2021 Service Delivery Strategy

Joint Resolution

SDS Agreement

DCA Form 1

Index of Separate DCA Form 2s

DCA Form 2s

DCA Form 3

DCA Form 4

November 1, 2021

JOINT RESOLUTION TO APPROVE 2021 SERVICE DELIVERY STRATEGY

This Resolution is made by each of the City of Pembroke ("Pembroke"), the City of Richmond Hill ("Richmond Hill"), and Bryan County (the "County") (individually a "Party" and collectively the "Parties").

WHEREAS, the County is a county of the State of Georgia; and

WHEREAS, Pembroke and Richmond Hill are municipalities located within the County; and

WHEREAS, OCGA § 36-70-21 of Article 2 of Chapter 70 of Title 36 of the Official Code of Georgia (the "SDS Act") provides each county and municipality shall execute an agreement for the implementation of a local government service delivery strategy as set forth in the SDS Act; and

WHEREAS, OCGA § 36-70-23 of the SDS Act sets forth components each local government service delivery strategy shall include; and

WHEREAS, OCGA § 36-70-24 of the SDS Act sets forth criteria which shall be met in the development of a service delivery strategy; and

WHEREAS, as applicable to the Parties, OCGA § 36-70-25 of the Act provides approval of the strategy shall be accomplished by adoption of a resolution by each Party; and

WHEREAS, OCGA § 36-70-28(b)(1) of the SDS Act provides each county and affected municipality shall review, and revise if necessary, the approved strategy in conjunction with updates of the comprehensive plan as required by Article 1 of Chapter 70 of Title 36 of the Official Code of Georgia Annotated; and

WHEREAS, the Parties have reviewed their local government service delivery strategy in conjunction with the update of their comprehensive plan; and

WHEREAS, the Parties have reached agreement on the provision of local government services provided or primarily funded by each Party and authority within the County; and

WHEREAS, the Parties have completed the Service Delivery Strategy Forms 1-4 provided by the Department of Community Affairs of the State of Georgia ("DCA"); and

WHEREAS, OCGA § 36-70-26 of the Act provides each county shall file the agreement for the implementation of the strategy with the DCA;

NOW, THEREFORE, each Party hereby resolves:

1.

The 2021 Service Delivery Strategy Agreement concurrently presented is approved by the Party, shall be executed by and on behalf of the Party, and shall be filed by the County with DCA upon execution by each Party.

2.

The DCA Forms 1-4 attached to the 2021 Service Delivery Strategy Agreement are approved by the Party, shall be executed on behalf of the Party, and shall be filed by the County with DCA upon execution by each Party.

IT IS SO RESOLVED,

(signatures continued on following page)

CITY OF PEMBROKE

	By: Mayor	
	iviaj oi	
	Attest: Clerk	
[Seal]	Cieik	
	Date:	

(signatures continued on following page)

CITY OF RICHMOND HILL

	Ву:	
	Mayor	
	Attest:	
[Seal]	Clerk	
f.s. s.s.s.l	Date:	

(signatures continued on following page)

BRYAN COUNTY

[Seal]	By: Chairman	
	Attest: Clerk	* **
	Date:	

2021 SERVICE DELIVERY STRATEGY AGREEMENT

This Agreement, made and entered into by and among the City of Pembroke, Georgia ("Pembroke"), the City of Richmond Hill, Georgia ("Richmond Hill"), and Bryan County, Georgia ("the County") (individually a "Party" and collectively the "Parties");

WITNESSETH:

WHEREAS, the County is a county of the State of Georgia; and

WHEREAS, Pembroke and Richmond Hill are municipalities located within the County; and

WHEREAS, OCGA § 36-70-21 of Article 2 of Chapter 70 of Title 36 of the Official Code of Georgia (the "SDS Act") provides each county and municipality shall execute an agreement for the implementation of a local government service delivery strategy as set forth in the SDS Act; and

WHEREAS, OCGA § 36-70-23 of the SDS Act sets forth components each local government service delivery strategy shall include; and

WHEREAS, OCGA § 36-70-24 of the SDS Act sets forth criteria which shall be met in the development of a service delivery strategy; and

WHEREAS, as applicable to the Parties, OCGA § 36-70-25 of the SDS Act provides approval of the strategy shall be accomplished by adoption of a resolution by each Party; and

WHEREAS, OCGA § 36-70-28(b)(1) of the SDS Act provides each county and affected municipality shall review, and revise if necessary, the approved strategy in conjunction with updates of the comprehensive plan as required by Article 1 of Chapter 70 of Title 36 of the Official Code of Georgia Annotated; and

WHEREAS, the Parties reviewed their local government service delivery strategy in conjunction with the update of their comprehensive plan; and

WHEREAS, OCGA § 36-70-25.1(d) provides in the event the county and the affected municipalities fail to reach agreement after the imposition of sanctions provided in Code section 36-70-27, the process set forth in OCGA § 36-70-25.1(d) is available to the parties; and

WHEREAS, Richmond Hill has filed a petition in superior court based on OCGA § 36-70-25.1(d)(1) seeking mandatory mediation; and

WHEREAS, such petition has been assigned to Judge John R. Turner; and
WHEREAS, Judge Turner appointed Susan Cox to serve as mediator pursuant to OCGA §
36-70-25.1(d)(1)(B); and

WHEREAS, the Parties have participated in mediation pursuant to OCGA § 36-70-25.1(d)(1)(B); and

WHEREAS, the Parties have reached agreement on the provision of local government services provided or primarily funded by each Party and authority within the County; and

WHEREAS, the Parties have completed and executed the Service Delivery Strategy Forms

1-4 provided by the Department of Community Affairs of the State of Georgia ("DCA"); and

WHEREAS, OCGA § 36-70-26 of the SDS Act provides each county shall file the agreement for the implementation of the strategy with DCA;

NOW THEREFORE, the Parties hereby agree:

GENERAL SDS ACT PROVISIONS

1. For and during the term of this Agreement, local government services provided or primarily funded by the Parties and authorities within the County will be provided and funded as

set forth on the Forms provided by DCA executed concurrently herewith. These Forms are made a part of this Agreement.

- 2. This strategy promotes the delivery of local government services in the most efficient, effective, and responsive manner and remediates or avoids overlapping and unnecessary competition and duplication of service delivery.
- 3. Water or sewer fees charged to customers located outside the geographical boundaries of a service provider shall not be arbitrarily higher than fees charged to customers receiving such services which are located within the geographic boundaries of the service provider.
- 4. This strategy ensures that the cost of any service the County provides primarily for the benefit of the unincorporated area of the County and the County's share of funding of county-wide services the County and one or more municipalities jointly fund shall be borne by the unincorporated area residents, individuals, and property owners who receive such service.
 - 5. The land use plans of the Parties are compatible and non-conflicting.
- 6. The provision of extraterritorial water and sewer services by the Parties shall be consistent with all applicable land use plans and ordinances.
- 7. The County shall file this Agreement for the implementation of the strategy with DCA. It shall be effective upon verification by DCA pursuant to OCGA § 36-70-26 and shall remain in effect as provided by the SDS Act.

SPECIAL PROVISIONS

1. <u>Cooperation on specific projects</u>. The County and Richmond Hill will cooperatively work to implement SPLOST and TSPLOST projects beneficial to residents of Richmond Hill as well as other residents of the County. The County will commit up to \$500,000 per year from county SPLOST or TSPLOST funds to fund selected and approved projects. Richmond Hill will fund

twenty-five percent (25%) of each selected and approved project costs from its funds. Richmond Hill will be responsible for the contracting and the completion of each selected and approved project and will provide any accounting information necessary or desirable to the County for audit purposes. Richmond Hill and County may propose to defer a project to a future date to allow for funding to accumulate. For example, a \$1,340,000 project may take two years to fund. If agreed by the County and Richmond Hill, the commitment may be evidenced by an intergovernmental agreement between the County and Richmond Hill. This agreement will continue to December 31, 2027, assuming continued passage of SPLOST and TSPLOST. This agreement contemplates that over the seven-year period a minimum of \$3,500,000 will have expended (or encumbered) by Bryan County on the projects selected and approved by the governing bodies of Richmond Hill and the County. The County agrees, however, that if for some reason SPLOST funds are not continued, that at the expiration of the current SPLOST on March 30, 2024, it will set apart in a designated fund the difference between \$3,500,000 and the amount of Bryan County's contribution (expended or encumbered) to the selected projects as of March 30, 2024. The intent of this provision is that the funding referred to in this paragraph will be available even if for some reason TSPLOST or SPLOST or one of them does not continue. Richmond Hill and Bryan County agree that the following projects may be selected and approved:

- 1. Port Royal Road/SR 144 Intersection Traffic Signal
- 2. Town Centre Drive/SR 144 Intersection Traffic Signal
- 3. US 17/I-95 Interchange North-Side Traffic Signal (China 1 Area)
- 4. J.F. Gregory Improvements
- 5. Harris Trail Pedestrian Bridge & Sidewalk
- 6. Brisbon Road Improvements

- 7. Exit 90 Beautification
- 8. Exit 87 Beautification

The projects will be completed in order selected and approved subject to funding limits as provided or as Richmond Hill and the County may agree in writing.

2. <u>County Road System, Traffic Signals, Street Lighting, and Stormwater Collection and Disposal</u>. The county road system, traffic signals, street lighting, and stormwater collection and disposal will continue to be funded from the County General Fund.

The maps of the county road system attached to the DCA Form 2s for County Road System Construction and County Road System Maintenance have been revised (a) to convert portions of Harris Trail Road, Warren Hill Road, Belfast Keller Road, and Belfast River Road from Richmond Hill city streets to county roads and (b) to convert portions of Ashbranch Road, and Harn Street, beginning at South Poplar Street and ending at the city limit boundary, from Pembroke City streets to county roads.

Port Royal Road is a county road even though it adjoins the city limits of Richmond Hill.

Seascape Drive is a county road. The County and Richmond Hill plan to designate Seascape Drive Road as a Richmond Hill city street in conjunction with the subdivision of adjoining property into residential lots.

Brisbon Road is a county road. Richmond Hill has been provided a copy of the right of way deed to the County. The County and Richmond Hill plan to equally fund improvements to this road to County standards, and when such improvements are complete, to designate this road as a Richmond Hill city street.

In order for the County to properly plan for and to address future maintenance needs of Belfast Keller Road and other county roads located within the city limits of Richmond Hill, Richmond Hill will give the County notice of the potential development of any proposed project that will generate additional vehicle trips per day on said county roads. Such notice shall be provided at the first application/request for city approval, including but not limited to rezoning, conditional use for permit, sketch plat, preliminary plat, site plan, or preliminary development plan. The County may require a development agreement with the developer to fund all or part of needed traffic improvements caused by the proposed development. The notice shall include the location of the project, the proposed use, and if available, a site plan. Richmond Hill may but is not required to include County representatives in preliminary meetings/discussions with property owners or developers regarding potential development. The County reserves all rights to require developers/property owners requesting to encroach on these roads to mitigate impact and/or to enter into traffic mitigation agreements with the County. Such mitigation measures may include, but are not limited to, construction of improvements or paying a proportional share of costs of required improvements.

- 3. <u>Emergency Medical Services</u>; <u>Fire Protection/Emergency Services</u>. The County will maintain its current allocation of the cost of Emergency Medical Services and Fire Protection/Emergency Services.
- 4. <u>Economic Development</u>. The County will continue to fund the Development Authority of Bryan County from the County General Fund.
- 5. Funding for services provided primarily for the benefit of the unincorporated area using alcoholic beverage license fees, alcoholic beverage excise taxes, occupation taxes, and cable television franchise fees. Bryan County will continue to use alcoholic beverage license fees, alcoholic beverage excise taxes, occupation taxes, and cable television franchise fees to fund county services provided primarily for the benefit of the unincorporated area. Should there be a

final binding appellate court decision ruling that these revenues may not be used to fund county services provided primarily for the benefit of the unincorporated area, this agreement will be promptly amended at that time to reflect the decision.

- 6. <u>Allocation of indirect cost of government</u>. The County will maintain its current allocation of indirect costs of county government.
- 7. <u>County Maintenance Shop</u>. The County will allocate the cost of its maintenance shop to county departments based on usage.
- 8. <u>Water Treatment and Distribution; Sewage Collection and Disposal</u>. Richmond Hill and the County have agreed to water and sewer service areas for South Bryan. They are attached to the Form 2s for Water Treatment and Distribution-South Bryan and Sewage Collection and Disposal-South Bryan.

Richmond Hill and the County have negotiated an Intergovernmental Sewer Service Agreement to provide for the acceptance of sewage from the County to the Richmond Hill sewage treatment facility for a defined period of time at mutually beneficial cost agreed between the County and Richmond Hill.

9. <u>Pending litigation</u>. All litigation between the Parties will be dismissed with prejudice, including Richmond Hill's Complaints pending in the Superior Court of Bryan County assigned Civil Action File Number 18-V-343 and Civil Action File Number 19-V-077.

GENERAL CONTRACT PROVISIONS

1. If any provision of this Agreement or application thereof to any person or circumstance shall to any extent be invalid, then such provision shall be modified if possible to fulfill the intent of the Parties as reflected herein. The remainder of this Agreement, or the application of such provision to circumstances other than those as to which it is held invalid, shall not be affected

2021 SDS Agreement

thereby and each provision of this Agreement shall be valid and enforced to the fullest extent

permitted by law.

2. The validity, interpretation, and performance of this Agreement shall be governed by

and construed in accordance with the laws of the State of Georgia.

3. This Agreement constitutes the entire agreement and understanding of the Parties and

supersedes and revokes any prior agreement or understanding relating to the subject matter of this

Agreement.

4. No change, amendment, termination, or attempted waiver of any of the provisions

hereof shall be binding unless reduced to writing and signed by all Parties hereto.

5. Nothing contained in this Agreement shall create a contractual relationship with or a

cause of action in favor of a third party against the Parties hereto.

6. No waiver by a Party of any default by another Party in the performance of any provision

of this Agreement shall operate as or be construed as a waiver of any future default, whether like

or different in character.

7. Nothing in this Agreement shall waive any immunity benefiting the Parties which may

now or hereinafter exist.

IN WITNESS WHEREOF, we have affixed our hands and seals in our official capacity

and as duly authorized officers who are authorized to execute this Agreement.

(Signatures continued on following page)

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CITY OF PEMBROKE

	By: Mayor	
	Attest:Clerk	
[Seal]	Date:	

(Signatures continued on following page)

CITY OF RICHMOND HILL

	By: Mayor	
	Attest: Clerk	
[Seal]	Date:	

(Signatures continued on following page)

	By: Chairman	
	Attest:Clerk	
[Seal]	Date:	

BRYAN COUNTY







COUNTY: BRYAN

I. GENERAL INSTRUCTIONS:

- 1. <u>FORM 1 is required for **ALL** SDS submittals</u>. Only one set of these forms should be submitted per county. The completed forms shall clearly present the collective agreement reached by all cities and counties that were party to the service delivery strategy.
- List each local government and/or authority that provides services included in the service delivery strategy in Section II below.
- 3. List all services provided or primarily funded by each general purpose local government and/or authority within the county that are continuing *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.)

OPTION A OPTION B Revising or Adding to the SDS Extending the Existing SDS 4. List all services provided or primarily funded by each 4. In Section IV type, "NONE." general purpose local government and authority within 5. Complete one copy of the Certifications for Extension of the county which are revised or added to the SDS in Existing SDS form (FORM 5) and have it signed by the Section IV, below. (It is acceptable to break a service into separate authorized representatives of the participating local components if this will facilitate description of the service delivery governments. [Please note that DCA cannot validate the strategy strategy.) unless it is signed by the local governments required by law (see 5. For **each** service or service component listed in Section Instructions, FORM 5).] IV, complete a separate, updated Summary of Service 6. Proceed to step 7, below. Delivery Arrangements form (FORM 2). 6. Complete one copy of the Certifications form (FORM 4) For answers to most frequently asked questions on Georgia's Service Delivery Act, links and helpful and have it signed by the authorized representatives of publications, visit DCA's website at participating local governments. [Please note that DCA cannot validate the strategy unless it is signed by the local governments http://www.dca.ga.gov/development/PlanningQ required by law (see Instructions, FORM 4).] ualityGrowth/programs/servicedelivery.asp, or call the Office of Planning and Quality Growth at (404) 679-5279.

- 7. If any of the conditions described in the existing Summary of Land Use Agreements form (FORM 3) have changed or if it has been ten (10) or more years since the most recent FORM 3 was filed, update and include FORM 3 with the submittal.
- 8. Provide the completed forms and any attachments to your regional commission. The regional commission will upload digital copies of the SDS documents to the Department's password-protected web-server.

NOTE: ANY FUTURE CHANGES TO THE SERVICE DELIVERY ARRANGEMENTS DESCRIBED ON THESE FORMS WILL REQUIRE AN UPDATE OF THE SERVICE DELIVERY STRATEGY AND SUBMITTAL OF REVISED FORMS AND ATTACHMENTS TO THE GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS UNDER THE "OPTION A"

PROCESS DESCRIBED, ABOVE.

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.

City of Pembroke

City of Richmond Hill

Bryan County

Pembroke Downtown Development Authority

Richmond Hill Downtown Development Authority

Development Authority of Bryan County

Housing Authority of the City of Claxton

Solicitor General

District Attorney

Bryan County Coroner

Board of Elections and Registration of Bryan County

Juvenile Court

Statesboro Regional Library System

Magistrate Court of Bryan County

Board of Tax Assessors

Bryan County Board of Health

Coastal Regional Commission

Superior Court

State Court of Bryan County

State of Georgia

University of Georgia

DFACS

Georgia Forestry Commission

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 will continue as previously agreed with no need for modification.

Emergency Medical Services

Extension Services

Family and Children Services

Libraries

Magistrate Court

State Court

Superior Court

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.

Services Added or Revised:

Animal Control

Building Inspections - Pembroke

Building Inspections - Richmond Hill

Building Inspections - Unincorporated Area

Cemeteries

City Street Systems

Code Enforcement

Community Center

County Road System

Criminal Prosecution - Municipal Courts

Criminal Prosecution - State Court

Criminal Prosecution - Superior Court

Death Examinations

Downtown Development

Economic Development - Cities

Economic Development - Development Authority

Elections - Federal, State, County

Elections - Municipal

Elector Registration

Emergency Management

Family Connection, Summer Lunch Program

Fire Protection/Emergency Services

Forest Protection Services

GIS and Mapping

Indigent Defense - Municipal Courts

Indigent Defense - State Courts

Juvenile Court

Landfill - Closed Facility Maintenance

Law Library

Mosquito Control

Municipal Courts

Parks and Recreation - Cities

Parks and Recreation - County

Planning and Zoning

Police - Municipal

Probation Services - Municipal Courts

Probation Services - State Courts

Property Tax Valuation

Public/Mental Health

Public Housing

Public Transportation

Recycling

Regional Planning

Senior Citizen Services

Sewage Collection and Disposal - North Bryan

Sewage Collection and Disposal - South Bryan

Soil Erosion Control

Solid Waste Collection and Disposal

Stormwater Collection and Disposal - Cities

Stormwater Collection and Disposal - County

Street Lighting - City Streets

Street Lighting - County Roads

Tax Collection - City Taxes

Tourism Promotion

Traffic Control - City Streets

Traffic Control - County Roads

Water Treatment and Distribution - North Bryan

Water Treatment and Distribution - South Bryan

Yard Trash Removal

Services Renamed or Removed:

City Police Forces (renamed "Police - Municipal")

Civil Defense (renamed "Emergency Management")

Clean & Beautiful (removed, no longer provided as a separate service)

Clerk of Courts (removed, Clerk is a constitutional office not subject to the SDS Act)

Coroner (renamed "Death Examinations")

County Building Maintenance (removed, not a service to the public)

County Government (removed, not a service to the public)

Elections (renamed "Elections - Federal, State, and County" and "Elections - Municipal")

Engineering (removed, not a service to the public)

Fire Protection (renamed "Fire Protection, Emergency Services")

Forestry Commission (renamed "Forest Protection Services")

Health Department (renamed "Public/Mental Health")

Maintenance Shop (removed, not a service to the public)

Recreation (renamed "Parks and Recreation Services")

Road Department (renamed "City Street Systems" and "County Road System")

Section 18 (renamed "Family Connection, Summer Lunch Program")

Senior Citizens (renamed "Senior Citizens Services")

Solid Waste (renamed "Solid Waste Collection and Disposal")

Summer Lunch Program (renamed "Family Connection, Summer Lunch Program")

Surveyor (removed, no longer provided)

Tax Assessor (renamed "Property Tax Valuation")

Waste Water Treatment (renamed "Sewage Collection and Disposal")

Water Supply (renamed "Water Treatment and Disposal")

Index of Separate DCA Form 2s

- 1. Animal Control
- 2. Building Inspections Pembroke
- 3. Building Inspections Richmond Hill
- 4. Building Inspections Unincorporated Area
- 5. Cemeteries
- 6. City Street Systems
- 7. Code Enforcement
- 8. Community Center
- 9. County Road System
- 10. Criminal Prosecution Municipal Courts
- 11. Criminal Prosecution State Court
- 12. Criminal Prosecution Superior Court
- 13. Death Examinations
- 14. Downtown Development
- 15. Economic Development Cities
- 16. Economic Development Development Authority
- 17. Elections Federal, State, and County
- 18. Elections Municipal
- 19. Elector Registration
- 20. Emergency Management
- 21. Emergency Medical Services
- 22. Extension Services
- 23. Family and Children Services
- 24. Family Connection, Summer Lunch Program
- 25. Fire Protection, Emergency Services
- 26. Forest Protection Services
- 27. GIS and Mapping
- 28. Indigent Defense Municipal Courts
- 29. Indigent Defense State Courts
- 30. Juvenile Court
- 31. Landfill Closed Facility Maintenance
- 32. Law Library
- 33. Libraries

- 34. Magistrate Court
- 35. Mosquito Control
- 36. Municipal Courts
- 37. Parks and Recreation Cities
- 38. Parks and Recreation County
- 39. Planning and Zoning
- 40. Police Municipal
- 41. Probation Services Municipal Courts
- 42. Probation Services State Courts
- 43. Property Tax Valuation
- 44. Public Housing
- 45. Public/Mental Health
- 46. Public Transportation
- 47. Recycling
- 48. Regional Planning
- 49. Senior Citizen Services
- 50. Sewage Collection and Disposal North Bryan
- 51. Sewage Collection and Disposal South Bryan
- 52. Soil Erosion Control
- 53. Solid Waste Collection and Disposal
- 54. State Court
- 55. Storm Water Collection and Disposal Cities
- 56. Storm Water Collection and Disposal County
- 57. Street Lighting City Streets
- 58. Street Lighting County Roads
- 59. Superior Court
- 60. Tax Collection City Taxes
- 61. Tourism Promotion
- 62. Traffic Control City Streets
- 63. Traffic Control County Roads
- 64. Water Treatment and Distribution North Bryan
- 65. Water Treatment and Distribution South Bryan
- 66. Yard Trash Removal







FORM 2: Summary of Service Delivery Arrangements

Instructions:

Make copies of this form and complete one for each service listed on FORM 1, Section IV. 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:BRYAN	Service: Animal Control				
 Check one box that best describes the agreed upo a.) Service will be provided countywide (i.e. inc 	on delivery arrangement for this service:				
(If this box is checked, identify the government, aut	hority or organization providing the service.): Bryan County orated portion of the county by a single service provider. (If this box is				
checked, identify the government, authority or orga	nization providing the service.):				
provided in unincorporated areas. (If this box is che service:	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the				
 d.) ☐ One or more cities will provide this service of service in unincorporated areas. (If this box is check service.): 	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the				
	le map delineating the service area of each service provider, and ation that will provide service within each service area.):				
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service				
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)				
If these conditions will continue under this strategy, at	ttach an explanation for continuing the arrangement (i.e., a. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).				
If these conditions will be eliminated under the strates will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.				
	Page 1 of 2				

CDC	FORM			
2D2	FORM	Z. CO	maine	ea

List each government or author enterprise funds, user fees, gen fees, bonded indebtedness, etc.	ty that will help to pay for this service and indic eral funds, special service district revenues, ho).	cate how the service will be funded (e.g., otel/motel taxes, franchise taxes, impact
Local Government or Autho	rity Fundii	ng Method
Bryan County	General Funds, Grants (as available)	
4. How will the strategy change th	e previous arrangements for providing and/or fo	unding this service within the county?
Section 5 is revised to list the ref 5. List any formal service delivery	erenced agreement. agreements or intergovernmental contracts tha	at will be used to implement the strategy for
this service:		
Agreement Name IGA - Animal Control Services	Contracting Parties Pembroke, Richmond Hill, Bryan County	Effective and Ending Dates 01/01/2020 - 12/31/2029
What other mechanisms (if any) acts of the General Assembly, range of the General Assemb	will be used to implement the strategy for this ite or fee changes, etc.), and when will they tal	service (e.g., ordinances, resolutions, local ke effect?
None		
7. Person completing form: Ben T Phone number: 912-653-3819	Date completed: November 1, 2021	
8. Is this the person who should be projects are consistent with the s	e contacted by state agencies when evaluating ervice delivery strategy? ⊠Yes ⊡No	whether proposed local government
If not, provide designated contact	t person(s) and phone number(s) below:	







FORM 2: Summary of Service Delivery Arrangements

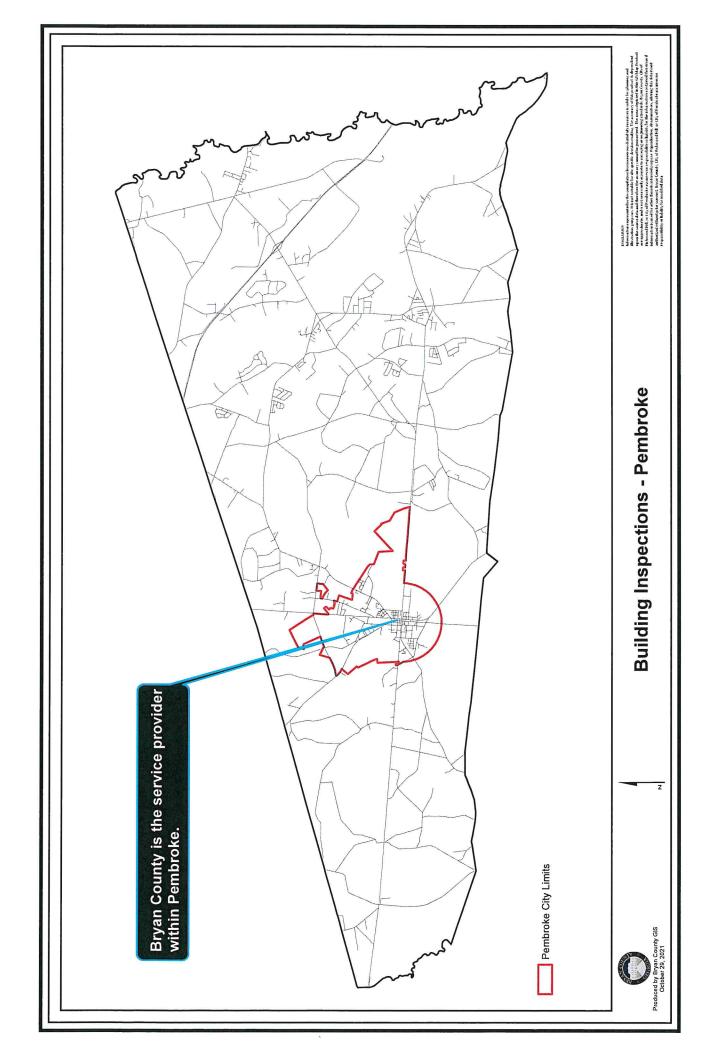
Instructions:

Make copies of this form and complete one for each service listed on FORM 1, Section IV. Use EXACTLY the same service names listed on FORM 1.

Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:BRYAN	Service:Building Inspections - Pembroke
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:
a.) Service will be provided countywide (i.e., inc (If this box is checked, identify the government, aut	cluding all cities and unincorporated areas) by a single service provider. chority or organization providing the service.):
b.) Service will be provided only in the unincorp checked, identify the government, authority or organized	porated portion of the county by a single service provider. (If this box is inization providing the service.):
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
	only within their incorporated boundaries, and the county will provide the eked, identify the government(s), authority or organization providing the
	le map delineating the service area of each service provider, and ation that will provide service within each service area.): Bryan County
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
If these conditions will continue under this strategy, <u>a</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that diminated).
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
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 List each government or author enterprise funds, user fees, ger fees, bonded indebtedness, etc 	eral fu	will help to pay for this service and indicate how the nds, special service district revenues, hotel/motel ta	e service will be funded (e.g., xes, franchise taxes, impact
Local Government or Author	rity	Funding Method	
Bryan County		Application Fees, Building Permit Fees, Grants (as	s available)
How will the strategy change the strategy	e previ	ous arrangements for providing and/or funding this	service within the county?
This service is added. Delivery is 5. List any formal service delivery this service:		nged. ments or intergovernmental contracts that will be use	ed to implement the strategy for
Agreement Name		Contracting Parties	Effective and Ending Dates
Intergovernmental Agreement	Pemb	roke, Bryan County	05/01/2019 - 04/30/2069
		e used to implement the strategy for this service (e.gee changes, etc.), and when will they take effect?	g., ordinances, resolutions, local
None			
7. Person completing form: Ben T Phone number: 912-653-3819	•	ate completed: November 1, 2021	
		acted by state agencies when evaluating whether predelivery strategy? ⊠Yes □No	oposed local government
If not, provide designated conta	ct pers	on(s) and phone number(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 IV. Use <u>EXACTLY the same service names listed on FORM 1</u>. 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

Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:BRYAN	Service:Building Inspections - Richmond Hill
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:
 a.) Service will be provided countywide (i.e., inc (If this box is checked, identify the government, aut 	cluding all cities and unincorporated areas) by a single service provider. chority or organization providing the service.):
b.) Service will be provided only in the unincorp checked, identify the government, authority or organized or services.	porated portion of the county by a single service provider. (If this box is inization providing the service.):
c.) 🔀 One or more cities will provide this service of provided in unincorporated areas. (If this box is cheservice: Richmond Hill	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	le map delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
If these conditions will continue under this strategy, <u>a</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).
If these conditions will be eliminated under the strated will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

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Local Government or Author	rity Funding N	Method
Richmond Hill	User Fees, General Funds, Grants (as ava	
How will the etratogy change th		ing this consist within the country.
now will the strategy change the	e previous arrangements for providing and/or fundi	ing this service within the county?

his service is added. Delivery is	unchanged	
ils service is added. Delivery is	unchanged.	
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	agreements or intergovernmental contracts that wi	Il be used to implement the strategy
nis service:	· ·	
nis service: Agreement Name	Contracting Parties	Effective and Ending Date
		Effective and Ending Date
Agreement Name	Contracting Parties	
Agreement Name What other mechanisms (if any)		vice (e.g., ordinances, resolutions, k
Agreement Name What other mechanisms (if any)	Contracting Parties will be used to implement the strategy for this serventees	vice (e.g., ordinances, resolutions, k
Agreement Name What other mechanisms (if any)	Contracting Parties will be used to implement the strategy for this serventees	vice (e.g., ordinances, resolutions, k
Agreement Name What other mechanisms (if any) cts of the General Assembly, ra	Contracting Parties will be used to implement the strategy for this serventees	vice (e.g., ordinances, resolutions, k
What other mechanisms (if any)	Contracting Parties will be used to implement the strategy for this serventees	vice (e.g., ordinances, resolutions, k
Agreement Name What other mechanisms (if any) cts of the General Assembly, ra	Contracting Parties will be used to implement the strategy for this serventees	vice (e.g., ordinances, resolutions, k
Agreement Name What other mechanisms (if any) cts of the General Assembly, ratione Person completing form: Ben Ta	will be used to implement the strategy for this sente or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, k
Agreement Name What other mechanisms (if any) cts of the General Assembly, ra	will be used to implement the strategy for this sente or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, k
Agreement Name What other mechanisms (if any) cts of the General Assembly, rather the General form: Ben Tathone number: 912-653-3819 as this the person who should be	will be used to implement the strategy for this sente or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, leffect?







FORM 2: Summary of Service Delivery Arrangements

Instructions:

Make copies of this form and complete one for each service listed on FORM 1, Section IV. Use <u>EXACTLY the same service names listed on FORM 1</u>. 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

should be reported to the Department of Community Affairs.	, , , , , , , , , , , , , , , , , , , ,
COUNTY:BRYAN	Service: Building Inspections - Unincorporated Area
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:
a.) Service will be provided countywide (i.e., inc (If this box is checked, identify the government, aut	cluding all cities and unincorporated areas) by a single service provider. chority or organization providing the service.):
b.) Service will be provided only in the unincorp checked, identify the government, authority or orga	porated portion of the county by a single service provider. (If this box is inization providing the service.): Bryan County
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	le map delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

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fees, bonded indebtedness, etc.	eral fun	will help to pay for this service and indicate how the ds, special service district revenues, hotel/motel tax				
Local Government or Autho	rity	Funding Method				
Bryan County		Building Permit Fees, Special District Revenues				
2.7		Danianing i onnici oce, opediai Dietriet Neverlade				
		3				
4. How will the strategy change th	e previo	ous arrangements for providing and/or funding this s	service within the county?			
This service is added. It will be full 5. List any formal service delivery this service:		rith special district revenues. nents or intergovernmental contracts that will be use	ed to implement the strategy for			
Agreement Name	11-532	Contracting Parties	Effective and Ending Dates			
		3				
	6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local					
		used to implement the strategy for this service (e.ge changes, etc.), and when will they take effect?	., ordinances, resolutions, local			
acts of the General Assembly, ra	ate or fe		., ordinances, resolutions, local			
	ate or fe		ı., ordinances, resolutions, local			
acts of the General Assembly, ra	ate or fe		., ordinances, resolutions, local			
acts of the General Assembly, respectively. Resolution creating special distriction. 7. Person completing form: Ben T Phone number: 912-653-3819	ct aylor Dai	te completed: November 1, 2021				
7. Person completing form: Ben T Phone number: 912-653-3819 8. Is this the person who should be projects are consistent with the second control of the se	ate or fe	te completed: November 1, 2021				







FORM 2: Summary of Service Delivery Arrangements

Instructions:

Make copies of this form and complete one for each service listed on FORM 1, Section IV. Use <u>EXACTLY the same service names listed on FORM 1</u>. 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

should be reported to the Department of Community Affairs.	
COUNTY:BRYAN	Service:Cemeteries
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:
a.) Service will be provided countywide (i.e., inc (If this box is checked, identify the government, aut	cluding all cities and unincorporated areas) by a single service provider. hority or organization providing the service.):
b.) Service will be provided only in the unincorp checked, identify the government, authority or orga	porated portion of the county by a single service provider. (If this box is nization providing the service.):
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	le map delineating the service area of each service provider, and ation that will provide service within each service area.):
In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
If these conditions will continue under this strategy, <u>a</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, <u>attach an implementation schedule</u> listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

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Local Government or Authority	From elistro. B	Mothod
Pembroke	User Fees, General Funds, Grants (as ava	
Richmond Hill	General Funds, Grants (as available)	mable)
Nontrolla i ilii	General Funds, Grants (as available)	
How will the strategy change the prev	rious arrangements for providing and/or fundi	ng this service within the county?
This service is added. Delivery is unch	anged.	
List one formal parties delivery areas	manufa or interest of the test	When you do a feet to be a set of a set of a
List any formal service delivery agree this service:	ments or intergovernmental contracts that wi	ll be used to implement the strategy f
List any formal service delivery agree this service: **Agreement Name**		
this service:	ments or intergovernmental contracts that wi	Il be used to implement the strategy for
this service:		
this service: Agreement Name What other mechanisms (if any) will be		Effective and Ending Date
this service: Agreement Name What other mechanisms (if any) will be	Contracting Parties The used to implement the strategy for this services	Effective and Ending Date
Mhat other mechanisms (if any) will bacts of the General Assembly, rate or	Contracting Parties The used to implement the strategy for this services	Effective and Ending Date
Mhat other mechanisms (if any) will bacts of the General Assembly, rate or	Contracting Parties The used to implement the strategy for this services	Effective and Ending Date
this service: Agreement Name What other mechanisms (if any) will be	Contracting Parties The used to implement the strategy for this services	Effective and Ending Date
Mone Agreement Name Agreement Name What other mechanisms (if any) will be acts of the General Assembly, rate or	Contracting Parties The used to implement the strategy for this services	Effective and Ending Date
Agreement Name What other mechanisms (if any) will bacts of the General Assembly, rate or lone Person completing form: Ben Taylor	Contracting Parties The used to implement the strategy for this services	Effective and Ending Date







FORM 2: Summary of Service Delivery Arrangements

Instructions:

Make copies of this form and complete one for each service listed on FORM 1, Section IV. Use <u>EXACTLY the same service names listed on FORM 1</u>. 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

Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	ssary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:BRYAN	Service:City Street Systems
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:
(If this box is checked, identify the government, aut	
checked, identify the government, authority or orga	
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
	only within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the
	ole map delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
	entation as described, below)
⊠ no	
If these conditions will continue under this strategy, <u>a</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

Page 1 of 2

SDS FORM 2, continued

3. List each government or authority th enterprise funds, user fees, general fees, bonded indebtedness, etc.).	at will help to pay for this service and indicate how the funds, special service district revenues, hotel/motel ta	e service will be funded (e.g., xes, franchise taxes, impact
Local Government or Authority	Funding Method	
Pembroke	General Funds, Grants	
Richmond Hill	General Funds, Grants (as available)	
	Constant under, Grante (as available)	
4. How will the strategy change the pre	evious arrangements for providing and/or funding this	service within the county?
The provision and funding for this ser to better describe the service.	vice are not changed. The name of the service is cha	anged from "Road Department"
this service:	ements or intergovernmental contracts that will be us	
Agreement Name	Contracting Parties	Effective and Ending Dates
	be used to implement the strategy for this service (e.g. r fee changes, etc.), and when will they take effect?	g., ordinances, resolutions, local
		g., ordinances, resolutions, local
None 7. Person completing form: Ben Taylo	r fee changes, etc.), and when will they take effect?	g., ordinances, resolutions, local
None 7. Person completing form: Ben Taylo Phone number: 912-653-3819	r fee changes, etc.), and when will they take effect? r Date completed: November 1, 2021 ntacted by state agencies when evaluating whether procedure delivery strategy? ⊠Yes □No	,







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Arians.			
COUNTY:BRYAN	Service:Code Enforcement		
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:		
a.) Service will be provided countywide (i.e., inc (If this box is checked, identify the government, aut	cluding all cities and unincorporated areas) by a single service provider. chority or organization providing the service.):		
b.) Service will be provided only in the unincorp checked, identify the government, authority or orga	porated portion of the county by a single service provider. (If this box is nization providing the service.):		
c.) One or more cities will provide this service of provided in unincorporated areas. (If this box is cheservice:	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the		
	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the aty		
	le map delineating the service area of each service provider, and ation that will provide service within each service area.):		
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service		
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)		
⊠No			
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).		
If these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.		
	Page 1 of 2		

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	ty that will help to pay for this service and indicateral funds, special service district revenues, hote.		
Local Government or Author	rity Funding	Method	
Pembroke	General Funds	metriod	
Richmond Hill	General Funds		
Bryan County	Special District Revenues		
How will the strategy change the	e previous arrangements for providing and/or fun	ding this service within the county?	
This service is added. Service by	Bryan County will be funded with special district	revenues.	
List any formal service delivery a this service:	agreements or intergovernmental contracts that v	will be used to implement the strategy for	
Agreement Name	Contracting Parties	Effective and Ending Dates	
	will be used to implement the strategy for this sete or fee changes, etc.), and when will they take		
Resolution creating special distric	it.		
7. Person completing form: Ben Ta Phone number: 912-653-3819	aylor Date completed: November 1, 2021		
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ⊠Yes □No			
If not, provide designated contact person(s) and phone number(s) below:			







FORM 2: Summary of Service Delivery Arrangements

Instructions:

Make copies of this form and complete one for each service listed on FORM 1, Section IV. Use EXACTLY the same service names listed on FORM 1.

should be reported to the Department of Community Affairs.				
COUNTY:BRYAN	Service:Community Center			
1. Check one box that best describes the agreed upon a.) Service will be provided countywide (i.e., income of this box is checked, identify the government, automotive of the countywide).	cluding all cities and unincorporated areas) by a single service provider.			
b.) Service will be provided only in the unincorporated checked, identify the government, authority or organization.	porated portion of the county by a single service provider. (If this box is anization providing the service.):			
c.) One or more cities will provide this service of provided in unincorporated areas. (If this box is cheservice: Pembroke	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the			
d.) One or more cities will provide this service of service in unincorporated areas. (If this box is check service.):	only within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the			
e.) Other (If this box is checked, attach a legib identify the government, authority, or other organiz	ole map delineating the service area of each service provider, and eation that will provide service within each service area.): T			
2. In developing this strategy, were overlapping servi identified?	ice areas, unnecessary competition and/or duplication of this service			
☐ Yes (if "Yes," you must attach additional docum	nentation as described, below)			
⊠No				
If these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G./ overlapping service areas or competition cannot be e	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).			
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.			
	Page 1 of 2			

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	eral fur	will help to pay for this service and indicate how the nds, special service district revenues, hotel/motel ta:	
Local Government or Autho	rity	Funding Method	
Pembroke		General Funds, User Fees, Grants (as available)	
	in the second		
How will the strategy change th	e previ	ous arrangements for providing and/or funding this	service within the county?
This service is added. Delivery is	s uncha	anged.	
this service:	agreer	ments or intergovernmental contracts that will be use	
Agreement Name		Contracting Parties	Effective and Ending Dates
		e used to implement the strategy for this service (e.gree changes, etc.), and when will they take effect?	g., ordinances, resolutions, local
None			
7. Person completing form: Ben T Phone number: 912-653-3819	-	ate completed: November 1, 2021	
Is this the person who should be projects are consistent with the		acted by state agencies when evaluating whether pr e delivery strategy? ⊠Yes ⊡No	oposed local government
If not, provide designated contact	ct pers	on(s) and phone number(s) below:	







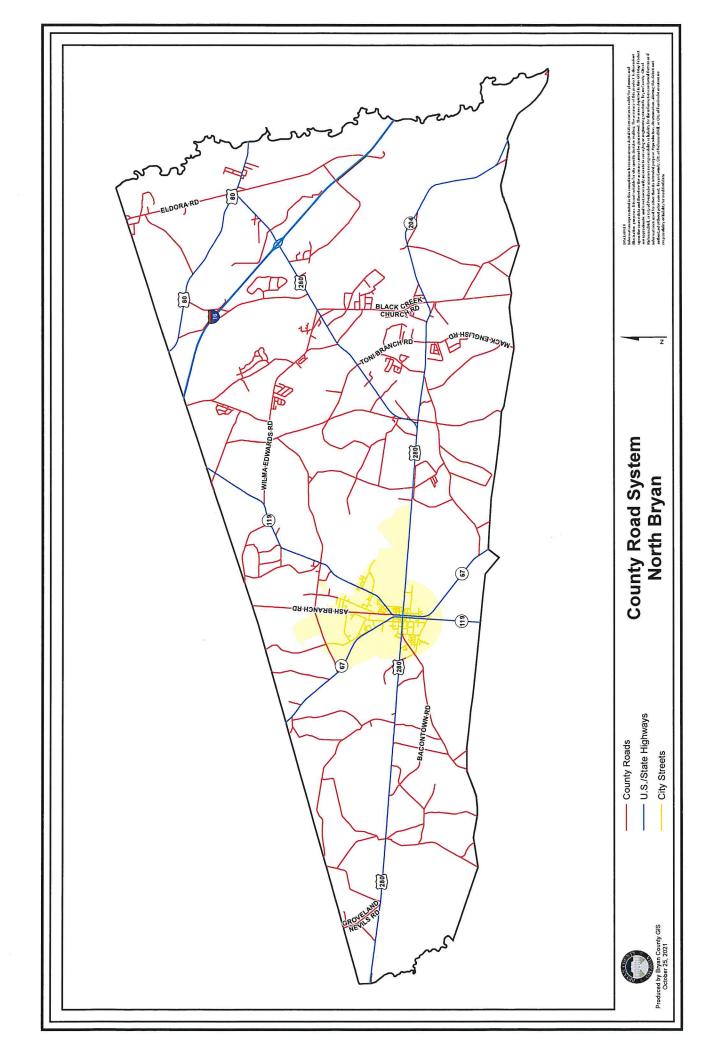
FORM 2: Summary of Service Delivery Arrangements

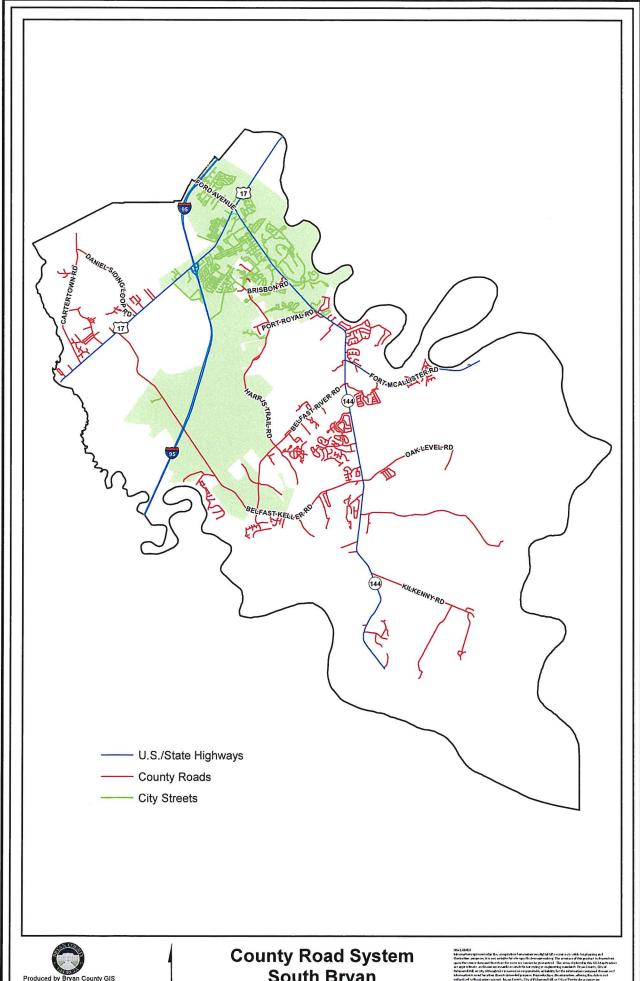
Instructions:

should be reported to the Department of Community Affairs.			
COUNTY:BRYAN	Service:County Road System		
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:		
	cluding all cities and unincorporated areas) by a single service provider. chority or organization providing the service.): Bryan County		
b.) Service will be provided only in the unincorp checked, identify the government, authority or orga	porated portion of the county by a single service provider. (If this box is inization providing the service.):		
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the		
	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the		
	le map delineating the service area of each service provider, and ation that will provide service within each service area.):		
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service		
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)		
⊠No			
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).		
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.		
	Page 1 of 2		

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	eral fun	will help to pay for this service and indicate how the ds, special service district revenues, hotel/motel ta	
Local Government or Autho	rity	Funding Method	
Bryan County		General Funds, SPLOST, TSPLOST	
. How will the strategy change th	e previo	ous arrangements for providing and/or funding this	service within the county?
The current County road system	is depi	cted on the attached maps.	·
List any formal service delivery this service:	agreen	nents or intergovernmental contracts that will be use	ed to implement the strategy fo
Agreement Name		Contracting Parties	Effective and Ending Dates
		,	
24.20			
		e used to implement the strategy for this service (e.gee changes, etc.), and when will they take effect?	g., ordinances, resolutions, loca
None			
	-		
. Person completing form: Ben T Phone number: 912-653-3819		ate completed: November 1, 2021	
Is this the person who should be projects are consistent with the		cted by state agencies when evaluating whether pr delivery strategy? $oxtime{\text{\text{Z}Yes}}$ \overline{\text{No}}	roposed local government
If not, provide designated conta	ct perso	on(s) and phone number(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 IV. Use EXACTLY the same service names listed on FORM 1.

	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:BRYAN	Service: Criminal Prosection - Municipal Courts
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:
 a.) Service will be provided countywide (i.e., inc (If this box is checked, identify the government, aut 	cluding all cities and unincorporated areas) by a single service provider. hority or organization providing the service.):
b.) Service will be provided only in the unincorp checked, identify the government, authority or orga	porated portion of the county by a single service provider. (If this box is nization providing the service.):
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	le map delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
If these conditions will continue under this strategy, <u>a</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).
If these conditions will be eliminated under the strates will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

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J				4	COL		ueu

	will help to pay for this service and indicate how the service will be funded (e.g., nds, special service district revenues, hotel/motel taxes, franchise taxes, impact
fees, bonded indebtedness, etc.).	
Local Government or Authority	Funding Method
Pembroke	General Funds
Richmond Hill	General Funds, Grants (as available)
8.	
4. How will the strategy change the previ	ious arrangements for providing and/or funding this service within the county?
This service is added. Delivery is uncha	anged.
List any formal service delivery agreer this service:	ments or intergovernmental contracts that will be used to implement the strategy for

Agreement Name Contracting Parties Effective and Ending Dates

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

7. Person completing form: Ben Taylor

Phone number: 912-653-3819 Date completed: November 1, 2021

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

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







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.	should be reported to the Department of Community Affairs.				
COUNTY:BRYAN	Service: Criminal Prosecution - State Court				
Check <u>one</u> box that best describes the agreed upo	n delivery arrangement for this service:				
 a.) Service will be provided countywide (i.e., inc (If this box is checked, identify the government, aut 	cluding all cities and unincorporated areas) by a single service provider. hority or organization providing the service.): Solicitor General				
b.) Service will be provided only in the unincorp checked, identify the government, authority or orga	orated portion of the county by a single service provider. (If this box is nization providing the service.):				
c.) One or more cities will provide this service o provided in unincorporated areas. (If this box is che service:	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the				
d.) One or more cities will provide this service of service in unincorporated areas. (If this box is check service.):	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the				
e.) Other (If this box is checked, attach a legible identify the government, authority, or other organization)	le map delineating the service area of each service provider, and ation that will provide service within each service area.):				
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service				
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)				
⊠No					
If these conditions will continue under this strategy, <u>at</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be el	tach an explanation for continuing the arrangement (i.e., a. 36-70-24(1)), overriding benefits of the duplication, or reasons that iminated).				
If these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party	y, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.				
	Page 1 of 2				

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List each government or author enterprise funds, user fees, ger fees, bonded indebtedness, etc	eral fund	will help to pay for this service and indicate how the ds, special service district revenues, hotel/motel tax	e service will be funded (e.g., xes, franchise taxes, impact
Local Government or Author	rity	Funding Method	
Bryan County		General Funds, Grants (as available)	
4. How will the strategy change the	e previo	us arrangements for providing and/or funding this s	service within the county?
This service is added. Delivery is	s unchar	nged.	
List any formal service delivery this service:	agreem	ents or intergovernmental contracts that will be use	ed to implement the strategy for
Agreement Name		Contracting Parties	Effective and Ending Dates
What other mechanisms (if any acts of the General Assembly, r) will be ate or fe	used to implement the strategy for this service (e.g e changes, etc.), and when will they take effect?	g., ordinances, resolutions, local
None			
7. Person completing form: Ben T Phone number: 912-653-3819	•	e completed: November 1, 2021	
Phone number: 912-653-3819	Dat e contac	ted by state agencies when evaluating whether pro	oposed local government
Is this the person who should b projects are consistent with the	Dat e contac service o	ted by state agencies when evaluating whether pro	oposed local government







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.			
COUNTY:BRYAN	Service: Criminal Prosecution - Superior Court		
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:		
	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.): District Attorney		
b.) Service will be provided only in the unincorp checked, identify the government, authority or organized or services.	porated portion of the county by a single service provider. (If this box is inization providing the service.):		
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the		
	only within their incorporated boundaries, and the county will provide the sked, identify the government(s), authority or organization providing the		
	le map delineating the service area of each service provider, and ation that will provide service within each service area.):		
2. In developing this strategy, were overlapping serving identified?	ce areas, unnecessary competition and/or duplication of this service		
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)		
⊠No			
If these conditions will continue under this strategy, <u>a</u> overlapping but higher levels of service (See O.C.G. <i>F</i> overlapping service areas or competition cannot be e	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).		
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.		
	Page 1 of 2		

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•			4		1 = 1 a

Local Government or Authori	ty Funding M	lethod
Bryan County	General Funds, Grants (as available)	
1		
How will the strategy change the	previous arrangements for providing and/or funding	ng this service within the county?
		,
his service is added. Delivery is a	ınchanged.	
ist any formal service delivery a	greements or intergovernmental contracts that wil	Il be used to implement the strategy
nis service:		20 dood to implement the offatogy
	Contracting Portion	Effective and Ending Date
Agreement Name	Contracting Parties	
Agreement Name	Contracting Parties	Lifective and Lifding Date
Agreement Name	Contracting Parties	Lifective and Lifding Date
Agreement Name	Contracting Parties	Lifective and Lifeting Date
Agreement Name	Contracting Parties	Lifective and Lifeting Date
Agreement Name	Contracting Parties	Lifective and Lifeting Dat
Agreement Name	Contracting Parties	Lifective and Lifeting Dat
What other mechanisms (if any)	vill be used to implement the strategy for this serv	vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any)		vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any)	vill be used to implement the strategy for this serv	vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) vacts of the General Assembly, rat	vill be used to implement the strategy for this serv	vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) octs of the General Assembly, rat	vill be used to implement the strategy for this serv	vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any)	vill be used to implement the strategy for this serv	vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) octs of the General Assembly, rat	vill be used to implement the strategy for this serve or fee changes, etc.), and when will they take ef	vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) octs of the General Assembly, rat	will be used to implement the strategy for this serve or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) octs of the General Assembly, ratione Person completing form: Ben Tay	vill be used to implement the strategy for this serve or fee changes, etc.), and when will they take efforts	vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) octs of the General Assembly, ratione Person completing form: Ben Tay Thone number: 912-653-3819 Is this the person who should be	will be used to implement the strategy for this serve or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, lo







FORM 2: Summary of Service Delivery Arrangements

Instructions:

	sted on FORM 1, Section IV. Use <u>EXACTLY</u> the same service names listed on FORM 1. sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:BRYAN	Service:Death Examinations
Check <u>one</u> box that best describes the agreed upon	on delivery arrangement for this service:
T. Official sox that best describes the agreed upo	of delivery arrangement for this service.
	cluding all cities and unincorporated areas) by a single service provider. hority or organization providing the service.): Bryan County Coroner
b.) Service will be provided only in the unincorp checked, identify the government, authority or organ	porated portion of the county by a single service provider. (If this box is inization providing the service.):
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
	only within their incorporated boundaries, and the county will provide the eked, identify the government(s), authority or organization providing the
	le map delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping serving identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

	SDS FORM 2, continued	
	rity that will help to pay for this service and indicate eral funds, special service district revenues, hotel/r.).	
Local Government or Autho	rity Funding N	Method
Bryan County	General Funds, Grants (as available)	
4. How will the strategy change th	e previous arrangements for providing and/or fundi	ing this service within the county?
The provision and funding of this describe the service.	s service are not changed. The name of the service	e is changed from "Coroner" to better
5. List any formal service delivery	agreements or intergovernmental contracts that wi	Il be used to implement the strategy for
this service:		
	Contracting Parties	Effective and Ending Dates
this service:	Contracting Parties	Effective and Ending Dates
this service:	Contracting Parties	Effective and Ending Dates
this service:	Contracting Parties	Effective and Ending Dates
this service:	Contracting Parties	Effective and Ending Dates
this service:	Contracting Parties	Effective and Ending Dates
this service: Agreement Name 6. What other mechanisms (if any) will be used to implement the strategy for this sen	vice (e.g., ordinances, resolutions, local
this service: Agreement Name 6. What other mechanisms (if any		vice (e.g., ordinances, resolutions, local
Agreement Name 6. What other mechanisms (if any acts of the General Assembly, remains the Gener) will be used to implement the strategy for this ser ate or fee changes, etc.), and when will they take e aylor Date completed: November 1, 2021	vice (e.g., ordinances, resolutions, local effect?
Agreement Name 6. What other mechanisms (if any acts of the General Assembly, response to the General Assem) will be used to implement the strategy for this serate or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, local effect?







FORM 2: Summary of Service Delivery Arrangements

Instructions:

Make copies of this form and complete one for each service listed on FORM 1, Section IV. Use EXACTLY the same service names listed on FORM 1.

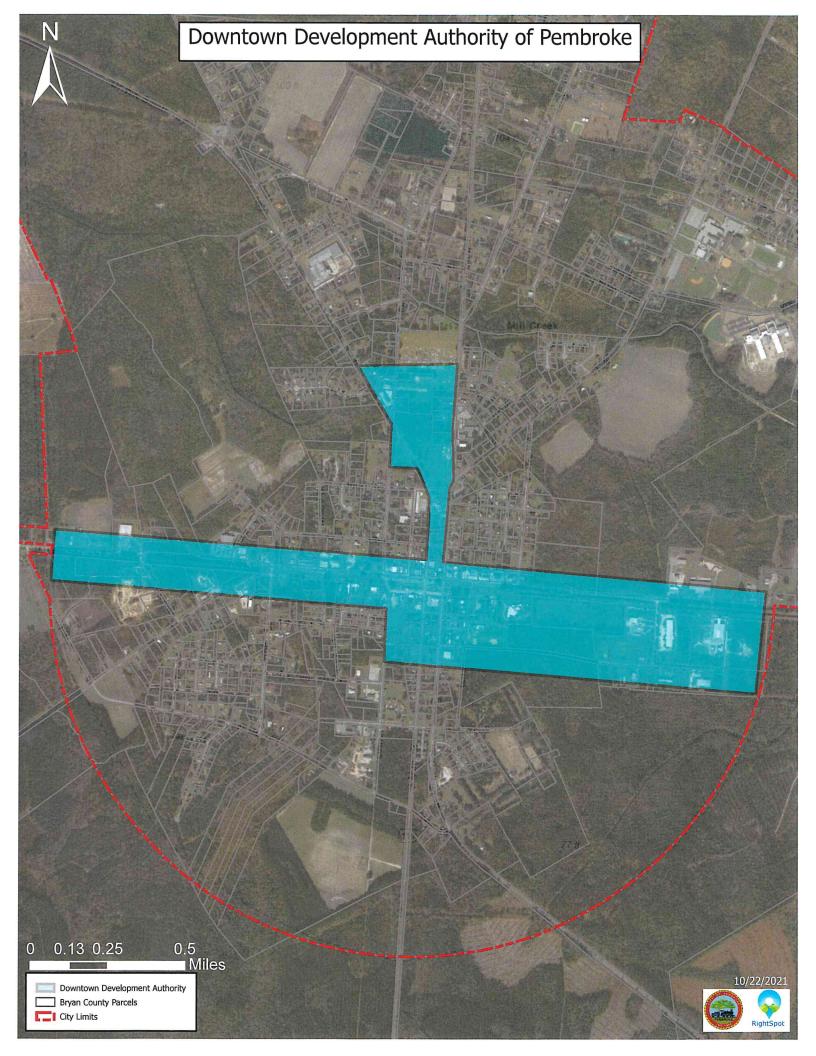
Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.			
COUNTY:BRYAN	Service:Downtown Development		
Check <u>one</u> box that best describes the agreed upon	on delivery arrangement for this service:		
 a.) Service will be provided countywide (i.e., income of this box is checked, identify the government, automotion of the countywide (i.e., income of this box is checked, identify the government, automotion of the countywide (i.e., income of this box is checked, identify the government, automotion of the countywide (i.e., income of this box is checked, identify the government, automotion of the countywide (i.e., income of this box is checked, identify the government, automotion of the countywide (i.e., income of this box is checked). 	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.):		
b.) Service will be provided only in the unincorporechecked, identify the government, authority or organized	porated portion of the county by a single service provider. (If this box is unization providing the service.):		
c.) One or more cities will provide this service of provided in unincorporated areas. (If this box is che service:	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the		
 d.) ☐ One or more cities will provide this service of service in unincorporated areas. (If this box is check service.): 	only within their incorporated boundaries, and the county will provide the sked, identify the government(s), authority or organization providing the		
identify the government, authority, or other organization	le map delineating the service area of each service provider, and ation that will provide service within each service area.): Pembroke efined downtown development district of Pembroke, Richmond Hill nond Hill		
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service		
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)		
⊠No			
If these conditions will continue under this strategy, <u>a</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that diminated).		
If these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party	gy, <u>attach an implementation schedule</u> listing each step or action that and the agreed upon deadline for completing it.		

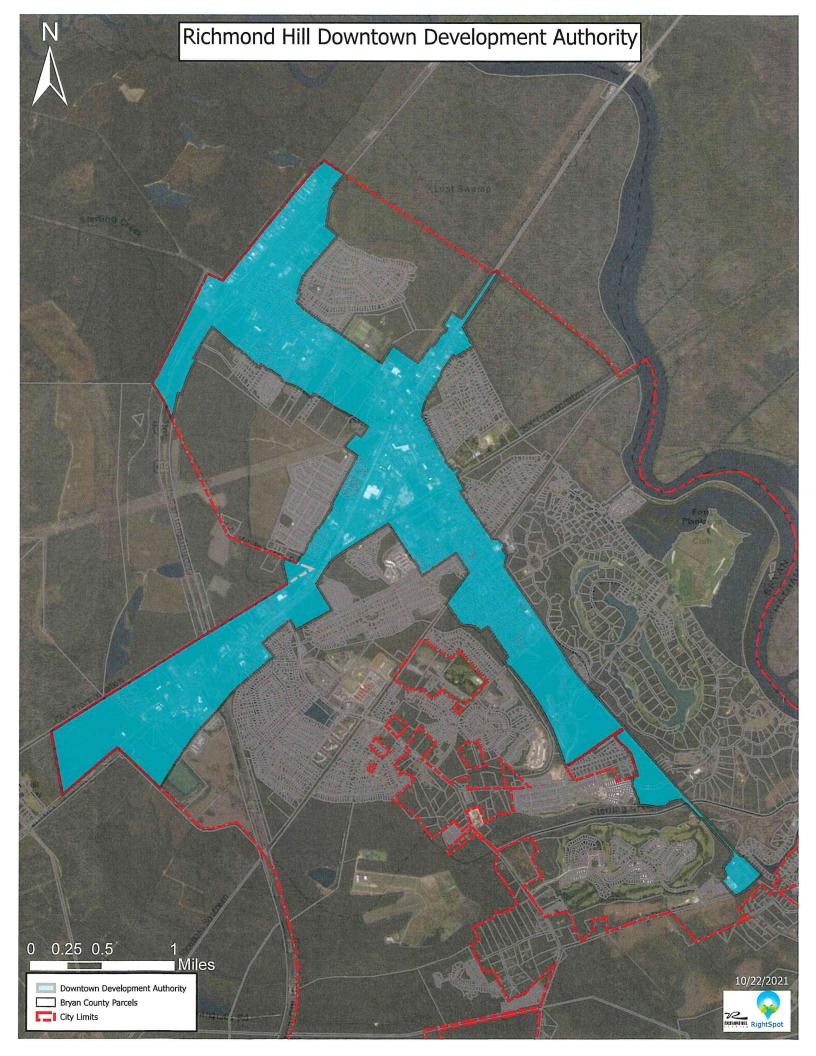
000	-			
5D5	FORM	1 2. C	ontinu	1ec

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 Pembroke		nod
Richmond Hill	General Funds, Grants (as available)	
Pembroke DDA	General Funds, Grants (as available)	
	General Funds, User Fees	
Richmond Hill DDA	General Funds, User Fees	
How will the strategy change the pr	evious arrangements for providing and/or funding t	this service within the county?
This service is added. Delivery is uncompared to the service is added.	changed. eements or intergovernmental contracts that will be	e used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
	-	
	l be used to implement the strategy for this service or fee changes, etc.), and when will they take effec	e (e.g., ordinances, resolutions, local
		e (e.g., ordinances, resolutions, local
acts of the General Assembly, rate	or fee changes, etc.), and when will they take effec	e (e.g., ordinances, resolutions, local

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











FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.	nould be reported to the Department of Community Affairs.						
COUNTY:BRYAN	Service: Economic Development - Cities						
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:						
 a.)	cluding all cities and unincorporated areas) by a single service provider. chority or organization providing the service.):						
b.) Service will be provided only in the unincorp checked, identify the government, authority or orga	porated portion of the county by a single service provider. (If this box is nization providing the service.):						
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the						
d.) One or more cities will provide this service of service in unincorporated areas. (If this box is check service.):	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the						
e.) Other (If this box is checked, attach a legible identify the government, authority, or other organization)	le map delineating the service area of each service provider, and ation that will provide service within each service area.):						
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service						
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)						
⊠No							
If these conditions will continue under this strategy, <u>at</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be expected to the contract of the contract	ttach an explanation for continuing the arrangement (i.e., a. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).						
If these conditions will be eliminated under the strated will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.						
	Page 1 of 2						

5	SD	SI	FC	DR	M	2.	CO	n	tin	ue	6

Local Government or Authority	Funding Me	thod
Richmond Hill	General Funds, User Fees, SPLOST, Grants	(as available)
How will the strategy change the prev	rious arrangements for providing and/or funding	this service within the county?
This service is added Delivery is unch	angod	
This service is added. Delivery is unch	anged.	
This service is added. Delivery is unch	anged.	
This service is added. Delivery is unch	anged.	
List any formal service delivery agree	anged. ments or intergovernmental contracts that will be	be used to implement the strategy f
		pe used to implement the strategy f
List any formal service delivery agree		be used to implement the strategy f
List any formal service delivery agree this service:	ments or intergovernmental contracts that will b	
List any formal service delivery agree this service:	ments or intergovernmental contracts that will b	
List any formal service delivery agree this service:	ments or intergovernmental contracts that will b	-
List any formal service delivery agree this service:	ments or intergovernmental contracts that will b	
List any formal service delivery agree this service:	ments or intergovernmental contracts that will b	-

7. Person completing form: Ben Taylor
Phone number: 912-653-3819 Date completed: November 1, 2021
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ∑Yes ☐No
If not, provide designated contact person(s) and phone number(s) below:







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.	
COUNTY:BRYAN	Service: Economic Development - Development Authority
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:
	cluding all cities and unincorporated areas) by a single service provider. chority or organization providing the service.): Development Authority
b.) Service will be provided only in the unincorp checked, identify the government, authority or organized or services.	porated portion of the county by a single service provider. (If this box is inization providing the service.):
c.) One or more cities will provide this service of provided in unincorporated areas. (If this box is cheservice:	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	le map delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
f these conditions will continue under this strategy, <u>a</u> cverlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).
f these conditions will be eliminated under the strated will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

-	DAS	$\mathbf{R}\mathbf{W}$	con	tinu	20

Local Government or Author	rity Funding I	Method
Bryan County	General Funds, SPLOST	
How will the strategy change the	e previous arrangements for providing and/or fund	ing this service within the county?
his service is added. Delivery is	s unchanged.	
List any formal service delivery	agreements or intergovernmental contracts that wi	ill be used to implement the strategy
IIIS SELVICE.		
Agreement Name	Contracting Parties	Effective and Ending Date
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Access and a second control of the second se	Contracting Parties	Effective and Ending Date
Access and a second control of the second se	Contracting Parties	Effective and Ending Date
Access on the Control of Control	Contracting Parties	Effective and Ending Date
occidental de dichier can interestate	Contracting Parties	Effective and Ending Date
Agreement Name What other mechanisms (if any)	Contracting Parties Output Discovery state of the strategy for this servate or fee changes, etc.), and when will they take expressions.	vice (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if any) acts of the General Assembly, ra) will be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if any)) will be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if any) acts of the General Assembly, ratione Person completing form: Ben T) will be used to implement the strategy for this ser ate or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) acts of the General Assembly, rather the Ge) will be used to implement the strategy for this ser ate or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, lo







FORM 2: Summary of Service Delivery Arrangements

Instructions:

S	should be reported to the Department of Community Affairs.	
(COUNTY:BRYAN	Service: Elections - Federal, State, and County
1	I. Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:
	a.) Service will be provided countywide (i.e., ind (If this box is checked, identify the government, aut Registration of Bryan County	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.): Board of Elections and
	b.) Service will be provided only in the unincorp checked, identify the government, authority or organ	porated portion of the county by a single service provider. (If this box is anization providing the service.):
	c.) One or more cities will provide this service of provided in unincorporated areas. (If this box is cheservice:	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
	d.) One or more cities will provide this service of service in unincorporated areas. (If this box is check service.):	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
		le map delineating the service area of each service provider, and ation that will provide service within each service area.):
2	2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
	☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
	MAO	
O		ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
	f these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

S	DS	FO	RM	2	continued
_					Continued

Local Government or Authority	Funding N	Method
Bryan County	General Funds, Grants (as available)	
How will the strategy change the pr	evious arrangements for providing and/or fundi	ng this service within the county?
his service is provided by the Board	d of Elections and Registration created in 2014.	
List any formal service delivery agr	eements or intergovernmental contracts that wi	ll be used to implement the strategy f
this service:		
Agreement Name	Contracting Parties	Effective and Ending Date
M/b at ather made arisms (if any) with		
	I be used to implement the strategy for this sen	
	I be used to implement the strategy for this sen or fee changes, etc.), and when will they take e	
acts of the General Assembly, rate	or fee changes, etc.), and when will they take e	
acts of the General Assembly, rate	or fee changes, etc.), and when will they take e	
	or fee changes, etc.), and when will they take e	
acts of the General Assembly, rate	or fee changes, etc.), and when will they take e	
acts of the General Assembly, rate	or fee changes, etc.), and when will they take e	
ocal Act creating Board of Elections Person completing form: Ben Taylo Phone number: 912-653-3819	or fee changes, etc.), and when will they take e s and Registration or Date completed: November 1, 2021 ontacted by state agencies when evaluating whe	ffect?







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.	
COUNTY:BRYAN	Service: Elections - Municipal
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:
a.) Service will be provided countywide (i.e., inc (If this box is checked, identify the government, aut	cluding all cities and unincorporated areas) by a single service provider. hority or organization providing the service.):
b.) Service will be provided only in the unincorp checked, identify the government, authority or orga	porated portion of the county by a single service provider. (If this box is inization providing the service.):
provided in unincorporated areas. (If this box is che	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the Elections and Registration of Bryan County provides assistance
	only within their incorporated boundaries, and the county will provide the eked, identify the government(s), authority or organization providing the
	le map delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that sliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

S	DS	FO	RM	2.	COL	ntin	ued

	that will help to pay for this service and indicate how that funds, special service district revenues, hotel/motel to	
Local Government or Authority	Y Funding Method	W
Pembroke	General Funds	
Richmond Hill	General Funds, Grants (as available)	
4. How will the strategy change the p	previous arrangements for providing and/or funding this	service within the county?
this service:	reements or intergovernmental contracts that will be us	
Agreement Name	Contracting Parties	Effective and Ending Dates
	rill be used to implement the strategy for this service (e e or fee changes, etc.), and when will they take effect?	.g., ordinances, resolutions, local
None		
7. Person completing form: Ben Tay Phone number: 912-653-3819	lor Date completed: November 1, 2021	
projects are consistent with the ser	contacted by state agencies when evaluating whether provide delivery strategy? ⊠Yes □No	proposed local government
ıт not, provide designated contact р	person(s) and phone number(s) below:	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:BRYAN	Service: Elector Registration
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:
	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.):Board of Elections and
b.) Service will be provided only in the unincorpolecked, identify the government, authority or organization.	porated portion of the county by a single service provider. (If this box is unization providing the service.):
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
	only within their incorporated boundaries, and the county will provide the sked, identify the government(s), authority or organization providing the
	le map delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping serving identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
f these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Dania 4 a 6 0

SDS	FO	RM	2	con	tinu	ed

Local Government or Author	rity Funding I	Method
Bryan County	General Funds, Grants (as available)	
How will the strategy change the	e previous arrangements for providing and/or fund	ing this service within the county?
his service is provided by the Bo	pard of Elections and Registration created in 2014	
List any formal service delivery a this service:	agreements or intergovernmental contracts that wi	ill be used to implement the strategy fo
Agreement Name	Contracting Parties	Effective and Ending Dates
and the state of t	contracting range	Enount and Enaing Dates
		Encouve and Ending Dates
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What other mechanisms (if any)	will be used to implement the strategy for this ser te or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, loc
What other mechanisms (if any)	will be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, loc
What other mechanisms (if any) acts of the General Assembly, ra	will be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, loc
What other mechanisms (if any) acts of the General Assembly, ra	will be used to implement the strategy for this ser te or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, loc
What other mechanisms (if any) acts of the General Assembly, rate ocal Act creating Board of Election Person completing form: Ben Taphone number: 912-653-3819	will be used to implement the strategy for this ser te or fee changes, etc.), and when will they take eons and Registration of Bryan County Sylor Date completed: November 1, 2021	vice (e.g., ordinances, resolutions, loc effect?
What other mechanisms (if any) acts of the General Assembly, rational Act creating Board of Election Person completing form: Ben Tarana Phone number: 912-653-3819 Is this the person who should be projects are consistent with the second completing form:	will be used to implement the strategy for this ser te or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, loc effect?







FORM 2: Summary of Service Delivery Arrangements

Instructions:

COUNTY:BRYAN	Service: Emergency Management
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:
1. Check one box that best describes the agreed upo	of delivery arrangement for this service.
	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.): Bryan County
b.) Service will be provided only in the unincorp checked, identify the government, authority or organized or the control of	porated portion of the county by a single service provider. (If this box is anization providing the service.):
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
	only within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the
e.) Other (If this box is checked, attach a legib identify the government, authority, or other organization)	ele map delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
If these conditions will continue under this strategy, <u>a</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be expressed to the condition of	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

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505	KW 2.	continu	ed

3. List each government or author enterprise funds, user fees, gen fees, bonded indebtedness, etc	eral fu	t will help to pay for this service and indicate how th nds, special service district revenues, hotel/motel ta	e service will be funded (e.g., axes, franchise taxes, impact
iees, bonded indebtedness, etc	.).		
Local Government or Author	rity	Funding Method	
Bryan County		General Funds, Grants (as available)	
4. How will the strategy change th	e prev	ious arrangements for providing and/or funding this	service within the county?
The provision and funding of this better describe the service.	servic	e are not changed. The name of the service is cha	nged from "Civil Defense" to
5. List any formal service delivery this service:	agree	ments or intergovernmental contracts that will be us	ed to implement the strategy for
Agreement Name		Contracting Parties	Effective and Ending Dates
		e used to implement the strategy for this service (e. fee changes, etc.), and when will they take effect?	g., ordinances, resolutions, local
None			
7. Person completing form: Ben T Phone number: 912-653-3819		ate completed: November 1, 2021	
		acted by state agencies when evaluating whether pedelivery strategy? ⊠Yes □No	roposed local government
If not, provide designated conta	ct pers	on(s) and phone number(s) below:	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.	
COUNTY:BRYAN	Service: Emergency Medical Services
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:
	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.): Bryan County
b.) Service will be provided only in the unincorp checked, identify the government, authority or orga	porated portion of the county by a single service provider. (If this box is anization providing the service.):
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
	only within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the
	ele map delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strated will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

SDS FORM 2, continued

Local Government or Authorit	y Funding I	Method
Bryan County	User Fees, General Funds	
How will the strategy change the	previous arrangements for providing and/or fund	ing this service within the county?
o change		
ist any formal service delivery a	preements or intergovernmental contracts that wi	ill be used to implement the starts
nis service:	greements or intergovernmental contracts that wi	ill be used to implement the strategy
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
What other mechanisms (if any) v	vill be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) v		vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) v	vill be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) v	vill be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) v	vill be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) v	vill be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) vects of the General Assembly, rate	vill be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) vects of the General Assembly, rate	vill be used to implement the strategy for this ser e or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) vects of the General Assembly, rate	vill be used to implement the strategy for this ser e or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) vects of the General Assembly, rate one Person completing form: Ben Tay thone number: 912-653-3819 Is this the person who should be one	vill be used to implement the strategy for this sere or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) vacts of the General Assembly, rate one Person completing form: Ben Tay Phone number: 912-653-3819 Is this the person who should be orojects are consistent with the se	vill be used to implement the strategy for this ser e or fee changes, etc.), and when will they take element the strategy for this ser e or fee changes, etc.), and when will they take element the strategy for this ser even fee changes, etc.), and when will they take element the strategy for this ser even fee changes, etc.), and when will they take element the strategy for this ser even fee changes, etc.), and when will they take element the strategy for this ser even fee changes, etc.), and when will they take element the strategy for this ser even fee changes, etc.), and when will they take element the strategy for this ser even fee changes, etc.), and when will they take element the strategy for this ser even fee changes, etc.), and when will they take element the strategy fee changes feel even fee changes.	vice (e.g., ordinances, resolutions, lo







FORM 2: Summary of Service Delivery Arrangements

Instructions:

COUNTY:BRYAN	Service: Extension Services
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service
onesk <u>sne</u> sex that seet accerbes the agreed apo	in delivery arrangement for this service.
	cluding all cities and unincorporated areas) by a single service provider. hority or organization providing the service.): University of Georgia
b.) Service will be provided only in the unincorp checked, identify the government, authority or organized or services.	porated portion of the county by a single service provider. (If this box is nization providing the service.):
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	le map delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).
If these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

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	4- 0- 0	ntinued

enterprise funds, user fees, gen fees, bonded indebtedness, etc	ity that will help to pay for this service and indicate eral funds, special service district revenues, hotel/n.).	notel taxes, franchise taxes, impact
Local Government or Author	rity Funding M	lethod
Bryan County	General Funds, Grants (as available)	
2.7	Solicial Fallact Grante (ac available)	
4. How will the strategy change th	e previous arrangements for providing and/or fundi	ng this service within the county?
No change		
this service:	agreements or intergovernmental contracts that wil	l be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
) will be used to implement the strategy for this servate or fee changes, etc.), and when will they take e	
acts of the General Assembly, r		
acts of the General Assembly, rolling None 7. Person completing form: Ben T	ate or fee changes, etc.), and when will they take et	
acts of the General Assembly, r	ate or fee changes, etc.), and when will they take et	
none None 7. Person completing form: Ben T Phone number: 912-653-3819 8. Is this the person who should be	ate or fee changes, etc.), and when will they take et	ffect?
None 7. Person completing form: Ben T Phone number: 912-653-3819 8. Is this the person who should b projects are consistent with the	ate or fee changes, etc.), and when will they take etc. aylor Date completed: November 1, 2021 e contacted by state agencies when evaluating whe	ffect?







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.		
COUNTY:BRYAN	Service: Family and Children Services	
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:	
	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.): State of Georgia (DFACS)	
b.) Service will be provided only in the unincorp checked, identify the government, authority or orga	porated portion of the county by a single service provider. (If this box is inization providing the service.):	
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the	
d.) One or more cities will provide this service of service in unincorporated areas. (If this box is check service.):	only within their incorporated boundaries, and the county will provide the eked, identify the government(s), authority or organization providing the	
e.) Other (If this box is checked, attach a legib identify the government, authority, or other organization)	le map delineating the service area of each service provider, and ation that will provide service within each service area.):	
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)	
⊠No		
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).	
If these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.	
	Page 1 of 2	

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Local Government or Author	rida,	loth od
Local Government or Author Bryan County	General Funds, Grants (as available)	etnoa
How will the strategy change the	e previous arrangements for providing and/or fundir	ng this service within the county?
No change		
	agreements or intergovernmental contracts that will	be used to implement the strategy for
	Ocertical Posting	
Agreement Name	Contracting Parties	Effective and Ending Dates
	Contracting Parties	Effective and Ending Dates
	Contracting Parties	Effective and Ending Dates
	Contracting Parties	Effective and Ending Dates
	Contracting Parties	Effective and Ending Dates
	Contracting Parties	Effective and Ending Dates
Agreement Name What other mechanisms (if any)	will be used to implement the strategy for this servite or fee changes, etc.), and when will they take ef	ice (e.g., ordinances, resolutions, loc
What other mechanisms (if any)	will be used to implement the strategy for this serv	ice (e.g., ordinances, resolutions, loc
Agreement Name What other mechanisms (if any)	will be used to implement the strategy for this serv	ice (e.g., ordinances, resolutions, loc
Agreement Name What other mechanisms (if any) acts of the General Assembly, rather the General Assembly, rather the General Assembly acts of the General Assembl	will be used to implement the strategy for this serv te or fee changes, etc.), and when will they take ef	ice (e.g., ordinances, resolutions, loc
What other mechanisms (if any) acts of the General Assembly, rather the Ge	will be used to implement the strategy for this serv te or fee changes, etc.), and when will they take ef	ice (e.g., ordinances, resolutions, loc fect?







FORM 2: Summary of Service Delivery Arrangements

Instructions:

Make copies of this form and complete one for each service listed on FORM 1, Section IV. Use EXACTLY the same service names listed on FORM 1.

Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	ssary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:BRYAN	Service: Family Connection, Summer Lunch Program
Check <u>one</u> box that best describes the agreed upon	on delivery arrangement for this service:
	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.): State of Georgia
b.) Service will be provided only in the unincorpolecked, identify the government, authority or organized	porated portion of the county by a single service provider. (If this box is anization providing the service.):
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
	only within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the
	ole map delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping servi identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
If these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G./ overlapping service areas or competition cannot be expressed to the condition of the service areas or competition cannot be expressed to the conditions are serviced to the conditions of the	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, <u>attach an implementation schedule</u> listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

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s)ti	A CONTRACTOR		STATE OF STA			_

	ry that will help to pay for this service and indicate heral funds, special service district revenues, hotel/mer.	
Local Government or Author	ity Funding Me	ethod
		ctriod
Bryan County	General Funds, Grants (as available)	
4. How will the strategy change the	previous arrangements for providing and/or funding	g this service within the county?
The provision and funding of this describe the service.	service are not changed. The name of this service i	s changed from "Section 18" to better
this service:	agreements or intergovernmental contracts that will	
Agreement Name	Contracting Parties	Effective and Ending Dates
	will be used to implement the strategy for this servi te or fee changes, etc.), and when will they take eff	
None		
7. Person completing form: Ben Ta Phone number: 912-653-3819	ylor Date completed: November 1, 2021	
	contacted by state agencies when evaluating whetervice delivery strategy? ⊠Yes ⊡No	ther proposed local government
If not, provide designated contac	t person(s) and phone number(s) below:	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

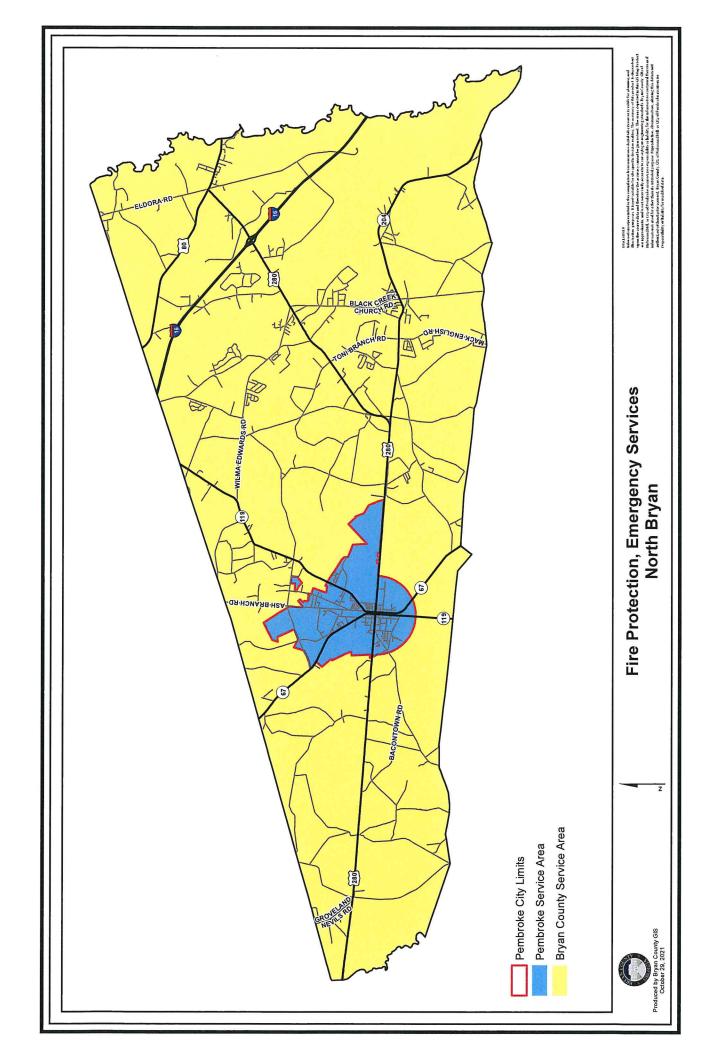
Make copies of this form and complete one for each service listed on FORM 1, Section IV. Use <u>EXACTLY the same service names listed on FORM 1</u>. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes,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

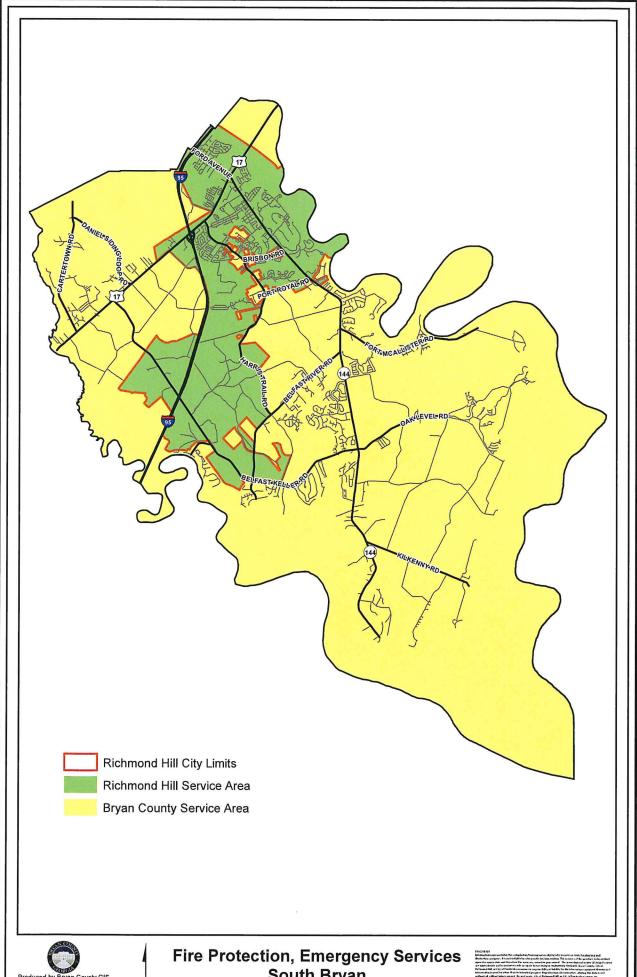
should be reported to the Department of Community Affairs.	
COUNTY:BRYAN	Service: Fire Protection, Emergency Services
Check <u>one</u> box that best describes the agreed upon	on delivery arrangement for this service:
T. Official dox that best describes the agreed upo	on delivery arrangement for this service.
a.) Service will be provided countywide (i.e., in (If this box is checked, identify the government, au	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.):
b.) Service will be provided only in the unincorporate checked, identify the government, authority or organization.	porated portion of the county by a single service provider. (If this box is anization providing the service.):
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
	only within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the
identify the government, authority, or other organiz provides this service within Pembroke. Richmo	ole map delineating the service area of each service provider, and ation that will provide service within each service area.): Pembroke and Hill provides this service within Richmond Hill. Bryan County I area. Pembroke and Richmond Hill provide mutual aid within the utual aid within Pembroke and Richmond Hill.
2. In developing this strategy, were overlapping servi identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate	gy, 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	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.).

Pembroke	ity Funding	Method
rembioke	General Funds, User Fees	
Richmond Hill General Funds, User Fees		
Bryan County	Fire Protection Fees, Special District Rev	enues
How will the strategy change the	previous arrangements for providing and/or fund	ding this service within the county?
ervice by Bryan County will be f	unded with special district revenues.	
this service:	greements or intergovernmental contracts that w	
Agreement Name	Contracting Parties	Effective and Ending Date
Automatic Aid Agreement	Pembroke, Bryan County	05/10/2013 - until cancelled
What other mechanisms (if any) acts of the General Assembly, ra	will be used to implement the strategy for this se te or fee changes, etc.), and when will they take	rvice (e.g., ordinances, resolutions, lo effect?
acts of the General Assembly, ra	te or fee changes, etc.), and when will they take	rvice (e.g., ordinances, resolutions, lo effect?
acts of the General Assembly, ra	te or fee changes, etc.), and when will they take	rvice (e.g., ordinances, resolutions, lo effect?
What other mechanisms (if any) acts of the General Assembly, radies of the General Assembly, r	te or fee changes, etc.), and when will they take	rvice (e.g., ordinances, resolutions, lo effect?
ects of the General Assembly, radicts of the General Assembly, rad	te or fee changes, etc.), and when will they take	effect?













FORM 2: Summary of Service Delivery Arrangements

Instructions:

Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.		
COUNTY:BRYAN	Service:Forest Protection Services	
 Check one box that best describes the agreed upon Service will be provided countywide (i.e., inc (If this box is checked, identify the government, aut Commission 	on delivery arrangement for this service: cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.):Georgia Forestry	
	porated portion of the county by a single service provider. (If this box is inization providing the service.):	
c.) 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 service:		
d.) One or more cities will provide this service of service in unincorporated areas. (If this box is check service.):	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the	
e.)	le map delineating the service area of each service provider, and ation that will provide service within each service area.):	
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)	
⊠No		
If these conditions will continue under this strategy, <u>a</u> coverlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).	
If these conditions will be eliminated under the strated will be taken to eliminate them, the responsible party	gy, <u>attach an implementation schedule</u> listing each step or action that and the agreed upon deadline for completing it.	

	nat will help to pay for this service and indicate how the funds, special service district revenues, hotel/motel ta	
Local Government or Authority	Funding Method	
Bryan County	General Funds, Grants (as available)	
	(as available)	
4. How will the strategy change the pro-	evious arrangements for providing and/or funding this	service within the county?
The provision and funding of this ser Commission" to better describe the s	vice are not changed. The name of the service is chan service.	ged from "Forrestry
this service:	eements or intergovernmental contracts that will be use	
Agreement Name	Contracting Parties	Effective and Ending Dates
	be used to implement the strategy for this service (e.government), and when will they take effect?	g., ordinances, resolutions, local
None		
7. Person completing form: Ben Taylo Phone number: 912-653-3819	or Date completed: November 1, 2021	
8. Is this the person who should be co projects are consistent with the servi	ntacted by state agencies when evaluating whether pr ice delivery strategy? ⊠Yes ⊡No	oposed local government
If not, provide designated contact pe	erson(s) and phone number(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 IV. Use <u>EXACTLY the same service names listed on FORM 1</u>. 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

should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:BRYAN	Service: GIS and Mapping
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:
a.) Service will be provided countywide (i.e., inc (If this box is checked, identify the government, aut	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.):
b.) Service will be provided only in the unincorp checked, identify the government, authority or organ	porated portion of the county by a single service provider. (If this box is anization providing the service.):
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
	only within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the nty
	ole map delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping serving identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

Page 1 of 2

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	
Pembroke		General Funds	
Richmond Hill		General Funds	
Byran County		Special District Revenues	
4. How will the strategy change the	previ	ous arrangements for providing and/or funding this	service within the county?
This service is added. Service by	Bryan	County will be funded with special district revenues	3.
List any formal service delivery a this service:	agreer	nents or intergovernmental contracts that will be use	ed to implement the strategy for
Agreement Name	i Alija	Contracting Parties	Effective and Ending Dates
What other mechanisms (if any) acts of the General Assembly, ra	will be te or f	e used to implement the strategy for this service (e.gee changes, etc.), and when will they take effect?	g., ordinances, resolutions, local
Resolution creating special distric	t		
7. Person completing form: Ben Ta Phone number: 912-653-3819		ate completed: November 1, 2021	
Is this the person who should be projects are consistent with the s		acted by state agencies when evaluating whether prodelivery strategy? ⊠Yes □No	oposed local government
If not, provide designated contac	t perso	on(s) and phone number(s) below:	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

COUNTY:BRYAN	Service:Indigent Defense - Municipal Courts					
Check <u>one</u> box that best describes the agreed upon	on delivery arrangement for this service:					
a.) 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.):						
b.) Service will be provided only in the unincorpolecked, identify the government, authority or organized	porated portion of the county by a single service provider. (If this box is anization providing the service.):					
c.) 🖂 One or more cities will provide this service of provided in unincorporated areas. (If this box is che service: Pembroke , Richmond Hill	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the					
	only within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the					
e.) Other (If this box is checked, attach a legib identify the government, authority, or other organization)	ele map delineating the service area of each service provider, and ation that will provide service within each service area.):					
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service					
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)					
⊠No						
If these conditions will continue under this strategy, <u>a</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).					
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.					
	Dome 4 of 2					

List each government or authorit enterprise funds, user fees, gene fees, bonded indebtedness, etc.)	y that will help to pay for this service and indicated ral funds, special service district revenues, hot	ate how the service will be funded (e.g., tel/motel taxes, franchise taxes, impact
Local Government or Author	ty Fundin	ng Method
Pembroke	General Funds, Grants (as available)	3
Richmond Hill	General Funds, Grants (as available)	
T tion mond T iiii	Contrain ands, Grants (as available)	
4. How will the strategy change the	previous arrangements for providing and/or fu	anding this service within the county?
This service is added. Delivery is courts.	unchanged. Pembroke and Richmond Hill will	provide this service for their municipal
5. List any formal service delivery a this service:	greements or intergovernmental contracts tha	t will be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name	Contracting Parties	Effective and Ending Dates
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Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name	Contracting Parties	Effective and Ending Dates
6. What other mechanisms (if any)	Will be used to implement the strategy for this e or fee changes, etc.), and when will they tak	service (e.g., ordinances, resolutions, local
6. What other mechanisms (if any)	will be used to implement the strategy for this	service (e.g., ordinances, resolutions, local
6. What other mechanisms (if any) acts of the General Assembly, ra	will be used to implement the strategy for this e or fee changes, etc.), and when will they tak	service (e.g., ordinances, resolutions, local

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







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.	isary. If the contact person for this service (listed at the bottom of the page) changes, this				
COUNTY:BRYAN	Service: Indigent Defense - State Courts				
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:				
a.) Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provide (If this box is checked, identify the government, authority or organization providing the service.): Bryan County					
b.) Service will be provided only in the unincorp checked, identify the government, authority or organized or services.	porated portion of the county by a single service provider. (If this box is inization providing the service.):				
c.) One or more cities will provide this service o provided in unincorporated areas. (If this box is che service:	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the				
d.) One or more cities will provide this service of service in unincorporated areas. (If this box is check service.):	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the				
e.) Other (If this box is checked, attach a legible identify the government, authority, or other organization	le map delineating the service area of each service provider, and ation that will provide service within each service area.):				
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service				
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)				
⊠No					
If these conditions will continue under this strategy, <u>at</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be el	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).				
If these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.				
	Page 1 of 2				

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Local Government or Authorit	Y Funding N	Method
ryan County	General Funds, Grants (as available)	
How will the strategy change the	previous arrangements for providing and/or fundi	ing this service within the county?
		ing the corried water the county.
nis service is added. Delivery is u	nchanged.	
ist any formal service delivery a	reements or intergovernmental contracts that wi	II be used to implement the strategy
is service:		
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Agreement Name	Contracting Parties	Effective and Ending Date
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Vhat other mechanisms (if any) v		vice (e.g., ordinances, resolutions, lo
Vhat other mechanisms (if any) v	rill be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo
Vhat other mechanisms (if any) v	rill be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, k
Vhat other mechanisms (if any) vots of the General Assembly, rate	rill be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, k
Vhat other mechanisms (if any) vots of the General Assembly, rate	rill be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo
Vhat other mechanisms (if any) v	rill be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo
Vhat other mechanisms (if any) vots of the General Assembly, rate	rill be used to implement the strategy for this sere or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, k
Vhat other mechanisms (if any) vots of the General Assembly, rate	rill be used to implement the strategy for this sere or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) vers of the General Assembly, rate one	or lor Date completed: November 1, 2021	vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) vots of the General Assembly, rate one erson completing form: Ben Tay hone number: 912-653-3819	rill be used to implement the strategy for this sere or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, lo







FORM 2: Summary of Service Delivery Arrangements

Instructions:

one and so reported to the Boparament of Community / mane.	
COUNTY:BRYAN	Service: Juvenile Court
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:
	cluding all cities and unincorporated areas) by a single service provider. hority or organization providing the service.):Juvenile Court
b.) Service will be provided only in the unincorp checked, identify the government, authority or orga	porated portion of the county by a single service provider. (If this box is inization providing the service.):
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
	only within their incorporated boundaries, and the county will provide the eked, identify the government(s), authority or organization providing the
	le map delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).
If these conditions will be eliminated under the strated will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

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Local Government or Authorit	/ Funding I	Method
Bryan County	General Funds, Grants (as available)	
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his service is added. Delivery is u	nchanged.	
List any formal service delivery ag	reements or intergovernmental contracts that wi	ill be used to implement the strategy t
this service:		
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
What other mechanisms (if any) v	ill be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) v		vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) v	ill be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo
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What other mechanisms (if any) vacts of the General Assembly, rate	ill be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) v	ill be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) vacts of the General Assembly, rate	ill be used to implement the strategy for this ser or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) vacts of the General Assembly, rate	ill be used to implement the strategy for this ser or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) vacts of the General Assembly, rate	ill be used to implement the strategy for this ser or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) vacts of the General Assembly, rate one Person completing form: Ben Tay Phone number: 912-653-3819	ill be used to implement the strategy for this ser or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, loeffect?







FORM 2: Summary of Service Delivery Arrangements

Instructions:

one and the repetited to the population of continuinty / thans.	
COUNTY:BRYAN	Service:Landfill - Closed Facility Maintenance
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:
a.) Service will be provided countywide (i.e., inc (If this box is checked, identify the government, aut	cluding all cities and unincorporated areas) by a single service provider. hority or organization providing the service.): Bryan County
b.) Service will be provided only in the unincorp checked, identify the government, authority or orga	porated portion of the county by a single service provider. (If this box is nization providing the service.):
c.) One or more cities will provide this service of provided in unincorporated areas. (If this box is che service:	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	le map delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
If these conditions will continue under this strategy, <u>a</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

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Local Government or Authori	ty Funding I	Method
Bryan County	General Funds, Grants (as available)	
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now will the strategy change the	previous arrangements for providing and/or fund	ing this service within the county?
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his service is added. Delivery is t	inchanged.	
List any formai service delivery a his service:	greements or intergovernmental contracts that wi	ill be used to implement the strategy
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Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
What other mechanisms (if any)	vill be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any)	vill be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) acts of the General Assembly, rat	vill be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) acts of the General Assembly, rat	vill be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any)	vill be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) acts of the General Assembly, rat	vill be used to implement the strategy for this ser e or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) acts of the General Assembly, ratione	vill be used to implement the strategy for this ser e or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) acts of the General Assembly, ratione Person completing form: Ben Taphone number: 912-653-3819	vill be used to implement the strategy for this ser e or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, lo







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.	
COUNTY:BRYAN	Service:Law Library
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:
	cluding all cities and unincorporated areas) by a single service provider. chority or organization providing the service.):Bryan County
b.) Service will be provided only in the unincorp checked, identify the government, authority or orga	porated portion of the county by a single service provider. (If this box is nization providing the service.):
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
d.) One or more cities will provide this service of service in unincorporated areas. (If this box is check service.):	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
e.)	le map delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
If these conditions will continue under this strategy, <u>a</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).
If these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

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enterprise funds, user fees, gen fees, bonded indebtedness, etc.	ity that will help to pay for this service and indicate eral funds, special service district revenues, hotel/r).	
Local Government or Autho	rity Funding N	Nothod
Bryan County	General Funds, Grants (as available)	иетоа
Bryan County	General Funds, Grants (as available)	
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4. How will the strategy change th	e previous arrangements for providing and/or fundi	ing this service within the county?
This service is added. Delivery is	unchanged.	
List any formal service delivery this service:	agreements or intergovernmental contracts that wi	Ill be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
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) will be used to implement the strategy for this ser ate or fee changes, etc.), and when will they take e	
acts of the General Assembly, re		
acts of the General Assembly, re		
acts of the General Assembly, re		
acts of the General Assembly, re	ate or fee changes, etc.), and when will they take e	
None 7. Person completing form: Ben T Phone number: 912-653-3819 8. Is this the person who should be	ate or fee changes, etc.), and when will they take e	effect?
None 7. Person completing form: Ben T Phone number: 912-653-3819 8. Is this the person who should be projects are consistent with the	ate or fee changes, etc.), and when will they take e aylor Date completed: November 1, 2021 e contacted by state agencies when evaluating wh	effect?
None 7. Person completing form: Ben T Phone number: 912-653-3819 8. Is this the person who should be projects are consistent with the	aylor Date completed: November 1, 2021 e contacted by state agencies when evaluating whoservice delivery strategy? ⊠Yes □No	effect?







FORM 2: Summary of Service Delivery Arrangements

Instructions:

COUNTY:BRYAN	Service: Libraries
1. Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:
	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.): Statesboro Regional
b.) Service will be provided only in the unincorporate checked, identify the government, authority or organization.	porated portion of the county by a single service provider. (If this box is inization providing the service.):
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	le map delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping serving identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
f these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

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Local Government or Authorit	y Funding N	Method
Bryan County	General Funds, Grants (as available)	
How will the strategy change the	previous arrangements for providing and/or fundi	ing this service within the county?
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List any formal carries delivery of	greements or intergovernmental contracts that wi	ill be used to implement the strategy (
	greements of intergovernmental contracts that wi	iii be used to implement the strategy is
this service:		
Saladore da sea selection alle	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
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What other mechanisms (if any) v		vice (e.g., ordinances, resolutions, loc
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What other mechanisms (if any) vacts of the General Assembly, rate	vill be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, loc
Agreement Name What other mechanisms (if any) vacts of the General Assembly, rate	vill be used to implement the strategy for this sere or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, loc
Agreement Name What other mechanisms (if any) vacts of the General Assembly, rate Jone Person completing form: Ben Tay Phone number: 912-653-3819	vill be used to implement the strategy for this sere or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, localifect?







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.	
COUNTY:BRYAN	Service:Magistrate Court
Check <u>one</u> box that best describes the agreed upon	n delivery arrangement for this service:
	cluding all cities and unincorporated areas) by a single service provider. hority or organization providing the service.): Magistrate Court of
b.) Service will be provided only in the unincorporate checked, identify the government, authority or organization.	orated portion of the county by a single service provider. (If this box is nization providing the service.):
c.) One or more cities will provide this service of provided in unincorporated areas. (If this box is che service:	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
d.) One or more cities will provide this service o service in unincorporated areas. (If this box is check service.):	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	le map delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
If these conditions will continue under this strategy, <u>at</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be el	ttach an explanation for continuing the arrangement (i.e., a. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).
If these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party a	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

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Local Government or Authorit	/ Funding I	Method
Bryan County	General Funds, Grants (as available)	
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ist any formal service delivery ag	reements or intergovernmental contracts that wi	ill be used to implement the strategy
is service:		
Agreement Name	Contracting Parties	Effective and Ending Dat
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Vhat other mechanisms (if any) w		vice (e.g., ordinances, resolutions, lo
Vhat other mechanisms (if any) w	ill be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo
Vhat other mechanisms (if any) w	ill be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo
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Vhat other mechanisms (if any) w	ill be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo
Vhat other mechanisms (if any) w	ill be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo
Vhat other mechanisms (if any) works of the General Assembly, rate	ill be used to implement the strategy for this ser or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, lo
Vhat other mechanisms (if any) works of the General Assembly, rate	ill be used to implement the strategy for this ser or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) we can be completed as the General Assembly, rate one derson completing form: Ben Taylonone number: 912-653-3819	ill be used to implement the strategy for this ser or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) we cts of the General Assembly, rate one Person completing form: Ben Taylehone number: 912-653-3819 Is this the person who should be conjects are consistent with the ser	ill be used to implement the strategy for this ser or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, lo







FORM 2: Summary of Service Delivery Arrangements

Instructions:

Make copies of this form and complete one for each service listed on FORM 1, Section IV. Use <u>EXACTLY the same service names listed on FORM 1</u>. 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

should be reported to the Department of Community Affairs.	, , , , , , , , , , , , , , , , , , ,				
COUNTY:BRYAN	Service:Mosquito Control				
Check <u>one</u> box that best describes the agreed upo	n delivery arrangement for this service:				
a.) 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.):					
b.)	orated portion of the county by a single service provider. (If this box is nization providing the service.):				
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the				
	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the atty				
	le map delineating the service area of each service provider, and ation that will provide service within each service area.):				
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service				
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)				
⊠No					
If these conditions will continue under this strategy, at overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	ttach an explanation for continuing the arrangement (i.e., a. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).				
If these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.				
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Page 1 of 2

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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 Author	rity			
Pembroke		General Funds		
Richmond Hill		General Funds		
Bryan County		Special District Revenues		
4. How will the strategy change the	e previ	ous arrangements for providing and/or funding this	service within the county?	
Service by Bryan County will be f	unded	with special district revenues.		
5. List any formal service delivery a this service:	agreen	nents or intergovernmental contracts that will be use	ed to implement the strategy for	
Agreement Name	t**-1-	Contracting Parties	Effective and Ending Dates	
6. What other mechanisms (if any) acts of the General Assembly, ra	will be	e used to implement the strategy for this service (e.gee changes, etc.), and when will they take effect?	g., ordinances, resolutions, local	
Resolution creating special district				
7. Person completing form: Ben Ta Phone number: 912-653-3819		ate completed: November 1, 2021		
Is this the person who should be projects are consistent with the s	e conta service	cted by state agencies when evaluating whether prodelivery strategy? ⊠Yes □No	oposed local government	
If not, provide designated contact	t perso	on(s) and phone number(s) below:		







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.	- my mane control pages, and good, and		
COUNTY:BRYAN	Service:Municipal Courts		
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:		
	cluding all cities and unincorporated areas) by a single service provider.		
b.) Service will be provided only in the unincorp checked, identify the government, authority or organ	porated portion of the county by a single service provider. (If this box is inization providing the service.):		
c.) 🗵 One or more cities will provide this service o provided in unincorporated areas. (If this box is che service: Pembroke, Richmond Hill	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the		
	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the		
	le map delineating the service area of each service provider, and ation that will provide service within each service area.):		
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service		
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)		
⊠No			
overlapping but higher levels of service (See O.C.G.A	f 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 strateg will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.		
	Page 1 of 2		

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Local Government or Authority	Funding N	Method
Pembroke	General Funds, Fines, Forfeiture Funds, C	
Richmond Hill	General Funds, Grants (as available)	
How will the strategy change the pre	evious arrangements for providing and/or fundi	ng this service within the county?
This service is added. Delivery is unc	hanged.	
List any formal service delivery agre	ements or intergovernmental contracts that wi	Il he used to implement the strategy for
		ii be used to iiiibleiilelit tile stiatedv ii
this service:	3	in be used to implement the strategy in
this service: Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name What other mechanisms (if any) will		Effective and Ending Date
What other mechanisms (if any) will	Contracting Parties be used to implement the strategy for this sen	Effective and Ending Date
Agreement Name What other mechanisms (if any) will acts of the General Assembly, rate o	Contracting Parties be used to implement the strategy for this sen	Effective and Ending Date
Agreement Name What other mechanisms (if any) will acts of the General Assembly, rate o	Contracting Parties be used to implement the strategy for this sen	Effective and Ending Date
Agreement Name What other mechanisms (if any) will	Contracting Parties be used to implement the strategy for this sen	Effective and Ending Date
Agreement Name What other mechanisms (if any) will acts of the General Assembly, rate of the Ge	be used to implement the strategy for this sen r fee changes, etc.), and when will they take e	Effective and Ending Date
What other mechanisms (if any) will acts of the General Assembly, rate of the General Assembly,	be used to implement the strategy for this server fee changes, etc.), and when will they take end to be used to implement the strategy for this server fee changes, etc.), and when will they take end to be used to implement the strategy for this server fee changes, etc.), and when will they take end to be used to implement the strategy for this server fee changes, etc.), and when will they take end to be used to implement the strategy for this server fee changes, etc.), and when will they take end to be used to implement the strategy for this server fee changes, etc.), and when will they take end to be used to implement the strategy for this server fee changes, etc.), and when will they take end to be used to implement the strategy for this server fee changes, etc.), and when will they take end to be used to be used to implement the strategy for this server fee changes.	vice (e.g., ordinances, resolutions, locations)







FORM 2: Summary of Service Delivery Arrangements

Instructions:

Make copies of this form and complete one for each service listed on FORM 1, Section IV. Use EXACTLY the same service names listed on FORM 1.

Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	ssary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:BRYAN	Service: Parks and Recreation - Cities
Check <u>one</u> box that best describes the agreed upon	on delivery arrangement for this service:
a.)	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.):
b.) Service will be provided only in the unincorporate checked, identify the government, authority or organization.	porated portion of the county by a single service provider. (If this box is anization providing the service.):
c.) 🔀 One or more cities will provide this service of provided in unincorporated areas. (If this box is che service: Pembroke, Richmond Hill	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
	only within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the
	ole map delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping servi identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
If these conditions will continue under this strategy, <u>a</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
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Page 1 of 2

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Local Government or Authority	/ Funding M	ethod
Pembroke	General Funds, User Fees, Grants (as avail	lable)
Richmond Hil	General Funds, User Fees, Grants (as avail	lable)
How will the strategy change the p	previous arrangements for providing and/or funding	ng this service within the county?
his service is added. Delivery is u	nchanged.	
his service:	reements or intergovernmental contracts that will Contracting Parties	
	reements or intergovernmental contracts that will Contracting Parties	be used to implement the strategy f
his service:	_	
this service: Agreement Name What other mechanisms (if any) w	_	Effective and Ending Date
this service: Agreement Name What other mechanisms (if any) w	Contracting Parties Contracting Parties	Effective and Ending Date
this service: Agreement Name What other mechanisms (if any) wacts of the General Assembly, rate	Contracting Parties Contracting Parties	Effective and Ending Date
What other mechanisms (if any) wacts of the General Assembly, rate	ill be used to implement the strategy for this servi or fee changes, etc.), and when will they take eff	Effective and Ending Date







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.	outly. In the contact person for this convice (noted at the bottom of the page) changes, and
COUNTY:BRYAN	Service: Parks and Recreation - County
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:
	cluding all cities and unincorporated areas) by a single service provider. chority or organization providing the service.):Bryan County
b.) Service will be provided only in the unincorp checked, identify the government, authority or orga	porated portion of the county by a single service provider. (If this box is nization providing the service.):
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	le map delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
If these conditions will continue under this strategy, <u>a</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

SDS	FORM 2,	continued	
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Local Government or Aut		Method
Bryan County	User Fees, General Funds, Grants (as a	vailable)
4. How will the strategy change	the previous arrangements for providing and/or fun	ding this service within the county?
The provision and funding of the describe the service.	his service are not changed. The name of the service	ce is changed from "Recreation" to better
describe trie service.		
5. List any formal service delive	ary agreements or intergovernmental contracts that	will be used to implement the start of the
	ry agreements of intergovernmental contracts that	will be used to implement the strategy for
this service:	ry agreements of intergovernmental contracts that t	will be used to implement the strategy for
	Contracting Parties	Effective and Ending Dates
this service:		
this service: Agreement Name 6. What other mechanisms (if a		Effective and Ending Dates ervice (e.g., ordinances, resolutions, local
this service: Agreement Name 6. What other mechanisms (if a	Contracting Parties ny) will be used to implement the strategy for this se	Effective and Ending Dates ervice (e.g., ordinances, resolutions, local
this service: Agreement Name 6. What other mechanisms (if a	Contracting Parties ny) will be used to implement the strategy for this se	Effective and Ending Dates ervice (e.g., ordinances, resolutions, local
this service: Agreement Name 6. What other mechanisms (if a	Contracting Parties ny) will be used to implement the strategy for this se	Effective and Ending Dates ervice (e.g., ordinances, resolutions, local
Agreement Name Agreement Name 3. What other mechanisms (if a acts of the General Assembly	Contracting Parties ny) will be used to implement the strategy for this se	Effective and Ending Dates ervice (e.g., ordinances, resolutions, local
Agreement Name Agreement Name 6. What other mechanisms (if a acts of the General Assembly	Contracting Parties ny) will be used to implement the strategy for this se	Effective and Ending Dates ervice (e.g., ordinances, resolutions, local
Agreement Name Agreement Name 3. What other mechanisms (if a acts of the General Assembly	ny) will be used to implement the strategy for this set, rate or fee changes, etc.), and when will they take	Effective and Ending Dates ervice (e.g., ordinances, resolutions, local
Agreement Name Agreement Name 6. What other mechanisms (if a acts of the General Assembly None 7. Person completing form: Ber Phone number: 912-653-3819 8. Is this the person who should	ny) will be used to implement the strategy for this set, rate or fee changes, etc.), and when will they take	ervice (e.g., ordinances, resolutions, local







FORM 2: Summary of Service Delivery Arrangements

Instructions:

one are to person to the Department of Community / India.	
COUNTY:BRYAN	Service: Planning and Zoning
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:
a.) Service will be provided countywide (i.e., inc (If this box is checked, identify the government, aut	cluding all cities and unincorporated areas) by a single service provider. chority or organization providing the service.):
b.) Service will be provided only in the unincorp checked, identify the government, authority or orga	porated portion of the county by a single service provider. (If this box is nization providing the service.):
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the .
e.) Other (If this box is checked, attach a legible identify the government, authority, or other organization)	le map delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).
If these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

enterprise funds, user fees, general fu	will help to pay for this service and indicate how the nds, special service district revenues, hotel/motel to	e service will be funded (e.g., axes, franchise taxes, impact
fees, bonded indebtedness, etc.).		
Local Government or Authority	Funding Method	
Pembroke	General Funds, User Fees	
Richmond Hill	General Funds, User Fees	
Bryan County	Special District Revenues	
4. How will the strategy change the previous	ious arrangements for providing and/or funding this	service within the county?
Service by Bryan County will be funded	with special district revenues.	
this service:	ments or intergovernmental contracts that will be us	
Agreement Name	Contracting Parties	Effective and Ending Dates
	e used to implement the strategy for this service (e. ee changes, etc.), and when will they take effect?	g., ordinances, resolutions, local
Resolution creating special district		
7. Person completing form: Ben Taylor Phone number: 912-653-3819 Da	ate completed: November 1, 2021	
Is this the person who should be conta projects are consistent with the service	acted by state agencies when evaluating whether per delivery strategy? ⊠Yes ⊡No	roposed local government
If not, provide designated contact person	on(s) and phone number(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 IV. Use EXACTLY the same service names listed on FORM 1.

Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:BRYAN	Service: Police - Municipal
1. Check one box that best describes the agreed upo a.) Service will be provided countywide (i.e., inc (If this box is checked, identify the government, aut	cluding all cities and unincorporated areas) by a single service provider.
b.) Service will be provided only in the unincorp checked, identify the government, authority or orga	porated portion of the county by a single service provider. (If this box is inization providing the service.):
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	le map delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Dama 4 of 2

SDS FORM 2, continued

List each government or authority that enterprise funds, user fees, general fur fees, bonded indebtedness, etc.).	t will help to pay for this service and indicate how the nds, special service district revenues, hotel/motel ta	e service will be funded (e.g., xes, franchise taxes, impact
Local Government or Authority	Funding Method	
Pembroke	General Funds, Grants (as available)	
Richmond Hill	General Funds, Grants (as available)	
	Constant and, Stante (as available)	
4. How will the strategy change the prev	ious arrangements for providing and/or funding this	service within the county?
The provision and funding of this service to better describe the service.	e are not changed. The name of the service is chan	ged from "City Police Forces"
this service:	ments or intergovernmental contracts that will be use	ed to implement the strategy for
Agraamant Nama	Contracting Portion	
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name	Contracting Parties	Effective and Ending Dates
6. What other mechanisms (if any) will be	e used to implement the strategy for this service (e.gfee changes, etc.), and when will they take effect?	
6. What other mechanisms (if any) will be	e used to implement the strategy for this service (e.g	
6. What other mechanisms (if any) will be acts of the General Assembly, rate or to the None 7. Person completing form: Ben Taylor	e used to implement the strategy for this service (e.g	
6. What other mechanisms (if any) will be acts of the General Assembly, rate or to act	e used to implement the strategy for this service (e.gfee changes, etc.), and when will they take effect? ate completed: November 1, 2021 acted by state agencies when evaluating whether pr	g., ordinances, resolutions, local







FORM 2: Summary of Service Delivery Arrangements

Instructions:

Make copies of this form and complete one for each service listed on FORM 1, Section IV. Use <u>EXACTLY the same service names listed on FORM 1</u>. 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

should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this		
COUNTY:BRYAN	Service: Probation Services - Municipal Courts		
1. Check one box that best describes the agreed upo a.) Service will be provided countywide (i.e., inc (If this box is checked, identify the government, aut	cluding all cities and unincorporated areas) by a single service provider.		
b.) Service will be provided only in the unincorp checked, identify the government, authority or orga	porated portion of the county by a single service provider. (If this box is inization providing the service.):		
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the		
	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the		
	le map delineating the service area of each service provider, and ation that will provide service within each service area.):		
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service		
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)		
☑No 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.			
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Local Government or Authority	Funding Method
Pembroke	General Funds
Richmond Hill	General Funds, Grants (as available)
	ν
. How will the strategy change the prev	vious arrangements for providing and/or funding this service within the county?
This service is added. Delivery is unch	

6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, lacts of the General Assembly, rate or fee changes, etc.), and when will they take effect?	ocal

None

7. Person completing form: **Ben Taylor** Phone number: **912-653-3819** D

Date completed: November 1, 2021

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

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







FORM 2: Summary of Service Delivery Arrangements

Instructions:

Make copies of this form and complete one for each service listed on FORM 1, Section IV. 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

and the reported to the Department of Continuinty Arians.	
COUNTY:BRYAN	Service: Probation Services - State Courts
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:
	cluding all cities and unincorporated areas) by a single service provider. chority or organization providing the service.): Bryan County
b.) Service will be provided only in the unincorp checked, identify the government, authority or orga	porated portion of the county by a single service provider. (If this box is inization providing the service.):
c.) One or more cities will provide this service of provided in unincorporated areas. (If this box is cheservice:	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
e.) Other (If this box is checked, <u>attach a legib</u> identify the government, authority, or other organiza	le map delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
If these conditions will continue under this strategy, <u>a</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).
If these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

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 List each government or author enterprise funds, user fees, ger fees, bonded indebtedness, etc 	eral fu	will help to pay for this service and indicate how nds, special service district revenues, hotel/motel	the service will be funded (e.g., taxes, franchise taxes, impact
Local Government or Author	ritv	Funding Metho	nd
Bryan County	iity	General Funds, Grants (as available)	Ju
2.74		Constant under, Crame (de available)	·
. How will the strategy change th	e previ	ous arrangements for providing and/or funding th	is service within the county?
This service is added. Delivery is			
i. List any formal service delivery this service:	agreer	ments or intergovernmental contracts that will be	used to implement the strategy fo
Agreement Name		Contracting Parties	Effective and Ending Dates
i. What other mechanisms (if any acts of the General Assembly, r) will be ate or f	e used to implement the strategy for this service (ee changes, etc.), and when will they take effect	e.g., ordinances, resolutions, loca ?
None			
7. Person completing form: Ben T Phone number: 912-653-3819		ate completed: November 1, 2021	
. Is this the person who should b projects are consistent with the	e conta service	acted by state agencies when evaluating whether delivery strategy? ⊠Yes ⊡No	proposed local government
If not, provide designated conta	ct pers	on(s) and phone number(s) below:	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.	only in the contest person for this contest (notes at the person of the person of the
COUNTY:BRYAN	Service: Property Tax Valuation
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:
	cluding all cities and unincorporated areas) by a single service provider. chority or organization providing the service.):Board of Tax Assessors
b.) Service will be provided only in the unincorp checked, identify the government, authority or orga	porated portion of the county by a single service provider. (If this box is inization providing the service.):
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
	only within their incorporated boundaries, and the county will provide the eked, identify the government(s), authority or organization providing the
	le map delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

SDS FORM 2, continued

Local Government or Authorit	y Funding N	Method
Bryan County	General Funds, Grants (as available)	
How will the strategy change the p	previous arrangements for providing and/or fundi	ing this service within the county?
Γhe provision and funding of this se	ervice are not changed. The name of the service	is changed from "Tax Assessor" to
petter describe the service.		
	reements or intergovernmental contracts that wi	ill be used to implement the strategy for
this service:		
	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Dates
	Contracting Parties	Effective and Ending Date
Agreement Name		
Agreement Name What other mechanisms (if any) v	vill be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, loc
Agreement Name What other mechanisms (if any) v		vice (e.g., ordinances, resolutions, loc
Agreement Name . What other mechanisms (if any) v	vill be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, loc
Agreement Name What other mechanisms (if any) v	vill be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, loc
Agreement Name What other mechanisms (if any) vacts of the General Assembly, rate	vill be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, loc
Agreement Name What other mechanisms (if any) vacts of the General Assembly, rate	vill be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, loc
What other mechanisms (if any) vacts of the General Assembly, rate	vill be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, loc
Agreement Name What other mechanisms (if any) vacts of the General Assembly, rate	vill be used to implement the strategy for this ser e or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, loc
Agreement Name What other mechanisms (if any) vacts of the General Assembly, rate	vill be used to implement the strategy for this ser e or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, loc
Agreement Name What other mechanisms (if any) vacts of the General Assembly, rate None Person completing form: Ben Tay Phone number: 912-653-3819	vill be used to implement the strategy for this ser e or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, loceffect?
Agreement Name What other mechanisms (if any) vacts of the General Assembly, rate None Person completing form: Ben Tay Phone number: 912-653-3819 Is this the person who should be	vill be used to implement the strategy for this ser e or fee changes, etc.), and when will they take element the strategy for this ser e or fee changes, etc.), and when will they take element the strategy for this ser even fee changes, etc.), and when will they take element the strategy for this ser even fee changes, etc.), and when will they take element the strategy for this ser even fee changes, etc.), and when will they take element the strategy for this ser even fee changes, etc.), and when will they take element the strategy for this ser even fee changes, etc.), and when will they take element the strategy for this ser even fee changes, etc.), and when will they take element the strategy for this ser even fee changes, etc.), and when will they take element the strategy fee changes feel even fee changes.	vice (e.g., ordinances, resolutions, loceffect?
Agreement Name What other mechanisms (if any) vacts of the General Assembly, rate None Person completing form: Ben Tay Phone number: 912-653-3819	vill be used to implement the strategy for this ser e or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, loceffect?







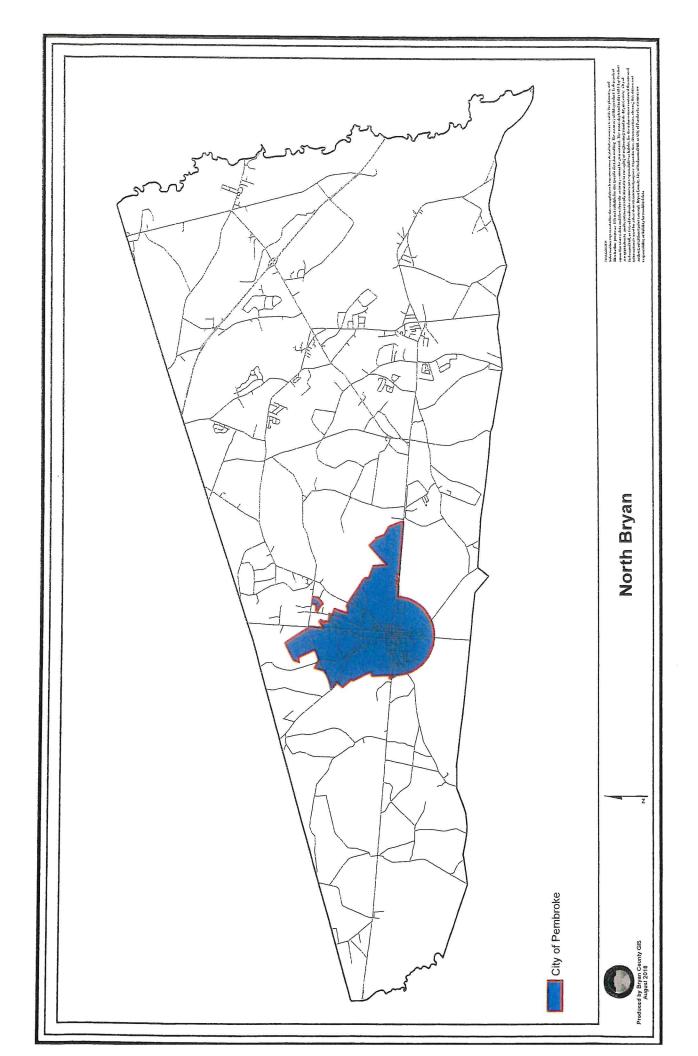
FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.				
COUNTY:BRYAN	Service: Public Housing			
Check <u>one</u> box that best describes the agreed upo	n delivery arrangement for this service:			
a.) Service will be provided countywide (i.e., inc (If this box is checked, identify the government, aut	cluding all cities and unincorporated areas) by a single service provider. hority or organization providing the service.):			
b.) Service will be provided only in the unincorp checked, identify the government, authority or orga	orated portion of the county by a single service provider. (If this box is nization providing the service.):			
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the			
	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the			
	le map delineating the service area of each service provider, and ation that will provide service within each service area.): This service is ority of the City of Claxton.			
In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service			
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)			
⊠No				
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).			
If these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.			

SDS	FORM	2-	contin	ued
UDU				

	eral funds, special service district revenu	d indicate how the service will be funded (e.g., les, hotel/motel taxes, franchise taxes, impact
Local Government or Author	ritv	Funding Method
Housing Authority of City of Class		
. How will the strategy change th	e previous arrangements for providing ar	nd/or funding this service within the county?
This service is added. Delivery is	unchanged.	
List any formal service delivery this service:	agreements or intergovernmental contra	cts that will be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
) will be used to implement the strategy for ate or fee changes, etc.), and when will th	or this service (e.g., ordinances, resolutions, locathey take effect?
None		
. Person completing form: Ben T Phone number: 912-653-3819	aylor Date completed: November 1, 2021	
	e contacted by state agencies when eval service delivery strategy? ⊠Yes ⊡No	uating whether proposed local government
If not, provide designated conta	ct person(s) and phone number(s) below	;









FORM 2: Summary of Service Delivery Arrangements

Instructions:

Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:BRYAN	Service:Public/Mental Health
1. Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:
	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.): Bryan County Board of
b.) Service will be provided only in the unincorp checked, identify the government, authority or organized or control of the	porated portion of the county by a single service provider. (If this box is anization providing the service.):
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	ele map delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping serving identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, <u>attach an implementation schedule</u> listing each step or action that and the agreed upon deadline for completing it.

SDS FORM 2, continued

	eral fu	t will help to pay for this service and indicate how the inds, special service district revenues, hotel/motel tax	
Local Government or Author	rity	Funding Method	
Bryan County		General Funds, Grants (as available)	
, , , , , , , , , , , , , , , , , , , ,			
4. How will the strategy change th	e prev	rious arrangements for providing and/or funding this	service within the county?
to better describe the service.		ments or intergovernmental contracts that will be use	
Agreement Name		Contracting Parties	Effective and Ending Dates
		-	
		*	
		e used to implement the strategy for this service (e.g fee changes, etc.), and when will they take effect?	g., ordinances, resolutions, local
None			
7. Person completing form: Ben T Phone number: 912-653-3819		ate completed: November 1, 2021	
		acted by state agencies when evaluating whether preededing ether preeded by strategy? ⊠Yes □No	oposed local government
If not, provide designated contact	t pers	son(s) and phone number(s) below:	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.	
COUNTY:BRYAN	Service: Public Transportation
1. Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:
	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.):Coastal Regional
b.) Service will be provided only in the unincorp checked, identify the government, authority or organized or services.	porated portion of the county by a single service provider. (If this box is unization providing the service.):
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	ele map delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
If these conditions will continue under this strategy, <u>a</u> cverlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
f these conditions will be eliminated under the strated will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

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Local Government or Autho	rity Funding I	Method
Bryan County	5311 Grants, General Funds, Other Grants	
How will the strategy change th	e previous arrangements for providing and/or fundi	ing this service within the county?
his service is added. Delivery is	unchanged.	
ist any formal service delivery nis service:	agreements or intergovernmental contracts that wi	ill be used to implement the strategy
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
What other mechanisms (if any	Contracting Parties) will be used to implement the strategy for this ser ate or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) will be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any acts of the General Assembly, r) will be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) will be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any acts of the General Assembly, r) will be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any acts of the General Assembly, r) will be used to implement the strategy for this serate or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any cts of the General Assembly, rone Person completing form: Ben Thone number: 912-653-3819 Is this the person who should be) will be used to implement the strategy for this serate or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, lo







FORM 2: Summary of Service Delivery Arrangements

Instructions:

Make copies of this form and complete one for each service listed on FORM 1, Section IV. Use EXACTLY the same service names listed on FORM 1.

should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:BRYAN	Service:Recycling
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:
	cluding all cities and unincorporated areas) by a single service provider.
b.) Service will be provided only in the unincorp checked, identify the government, authority or orga	porated portion of the county by a single service provider. (If this box is inization providing the service.):
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
	only within their incorporated boundaries, and the county will provide the eked, identify the government(s), authority or organization providing the aty
	le map delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).
If these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

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		-

Local Government or Authority	Funding Me	ethod
Pembroke Richmond Hill	General Funds, User Fees	
Bryan County	General Funds, User Fees Solid Waste Fees, Special District Revenue	2
Bryan County	Solid Waste Fees, Special District Revenue:	5
 How will the strategy change the prev 	ious arrangements for providing and/or fundin	g this service within the county?
Service by Bryan County will be funded	d with special district revenues.	
Service by Bryan County will be funded	d with special district revenues.	
Service by Bryan County will be funded	d with special district revenues.	
	•	he used to implement the strategy fo
5. List any formal service delivery agree	d with special district revenues. ments or intergovernmental contracts that will	be used to implement the strategy fo
	•	be used to implement the strategy fo
5. List any formal service delivery agree	•	be used to implement the strategy fo
5. List any formal service delivery agreen this service:	ments or intergovernmental contracts that will	
5. List any formal service delivery agreen this service:	ments or intergovernmental contracts that will	
5. List any formal service delivery agreen this service:	ments or intergovernmental contracts that will	
5. List any formal service delivery agreen this service:	ments or intergovernmental contracts that will	
5. List any formal service delivery agreen this service:	ments or intergovernmental contracts that will	

7. Person completing form: **Ben Taylor**Phone number: **912-653-3819**Date completed: November 1, 2021

Resolution creating special district

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

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







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.	
COUNTY:BRYAN	Service:Regional Planning
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:
	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.):Coastal Regional
b.) Service will be provided only in the unincorp checked, identify the government, authority or organized or control of the	porated portion of the county by a single service provider. (If this box is anization providing the service.):
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
e.) Other (If this box is checked, attach a legib identify the government, authority, or other organization)	ole map delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
If these conditions will continue under this strategy, <u>a</u> overlapping but higher levels of service (See O.C.G. <i>A</i> overlapping service areas or competition cannot be e	At 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

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202	1W 2-	contin	ued

List each government or authority the enterprise funds, user fees, general	at will help to pay for this service and indic funds, special service district revenues, ho	cate how the service will be funded (e.g., otel/motel taxes, franchise taxes, impact
fees, bonded indebtedness, etc.).		
Local Government or Authority	Fundi	ng Method
Pembroke	General Funds	
Richmond Hill	General Funds	
Bryan County	Special District Revenues	
How will the strategy change the pro-	evious arrangements for providing and/or f	unding this service within the county?
	s share of funding will be provided from sp	ecial district revenues. at will be used to implement the strategy for
this service: Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name	Contracting Farties	Effective and Effding Dates
	be used to implement the strategy for this r fee changes, etc.), and when will they ta	service (e.g., ordinances, resolutions, local ke effect?
Resolution creating special district		
7. Person completing form: Ben Taylo Phone number: 912-653-3819	r Date completed: November 1, 2021	
Is this the person who should be con projects are consistent with the serving	ntacted by state agencies when evaluating ce delivery strategy? ⊠Yes ⊡No	whether proposed local government
If not, provide designated contact pe	rson(s) and phone number(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 IV. Use <u>EXACTLY the same service names listed on FORM 1</u>. 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

should be reported to the Department of Community Affairs.				
COUNTY:BRYAN	Service:Senior Citizen Services			
Check <u>one</u> box that best describes the agreed upo	n delivery arrangement for this service:			
	cluding all cities and unincorporated areas) by a single service provider. hority or organization providing the service.):Bryan County			
b.) Service will be provided only in the unincorp checked, identify the government, authority or orga	orated portion of the county by a single service provider. (If this box is nization providing the service.):			
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the			
	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the			
	le map delineating the service area of each service provider, and ation that will provide service within each service area.):			
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service			
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)			
⊠No				
If these conditions will continue under this strategy, <u>a</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).			
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.			
	Down 4 of 2			

Page 1 of 2

SDS FORM 2, continued

 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 Autho	rity	Funding Method		
Bryan County		General Funds, Grants (as available)		
and a second				
How will the strategy change th	e previ	ous arrangements for providing and/or funding this	service within the county?	
The provision and funding of this service are not changed. The name of the service is changed from "Senior Citizens" to better describe the 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: Ben T Phone number: 912-653-3819	Da	ate completed: November 1, 2021		
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ⊠Yes ☐No				
If not, provide designated contact	ct perso	on(s) and phone number(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 IV. Use EXACTLY the same service names listed on FORM 1.

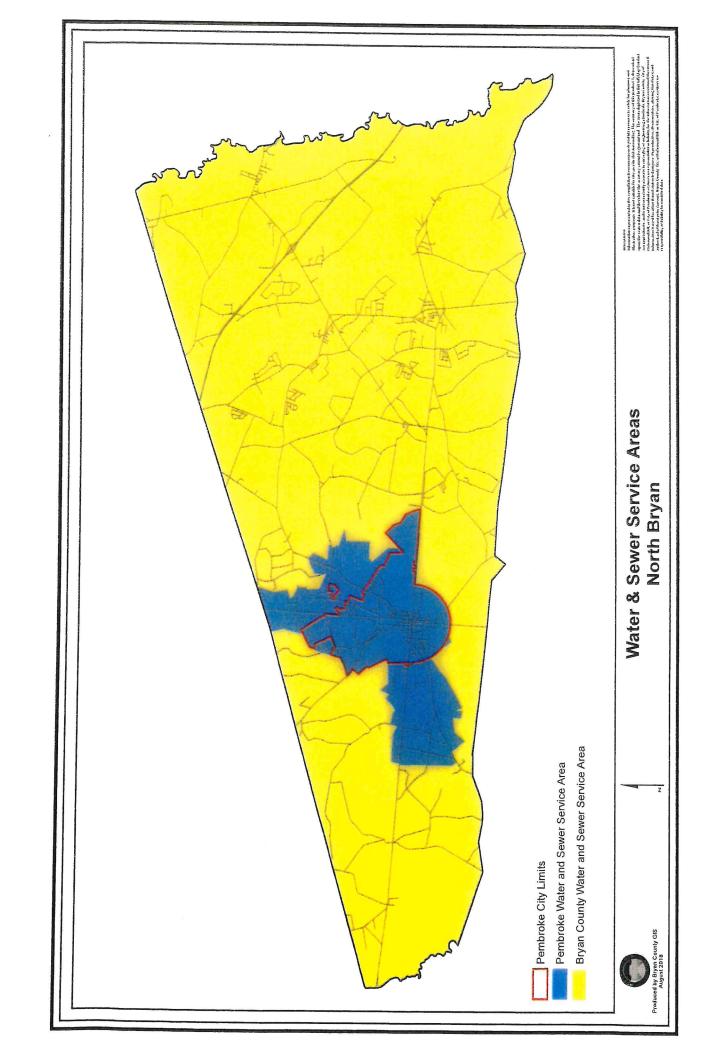
Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.			
COUNTY:BRYAN	Service:Sewage Collection and Disposal - North Bryan		
1. Check one box that best describes the agreed upo a.) Service will be provided countywide (i.e., inc (If this box is checked, identify the government, aut)	cluding all cities and unincorporated areas) by a single service provider.		
b.) Service will be provided only in the unincorp checked, identify the government, authority or orga	porated portion of the county by a single service provider. (If this box is inization providing the service.):		
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the		
	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the		
identify the government, authority, or other organization	le map delineating the service area of each service provider, and ation that will provide service within each service area.): Pembroke and se service areas delineated on the attached service area map.		
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service		
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)		
⊠No			
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).		
If these conditions will be eliminated under the strates will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.		

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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
	ees, bonded indebtedness, etc.).

Local Government or Author	ity	Funding M	lethod	
Pembroke	General Funds	s, User Fees, Assessments, S	SPLOST, Enterprise Funds, Grants	
Bryan County	Enterprise Fundament	nds, SPLOST, Grants (as ava	ilable)	
4. How will the strategy change the	previous arrangemen	nts for providing and/or fundin	ng this service within the county?	
The delineated service areas are	changed.			
List any formal service delivery this service:	agreements or intergov	vernmental contracts that will	be used to implement the strategy for	
Agreement Name	Con	tracting Parties	Effective and Ending Dates	

What other mechanisms (if any) acts of the General Assembly, ra			ice (e.g., ordinances, resolutions, local fect?	
None				
7. Person completing form: Ben Ta Phone number: 912-653-3819	aylor Date completed: N	November 1, 2021		
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ⊠Yes □No				
If not, provide designated contact person(s) and phone number(s) below:				









FORM 2: Summary of Service Delivery Arrangements

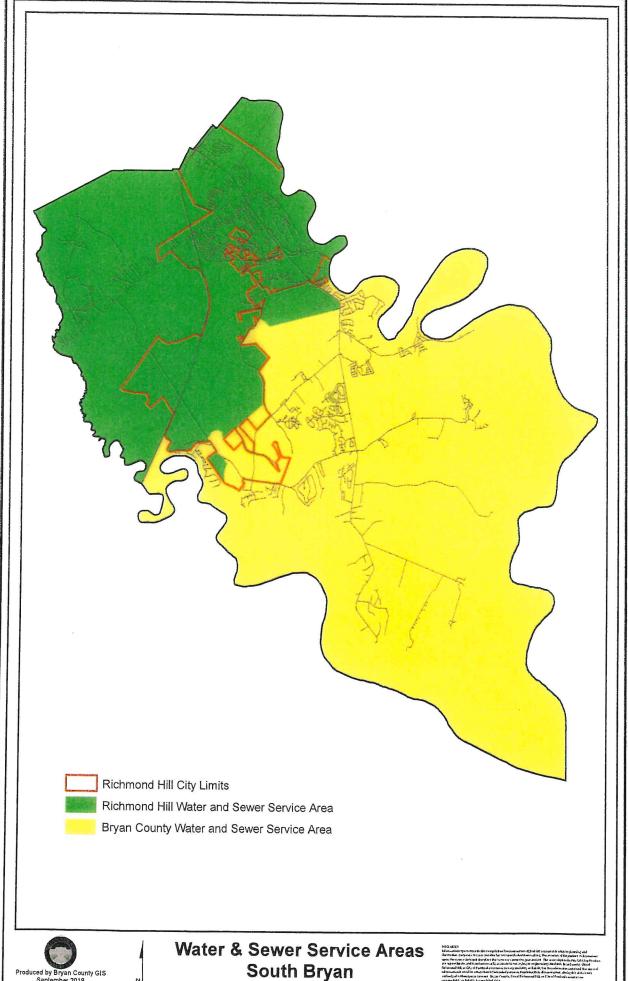
Instructions:

Make copies of this form and complete one for each service li- Answer each question below, attaching additional pages as necess should be reported to the Department of Community Affairs.	sted on FORM 1, Section IV. Use <u>EXACTLY the same service names listed on FORM 1</u> . sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:BRYAN	Service:Sewage Collection and Disposal - South Bryan
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:
 a.) Service will be provided countywide (i.e., including this box is checked, identify the government, aut 	cluding all cities and unincorporated areas) by a single service provider. chority or organization providing the service.):
b.) Service will be provided only in the unincorp checked, identify the government, authority or orga	porated portion of the county by a single service provider. (If this box is inization providing the service.):
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
identify the government, authority, or other organiza	le map delineating the service area of each service provider, and ation that will provide service within each service area.): Richmond Hill in the service areas delineated on the attached service area map.
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).
If these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party	gy, <u>attach an implementation schedule</u> listing each step or action that and the agreed upon deadline for completing it.

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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 Author Richmond Hill				
Bryan County	General Funds, User Fees, Assessments, S Enterprise Funds, SPLOST	PLOST, Enterprise Funds		
4. How will the strategy change the	e previous arrangements for providing and/or funding	g this service within the county?		
The delineated service areas are changed. Section 5 is revised to list the referenced Agreement.				
5. List any formal service delivery a this service:	agreements or intergovernmental contracts that will	be used to implement the strategy for		
Agreement Name	Contracting Parties	Effective and Ending Dates		
Sewer Service Agreement Richmond Hill, Bryan County/_/2021				
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?				

7. Person completing form: Ben Taylor
Phone number: 912-653-3819 Date completed: November 1, 2021
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ∑Yes ☐No
If not, provide designated contact person(s) and phone number(s) below:





South Bryan







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.			
COUNTY:BRYAN	Service:Soil Erosion Control		
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:		
a.) Service will be provided countywide (i.e., income (If this box is checked, identify the government, aut	cluding all cities and unincorporated areas) by a single service provider. chority or organization providing the service.):		
b.) Service will be provided only in the unincorp checked, identify the government, authority or organized or the control of	porated portion of the county by a single service provider. (If this box is inization providing the service.):		
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the		
	only within their incorporated boundaries, and the county will provide the eked, identify the government(s), authority or organization providing the nty		
	le map delineating the service area of each service provider, and ation that will provide service within each service area.):		
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service		
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)		
⊠No			
If these conditions will continue under this strategy, <u>a</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that diminated).		
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.		
	Page 1 of 2		

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Local Government or Authority	Funding I	Method
Pembroke	General Funds, User Fees	
Richmond Hill	General Funds, User Fees	
Bryan County	NPDES Permit Fees, Special District Reve	enues
This service is added. Service by Brya	an County will be funded with NPDES permit	fees and special district revenues.
	ements or intergovernmental contracts that w	ill be used to implement the strategy for
	ements or intergovernmental contracts that w Contracting Parties	ill be used to implement the strategy for
this service:	•	

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ⊠Yes □No If not, provide designated contact person(s) and phone number(s) below:

Date completed: November 1, 2021







FORM 2: Summary of Service Delivery Arrangements

Instructions:

Make copies of this form and complete one for each service listed on FORM 1, Section IV. 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:BRYAN	Service:Solid Waste Collection and Disposal	
1. Check one box that best describes the agreed upon delivery arrangement for this service: a.) 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.):		
	porated portion of the county by a single service provider. (If this box is	
c.) 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:		
d.) 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.): Pembroke, Richmond Hill, Bryan County		
	ole map delineating the service area of each service provider, and eation that will provide service within each service area.):	
2. In developing this strategy, were overlapping servi identified?	ice areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional docum	lentation 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, <u>attach an implementation schedule</u> listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.		
	Page 1 of 2	

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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	
Pembroke	General Funds, User Fees	
Richmond Hill	General Funds, User Fees	
Bryan County	Solid Waste Fees, Special District Revenues	
. How will the strategy change the prev	rious arrangements for providing and/or funding this	service within the county?
Service by Bryan County will be funded	d with special district revenues.	
List any formal service delivery agree	ments or intergovernmental contracts that will be use	ed to implement the strategy for
this service:		
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name	Contracting Farties	Effective and Effullig Dates
	e used to implement the strategy for this service (e.g fee changes, etc.), and when will they take effect?	g., ordinances, resolutions, loca
acts of the General Assembly, rate of	ree changes, etc.), and when will they take elect:	
Resolution creating special district		
Resolution creating special district		
Resolution creating special district		
. Person completing form: Ben Taylor		
. Person completing form: Ben Taylor	Pate completed: November 1, 2021	
Person completing form: Ben Taylor Phone number: 912-653-3819	acted by state agencies when evaluating whether pr	oposed local government
Person completing form: Ben Taylor Phone number: 912-653-3819 Is this the person who should be cont	acted by state agencies when evaluating whether pr e delivery strategy? ⊠Yes ⊡No	oposed local government
Person completing form: Ben Taylor Phone number: 912-653-3819 Is this the person who should be cont projects are consistent with the service	acted by state agencies when evaluating whether pr e delivery strategy? ⊠Yes ⊡No	oposed local government







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.			
COUNTY:BRYAN	Service:State Court		
1. Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:		
a.) 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.): State Court of Bryan County			
b.) Service will be provided only in the unincorporate checked, identify the government, authority or organization.	porated portion of the county by a single service provider. (If this box is anization providing the service.):		
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the		
d.) 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.):			
	ole map delineating the service area of each service provider, and eation that will provide service within each service area.):		
2. In developing this strategy, were overlapping servi identified?	ice areas, unnecessary competition and/or duplication of this service		
☐ Yes (if "Yes," you must attach additional docum	nentation as described, below)		
⊠No			
f these conditions will continue under this strategy, <u>a</u> overlapping but higher levels of service (See O.C.G. <i>i</i> overlapping service areas or competition cannot be e	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).		
f these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.		

SDS	SE	ORM	2	con	tinu	ed

Local Government or Authorit	Y Funding I	Method
Bryan County	General Funds, Grants (as available)	
How will the strategy change the	previous arrangements for providing and/or fund	ing this service within the county?
		nig and connect an investment,
lo change		
List any formal service delivery ag this service:	reements or intergovernmental contracts that w	ill be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name	Contracting Parties	Effective and Ending Dates
What other mechanisms (if any) v	Contracting Parties will be used to implement the strategy for this sere or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, loc
What other mechanisms (if any) vacts of the General Assembly, rate	rill be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, loc
What other mechanisms (if any) v	rill be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, loc
What other mechanisms (if any) vacts of the General Assembly, rate	rill be used to implement the strategy for this ser or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, loc
What other mechanisms (if any) vacts of the General Assembly, rate Jone Person completing form: Ben Tay Phone number: 912-653-3819	rill be used to implement the strategy for this ser e or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, loceffect?







FORM 2: Summary of Service Delivery Arrangements

Instructions:

Make copies of this form and complete one for each service listed on FORM 1, Section IV. 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:BRYAN	Service:Storm Water Collection and Disposal - Cities	
 Check one box that best describes the agreed upon delivery arrangement for this service: a.) 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.): 		
b.) 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.):		
c.) 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: Pembroke, Richmond Hill		
d.) 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.):		
	le map delineating the service area of each service provider, and ation that will provide service within each service area.):	
In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional docum	entation 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, <u>attach an implementation schedule</u> listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.		
	Page 1 of 2	

SDS FORM 2, continued

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

Local Government or Authorit	Funding Method			
Pembroke	General Funds, Grants			
Richmond Hill	General Funds, Grants (as available)			
4. How will the strategy change the	previous arrangements for providing and/or funding th	s service within the county?		
This service is added. Delivery is u	nchanged.			
List any formal service delivery at this service:	reements or intergovernmental contracts that will be u	used to implement the strategy for		
Agreement Name	Contracting Parties	Effective and Ending Dates		
	ill be used to implement the strategy for this service (or fee changes, etc.), and when will they take effect?			
None				
7. Person completing form: Ben Tay Phone number: 912-653-3819	lor Date completed: November 1, 2021			
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ⊠Yes □No				
If not, provide designated contact person(s) and phone number(s) below:				







FORM 2: Summary of Service Delivery Arrangements

Instructions:

COUNTY:BRYAN	Service:Storm Water Collection and Disposal - County			
Check <u>one</u> box that best describes the agreed upon delivery arrangement for this service:				
a.) 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.): Bryan County				
b.) 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.):				
c.) 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 service:				
d.) 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.):				
	le map delineating the service area of each service provider, and ation 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 docum	entation 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 the will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.				
	Page 1 of 2			

Local Government or Author	Ority Eurodina III	Nothod
Bryan County	ority Funding M General Funds	иетноа
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. How will the strategy change t	he previous arrangements for providing and/or fundi	ng this service within the county?
This service is added. Delivery	is unchanged.	
List any formal service deliver	v agreements or intergovernmental contracts that wil	Il he used to implement the strategy for
 List any formal service delivery this service: 	y agreements or intergovernmental contracts that wil	II be used to implement the strategy for
this service:	ı	
	y agreements or intergovernmental contracts that wil	Il be used to implement the strategy for Effective and Ending Dates
this service:	ı	
this service: Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name Agreement Name 5. What other mechanisms (if any	ı	Effective and Ending Dates vice (e.g., ordinances, resolutions, loca
Agreement Name Agreement Name 5. What other mechanisms (if any	Contracting Parties y) will be used to implement the strategy for this server.	Effective and Ending Dates vice (e.g., ordinances, resolutions, loca
Agreement Name Agreement Name 5. What other mechanisms (if any	Contracting Parties y) will be used to implement the strategy for this server.	Effective and Ending Dates vice (e.g., ordinances, resolutions, loca
Agreement Name Agreement Name 5. What other mechanisms (if an acts of the General Assembly,	Contracting Parties y) will be used to implement the strategy for this server.	Effective and Ending Dates vice (e.g., ordinances, resolutions, loca
Agreement Name Agreement Name 5. What other mechanisms (if any	Contracting Parties y) will be used to implement the strategy for this server.	Effective and Ending Dates vice (e.g., ordinances, resolutions, loca
Agreement Name Agreement Name 5. What other mechanisms (if an acts of the General Assembly,	Contracting Parties y) will be used to implement the strategy for this server.	Effective and Ending Dates vice (e.g., ordinances, resolutions, loca
Agreement Name Agreement Name	y) will be used to implement the strategy for this servate or fee changes, etc.), and when will they take e	Effective and Ending Dates vice (e.g., ordinances, resolutions, loca
Agreement Name Agreement Name What other mechanisms (if an acts of the General Assembly, None	y) will be used to implement the strategy for this servate or fee changes, etc.), and when will they take e	Effective and Ending Dates vice (e.g., ordinances, resolutions, loca
. What other mechanisms (if any acts of the General Assembly, None Person completing form: Ben Phone number: 912-653-3819	y) will be used to implement the strategy for this servate or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, loca
Agreement Name S. What other mechanisms (if any acts of the General Assembly, None S. Person completing form: Ben Phone number: 912-653-3819 S. Is this the person who should it	y) will be used to implement the strategy for this servate or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, loca







FORM 2: Summary of Service Delivery Arrangements

Instructions:

Make copies of this form and complete one for each service listed on FORM 1, Section IV. 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:BRYAN	Service: Street Lighting - City Streets		
Check <u>one</u> box that best describes the agreed upon	on delivery arrangement for this service:		
a.) Service will be provided countywide (i.e., including this box is checked, identify the government, automatically the service will be provided countywide (i.e., including the service will be provided to the service will be pr	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.):		
b.) Service will be provided only in the unincorporate checked, identify the government, authority or organization.	porated portion of the county by a single service provider. (If this box is anization providing the service.):		
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the		
	only within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the		
	ele map delineating the service area of each service provider, and ation that will provide service within each service area.):		
2. In developing this strategy, were overlapping servi identified?	ce areas, unnecessary competition and/or duplication of this service		
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)		
⊠No			
If these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G./ overlapping service areas or competition cannot be expressed in the continue of the service areas or competition cannot be expressed in the continue of the con	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).		
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.		
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3.	ist each government or authority that will help to pay for this service and indicate how the service will be funded (e.g.,	
	interprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact	
	ees, bonded indebtedness, etc.).	

Pembroke		hod
rembioke	General Funds, Grants (as available)	
Richmond Hill	General Funds, Grants (as available)	
How will the strategy change the p	revious arrangements for providing and/or funding	this service within the county?
This service is added. Delivery is ur	changed.	
5. List any formal service delivery ag this service:	reements or intergovernmental contracts that will be	e used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
	Il be used to implement the strategy for this service or fee changes, etc.), and when will they take effective.	
None		
7. Person completing form: Ben Tay l Phone number: 912-653-3819	or Date completed: November 1, 2021	
	ontacted by state agencies when evaluating whether vice delivery strategy? ⊠Yes ⊡No	er proposed local government
If not, provide designated contact p	erson(s) and phone number(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 IV. 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:BRYAN	Service:Street Lighting - County Roads		
Check <u>one</u> box that best describes the agreed upon	on delivery arrangement for this service:		
	cluding all cities and unincorporated areas) by a single service provider. Ithority or organization providing the service.): Bryan County		
b.) Service will be provided only in the unincorporate checked, identify the government, authority or organization.	porated portion of the county by a single service provider. (If this box is anization providing the service.):		
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the		
	only within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the		
	ole map delineating the service area of each service provider, and cation that will provide service within each service area.):		
2. In developing this strategy, were overlapping servindentified?	ice areas, unnecessary competition and/or duplication of this service		
☐ Yes (if "Yes," you must attach additional docum	nentation as described, below)		
⊠No			
If these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G., overlapping service areas or competition cannot be expressed to the service areas or competition cannot be expressed to the service areas or competition.	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).		
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	egy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.		
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Page 1 of 2

	eral fui	will help to pay for this service and indicate how the nds, special service district revenues, hotel/motel to	
Local Government or Author	rity	Funding Method	
Bryan County		General Funds	-
4. How will the strategy change th	e previ	ous arrangements for providing and/or funding this	s service within the county?
	111		
This service is added. Delivery is	uncha	anged.	
5. List any formal service delivery this service:	agreer	ments or intergovernmental contracts that will be u	sed to implement the strategy for
Agreement Name		Contracting Parties	Effective and Ending Dates
		e used to implement the strategy for this service (efee changes, etc.), and when will they take effect?	.g., ordinances, resolutions, loca
	9111		
None			
7. Person completing form: Ben T Phone number: 912-653-3819		ate completed: November 1, 2021	
		acted by state agencies when evaluating whether p e delivery strategy? ⊠Yes ⊡No	proposed local government
If not, provide designated conta	ct pers	on(s) and phone number(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 IV. Use <u>EXACTLY the same service names listed on FORM 1</u>. 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

should be reported to the Department of Community Affairs.	
COUNTY:BRYAN	Service:Superior Court
1. Check <u>one</u> box that best describes the agreed upon	on delivery arrangement for this service:
	ncluding all cities and unincorporated areas) by a single service provider. uthority or organization providing the service.):Superior Court of Bryan
b.) Service will be provided only in the unincor checked, identify the government, authority or organized	rporated portion of the county by a single service provider. (If this box is anization providing the service.):
	only within their incorporated boundaries, and the service will not be necked, identify the government(s), authority or organization providing the
	only within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the
e.) Other (If this box is checked, <u>attach a legit</u> identify the government, authority, or other organization)	ble map delineating the service area of each service provider, and zation that will provide service within each service area.):
2. In developing this strategy, were overlapping serv identified?	vice areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	nentation as described, below)
⊠No	
f these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G. overlapping service areas or competition cannot be	attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
f these conditions will be eliminated under the strate vill be taken to eliminate them, the responsible party	egy, <u>attach an implementation schedule</u> listing each step or action that y and the agreed upon deadline for completing it.

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Local Government or Author		Method
Bryan County	General Funds, Grants (as available)	
How will the strategy change the	e previous arrangements for providing and/or fund	ing this service within the county?
lo change		
List any formal service delivery a this service:	agreements or intergovernmental contracts that wi	ill be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
What other mechanisms (if any)	will be used to implement the strategy for this serte or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, loc
What other mechanisms (if any)	will be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, loc
What other mechanisms (if any) acts of the General Assembly, ra	will be used to implement the strategy for this sente or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, loc
What other mechanisms (if any) acts of the General Assembly, ratione Person completing form: Ben TaPhone number: 912-653-3819	will be used to implement the strategy for this serte or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, loc effect?







FORM 2: Summary of Service Delivery Arrangements

Instructions:

Make copies of this form and complete one for each service listed on FORM 1, Section IV. 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:BRYAN		Service: Tax Collection - City Taxes	
a.) Service will be prov	ided countywide (i.e., inc	on delivery arrangement for this service: cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.):	
		porated portion of the county by a single service provider. (If this box is nization providing the service.):	
	areas. (If this box is che	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the	
d.) 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.):			
		le map delineating the service area of each service provider, and ation that will provide service within each service area.):	
2. In developing this strategy identified?	, were overlapping servi	ce areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must	attach additional docum	entation as described, below)	
⊠No			
If these conditions will contin- overlapping but higher levels overlapping service areas or	of service (See O.C.G.A	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).	
		gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.	
		Page 1 of 2	

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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					
Pembroke	General Funds					
Richmond Hill	General Funds, Grants (as available)					
	×					
How will the strategy change the pr	evious arrangements for providing and/or funding this	service within the county?				
This service is added. Delivery is uncompared to the service is added.	hanged. ements or intergovernmental contracts that will be us	ed to implement the strategy for				
Agreement Name	Contracting Parties	Effective and Ending Dates				

	be used to implement the strategy for this service (e. r fee changes, etc.), and when will they take effect?	g., ordinances, resolutions, local				
None						
7. Person completing form: Ben Taylo Phone number: 912-653-3819	r Date completed: November 1, 2021					
Is this the person who should be co projects are consistent with the serv	ntacted by state agencies when evaluating whether proceed delivery strategy? ⊠Yes □No	roposed local government				
If not, provide designated contact pe	rson(s) and phone number(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 IV. Use <u>EXACTLY the same service names listed on FORM 1</u>. 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

Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.			
COUNTY:BRYAN	Service:Tourism Promotion		
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:		
a.) Service will be provided countywide (i.e., income (If this box is checked, identify the government, aut	cluding all cities and unincorporated areas) by a single service provider. chority or organization providing the service.):		
b.) Service will be provided only in the unincorp checked, identify the government, authority or orga	porated portion of the county by a single service provider. (If this box is nization providing the service.):		
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the		
	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the		
	le map delineating the service area of each service provider, and ation that will provide service within each service area.):		
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service		
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)		
⊠No			
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that diminated).		
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.		
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	ill help to pay for this service and indicate how the service will be funded (e.g., s, special service district revenues, hotel/motel taxes, franchise taxes, impact
Land Consumer and an Audhanita	

Local Government or Authority	Funding M	lethod		
Pembroke		General Funds, User Fees, Grants (as available)		
Richmond Hill	Hotel/Motel Taxes, General Funds, Grants (as available)			
Pembroke DDA Mainstreet	General Funds, User Fees	(as available)		
	· ·			
How will the strategy change the pr	evious arrangements for providing and/or fundir	ng this service within the county?		
This service is added. Delivery is und	changed.			
List any formal service delivery agre this service:	eements or intergovernmental contracts that will	l be used to implement the strategy for		
Agreement Name	Contracting Parties	Effective and Ending Dates		
	I be used to implement the strategy for this serv or fee changes, etc.), and when will they take ef			
None				
7. Person completing form: Ben Taylo Phone number: 912-653-3819	or Date completed: November 1, 2021			
Is this the person who should be co projects are consistent with the serv	ntacted by state agencies when evaluating whe ice delivery strategy? ⊠Yes ⊡No	ther proposed local government		
If not, provide designated contact pe	erson(s) and phone number(s) below:			







FORM 2: Summary of Service Delivery Arrangements

Instructions:

Make copies of this form and complete one for each service li Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	isted on FORM 1, Section IV. Use EXACTLY the same service names listed on FORM 1. sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:BRYAN	Service: Traffic Control - City Streets
4. Chook one have that heat describes the annual way	
1. Check one box that best describes the agreed upo	on delivery arrangement for this service:
 a.) Service will be provided countywide (i.e., inc (If this box is checked, identify the government, aut 	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.):
b.) Service will be provided only in the unincorp checked, identify the government, authority or orga	porated portion of the county by a single service provider. (If this box is inization providing the service.):
c.) 🖾 One or more cities will provide this service of provided in unincorporated areas. (If this box is cheservice: Pembroke, Richmond Hill	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
e.) Other (If this box is checked, <u>attach a legib</u> identify the government, authority, or other organiza	le map delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
If these conditions will continue under this strategy, <u>a</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party	gy, <u>attach an implementation schedule</u> listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

List each government or authority that will help to pay for this service and indicate	e how the service will be funded (e.g.,
enterprise funds, user fees, general funds, special service district revenues, hotel/r	
ees, bonded indebtedness, etc.).	2 2

Local Government or Author	Local Government or Authority Funding Method				
Pembroke	General Funds, Grants (as available)				
Richmond Hill	General Funds, Grants (as avaialbe)	General Funds, Grants (as avaialbe)			
4. How will the strategy change the	previous arrangements for providing and/or funding	g this service within the county?			
This service is added. Delivery is	unchanged.				
5. List any formal service delivery a this service:	agreements or intergovernmental contracts that will l	be used to implement the strategy for			
Agreement Name	Contracting Parties	Effective and Ending Dates			
		*			
6. What other mechanisms (if any) acts of the General Assembly, ra	will be used to implement the strategy for this service te or fee changes, etc.), and when will they take effective.	ce (e.g., ordinances, resolutions, local ect?			
None					
7. Person completing form: Ben Ta Phone number: 912-653-3819	ylor Date completed: November 1, 2021				
Is this the person who should be projects are consistent with the s	contacted by state agencies when evaluating whethervice delivery strategy? ⊠Yes □No	her proposed local government			
If not, provide designated contact person(s) and phone number(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 IV. 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.

should be reported to the Department of Community Affairs.			
COUNTY:BRYAN	Service:Traffic Control - County Roads		
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service		
a.) Service will be provided countywide (i.e., inc	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.):Bryan County		
b.) Service will be provided only in the unincorport checked, identify the government, authority or organized or control of the control of t	porated portion of the county by a single service provider. (If this box is anization providing the service.):		
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the		
	only within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the		
	ele map delineating the service area of each service provider, and ation that will provide service within each service area.):		
2. In developing this strategy, were overlapping serving identified?	ce areas, unnecessary competition and/or duplication of this service		
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)		
⊠No			
	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).		
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.		
	Page 1 of 2		

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 Authori	I Government or Authority Funding Method	
Bryan County	General Funds	
4. How will the strategy change the	previous arrangements for providing ar	nd/or funding this service within the county?
This service is added.		
5. List any formal service delivery a this service:	greements or intergovernmental contra	acts that will be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
		3
6. What other mechanisms (if any) acts of the General Assembly, rai	will be used to implement the strategy for e or fee changes, etc.), and when will the	for this service (e.g., ordinances, resolutions, local hey take effect?
None		
7. Person completing form: Ben Ta Phone number: 912-653-3819	ylor Date completed: November 1, 2021	
	contacted by state agencies when eval ervice delivery strategy? ⊠Yes ⊡No	luating whether proposed local government
If not, provide designated contact	person(s) and phone number(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 IV. Use <u>EXACTLY the same service names listed on FORM 1</u>. 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.

should be reported to the Department of Community Affairs.			
COUNTY:BRYAN	Service: Water Treatment and Distribution - North Bryan		
Check <u>one</u> box that best describes the agreed upo	n delivery arrangement for this service:		
a.) Service will be provided countywide (i.e., inc (If this box is checked, identify the government, aut	cluding all cities and unincorporated areas) by a single service provider. chority or organization providing the service.):		
b.) Service will be provided only in the unincorp checked, identify the government, authority or orga	porated portion of the county by a single service provider. (If this box is nization providing the service.):		
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the		
	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the		
identify the government, authority, or other organiza	le map delineating the service area of each service provider, and ation that will provide service within each service area.): Pembroke and e service areas delineated on the attached service area map.		
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service		
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)		
⊠No			
If these conditions will continue under this strategy, <u>a</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).		
If these conditions will be eliminated under the strated will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.		

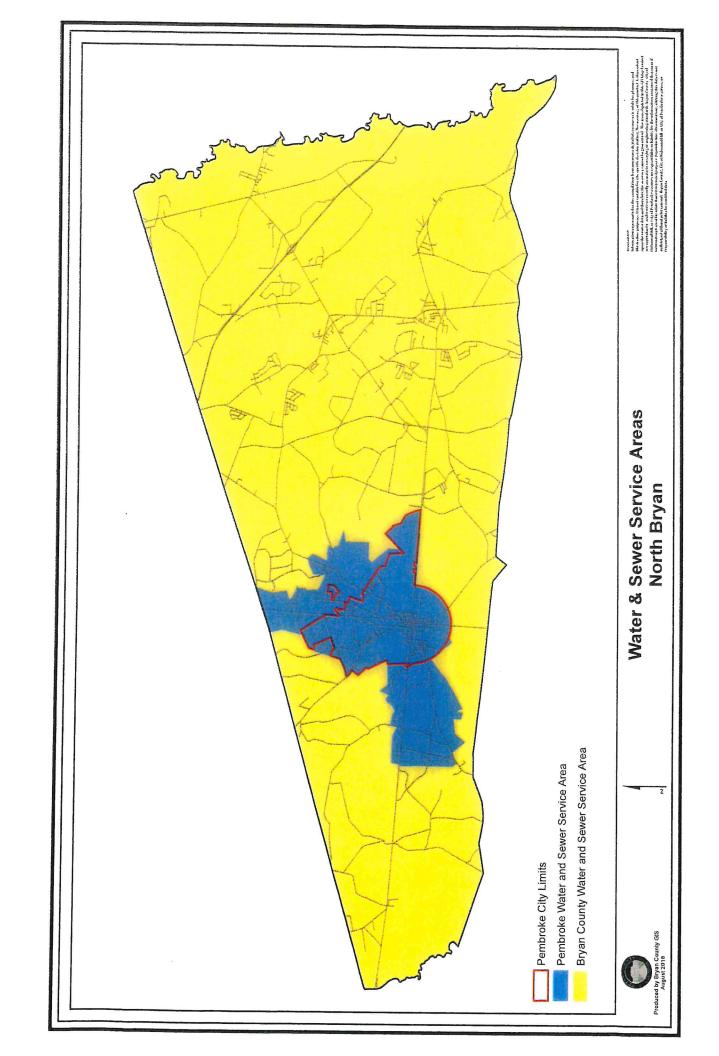
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5	D 5	1-(0)	RW	2. C	ontin	ued

Local Government or Authority Funding Method						
Pembroke General Funds, User Fees, Assessments, SPLOST, Enterprise Funds, Grants						
Bryan County	Enterprise Funds, SPLOST, Grants (as ava	ailable)				
						
low will the strategy change the	ne previous arrangements for providing and/or fundi	ing this service within the county?				
based a Parameter de la constantina	a abangad					
The delineated service areas are changed.						
ne delineated service areas ar	e changed.					
ne delineated service areas ar	e changed.					
ne delineated service areas ar	e crianged.					
ne delineated service areas ar	e crianged.					
	v agreements or intergovernmental contracts that wi	Il be used to implement the strategy				
List any formal service delivery		Il be used to implement the strategy				
List any formal service delivery	agreements or intergovernmental contracts that wi					
List any formal service delivery		Il be used to implement the strategy Effective and Ending Date				
List any formal service delivery	agreements or intergovernmental contracts that wi					
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List any formal service delivery	agreements or intergovernmental contracts that wi					
ist any formal service delivery	agreements or intergovernmental contracts that wi					
ist any formal service delivery	agreements or intergovernmental contracts that wi					
List any formal service delivery his service: **Agreement Name**	contracting Parties	Effective and Ending Date				
List any formal service deliverynis service: **Agreement Name** What other mechanisms (if any	Contracting Parties (a) Will be used to implement the strategy for this services	Effective and Ending Date vice (e.g., ordinances, resolutions, lo				
List any formal service delivery his service: **Agreement Name** What other mechanisms (if any	contracting Parties	Effective and Ending Date vice (e.g., ordinances, resolutions, lo				
List any formal service delivery his service: **Agreement Name** What other mechanisms (if any	Contracting Parties (a) Will be used to implement the strategy for this services	Effective and Ending Date vice (e.g., ordinances, resolutions, lo				
List any formal service delivery his service: **Agreement Name** What other mechanisms (if any	Contracting Parties (a) Will be used to implement the strategy for this services	Effective and Ending Date vice (e.g., ordinances, resolutions, lo				
List any formal service delivery his service: **Agreement Name** What other mechanisms (if any	Contracting Parties (a) Will be used to implement the strategy for this services	Effective and Ending Date vice (e.g., ordinances, resolutions, lo				
List any formal service delivery this service: Agreement Name What other mechanisms (if any acts of the General Assembly,	Contracting Parties (a) Will be used to implement the strategy for this services	Effective and Ending Date vice (e.g., ordinances, resolutions, le				
List any formal service delivery this service: **Agreement Name** What other mechanisms (if any	Contracting Parties (a) Will be used to implement the strategy for this services	Effective and Ending Date vice (e.g., ordinances, resolutions, lo				

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

projects are consistent with the service delivery strategy? ⊠Yes □No

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government









FORM 2: Summary of Service Delivery Arrangements

Instructions:

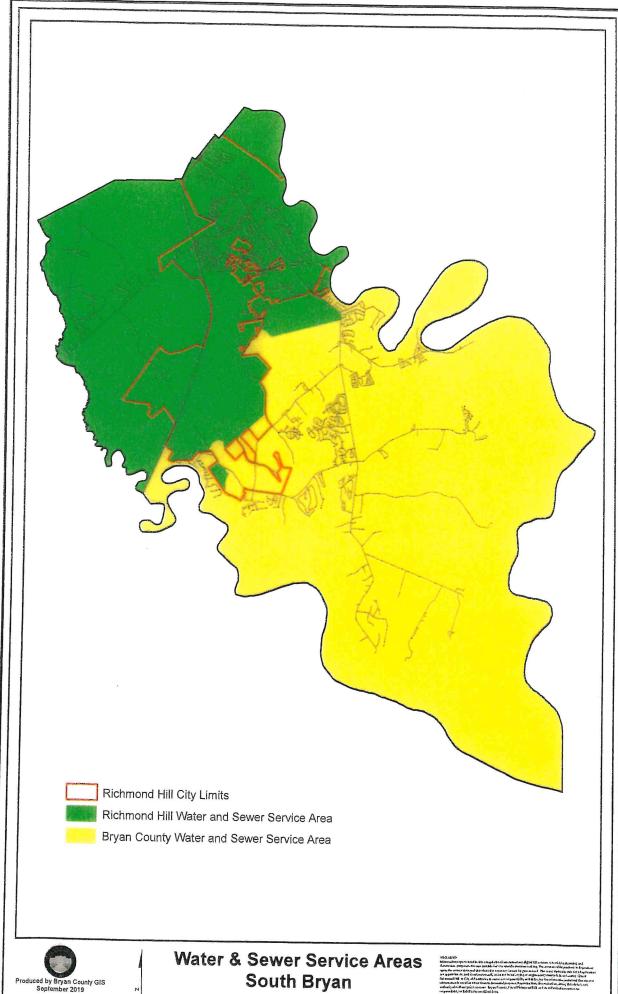
Make copies of this form and complete one for each service listed on FORM 1, Section IV. Use EXACTLY the same service names listed on FORM 1.

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:BRYAN	Service:Water Treatment and Distribution - South Bryan				
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:				
a.) Service will be provided countywide (i.e., inc (If this box is checked, identify the government, aut	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.):				
b.) Service will be provided only in the unincorp checked, identify the government, authority or orga	porated portion of the county by a single service provider. (If this box is anization providing the service.):				
c.) One or more cities will provide this service of provided in unincorporated areas. (If this box is chesservice:	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the				
d.) One or more cities will provide this service of service in unincorporated areas. (If this box is check service.):	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the				
identify the government, authority, or other organization	le map delineating the service area of each service provider, and ation that will provide service within each service area.): Richmond Hill in the service areas delineated on the attached service area map.				
In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service				
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)				
⊠No					
If these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).				
If these conditions will be eliminated under the strated will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.				

SDS FORM 2, continued	S	DS	FO	RM	2.	con	tinu	iec
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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								
Richmond Hill	General Funds, User Fees, Assessments, SPLOST, Enterprise Funds							
Bryan County Enterprise Funds, SPLOST								
4. How will the strategy change the	previous arrangements for providing and/or funding this	s service within the county?						
The delineated service areas are	changed.							
5. List any formal service delivery a this service:	greements or intergovernmental contracts that will be u	sed to implement the strategy for						
Agreement Name	Contracting Parties	Effective and Ending Dates						
	,							
	will be used to implement the strategy for this service (e te or fee changes, etc.), and when will they take effect?							
None								
7. Person completing form: Ben Ta Phone number: 912-653-3819	ylor Date completed: November 1, 2021							
8. Is this the person who should be projects are consistent with the s	contacted by state agencies when evaluating whether pervice delivery strategy? ⊠Yes ⊡No	proposed local government						
If not, provide designated contac	person(s) and phone number(s) below:							











FORM 2: Summary of Service Delivery Arrangements

Instructions:

Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	isted on FORM 1, Section IV. Use <u>EXACTLY the same service names listed on FORM 1</u> . sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:BRYAN	Service: Yard Trash Removal
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:
a.) Service will be provided countywide (i.e., inc (If this box is checked, identify the government, aut	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.):
b.) Service will be provided only in the unincorp checked, identify the government, authority or orga	porated portion of the county by a single service provider. (If this box is inization providing the service.):
c.) 🗵 One or more cities will provide this service of provided in unincorporated areas. (If this box is cheservice: Pembroke, Richmond Hill	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
d.) One or more cities will provide this service of service in unincorporated areas. (If this box is check service.):	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	le map delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

3.	 List each government or 	authority that will	help to pay for	this service and ir	ndicate how the ser	vice will be funde	d (e.g.,
	enterprise funds, user fe	es, general funds,	special service	e district revenues,	, hotel/motel taxes,	franchise taxes, i	mpact
	fees, bonded indebtedne	ess, etc.).					

Local Government or Author	ocal Government or Authority Funding Method								
Pembroke		General Funds, User Fees							
Richmond Hill	Il General Funds, User Fees, Grants (as available)								
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?									
Section 3 is revised to list Pembr	oke.								
List any formal service delivery this service:	agreen	nents or intergovernmental contracts that will be use	ed to implement the strategy for						
Agreement Name		Contracting Parties	Effective and Ending Dates						
		e used to implement the strategy for this service (e.gee changes, etc.), and when will they take effect?	g., ordinances, resolutions, local						
None									
7. Person completing form: Ben T a Phone number: 912-653-3819		ate completed: November 1, 2021							
3. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ⊠Yes □No									
If not, provide designated contact	ct perso	on(s) and phone number(s) below:							







Service Delivery Strategy FORM 3: Summary of Land Use Agreements

Instructions:					
Inswer each question below, attaching additional pages as necessary. Please note that any changes to the answers provided will require an update of the ervice delivery strategy. If the contact person for this service (listed at the bottom of this page) changes, this should be reported to the Department of community Affairs.					
COUNTY: BRYAN					
What incompatibilities or conflicts between the land use plans of local governments we developing the service delivery strategy? None	ere identified in the process of				
 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 "other measures" was checked, describe these measures: What policies, procedures and/or processes have been established by local governmental to ensure that new extraterritorial water and sewer service will be consistent 					
and ordinances? General SDS Act Provision 6 of the Parties' 2021 Service Delivery Strategy Agreement pextraterrritorial water and sewer services by the Parties shall be consistent with all applic	provides the provision of				
4. Person completing form: Ben Taylor					
Phone number: 912-653-3819 Date completed: November 1, 2021					
5. Is this the person who should be contacted by state agencies when evaluating whethe projects are consistent with the service delivery strategy? ⊠Yes □No	er proposed local government				
If not, provide designated contact person(s) and phone number(s) below:					







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 authorities providing services under the strategy are not required to sign this form, but are encouraged to do so.

COUNTY: BRYAN

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));
- 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
PEMBROKE	Mayor	Judy B. Cook	Judy B. Cook	8921
RICHMOND HILL	Mayor	Russ Carpenter	1 and out 5	8.4.2
BRYAN COUNTY	Chairman	Carter Infinger	Cate chine	7.19-
			/	