





FORM 1

COUNTY: Bleckley

INSTRUCTIONS:

After logging in with your DCA login and password, please fill out your contact information. Across the top of the application you will see tabs for five different forms. Choose any forms that you plan to submit for verification. After each form is completed, click "Submit Form" to be directed to the next step.

These are the same forms and information DCA had previously been collecting, only in a new electronic format.

FORM 1 is completed for every SDS submittal regardless of type. This form will allow you to choose your local governments and services without change in Section III, below. (It is acceptable to break a service into separate components if this will facilitate description of the service delivery strategy.)

FORM 2 allows you to provide a summary of Service Delivery Arrangements for any selected type of service.

without change in Section III, below. (It is acceptable to break a service into separate components if this will facilitate description of the service delivery strategy.)

If all services were extended without change in FORM 1, you do not need to complete FORM 2 or FORM 4 (the system will gray out the option). If a FORM 3 (see below) isnt needed, go directly to the FORM 5 tab at the top.

FORM 3 should be filled out if any of the conditions in the existing Summary of Land Use Agreements have changed or it has been ten (10) or more years since the community has filed a FORM 3 with DCA.

FORM 4 is for Local Government Certifications of New or Revised Services.

without change in Section III, below. (It is acceptable to break a service into separate components if this will facilitate description of the service delivery strategy.)

FORM 5 is for Local Government Certifications for extending an existing Service Delivery Strategy without changes of service delivery arrangements.

without change in Section III, below. (It is acceptable to break a service into separate components if this will facilitate description of the service delivery strategy.)

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.

Allentown

Bleckley County

Bleckley County Hospital Authority

Bleckley-Cochran Industrial Development Authority

Cochran

Cochran Airport Authority

Cochran Housing Authority

Cochran-Bleckley County Library Board

Cochran-Bleckley County Recreation Board

III. SERVICES INCLUDED IN THE EXISTING SERVICE DELIVERY STRATEGY THAT ARE BEING EXTENDED WITHOUT CHANGE:

In this section, list each service or service component already included in the existing SDS which can continue as previously agreed with no need for modification.

Engineering

Land Use Plan Review

IV. SERVICES THAT ARE BEING REVISED OR ADDED IN THIS SUBMITTAL:

In this section, list each new service or new service component which is being added and each service or service component which is being revised in this submittal. For each item listed here, a separate Summary of Service Delivery Arrangements form (FORM 2) must be completed.

Airport Ambulance Service Animal Control **Board of Registrars** Cemeteries Code Enforcement Convention/Tourism Courts **Cultural Programs Economic Development Emergency Management Emergency Medical/Rescue Extension Service Fire Protection Gas Utilities** Hospital **Indigent Defense** Jail Law Enforcement Library Mapping/GIS **Parking Facilities** Parks & Recreation **Planning and Zoning Public Health Service Public Housing Public Transportation Public Works Road/Street Construction Road/Street Maintenance** Sewage Collection/Disposal **Social Services** Solid Waste Management **Storm Water Management** Water Supply Distribution







FORM 2: Summary of Service Delivery Arrangements

Make copies of this form and complete one for each service listed on FORM 1, Section III. Use exactly the same service names listed on FORM 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.			
COUNTY: Bleckley	Service: Airport		
1. Check the box that best describes the agreed upon delivery arrangement for this service:			
Service will be provided countywide (i.e., including all cities and identify the government, authority or organization providing the Cochran Airport Authority	d unincorporated areas) by a single service provider. (If this box is checked, service.):		
Service will be provided only in the unincorporated portion of th government, authority or organization providing the service.):	e county by a single service provider. (If this box is checked, identify the		
One or more cities will provide this service only within their inco (If this box is checked, identify the government(s), authority or o	prporated boundaries, and the service will not be provided in unincorporated areas. organization providing the service:		
One or more cities will provide this service only within their inco areas. (If this box is checked, identify the government(s), author	prporated boundaries, and the county will provide the service in unincorporated prity or organization providing the service.):		
Other (If this box is checked, attach a legible map delineating authority, or other organization that will provide service within e	g the service area of each service provider , and identify the government, each service area.):		
2. In developing this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?			
 ☐ Yes (if 'Yes', you must attach additional documentation as desc ☑ No 	cribed, below)		
If these conditions will continue under this strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of			
service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).			
If these conditions will be eliminated under the strategy, attach an in eliminate them, the responsible party and the agreed upon deadline is	nplementation schedule listing each step or action that will be taken to		

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

Local Government or Authority	I Government or Authority Funding Method		
Bleckley County	General Funds		
Cochran	General Funds		
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?			
No change is anticipated. Airport service will	continue to be provided through the City of Cochran and the City'	s Airport Authority. The	
County will also contribute some funding on	an annual basis, as well as in-kind funds for mowing/grounds mai	ntenance.	
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:			
Agreement Name	Contracting Parties	Effective and Ending Dates	
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?			
None			
7. Person completing form: Bob Brockman, Sole Commissioner Phone number: (478) 893-3200 Date completed: 10/19/2011			
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? No			
If not, provide designated contact person(s) a	and phone numbers(s) below:		
Contact Cliff Avant at (478) 893-6346.			
Contact Cliff Avant at (478) 893-6346.			







FORM 2: Summary of Service Delivery Arrangements

Make copies of this form and complete one for each service listed on FORM 1, Section III. Use exactly the same service names listed on FORM 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.			
COUNTY: Bleckley		Service: Ambulance Service	
1. Check the box that best des	cribes the agreed upon delivery arrangemer	It for this service:	
	countywide (i.e., including all cities and uning authority or organization providing the servic	corporated areas) by a single service provider. (If this box is checked, ee.):	
	only in the unincorporated portion of the cour organization providing the service.):	nty by a single service provider. (If this box is checked, identify the	
	ovide this service only within their incorporat entify the government(s), authority or organiz	ted boundaries, and the service will not be provided in unincorporated areas. zation providing the service:	
	ovide this service only within their incorporat ked, identify the government(s), authority or	ted boundaries, and the county will provide the service in unincorporated organization providing the service.):	
Other (If this box is check	Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government,		
authority, or other organ	ization that will provide service within each s	ervice area.):	
2. In developing this strategy,	were overlapping service areas, unnecessar	y competition and/or duplication of this service identified?	
 ☐ Yes (if 'Yes', you must at ☑ No 	tach additional documentation as described,	below)	
	· · · · · ·	n for continuing the arrangement (i.e., overlapping but higher levels of or reasons that overlapping service areas or competition cannot be	
	nated under the strategy, attach an implem	nentation schedule listing each step or action that will be taken to mpleting it.	

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

Local Government or Authority	Funding Method		
Bleckley County	General Funds		
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?			
No change is anticipated. The County will co	ntinue to contract with a private provider for ambulance service co	untywide.	
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:			
Agreement Name	Contracting Parties	Effective and Ending Dates	
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?			
None			
7. Person completing form: Bob Brockman, Sole Commissioner Phone number: (478) 893-3200 Date completed: 8/24/2011			
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? Yes			
If not, provide designated contact person(s) a	and phone numbers(s) below:		







FORM 2: Summary of Service Delivery Arrangements

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.			
со	UNTY: Bleckley	Service: Animal Control	
1. C	heck the box that best describes the agreed upon delivery arrangement	t for this service:	
	Service will be provided countywide (i.e., including all cities and unincidentify the government, authority or organization providing the service		
	Service will be provided only in the unincorporated portion of the coun government, authority or organization providing the service.):	ity by a single service provider. (If this box is checked, identify the	
	One or more cities will provide this service only within their incorporate (If this box is checked, identify the government(s), authority or organize	ed boundaries, and the service will not be provided in unincorporated areas. ation providing the service:	
V	One or more cities will provide this service only within their incorporate areas. (If this box is checked, identify the government(s), authority or Bleckley County, Cochran	ed boundaries, and the county will provide the service in unincorporated organization providing the service.):	
	Other (If this box is checked, attach a legible map delineating the second authority, or other organization that will provide service within each second authority is a second at the second authority of the second at the second		
2. In	developing this strategy, were overlapping service areas, unnecessary	<pre>/ competition and/or duplication of this service identified?</pre>	
□ ▼	Yes (if 'Yes', you must attach additional documentation as described, No	below)	
If these conditions will continue under this strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).			
If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.			

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

Local Government or Authority	nt or Authority Funding Method			
Bleckley County	General Funds			
Cochran	General Funds			
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?				
	No change is anticipated. Both the City and County will each contribute 50 percent of the funding for a joint animal control officer. An animal shelter is provided by the City, which accepts animals countywide.			
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:				
Agreement Name	Contracting Parties	Effective and Ending Dates		
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?				
None				
7. Person completing form: Bob Brockman, Sole Commissioner Phone number: (478) 893-3200 Date completed: 8/24/2011				
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? No				
If not, provide designated contact person(s) and phone numbers(s) below:				
Contact Cliff Avant at (478) 893-6346.				







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COUNTY: Ble	eckley	Service: Board of Registrars	
1. Check the b	ox that best describes the agreed upon delivery arrangement	nt for this service:	
	ne government, authority or organization providing the service	corporated areas) by a single service provider. (If this box is checked, ce.):	
	vill be provided only in the unincorporated portion of the cou ent, authority or organization providing the service.):	nty by a single service provider. (If this box is checked, identify the	
	nore cities will provide this service only within their incorpora ox is checked, identify the government(s), authority or organi	ted boundaries, and the service will not be provided in unincorporated areas. ization providing the service:	
	nore cities will provide this service only within their incorpora this box is checked, identify the government(s), authority or	ted boundaries, and the county will provide the service in unincorporated organization providing the service.):	
Other (If	Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government,		
authority	, or other organization that will provide service within each s	service area.):	
2. In developin	g this strategy, were overlapping service areas, unnecessa	ry competition and/or duplication of this service identified?	
□ Yes (if 'Y ☑ No	es', you must attach additional documentation as described	, below)	
	···	n for continuing the arrangement (i.e., overlapping but higher levels of or reasons that overlapping service areas or competition cannot be	
	ons will be eliminated under the strategy, attach an implen	nentation schedule listing each step or action that will be taken to mpleting it.	

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

Local Government or Authority	Funding Method		
Bleckley County	General Funds		
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?			
No change is anticipated. The County will co	ntinue to handle all voter registration on a countywide basis.		
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:			
Agreement Name	Contracting Parties	Effective and Ending Dates	
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?			
None			
7. Person completing form: Bob Brockman, Sole Commissioner Phone number: (478) 893-3200 Date completed: 8/24/2011			
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? Yes			
If not, provide designated contact person(s) a	and phone numbers(s) below:		







FORM 2: Summary of Service Delivery Arrangements

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.			
со	UNTY: Bleckley	Service: Cemeteries	
1. C	heck the box that best describes the agreed upon delivery arrangemen	t for this service:	
	Service will be provided countywide (i.e., including all cities and unincidentify the government, authority or organization providing the service		
	Service will be provided only in the unincorporated portion of the coun government, authority or organization providing the service.):	ity by a single service provider. (If this box is checked, identify the	
V	One or more cities will provide this service only within their incorporate (If this box is checked, identify the government(s), authority or organiz Cochran	ed boundaries, and the service will not be provided in unincorporated areas. zation providing the service:	
	One or more cities will provide this service only within their incorporate areas. (If this box is checked, identify the government(s), authority or	ed boundaries, and the county will provide the service in unincorporated organization providing the service.):	
	Other (If this box is checked, attach a legible map delineating the s authority, or other organization that will provide service within each se	· · · · ·	
2. In	developing this strategy, were overlapping service areas, unnecessary	competition and/or duplication of this service identified?	
□ 1	\mathbf{Yes} (if 'Yes', you must attach additional documentation as described, \mathbf{No}	below)	
If these conditions will continue under this strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of			
	service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).		
	ese conditions will be eliminated under the strategy, attach an implementation of the responsible party and the agreed upon deadline for con-		

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

Local Government or Authority Funding Method			
Cochran	General Funds		
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?			
No change is anticipated.			
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:			
Agreement Name	Contracting Parties	Effective and Ending Dates	
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?			
None			
7. Person completing form: Bob Brockman, Sole Commissioner Phone number: (478) 893-3200 Date completed: 8/24/2011			
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? No			
If not, provide designated contact person(s) a Contact Cliff Avant at (478) 893-6346.	and phone numbers(s) below:		







FORM 2: Summary of Service Delivery Arrangements

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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.			
col	JNTY: Bleckley	Service: Code Enforcement	
1. Cl	heck the box that best describes the agreed upon delivery arrangement	t for this service:	
	Service will be provided countywide (i.e., including all cities and unincondentify the government, authority or organization providing the service		
	Service will be provided only in the unincorporated portion of the coun government, authority or organization providing the service.):	ty by a single service provider. (If this box is checked, identify the	
	One or more cities will provide this service only within their incorporate (If this box is checked, identify the government(s), authority or organiz	ed boundaries, and the service will not be provided in unincorporated areas. ation providing the service:	
V	One or more cities will provide this service only within their incorporate areas. (If this box is checked, identify the government(s), authority or Bleckley County, Cochran	ed boundaries, and the county will provide the service in unincorporated organization providing the service.):	
	Other (If this box is checked, attach a legible map delineating the second authority, or other organization that will provide service within each second	· · · ·	
2. In developing this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?			
\square	Yes (if 'Yes', you must attach additional documentation as described, No	below)	
If these conditions will continue under this strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).			
If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to			
eliminate them, the responsible party and the agreed upon deadline for completing it.			

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

Local Government or Authority	Funding Method		
Bleckley County	General Funds		
Cochran	General Funds		
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?			
	nd City will continue to jointly fund a codes enforcement officer for	both jurisdictions on a	
50/50 basis. User fees will also be utilized by	both governments in addition to general fund monies.		
5. List any formal service delivery agreements o	or intergovernmental contracts that will be used to implement the strateg	gy for this service:	
Agreement Name	Contracting Parties	Effective and Ending Dates	
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?			
None			
7. Person completing form: Bob Brockman, Sole Commissioner Phone number: (478) 893-3200 Date completed: 8/24/2011			
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? No			
If not, provide designated contact person(s) and phone numbers(s) below:			
Contact Cliff Avant at (478) 893-6346.			







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COUNTY:	Bleckley	Service: Convention/Tourism	
1. Check th	1. Check the box that best describes the agreed upon delivery arrangement for this service:		
	e will be provided countywide (i.e., including all cities and uninc y the government, authority or organization providing the service	orporated areas) by a single service provider. (If this box is checked, e.):	
	e will be provided only in the unincorporated portion of the count to ment, authority or organization providing the service.):	ty by a single service provider. (If this box is checked, identify the	
	r more cities will provide this service only within their incorporate box is checked, identify the government(s), authority or organiz	ed boundaries, and the service will not be provided in unincorporated areas. ation providing the service:	
areas	r more cities will provide this service only within their incorporate (If this box is checked, identify the government(s), authority or ley County, Cochran	ed boundaries, and the county will provide the service in unincorporated organization providing the service.):	
	(If this box is checked, attach a legible map delineating the s rity, or other organization that will provide service within each se	ervice area of each service provider, and identify the government, ervice area.):	
2. In develo	ping this strategy, were overlapping service areas, unnecessary	competition and/or duplication of this service identified?	
☐ Yes (i ☑ No	'Yes', you must attach additional documentation as described,	below)	
If these con	ditions will continue under this strategy, attach an explanation	for continuing the arrangement (i.e., overlapping but higher levels of	
service (Se eliminated).	e O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, o	or reasons that overlapping service areas or competition cannot be	
		entation schedule listing each step or action that will be taken to	
eliminate th	em, the responsible party and the agreed upon deadline for con	npleting it.	

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

Local Government or Authority	Funding Method		
Bleckley County	General Funds		
Cochran	Cochran Hotel/Motel Taxes		
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?			
No change is anticipated. The City of Cochra	n will also contribute general fund monies, in addition to its hotel/	motel tax. Both local	
governments will continue to contract with the	he Cochran-Bleckley County Chamber of Commerce on an annual	basis.	
5. List any formal service delivery agreements o	or intergovernmental contracts that will be used to implement the strateg	gy for this service:	
Agreement Name	Contracting Parties	Effective and Ending Dates	
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?			
None			
7. Person completing form: Bob Brockman, Sole Commissioner Phone number: (478) 893-3200 Date completed: 10/21/2011			
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the			
service delivery strategy? No			
If not, provide designated contact person(s) and phone numbers(s) below:			
Contact Cliff Avant at (478) 893-6346.			







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οοι	JNTY: Bleckley	Service: Courts	
1. Ch	neck the box that best describes the agreed upon delivery arrangement	t for this service:	
	Service will be provided countywide (i.e., including all cities and unincidentify the government, authority or organization providing the service		
	Service will be provided only in the unincorporated portion of the coun government, authority or organization providing the service.):	ty by a single service provider. (If this box is checked, identify the	
	One or more cities will provide this service only within their incorporate (If this box is checked, identify the government(s), authority or organiz	ed boundaries, and the service will not be provided in unincorporated areas. ation providing the service:	
	One or more cities will provide this service only within their incorporate areas. (If this box is checked, identify the government(s), authority or of Bleckley County, Cochran	ed boundaries, and the county will provide the service in unincorporated organization providing the service.):	
	Other (If this box is checked, attach a legible map delineating the so authority, or other organization that will provide service within each se	· · · ·	
2. In	developing this strategy, were overlapping service areas, unnecessary	competition and/or duplication of this service identified?	
	Yes (if 'Yes', you must attach additional documentation as described, No	below)	
If these conditions will continue under this strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of			
servi	service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be		
eliminated).			
If the	se conditions will be eliminated under the strategy, attach an implement	entation schedule listing each step or action that will be taken to	
elimi	eliminate them, the responsible party and the agreed upon deadline for completing it.		

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

Local Government or Authority	Funding Method		
Bleckley County	General Funds		
Cochran	General Funds		
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?			
No change is anticipated. The City will continue to provide for municipal courts, which are considered a higher level of service. The County will continue to provide for all other courts countywide.			
5. List any formal service delivery agreements o	or intergovernmental contracts that will be used to implement the strateg	gy for this service:	
Agreement Name	Contracting Parties	Effective and Ending Dates	
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?			
None			
7. Person completing form: Bob Brockman, Sole Commissioner Phone number: (478) 893-3200 Date completed: 8/24/2011			
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? No			
If not, provide designated contact person(s) and phone numbers(s) below:			
Contact Cliff Avant at (478) 893-6346.			







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со	UNTY: Bleckley	Service: Cultural Programs	
1. C	heck the box that best describes the agreed upon delivery arrangemen	t for this service:	
V	Service will be provided countywide (i.e., including all cities and unincidentify the government, authority or organization providing the servic Bleckley County		
	Service will be provided only in the unincorporated portion of the cour government, authority or organization providing the service.):	ity by a single service provider. (If this box is checked, identify the	
	One or more cities will provide this service only within their incorporate (If this box is checked, identify the government(s), authority or organize	ed boundaries, and the service will not be provided in unincorporated areas. zation providing the service:	
	One or more cities will provide this service only within their incorporate areas. (If this box is checked, identify the government(s), authority or	ed boundaries, and the county will provide the service in unincorporated organization providing the service.):	
	Other (If this box is checked, attach a legible map delineating the s authority, or other organization that will provide service within each se		
2. In	a developing this strategy, were overlapping service areas, unnecessary	y competition and/or duplication of this service identified?	
□ 1	Yes (if 'Yes', you must attach additional documentation as described, No	below)	
If the	If these conditions will continue under this strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of		
	service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).		
If the	ese conditions will be eliminated under the strategy, attach an implem	entation schedule listing each step or action that will be taken to	
elim	eliminate them, the responsible party and the agreed upon deadline for completing it.		

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

Local Government or Authority	Funding Method		
Bleckley County	General Funds		
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?			
No change is anticipated.			
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:			
Agreement Name	Contracting Parties	Effective and Ending Dates	
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?			
None			
7. Person completing form: Bob Brockman, Sole Commissioner Phone number: (478) 893-3200 Date completed: 8/24/2011			
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? Yes			
If not, provide designated contact person(s) a	and phone numbers(s) below:		







SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Make copies of this form and complete one for each service listed on FORM 1, Section III. Use exactly the same service names listed on FORM 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.		
COUNTY: Bleckley	Service: Economic Development	
1. Check the box that best describes the agreed upon delivery	arrangement for this service:	
Service will be provided countywide (i.e., including all citie identify the government, authority or organization providir Bleckley-Cochran Industrial Development Authority	es and unincorporated areas) by a single service provider. (If this box is checked, ng the service.):	
Service will be provided only in the unincorporated portion government, authority or organization providing the service	n of the county by a single service provider. (If this box is checked, identify the ce.):	
One or more cities will provide this service only within the (If this box is checked, identify the government(s), author	eir incorporated boundaries, and the service will not be provided in unincorporated areas. rity or organization providing the service:	
One or more cities will provide this service only within the areas. (If this box is checked, identify the government(s),	eir incorporated boundaries, and the county will provide the service in unincorporated authority or organization providing the service.):	
Other (If this box is checked, attach a legible map delin	eating the service area of each service provider, and identify the government,	
authority, or other organization that will provide service w	within each service area.):	
2. In developing this strategy, were overlapping service areas,	unnecessary competition and/or duplication of this service identified?	
 ☐ Yes (if 'Yes', you must attach additional documentation at ☑ No 	is described, below)	
	explanation for continuing the arrangement (i.e., overlapping but higher levels of duplication, or reasons that overlapping service areas or competition cannot be	
If these conditions will be eliminated under the strategy, attach	n an implementation schedule listing each step or action that will be taken to adline for completing it.	

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

Local Government or Authority	Funding Method			
Bleckley County	General Funds			
Bleckley-Cochran Industrial Development Authority	Local Option Sales Tax			
Cochran	General Funds			
4. How will the strategy change the previous an	4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?			
No change is anticipated.				
	5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:			
Agreement Name	Contracting Parties	Effective and Ending Dates		
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect? None				
7. Person completing form: Bob Brockman, Sole Commissioner Phone number: (478) 893-3200 Date completed: 8/24/2011				
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? No				
If not, provide designated contact person(s) a Contact Cliff Avant at (478) 893-6346.	and phone numbers(s) below:			







FORM 2: Summary of Service Delivery Arrangements

Instructions:

Make copies of this form and complete one for each service listed on FORM 1, Section III. Use exactly the same service names listed on FORM 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.			
со	UNTY: Bleckley	Service: Emergency Management	
1. C	heck the box that best describes the agreed upon delivery arrangement	for this service:	
V	Service will be provided countywide (i.e., including all cities and uninco identify the government, authority or organization providing the service Bleckley County		
	Service will be provided only in the unincorporated portion of the count government, authority or organization providing the service.):	y by a single service provider. (If this box is checked, identify the	
	One or more cities will provide this service only within their incorporate (If this box is checked, identify the government(s), authority or organization	d boundaries, and the service will not be provided in unincorporated areas. ation providing the service:	
	One or more cities will provide this service only within their incorporate areas. (If this box is checked, identify the government(s), authority or c	d boundaries, and the county will provide the service in unincorporated rganization providing the service.):	
	Other (If this box is checked, attach a legible map delineating the se authority, or other organization that will provide service within each se		
2. In	developing this strategy, were overlapping service areas, unnecessary	competition and/or duplication of this service identified?	
□ ▼	Yes (if 'Yes', you must attach additional documentation as described, b	pelow)	
lf the	ese conditions will continue under this strategy, attach an explanation	for continuing the arrangement (i.e., overlapping but higher levels of	
	ice (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, o inated).	r reasons that overlapping service areas or competition cannot be	
lf the	ese conditions will be eliminated under the strategy, attach an impleme	ntation schedule listing each step or action that will be taken to	

eliminate them, the responsible party and the agreed upon deadline for completing it.

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

Local Government or Authority	Funding Method		
Bleckley County	General Funds		
Cochran	General Funds		
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?			
No change is anticipated. The County will co contributing an annual amount of general fur	ntinue to be the primary provider for emergency management serv nd monies.	ices, with the City	
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:			
Agreement Name	Contracting Parties	Effective and Ending Dates	
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?			
None			
7. Person completing form: Bob Brockman, Sole Commissioner Phone number: (478) 893-3200 Date completed: 8/24/2011			
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? No			
If not, provide designated contact person(s) a	If not, provide designated contact person(s) and phone numbers(s) below:		
Contact Cliff Avant at (478) 893-6346.			







FORM 2: Summary of Service Delivery Arrangements

Instru	ctions

	copies of this form and complete one for each service listed on FORM 1, Section III. Use onal pages as necessary. If the contact person for this service (listed at the bottom of the page	
со	UNTY: Bleckley	Service: Emergency Medical/Rescue
1. C	heck the box that best describes the agreed upon delivery arrangement	t for this service:
V	Service will be provided countywide (i.e., including all cities and uninconstruction identify the government, authority or organization providing the service Bleckley County	
	Service will be provided only in the unincorporated portion of the coun government, authority or organization providing the service.):	ty by a single service provider. (If this box is checked, identify the
	One or more cities will provide this service only within their incorporate (If this box is checked, identify the government(s), authority or organiz	ed boundaries, and the service will not be provided in unincorporated areas. ation providing the service:
	One or more cities will provide this service only within their incorporate areas. (If this box is checked, identify the government(s), authority or o	ed boundaries, and the county will provide the service in unincorporated organization providing the service.):
	Other (If this box is checked, attach a legible map delineating the se authority, or other organization that will provide service within each se	, , , , , , , , , , , , , , , , ,
2. In	developing this strategy, were overlapping service areas, unnecessary	competition and/or duplication of this service identified?
\Box	Yes (if 'Yes', you must attach additional documentation as described, No	below)
lf the	ese conditions will continue under this strategy, attach an explanation	for continuing the arrangement (i.e., overlapping but higher levels of

service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

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

Local Government or Authority	Funding Method			
Bleckley County	General Funds			
Cochran	General Funds			
4. How will the strategy change the previous arr	4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?			
No change is anticipated. The County will co contributing an annual amount of general fur	ntinue to be the primary provider for EMS/Rescue service countyw nd monies.	ide, with the City		
5. List any formal service delivery agreements o	5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:			
Agreement Name	Contracting Parties	Effective and Ending Dates		
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?				
None				
7. Person completing form: Bob Brockman, Sole Commissioner Phone number: (478) 893-3200 Date completed: 8/24/2011				
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? No				
If not, provide designated contact person(s) and phone numbers(s) below:				
Contact Cliff Avant at (478) 893-6346.				







SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Make copies of this form and complete one for each service listed on FORM 1, Section III. Use exactly the same service names listed on FORM 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.				
со	UNTY: Bleckley	Service: Extension Service		
1. C	heck the box that best describes the agreed upon delivery arrangemen	it for this service:		
V	Service will be provided countywide (i.e., including all cities and unincidentify the government, authority or organization providing the servic Bleckley County			
	Service will be provided only in the unincorporated portion of the cour government, authority or organization providing the service.):	ty by a single service provider. (If this box is checked, identify the		
	One or more cities will provide this service only within their incorporate (If this box is checked, identify the government(s), authority or organize	ed boundaries, and the service will not be provided in unincorporated areas. zation providing the service:		
	One or more cities will provide this service only within their incorporate areas. (If this box is checked, identify the government(s), authority or	ed boundaries, and the county will provide the service in unincorporated organization providing the service.):		
	Other (If this box is checked, <u>attach a legible map delineating the s</u> authority, or other organization that will provide service within each se			
2. In	developing this strategy, were overlapping service areas, unnecessary	y competition and/or duplication of this service identified?		
□ 1	Yes (if 'Yes', you must attach additional documentation as described, No	below)		
If the	If these conditions will continue under this strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of			
service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).				
	ese conditions will be eliminated under the strategy, attach an implem			
elim	inate them, the responsible party and the agreed upon deadline for con	npleting it.		

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

Local Government or Authority	Funding Method		
Bleckley County	General Fund and State Funds		
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?			
No change is anticipated.			
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:			
Agreement Name	Contracting Parties	Effective and Ending Dates	
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect? None			
7. Person completing form: Bob Brockman, So	le Commissioner		
Phone number: (478) 893-3200 Date cor	npleted: 8/24/2011		
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? Yes			
If not, provide designated contact person(s) a	and phone numbers(s) below:		







SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Make copies of this form and complete one for each service listed on FORM 1, Section III. Use exactly the same service names listed on FORM 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.		
COUNTY: Bleckley	Service: Fire Protection	
1. Check the box that best describes the agreed upon deliver	y arrangement for this service:	
Service will be provided countywide (i.e., including all ci identify the government, authority or organization provid Cochran	ties and unincorporated areas) by a single service provider. (If this box is checked, ling the service.):	
Service will be provided only in the unincorporated porti government, authority or organization providing the serv	on of the county by a single service provider. (If this box is checked, identify the vice.):	
One or more cities will provide this service only within the (If this box is checked, identify the government(s), author	neir incorporated boundaries, and the service will not be provided in unincorporated areas. prity or organization providing the service:	
One or more cities will provide this service only within the areas. (If this box is checked, identify the government(s)	neir incorporated boundaries, and the county will provide the service in unincorporated), authority or organization providing the service.):	
Other (If this box is checked, attach a legible map deli authority, or other organization that will provide service	neating the service area of each service provider , and identify the government, within each service area.):	
2. In developing this strategy, were overlapping service areas	s, unnecessary competition and/or duplication of this service identified?	
 ☐ Yes (if 'Yes', you must attach additional documentation ☑ No 	as described, below)	
If these conditions will continue under this strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).		
If these conditions will be eliminated under the strategy, attac eliminate them, the responsible party and the agreed upon de	ch an implementation schedule listing each step or action that will be taken to eadline for completing it.	

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

Local Government or Authority	Funding Method		
Bleckley County	General Funds		
Cochran	ochran General Funds		
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?			
	n will continue to be the primary provider of fire protection service		
County contributing 50 percent of the fire ch	ief's salary on an annual basis, as well as providing for a firefightir	ng vehicle.	
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:			
Agreement Name	Contracting Parties	Effective and Ending Dates	
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?			
None			
7. Person completing form: Bob Brockman, Sole Commissioner Phone number: (478) 893-3200 Date completed: 10/19/2011			
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? No			
If not, provide designated contact person(s) and phone numbers(s) below:			
Contact Cliff Avant at (478) 893-6346.			







FORM 2: Summary of Service Delivery Arrangements

Instructions:

Make copies of this form and complete one for each service listed on FORM 1, Section III. Use exactly the same service names listed on FORM 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.			
со	UNTY: Bleckley	Service: Gas Utilities	
1. C	heck the box that best describes the agreed upon delivery arrangement	t for this service:	
	Service will be provided countywide (i.e., including all cities and unincidentify the government, authority or organization providing the service		
	Service will be provided only in the unincorporated portion of the coun government, authority or organization providing the service.):	ty by a single service provider. (If this box is checked, identify the	
	One or more cities will provide this service only within their incorporate (If this box is checked, identify the government(s), authority or organize	ed boundaries, and the service will not be provided in unincorporated areas. ation providing the service:	
	One or more cities will provide this service only within their incorporate areas. (If this box is checked, identify the government(s), authority or o	ed boundaries, and the county will provide the service in unincorporated organization providing the service.):	
V	Other (If this box is checked, attach a legible map delineating the second authority, or other organization that will provide service within each second cochran		
2. In developing this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?			
□ ▼	\mathbf{Yes} (if 'Yes', you must attach additional documentation as described, \mathbf{No}	below)	
If these conditions will continue under this strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be			
If the	inated). ese conditions will be eliminated under the strategy, <u>attach an impleme</u> inate them, the responsible party and the agreed upon deadline for con	0 1	

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

Local Government or Authority Funding Method			
Cochran	Gas Fund		
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?			
No change is anticipated.			
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:			
Agreement Name	Contracting Parties	Effective and Ending Dates	
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?			
None			
7. Person completing form: Bob Brockman, Sole Commissioner Phone number: (478) 893-3200 Date completed: 10/6/2011			
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? No			
If not, provide designated contact person(s) and phone numbers(s) below: Contact Cliff Avant at (478) 893-6346.			







FORM 2: Summary of Service Delivery Arrangements

Make copies of this form and complete one for each service listed on FORM 1, Section III. Use exactly the same service names listed on FORM 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.			
col	JNTY: Bleckley	Service: Hospital	
1. CI	heck the box that best describes the agreed upon delivery arrangemen	t for this service:	
Ø	 Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): Bleckley County Hospital Authority 		
	Service will be provided only in the unincorporated portion of the cour government, authority or organization providing the service.):	ity by a single service provider. (If this box is checked, identify the	
	One or more cities will provide this service only within their incorporate (If this box is checked, identify the government(s), authority or organized	ed boundaries, and the service will not be provided in unincorporated areas. ation providing the service:	
	One or more cities will provide this service only within their incorporate areas. (If this box is checked, identify the government(s), authority or	ed boundaries, and the county will provide the service in unincorporated organization providing the service.):	
	Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government,		
	authority, or other organization that will provide service within each se	ervice area.):	
2. In	developing this strategy, were overlapping service areas, unnecessary	<pre>/ competition and/or duplication of this service identified?</pre>	
□ Ø	Yes (if 'Yes', you must attach additional documentation as described, No	below)	
If these conditions will continue under this strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of			
service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be			
elimi	nated).		
If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to			
elimi	eliminate them, the responsible party and the agreed upon deadline for completing it.		

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

Local Government or Authority	Funding Method		
Bleckley County	General Funds		
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?			
No change is anticipated.			
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:			
Agreement Name	Contracting Parties	Effective and Ending Dates	
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?			
None			
7. Person completing form: Bob Brockman, Sole Commissioner Phone number: (478) 893-3200 Date completed: 9/1/2011			
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? Yes			
If not, provide designated contact person(s) a	and phone numbers(s) below:		







FORM 2: Summary of Service Delivery Arrangements

additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.	
COUNTY: Bleckley	Service: Indigent Defense
1. Check the box that best describes the agreed upon deliver	ry arrangement for this service:
Service will be provided countywide (i.e., including all ci identify the government, authority or organization provid Bleckley County	ities and unincorporated areas) by a single service provider. (If this box is checked, ding the service.):
Service will be provided only in the unincorporated porti government, authority or organization providing the serv	tion of the county by a single service provider. (If this box is checked, identify the vice.):
One or more cities will provide this service only within the (If this box is checked, identify the government(s), author	heir incorporated boundaries, and the service will not be provided in unincorporated areas. ority or organization providing the service:
One or more cities will provide this service only within the areas. (If this box is checked, identify the government(s	heir incorporated boundaries, and the county will provide the service in unincorporated s), authority or organization providing the service.):
Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.):	
2. In developing this strategy, were overlapping service areas	s, unnecessary competition and/or duplication of this service identified?
 ☐ Yes (if 'Yes', you must attach additional documentation ☑ No 	as described, below)
	n explanation for continuing the arrangement (i.e., overlapping but higher levels of e duplication, or reasons that overlapping service areas or competition cannot be
If these conditions will be eliminated under the strategy, attac eliminate them, the responsible party and the agreed upon de	ch an implementation schedule listing each step or action that will be taken to leadline for completing it.
3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.):

Local Government or Authority	Funding Method		
Bleckley County	General Funds		
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?			
No change is anticipated.			
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:			
Agreement Name	Contracting Parties	Effective and Ending Dates	
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?			
None			
7. Person completing form: Bob Brockman, Sole Commissioner Phone number: (478) 893-3200 Date completed: 9/1/2011			
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? Yes			
If not, provide designated contact person(s) a	and phone numbers(s) below:		







FORM 2: Summary of Service Delivery Arrangements

Make copies of this form and complete one for each service listed on FORM 1, Section III. Use exactly the same service names listed on FORM 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.		
со	UNTY: Bleckley	Service: Jail
1. C	heck the box that best describes the agreed upon delivery arrangemen	t for this service:
V	Service will be provided countywide (i.e., including all cities and unincidentify the government, authority or organization providing the service Bleckley County	
	Service will be provided only in the unincorporated portion of the coun government, authority or organization providing the service.):	ty by a single service provider. (If this box is checked, identify the
	One or more cities will provide this service only within their incorporate (If this box is checked, identify the government(s), authority or organize	ed boundaries, and the service will not be provided in unincorporated areas. ation providing the service:
	One or more cities will provide this service only within their incorporate areas. (If this box is checked, identify the government(s), authority or	ed boundaries, and the county will provide the service in unincorporated organization providing the service.):
	Other (If this box is checked, attach a legible map delineating the s authority, or other organization that will provide service within each se	
2. In	developing this strategy, were overlapping service areas, unnecessary	competition and/or duplication of this service identified?
\Box	\mathbf{Yes} (if 'Yes', you must attach additional documentation as described, \mathbf{No}	below)
lf the	ese conditions will continue under this strategy, attach an explanation	for continuing the arrangement (i.e., overlapping but higher levels of
	ice (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, o inated).	or reasons that overlapping service areas or competition cannot be
	ese conditions will be eliminated under the strategy, attach an implementation of the responsible party and the agreed upon deadline for con	

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

Local Government or Authority	Funding Method		
Bleckley County	General Fund and Fees		
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?			
No change is anticipated.			
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:			
Agreement Name	Contracting Parties	Effective and Ending Dates	
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?			
None			
7. Person completing form: Bob Brockman, Sole Commissioner Phone number: (478) 893-3200 Date completed: 9/1/2011			
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? Yes			
If not, provide designated contact person(s) a	and phone numbers(s) below:		







FORM 2: Summary of Service Delivery Arrangements

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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.			
COL	INTY: Bleckley	Service: Law Enforcement	
1. Ch	eck the box that best describes the agreed upon delivery arrangement	for this service:	
	Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):		
	Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):		
	One or more cities will provide this service only within their incorporate (If this box is checked, identify the government(s), authority or organize	ed boundaries, and the service will not be provided in unincorporated areas. ation providing the service:	
V	One or more cities will provide this service only within their incorporate areas. (If this box is checked, identify the government(s), authority or o Bleckley County, Cochran	ed boundaries, and the county will provide the service in unincorporated organization providing the service.):	
	Other (If this box is checked, attach a legible map delineating the second authority, or other organization that will provide service within each second	······································	
2. In developing this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?			
	Yes (if 'Yes', you must attach additional documentation as described, I No	below)	
servi	se conditions will continue under this strategy, attach an explanation ce (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, o nated).	for continuing the arrangement (i.e., overlapping but higher levels of r reasons that overlapping service areas or competition cannot be	
	se conditions will be eliminated under the strategy, attach an impleme nate them, the responsible party and the agreed upon deadline for com		

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

Local Government or Authority	Funding Method		
Bleckley County	General Funds		
Cochran	General Funds		
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?			
No change is anticipated. The City of Cochra	n's Police Department is considered to be a higher level of service.		
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:			
Agreement Name	Contracting Parties	Effective and Ending Dates	
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect? None			
7. Person completing form: Bob Brockman, Sole Commissioner Phone number: (478) 893-3200 Date completed: 9/1/2011			
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? No			
If not, provide designated contact person(s) a	and phone numbers(s) below:		
Contact Cliff Avant at (478) 893-6346.			







FORM 2: Summary of Service Delivery Arrangements

Make copies of this form and complete one for each service listed on FORM 1, Section III. Use exactly the same service names listed on FORM 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.			
col	JNTY: Bleckley	Service: Library	
1. Cł	neck the box that best describes the agreed upon delivery arrangemen	t for this service:	
V	Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): Cochran-Bleckley County Library Board		
	Service will be provided only in the unincorporated portion of the cour government, authority or organization providing the service.):	ity by a single service provider. (If this box is checked, identify the	
	One or more cities will provide this service only within their incorporat (If this box is checked, identify the government(s), authority or organize	ed boundaries, and the service will not be provided in unincorporated areas. zation providing the service:	
	One or more cities will provide this service only within their incorporat areas. (If this box is checked, identify the government(s), authority or	ed boundaries, and the county will provide the service in unincorporated organization providing the service.):	
	Other (If this box is checked, attach a legible map delineating the s authority, or other organization that will provide service within each s		
2. In developing this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?			
\square	Yes (if 'Yes', you must attach additional documentation as described, No	below)	
If these conditions will continue under this strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of			
	ce (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, a nated).	or reasons that overlapping service areas or competition cannot be	
If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to			
eliminate them, the responsible party and the agreed upon deadline for completing it.			

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

Local Government or Authority	Funding Method		
Bleckley County	General Funds		
Cochran	General Funds		
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?			
No change is anticipated. Both the County an County Library on a 50/50 basis.	d the City of Cochran will each provide funding for the Tessie W. I	Norris/Cochran-Bleckley	
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:			
Agreement Name	Contracting Parties	Effective and Ending Dates	
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?			
None			
7. Person completing form: Bob Brockman, Sole Commissioner Phone number: (478) 893-3200 Date completed: 9/1/2011			
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? No			
If not, provide designated contact person(s) a	nd phone numbers(s) below:		
Contact Cliff Avant at (478) 893-6346.			







FORM 2: Summary of Service Delivery Arrangements

Instructions:

additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.		
COUNTY: Bleckley	Service: Mapping/GIS	
1. Check the box that best describes the agreed upon delivery arrangemen	t for this service:	
Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): Bleckley County		
Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):		
One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service:		
One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):		
Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.):		
2. In developing this strategy, were overlapping service areas, unnecessary	<pre>r competition and/or duplication of this service identified?</pre>	
 ☐ Yes (if 'Yes', you must attach additional documentation as described, ☑ No 	below)	
If these conditions will continue under this strategy, attach an explanation service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or eliminated).		
If these conditions will be eliminated under the strategy, attach an implem eliminate them, the responsible party and the agreed upon deadline for con		

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

Local Government or Authority	Funding Method		
Bleckley County	General Funds		
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?			
No change is anticipated.			
5. List any formal service delivery agreements o	or intergovernmental contracts that will be used to implement the strateg	ly for this service:	
Agreement Name	Contracting Parties	Effective and Ending Dates	
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?			
None			
7. Person completing form: Bob Brockman, Sole Commissioner Phone number: (478) 893-3200 Date completed: 9/1/2011			
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? Yes			
If not, provide designated contact person(s) a	and phone numbers(s) below:		







FORM 2: Summary of Service Delivery Arrangements

Make copies of this form and complete one for each service listed on FORM 1, Section III. Use exactly the same service names listed on FORM 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.			
со	UNTY: Bleckley	Service: Parking Facilities	
1. C	heck the box that best describes the agreed upon delivery arrangemen	It for this service:	
V	Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): Bleckley County		
	Service will be provided only in the unincorporated portion of the cour government, authority or organization providing the service.):	ty by a single service provider. (If this box is checked, identify the	
	 One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service: 		
	One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):		
	Other (If this box is checked, attach a legible map delineating the s authority, or other organization that will provide service within each se		
2. In	2. In developing this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?		
□ 1	Yes (if 'Yes', you must attach additional documentation as described, No	below)	
If the	ese conditions will continue under this strategy, attach an explanation	for continuing the arrangement (i.e., overlapping but higher levels of	
	rice (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, o inated).	or reasons that overlapping service areas or competition cannot be	
If the	If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to		
elim	eliminate them, the responsible party and the agreed upon deadline for completing it.		

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

Local Government or Authority	Funding Method		
Bleckley County	General Funds		
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?			
No change is anticipated.			
5. List any formal service delivery agreements o	or intergovernmental contracts that will be used to implement the strateg	ly for this service:	
Agreement Name	Contracting Parties	Effective and Ending Dates	
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?			
None			
7. Person completing form: Bob Brockman, Sole Commissioner Phone number: (478) 893-3200 Date completed: 9/1/2011			
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? Yes			
If not, provide designated contact person(s) a	and phone numbers(s) below:		







FORM 2: Summary of Service Delivery Arrangements

additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.			
COUNTY: Bleckley		Service: Parks & Recreation	
1. Check the box that best descri	bes the agreed upon delivery arrangement	nt for this service:	
identify the government, au	 Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): Cochran-Bleckley County Recreation Board 		
	y in the unincorporated portion of the cou ganization providing the service.):	nty by a single service provider. (If this box is checked, identify the	
	One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service:		
	One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):		
	d, attach a legible map delineating the station that will provide service within each s	service area of each service provider, and identify the government, service area.):	
2. In developing this strategy, we	re overlapping service areas, unnecessar	ry competition and/or duplication of this service identified?	
 ☐ Yes (if 'Yes', you must attac ☑ No 	ch additional documentation as described	, below)	
		n for continuing the arrangement (i.e., overlapping but higher levels of	
service (See O.C.G.A. 36-70-24(eliminated).	1)), overriding benefits of the duplication,	or reasons that overlapping service areas or competition cannot be	
		nentation schedule listing each step or action that will be taken to	
eliminate them, the responsible party and the agreed upon deadline for completing it.			

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

Local Government or Authority	Funding Method		
Bleckley County	General Fund and User Fees		
Cochran	General Fund and User Fees		
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?			
No change is anticipated. The service will co	ntinue to be jointly funded and provided by both the County and th	e City of Cochran.	
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:			
Agreement Name	Contracting Parties	Effective and Ending Dates	
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?			
None			
7. Person completing form: Bob Brockman, Sole Commissioner Phone number: (478) 893-3200 Date completed: 9/1/2011			
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? No			
If not, provide designated contact person(s) a	and phone numbers(s) below:		
Contact Cliff Avant at (478) 893-6346.			







FORM 2: Summary of Service Delivery Arrangements

Make copies of this form and complete one for each service listed on FORM 1, Section III. Use exactly the same service names listed on FORM 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: Blee	ckley	Service: Planning and Zoning	
1. Check the bo	x that best describes the agreed upon delivery arrangement		
	Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):		
	ill be provided only in the unincorporated portion of the coun nt, authority or organization providing the service.):	ty by a single service provider. (If this box is checked, identify the	
	ore cities will provide this service only within their incorporate t is checked, identify the government(s), authority or organiz	ed boundaries, and the service will not be provided in unincorporated areas. ation providing the service:	
	ore cities will provide this service only within their incorporate his box is checked, identify the government(s), authority or o	ed boundaries, and the county will provide the service in unincorporated organization providing the service.):	
	nis box is checked, attach a legible map delineating the so or other organization that will provide service within each se	ervice area of each service provider, and identify the government, ervice area.):	
2. In developing	this strategy, were overlapping service areas, unnecessary	competition and/or duplication of this service identified?	
☐ Yes (if 'Ye ✓ No	es', you must attach additional documentation as described,	below)	
	···	for continuing the arrangement (i.e., overlapping but higher levels of or reasons that overlapping service areas or competition cannot be	
	ons will be eliminated under the strategy, attach an implement the responsible party and the agreed upon deadline for con	entation schedule listing each step or action that will be taken to appleting it.	

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

Local Government or Authority	Funding Method		
Cochran	General Fund and Fees		
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?			
No change is anticipated.			
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:			
Agreement Name	Contracting Parties	Effective and Ending Dates	
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?			
None			
7. Person completing form: Bob Brockman, Sole Commissioner Phone number: (478) 893-3200 Date completed: 9/1/2011			
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? No			
If not, provide designated contact person(s) and phone numbers(s) below: Contact Cliff Avant at (478) 893-6346.			







FORM 2: Summary of Service Delivery Arrangements

Make copies of this form and complete one for each service listed on FORM 1, Section III. Use exactly the same service names listed on FORM 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.			
со	UNTY: Bleckley	Service: Public Health Service	
1. C	heck the box that best describes the agreed upon delivery arrangement	t for this service:	
V	 Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): Bleckley County 		
	Service will be provided only in the unincorporated portion of the coun government, authority or organization providing the service.):	ity by a single service provider. (If this box is checked, identify the	
	One or more cities will provide this service only within their incorporate (If this box is checked, identify the government(s), authority or organize	ed boundaries, and the service will not be provided in unincorporated areas. ation providing the service:	
	One or more cities will provide this service only within their incorporate areas. (If this box is checked, identify the government(s), authority or o	ed boundaries, and the county will provide the service in unincorporated organization providing the service.):	
	Other (If this box is checked, attach a legible map delineating the sea authority, or other organization that will provide service within each sea		
2. In	developing this strategy, were overlapping service areas, unnecessary	v competition and/or duplication of this service identified?	
\Box	Yes (if 'Yes', you must attach additional documentation as described, No	below)	
serv	ese conditions will continue under this strategy, attach an explanation ice (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, c inated).	for continuing the arrangement (i.e., overlapping but higher levels of or reasons that overlapping service areas or competition cannot be	
lf the	ese conditions will be eliminated under the strategy, attach an implement	entation schedule listing each step or action that will be taken to	

eliminate them, the responsible party and the agreed upon deadline for completing it.

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

Local Government or Authority	Funding Method		
Bleckley County	General Fund, User Fees, and State		
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?			
No change is anticipated.			
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:			
Agreement Name	Contracting Parties	Effective and Ending Dates	
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect? None			
7. Person completing form: Bob Brockman, Sc	le Commissioner		
Phone number: (478) 893-3200 Date cor	npleted: 9/1/2011		
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? Yes			
If not, provide designated contact person(s) a	and phone numbers(s) below:		







FORM 2: Summary of Service Delivery Arrangements

Instructions:

Make copies of this form and complete one for each service listed on FORM 1, Section III. Use exactly the same service names listed on FORM 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.		
COUNTY: Bleckley	Service: Public Housing	
1. Check the box that best describes the agreed upon delivery arrangement	for this service:	
Service will be provided countywide (i.e., including all cities and uninco identify the government, authority or organization providing the service		
Service will be provided only in the unincorporated portion of the count government, authority or organization providing the service.):	ty by a single service provider. (If this box is checked, identify the	
One or more cities will provide this service only within their incorporate (If this box is checked, identify the government(s), authority or organize Cochran Housing Authority	ed boundaries, and the service will not be provided in unincorporated areas. ation providing the service:	
One or more cities will provide this service only within their incorporate areas. (If this box is checked, identify the government(s), authority or c	ed boundaries, and the county will provide the service in unincorporated organization providing the service.):	
Other (If this box is checked, attach a legible map delineating the se authority, or other organization that will provide service within each se		
2. In developing this strategy, were overlapping service areas, unnecessary	competition and/or duplication of this service identified?	
 ☐ Yes (if 'Yes', you must attach additional documentation as described, I ☑ No 	below)	
If these conditions will continue under this strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be		
eliminated).		
If these conditions will be eliminated under the strategy, attach an impleme eliminate them, the responsible party and the agreed upon deadline for com		

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

Local Government or Authority	Funding Method		
Cochran	General Funds		
Cochran Housing Authority	Rent and Federal Funds		
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?			
No change is anticipated.			
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:			
Agreement Name	Contracting Parties	Effective and Ending Dates	
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect? None			
7. Person completing form: Bob Brockman, Sole Commissioner Phone number: (478) 893-3200 Date completed: 9/1/2011			
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? No			
If not, provide designated contact person(s) a	and phone numbers(s) below:		
Contact Cliff Avant at (478) 893-6346.	Contact Cliff Avant at (478) 893-6346.		







FORM 2: Summary of Service Delivery Arrangements

Make copies of this form and complete one for each service listed on FORM 1, Section III. Use exactly the same service names listed on FORM 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.			
со	UNTY: Bleckley	Service: Public Transportation	
1. C	heck the box that best describes the agreed upon delivery arrangement	t for this service:	
V	 Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): Bleckley County 		
	Service will be provided only in the unincorporated portion of the coun government, authority or organization providing the service.):	ity by a single service provider. (If this box is checked, identify the	
	One or more cities will provide this service only within their incorporate (If this box is checked, identify the government(s), authority or organize	ed boundaries, and the service will not be provided in unincorporated areas. ation providing the service:	
	One or more cities will provide this service only within their incorporate areas. (If this box is checked, identify the government(s), authority or o	ed boundaries, and the county will provide the service in unincorporated organization providing the service.):	
	Other (If this box is checked, attach a legible map delineating the sea authority, or other organization that will provide service within each sea		
2. In	developing this strategy, were overlapping service areas, unnecessary	v competition and/or duplication of this service identified?	
□ 1	Yes (if 'Yes', you must attach additional documentation as described, No	below)	
serv	ese conditions will continue under this strategy, attach an explanation ice (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, c inated).	for continuing the arrangement (i.e., overlapping but higher levels of or reasons that overlapping service areas or competition cannot be	
lf the	ese conditions will be eliminated under the strategy, attach an implement	entation schedule listing each step or action that will be taken to	

eliminate them, the responsible party and the agreed upon deadline for completing it.

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

Local Government or Authority	Funding Method		
Bleckley County	General Fund, Federal Funds, and Fees		
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?			
No change is anticipated.			
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:			
Agreement Name	Contracting Parties	Effective and Ending Dates	
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect? None			
7. Person completing form: Bob Brockman, Sc	ble Commissioner mpleted: 9/1/2011		
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? Yes			
If not, provide designated contact person(s) a	and phone numbers(s) below:		







FORM 2: Summary of Service Delivery Arrangements

Make copies of this form and complete one for each service listed on FORM 1, Section III. Use exactly the same service names listed on FORM 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.			
οοι	JNTY: Bleckley	Service: Public Works	
1. Cł	neck the box that best describes the agreed upon delivery arrangement	for this service:	
	Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):		
	Service will be provided only in the unincorporated portion of the count government, authority or organization providing the service.):	ty by a single service provider. (If this box is checked, identify the	
	One or more cities will provide this service only within their incorporate (If this box is checked, identify the government(s), authority or organize	d boundaries, and the service will not be provided in unincorporated areas. ation providing the service:	
Ø	One or more cities will provide this service only within their incorporate areas. (If this box is checked, identify the government(s), authority or or Bleckley County, Cochran	ed boundaries, and the county will provide the service in unincorporated organization providing the service.):	
	Other (If this box is checked, <u>attach a legible map delineating the se</u> authority, or other organization that will provide service within each se		
2. In developing this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?			
\Box	Yes (if 'Yes', you must attach additional documentation as described, No	pelow)	
If these conditions will continue under this strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of			
	ce (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, o nated).	r reasons that overlapping service areas or competition cannot be	
If the	If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to		
elimi	nate them, the responsible party and the agreed upon deadline for com	pleting it.	

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

Local Government or Authority	Funding Method			
Bleckley County	General Funds			
Cochran	General Funds			
4. How will the strategy change the previous arr	4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?			
No change is anticipated. Both local governments will continue to provide for the service within their respective jurisdiction, with the City being considered a higher level of service.				
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:				
Agreement Name	Contracting Parties	Effective and Ending Dates		
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?				
None				
7. Person completing form: Bob Brockman, Sole Commissioner Phone number: (478) 893-3200 Date completed: 9/1/2011				
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? No				
If not, provide designated contact person(s) a	and phone numbers(s) below:			
Contact Cliff Avant at (478) 893-6346.				







FORM 2: Summary of Service Delivery Arrangements

Make copies of this form and complete one for each service listed on FORM 1, Section III. Use exactly the same service names listed on FORM 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.		
CO	JNTY: Bleckley	Service: Road/Street Construction
1. Cl	heck the box that best describes the agreed upon delivery arrangement	for this service:
	Service will be provided countywide (i.e., including all cities and uninco identify the government, authority or organization providing the service	
	Service will be provided only in the unincorporated portion of the count government, authority or organization providing the service.):	y by a single service provider. (If this box is checked, identify the
	One or more cities will provide this service only within their incorporate (If this box is checked, identify the government(s), authority or organization	d boundaries, and the service will not be provided in unincorporated areas. ation providing the service:
V	One or more cities will provide this service only within their incorporate areas. (If this box is checked, identify the government(s), authority or or Bleckley County, Cochran	d boundaries, and the county will provide the service in unincorporated organization providing the service.):
	Other (If this box is checked, attach a legible map delineating the se authority, or other organization that will provide service within each se	<u> </u>
2. In	developing this strategy, were overlapping service areas, unnecessary	competition and/or duplication of this service identified?
\Box	Yes (if 'Yes', you must attach additional documentation as described, I No	pelow)
serv	ese conditions will continue under this strategy, attach an explanation ice (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, o inated).	<u> </u>

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

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

Local Government or Authority	Funding Method		
Bleckley County	General Fund and SPLOST		
Cochran	General Fund and SPLOST		
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?			
No change is anticipated. Both local governm	nents will continue to provide for the service within their respective	e jurisdiction.	
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:			
Agreement Name	Contracting Parties	Effective and Ending Dates	
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?			
None			
7. Person completing form: Bob Brockman, Sole Commissioner Phone number: (478) 893-3200 Date completed: 9/1/2011			
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? No			
If not, provide designated contact person(s) a	If not, provide designated contact person(s) and phone numbers(s) below:		
Contact Cliff Avant at (478) 893-6346.			







FORM 2: Summary of Service Delivery Arrangements

	copies of this form and complete one for each service listed on FORM 1, Section III. Use onal pages as necessary. If the contact person for this service (listed at the bottom of the page)	
col	UNTY: Bleckley	Service: Road/Street Maintenance
1. CI	heck the box that best describes the agreed upon delivery arrangement	for this service:
	Service will be provided countywide (i.e., including all cities and uninco identify the government, authority or organization providing the service	
	Service will be provided only in the unincorporated portion of the count government, authority or organization providing the service.):	y by a single service provider. (If this box is checked, identify the
	One or more cities will provide this service only within their incorporate (If this box is checked, identify the government(s), authority or organization	d boundaries, and the service will not be provided in unincorporated areas. ation providing the service:
V	One or more cities will provide this service only within their incorporate areas. (If this box is checked, identify the government(s), authority or c Bleckley County, Cochran	d boundaries, and the county will provide the service in unincorporated organization providing the service.):
	Other (If this box is checked, attach a legible map delineating the se authority, or other organization that will provide service within each se	
2. In	developing this strategy, were overlapping service areas, unnecessary	competition and/or duplication of this service identified?
\square	Yes (if 'Yes', you must attach additional documentation as described, b	pelow)
lf the	ese conditions will continue under this strategy, attach an explanation	for continuing the arrangement (i.e., overlapping but higher levels of
	ice (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, o inated).	r reasons that overlapping service areas or competition cannot be
lf the	ese conditions will be eliminated under the strategy, attach an impleme	ntation schedule listing each step or action that will be taken to

Page 1 of 2

eliminate them, the responsible party and the agreed upon deadline for completing it.

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

Local Government or Authority	Funding Method	
Bleckley County		
Cochran	General Fund and SPLOST	
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?		
No change is anticipated. Both local governm	nents will continue to provide the service within their respective ju	risdiction.
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:		
Agreement Name	Contracting Parties	Effective and Ending Dates
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect? None		
7. Person completing form: Bob Brockman, Sole Commissioner Phone number: (478) 893-3200 Date completed: 9/1/2011		
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? No		
If not, provide designated contact person(s) a	and phone numbers(s) below:	
Contact Cliff Avant at (478) 893-6346.		







FORM 2: Summary of Service Delivery Arrangements

Make copies of this form and complete one for each service listed on FORM 1, Section III. Use exactly the same service names listed on FORM 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.		
COI	JNTY: Bleckley	Service: Sewage Collection/Disposal
1. CI	neck the box that best describes the agreed upon delivery arrangement	for this service:
	Service will be provided countywide (i.e., including all cities and uninco identify the government, authority or organization providing the service	
	Service will be provided only in the unincorporated portion of the count government, authority or organization providing the service.):	y by a single service provider. (If this box is checked, identify the
	One or more cities will provide this service only within their incorporate (If this box is checked, identify the government(s), authority or organization	ed boundaries, and the service will not be provided in unincorporated areas. ation providing the service:
	One or more cities will provide this service only within their incorporate areas. (If this box is checked, identify the government(s), authority or c	ed boundaries, and the county will provide the service in unincorporated organization providing the service.):
V	Other (If this box is checked, <u>attach a legible map delineating the se</u> authority, or other organization that will provide service within each se Cochran	
2. In	developing this strategy, were overlapping service areas, unnecessary	competition and/or duplication of this service identified?
\Box	Yes (if 'Yes', you must attach additional documentation as described, b	pelow)

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

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

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

Local Government or Authority	Funding Method	
Cochran	Enterprise Funds	
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?		
No change is anticipated.		
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:		
Agreement Name	Contracting Parties	Effective and Ending Dates
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?		
None		
7. Person completing form: Bob Brockman, Sole Commissioner Phone number: (478) 893-3200 Date completed: 10/24/2011		
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? No		
If not, provide designated contact person(s) and phone numbers(s) below: Contact Cliff Avant at (478) 893-6346.		







FORM 2: Summary of Service Delivery Arrangements

additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.		
COUNTY: Bleckley	Service: Social Services	
1. Check the box that best describes the agreed upon delivery an	rangement for this service:	
Service will be provided countywide (i.e., including all cities identify the government, authority or organization providing Bleckley County	and unincorporated areas) by a single service provider. (If this box is checked, the service.):	
Service will be provided only in the unincorporated portion of government, authority or organization providing the service.	of the county by a single service provider. (If this box is checked, identify the .):	
One or more cities will provide this service only within their i (If this box is checked, identify the government(s), authority	incorporated boundaries, and the service will not be provided in unincorporated areas. or organization providing the service:	
One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):		
Other (If this box is checked, attach a legible map delinea authority, or other organization that will provide service with	ting the service area of each service provider, and identify the government, nin each service area.):	
2. In developing this strategy, were overlapping service areas, un	nnecessary competition and/or duplication of this service identified?	
 ☐ Yes (if 'Yes', you must attach additional documentation as d ☑ No 	described, below)	
	planation for continuing the arrangement (i.e., overlapping but higher levels of plication, or reasons that overlapping service areas or competition cannot be	
If these conditions will be eliminated under the strategy, attach a eliminate them, the responsible party and the agreed upon deadli	n implementation schedule listing each step or action that will be taken to ine for completing it.	

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

Local Government or Authority	Funding Method	
Bleckley County	General Funds, State Funds, and Federal Funds	
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?		
No change is anticipated.		
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:		
Agreement Name	Contracting Parties	Effective and Ending Dates
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?		
None	de Commissioner	
7. Person completing form: Bob Brockman, Sole Commissioner		
	npleted: 9/1/2011	
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? Yes		
If not, provide designated contact person(s) a	and phone numbers(s) below:	







FORM 2: Summary of Service Delivery Arrangements

Make copies of this form and complete one for each service listed on FORM 1, Section III. Use exactly the same service names listed on FORM 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.	
COUNTY: Bleckley	Service: Solid Waste Management
1. Check the box that best describes the agreed upon delivery arrange	
Service will be provided countywide (i.e., including all cities and u identify the government, authority or organization providing the s	unincorporated areas) by a single service provider. (If this box is checked, ervice.):
Service will be provided only in the unincorporated portion of the government, authority or organization providing the service.):	county by a single service provider. (If this box is checked, identify the
One or more cities will provide this service only within their incorr (If this box is checked, identify the government(s), authority or or	porated boundaries, and the service will not be provided in unincorporated areas. ganization providing the service:
One or more cities will provide this service only within their incorr areas. (If this box is checked, identify the government(s), authorit Bleckley County, Cochran	porated boundaries, and the county will provide the service in unincorporated ty or organization providing the service.):
Other (If this box is checked, attach a legible map delineating the authority, or other organization that will provide service within each other organization that will provide service within each other ot	the service area of each service provider, and identify the government, ach service area.):
2. In developing this strategy, were overlapping service areas, unnece	essary competition and/or duplication of this service identified?
 ☐ Yes (if 'Yes', you must attach additional documentation as descri ☑ No 	ibed, below)
service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplicat	ation for continuing the arrangement (i.e., overlapping but higher levels of tion, or reasons that overlapping service areas or competition cannot be
eliminated). If these conditions will be eliminated under the strategy, <u>attach an imp</u> eliminate them, the responsible party and the agreed upon deadline for	plementation schedule listing each step or action that will be taken to

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

Local Government or Authority	Funding Method	
Bleckley County	General Fund and Fees	
Cochran	General Fund and Fees	
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?		
No change is anticipated. Both local governm	nents will continue to provide the service only within their respecti	ve jurisdiction.
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:		
Agreement Name	Contracting Parties	Effective and Ending Dates
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect? None		
7. Person completing form: Bob Brockman, So Phone number: (478) 893-3200 Date cor	ple Commissioner mpleted: 9/1/2011	
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? No		
If not, provide designated contact person(s) a	and phone numbers(s) below:	
Contact Cliff Avant at (478) 893-6346.		







FORM 2: Summary of Service Delivery Arrangements

additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.		
COUNTY: Bleckley	Service: Storm Water Management	
. Check the box that best describes the agreed upon delivery arrangement for this service:		

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

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

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

One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):
 Bleckley County, Cochran

Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.):

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

Yes (if 'Yes', you must attach additional documentation as described, below)
 No

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

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

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

Local Government or Authority	Funding Method		
Bleckley County	General Funds		
Cochran	General Funds		
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?			
No change is anticipated. Both local governm	nents will continue to provide the service only within their respection	ve jurisdiction.	
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:			
Agreement Name	Contracting Parties	Effective and Ending Dates	
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect? None			
7. Person completing form: Bob Brockman, Sc Phone number: (478) 893-3200 Date cor	ble Commissioner mpleted: 9/1/2011		
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? No			
If not, provide designated contact person(s) a	If not, provide designated contact person(s) and phone numbers(s) below:		
Contact Cliff Avant at (478) 893-6346.			







FORM 2: Summary of Service Delivery Arrangements

Instru	ctions
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Make copies of this form and complete one for each service listed on FORM 1, Section III. Use exactly the same service names listed on FORM 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.		
со	UNTY: Bleckley	Service: Water Supply Distribution
1. C	heck the box that best describes the agreed upon delivery arrangemen	t for this service:
	Service will be provided countywide (i.e., including all cities and unincidentify the government, authority or organization providing the servic	
	Service will be provided only in the unincorporated portion of the cour government, authority or organization providing the service.):	nty by a single service provider. (If this box is checked, identify the
	One or more cities will provide this service only within their incorporat (If this box is checked, identify the government(s), authority or organiz	ed boundaries, and the service will not be provided in unincorporated areas. zation providing the service:
	One or more cities will provide this service only within their incorporat areas. (If this box is checked, identify the government(s), authority or	ed boundaries, and the county will provide the service in unincorporated organization providing the service.):
V	Other (If this box is checked, <u>attach a legible map delineating the s</u> authority, or other organization that will provide service within each second cochran	
2. In	developing this strategy, were overlapping service areas, unnecessary	y competition and/or duplication of this service identified?
\Box	Yes (if 'Yes', you must attach additional documentation as described, No	below)
lf the	ese conditions will continue under this strategy, attach an explanation	for continuing the arrangement (i.e., overlapping but higher levels of
	ice (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, o inated).	or reasons that overlapping service areas or competition cannot be
lf the	ese conditions will be eliminated under the strategy, attach an implem	entation schedule listing each step or action that will be taken to

eliminate them, the responsible party and the agreed upon deadline for completing it.

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

Local Government or Authority	Funding Method	
Cochran	Enterprise Funds	
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?		
No change is anticipated.		
5. List any formal service delivery agreements o	or intergovernmental contracts that will be used to implement the strateg	y for this service:
Agreement Name	Contracting Parties	Effective and Ending Dates
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?		
None		
7. Person completing form: Bob Brockman, Sc Phone number: (478) 893-3200 Date cor	ble Commissioner mpleted: 10/24/2011	
 Is this the person who should be contacted by service delivery strategy? No 	y state agencies when evaluating whether proposed local government p	rojects are consistent with the
If not, provide designated contact person(s) a Contact Cliff Avant at (478) 893-6346.	and phone numbers(s) below:	







FORM 3: Summary of Land Use Agreements

Instructions:

Please note that any changes to the answers provided will require an update of the service delivery strategy. If the contact person for this service (listed at the bottom of this page) changes, this should be reported to the Department of Community Affairs.

COUNTY: Bleckley

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

None were identified.

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

Amendments to existing comprehensive plans

Adoption of a joint comprehensive plan

Other measures (amend zoning ordinances, add environmental regulations, etc.)

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

3. What policies, procedures and/or processes have been established by local governments (and water and sewer authorities) to ensure that new extraterritorial water and sewer service will be consistent with all applicable land use plans and ordinances?

Bleckley County and the cities of Allentown and Cochran have adopted a joint resolution to insure that proposed extraterritorial water and sewer service is compatible with land use plans and ordinances of the territory of the adjoining local government in which the new service is to be extended.

4. Person completing form: Bob Brockman, Sole Commissioner Phone number: (478) 893-3200 Date completed: 9/14/2011

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

If not, provide designated contact person(s) and phone numbers(s) below: Contact Cliff Avant at (478) 893-6346.







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FORM 4: Certifications

Instructions:

This form 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 a 2000 population of over 9,000 residing within the county; and 4) no less than 50% of all other cities with a 2000 population of between 500 and 9,000 residing within the county. Cities with a 2000 population below 500 and local authonities providing services under the strategy are not required to sign this form, but are encouraged to do so.

COUNTY: Bleckley

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

- 1. We have executed agreements for implementation of our service delivery strategy and the attached forms provide an accurate depiction of our agreed upon strategy (O.C.G.A 36-70-21);
- Our service delivery strategy promotes the delivery of local government services in the most efficient, effective, and responsive manner (O.C.G.A. 36-70-24 (1));
- 3. Our service delivery strategy provides that water or sewer fees charged to customers located outside the geographic boundaries of a service provider are reasonable and are not arbitrarily higher than the fees charged to customers located within the geographic boundaries of the service provider (O.C.G.A. 36-70-24 (20); and
- 4. Our service delivery strategy ensures that the cost of any services the county government provides (including those jointly funded by the county and one or more municipalities) primarily for the benefit of the unincorporated area of the county are borne by the unincorporated area residents, individuals, and property owners who receive such service (O.C.G.A. 36-70-24 (3)).

JURISDICTION	TITLE	NAME	SIGNATURE DATE
Bleckley County	Commissioner	Bob Brockman	Rent Bracht 9. 30-11
City of Cochran	Mayor	Cliff Avant	Alle hart 9-30-4
		5	