



## SERVICE DELIVERY STRATEGY

FOR

BRYAN

COUNTY

PAGE 1

## I. GENERAL INSTRUCTIONS

- Only one set of these forms should be submitted per county. The completed forms should clearly present the collective
  agreement reached by all cities and counties that were party to the service delivery strategy.
- 2. List each local government and/or authority that provides services included in the service delivery strategy in Section II below.
  - List all services provided or primarily funded by each general purpose local government and authority within the county in
- Section III below. It is acceptable to break a service into separate components if this will facilitate description of the service delivery strategy.
- 4. 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 Use Agreements form (page 3).
- 6. Have the Certifications form (page 4) signed by the authorized representatives of participating local governments. Please note that DCA cannot validate the strategy unless it is signed by the local governments required by law (see Instructions, page 4).
- 7. Mail the completed forms along with any attachments to:

Georgia Department of Community Affairs Office of Coordinated Planning 60 Executive Park South, N.E. Atlanta, Georgia 30329

For answers to most frequently asked questions on Georgia's Service Delivery Act, links and helpful publications, visit DCA's website at www.dca.servicedelivery.org, or call the Office of Coordinated Planning at (404) 679-3114.

Note: Any future changes to the service delivery arrangements described on these forms will require an official update of the service delivery strategy and submittal of revised forms and attachments to the Georgia Department of Community Affairs.

## II. LOCAL GOVERNMENTS INCLUDED IN THE SERVICE DELIVERY STRATEGY:

In this section, list all local governments (including cities located partially within the county) and authorities that provide services included in the service delivery strategy.

BRYAN COUNTY CITY OF RICHMOND HILL CITY OF PEMBROKE Verified

## 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.

ANIMAL CONTROL
CIVIL DEFENSE
CLEAN & BEAUTIFUL
CORONER
CLERK OF COURTS
COUNTY GOVERNMENT
COUNTY BUILDING MAINTENANCE

E-9-1-1
ELECTIONS
EMERGENCY MEDICAL SERVICE
ENGINEERING
EXTENSION SERVICE
FAMILY & CHILDREN SERVICES
FORRESTRY COMMISSION
HEALTH DEPARTMENT

LIBRARIES
MAGISTRATE COURT
MAINTENANCE SHOP
MOSQUITO CONTROL
PLANNING & ZONING
PROBATE COURT

RECREATION
RECYCLING
REGISTRAR
ROAD DEPARTMENT
SECTION 18
SENIOR CITIZENS

CITY POLICE FORGES (LAW ENFORCEMENT)

SOLID WASTE
STATE COURT
SUMMER LUNCH PROGRAM
SUPERIOR COURT
SURVEYOR
TAX ASSESSOR
TAX COMMISSIONER
YARD TRASH REMOVAL
FIRE PROTECTION
WASTE WATER TREATMENT
WATER SUPPLY
SHERIFF'S DEPARTMENT
COUNTY JALL

## SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



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, thi
should be reported to the Department of Community Affairs

county:	BRYAN		Service:	ANIMAL CONTROL	
1. Check the b	ox that best desc	ribes the agreed up	pon delivery arrangemen	t for this service:	
Service vis checke	will be provided ed, identify the g	countywide (i.e., i	ncluding all cities and un ity or organization provi	incorporated areas) by a sinding the service.)	ngle service provider. (If this box
Service videntify	will be provided the government,	only in the unincommunity or organ	rporated portion of the c ization providing the ser	ounty by a single service pr vice.)	ovider. (If this box is checked,
One or munincorp	nore cities will p orated areas. (If	rovide this service this box is checked	only within their incorp d, identify the governme	orated boundaries, and the s nt(s), authority or organizat	service will not be provided in tion providing the service.)
One or m	nore cities will p orated areas. (If	rovide this service this box is checked	only within their incorport, identify the governme	orated boundaries, and the cont(s), authority or organizat	county will provide the service in ion providing the service.)
Other. (Is governm	f this box is checent, authority, o	cked, attach a legil r other organization	ble map delineating the n that will provide service	service area of each service area.)	ice provider, and identify the
2. In developin ☐ yes ₩		were overlapping s	ervice areas, unnecessar	competition and/or duplic	eation of this service identified?
f these conditi	ions will continu	.C.G.A. 36-70-24(	y, attach an explanation  1)), overriding benefits of	n for continuing the arrai f the duplication, or reason	ngement (i.e., overlapping but s that overlapping service areas
f these conditi	ons will be elim	inated under the st	rategy, <b>attach an impl</b> ei I the agreed upon deadlir	nentation schedule listing	each step or action that will be
3. List each go	overnment or aut	hority that will hel	p to pay for this service	and indicate how the service	e will be funded (e.g., enterprise npact fees, bonded indebtedness, e
ocal Government	or Authority:	Funding Method:			nt.
BRYAN COL	JNTY	GENERAL FUN	D		Ç.
0.00					
. How will th	e strategy chang	e the previous arra	ngements for providing	and/or funding this service	within the county?
. List any form	nal service deliv	ery agreements or	intergovernmental contra	acts that will be used to imp	plement the strategy for this service
greement Name:			Contracting Parties:		Effective and Ending Dates:
					3
			o implement the strategy when will they take effe		ances, resolutions, local acts of the
		nnoous III nu			
	pleting form: _		Data sampleted	October 6, 1999	
	912-653-	17.21			
		d be contacted by s delivery strategy?		nating whether proposed loc	al government projects
			hone number(s) below:		
, , , , , , , , , , , , , , , , , , , ,	0	, p.	(-) 00.0.11		





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.

Count	ty:]	BRYAN COUNT	Y		Service:	CIVIL	DEFENSE	(FMFR)	GENCY MANAGI	· EMENT)
1. Ch			scribes the agree			ent for thi	S SARVICA:	(EFERC	SENCI MANAGI	SMENT)
xx	Service	will be provide	d countywide (i.e government, aut	e including all	cities and .	!		by a sing	le service provi	der. (If this box
	Service identify	will be provide the governmen	d only in the unir t, authority or org	ncorporated port ganization provi	tion of the d	county by	y a single se	rvice prov	vider. (If this box	is checked,
	One or unincor	more cities will porated areas. (I	provide this serve If this box is chec	ice only within ked, identify th	their incorp e governme	oorated bent(s), au	oundaries, a thority or or	nd the ser ganizatio	vice will not be n providing the s	provided in service.)
	One or r unincorp	more cities will porated areas. (I	provide this servi f this box is chec	ice only within the	their incorp	orated be ent(s), au	oundaries, a thority or or	nd the cou ganization	unty will provide n providing the s	the service in ervice.)
□ C	Other. (1 governn	If this box is che nent, authority, o	ecked, <b>attach a l</b> e or other organizat	egible map deli tion that will pro	neating the	e service ce within	area of eac each servic	h service e area.)	provider, and i	dentify the
2. In d	levelopi yes [X	ng the strategy,	were overlapping	g service areas,	unnecessar	у сотре	tition and/or	duplicati	on of this service	e identified?
Biici	ic veis o	ions will contin of service (See C cannot be elim	ue under the strat D.C.G.A. 36-70-24 inated).	egy, attach an 4(1)), overridin	explanation	on for co	ntinuing th	e arrange reasons th	ement (i.e., over nat overlapping s	lapping but service areas
If these	conditi	ions will be elin	ninated under the sponsible party a	strategy, attach	ı <b>an imple</b> ı pon deadlir	mentatio	n schedule	listing eac	ch step or action	that will be
3. List funds,	each go user fee	overnment or au es, general funds	thority that will h	elp to pay for th	is service :	and indic	ate how the	service w xes, impa	rill be funded (e.	g., enterprise indebtedness, etc.
•		or Authority;	Funding Method:							بنج
BRYAI	N COU	NTY	GENERAL FU	ND / GEMA F	UNDS					100
1 Uou	!!!									
			e the previous ar	rangements for	providing a	and/or fur	nding this se	rvice with	hin the county?	
NO	CHANG	GE								
	iny form it Name:		ery agreements o	r intergovernme Contracting Part		cts that v	vill be used	o implen		
				Compacting Part	103.				Effective and En	ding Dates:
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		Control Control								<b>N</b> 4
			any) will be used changes, etc.), and				ervice (e.g.,	ordinance	es, resolutions, lo	ocal acts of the
NONE										
. Perso	on comp	oleting form: _	BROOKS WARNI	ELL, CHAIRM	IAN					
hone n	umber:	912-653	-3819	Date com	pleted: O	ctober	6, 1999			
re cons	istent w	ith the service of	d be contacted by delivery strategy? act person(s) and	yes □ n	10	ating wh	ether propos	ed local g	government proj	ects
, р		Branco conte	- Porson(s) and	F	, 5010111					

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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 I
Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) change	ges, thi
should be reported to the Department of Community Affairs.	

County: _	BRYAN COUNT	Service: CLEAN & BEAUTIFUL	
1. Check th	he box that best desc	ribes the agreed upon delivery arrangement for this service:	
Servi is ch	ice will be provided ecked, identify the g	countywide (i.e., including all cities and unincorporated areas) by a single s overnment, authority or organization providing the service.)	ervice provider. (If this box
☐ Servi	ice will be provided ify the government,	only in the unincorporated portion of the county by a single service provide authority or organization providing the service.)	r. (If this box is checked,
One uninc	or more cities will p corporated areas. (If	rovide this service only within their incorporated boundaries, and the service this box is checked, identify the government(s), authority or organization processes the service of the ser	e will not be provided in roviding the service.)
One uninc	or more cities will p corporated areas. (If	rovide this service only within their incorporated boundaries, and the county this box is checked, identify the government(s), authority or organization processes.	y will provide the service in roviding the service.)
Other	r. (If this box is chec rnment, authority, o	eked, attach a legible map delineating the service area of each service prother organization that will provide service within each service area.)	ovider, and identify the
2. In devel		were overlapping service areas, unnecessary competition and/or duplication	of this service identified?
higher leve	nditions will continu els of service (See O tion cannot be elimi	e under the strategy, attach an explanation for continuing the arrangem C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that nated).	ent (i.e., overlapping but overlapping service areas
If these cor taken to eli	nditions will be elim minate them, the res	inated under the strategy, attach an implementation schedule listing each ponsible party and the agreed upon deadline for completing it.	step or action that will be
3. List each funds, user	h government or aut fees, general funds	hority that will help to pay for this service and indicate how the service will special service district revenues, hotel/motel taxes, franchise taxes, impact	be funded (e.g., enterprise fees, bonded indebtedness, e
Local Govern	ment or Authority:	Funding Method:	
BRYAN CO	YTNUC	GENERAL FUND	Ç.
*			
4. How wil	ll the strategy chang	e the previous arrangements for providing and/or funding this service within	the county?
NO CHAN	NGE		
5. List any f	formal service deliv	ery agreements or intergovernmental contracts that will be used to implement	nt the strategy for this service
Agreement Na	ime:	Contracting Parties:	Effective and Ending Dates:
			7
			, , , , , , , , , , , , , , , , , , ,
5. What oth	ner mechanisms (if a	ny) will be used to implement the strategy for this service (e.g., ordinances,	
General Ass	sembly, rate or fee c	nanges, etc.), and when will they take effect?	resolutions, local acts of the
NONE			
Person co	ompleting forms	PROOFE HARVELL CHATRYAN	
	per:912-653-	BROOKS WARNELL, CHAIRMAN  3819 Date completed: October 6, 1999	-
			-
re consister	nt with the service d	be contacted by state agencies when evaluating whether proposed local governments between the state agencies when evaluating whether proposed local governments by state agencies when evaluating whether proposed local governments by state agencies when evaluating whether proposed local governments by state agencies when evaluating whether proposed local governments by state agencies when evaluating whether proposed local governments by state agencies when evaluating whether proposed local governments by state agencies when evaluating whether proposed local governments by the state agencies when evaluating whether proposed local governments by the state agencies when evaluating whether proposed local governments by the state agencies	ernment projects
f not, provid	de designated contac	et person(s) and phone number(s) below:	

# SERVICE DELIVERY STRATE SUMMARY OF SERVICE DELIVERY ARRANGEMENTS Instructions: Make copies of this form and complete one for each service listed on page 1. Section III. He exactly

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.
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1. Check the hox that heet o	UNTY	Service:	CORONER	
	describes the agreed upo			
KX Service will be provid is checked, identify th	ded countywide (i.e., inc ne government, authority	cluding all cities and un y or organization provi	incorporated areas) by a sin ding the service.)	gle service provider. (If this box
Service will be provid identify the governme	ded only in the unincorp ent, authority or organiza	orated portion of the co	ounty by a single service pro	vider. (If this box is checked,
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2. In developing the strategy  ☐ yes ☒ no	y, were overlapping ser	vice areas, unnecessary	competition and/or duplical	ion of this service identified?
If these conditions will conti nigher levels of service (See or competition cannot be elim	U.C.G.A. 30-70-24(1))	attach an explanation ), overriding benefits of	for continuing the arrang the duplication, or reasons	ement (i.e., overlapping but hat overlapping service areas
f these conditions will be eli aken to eliminate them, the	iminated under the strat responsible party and th	egy, attach an implem ne agreed upon deadline	entation schedule listing ear	ach step or action that will be
3. List each government or a	authority that will help t	to pay for this service a	nd indicate how the service	will be funded (e.g., enterprise act fees, bonded indebtedness,
ocal Government or Authority:	Funding Method:		•	
BRYAN COUNTY	GENERAL FUND			C.
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NO CHANGE  List any formal service deli	livery agreements or inte			
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Instructions:

Make copies of this form and complete one for each service lister	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, thi
should be reported to the Department of Community Affairs	, P.B., c

County:	BRYAN COUN	TY	s	ervice:	CLERK	OF COURTS	·
1. Check the	box that best desc	cribes the agreed up	on delivery a	rrangement	for this	service:	
XX Service is check	will be provided ked, identify the g	countywide (i.e., ir overnment, authori	ncluding all ci ity or organiza	ties and un	incorpor	ated areas) by a sing service.)	gle service provider. (If this box
Service identify	will be provided the government,	only in the unincor authority or organi	rporated porticization providi	on of the co	ounty by vice.)	a single service prov	vider. (If this box is checked,
One or unincor	more cities will p porated areas. (If	rovide this service this box is checked	only within th I, identify the	eir incorpo governmer	orated bo	undaries, and the sen hority or organizatio	rvice will not be provided in on providing the service.)
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One or unincor	more cities will p porated areas. (If	rovide this service this box is checked	only within th I, identify the	eir incorpo governmen	orated bo	undaries, and the co nority or organizatio	ounty will provide the service in on providing the service.)
Other. (	If this box is chec ment, authority, or	cked, attach a legil r other organization	b <b>le map delin</b> n that will prov	eating the	service : e within (	area of each service each service area.)	e provider, and identify the
2. In develop		were overlapping so	ervice areas, u	nnecessary	competi	ition and/or duplicat	tion of this service identified?
higher levels	itions will continu of service (See O n cannot be elimi	.C.G.A. 36-70-24(1	y, attach an e l)), overriding	explanation benefits of	n for cor f the dup	ntinuing the arrang lication, or reasons t	gement (i.e., overlapping but that overlapping service areas
If these conditates to eliminate	tions will be eliminate them, the res	inated under the str sponsible party and	rategy, attach the agreed up	an implen on deadlin	nentation e for con	n schedule listing eanpleting it.	ach step or action that will be
3. List each g funds, user fo	government or aut	hority that will help , special service dis	p to pay for th strict revenues	is service a , hotel/mot	and indicated taxes,	ate how the service franchise taxes, imp	will be funded (e.g., enterprise pact fees, bonded indebtedness, etc
Local Governme			×				
BRYAN COL	JNTY	GENERAL FUND					C:
4. How will t	he strategy chang	e the previous arrai	ngements for I	providing a	ınd/or fui	nding this service w	ithin the county?
NO CHANGI	Ξ						
5. List any for	rmal service deliv	ery agreements or i	intergovernme	ntal contra	cts that v	will be used to imple	ement the strategy for this service:
Agreement Nam			Contracting Parti				Effective and Ending Dates:
× b				-			**
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6. What other	r machanisms (if	\!II b			r .1.		
General Asser	ribly, rate or fee o	changes, etc.), and v	when will they	take effec	for this s	ervice (e.g., ordinan	ces, resolutions, local acts of the
NONE	*						
7. Person con	npleting form:	BROOKS WARNE	II. CHATD	ман			
	r: 912-653		Date com		ctober	6, 1999	
							1 government projects
are consistent	with the service of	lelivery strategy?	X yes n	0	anng wil	emer proposed focal	Bosonmont projects

ABO



take 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
inswer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this tould be reported to the Department of Community Affairs.

Count	y: BRYAN COUN	ГҮ	Service:	COUNTY GOVERNMENT	
1. Che	ck the box that best de:	scribes the agreed	upon delivery arrangement for the	nis service:	
$\overline{X}$	Service will be provided	l countywide (i.e.		porated areas) by a single service or	ovider. (If this box
□ 5 i	Service will be provided dentify the government	donly in the unin , authority or org	corporated portion of the county anization providing the service.)	by a single service provider. (If this	box is checked,
(	One or more cities will inincorporated areas. (I	provide this servi f this box is checl	ce only within their incorporated ked, identify the government(s), a	boundaries, and the service will not authority or organization providing t	be provided in the service.)
(	One or more cities will inincorporated areas. (I	provide this servi	ce only within their incorporated sed, identify the government(s), a	boundaries, and the county will pro uthority or organization providing t	vide the service in he service.)
□ C	Other. (If this box is che overnment, authority, c	cked <b>, attach a le</b> r other organizati	gible map delineating the service with	ce area of each service provider, a in each service area.)	nd identify the
2. In d	eveloping the strategy, yes [X] no	were overlapping	service areas, unnecessary comp	petition and/or duplication of this se	rvice identified?
higher	conditions will continue conditions will continue conditions are continued to continue control continued to continue continue continue control	.C.G.A. 36-70-24	egy, attach an explanation for o	continuing the arrangement (i.e., outlined to the continuing the arrangement (i.e., outlier) or reasons that overlapping the continuing the continuing the continuing the continuing the continuing the continuing the arrangement (i.e., outlier) are continuing the continuing th	overlapping but ng service areas
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3. List funds, t	each government or aut user fees, general funds	hority that will he , special service o	elp to pay for this service and ind listrict revenues, hotel/motel taxe	icate how the service will be funded s, franchise taxes, impact fees, bond	l (e.g., enterprise led indebtedness, etc
		Funding Method:			
BRYAN	COUNTY	GENERAL FU	IND		Ç.
I. How	will the strategy chang	e the previous arr	angements for providing and/or f	unding this service within the count	y?
O CHA	ANGE				
List an		ery agreements or	intergovernmental contracts that Contracting Parties:	will be used to implement the strate	egy for this service: d Ending Dates:
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					<b>b</b> 1
. What General	other mechanisms (if a Asseriably, rate or fee c	ny) will be used t hanges, etc.), and	o implement the strategy for this when will they take effect?	service (e.g., ordinances, resolution	s, local acts of the
ONE					
. Perso	n completing form:	BROOKS WARN	ELL. CHAIRMAN		
	ımber: <u>912-653-</u>		Date completed: Octobe	er 6, 1999	
re consi	stent with the service d	be contacted by elivery strategy?	state agencies when evaluating w [X] yes	hether proposed local government p	rojects
not, pr	ovide designated contac	ct person(s) and p	hone 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: BRYAN COUNT	Y	Service:	COUNTY BUILD	ING MAINTENANCE
1. Check the box that best desi	cribes the agreed up	oon delivery arrangement for the		Zivo imitividiminol
X Service will be provided	countywide (i.e., in	ncluding all cities and unincorpity or organization providing the	orated areas) by a single so	ervice provider. (If this box
Service will be provided identify the government,	only in the unincor authority or organi	porated portion of the county be zation providing the service.)	y a single service provide	. (If this box is checked,
One or more cities will punincorporated areas. (If	provide this service this box is checked	only within their incorporated I, identify the government(s), a	boundaries, and the service uthority or organization pr	will not be provided in oviding the service.)
One or more cities will p unincorporated areas. (If	rovide this service this box is checked	only within their incorporated l l, identify the government(s), a	ooundaries, and the county uthority or organization pro	will provide the service in oviding the service.)
Other. (If this box is chec	eked, attach a legib r other organization	ole map delineating the service within	e area of each service pro n each service area.)	ovider, and identify the
2. In developing the strategy,   ☐ yes [X] no	were overlapping so	ervice areas, unnecessary comp	etition and/or duplication o	of this service identified?
If these conditions will continu higher levels of service (See O or competition cannot be eliminated)	.C.G.A. 36-70-24(1	, attach an explanation for c )), overriding benefits of the de	ontinuing the arrangeme uplication, or reasons that o	nt (i.e., overlapping but overlapping service areas
If these conditions will be elim taken to eliminate them, the res	inated under the str ponsible party and	ategy, attach an implementati the agreed upon deadline for co	on schedule listing each s ompleting it.	tep or action that will be
		to pay for this service and ind trict revenues, hotel/motel taxe	s, franchise taxes, impact f	
Local Government or Authority:	Funding Method:	<u> </u>		7
BRYAN COUNTY	GENERAL FUN	D		5.2°.
		From the second title section and title section and title section and title section and title section a		
4. How will the strategy changen NO CHANGE	e the previous arran	ngements for providing and/or f	unding this service within	the county?
5. List any formal service delive Agreement Name:		ntergovernmental contracts that Contracting Parties:		the strategy for this service:  Effective and Ending Dates:
				**
6. What other mechanisms (if a General Assembly, rate or fee o			service (e.g., ordinances,	resolutions, local acts of the
7. Person completing f	BDOORG HABNE	II CHATRMAN		
<ol> <li>Person completing form:</li></ol>			er 6, 1999	
8. Is this the person who should are consistent with the service of If not, provide designated contains	d be contacted by st delivery strategy?	ate agencies when evaluating v		ernment projects
provide designated conta	e. person(s) and ph			



Instructions:

Make copies of this form and complete one for each service liste	d on page 1, Section III. Use exactly the same service names listed on page 1
Aliswei 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.	and contain of the page, changes, this

County: _	BRYAN COUNT	Y	Service:	E-9-1-1			ř.
1. Check th	e box that best descr	ibes the agreed upo	n delivery arrangem	ent for this se	ervice:		
XX Service	ce will be provided c	ountywide (i.e., inc	luding all cities and or organization pro	unincorporat	ed areas) by a si	ngle service provid	er. (If this box
☐ Service identification	ce will be provided o fy the government, a	nly in the unincorp uthority or organiz	orated portion of the ation providing the s	county by a :	single service pr	ovider. (If this box	is checked,
One o	r more cities will pro orporated areas. (If the	ovide this service on his box is checked,	nly within their incor identify the governm	porated boun	ndaries, and the s rity or organizat	service will not be particle will not be particle.	provided in ervice.)
One or uninco	r more cities will proprporated areas. (If the	ovide this service or nis box is checked,	nly within their incor identify the governm	porated boun ent(s), author	daries, and the crity or organizat	county will provide ion providing the se	the service in ervice.)
Other.	(If this box is check ament, authority, or o	ed, attach a legible other organization t	e map delineating the hat will provide serv	ne service ar ice within ea	ea of each servi ch service area.)	ce provider, and in	dentify the
2. In develo	ping the strategy, we	ere overlapping ser	vice areas, unnecessa	ry competition	on and/or duplic	ation of this service	identified?
inglier levels	litions will continue s of service (See O.Con cannot be elimina	G.A. 30-70-24(1))	attach an explanat , overriding benefits	on for conti of the duplic	nuing the arran ation, or reasons	ngement (i.e., overl s that overlapping s	lapping but ervice areas
f these cond	litions will be elimin	ated under the strat	egy, attach an imple e agreed upon deadl	ementation s	chedule listing eleting it.	each step or action	that will be
. List each	government or autho	ority that will help t	o pay for this service ct revenues, hotel/m	and indicate	how the service	e will be funded (e.g	g., enterprise indebtedness,
	ent or Authority: 🐔 Fu						* t
BRYAN CO	UNTY C	GENERAL FUND /	TELEPHONE FEI	3			<b>C</b>
How will	the strategy change t	the previous arrange	ements for providing	and/or fundi	ng this service v	within the county?	
			P		ing and service v	viain the county;	
O CHANGE			4)				
List any fo	rmal service delivery	agreements or inte	ergovernmental conti	acts that will	be used to impl	ement the strategy	for this servic
reement Nam	ie:	Co	ntracting Parties:			Effective and End	ding Dates:
What other eneral Asser	r mechanisms (if any	r) will be used to in nges, etc.), and who	plement the strategy on will they take effe	for this serv ct?	ice (e.g., ordinar	nces, resolutions, lo	cal acts of the
ONE							
Person con	npleting form:B	ROOKS WARNELL	. CHATRMAN				
			Date completed:	October 6	, 1999		
Is this the p	person who should b	e contacted by state	agencies when eval			l government proje	cts
e consistent	with the service deli	very strategy?	yes no		p. oposed 10ca	. 60 retinient proje	0.13
		and phone	and sittly delow.				

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: _	BRYAN COUNT		Service:	ELECTIONS	5
1. Check th	he box that best des	cribes the agreed upon delivery	y arrangement f	or this service:	
X Servi	ice will be provided ecked, identify the p	countywide (i.e., including all government, authority or organ	l cities and unin nization providin	corporated areas) by a single ng the service.)	service provider. (If this box
☐ Servi ident	ice will be provided ify the government	only in the unincorporated po authority or organization prov	ortion of the cou	nty by a single service provide.)	ler. (If this box is checked,
One o	or more cities will p corporated areas. (If	provide this service only within this box is checked, identify t	n their incorpora he government(	ated boundaries, and the servi s), authority or organization	ce will not be provided in providing the service.)
One o	or more cities will proporated areas. (If	provide this service only within this box is checked, identify the	n their incorpora he government(	nted boundaries, and the counts), authority or organization	ty will provide the service in providing the service.)
Other gover	r. (If this box is che rnment, authority, o	cked, attach a legible map de r other organization that will p	lineating the so provide service v	ervice area of each service p within each service area.)	rovider, and identify the
2. In devel		were overlapping service areas	s, unnecessary c	ompetition and/or duplication	n of this service identified?
higher leve	ditions will continu ls of service (See O ion cannot be elimi	ne under the strategy, attach a .C.G.A. 36-70-24(1)), overridinated).	n explanation ing benefits of t	for continuing the arranger he duplication, or reasons tha	nent (i.e., overlapping but it overlapping service areas
If these con taken to elin	ditions will be elim minate them, the res	inated under the strategy, atta sponsible party and the agreed	ch an impleme upon deadline i	ntation schedule listing each	step or action that will be
3. List each funds, user	government or aut fees, general funds	hority that will help to pay for , special service district revenu	this service and les, hotel/motel	indicate how the service wittaxes, franchise taxes, impac	II be funded (e.g., enterprise t fees, bonded indebtedness, etc
Local Governm	ment or Authority:	Funding Method:	8. ·		
BRYAN CO	OUNTY	GENERAL FUND			C.
4. How wil	I the strategy chang	e the previous arrangements fo	or providing and	Vor funding this service with	in the county?
	· ···· on all of on one	o the provious arangements re	or providing and	bor runding this service with	in the county?
NO CHANGI	E				
5 List any f	ormal sarvina daliw				
Agreement Na	me:	Contracting P		that will be used to impleme	ent the strategy for this service:  Effective and Ending Dates:
					Effective and Ending Dates.
					<b></b>
6. What oth	er mechanisms (if a	any) will be used to implement	the strategy for	this service (e.g., ordinances	, resolutions, local acts of the
Octicial Ass	engory, rate or fee c	hanges, etc.), and when will th	iey take effect?		
NONE					
		BROOKS WARNELL, CHAI			_
	er:912-653-1		· ·	ober 6, 1999	
are consister	it with the service d	be contacted by state agencies elivery strategy? \( \text{\text{X}} \) yes \( \text{C} \) to person(s) and phone number	no	ng whether proposed local go	vernment projects
			(A. X.		



## 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:	BRYAN COUN	TY	Service:	EMERGENC'	Y MEDICAL SERVICE	*
1. Check	the box that best desc	cribes the agreed u	pon delivery arrangem	ent for this service	e:	
is o	rvice will be provided checked, identify the g	countywide (i.e., government, autho	including all cities and rity or organization pro	unincorporated a	reas) by a single service e.)	provider. (If this box
☐ Seride	rvice will be provided entify the government,	only in the uninco	orporated portion of the sization providing the s	county by a sing ervice.)	le service provider. (If th	is box is checked,
On uni	ne or more cities will p incorporated areas. (If	rovide this service this box is checke	e only within their incomed, identify the government	rporated boundari nent(s), authority	ies, and the service will r or organization providin	not be provided in g the service.)
☐ On uni	e or more cities will p incorporated areas. (If	rovide this service this box is checke	only within their incord d, identify the governm	porated boundari nent(s), authority	es, and the county will p or organization providin	rovide the service in g the service.)
Oth gov	ner. (If this box is checkernment, authority, or	ked, attach a legi other organizatio	ble map delineating to that will provide serv	he service area o ice within each s	of each service provider ervice area.)	, and identify the
2. In dev	veloping the strategy, s	were overlapping s	service areas, unnecessa	ary competition a	nd/or duplication of this	service identified?
higher le	onditions will continu vels of service (See O tition cannot be elimin	.C.G.A. 36-70-24(	y, attach an explanat 1)), overriding benefits	ion for continuing of the duplication	ng the arrangement (i.e n, or reasons that overlap	., overlapping but oping service areas
If these c taken to e	onditions will be elim eliminate them, the res	inated under the st ponsible party and	rategy, attach an impl I the agreed upon dead	ementation sche	dule listing each step or	action that will be
3. List ea funds, us	ach government or aut ser fees, general funds,	hority that will hel special service di	p to pay for this servic strict revenues, hotel/m	e and indicate how totel taxes, franch	w the service will be funding taxes, impact fees, be	ded (e.g., enterprise onded indebtedness, etc
Local Gove	rnment or Authority:	Funding .Method:				ನಿಕೆ
BRYAN	COUNTY	GENERAL FUN	ND / USER FEES			
4 How w	vill the strategy change	e the previous arra	ngements for providing	and/or funding t	his samiles within the	
4. 110W V	viii the suategy change	the previous arra	ingements for providing	g and/or funding t	his service within the co	unty?
NO C	CHANGE					
110 0	JIANGL					
5. List any	v formal service delive	ery agreements or	intergovernmental cont	racts that will be	used to implement the st	rategy for this services
Agreement		ny agreements of	Contracting Parties:	racis that will be		and Ending Dates:
						**
						bet
5. What of General A	other mechanisms (if a assembly, rate or fee cl	ny) will be used to hanges, etc.), and	implement the strateg when will they take effo	y for this service ect?	(E.g., ordinances, resolut	ions, local acts of the
NONE						
	completing form:				3100	
	nber: 912-653		Date completed: _			
are consist	tent with the service d	elivery strategy?	tate agencies when eva  XX yes  no none number(s) below:	luating whether p	roposed local governme	ıt projects
			A STANDARD DIST.			

# SRVICE DELIVERY STRATEGY

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

		SUMMARY OF S	SERVICE DELIVE	ERY ARRANGEMENT	S	PAGE 2
	Answer each question	form and complete one for below, attaching additional the Department of Communi	pages as necessary. If the	page 1, Section III. Use exact contact person for this service (	lly the same service names list (listed at the bottom of the page	ied on page 1 ) changes, thi
County:	BRYAN COUNTY		Service:	ENGINEERING		
1. Check the	box that best descr	ibes the agreed upon d	elivery arrangement	for this service:		
17 Service is chec	will be provided c ked, identify the go	ountywide (i.e., includ vernment, authority or	ing all cities and uni organization provid	ncorporated areas) by a siing the service.)	ngle service provider. (If	this box
Service identify	e will be provided o y the government, a	nly in the unincorpora uthority or organization	ted portion of the cor on providing the serv	unty by a single service paice.)	ovider. (If this box is che	ecked,
One or uninco	more cities will pro rporated areas. (If the	ovide this service only his box is checked, ide	within their incorporatify the governmen	rated boundaries, and the I(s), authority or organiza	service will not be provided tion providing the service	led in :.)
uninco	rporated areas. (If the	his box is checked, ide	entify the government	rated boundaries, and the I(s), authority or organiza corporated areas u	tion providing the service	ervice in :.)
Other.	(If this box is check ment, authority, or	ed, attach a legible n other organization tha	iap delineating the s will provide service	service area of each serv within each service area.	lee provider, and identil )	y the
2. In develo		ere overlapping servic	e areas, unnecessary	competition and/or duplic	cation of this service iden	ntified?
If these cond higher levels or competition	itions will continue of service (See O.Con cannot be elimin	C.G.A. 36-70-24(1)), o nted).	verriding benefits of	n for continuing the arra the duplication, or reason	is that overrapping service	C AICAS
If these cond	itions will be elimin		y, attach an Implem agreed upon deadline	entation schedule listing For completing it.	each step or action that	will be
3. List each funds, user f	government or auth	ority that will help to p special service district	pay for this service a revenues, hotel/mot	nd indicate how the servicel taxes, franchise taxes, f	e will be funded (e.g., en mpact fees, bonded indeb	iterprise otedness, et
ocal Governme	ent or Authority: F	unding Method:		<u> (                                   </u>		74.
BRYAN CO	UNTY	GENERAL FUND		·		
CITY OF	RICHMOND HILL	GENERAL FUND				
		ALCOHOL STATE OF THE STATE OF T				
4. 11	the strategy glange	the previous arrangen	nents for providing a	nd/or funding this service	within the county?	
		the previous arrangen	ients for providing a	nd of Tunoning	•	
NO CHANGE						
5 Listany fo	rmal service delive	ry agreements or inter	governmental contra	cts that will be used to im	plement the strategy for t	his service
Agreement Nar		Cont	racting Parties:	•	Effective and Ending	Dates:
	===:=:==:===					77
						hri bri
						***
6. What othe General Asse	er mechanisms (if a	ny) will be used to imp hanges, etc.), and when	plement the strategy n will they take effec	for this service (c.g., ordin 17	nances, resolutions, local	acts of the
NOUP						
NONE						
7. Person co	ompleting form:	BROOKS WARNELL	, CHATRMAN			
	er: 912-653-		Date completed: Oc	tober 6 <u>1999</u>	and the same of th	
B. Is this the	person who should		agencies when evalu	nating whether proposed l	ocal government projects	



Instructioner

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 of Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) characteristic person for the Department of Community Affairs.	n page I inges, this

County: BRYAN COUNT	ГҮ	Service:	EXTENSION SERVICE	
1. Check the box that best des	scribes the agreed upon deliver	y arrangement	for this service:	
X Service will be provided	l countywide (i.e., including al government, authority or orgar	I cities and unir	corporated areas) by a single	service provider. (If this box
Service will be provided identify the government	only in the unincorporated po	ortion of the cou	inty by a single service provide	er. (If this box is checked,
One or more cities will punincorporated areas. (In	provide this service only within f this box is checked, identify t	n their incorpora the government	ated boundaries, and the services), authority or organization p	ce will not be provided in providing the service.)
One or more cities will punincorporated areas. (If	provide this service only within f this box is checked, identify t	their incorpora he government(	ated boundaries, and the count (s), authority or organization p	y will provide the service in roviding the service.)
Other. (If this box is che government, authority, o	cked, attach a legible map de or other organization that will p	lineating the so provide service	ervice area of each service powithin each service area.)	rovider, and identify the
<ol> <li>In developing the strategy,</li> <li>   ☐ yes    ☐ no</li> </ol>	were overlapping service areas	s, unnecessary c	competition and/or duplication	of this service identified?
If these conditions will continu higher levels of service (See O or competition cannot be elimi	ue under the strategy, attach a 0.C.G.A. 36-70-24(1)), overridi (nated).	n explanation ing benefits of t	for continuing the arrangem he duplication, or reasons that	ent (i.e., overlapping but overlapping service areas
If these conditions will be elim	ninated under the strategy, atta sponsible party and the agreed	ch an impleme upon deadline	ntation schedule listing each for completing it.	step or action that will be
3. List each government or aut	thority that will help to pay for , special service district revenu	this service and	indicate how the service will	be funded (e.g., enterprise fees, bonded indebtedness, etc
	Funding Method:		T:	
BRYAN COUNTY	GENERAL FUND		<del></del>	The state of the s
·				
4. How will the strategy chang	e the previous arrangements for	or providing and	Vor funding this service within	the county?
NO CHANGE				
5. List any formal service delive	ery agreements or intergoverns	nental contracts	that will be used to implemen	it the strategy for this service:
Agreement Name:	Contracting Pa	arties:		Effective and Ending Dates:
				ii.
				*
6. What other mechanisms (if a General Asserably, rate or fee c	my) will be used to implement	the strategy for	this service (e.g., ordinances,	resolutions, local acts of the
NONE		by take effect:		
7. Person completing form:	BROOKS HADNELL CHAT	DMAN		
Phone number: 912-653-		A PROPERTY OF THE PARTY OF THE	ober,6, 1999	
				•
<ol> <li>Is this the person who should re consistent with the service do f not, provide designated contact</li> </ol>	elivery strategy?   X  yes	no	ng whether proposed local gov	ernment projects



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 the	is service (listed at the bottom of the page) changes this
should be reported to the Department of Community Affairs	to the (horse at the bottom of the page) charges, this

County: _	BRYAN COUN	ГҮ	Service	FAMILY	& CHILDREN	SERVICES	
1. Check t	he box that best de	scribes the agreed	upon delivery arrange	ment for this s	ervice:		
XX Serv is ch	ice will be provide ecked, identify the	d countywide (i.e., government, autho	including all cities an ority or organization p	d unincorpora oviding the se	ted areas) by a sinervice.)	ngle service provide	r. (If this box
☐ Serv ident	ice will be provide tify the governmen	d only in the uninc t, authority or orga	orporated portion of the nization providing the	ne county by a service.)	single service pr	ovider. (If this box is	s checked,
One uning	or more cities will corporated areas. (I	provide this servic f this box is check	e only within their inc ed, identify the govern	orporated bou ment(s), author	ndaries, and the s ority or organizat	service will not be pr ion providing the ser	ovided in rvice.)
One o	or more cities will corporated areas. (I	provide this service f this box is checke	e only within their inced, identify the govern	orporated bound	ndaries, and the cority or organizati	ounty will provide the ser	he service in vice.)
Other gover	r. (If this box is che	cked, attach a leg or other organizatio	ible map delineating on that will provide se	the service as	rea of each servi ach service area.)	ce provider, and ide	entify the
2. In devel	oping the strategy,	were overlapping	service areas, unneces	sary competiti	on and/or duplica	ation of this service i	identified?
mgner level	ditions will continued of service (See Continued of service)	.C.G.A. 30-70-24(	gy, <b>attach an explan</b> 1)), overriding benefi	ation for contacts of the duplic	inuing the arran cation, or reasons	gement (i.e., overla that overlapping ser	pping but
If these con taken to elir	ditions will be elim ninate them, the re	ninated under the st sponsible party and	rategy, attach an imp I the agreed upon dead	lementation :	schedule listing o	each step or action th	nat will be
<ol><li>List each funds, user</li></ol>	government or au fees, general funds	hority that will hel	p to pay for this servi strict revenues, hotel/	ce and indicate notel taxes, fr	how the service anchise taxes, im	will be funded (e.g. pact fees, bonded in	, enterprise debtedness, etc
		Funding Method:	17.1				
BRYAN CO	UNTY	GENERAL FUN	D / RENTAL FEE				\$
			Y				
4. How will	the strategy change	e the previous arra	ngements for providin				
		the previous arra	ngements for providing	g and/or fundi	ng this service w	ithin the county?	
NO CHANGE							
5. List any fo	ormal service delive	ery agreements or i	ntergovernmental con	troote that!!!			
Agreement Nan	ne:	a greenients of t	Contracting Parties:	tracts that will	be used to imple	ement the strategy fo Effective and Endin	
						Effective and Endin	ng Dates:
							-
							<b>**1</b>
( ))							
<ol> <li>What othe General Asset</li> </ol>	r mechanisms (if a	ny) will be used to	implement the strateg	y for this serv	ice (e.g., ordinair	ces, resolutions, loca	al acts of the
		langes, etc.), and w	men will they take eff	ect?			
NONE							
hone number	npleting form:	BROOKS WARNEL					
	r: <u>912-653-3</u>		_ Date completed: _	October 6,	1999		
	With the service de	nvery sualegy!	ate agencies when eva  yes no ne number(s) below:	uating whether	er proposed local	government projects	S
			, , , , , , , , , , , , , , , , , , ,				



Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service na	mes 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 t	he page) changes, thi
should be reported to the Department of Community Affairs	

County:	BRYAN COUN	TY		Service:	FIRE	PROTECT	ION		•
1. Check the	box that best des	cribes the agre	ed upon delivery	arrangeme	ent for th	nis service:			
	e will be provided cked, identify the g						s) by a singl	e service provid	er. (If this box
Servic Servic	e will be provided fy the government,	only in the un authority or o	incorporated por rganization provi	tion of the	county l ervice.)	by a single	service provi	der. (If this box	is checked,
	r more cities will p orporated areas. (If								
	more cities will proporated areas. (If								
	(If this box is chec nment, authority, o							provider, and i	dentify the
2. In develo	ping the strategy,	were overlappi	ng service areas,	unnecessa	агу сотр	petition and	or duplication	on of this service	e identified?
higher levels	litions will continuts of service (See Oon cannot be elimi	.C.G.A. 36-70							
	litions will be elim ninate them, the res							ch step or action	that will be
	government or aut ees, general funds								
Local Governme	ent or Auffority:	Funding Method:	3.5						ياد
BRYAN CO	DUNTY	SPECIAL S	ERVICE TAX	DISTRIC	T FOR	UNINCOR	PORATED A	REA - Per tax	tş65/year
RICHMONI	HILL	GENERAL F	UND						
PEMBROKE	<u> </u>	GENERAL F	UND						
							~~~~		
4. How will	the strategy chang	e the previous	arrangements for	r providing	g and/or	funding thi	s service with	hin the county?	
5. List any fo Agreement Nam	ormal service deliv	ery agreement	s or intergovernn Contracting Pa		racts tha	at will be us	ed to implen	Effective and En	
	Aid Agreemen ities and co								
	er mechanisms (if a					s service (e	g., ordinance	es, resolutions, I	ocal acts of the
NONE									
	10.2								
	mpleting form: _ er:912-653				Oakak	or 6 10	0.0		
8. Is this the	person who should t with the service of	d be contacted	by state agencies	when eva		er 6, 19 whether pro		government proj	ects
	e designated conta	A CONTRACTOR OF THE CONTRACTOR							



Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service na	mes 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, thi
should be reported to the Department of Community Affairs.	

County: BRYAN COU	NTY	Service:	FORRESTRY	COMMISSION	
1. Check the box that best de	scribes the agreed upo	on delivery arrangeme	nt for this servi	ce:	
Service will be provided is checked, identify the					service provider. (If this box
Service will be provided identify the government				gle service provid	er. (If this box is checked,
One or more cities will unincorporated areas. ()	-				ce will not be provided in providing the service.)
One or more cities will unincorporated areas. (I	A Charles Control and Control				y will provide the service in providing the service.)
Other. (If this box is che government, authority,		-			rovider, and identify the
2. In developing the strategy,  yes \( \text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\ti}\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\texi{\text{\texi{\texi{\texi{\texi{\text{\texi{\texi\texit{\text{\texi{\text{\texi}\texi{\texi{\texi{\texi	, were overlapping se	rvice areas, unnecessa	ry competition a	and/or duplication	of this service identified?
If these conditions will continuing higher levels of service (See Cor competition cannot be elim	O.C.G.A. 36-70-24(1)				
If these conditions will be elii taken to eliminate them, the re				the control of the co	step or action that will be
3. List each government or au funds, user fees, general fund	ls, special service dist	rict revenues, hotel/m			l be funded (e.g., enterprise t fees, bonded indebtedness, etc
Local Government or Authority:	Funding Method:	x			فح
BRYAN COUNTY	GENERAL FUND	/FEES			W.
4. How will the strategy chan	ge the previous arran	gements for providing	; and/or funding	this service withi	in the county?
NO CHANGE					
5. List any formal service deli Agreement Name:		ntergovernmental cont	racts that will b	e used to impleme	ent the strategy for this service: Effective and Ending Dates:
6 What at a shair di			f di i		
6. What other mechanisms (if General Assertally, rate or fee				e (e.g., ordinances	s, resolutions, local acts of the
NONE					
7. Person completing form:					
Phone number: 912-65	3-3819	Date completed: C	ctober 6,	1999	
<ol> <li>Is this the person who show are consistent with the service If not, provide designated con</li> </ol>	delivery strategy?	X yes no	luating whether	proposed local go	overnment projects

## SERVICE DELIVERY STRATEGY



		SUMMARY	OF SERVICE DELIVER	Y 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:	BRYAN COUN'	гү	Service: HEA	ALTH DEPARTMENT			
. Check the	box that best desc	ribes the agreed t	pon delivery arrangement fo	r this service:			
XX Service is check	will be provided ked, identify the g	countywide (i.e., overnment, autho	including all cities and uninc rity or organization providin	corporated areas) by a single g the service.)	service provider. (If this box		
Service identify	will be provided the government,	only in the uninco	orporated portion of the coun nization providing the service	nty by a single service provid e.)	er. (If this box is checked,		
One or unincor	more cities will p rporated areas. (If	rovide this servic this box is check	e only within their incorpora ed, identify the government(	ted boundaries, and the servi s), authority or organization p	ce will not be provided in providing the service.)		
One or unincom	more cities will p rporated areas. (If	rovide this servic this box is check	e only within their incorpora ed, identify the government(	ted boundaries, and the couns), authority or organization	ty will provide the service in providing the service.)		
Other.	(If this box is chement, authority, o	cked, <b>attach a le</b> g r other organizati	gible map delineating the se on that will provide service v	ervice area of each service p within each service area.)	provider, and identify the		
2. In develo		were overlapping	service areas, unnecessary c	competition and/or duplicatio	n of this service identified?		
If these cond	litions will continu	C.G.A. 36-70-24	egy, attach an explanation (1), overriding benefits of t	for continuing the arranger he duplication, or reasons the	ment (i.e., overlapping but at overlapping service areas		
If these cond	litions will be elin	ninated under the	strategy <mark>, attach an impleme</mark> nd the agreed upon deadline	entation schedule listing eac for completing it.	h step or action that will be		
3. List each funds, user t	government or au fees, general fund	thority that will h	elp to pay for this service an district revenues, hotel/motel	d indicate how the service will taxes, franchise taxes, impa	ill be funded (e.g., enterprise ct fees, bonded indebtedness, e		
Local Governm	ent or Authority:	Funding Method:	x.		<u>}₺.</u>		
BRYAN CO	OUNTY	GENERAL FU	ND/STATE FUNDS		***		
4. How will		ge the previous ar	rangements for providing an	d/or funding this service with	hin the county?		
5. List any fo	ormal service deli	very agreements of	or intergovernmental contract	ts that will be used to implen	nent the strategy for this service		
Agreement Nar	ne:		Contracting Parties:		Effective and Ending Dates:		
5. What other	er mechanisms (if	any) will be used	to implement the strategy for d when will they take effect?	r this service (e.g., ordinance	es, resolutions, local acts of the		
NONE		evanges, etc.), am	when will they take effect?				
. Person cor	npleting form:	BROOKS WARM	ELL, CHAIRMAN				
hone numbe	r: <u>912-653</u>		Date completed:O	ctober 6 1000			
. Is this the	person who should	be contacted by	state agenciest	ng whether proposed local go			
re consistent f not, provide	with the service of designated conta	lelivery strategy? ct person(s) and p	X yes no no no number(s) below:	ng whether proposed local go	overnment projects		

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	
Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, t	
should be reported to the Department of Community Affaire	

BRIAN CO	UNII	Service:	LIBRARIES	
1. Check the box that best d	lescribes the agreed	upon delivery arrangemen	nt for this service:	
XX Service will be provide is checked, identify the	led countywide (i.e., ne government, autho	, including all cities and un ority or organization provi	nincorporated areas) by a ding the service.)	single service provider. (If this box
Service will be provide identify the government	led only in the unincent, authority or orga	corporated portion of the continuous the ser	ounty by a single service vice.)	provider. (If this box is checked,
				e service will not be provided in zation providing the service.)
				e county will provide the service in zation providing the service.)
		gible map delineating the on that will provide service		rvice provider, and identify the a.)
<ol> <li>In developing the strateg</li> <li>yes ∑ no</li> </ol>	y, were overlapping	service areas, unnecessar	y competition and/or dup	lication of this service identified?
	O.C.G.A. 36-70-24			rangement (i.e., overlapping but ons that overlapping service areas
If these conditions will be el taken to eliminate them, the				ng each step or action that will be
				rice will be funded (e.g., enterprise impact fees, bonded indebtedness, et
ocal Government or Auftority:	Funding Method:	<b>X</b> 1.		50
BRYAN COUNTY	GENERAL FUN	D		
<ol><li>How will the strategy cha</li></ol>	inge the previous arr	angements for providing	and/or funding this servic	e within the county?
COUNTY WILL ASSUME		COUNTY, CITY OF R	ICHMOND HILL AND	CITY OF PEMBROKE
SHARE OF LIBRARY F	UNDING.			
5. List any formal service de Agreement Name:	livery agreements or	r intergovernmental contra Contracting Parties:	acts that will be used to in	nplement the strategy for this service: Effective and Ending Dates:
				ч.
				÷
				<b>~</b>
6. What other mechanisms ( General Asseinbly, rate or fe				nances, resolutions, local acts of the
NONE				
7. Person completing form:	RPOOKS MARK	ELL CHAIDMAN		
7. Person completing form: Phone number:912-6!		Date completed:	October 6 1000	
<ol> <li>Is this the person who sho are consistent with the servic If not, provide designated con</li> </ol>	e delivery strategy?	X yes no	aung whether proposed I	ocai government projects
To the standard of	Peresu(e) and			



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. Check the		Service:	MAGISTRATE COURT
	box that best describes the agree	ed upon delivery arrangem	ent for this service:
XX Service is chec	e will be provided countywide (i. ked, identify the government, au	.e., including all cities and thority or organization pro	unincorporated areas) by a single service provider. (If this widing the service.)
Service identif	e will be provided only in the unity the government, authority or or	incorporated portion of the ganization providing the s	county by a single service provider. (If this box is checke ervice.)
			rporated boundaries, and the service will not be provided in nent(s), authority or organization providing the service.)
			rporated boundaries, and the county will provide the service nent(s), authority or organization providing the service.)
	(If this box is checked, attach a ment, authority, or other organize		he service area of each service provider, and identify the vice within each service area.)
2. In develop  ☐ yes [		ng service areas, unnecessa	ary competition and/or duplication of this service identifie
higher levels	itions will continue under the str. of service (See O.C.G.A. 36-70- on cannot be eliminated).	ategy, attach an explanat 24(1)), overriding benefits	tion for continuing the arrangement (i.e., overlapping be s of the duplication, or reasons that overlapping service are
	itions will be eliminated under th inate them, the responsible party		lementation schedule listing each step or action that will line for completing it.
		e district revenues, hotel/m	e and indicate how the service will be funded (e.g., enterponded taxes, franchise taxes, impact fees, bonded indebtedn
ocal Governme	ent or Authority: Funding Method:	<b>3</b> :.	
BRYAN COU	JNTY GENERAL F	FUND/FEES	3,
4. How will	the strategy change the previous	arrangements for providing	g and/or funding this service within the county?
NO CHANG	Е		
5. List any fo		s or intergovernmental con Contracting Parties:	tracts that will be used to implement the strategy for this s  Effective and Ending Dates:
	er mechanisms (if any) will be use		gy for this service (e.g., ordinances, resolutions, local acts fect?
NONE			
7. Person co	mpleting form: BROOKS WA	RNELL, CHAIRMAN	
Phone numbe	er: <u>912-653-3819</u>	Date completed: _	October 6, 1999





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: _	BRYAN COUNT	Y	Service:	MAINTENANCE	SHOP	
1. Check th	ne box that best descr	ibes the agreed up	oon delivery arrangeme	ent for this service:	*	
			ncluding all cities and ity or organization pro			provider. (If this box
			rporated portion of the ization providing the se		service provider. (If the	nis box is checked,
			only within their incord, identify the governm			
			only within their incord, identify the government			
			ble map delineating the that will provide serv			, and identify the
2. In develo		ere overlapping s	ervice areas, unnecessa	ary competition and	l/or duplication of this	service identified?
higher level		C.G.A. 36-70-24(	y, attach an explanat l)), overriding benefits			
			rategy, attach an impl the agreed upon deadl			action that will be
			p to pay for this service strict revenues, hotel/m			ded (e.g., enterprise onded indebtedness, et
Local Governm	nent or Auffiority: F	unding Method:	X			55
BRYAN C	OUNTY	GENERAL FUN	ID			
			****		THE MANAGEMENT OF THE PARTY OF	
4 Us	1.1.	41 - 1				
4. How wil	The strategy change	the previous arra	ngements for providing	g and/or funding th	is service within the co	ounty?
NO CHANG	GE					
no omini	3 <b>L</b>					
5. List any f Agreement Na			intergovernmental cont	racts that will be u		trategy for this service
5. What oth General Ass	ner mechanisms (if ar sembly, rate or fee ch	y) will be used to anges, etc.), and v	implement the strateg when will they take effi	y for this service (e	e.g., ordinances, resolu	tions, local acts of the
NONE						
7. Person co	ompleting form:	BBOOKS HADNE	II. CHATDMAN			
			Date completed: _	October 6. 1	999	
B. Is this the	e person who should nt with the service de	be contacted by st livery strategy?	ate agencies when eva			ent projects
f not, provid	de designated contact	person(s) and ph	one number(s) below:			

# SERVICE DELIVERY STRATEG 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
Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, the
should be reported to the Department of Community Affairs

County: BRYAN COUN	TY Servi	ce: MOSQUITO CONTROL	
1. Check the box that best des	cribes the agreed upon delivery arran	gement for this service:	*
Service will be provided is checked, identify the g	countywide (i.e., including all cities government, authority or organization	and unincorporated areas) by a sin providing the service.)	gle service provider. (If this box
Service will be provided identify the government,	only in the unincorporated portion of authority or organization providing t	the county by a single service pro the service.)	ovider. (If this box is checked,
One or more cities will punincorporated areas. (If	provide this service only within their in this box is checked, identify the government.	ncorporated boundaries, and the se ernment(s), authority or organization	ervice will not be provided in on providing the service.)
One or more cities will p     unincorporated areas. (If	provide this service only within their i this box is checked, identify the gove	ncorporated boundaries, and the comment(s), authority or organization	ounty will provide the service in on providing the service.)
Other. (If this box is chee government, authority, o	cked, attach a legible map delineati r other organization that will provide	ng the service area of each service service within each service area.)	e provider, and identify the
<ol> <li>In developing the strategy,</li> <li>yes ∑ no</li> </ol>	were overlapping service areas, unnec	essary competition and/or duplica	tion of this service identified?
If these conditions will continu higher levels of service (See O or competition cannot be elimi	e under the strategy, nttach an expl .C.G.A. 36-70-24(1)), overriding ben nated).	nation for continuing the arrangelits of the duplication, or reasons	gement (i.e., overlapping but that overlapping service areas
If these conditions will be elimitaken to eliminate them, the res	inated under the strategy, attach an i sponsible party and the agreed upon d	mplementation schedule listing e eadline for completing it.	ach step or action that will be
3. List each government or aut funds, user fees, general funds	hority that will help to pay for this se , special service district revenues, hot	rvice and indicate how the service el/motel taxes, franchise taxes, imp	will be funded (e.g., enterprise pact fees, bonded indebtedness, etc
Local Government or Authority:	Funding Method:		
BRYAN COUNTY	GENERAL FUND		Ç.
RICHMOND HILL	GENERAL FUND		
PEMBROKE	GENERAL FUND		
4. How will the strategy chang  NO CHANGE	e the previous arrangements for provi	ding and/or funding this service w	ithin the county?
5. List any formal service delive Agreement Name:	ery agreements or intergovernmental Contracting Parties:	contracts that will be used to imple	ement the strategy for this service:  Effective and Ending Dates:
			4
			h-1
6. What other mechanisms (if a General Asseinbly, rate or fee c	any) will be used to implement the straining the straining take hanges, etc.), and when will they take	ategy for this service (e.g., ordinan effect?	ces, resolutions, local acts of the
NONE			
	BROOKS WARNELL, CHAIRMAN		
Phone number:912-653-		d: October 6, 1999	
are consistent with the service d	be contacted by state agencies when elivery strategy? $[\overline{X}]$ yes $\Box$ no ct person(s) and phone number(s) belonger		government projects

M	ake 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
An	iswer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this
sho	ould be reported to the Department of Community Affaire

County: _	BRYAN COUR	YTY	Se	rvice:	PLANNING AN	D ZONING		
1. Check t	he box that best des	cribes the agreed	The second secon	_				
Serv	ice will be provided ecked, identify the	countywide (i.e.	, including all citi	ies and u	nincorporated are	as) by a single	service provider.	(If this box
☐ Serv ident	ice will be provided ify the government	only in the uning authority or org	corporated portion anization providin	of the c	county by a single vice.)	service provid	ler. (If this box is	checked,
One uninc	or more cities will p corporated areas. (I	provide this servi Tthis box is check	ce only within the ked, identify the g	ir incorp overnme	orated boundaries int(s), authority or	and the servi organization	ice will not be pro providing the serv	vided in vice.)
X One uninc	or more cities will proporated areas. (If	provide this servi this box is check	ce only within the ed, identify the go	ir incorp overnme	orated boundaries nt(s), authority or	, and the coun organization p	ty will provide th providing the serv	e service in vice.)
Other	. (If this box is che nment, authority, o	cked, attach a le r other organizat	gible map delines on that will provi	ating the de servic	e service area of o	each service p vice area.)	rovider, and idea	ntify the
2. In devel	oping the strategy,	were overlapping	service areas, un	necessar	y competition and	or duplication	n of this service id	lentified?
higher leve	ditions will continu Is of service (See O ion cannot be elimi	.C.G.A. 36-70-24	egy, attach an ex (1)), overriding b	planatio enefits o	n for continuing f the duplication,	the arrangen or reasons tha	nent (i.e., overlap t overlapping serv	ping but vice areas
If these con taken to elin	ditions will be elim ninate them, the res	inated under the ponsible party ar	strategy, attach and the agreed upor	n impler n deadlin	nentation schedu	le listing each	step or action tha	at will be
3. List each funds, user	government or aut fees, general funds	hority that will h	elp to pay for this listrict revenues, l	service a	and indicate how t	he service wil e taxes, impact	l be funded (e.g., t fees, bonded ind	enterprise ebtedness, et
		Funding Method:	**					
BRYAN		USER FEE						Ç.
RICHMON	ND HILL	GENERAL FU	ND					
PEMBROE	KE .	GENERAL FU	ND/USER FEE					
					· · · · · · · · · · · · · · · · · · ·			
4. How will	the strategy change	the previous arr	angements for pro	oviding a	nd/or funding this	service within	n the county?	
NO CHANG	E							
5. List any fo	ormal service delive	ry agreements or	intergovernmenta	al contra	cts that will be use	ed to impleme	nt the strategy for	this services
Agreement Nau	ne; ·		Contracting Parties:				Effective and Ending	
								***
								F-1
. What othe	er mechanisms (if a	ny) will be used t	o implement the s	trategy f	or this service (e.	g., ordinances,	resolutions, local	acts of the
Jeneral Asse	inbly, rate or fee cl	langes, etc.), and	when will they tal	ke ellect	?			
ONE								
	npleting form:	BROOKS WARNI	ELL, CHAIRMAN	N				
Phone numbe	r: <u>912-653-</u>	3819	Date complet	led:0	ctober 6, 19	99		
re consistent	person who should with the service de designated contac	livery strategy?	tate agencies whe	n evalua			ernment projects	
			(5) 00					

## 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: _	BRYAN COUN	TY	Service:	PROBATE	COURT	
1. Check th	e box that best desc	cribes the agreed t	ipon delivery arrangem	ent for this se	rvice:	
XX Servi	ce will be provided cked, identify the g	countywide (i.e., government, autho	including all cities and rity or organization pro	unincorporate viding the ser	ed areas) by a single vice.)	service provider. (If this box
☐ Servi	ce will be provided fy the government,	only in the uninco	orporated portion of the nization providing the s	county by a service.)	single service provid	er. (If this box is checked,
One o	or more cities will p orporated areas. (If	rovide this service this box is checke	e only within their inco ed, identify the governn	porated boun nent(s), author	daries, and the servi	ce will not be provided in providing the service.)
One o	or more cities will p orporated areas. (If	rovide this service this box is checke	e only within their incored, identify the governm	porated boun nent(s), author	daries, and the countrity or organization p	ty will provide the service in providing the service.)
			ible map delineating to on that will provide serv			rovider, and identify the
2. In develo		were overlapping	service areas, unnecess	ary competition	on and/or duplication	of this service identified?
higher level		.C.G.A. 36-70-24				nent (i.e., overlapping but t overlapping service areas
			trategy, <b>attach an i</b> mpl d the agreed upon dead			step or action that will be
			istrict revenues, hotel/n			l be funded (e.g., enterprise t fees, bonded indebtedness, etc
Local Governm	nent or Authority:	Funding Method:	<b>x</b> :.			3.5
BRYAN CO	DUNTY	GENERAL FUN	ND/FEES			\$
4 11 '1				., .		
4. How wil	the strategy chang	e the previous arr	angements for providin	g and/or fund	ing this service withi	n the county?
NO CHANG	C.E.					
NO CHANG	36					
5. List any f	ormal service deliv	ery agreements or	intergovernmental con	tracts that wil	l be used to impleme	ent the strategy for this service:
Agreement Na			Contracting Parties:	*		Effective and Ending Dates:
			<del> </del>		<del></del>	
			to implement the strateg when will they take eff		vice (e.g., ordinances	s, resolutions, local acts of the
NONE						
HOHE						
			ELL, CHAIRMAN			
	per: 912-653		Date completed:			_
are consister	nt with the service of	delivery strategy?	state agencies when eva X yes no shone number(s) below:		her proposed local go	overnment projects

ABO

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: BRYAN COUN	TY	Service:	RECREATION	
1. Check the box that best desc	cribes the agreed upon deliver			
XX Service will be provided		I cities and ur	nincorporated areas) by a single	service provider. (If this box
Service will be provided identify the government,	only in the unincorporated po authority or organization pro-	ortion of the co	ounty by a single service provid	der. (If this box is checked,
One or more cities will p unincorporated areas. (If	rovide this service only within this box is checked, identify t	n their incorpo he governmen	orated boundaries, and the servi	ice will not be provided in providing the service.)
One or more cities will p unincorporated areas. (If	rovide this service only within this box is checked, identify t	their incorpo	orated boundaries, and the count(s), authority or organization	ty will provide the service in providing the service.)
Other. (If this box is check government, authority, or	cked, attach a legible map de r other organization that will p	lineating the	service area of each service pe within each service area.)	provider, and identify the
<ol> <li>In developing the strategy, v</li> <li>yes ∑ no</li> </ol>	were overlapping service areas	s, unnecessary	competition and/or duplication	n of this service identified?
If these conditions will continu higher levels of service (See O. or competition cannot be elimin	C.G.A. 36-70-24(1)), overridi	n explanation	n for continuing the arranger f the duplication, or reasons tha	nent (i.e., overlapping but toverlapping service areas
If these conditions will be elim taken to eliminate them, the res	inated under the strategy, atta ponsible party and the agreed	ch an implen upon deadlin	nentation schedule listing each e for completing it.	step or action that will be
			and indicate how the service will el taxes, franchise taxes, impac	I be funded (e.g., enterprise t fees, bonded indebtedness, etc.
	Funding Method:			
BRYAN COUNTY	GENERAL FUND/FEES			Ç
4. How will the strategy change	e the previous arrangements fo	or providing a	nd/or funding this service with	in the county?
NO CHANGE				
			cts that will be used to impleme	
Agreement Name:	Contracting P	'arties:		Effective and Ending Dates:
6. What other mechanisms (if a			for this service (e.g., ordinance	s, resolutions, local acts of the
NONE				
7. D	PROOKE HARNELL CHA	TOMAN		
7. Person completing form:		ompleted:	October 6, 1999	
	d be contacted by state agencie	es when evalu	ating whether proposed local g	overnment projects
If not, provide designated conta				

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 Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, should be reported to the Department of Community Affairs.
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

County: BRYAN CO	DUNTY	Service:	RECYCLING FACILITIES	
1. Check the box that best	describes the agreed upon delivery a	агтапдете	ent for this service:	
Service will be provide is checked, identify the	ded countywide (i.e., including all ci he government, authority or organiza	ities and u	unincorporated areas) by a single service priding the service.)	provider. (If this box
Service will be provide identify the government	ded only in the unincorporated portion can be deep to the contraction provident, authority or organization provid	on of the d	county by a single service provider. (If the	s box is checked,
One or more cities we unincorporated areas.	ill provide this service only within the (If this box is checked, identify the	heir incorp governm	porated boundaries, and the service will n ent(s), authority or organization providing	ot be provided in the service.)
One or more cities wi unincorporated areas.	Il provide this service only within the (If this box is checked, identify the	heir incorp	porated boundaries, and the county will prent(s), authority or organization providing	rovide the service in the service.)
	checked, attach a legible map deling, or other organization that will pro-		ne service area of each service provider, ice within each service area.)	and identify the
2. In developing the strateg  ☐ yes ☑ no	gy, were overlapping service areas, u	unnecessar	ry competition and/or duplication of this s	service identified?
If these conditions will containing higher levels of service (Service competition cannot be elements)	e O.C.G.A. 36-70-24(1)), overriding	explanati g benefits	ion for continuing the arrangement (i.e. of the duplication, or reasons that overlap	, overlapping but ping service areas
If these conditions will be e taken to eliminate them, the	liminated under the strategy, attach responsible party and the agreed up	an imple pon deadli	ementation schedule listing each step or a ine for completing it.	action that will be
3. List each government or funds, user fees, general funds.	authority that will help to pay for th	nis service s, hotel/mo	and indicate how the service will be fund otel taxes, franchise taxes, impact fees, bo	ed (e.g., enterprise nded indebtedness, e
ocal Government or Authority:	Funding Method:			
BRYAN COUNTY	IPRT/USER FEE			C
RICHMOND HILL	GENERAL FUND/USER FEE	Ε		
PEMBROKE	GENERAL FUND/USER FEE	Ξ.		
NO CHANGE.  5. List any formal service de	livery agreements or intergovernme	ental contr	and/or funding this service within the cou	
Agreement Name:	Contracting Parti	ies:	Effective	and Ending Dates:
		X		
5. What other mechanisms ( General Asserebly, rate or fe	if any) will be used to implement the changes, etc.), and when will they	e strategy take effec	for this service (e.g., ordinances, resolutiect?	ons, local acts of the
Person completing form:	BROOKS WARNELL, CHAIRM	MAN		
Phone number: 912-6.			October 6, 1999	
are consistent with the service		when evalu	uating whether proposed local governmen	l projects



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: BRYAN COUN	TY	Service:	REGISTRAR	
1. Check the box that best desc	cribes the agreed upon deliver	y arrangemen	t for this service:	
XX Service will be provided is checked, identify the g	countywide (i.e., including all covernment, authority or organ	l cities and un nization provi	nincorporated areas) by a ding the service.)	single service provider. (If this box
<ul> <li>Service will be provided identify the government,</li> </ul>	only in the unincorporated po authority or organization prov	ortion of the c viding the ser	ounty by a single service vice.)	provider. (If this box is checked,
	rovide this service only within this box is checked, identify t			e service will not be provided in cation providing the service.)
	rovide this service only withir this box is checked, identify t			e county will provide the service in action providing the service.)
Other. (If this box is check government, authority, or	cked, attach a legible map de r other organization that will p	elineating the provide service	service area of each ser e within each service area	vice provider, and identify the a.)
2. In developing the strategy,	were overlapping service areas	s, unnecessar	y competition and/or dupl	lication of this service identified?
	.C.G.A. 36-70-24(1)), overridi			rangement (i.e., overlapping but ons that overlapping service areas
If these conditions will be elim taken to eliminate them, the res				g each step or action that will be
				ice will be funded (e.g., enterprise impact fees, bonded indebtedness, etc
Local Government or Authority:	Funding Method:			3.5
BRYAN COUNTY	GENERAL FUND			
4. How will the strategy chang	e the previous arrangements for	or providing	and/or funding this servic	e within the county?
NO CHANGE				
			acts that will be used to in	inplement the strategy for this service:
Agreement Name:	Contracting F	'arties:		Effective and Ending Dates:
6. What other mechanisms (if a General Asseinbly, rate or fee o				nances, resolutions, local acts of the
NONE				
7. Person completing form: _	BROOKS WARNELL, CHA	IRMAN		
Phone number:912-653			October 6, 1999	
<ol><li>Is this the person who should are consistent with the service of If not, provide designated conta</li></ol>	lelivery strategy? X yes	no	nating whether proposed l	ocal government projects





Make copies of this form and complete one for each service lists	d 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, thi
should be reported to the Department of Community Affaire	the parties of the parties (inside at the bottom of the page) changes, the

County: _	BRYAN COUN	TY	Service:	ROAD DEPARTMENT	
1. Check t	he box that best des	cribes the agreed t	pon delivery arrangem		*
[] Serv	ice will be provided	countywide (i.e.,		unincorporated areas) by a sing	le service provider. (If this box
Serv ident	ice will be provided ify the government	only in the uninco	orporated portion of the nization providing the so	county by a single service provervice.)	ider. (If this box is checked,
One uninc	or more cities will p corporated areas. (If	provide this service this box is checke	only within their incor d, identify the governm	porated boundaries, and the ser- cent(s), authority or organization	vice will not be provided in providing the service.)
uninc	corporated areas. (II	this box is checke	only within their incord, identify the governm	porated boundaries, and the cou ent(s), authority or organization	nty will provide the service in providing the service.)
Other	. (If this box is cheen ment, authority, o	cked, attach a legi r other organizatio	ble map delineating the nation of the transfer	e service area of each service ce within each service area.)	provider, and identify the
2. In devel	oping the strategy,	were overlapping s	ervice areas, unnecessa	ry competition and/or duplication	on of this service identified?
higher level	ditions will continu s of service (See O ion cannot be elimi	.C.G.A. 36-70-24(	y, attach an explanati l)), overriding benefits	on for continuing the arrange of the duplication, or reasons th	ment (i.e., overlapping but at overlapping service areas
If these con taken to elir	ditions will be elim ninate them, the res	inated under the st ponsible party and	rategy, attach an İmplo the agreed upon deadli	mentation schedule listing eac ne for completing it.	h step or action that will be
3. List each funds, user	government or aut fees, general funds	hority that will hel special service di	p to pay for this service strict revenues, hotel/mo	and indicate how the service wotel taxes, franchise taxes, impa	ill be funded (e.g., enterprise ct fees, bonded indebtedness, etc
ocal Governn	nent or Aufhority:	Funding Method:	<b>X</b> 4.		
BRYAN CO	DUNTY	GENERAL FUND	/DOT		Ç.
RICHMONI	HILL .	GENERAL FUND			
PEMBROKE		GENERAL FUND			
200		***************************************			
4. How will	the strategy change	e the previous arra	ngements for providing	and/or funding this service with	nin the county?
NO CHANC	GE				
5. List any fo Agreement Na			ntergovernmental contr Contracting Parties:	acts that will be used to implem	ent the strategy for this service: Effective and Ending Dates:
-					
				<del></del>	
6. What other	er mechanisms (if a	ny) will be used to nanges, etc.), and v	implement the strategy when will they take effe	for this service (e.g., ordinance	s, resolutions, local acts of the
ONE					
TONE					
. Person co	mpleting form:	BROOKS WARNE	LL, CHAIRMAN		
	er: <u>912-653-</u>	The second secon	Date completed: _C	October 6, 1999	
re consisten	t with the service do	elivery strategy?	X yes no	nating whether proposed local g	overnment projects
i not, provid	e designated contac	t person(s) and ph	one number(s) below:		

## ATTACHMENT TO SERVICE DELIVERY AGREEMENT

Service: Road Department

Parties: Bryan County and cities of Pembroke & Richmond Hill

The Bryan County Road Department is available to incorporated and unincorporated areas of Bryan County and provides road construction and maintenance on county roads in these areas.

The cities of Richmond Hill and Pembroke provide these services on city roads within their municipal boundaries, and at their option, on county roads within their municipal boundaries. Bryan County provides services on city roads upon request.



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	e 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: BRYAN	COUNTY	Service:	SECTION 18	•
	est describes the agreed upon d	100		
Service will be price is checked, identi	ovided countywide (i.e., includ fy the government, authority or	ing all cities and ur organization provi	incorporated areas) by a single ding the service.)	e service provider. (If this box
Service will be pridentify the gover	rovided only in the unincorporal rament, authority or organization	ted portion of the con n providing the ser	ounty by a single service provivice.)	der. (If this box is checked,
One or more citie unincorporated ar	s will provide this service only eas. (If this box is checked, ide	within their incorport ntify the government	orated boundaries, and the servent(s), authority or organization	vice will not be provided in providing the service.)
One or more citie unincorporated ar	s will provide this service only eas. (If this box is checked, idea	within their incorpo	orated boundaries, and the count(s), authority or organization	nty will provide the service in providing the service.)
Other. (If this box government, author	is checked, attach a legible mority, or other organization that	ap delineating the will provide service	service area of each service area.)	provider, and identify the
2. In developing the str	ategy, were overlapping service	e areas, unnecessary	competition and/or duplication	on of this service identified?
	continue under the strategy, att (See O.C.G.A. 36-70-24(1)), or e eliminated).			
	be eliminated under the strategy, the responsible party and the a	management and the second of t		h step or action that will be
				ill be funded (e.g., enterprise ct fees, bonded indebtedness, etc
Local Government or Author	ity: Funding Method:			په د
BRYAN COUNTY	GENERAL FUND/DEP	ARTMENT OF TR	ANSPORTATION FUNDS	***
4 How will the strategy	y change the previous arrangem	ents for providing a	and/or funding this service with	hin the county?
4. How will the strategy	change the previous arrangem	ents for providing a	ma or randing and service with	in the county?
NO CHANGE				
5. List any formal service Agreement Name:		overnmental contra acting Parties:	cts that will be used to implem	nent the strategy for this service:  Effective and Ending Dates:
6. What other mechanis General Assembly, rate	oms (if any) will be used to imp or fee changes, etc.), and when	lement the strategy will they take effec	for this service (e.g., ordinance)	es, resolutions, local acts of the
NONE				
	orm: BROOKS WARNELL,			
Phone number: 91			ctober 6, 1999	
are consistent with the s	o should be contacted by state a ervice delivery strategy? [X] yed contact person(s) and phone	res no	nating whether proposed local	government projects



Make copies of this form and complete one for each service list	ed 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, thi
should be reported to the Department of Community Affairs	

County: _	BRYAN COUNTY	Service: SENIOR CITIZENS
1. Check t	he box that best describes th	agreed upon delivery arrangement for this service:
XX Serv is ch	ice will be provided county ecked, identify the governm	ide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box nt, authority or organization providing the service.)
Serv.	ice will be provided only in ify the government, authori	ne unincorporated portion of the county by a single service provider. (If this box is checked, or organization providing the service.)
One uning	or more cities will provide to corporated areas. (If this box	is service only within their incorporated boundaries, and the service will not be provided in is checked, identify the government(s), authority or organization providing the service.)
One uninc	or more cities will provide to corporated areas. (If this box	is service only within their incorporated boundaries, and the county will provide the service in is checked, identify the government(s), authority or organization providing the service.)
		ch a legible map delineating the service area of each service provider, and identify the ganization that will provide service within each service area.)
<ol> <li>In devel ☐ yes</li> </ol>		lapping service areas, unnecessary competition and/or duplication of this service identified?
higher leve		the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but 6-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas
		der the strategy, attach an implementation schedule listing each step or action that will be party and the agreed upon deadline for completing it.
		at will help to pay for this service and indicate how the service will be funded (e.g., enterprise service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness,
ocal Govern	ment or Authority: Funding	ethod: X
BRYAN CO	OUNTY GENE	AL FUND/STATE FUNDS
4. How wi	Il the strategy change the pro	vious arrangements for providing and/or funding this service within the county?
NO CHAN	CF	
NO CHAN	GE	
5. List any	formal service delivery agre	ments or intergovernmental contracts that will be used to implement the strategy for this service
Agreement N	ame:	Contracting Parties: Effective and Ending Dates:
		be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the etc.), and when will they take effect?
General As	seignly, fale of fee changes,	de.), and when will they take effect:
NONE		
7. Person o	completing form: BROOM	S WARNELL, CHAIRMAN
	ber: 912-653-3819	Date completed: October 6, 1999
		acted by state agencies when evaluating whether proposed local government projects
	ent with the service delivery	
If not, prov	ide designated contact perso	(s) and phone number(s) below:

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 Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, the should be reported to the Department of Community Affairs.
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County: BRYAN (	COUNTY Service: POLICE DEPARTMENTS/LAW ENFORCEMENT
1. Check the box that bes	t describes the agreed upon delivery arrangement for this service:
Service will be prov	vided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box the government, authority or organization providing the service.)
Service will be providentify the government	vided only in the unincorporated portion of the county by a single service provider. (If this box is checked, ment, authority or organization providing the service.)
One or more cities vunincorporated area	will provide this service only within their incorporated boundaries, and the service will not be provided in s. (If this box is checked, identify the government(s), authority or organization providing the service.)
unncorporated areas	vill provide this service only within their incorporated boundaries, and the county will provide the service in s. (If this box is checked, identify the government(s), authority or organization providing the service.)  in incorporated areas per attachment.)
Other. (If this box is	checked, attach a legible map delineating the service area of each service provider, and identify the ty, or other organization that will provide service within each service area.)
2. In developing the strate	egy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will conhigher levels of service (So or competition cannot be e	ntinue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but ee O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas liminated).
If these conditions will be taken to eliminate them, the	eliminated under the strategy, attach an implementation schedule listing each step or action that will be e responsible party and the agreed upon deadline for completing it.
3. List each government or funds, user fees, general fu	r authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise ands, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.
Local Government or Authority:	Funding Method:
BRYAN COUNTY	GENERAL FUND/FEES
RICHMOND HILL	GENERAL FUND/FEES
PEMBROKE	GENERAL FUND/FEES
·	
4. How will the strategy ch	nange the previous arrangements for providing and/or funding this service within the county?
5. List any formal service de Agreement Name:	elivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:  Contracting Parties:  Effective and Ending Dates:
6. What other mechanisms General Asserbly, rate or fe	(if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the ee changes, etc.), and when will they take effect?
NONE	
7. Person completing form:	BROOKS WARNELL, CHAIRMAN
Phone number: 912-6	
are consistent with the service	ould be contacted by state agencies when evaluating whether proposed local government projects ce delivery strategy? X yes no ontact person(s) and phone number(s) below:

## ATTACHMENT TO SERVICE DELIVERY AGREEMENT

Service: Police Departments/Law Enforcement

Parties: Bryan County and cities of Pembroke & Richmond Hill

The Bryan County Sheriff's Department is available to incorporated and unincorporated areas of Bryan County.

The cities of Richmond Hill and Pembroke provide this service within their municipal boundaries. There is no County Police Department.

The Bryan County Sheriff's Department provides this service to unincorporated areas and, as needed, within the municipal boundaries of Pembroke and Richmond Hill.

# SERVICE DELIVERY STRATEG 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:	BRYAN COUN	TY	Service:	SHERIFF'S DEPART	MENT	
1. Check the	box that best desc	ribes the agreed	upon delivery arrangen	nent for this service:	•	
XX Servic is chec	e will be provided eked, identify the g	countywide (i.e., government, author	, including all cities and ority or organization pro	unincorporated areas) by oviding the service.)	a single service provider. (If the	is box
			corporated portion of the		ce provider. (If this box is check	ted,
					the service will not be provided nization providing the service.)	l in
					the county will provide the service.)	ice in
				the service area of each s vice within each service a	service provider, and identify the rea.)	ihe
2. In develo		were overlapping	service areas, unnecess	sary competition and/or du	uplication of this service identifi	ied?
higher levels	litions will continu s of service (See O on cannot be elimi	.C.G.A. 36-70-24	egy, attach an explana (1)), overriding benefit	tion for continuing the a s of the duplication, or rea	arrangement (i.e., overlapping lasons that overlapping service as	but reas
If these cond taken to elim	litions will be elim ninate them, the res	inated under the sponsible party ar	strategy, attach an imp nd the agreed upon dead	lementation schedule lis	ting each step or action that will	l be
					rvice will be funded (e.g., enter es, impact fees, bonded indebted	
ocal Governme	ent or Audiority:	Funding Method:	, X,			20
BRYAN CO	UNTY	GENERAL FUN	D/FEES/FORFEITUR	ES		
	· · · · · · · · · · · · · · · · · · ·					
					A SAN I	
4. How will	the strategy chang	e the previous arr	rangements for providir	ng and/or funding this serv	rice within the county?	
NO GHANG						
NO CHANG	E					
F 1 1-1 - C			•			
<ol> <li>LIST any 10</li> <li>Agreement Nan</li> </ol>		ery agreements of	r intergovernmental cor Contracting Parties:	ntracts that will be used to	implement the strategy for this  Effective and Ending Date	
- The state of the			Contacting Farties.		Effective and Ending Date	.5.
						**********
6. What othe General Asse	er mechanisms (if	any) will be used hanges, etc.), and	to implement the strate I when will they take ef	gy for this service (e.g., of fect?	rdinances, resolutions, local acts	s of the
NONE						
HOHL						
7. Person co	mpleting form: _	BROOKS WARN	NELL, CHAIRMAN			
Phone numbe	er: <u>912-653</u>	-3819	Date completed:	October 6, 1999		
are consistent	t with the service of	lelivery strategy?	X yes no		d local government projects	
ii not, provid	e designated conta	ct person(s) and p	phone number(s) below			

ARe

Make copies of this form and complete one for each service liste	ed 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, thi
should be reported to the Department of Community Affairs	

County: BRYAN COUN	TY	Service: COUNTY JAIL	
1. Check the box that best desc	cribes the agreed up	pon delivery arrangement for this service:	*
Service will be provided is checked, identify the g	countywide (i.e., i government, author	ncluding all cities and unincorporated areas ity or organization providing the service.)	s) by a single service provider. (If this box
		rporated portion of the county by a single sization providing the service.)	ervice provider. (If this box is checked,
		only within their incorporated boundaries, d, identify the government(s), authority or o	
		only within their incorporated boundaries, d, identify the government(s), authority or o	
		ble map delineating the service area of ean that will provide service within each servi	
<ol> <li>In developing the strategy,</li> <li>yes ∑ no</li> </ol>	were overlapping s	ervice areas, unnecessary competition and/	or duplication of this service identified?
	.C.G.A. 36-70-24(	y, attach an explanation for continuing t 1)), overriding benefits of the duplication, of	
		rategy, attach an implementation schedul I the agreed upon deadline for completing it	
		p to pay for this service and indicate how th strict revenues, hotel/motel taxes, franchise	he service will be funded (e.g., enterprise taxes, impact fees, bonded indebtedness, etc
Local Government or Authority:	Funding Method:	×	30
BRYAN COUNTY	GENERAL FUND	)/FEES	<b>\$</b>
4. How will the strategy change	e the previous arra	ingements for providing and/or funding this	service within the county?
NO CHANGE			
5. List any formal service deliv Agreement Name:	ery agreements or	intergovernmental contracts that will be use Contracting Parties:	ed to implement the strategy for this service:  Effective and Ending Dates:
<del></del>			
6. What other mechanisms (if General Assembly, rate or fee of		o implement the strategy for this service (e., when will they take effect?	g., ordinances, resolutions, local acts of the
NONE			
7. Person completing form: _	BROOKS WARNE	ELL, CHAIRMAN	
Phone number: 912-653		Date completed: October 6, 199	99
are consistent with the service of	d be contacted by s delivery strategy?	state agencies when evaluating whether prop  [X] yes	
If not, provide designated conta	ct person(s) and pl	ione number(s) below:	

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 p Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) change should be reported to the Department of Companying Affairs.	age 1
should be reported to the Department of Community Affairs	es, thi

BRYAN COUL	NTY Service: SOLID WASTE	
1. Check the box that best des	cribes the agreed upon delivery arrangement for this service:	*
Service will be provided	countywide (i.e., including all cities and unincorporated ares	as) by a single service provider (If this have
Service will be provided identify the government	only in the unincorporated portion of the county by a single, authority or organization providing the service.)	service provider. (If this box is checked,
One or more cities will unincorporated areas. (I	provide this service only within their incorporated boundaries this box is checked, identify the government(s), authority or	s, and the service will not be provided in organization providing the service.)
X One or more cities will punincorporated areas. (1)	provide this service only within their incorporated boundaries this box is checked, identify the government(s), authority or	e, and the county will provide the service in organization providing the service.)
Other. (If this box is che government, authority, c	cked, attach a legible map delineating the service area of e r other organization that will provide service within each serv	each service provider, and identify the vice area.)
2. In developing the strategy,	were overlapping service areas, unnecessary competition and	Vor duplication of this service identified?
f these conditions will continuing the levels of service (See Cor competition cannot be eliminated)	ce under the strategy, attach an explanation for continuing .C.G.A. 36-70-24(1)), overriding benefits of the duplication, nated).	the arrangement (i.e., overlapping but or reasons that overlapping service areas
f these conditions will be elin aken to eliminate them, the re	inated under the strategy, attach an implementation schedu sponsible party and the agreed upon deadline for completing	ale listing each step or action that will be it.
3. List each government or au unds, user fees, general funds	hority that will help to pay for this service and indicate how t , special service district revenues, hotel/motel taxes, franchise	the service will be funded (e.g., enterprise e taxes, impact fees, bonded indebtedness, e
ocal Government or Auftrority:	Funding Method:	-1.
BRYAN COUNTY	IPRT/USER FEE	
RICHMOND HILL	GENERAL FUND/USER FEE	
PEMBROKE	GENERAL FUND/USER FEE	
. How will the strategy chang	e the previous arrangements for providing and/or funding this	s service within the county?
. List any formal service deliv	ery agreements or intergovernmental contracts that will be us Contracting Parties:	sed to implement the strategy for this service Effective and Ending Dates:
		-
. What other mechanisms (if teneral Assertably, rate or fee of	any) will be used to implement the strategy for this service (e changes, etc.), and when will they take effect?	.g., ordinances, resolutions, local acts of the
Phone number: 912-653		
are consistent with the service	d be contacted by state agencies when evaluating whether prodelivery strategy? 以yes 口no act person(s) and phone number(s) below:	oposed local government projects
		41 - 2

## SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

Instructions:

take 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	ee.
nswer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes	th
hould be reported to the Department of Community Affairs.	

County:	BRYAN COUN	TY	Service:	STATE	COURT	•	
1. Check the	box that best desc	ribes the agreed t	pon delivery arrangem	ent for thi	s service:		
XX Service is chec	will be provided ked, identify the g	countywide (i.e., overnment, autho	including all cities and rity or organization pro	unincorpo	rated areas) by a single service.)	e service provider. (If this	s box
Service identify	will be provided the government,	only in the uninco authority or organ	orporated portion of the sization providing the s	county by ervice.)	a single service provi	ider. (If this box is checke	ed,
One or unincom	more cities will proporated areas. (If	rovide this service this box is checke	e only within their inco ed, identify the government	rporated b nent(s), au	oundaries, and the serv thority or organization	vice will not be provided providing the service.)	in
One or unincor	more cities will proporated areas. (If	rovide this service this box is checke	only within their inco d, identify the governm	rporated be nent(s), au	oundaries, and the cou thority or organization	nty will provide the servi providing the service.)	ce in
Other. (	If this box is chec ment, authority, or	ked, attach a legi other organizatio	ible map delineating t in that will provide serv	he service vice within	area of each service each service area.)	provider, and identify th	ie
2. In develop		vere overlapping	service areas, unnecess	агу сотре	tition and/or duplication	on of this service identifie	ed?
higher levels	tions will continu of service (See O. n cannot be elimin	C.G.A. 36-70-24(	gy, attach an explana 1)), overriding benefits	tion for co s of the du	ntinuing the arrange plication, or reasons th	ment (i.e., overlapping b at overlapping service are	out eas
If these conditaken to elimi	tions will be eliminate them, the res	inated under the si ponsible party and	trategy, <b>attach an imp</b> l I the agreed upon dead	ementation	on schedule listing eac impleting it.	ch step or action that will	be
						ill be funded (e.g., enterp ct fees, bonded indebtedr	
Local Governme	nt or Authority:	Funding Method:	x :.				.t.
BRYAN COU	NTY	FINES/FEES/	GENERAL FUND				<i>M</i> -
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
4. How will t	he strategy change	e the previous arra	ingements for providin	g and/or fu	inding this service with	nin the county?	
NO CHANGI	3						
<ol> <li>List any for Agreement Nam</li> </ol>		ery agreements or	Intergovernmental con Contracting Parties:	tracts that	will be used to implem	nent the strategy for this s Effective and Ending Dates	
Agreement Ham			Conducting Fairles.				
		**************************************					
			o implement the strates when will they take eff		service (e.g., ordinance	es, resolutions, local acts	of the
General Asse	igory, rate or ree c	nanges, etc.), and	when will they take en	iect:			
NONE							
	r:912-653		ELL, CHAIRMAN  Date completed:	Octobe	r 6 1999		
			state agencies when ev			government projects	
are consistent	with the service d	lelivery strategy?			nether proposed local (	government projects	



# SUMMARY OF SERVICE DELIVERY ARRANGEMENTS Instruction:

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:	BRYAN COUNTY	Service: _SUMMER LUNCH	
1. Checl	k the box that best describes the	ne agreed upon delivery arrangement for this service:	*
XX Se	rvice will be provided county	wide (i.e., including all cities and unincorporated areas) by a nent, authority or organization providing the service.)	single service provider. (If this box
☐ Se	rvice will be provided only in entify the government, authori	the unincorporated portion of the county by a single service ty or organization providing the service.)	provider. (If this box is checked,
Or un	ne or more cities will provide incorporated areas. (If this bo	his service only within their incorporated boundaries, and the is checked, identify the government(s), authority or organize	e service will not be provided in zation providing the service.)
On uni	e or more cities will provide to incorporated areas. (If this box	his service only within their incorporated boundaries, and the is checked, identify the government(s), authority or organize	e county will provide the service in action providing the service.)
Oth	ner. (If this box is checked, at vernment, authority, or other o	tach a legible map delineating the service area of each ser organization that will provide service within each service area	vice provider, and identify the a.)
<ol> <li>In dev</li> <li>ye</li> </ol>	veloping the strategy, were over	erlapping service areas, unnecessary competition and/or dupl	ication of this service identified?
higher le	onditions will continue under wels of service (See O.C.G.A. tition cannot be eliminated).	the strategy, attach an explanation for continuing the arr 36-70-24(1)), overriding benefits of the duplication, or reaso	angement (i.e., overlapping but ons that overlapping service areas
If these c taken to e	onditions will be eliminated u eliminate them, the responsible	nder the strategy, attach an implementation schedule listin e party and the agreed upon deadline for completing it.	g each step or action that will be
3. List ea funds, us	nch government or authority the er fees, general funds, special	nat will help to pay for this service and indicate how the servi service district revenues, hotel/motel taxes, franchise taxes,	ice will be funded (e.g., enterprise impact fees, bonded indebtedness, etc
ocal Gove	rnment or Authority: Funding	Method:	
BRYAN	COUNTY STATE	FUNDS/GENERAL FUND	Ç.
4 How v	vill the strategy change the pre	evious arrangements for providing and/or funding this service	within the county?
	in the strategy change the pro	and of family and of	
NO CHA	NCF		
NO GIA	MGL		
F 7 1 .	f 1	ements or intergovernmental contracts that will be used to in	oplement the strategy for this service:
Agreement		Contracting Parties:	Effective and Ending Dates:
Agreement	ivane.		
6. What	other mechanisms (if any) wil Assembly, rate or fee changes,	l be used to implement the strategy for this service (e.g., ordietc.), and when will they take effect?	nances, resolutions, local acts of the
NONE			
	h i f	VC HADNELL CHATPMAN	
	n completing form: <u>BROO</u> nmber: <u>912-653-3819</u>		
o v	the person who should be see	ntacted by state agencies when evaluating whether proposed	local government projects
are consi	stent with the service delivery	strategy? [X] yes  no on(s) and phone number(s) below:	

ABW

### ERVICE 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:	BRYAN COUN	TY Ser	rice: SUPERIOR (	COURT	
1. Check the	box that best desc	ribes the agreed upon delivery arra			
XX Service is check	will be provided ted, identify the g	countywide (i.e., including all citie overnment, authority or organization	and unincorporated n providing the serv	l areas) by a single se	ervice provider. (If this box
		only in the unincorporated portion authority or organization providing		ngle service provider	. (If this box is checked,
One or unincor	more cities will p porated areas. (If	rovide this service only within thei this box is checked, identify the go	incorporated bounds vernment(s), authoris	aries, and the service ty or organization pro	will not be provided in oviding the service.)
		rovide this service only within thei this box is checked, identify the go			
		ked, attach a legible map delinea other organization that will provid			ovider, and identify the
2. In develop  ☐ yes  ☐		vere overlapping service areas, unr	ecessary competition	and/or duplication o	of this service identified?
higher levels		e under the strategy, attach an exp C.G.A. 36-70-24(1)), overriding be nated).			
		nated under the strategy, attach ar ponsible party and the agreed upor			tep or action that will be
		nority that will help to pay for this special service district revenues, h			
Local Governmen	nt or Auffiority:	Funding Method:			يند
BRYAN COUN	YTY	GENERAL FUNDS/FEES			· ·
4 11 (11.4)			111 11 6 11		
4. How will ti	he strategy chang	e the previous arrangements for pro	viding and/or fundin	ig this service within	the county?
NO CHANGE					
no omnoc					
5. List any for	mal service deliv	ery agreements or intergovernment	al contracts that will	be used to implemen	t the strategy for this service:
Agreement Name	:	Contracting Parties:		1	Effective and Ending Dates:
	Anna Anna Anna Anna				
6 What other	mechanisms (if :	ny) will be used to implement the	trategy for this servi	ce (e.g. ordinances	resolutions, local acts of the
General Asser	ably, rate or fee o	hanges, etc.), and when will they to	ke effect?	ce (e.g., ordinances,	resolutions, local acts of the
noun					
NONE					
7. Person com	pleting form:	BROOKS WARNELL, CHAIRMA	N		
	: 912-653		tcd: <u>October 6</u>	, 1999	
are consistent	with the service of	I be contacted by state agencies whelivery strategy? $\overline{X}$ yes $\overline{X}$ noct person(s) and phone number(s) by		er proposed local gov	ernment projects
			No. of the Control of		





## ERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Instructions:

Make copies of this form and complete	
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 and question below, attaching additional pages as necessary. If the contact person for this service that the same service names listed on page 1, Section III.	
Answer each question below, attaching additional pages as necessary. If the contest person for this call is said a service names listed on p	age 1
Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) change	s this

If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapsed for the levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping so or competition cannot be eliminated).  If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action alone 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. funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded i local Government or Authority:  BRYAN COUNTY  GENERAL FUND  GENERAL FUND  How will the strategy change the previous arrangements for providing and/or funding this service within the county?  NO CHANGE  List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy  Effective and En	is checked, provided in ervice.) the service in ervice.) dentify the
EXX Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provide 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 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 punincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service only within their incorporated boundaries, and the county will provide unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service areas. (If this box is checked, identify the government(s), authority or organization providing the service within each service organization providing the service areas.)  Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and in government, authority, or other organization that will provide service within each service area.)  In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service [yes [X]] no [ff these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlaigher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping so competition cannot be eliminated.  If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action also 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 within the county?  BRYAN COUNTY [General Fund]  General Funding Method:  A. How will the	is checked, provided in ervice.) the service in ervice.) dentify the
One or more cities will provide this service only within their incorporated boundaries, and the service will not be punincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the sumincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the sumincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the sumincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the sumincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the sumincorporated areas.)  Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and is 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   yes   ∑ no     yes     yes     yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   yes   ye	orovided in ervice.)  the service in ervice.)  dentify the
One or more cities will provide this service only within their incorporated boundaries, and the county will provide unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service area.)  Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and is government, authority, or other organization that will provide service within each service area.)  In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service yes no off these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlaigher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping so or competition cannot be eliminated.  If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action aken 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. funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded i ocal Government or Authority:  BRYAN COUNTY  GENERAL FUND  GENERAL FUND  Finding Method:  The will be used to implement the strategy and Entering and the service delivery agreements or intergovernmental contracts that will be used to implement the strategy finds and formula service delivery agreements or intergovernmental contracts that will be used to implement the strategy filtering and Entering and Enter	the service in ervice.)  dentify the identified?
Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and is 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   yes   no   no   no   no   no   no   no   n	dentify the
2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service   yes   no   f these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overligher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping so recompetition cannot be eliminated).  If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action asken to eliminate them, the responsible party and the agreed upon deadline for completing it.  B. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g. unds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded in scal Government or Authority:  Funding Method:  BRYAN COUNTY  GENERAL FUND  How will the strategy change the previous arrangements for providing and/or funding this service within the county?  NO CHANGE  List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy	identified?
f these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlaigher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping so or competition cannot be eliminated).  If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action along the original party and the agreed upon deadline for completing it.  B. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g. unds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded in social Government or Authority:  BRYAN COUNTY  GENERAL FUND  GENERAL FUND  How will the strategy change the previous arrangements for providing and/or funding this service within the county?  NO CHANGE  List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy.  Effective and Enterior and Enter	
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Asken 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. funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded in ocal Government or Authority:  BRYAN COUNTY  GENERAL FUND  How will the strategy change the previous arrangements for providing and/or funding this service within the county?  NO CHANGE  List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy	apping but crvice areas
And the strategy change the previous arrangements for providing and/or funding this service within the county?  NO CHANGE  List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy effective and Enterprise and Enterprise to the strategy agreements or intergovernmental contracts that will be used to implement the strategy effective and Enterprise an	hat will be
BRYAN COUNTY  GENERAL FUND  How will the strategy change the previous arrangements for providing and/or funding this service within the county?  NO CHANGE  List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy	., enterprise
. How will the strategy change the previous arrangements for providing and/or funding this service within the county?  NO CHANGE  List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy	٠.۵
NO CHANGE  List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy	(.).
NO CHANGE  5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy	
NO CHANGE  5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy	
NO CHANGE  List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy	
NO CHANGE  List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy	
List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy	
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy	
Effective and En	for this service
	ding Dates:
	and note of th
b. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, learnership, rate or fee changes, etc.), and when will they take effect?	ocal acts of th
NONE	
7. Person completing form: BROOKS WARNELL, CHAIRMAN	
Phone number: 912-653-3819 Date completed: October 6, 1999	
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government governm	
	ects

# SUMMARY OF SERVICE DELIVERY ARRANGEMENTS Instructions:

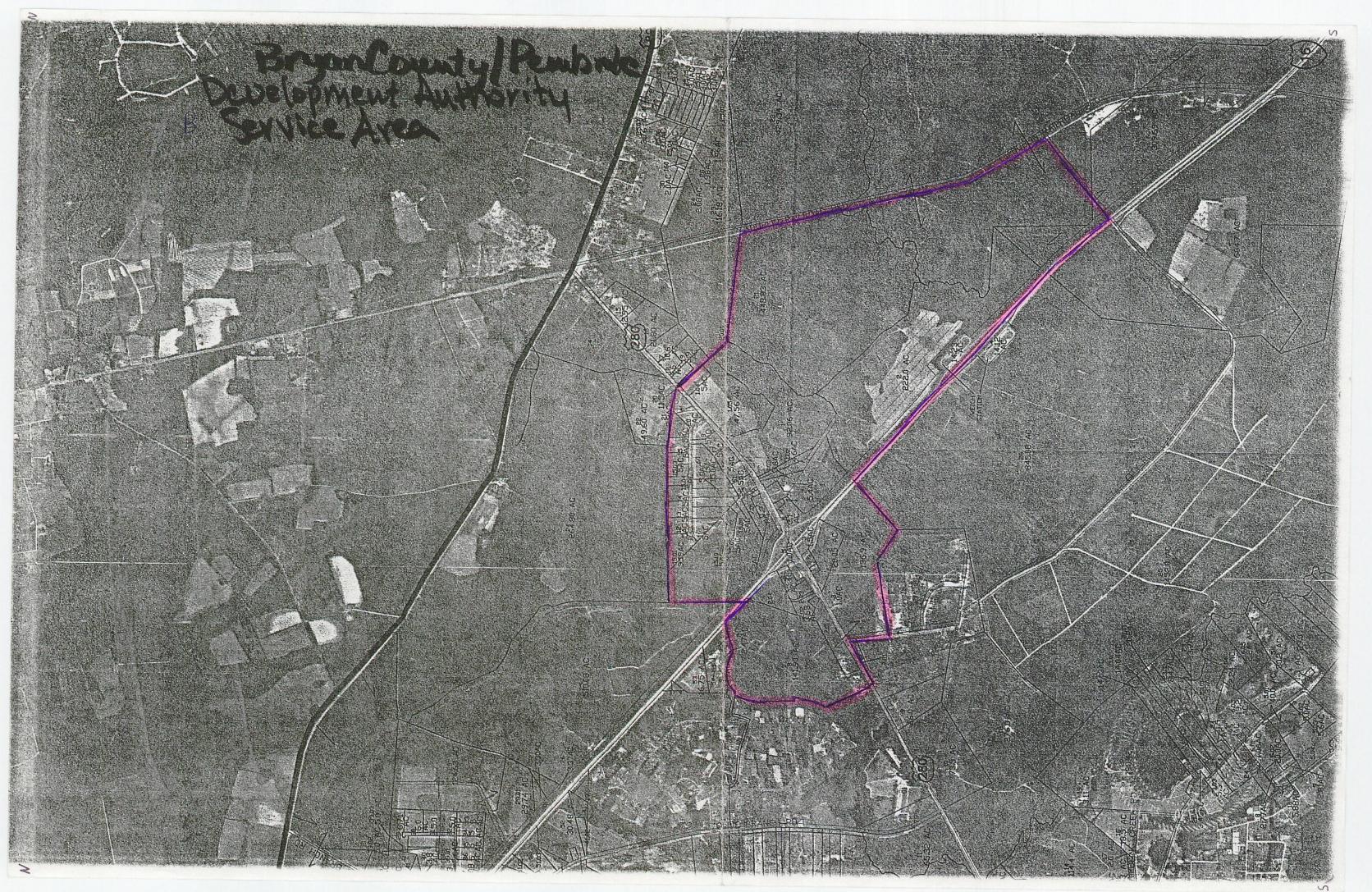
Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should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

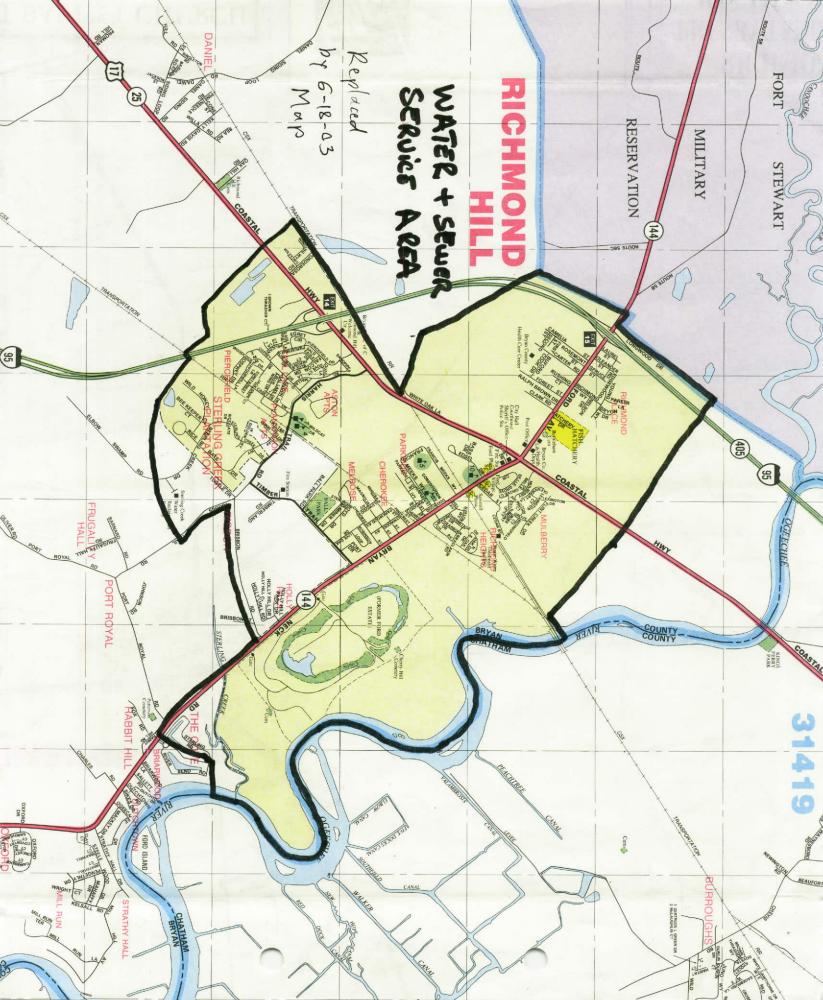
County:	BRYAN COUN	ГY	Service:	TAX	ASSESSOR		
1. Check t	he box that best desc	ribes the agreed u	pon delivery arrangeme	ent for th	his service:	•	
			ncluding all cities and ity or organization pro			a single service provider. (If t	this box
			rporated portion of the ization providing the se			e provider. (If this box is chec	cked,
						he service will not be provide ization providing the service.	
						he county will provide the serization providing the service.	
			ble map delineating the that will provide serv			ervice provider, and identify ca.)	the
	loping the strategy,	were overlapping s	ervice areas, unnecessa	ary com	petition and/or du	plication of this service identi	ified?
higher lev		.C.G.A. 36-70-24(				rrangement (i.e., overlapping sons that overlapping service	
			rategy, attach an impl I the agreed upon deadl			ing each step or action that w	ill be
						vice will be funded (e.g., ento s, impact fees, bonded indebto	
Local Govern	nment or Authority:	Funding Method:	¥4.				
BRYAN C	COUNTY	GENERAL FUN	D				1
4. How w	ill the strategy chang	e the previous arra	ngements for providing	g and/or	funding this serv	ice within the county?	
NO CHAI	NGE						
5. List any Agreement N		ery agreements or	intergovernmental cont	racts th	at will be used to	implement the strategy for thi Effective and Ending Da	
6. What of General As	ther mechanisms (if a	iny) will be used to hanges, etc.), and	I implement the strateg when will they take eff	y for thi	is service (e.g., ord	dinances, resolutions, local ac	ets of the
NONE							
	completing form: _ lber:912-653			0a t = 1	07 6 1000		
			Date completed: _			11	
are consiste	ent with the service d	elivery strategy?	(X) yes \(\sum \) no none number(s) below:	iuating	whether proposed	local government projects	
	The second secon						

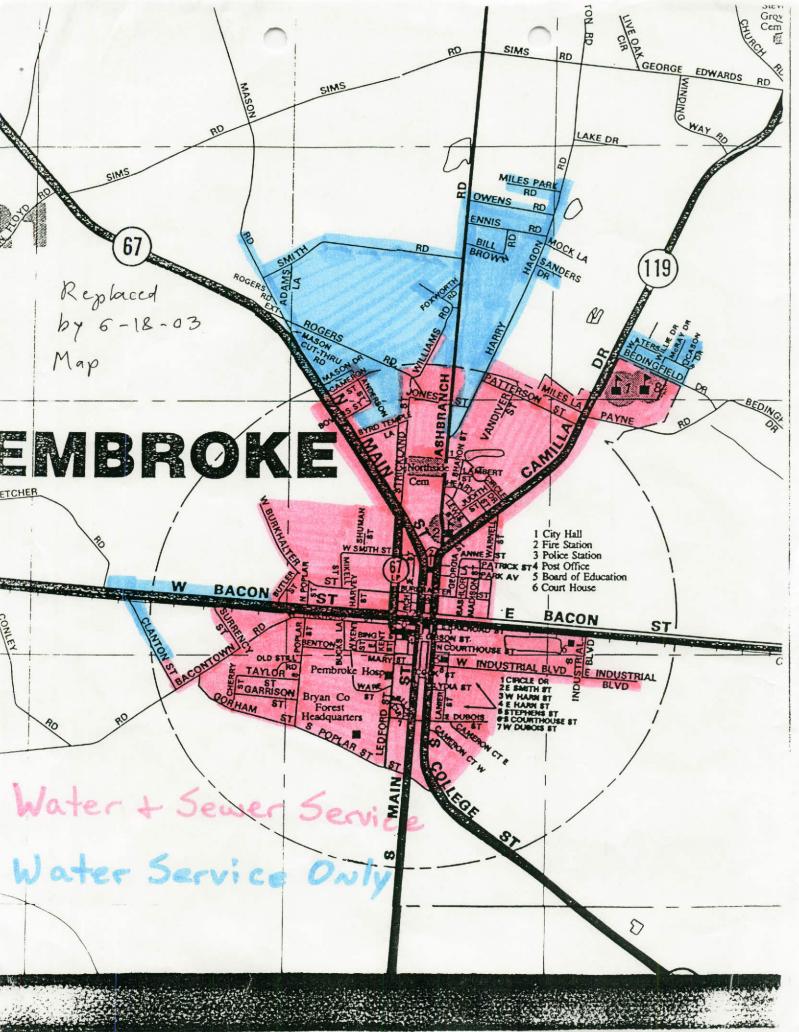
### SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS Instructions:

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names lis	led 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:	BRYAN COUN	TY	Service:	TAX	COMMISSIONER		
1. Check the	box that best desc	ribes the agreed u	ipon delivery arrangem	ent for th	nis service:		
XX Service is chec	e will be provided ked, identify the g	countywide (i.e., overnment, autho	including all cities and rity or organization pro	unincorp	porated areas) by a single ne service.)	le service provider. (If	this box
Service identif	e will be provided y the government,	only in the uninco	orporated portion of the	county lervice.)	by a single service prov	ider. (If this box is che	cked,
One or uninco	more cities will proporated areas. (If	rovide this service this box is checke	e only within their inco ed, identify the governm	rporated nent(s), a	boundaries, and the ser authority or organization	vice will not be provide n providing the service.	ed in .)
					boundaries, and the counthority or organization		
			ible map delineating to on that will provide serv		ce area of each service in each service area.)	provider, and identify	y the
2. In develo		were overlapping	service areas, unnecess	агу сотр	petition and/or duplicati	on of this service ident	ified?
higher levels		.C.G.A. 36-70-24			continuing the arrange uplication, or reasons th		
			trategy, attach an imp d the agreed upon dead		tion schedule listing ea completing it.	ch step or action that w	vill be
			istrict revenues, hotel/n		dicate how the service wees, franchise taxes, impo		
Local Governme	ent or Auffority:	Funding Method:	x :.				ينج
BRYAN CO	UNTY	GENERAL FU	ND/FEES				9.00
					***************************************		
4. How will	the strategy chang	e the previous arra	angements for providin	g and/or	funding this service wit	thin the county?	
NO CHANG	E						
<ol> <li>List any for Agreement Nan</li> </ol>		ery agreements or	Intergovernmental con Contracting Parties:	itracts tha	at will be used to imple	ment the strategy for th Effective and Ending D	
rigited fram			Commenting Factors.				uics,
		***************************************					
6. What othe General Asse	er mechanisms (if	any) will be used thanges, etc.), and	to implement the strate when will they take ef	gy for thi fect?	s service (e.g., ordinand	ces, resolutions, local a	cts of the
NONE							
HONL							
7. Person co	mpleting form:	BROOKS WARN	ELL, CHAIRMAN				
	er: <u>912-653</u>		Date completed:	Octob	er 6, 1999		
8. Is this the are consisten	person who should t with the service of	d be contacted by delivery strategy?	state agencies when ev	aluating	whether proposed local	government projects	
			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 liste-	d on page I
Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page)	changes, thi
should be reported to the Department of Community Affairs.	

	The second secon					
County: BRYAN COUN	ITY	Service:	WATER S	SUPPLY		/-
1. Check the box that best des	cribes the agreed upon deliv	ery arrangem	ent for this	service:	*	
Service will be provided is checked, identify the p	countywide (i.e., including government, authority or org	all cities and ganization pro	unincorpora viding the s	ated areas) by a ervice.)	single service pro	vider. (If this box
Service will be provided identify the government.	only in the unincorporated, authority or organization p	portion of the roviding the s	county by a	a single service	provider. (If this b	ox is checked,
	provide this service only wit f this box is checked, identif					
	provide this service only with					
	cked, attach a legible map or other organization that wil					d identify the
<ol> <li>In developing the strategy,</li> <li>yes ∑ no</li> </ol>	were overlapping service ar	eas, unnecessa	ary competi	tion and/or dupl	ication of this serv	vice identified?
If these conditions will continu higher levels of service (See O or competition cannot be elimi	C.G.A. 36-70-24(1)), overr					
If these conditions will be elimitaken to eliminate them, the re-	ninated under the strategy, a sponsible party and the agre	ttach an impl ed upon deadl	ementation line for com	schedule listin	g each step or acti	on that will be
3. List each government or aut funds, user fees, general funds	thority that will help to pay it, special service district rev	for this service	e and indica	ite how the servi franchise taxes,	ice will be funded impact fees, bond	(e.g., enterprise ed indebtedness, etc
Local Government or Authority:	Funding Method:					2.0
RICHMOND HILL	ENTERPRISE FUND	/				Ç.
PEMBROKE	ENTERPRISE FUND /					
*						
4. How will the strategy chang	e the previous arrangements	s for providing	g and/or fun	ding this service	e within the count	y?
NO CHANGE	War My 18/03					
	6					
5. List any formal service deliv	ery agreements or intergove	rnmental cont	tracts that w	ill be used to in	aplement the strate	gy for this service:
Agreement Name:	Contractin					Ending Dates:
	/					1-1
/						<u>.</u>
						bet :
6. What other mechanisms (if a	any) will be used to implement than ges, etc.), and when will	ent the strateg	y for this se ect?	rvice (e.g., ordi	nances, resolution	s, local acts of the
NONE						
7. Person completing form: _	BROOKS WARNELL, CH	AIRMAN				
Phone number: 912-653		completed: _	October	6, 1999		
8. Is this the person who should are consistent with the service of M not, provide designated conta	lelivery strategy? X yes	no	luating whe	ther proposed lo	ocal government p	rojects
		257.42				

## SERVICE DELIVERY STRATEG SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Instructions:

Make copies of this form and complete one for each service lister	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	, and page, embles, and

County: BRYAN COUN	ITY	Service:	WASTEWATER T	REATMENT	
1. Check the box that best des	cribes the agreed upon delive	ry arrangemen	nt for this service:	*	
Service will be provided is checked, identify the	countywide (i.e., including a government, authority or orga	all cities and u unization provi	nincorporated areas ding the service.)	) by a single service	provider. (If this box
<ul> <li>Service will be provided identify the government.</li> </ul>	only in the unincorporated po- authority or organization pro-	ortion of the coviding the ser	ounty by a single so vice.)	ervice provider. (If tl	nis box is checked,
One or more cities will punincorporated areas. (If	provide this service only within this box is checked, identify	in their incorp the governme	orated boundaries, and or	and the service will rganization providing	not be provided in g the service.)
One or more cities will punincorporated areas. (If	provide this service only within this box is checked, identify	in their incorp the governme	orated boundaries, ant(s), authority or o	and the county will preganization providing	provide the service in g the service.)
	cked, attach a legible map der r other organization that will				, and identify the
	AREA MAPS for				ive AttAched
2. In developing the strategy,  yes no	were overlapping service area	as, unnecessar	y competition and/o	or duplication of this	service identified?
If these conditions will continu higher levels of service (See O or competition cannot be elimi	.C.G.A. 36-70-24(1)), overrid				
If these conditions will be elim taken to eliminate them, the res					action that will be
3. List each government or aut funds, user fees, general funds	, special service district reven				
ocal Government or Auffority:	Funding Method:	/			باح
RICHMOND HILL	ENTERPRISE FUND	/_			NAC.
PEMBROKE	ENTERPRISE FUND	/_			
	***************************************	/			
4 17 1914		<del>/</del>	V 5 11 11		0
4. How will the strategy chang	e the previous arrangements I	for providing a	and/or funding this	service within the co	ounty?
NO CHANGE	Burray ( 1/2/03				
5. List any formal service deliv	ery agreements or intergover	nmental contra	acts that will be use	d to implement the s	trategy for this service:
Agreement Name:	Contracting		· ·		e and Ending Dates:
INTER-GOVERNMENTAL CO	ONTRACT / RICHMON	ND HILL/PE	MBROKE/BRYAN	COUNTY B/8/9	5 - NOT DEFINED
	/				Bed.
6. What other mechanisms (if a General Asseinbly, rate or fee o				., ordinances, resolu	tions, local acts of the
NONE					
7. Person completing form: _	BROOKS WARNELL, CHA	IRMAN			
Phone number:912-653				0	
	-3819 Date c	completed: _0	ctober 6, 199	9	

### ERVICE 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:	BRYAN COUN	Y Service: YARD TRASH RE	MOVAL
1. Check the	box that best des	ribes the agreed upon delivery arrangement for this service:	*
Service is chec	e will be provided ked, identify the	countywide (i.e., including all cities and unincorporated areas overnment, authority or organization providing the service.)	) by a single service provider. (If this box
		only in the unincorporated portion of the county by a single se authority or organization providing the service.)	ervice provider. (If this box is checked,
X One or uninco	more cities will proporated areas. (If	rovide this service only within their incorporated boundaries, a this box is checked, identify the government(s), authority or o	and the service will not be provided in rganization providing the service.)
One or uninco	more cities will prorated areas. (If	rovide this service only within their incorporated boundaries, a this box is checked, identify the government(s), authority or or	and the county will provide the service in rganization providing the service.)
Other.	(If this box is che ment, authority, o	ked, attach a legible map delineating the service area of ea other organization that will provide service within each service	ch service provider, and identify the ce area.)
2. In develop		were overlapping service areas, unnecessary competition and/o	or duplication of this service identified?
higher levels		e under the strategy, attach an explanation for continuing the C.G.A. 36-70-24(1)), overriding benefits of the duplication, or nated).	
If these cond taken to elim	itions will be eliminate them, the re	nated under the strategy, attach an implementation schedule ponsible party and the agreed upon deadline for completing it.	e listing each step or action that will be
3. List each plands, user fo	government or au ees, general funds	nority that will help to pay for this service and indicate how the special service district revenues, hotel/motel taxes, franchise	e service will be funded (e.g., enterprise taxes, impact fees, bonded indebtedness, etc
ocal Governme	nt or Auffiority:	funding Method:	۶٠.
RICHMOND	HILL	USER FEE/GENERAL FUND	₩.
4. How will (	he strategy chang	the previous arrangements for providing and/or funding this	service within the county?
NO CHANGI	Ε		
		ry agreements or intergovernmental contracts that will be used	d to implement the strategy for this service:
Agreement Nam	e:	Contracting Parties:	Effective and Ending Dates:
			bri .
5. What other	mechanisms (if	ny) will be used to implement the strategy for this service (e.g	ordinances, resolutions, local acts of the
General Asser	ribly, rate or fee o	nanges, etc.), and when will they take effect?	
NONE			*
NONE			
		BROOKS WARNELL, CHAIRMAN  -3819 Date completed: October 6, 199	9
		be contacted by state agencies when evaluating whether prope	
are consistent	with the service of	elivery strategy? [X] yes [] no et person(s) and phone number(s) below:	oses rocal government projects

ABO

PAGE 3

### SI VICE DELIVERY STRATEGY SUMMARY OF LAND USE AGREEMENTS



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: BRYAN COUNTY	
1. What incompatibilities or conflicts between the land use plans of the service delivery strategy?	local governments were identified in the process of developing
DURING DEVELOPMENT OF THE SERVICE DELIVERY STR ON A DISPUTE RESOLUTION PROCESS FOR ANNEXATION HAVE LAND USE PLANS. THERE ARE NO CONFLICTS B REWRITING THEIR PLAN DURING 1999 & 2000. EVER ON A CONSOLIDATED LAND USE PLAN.	. THE COUNTY, RICHMOND HILL AND PEMBROKE
<ul> <li>2. Check the boxes indicating how these incompatibilities or conflict amendments to existing comprehensive plan adoption of a joint comprehensive plan other measures (amend zoning ordinances, add environmental regulations, etc.)</li> <li>If "other measures" was checked, describe these measures:</li> </ul>	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 areas to be annexed into a city. If the conflict resolution process will	
SEE ATTACHMENTS A & B	
4. What policies, procedures and/or processes have been established ensure that new extraterritorial water and sewer service will be consisted the county signed wastewater treatment contract agreement allows both municipalities to provid this agreement is consistent with land use play provided to unincorporated residents by private outside corporate limits of municipalities will individual basis consistent with their land use	Stent with all applicable land use plans and ordinances?  CTS WITH RICHMOND HILL AND PEMBROKE. THIS  DE SERVICES OUTSIDE OF THEIR JURISDICTIONS.  ANS AND ORDINANCES. WATER SERVICES ARE  THE WATER SUPPLIERS. REQUEST FOR WATER SERVICES  LL BE CONSIDERED BY TOWN COUNCILS ON AN
5. Person completing form: BROOKS WARNELL, CHAIRMA  Phone number: 912-653-3819  Date comp  6. Is this the person who should be contacted by state agencies whe consistent with land use plans of applicable jurisdictions? X yes	n evaluating whether proposed local government projects are
If not, provide designated contact person(s) and phone number(s) be	clow:

X/3C

#### SERVICE DELIVERY STRATEGY DISPUTE RESOLUTION PROCESS (See O.C.G.A. 36-70-24(4)(c))

The city(s) of _	RICHMO	ND HILL	 and	BRYA	N			_ Co	unty hereby
agree to implem			for	resolving	land	use	disputes	over	annexation,
effective July 1, 1	998.								

1. Prior to initiating any formal annexation activities, the City will notify the county government of a proposed annexation and provide information on location of property, size of area, and proposed land use or zoning classification(s) (if applicable) of the property upon annexation.

Within 15 working days2 following receipt of the above information, the county will forward to the city a statement either: (a) indicating that the county has no objection to the proposed land use for the property; or (b) describing its bona fide objection(s) to the city's proposed land use classification, providing supporting information, and listing any possible stipulations or conditions that would alleviate the county's objection(s);

- 2. If the county has no objection to the city's proposed land use or zoning classification, the city is free to proceed with the annexation.3 If the county fails to respond to the city's notice in writing within the deadline, the city is free to proceed with the annexation and the county loses its right to invoke the dispute resolution process, stop the annexation or object to land use changes after the annexation.
- 3. If the county notifies the city that it has a bona fide land use classification objection(s)4, the city will respond to the county in writing within 15 working days of receiving the county's objection(s) by either: (a) agreeing to implement the county's stipulations and conditions and thereby resolving the county's objection(s); (b) agreeing with the county and stopping action on the proposed annexation; (c) disagreeing that the county's objection(s) are bona fide and notifying the county that the city will seek a declaratory judgement in court; or (d) initiating a 30-day (maximum) mediation process to discuss possible compromises.5

<sup>1</sup> Cities should not validate a petition for annexation or adopt a resolution of intent to annex prior to completion of this annexation dispute resolution process.

<sup>&</sup>lt;sup>2</sup> Time periods established throughout this agreement should be determined locally. 'Although not required by law, the city and county may wish to consider a provision that the city will not entertain a proposed land use or zoning change on the property for a specified number of months from the day the annexation becomes

As defined in O.C.G.A. 36-36-11(a)

At this point, it is important to notify the property owner(s) of the status of his annexation request.

- 4. If the city initiates mediation, the city and county will agree on a mediator, mediation schedule and determine participants in the mediation. The city and county agree to share equally any costs associated with the mediation.
- 5. If no resolution of the county's bona fide land use classification objection(s) results from the mediation, the city will not proceed with the proposed annexation.
- 6. If the city and county reach agreement as described in step 3(a) or as a result of the mediation, they will draft an annexation agreement for execution by the city and county governments and the property owner(s).

Regardless of future changes in land use or zoning classification, any site-specific mitigation or enhancement measures or site-design stipulations included in the agreement will be binding on all parties for the duration of the annexation agreement. The agreement shall become final when signed by the city, the county and the property owner(s).

This annexation dispute resolution agreement shall remain in force and effect until amended by agreement of each party or unless otherwise terminated by operation of law.

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Authorized Representative of City Government

Attest

Authorized Representative of County Government

It is up to the city and county to decide whether, or to what extent, to include the property owner(s) in the mediation.

<sup>&#</sup>x27;This is only one method of apportioning costs. Mediation costs may be split using any method agreed upon by all parties.

Time periods established throughout this agreement should be determined locally.

#### SERVICE DELIVERY STRATEGY DISPUTE RESOLUTION PROCESS (SEE O.C.G.A. 36-70-24(4)(c))

The cities of Pembroke, Richmond Hill and Bryan County hereby agree to implement the following process for resolving land use disputes over annexation, effective July 1, 1998.

1. Prior to initiating any formal annexation activities, the City will notify the county government of a proposed annexation and provide information on location of property, size of area, and proposed land use or zoning classification(s) (if applicable) of the property upon annexation.

Within 15 working days<sup>2</sup> following receipt of the above information, the county will forward to the city a statement either: (a) indicating that the county has no objection to the proposed land use for the property; or (b) describing its bona fide objection(s) to the city's proposed land use classification, providing supporting information, and listing any possible stipulations or conditions that would alleviate the county's objection(s);

- 2. If the county has no objection to the city's proposed land use or zoning classification, the city is free to proceed with the annexation. If the county fails to respond to the city's notice in writing within the deadline, the city is free to proceed with the annexation and the county loses its right to invoke the dispute resolution process, stop the annexation or object to land use changes after the annexation.
- 3. If the county notifies the city that it has a bona fide land use classification objection(s)<sup>4</sup>, the city will respond to the county in writing within 15 working days of receiving the county's objection(s) by either; (a) agreeing to implement the county's stipulations and conditions and thereby resolving the county's objection(s); (b) agreeing with the county and stopping action on the proposed annexation; (c) disagreeing that the county's objection(s) are bona fide and notifying the county that the city will seek a declaratory judgement in court; or (d) initiating a 30-day (maximum) mediation process to discuss possible compromises.<sup>5</sup>

ARO

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<sup>&</sup>lt;sup>1</sup>Cities should not validate a petition for annexation or adopt a resolution of intent to annex prior to completion of this annexation dispute resolution process.

<sup>&</sup>lt;sup>2</sup>Time periods established throughout this agreement should be determined locally.

<sup>&</sup>lt;sup>3</sup>Although not required by law, the city and county may wish to consider a provision that the city will not entertain a proposed land use or zoning change on the property for a specified number of months from the day the annexation becomes effective.

<sup>&</sup>lt;sup>4</sup>As defined in O.C.G.A. 36-36-11(a)

<sup>&</sup>lt;sup>5</sup>At this point, it is important to notify the property owner(s) of the status of his annexation request.

- 4. If the city initiates mediation, the city and county will agree on a mediator, mediation schedule and determine participants in the mediation.<sup>6</sup> The city and county agree to share equally any costs associated with the mediation.<sup>7</sup>
- 5. If no resolution of the county's bona fide land use classification objection(s) results from the mediation, the city will not proceed with the proposed annexation.
- 6. If the city and county reach agreement as described in step 3(a) or as a result of the mediation, they will draft an annexation agreement for execution by the city and county governments and the property owner(s).

Regardless of future changes in land use or zoning classification, any site-specific mitigation or enhancement measures or site-design stipulations included in the agreement will be binding on all parties for the duration of the annexation agreement. The agreement shall become final when signed by the city, the county and the property owner(s).

This annexation dispute resolution agreement shall remain in force and effect until amended by agreement of each party or unless otherwise terminated by operation of law.

Attest

Attest

Attest

Ross Kelly, Mayor of Pembroke

Richard Davis, Mayor of Richmond Hill

Brooks Warnell, Chairman of County Commission

<sup>&</sup>lt;sup>6</sup>It is up to the city and county to decide whether, or to what extent, to include the property owner(s) in the mediation.

<sup>&</sup>lt;sup>7</sup>This is only one method of apportioning costs. Mediation costs may be split using any method agreed upon by all parties.

<sup>&</sup>lt;sup>8</sup>Time periods established throughout this agreement should be determined locally.

#### PAGE 4

### JERVICE 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	BRYAN	COUNTY
DERVICE DELIVERY DIMENSION AND A LOSE		

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

We have executed agreements for implementation of our service delivery strategy and the attached forms provide an 1. accurate depiction of our agreed upon strategy (O.C.G.A. 36-70-21);

Our service delivery strategy promotes the delivery of local government services in the most efficient, effective, and 2.

responsive manner (O.C.G.A. 36-70-24 (1));

Our service delivery strategy provides that water or sewer fees charged to customers located outside the geographic 3. 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)); and

Our service delivery strategy ensures that the cost of any services the county government provides (including those 4. 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)).

SIGNATURE:	NAME: (Please print or type)	TITLE:	JURISDICTION:	DATE:
Beodstea	BROOKS WARNELL	CHAIRMAN	BRYAN COUNTY	104-99
Richard S. Ca	RICHARD R. DAVIS	• MAYOR	RICHMOND HILL	10/18/99
Ros Telle	ROSS KELLY	MAYOR	PEMBROKE	10-18-99