly, rate or fee char	nges, etc.), and when will they take effect?	
7. Person completing form: Kelly E		
7. Person completing form: <u>Kelly E</u> Phone number: <u>(912) 374-4771</u>		98
Phone number: (912) 374-4771	Bowen Date completed: 7-16-	
Phone number: (912) 374-4771	Bowen Date completed: 7-16-	

RECREATION MAP



PAGE 2

Instructions:

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.

County: Bleckley

Service: Planning and Zoning

- 1. Check the box that best describes the agreed upon delivery arrangement for this service:
 - □ Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
 - Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
 - One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
 - □ One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
 - □ Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)
- 2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.).

Local Government or Authority: Funding Method:

City of Cochran	General Fund and Fees	

5. List any formal service delivery agreement service:	s or intergovernmental contracts that will be	used to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
6. What other mechanisms (if any) will be use		
None Kelly Bowen		
7. Person completing form: Kelly Bowen	Date completed: 6/1/98	
Phone number: (912) 374-4771		
8. Is this the person who should be contacted consistent with the service delivery strateg	by state agencies when evaluating whether p y? 27 Yes I No	roposed local government projects are
If not, provide designated contact person(s) and phone number(s) below:	

PAGE 2

Instructions:

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.

County: Bleckley

Service: Public Health Service

- 1. Check the box that best describes the agreed upon delivery arrangement for this service:
 - Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
 - Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
 - One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
 - One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
 - □ Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)
- 2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.).

Local Government or Authority: Funding Method:

Bleckley County	General Fund & User Fees & State Funds	

5. List any formal service delivery agreem service:	br intergovernmental contracts that will	be us implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
6. What other mechanisms (if any) will be General Assembly, rate or fee changes,		ce (e.g., ordinances, resolutions, local acts of th
7. Person completing form: Kelly Bowe	n	
Phone number: (912) 374-4771	Date completed: 7-16-	-98
8. Is this the person who should be contact consistent with the service delivery stra	ted by state agencies when evaluating whethe tegy? 2 Yes a No	r proposed local government projects are
If not, provide designated contact person		

PAGE 2

Instructions:

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.

County: Bleckley

Service: Public Housing

- 1. Check the box that best describes the agreed upon delivery arrangement for this service:
 - Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
 - □ Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
 - One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
 - □ One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
 - □ Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)
- 2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

If these conditions will be eliminated under the strategy, **attach an implementation schedule** listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.).

Local Government or Authority: Funding Method:

Housing Authority	Rent and Federal Funding

 List any formal service delivery agre service: 	ements or intergovernmental contracts that will be used to	o implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
6. What other mechanisms (if any) will General Assembly, rate or fee change None	be used to implement the strategy for this service (e.g., or es, etc.), and when will they take effect?	rdinances, resolutions, local acts of the
7. Person completing form: Kelly Bov	ven	
Phone number: (912) 374-4771	Date completed: 6/1/98	
8. Is this the person who should be cont consistent with the service delivery s	tacted by state agencies when evaluating whether propose strategy? 2 Yes I No	d local government projects are
If not, provide designated contact per	rson(s) and phone number(s) below:	

PAGE 2

Instructions:

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.

County: Bleckley

Service: Public Transportation

- 1. Check the box that best describes the agreed upon delivery arrangement for this service:
 - Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
 - Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
 - □ One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
 - □ One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
 - □ Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)
- 2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

If these conditions will be eliminated under the strategy, **attach an implementation schedule** listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.).

Local Government or Authority: Funding Method:

Bleckley County	General Fund, Federal Funding and Fees	

Agreement Name: 6. What other mechanisms (if any) will be used to	Contracting Parties:	Effective and Ending Dates:
	o implement the strategy for this are i	
	o implement the strategy for this series	
	a implement the strategy for this same	
General Assembly, rate or fee changes, etc.), a		ice (e.g., ordinances, resolutions, local acts of the
7. Person completing form: Kelly Bowen		
Phone number: (912) 374-4771	Date completed: 7-16	-98
 8. Is this the person who should be contacted by s consistent with the service delivery strategy? If not, provide designated contact person(s) and 	Yes 🗆 No	er proposed local government projects are

Instructions:

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.

County: Bleckley

Service: Public Works

PAGE 2

- 1. Check the box that best describes the agreed upon delivery arrangement for this service:
 - □ Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
 - □ Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
 - □ One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
 Bleckley County, City of Allentown, City of Cochran
- Bleckley County, City of Allentown, City of Cochran Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)
- 2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.).

Local Government or Authority: Funding Method:

Bleckley County	General Fund
City of Allentown	General Fund
City of Cochran	General Fund

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?

No change anticipated.

5. List any formal service delivery agrees service:	nents or intergovernmental contracts that will b	be used to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
6 What other mechanisms (if any) will b		
General Assembly, rate or fee changes None	, etc.), and when will they take effect?	e (e.g., ordinances, resolutions, local acts of the
General Assembly, rate or fee changes	, etc.), and when will they take effect?	e (e.g., ordinances, resolutions, local acts of the
None	, etc.), and when will they take effect?	
7. Person completing form: <u>Billy Ray G</u> Phone number: <u>(912)</u> 934-3200	odfreyDate completed: 08/12/9	99
SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

PAGE 2

Instructions:

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.

County: Bleckley	Service: Public Works
1. Check the box that best desc	cribes the agreed upon delivery arrangement for this service:
Service will be provided of checked, identify the gov	countywide (i.e., including all cities and unincorporated areas) by single service provider. (If this box is vernment, authority or organization providing exercice.)
Service will be provided of identify the government,	only in the unincorporated portion of the country of a single service provider. (If this box is checked, authority or organization providing the rvice.)
One or more cities will pr unincorporated areas. (If	rovide this service only within their increase and bour saries, and the service will not be provided in this box is checked, identify (the provided in the service) and the service.)
One or more cities will pr unincorporated areas. (If	rovide this service only with the circle or porated boundaries, and the county will provide the service in this box is checked, identify the government(r, authority or organization providing the service.)
Other. (If this box is chec government, authority, or	eked, attach a legible map den eating the service area of each service provider, and identify the rother organization that we provide service within each service area.)
2. In developing the strategy, v □ Yes ☑ No	were overlapping service reas, unnecessary competition and/or duplication of this service identified?
If these conditions will continu higher levels of service (See O competition cannot be eliminat	ie under the strategy ach an explanation for continuing the arrangement (i.e., overlapping but overriding benefits of the duplication, or reasons that overlapping service areas or ted)
If these conditions will be elim taken to eliminate them, the re	
funds, user fees, general fun indebtedness, etc.).	ority will help to say for this service and indicate how the service will be funded (e.g., enterprise as, special service diffict revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority	
Bleckley County	General Jund Gener / Fund
City of Cochran	
*	
4 TT	
4. How will the strategy change No change anticipated.	e the privious arrangements for providing and/or funding this service within the county?
No change anticipated.	
	-

5. List any formal service delivery agreem service:	ents or intergovernmental contracts that will b	be used to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
6. What other mechanisms (if any) will be General Assembly, rate or fee changes, None	used to implement the strategy for this service etc.), and when will they take effect?	e (e.g., ordinances, resolutions, local acts of the
7. Person completing form: Kelly Bower	n	
Phone number: (912) 374-4771	Date completed: 6/1/98	
 8. Is this the person who should be contact consistent with the service delivery strating If not, provide designated contact person 		proposed local government projects are

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

Instructions:

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.

County: Bleckley

Service: Road/Street Construction & Maintenance

- 1. Check the box that best describes the agreed upon delivery arrangement for this service:
 - □ Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
 - □ Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
 - □ One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- Cone or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- Bleckley County, City of Altentown, City of Cochran
 Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)
- 2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.).

Local Government or Authority: Funding Method:

General Fund & Special 1% Sales Tax	
General Fund	
General Fund & Special 1% Sales Tax	
	General Fund

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?

No change anticipated.

PAGE 2

5. List any formal service delivery agreement service:	ts or intergovernmental contracts that will be	e used to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
6. What other mechanisms (if any) will be us General Assembly, rate or fee changes, etc None	ed to implement the strategy for this service 2.), and when will they take effect?	(e.g., ordinances, resolutions, local acts of the
7. Person completing form: Billy Ray Godf	frey	
Phone number: (912) 934-3200	Date completed: 08/12/9	9
8. Is this the person who should be contacted consistent with the service delivery strateg	by state agencies when evaluating whether r	proposed local government projects are

SERVICE DELIVERY STRATECY SUM ARY OF SERVICE DELIVERY ARRANCEMENTS

PAGE 2

Instructions:

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.

County: Bleckley

Service: Road/Street Construction

- 1. Check the box that best describes the agreed upon delivery arrangement for this service:
 - □ Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
 - Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
 - □ One or more cities will provide this service only within the incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s) authority or organization providing the service.)
 - One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the gover mer.s), a shority or organization providing the service.)
 - □ Other. (If this box is checked, attach a legible map deline t g the service area of each service provider, and identify the government, authority, or other organization that will provide yithin each service area.)
- 2. In developing the strategy, were overlapping service a was, up ecesser competition and/or duplication of this service identified?

If these conditions will continue under the strategy, attach an exponation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), over doing penefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

If these conditions will be eliminated under the state ty, at the an implementation schedule listing each step or action that will be taken to eliminate them, the response is a try and the age of upon deadline for completing it.

3. List each government or authorized that all help to perfor this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general fund special arvice district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.).

Local Government or Authority: Funding Met d:

City of Cochran	General Find & Special 1% Sales Tax
Bleckley County	Generatund & Special 1% Sales Tax

4. How will the strategy change the provious arrangements for providing and/or funding this service within the county? No change anticipated.

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
		Enective and Ending Dates.
	l be used to implement the strategy for this service	e (e.g., ordinances, resolutions, local acts of th
General Assembly, rate or fee chang	ges, etc.), and when will they take effect?	
General Assembly, rate or fee chang 7. Person completing form: <u>Kelly Bo</u>		
		98

SERVICE DELIVERY STRATECY SUM ARY OF SERVICE DELIVERY ARRAN MENTS

PAGE 2



Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.

County: Bleckley

Service: Sewage Collection/Disposal

- 1. Check the box that best describes the agreed upon delivery arrangement for this service:
 - Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
 - □ Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
 - □ One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
 - □ One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)
- 2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.).

Local Government or Authority: Funding Method:

City of Cochran	Fees	

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county? No change anticipated.

5. List any formal service delivery agreems service:	or intergovernmental contracts that will l	be us b implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
6. What other mechanisms (if any) will be used General Assembly, rate or fee changes, etc.)		e (e.g., ordinances, resolutions, local acts of the
7. Person completing form: <u>Kelly Bowen</u> Phone number: (912) 374-4771	Date completed: 7-16-	98
8. Is this the person who should be contacted be consistent with the service delivery strategy	by state agencies when evaluating whether? 4 Yes a No	
If not, provide designated contact person(s)	and phone itemper(a) below.	



SERVICE DELIVERY STRATECY SUM ARY OF SERVICE DELIVERY ARRAN MENTS

PAGE 2

Instructions:

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.

County: Bleckley

Service: Social Services

- 1. Check the box that best describes the agreed upon delivery arrangement for this service:
 - Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
 - □ Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
 - □ One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
 - □ One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
 - □ Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)
- 2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.).

Local Government or Authority: Funding Method:

Bleckley County	General Fund, Federal and State Funding	

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county? No change anticipated.

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
•	vill be used to implement the strategy for this servic	e (e.g., ordinances, resolutions, local acts of the
General Assembly, rate or fee cha	nges, etc.), and when will they take effect?	
 General Assembly, rate or fee cha 7. Person completing form: <u>Kelly I</u> Phone number: <u>(912) 374-4771</u> 	Bowen	98

SERVICE DELIVERY STRATEGY SUMARY OF SERVICE DELIVERY ARRAN MENTS

Instructions:

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.

County: Bleckley

Service: Solid Waste Management

- 1. Check the box that best describes the agreed upon delivery arrangement for this service:
 - Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
 - Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
 - One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- □ Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)
- 2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.).

Local Government or Authority:	Funding Method:
--------------------------------	-----------------

Bleckley County	Fees and General Fund	
City of Cochran	Fees and General Fund	

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county? No change anticipated.

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
o. what other mechanisms (if any) will	he used to implement the strategy for this service	ce (e.g., ordinances, resolutions, local acts of the
Consent Assembly make on fee shares		
General Assembly, rate or fee change	es, etc.), and when will they take effect?	
General Assembly, rate or fee change		
General Assembly, rate or fee change		
General Assembly, rate or fee change		
General Assembly, rate or fee change		
General Assembly, rate or fee change		
	es, etc.), and when will they take effect?	
General Assembly, rate or fee change 7. Person completing form: <u>Kelly Boy</u>	es, etc.), and when will they take effect?	
	es, etc.), and when will they take effect?	
7. Person completing form: <u>Kelly Bov</u> Phone number: <u>(912)</u> 374-4771	ven Date completed: 7-16-	98
7. Person completing form: <u>Kelly Bov</u> Phone number: <u>(912)</u> 374-4771	ven Date completed: 7-16- acted by state agencies when evaluating whethe	98

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

Instructions:

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.

County: Bleckley

Service: Storm Water Management

- 1. Check the box that best describes the agreed upon delivery arrangement for this service:
 - Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
 - Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
 - One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
 - Cone or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
 Bleckley County. City of Alentown, City of Cochran
 - Bleckley County, City of Alientown, City of Cochran

 Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)
- 2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.).

Local Government or Authority: Funding Method:

General Fund	
General Fund	

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?

No change anticipated.



A		
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
		Statistics of Children and Children
General Assembly rate or fee chang	be used to implement the strategy for this service	
None	es, etc.), and when will they take effect?	
None		99
None 7. Person completing form: Billy Ray Phone number: (912) 934-3200	Godfrey Date completed: 08/12/ facted by state agencies when evaluating whether	

SERVICE DELIVERY STRATECY SUMARY OF SERVICE DELIVERY ARRAN MENTS

PAGE 2

Instructions:

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.

County: Bleckley

Service: Storm Water Management

- 1. Check the box that best describes the agreed upon delivery arrangement for this service:
- Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- □ Service will be provided only in the unincorporated portion of the county by a structure provider. (If this box is checked, identify the government, authority or organization providing the service)
- □ One or more cities will provide this service only within their incorporated one paries, at the service will not be provided in unincorporated areas. (If this box is checked, identify the government(), a the ity or aganization providing the service.)
- One or more cities will provide this service only within their incorporated boundarys, and the county will provide the service in unincorporated areas. (If this box is checked, identify the governments) huthor's or organization providing the service.)
- □ Other. (If this box is checked, attach a legible map delineating the service rea of each service provider, and identify the government, authority, or other organization that will prove service within each service area.)
- 2. In developing the strategy, were overlapping service areas, muccessary competition and/or duplication of this service identified?

If these conditions will continue under the strategy, attach a ganation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), or a ding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

If these conditions will be eliminated under a state and the article and the article and the article and the agreed up a deadline for completing it.

3. List each government or authority that will here b pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.).

Local Government or Authority: Funding Method:

San a set of the second second second second second		
Bleckley County	General Fund	
City of Cochran	General Fund	
*		

4. How will the strategy change the previous arangements for providing and/or funding this service within the county? No change anticipated.

5. List any formal service delivery agreeme service:	br intergovernmental contracts that will be	
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
Agreement Ivane.		
General Assembly, rate or fee changes, etc		
7. Person completing form: Kelly Bowen		
Phone number: (912) 374-4771	Date completed: 7-16-9	98
8. Is this the person who should be contacted consistent with the service delivery strateg	l by state agencies when evaluating whether 39? 2 Yes I No	proposed local government projects are

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

Instructions:

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.

County: Bleckley

Service: Water Supply/Distribution

PAGE 2

- 1. Check the box that best describes the agreed upon delivery arrangement for this service:
 - □ Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
 - Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
 - □ One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- □ Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)
- 2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

If these conditions will be eliminated under the strategy, **attach an implementation schedule** listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.).

Local Government or Authority: Funding Method:

City of Allentown	Enterprise Funds, User Fees	
City of Cochran	Water Fund	

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?

No change anticipated.

5. List any formal service delivery agreements or i service:	ntergovernmental contracts that will be used to ir	nplement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
	Desite to the second second second	
6. What other mechanisms (if any) will be used to General Assembly, rate or fee changes, etc.), an None		
7. Person completing form: Billy Ray Godfrey		
Phone number: (912) 934-3200	Date completed: 08/12/99	
8. Is this the person who should be contacted by st consistent with the service delivery strategy?		ocal government projects are
If not, provide designated contact person(s) and	phone number(s) below:	

SERVICE DELIVERY STRATECY SUMMARY OF SERVICE DELIVERY ARRANGMENTS

PAGE 2

Instructions:

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.

County: Bleckley

Service: Water Supply/Distribution

- 1. Check the box that best describes the agreed upon delivery arrangement for this service:
 - □ Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
 - Service will be provided only in the unincorporated portion of the courty by a single service provider. (If this box is checked, identify the government, authority or organization providing the service
 - One or more cities will provide this service only within their the rated by indexes, and the service will not be provided in unincorporated areas. (If this box is checked, identify the go
 - □ One or more cities will provide this service only within their is the more ted by inducies, and the county will provide the service in unincorporated areas. (If this box is checked, identify the ment(s), there is the ment(s) of the service.)
 - I Other. (If this box is checked, attach a legible map descent the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)
- 2. In developing the strategy, were overlapping service are unnecessed competition and/or duplication of this service identified?

If these conditions will continue under the strategy, attack n explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)) over instance in the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

If these conditions will be eliminated under the state of an implementation schedule listing each step or action that will be taken to eliminate them, the responses rate and state of the state of the

3. List each government or authenty that the help provide the service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds of cial indebtedness, etc.).

Local Government or Authority: Funding

City of Cochran	Water Fund	

4. How will the strategy change the prevers arrangements for providing and/or funding this service within the county? No change anticipated.

service:		Effective and Ending Datast
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
5. What other mechanisms (if any) will be	used to implement the strategy for this service	e.g., ordinances, resolutions, local acts of the
	() and when will they take offect?	
General Assembly, rate or fee changes,	etc) and when will they take effect?	
7. Person completing form: <u>Kelly Bowe</u>	<u>n</u>	
7. Person completing form: <u>Kelly Bowe</u> Phone number: <u>(912) 374-4771</u>	nDate completed: _7-16-98	
 Person completing form: <u>Kelly Bowe</u> Phone number: <u>(912) 374-4771</u> Is this the person who should be contact 	Date completed: 7-16-98 ed by state agencies when evaluating whether p	
 7. Person completing form: <u>Kelly Bowe</u> Phone number: <u>(912) 374-4771</u> 8. Is this the person who should be contact 	Date completed: 7-16-98 ed by state agencies when evaluating whether p	
7. Person completing form: <u>Kelly Bowe</u> Phone number: <u>(912) 374-4771</u>	Date completed: 7-16-98 Date completed: 7-16-98 ed by state agencies when evaluating whether pregy? Yes O No	





SERVICE DELIVERY STRATEGY SUMMARY OF LAND USE AGREEMENTS

PAGE 3

Instructions:

Answer each question below, attaching additional pages as necessary. Please note that any changes to the answers provided will require updating of the service delivery strategy. If the contact person for this service (listed at the bottom of this page) changes, this should be reported to the Department of Community Affairs.

County: Bleckley

1. What incompatibilities or conflicts between the land use plans of local governments were identified in the process of developing the service delivery strategy?

The only incompatibility noted is between the land use plans of Bleckley County and the City of Cochran in the northwest section of the City of Cochran where the city land use map show agricultural/forestry and the county land use map shows residential. On April 13, 1999, Bleckley County reviewed this area where the incompatibility exists. Upon evaluation, it was determined that this area should be reclassified as agricultural/forestry.

2. Check the boxes indicating how these incompatibilities or conflicts were addressed:

amendments to existing comprehensive plans

adoption of a joint comprehensive plan

V other measures (amend zoning ordinances, add environmental regulations, etc.

If "other measures" was checked, describe these measures:

The city and county have signed a resolution to resolve inter-governmental land use disputes.

Note: If the necessary plan amendments, regulations, ordinances, etc. have not yet been formally adopted, indicate when each of the affected local governments will adopt them.

3. Summarize the process that will be used to resolve disputes when a county disagrees with the proposed land use classification(s) for areas to be annexed into a city. If the conflict resolution process will vary for different cities in the county, summarize each process.

4. What policies, procedures and/or processes have been established by local governments (and water and sewer authorities) to ensure that new extraterritorial water and sewer service will be consistent with all applicable land use plans and ordinances? Bleckley County and the cities of Allentown and Cochran have adopted a joint resolution to insure that proposed extraterritorial water and sewer service is compatible with land use plans and ordinances of the territory of the adjoining

5. Person completing form: Billy Ray Godfrey

Phone number: (912) 934-3200

Date completed: 8/12/99

6. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with land use plans of applicable jurisdictions? Ves \Box No

If not, provide designated contact person(s) and phone number(s) below:

local government in which the new service is to be extended.



SERVICE DELIVERY STRATEGY SUMMARY OF LAND USE AGREEME

PAGE 3

Instructions:

Answer each question below, attaching additional pages as necessary. Please note that any changes to the answers provided will require updating of the service delivery strategy. If the contact person for this service (listed at the bottom of this page) changes, this should be reported to the Department of Community Affairs.

County: Bleckley

1. What incompatibilities or conflicts between the land use plans of local governments were identified in the process of developing the service delivery strategy?

The only incompatibility noted between the land use plans of Bleckley County and the City of Cochran is in the northwest section of the City of Cochran where the city land use map show agricultural/forestry and the county land use map shows residential. No other incompatibilities were noted.

2. Check the boxes indicating how these incompatibilities or conflicts were addres ed:

amendments to existing comprehensive plans

- adoption of a joint comprehensive plan
- other measures (amend zoning ordinances, add environmen al regulations, etc.
- If "other measures" was checked, describe these measures:

The city and county have signed a resolution to resolve the governmental land use disputes.

Note: If the necessary plan amendments, regulations, ordinances, etc. have not yet been formally adopted, indicate when each of the affected local governments will adopt them.

3. Summarize the process that will be used to respect disputes when a county disagrees with the proposed land use classification(s) for areas to be annexed into a city. If the annexed solution process will vary for different cities in the county, summarize each process.

The county will notify the city that it has a bona fide land use classification objection; the city will respond to the county in writing within 30 days by either (a) agreeing to implement the county's stipulations, (b) agreeing with the county and stopping the action, or (c) disagreeing with the county's objections and initiating a joint meeting. Mediation will follow if needed.

4. What policies, procedures and/or processes have been established by local governments (and water and sewer authorities) to ensure that new extraterritorial water and sewer service will be consistent with all applicable land use plans and ordinances? No policies or procedures have been developed on conflicts over water and sewer service due to the fact that the county does not provide these services.

5. Person completing orm: Kelly Bowen

Phone number: (912) 374-4771

Date completed: 6/1/98

6. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with land use plans of applicable jurisdictions? If Yes I No

If not, provide designated contact person(s) and phone number(s) below:

SERVICE DELIVERY STRATEGY CERTIFICATIONS

Instructions:

This page must, at a minimum, be signed by an authorized representative of the following governments: 1) the county; 2) the city serving as the county seat; 3) all cities having 1990 populations of over 9,000 residing within the county; and 4) no less than 50% of all other cities with a 1990 population of between 500 and 9,000 residing within the county. Cities with 1990 populations below 500 and authorities providing services under the strategy are not required to sign this form, but are encouraged to do so. Attach additional copies of this page as necessary.

SERVICE DELIVERY STRATEGY FOR	Bleckley	COUNTY

We, the undersigned authorized representatives of the jurisdictions listed below, certify that:

- 1. We have executed agreements for implementation of our service delivery strategy and the attached forms provide an accurate depiction of our agreed upon strategy (O.C.G.A. 36-70-21);
- 2. Our service delivery strategy promotes the delivery of local government services in the most efficient, effective, and responsive manner (O.C.G.A. 36-70-24 (1));
- 3. Our service delivery strategy provides that water or sewer fees charged to customers located outside the geographic boundaries of a service provider are reasonable and are not arbitrarily higher than the fees charged to customers located within the geographic boundaries of the service provider (O.C.G.A. 36-70-24 (2));
- 4. Our service delivery strategy ensures that the cost of any services the county government provides (including those jointly funded by the county and one or more municipalities) primarily for the benefit of the unincorporated area of the county are borne by the unincorporated area residents, individuals, and property owners who receive such service (O.C.G.A. 36-70-24 (3)); and
- 5. The process(es) for resolving land use disputes arising over annexation were established by the July 1, 1998 deadline (O.C.G.A. 36-70-24(4)).

SIGNATURE:	NAME: (Please print or type)	TITLE:	JURISDICTION:	DATE:
Chan tilliben	Charles Killebrew	Mayor	City of Cochran	
Shandilliten Billy R. Godfm	Billy Ray Godfrey	Commissioner	Bleckley County	