





COUNTY: BULLOCH

#### 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.
- 2. 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** Extending the Existing SDS Revising or Adding to the 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). For answers to most frequently asked questions on 6. Complete one copy of the Certifications form (FORM 4) 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.

**Bulloch County** 

City of Statesboro

Town of Brooklet

Town of Portal

Town of Register

**Development Authority of Bulloch County** 

Statesboro Housing Authority

Statesboro Convention and Visitors Bureau

Statesboro-Bulloch County Land Bank Authority

# 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.

Airport

Animal Shelter/Control

Code Enforcement

Courts

**Development Services** 

Elections and Voter Registration

**Emergency 911** 

**Emergency Management** 

Emergency Medical and Rescue

Engineering

Fire Protection

**Indigent Defense** 

Jail

Law Enforcement

Library

Planning and Zoning

Public Health Services

**Public Housing** 

Road and Street Maintenance

Solid Waste Collection/Recycling

Recycling

Solid Waste Disposal

**Tourism** 

#### 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.

Downtown Development

**Economic Development** 

Gas Utility (Service removed from SDS agreement; Now referred to as Natural Gas)

Housing and Urban Redevelopment (New Service)

Natural Gas

Parks and Recreation

Road and Street Construction

Senior Citizens Program/Title 3

Social Services (now referenced as Social Services /Public Health)

Stormwater

Wastewater

Water







# 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</u> 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:BULLOCH	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., including 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 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 cheservice: City of Statesboro	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: City of Statesboro					
	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.):					
e.)  Other (If this box is checked, attach a legit identify the government, authority, or other organization)	ole map delineating the service area of each service provider, and cation that will provide service within each service area.):					
In developing this strategy, were overlapping servidentified?	rice areas, unnecessary competition and/or duplication of this service					
☐ <b>Yes</b> (if "Yes," you must attach additional docum	nentation 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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List each government or authority that enterprise funds, user fees, general fu fees, bonded indebtedness, etc.).	will help to pay for this service and indicate nds, special service district revenues, hotel/	how the service will be funded (e.g., motel taxes, franchise taxes, impact
Local Government or Authority	Funding i	Method
City of Statesboro	Hotel/Motel Tax, Grants, CDBG	
Oily of Glatesboro	Thousand Tax, Classe, 222	
How will the strategy change the prev	ious arrangements for providing and/or fund	ling this service within the county?
Grants and CDBG funding have been a	added as additional funding methods.	
. List any formal service delivery agree this service:	ments or intergovernmental contracts that v	vill be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
N/A		
i. What other mechanisms (if any) will l acts of the General Assembly, rate or	be used to implement the strategy for this se fee changes, etc.), and when will they take	ervice (e.g., ordinances, resolutions, local effect?
NIA		
N/A		
7. Person completing form: <b>James Po</b> Phone number: <b>912-764-6245</b>	pe Date completed: 3/30/2022	
<ol><li>Is this the person who should be cor projects are consistent with the servi</li></ol>	ntacted by state agencies when evaluating v ce delivery strategy?	vhether proposed local government
If not, provide designated contact pe TOM COUCH, BULLOCH COUNTY MANAGER, 912-764-5468	rson(s) and phone number(s) below: MANAGER, 912-764-6245; CHARLES PE	NNY, CITY OF STATESBORO CITY







## 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 <u>EXACTLY the same service names listed on FORM 1.</u> ssary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:BULLOCH	Service:Economic Development
Check <u>one</u> box that best describes the agreed upon	8 8
<ul> <li>a.) Service will be provided countywide (i.e., in (If this box is checked, identify the government, au of Bulloch County</li> </ul>	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.): Development Authority
b.) Service will be provided only in the unincorportecked, 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 characteristics:	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
<ul> <li>d.)    ☐ One or more cities will provide this service service in unincorporated areas. (If this box is che service.):</li> </ul>	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 leginal identify the government, authority, or other organizations)	ble map delineating the service area of each service provider, and zation that will provide service within each service area.):
In developing this strategy, were overlapping servidentified?	vice areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docur	mentation as described, below)
⊠No	
If these conditions will continue under this strategy, 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., 6.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strat will be taken to eliminate them, the responsible part	tegy, <u>attach an implementation schedule</u> listing each step or action that ty and the agreed upon deadline for completing it.

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<ol><li>List each government or authority t enterprise funds, user fees, general fees, bonded indebtedness, etc.).</li></ol>	hat will help to pay for this service and indicate ho funds, special service district revenues, hotel/mo	w the service will be funded (e.g., tel taxes, franchise taxes, impact
Local Government or Authority	Funding Me	thod
Bulloch County	General Fund, SPLOST, CDBG, Grants.	
4. How will the strategy change the p	revious arrangements for providing and/or funding	this service within the county?
Grants and CDBG funding have bee	n added as additional funding methods.	
Status and ODBO fullding have bee	ar added as additional familing methods.	
<ol><li>List any formal service delivery agr this service:</li></ol>	eements or intergovernmental contracts that will k	be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
N/A		
	Ill be used to implement the strategy for this service or fee changes, etc.), and when will they take effective.	
N/A		
L		
7. Person completing form: <b>James P</b> Phone number: <b>912-764-6245</b>	ope Date completed: 3/30/2022	
	contacted by state agencies when evaluating whet rvice delivery strategy?  ☐Yes ⊠No	her proposed local government
If not, provide designated contact TOM COUCH, BULLOCH COUNT	person(s) and phone number(s) below: 'Y MANAGER, 912-764-6245	







## 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:BULLOCH	Service:Housing and Urban Redevelopment			
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	in delivery arrangement for this corvice.			
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.):			
c.)  One or more cities will provide this service of provided in unincorporated areas. (If this box is che service: City of Statesboro	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 legit 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.):			
In developing this strategy, were overlapping serving 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	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 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

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

Local Government or Authority	Funding Method
City of Statesboro	General Fund, CDBG, Grants, SPLOST
Statesboro Housing Authority	U.S. HUD, Rent Revenues, Grants
Statesboro-Bulloch Land Bank Auth.	General Fund, Program Income, CDBG
Downtown Statesboro Dev. Authority	General Fund, Hotel-Motel Taxes

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?	
Housing Revitalization is a new service listed in the SDS agreement.	

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
N/A		

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?

The City of Statesboro will immediately establish and assign personnel and other resources for the activity based on strategies developed with neighborhood revitalization and urban development plans, and by establishing partnerships with governmental and non-governmental stakeholders. Other mechanisms may include, but are not limited to new revised ordinances, resolutions or statutory approvals to achieve the goals of said plans.

7. Person completing form: James	Pope
Phone number: 912-764-6245	Date completed: 3/30/2022

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:

TOM COUCH, BULLOCH COUNTY MANAGER, 912-764-6245; CHARLES PENNY, CITY OF STATESBORO CITY MANAGER, 912-764-5468







### FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

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should be reported to the Department of Community Affairs.							
COUNTY:BULLOCH	Service: Natural Gas						
. Check one box that best describes the agreed upon delivery arrangement for this service:							
<ul> <li>a.) Service will be provided countywide (i.e., inc (If this box is checked, identify the government, aut</li> </ul>	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.):City of Statesboro						
b.) Service will be provided only in the unincorporate checked, 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:	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.)	ole map delineating the service area of each service provider, and eation that will provide service within each service area.):						
In developing this strategy, were overlapping serv identified?	ice areas, unnecessary competition and/or duplication of this service						
☐ <b>Yes</b> (if "Yes," you must attach additional docum	nentation 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 strate will be taken to eliminate them, the responsible party	egy, attach an implementation schedule listing each step or action that y and the agreed upon deadline for completing it.						
	Page 1 of 2						

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Local Government or Authorit		
City of Statesboro	Enterprise Fund, CDBG, Grants, SPLOS	Γ
		ding this convice within the county?
How will the strategy change the	previous arrangements for providing and/or fund	
Grants, SPLOST and CDBG fundi	ng have been added as additional funding meth	ods.
this service:	greements or intergovernmental contracts that v	
Agreement Name	Contracting Parties	Effective and Ending Dates
N/A		
6. 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	ervice (e.g., ordinances, resolutions, local effect?
NI/A		
N/A		
7. Person completing form: <b>James</b> Phone number: <b>912-764-6245</b>	Pope Date completed: 3/30/2022	
<ol> <li>Is this the person who should be projects are consistent with the s</li> </ol>	contacted by state agencies when evaluating vervice delivery strategy? $\square$ Yes $ ot\boxtimes$ No	hether proposed local government
If not, provide designated contact	t person(s) and phone number(s) below: NTY MANAGER, 912-764-6245; CHARLES PE	







# 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:BULLOCH	Service:Parks and Recreation						
1. Check one box that best describes the agreed upon							
a.) Service will be provided countywide (i.e., industrial (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.):Bulloch County						
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 characteristics:	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 service in unincorporated areas. (If this box is che 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 legilidentify the government, authority, or other organizations)	ble map delineating the service area of each service provider, and zation that will provide service within each service area.):						
identified?	vice areas, unnecessary competition and/or duplication of this service						
☐Yes (if "Yes," you must attach additional docur	mentation as described, below)						
⊠No							
If these conditions will continue under this strategy, 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., 6.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).						
If these conditions will be eliminated under the strat will be taken to eliminate them, the responsible part	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						

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 Autho	ritv	Funding Method					
Bulloch County	tedor # m.coam	General Fund, SPLOST, TSPLOST, CDBG, Grants	5				
			Control of the Contro				
		and the second s					
4. How will the strategy change th	ie previ	ous arrangements for providing and/or funding this s	ervice within the county?				
Grants and CDBG funding have	been a	dded as additional funding methods.					
Under the terms of the service d	eliven	agreement, the municipalities agree to continue to p	rovide at no cost to the				
county, facilities and equipment	within n	nunicipal limits for the county to use for recreation pu	urposes. Under the terms of				
		of recreation facilities owned by the municipalities will					
not be required to use any or all	of thes	e facilities for the purpose of providing recreation ser	vices.				
<ol><li>List any formal service delivery this service:</li></ol>	agreer	nents or intergovernmental contracts that will be use	d to implement the strategy for				
Agreement Name		Contracting Parties	Effective and Ending Dates				
N/A							
		e used to implement the strategy for this service (e.g ee changes, etc.), and when will they take effect?	., ordinances, resolutions, local				
N/A							
7. Person completing form: <b>James Pope</b> Phone number: <b>912-764-6245</b> Date completed: 3/30/2022							
		acted by state agencies when evaluating whether pree delivery strategy?  ☐Yes ⊠No	oposed local government				
If not, provide designated conta		on(s) and phone number(s) below: IANAGER, 912-764-6245					







## 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.

COUNTY:BULLOCH Service: Road and Street Construction
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:
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.): Bulloch County, City of Statesboro, Town of Brooklet, Town of Portal, Town of Register
e.)  Other (If this box is checked, <u>attach a legible map delineating the service area of each service provider</u> , and identify the government, authority, or other organization that will provide service within each service area.):
In developing this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
☐Yes (if "Yes," you must attach additional documentation as described, below)
⊠No
If these conditions will continue under this strategy, <u>attach an explanation for continuing the arrangement</u> (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).
If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action the will be taken to eliminate them, the responsible party 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.).

Funding Method
General Fund, SPLOST, TSPLOST, Grants, CDBG

Town of Register General Fund, SPLOST, TSPLOST, Grants, CDBG				
TOWIT OF INEGISTER				
1. How will the strategy change the pre	vious arrangements for providing and/or funding this s	service within the county?		
CDBG funding has been added as an	additional funding method.			
5. List any formal service delivery agre this service:	ements or intergovernmental contracts that will be use			
Agreement Name	Contracting Parties	Effective and Ending Dates		
N/A				
What other mechanisms (if any) will acts of the General Assembly, rate contacts.	be used to implement the strategy for this service (e. or fee changes, etc.), and when will they take effect?	g., ordinances, resolutions, loca		
N/A				
7. Person completing form: James Po	ope Date completed: 3/30/2022			
8. Is this the person who should be co- projects are consistent with the sen	ontacted by state agencies when evaluating whether p vice delivery strategy?  ☐Yes ⊠No	roposed local government		
If not, provide designated contact p TOM COUCH, BULLOCH COUNT MANAGER, 912-764-5468	erson(s) and phone number(s) below: Y MANAGER, 912-764-6245; CHARLES PENNY, Cl	TY OF STATESBORO CITY		







# 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:BULLOCH	Service:Senior Citizens Programs / Title 3							
Check <u>one</u> box that best describes the agreed upo     a.) Service will be provided countywide (i.e., inc	I. Check one box that best describes the agreed upon delivery arrangement for this service:							
(If this box is checked, identify the government, aut	thority or organization providing the service.):Bulloch County							
<ul> <li>b.) ☐ Service will be provided only in the unincorposite checked, identify the government, authority or organized</li> </ul>	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:	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, <u>attach a legib</u> identify the government, authority, or other organiz	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?	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, <u>attach an explanation for continuing the arrangement</u> (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).								
If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.								
	Page 1 of 2							

	t will help to pay for this service and indicate how inds, special service district revenues, hotel/mote	
Local Government or Authority	Funding Meth	god
Bulloch County	General Fund, Grants, CDBG	
4. How will the strategy change the prev	rious arrangements for providing and/or funding t	his service within the county?
Grants and CDBG funding has been a	dded as additional funding methods.	
j and the second	<b>Q</b>	
<ol><li>List any formal service delivery agree this service:</li></ol>	ments or intergovernmental contracts that will be	e used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
N/A		
	pe used to implement the strategy for this service fee changes, etc.), and when will they take effect	
N/A		
7. Person completing form: James Pop	oe	
	Date completed: 3/30/2022	
Is this the person who should be con projects are consistent with the service.	stacted by state agencies when evaluating wheth the delivery strategy?  ☐Yes  ☑No	er proposed local government
If not, provide designated contact per TOM COUCH, BULLOCH COUNTY		







# 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:BULLOCH	Service:Social Service / Public Health						
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.):Bulloch County							
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						
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.):							
e.)  Other (If this box is checked, attach a legit identify the government, authority, or other organiz	e.) Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.):						
In developing this strategy, were overlapping servidentified?	rice 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, <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 strate will 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.						
	Page 1 of 2						

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				400	con		

Local Government or Authority	Funding Metho	od
Bulloch County	General Fund, Grants, CDBG	
How will the strategy change the prev	ious arrangements for providing and/or funding th	nis service within the county?
rants and CDBG funding has been a	dded as additional funding methods.	
	stance to various local social service providers, in	
ne Bulloch County Alcohol and Drug C	Council, High Hope, Pineland Community Service	Board, DFACS, and Action Pact.
List any formal service delivery agree his service:	ments or intergovernmental contracts that will be	used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Date
/A		
	be used to implement the strategy for this service fee changes, etc.), and when will they take effect	
acts of the General Assembly, rate or		
acts of the General Assembly, rate or		
acts of the General Assembly, rate or  I/A  Person completing form: James Pop	fee changes, etc.), and when will they take effect	
Person completing form: James Pop	fee changes, etc.), and when will they take effect  be Date completed: 3/30/2022  tacted by state agencies when evaluating whethe	!?







# 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</u> 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:BULLOCH	Service:Stormwater			
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., 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 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 cheservice: City of Statesboro	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 legit identify the government, authority, or other organization)	ole map delineating the service area of each service provider, and ration that will provide service within each service area.):			
2. In developing this strategy, were overlapping serv identified?	rice 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, <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 strate will 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.			
	Page 1 of 2			

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		u		w	и	2	٠.			ш	м	-	ы

<ol> <li>List each government or authori enterprise funds, user fees, gene fees, bonded indebtedness, etc.</li> </ol>	by that will help to pay for this service and indicate eral funds, special service district revenues, hotel	e how the service will be funded (e.g., l/motel taxes, franchise taxes, impact
Local Government or Author	ity Funding	
City of Statesboro	Water-Sewer Enterprise Fund, Stormwater	er Fees, CDBG, Grants
200 Acc	e previous arrangements for providing and/or fund	
sewer enterprise fund.	een added as additional funding methods. The ware	
Agreement Name	Contracting Parties	Effective and Ending Dates
	Contracting rarties	Zirodave dira ziranig zates
N/A		
What other mechanisms (if any acts of the General Assembly, r     N/A	) will be used to implement the strategy for this se ate or fee changes, etc.), and when will they take	ervice (e.g., ordinances, resolutions, loca e effect?
7. Person completing form: <b>Jame</b> Phone number: <b>912-764-6245</b>	s Pope Date completed: 3/30/2022	
<ol><li>Is this the person who should to projects are consistent with the</li></ol>	e contacted by state agencies when evaluating v service delivery strategy?  ☐Yes  ☐No	whether proposed local government
If not, provide designated conta TOM COUCH, BULLOCH COU MANAGER, 912-764-5468	ct person(s) and phone number(s) below: INTY MANAGER, 912-764-6245; CHARLES PE	NNY, CITY OF STATESBORO CITY







# 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:BULLOCH	Service: Wastewater					
1. Check <u>one</u> box that best describes the agreed upo	. 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.):						
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 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					
e.)  Other (If this box is checked, attach a legible identify the government, authority, or other organiz Statesboro, Town of Portal	ole map delineating the service area of each service provider, and ation that will provide service within each service area.): City of					
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 expected to the condition of 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.					
	Page 1 of 2					

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		2, continued

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.).

SPLOST, Water-sewer fund, Grants, CDBG SPLOST, Water-sewer fund, Grants, CDBG
SPLOST, Water-sewer fund, Grants, CDBG
ous arrangements for providing and/or funding this service within the county?
_

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

Contracting Parties	Effective and Ending Dates
	Contracting Parties

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

N/A			

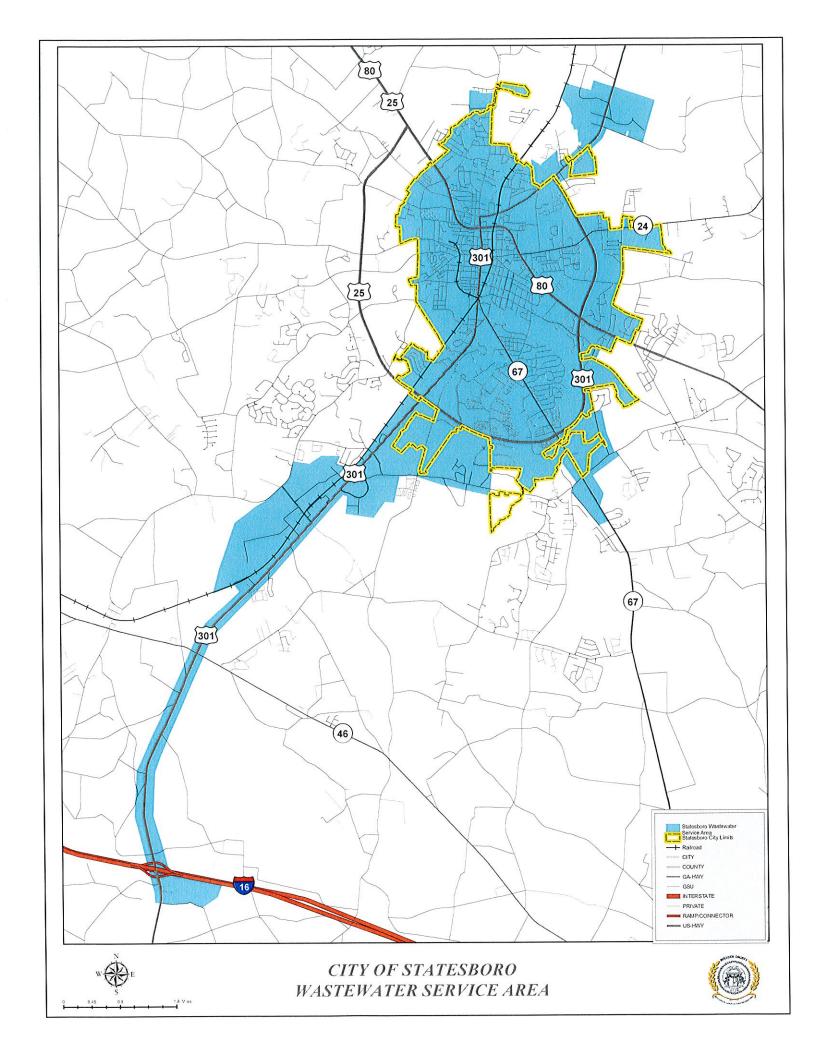
7. Person completing form: James Pope

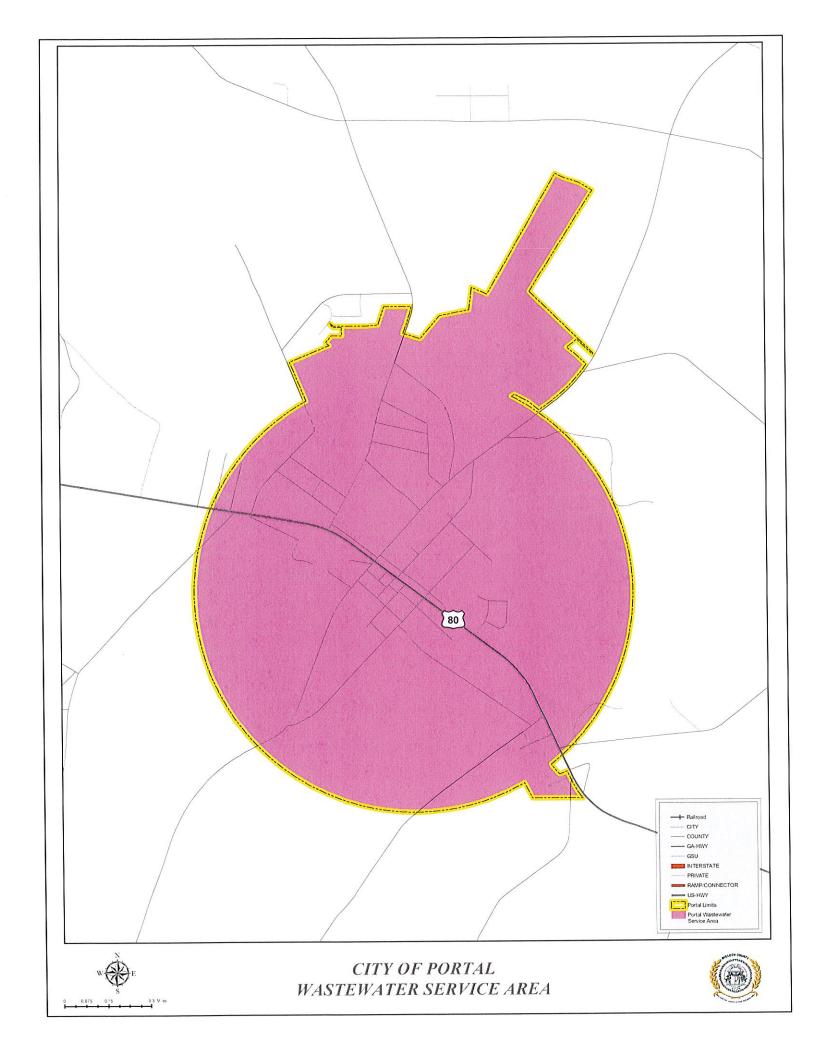
Phone number: **912-764-6245** Date completed: 3/30/2022

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:

TOM COUCH, BULLOCH COUNTY MANAGER, 912-764-6245; CHARLES PENNY, CITY OF STATESBORO CITY MANAGER, 912-764-5468











# 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 Arians.				
COUNTY:BULLOCH	Service:Water			
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., 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 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 cation that will provide service within each service area.): City of Town of Register			
In developing this strategy, were overlapping serv identified?	rice 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, <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 strate will be taken to eliminate them, the responsible party	egy, attach an implementation schedule listing each step or action that y 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		
City of Statesboro	SPLOST, Water-sewer fund, User Fees, Grants, CDBG		
Town of Brooklet	SPLOST, User Fees, Grants, CDBG		
Town of Portal	SPLOST, User Fees, Grants, CDBG		
Town of Register	SPLOST, User Fees, Grants, CDBG		

4. How will the strategy change the previous arrangements for providing and/or funding this service within the	e county?
Grants and CDBG funding has been added as additional funding methods. New service area maps have be	en attached.

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
N/A		

3.	5. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinar	nces, resolutions, lo	cal
	acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?		

N/A		

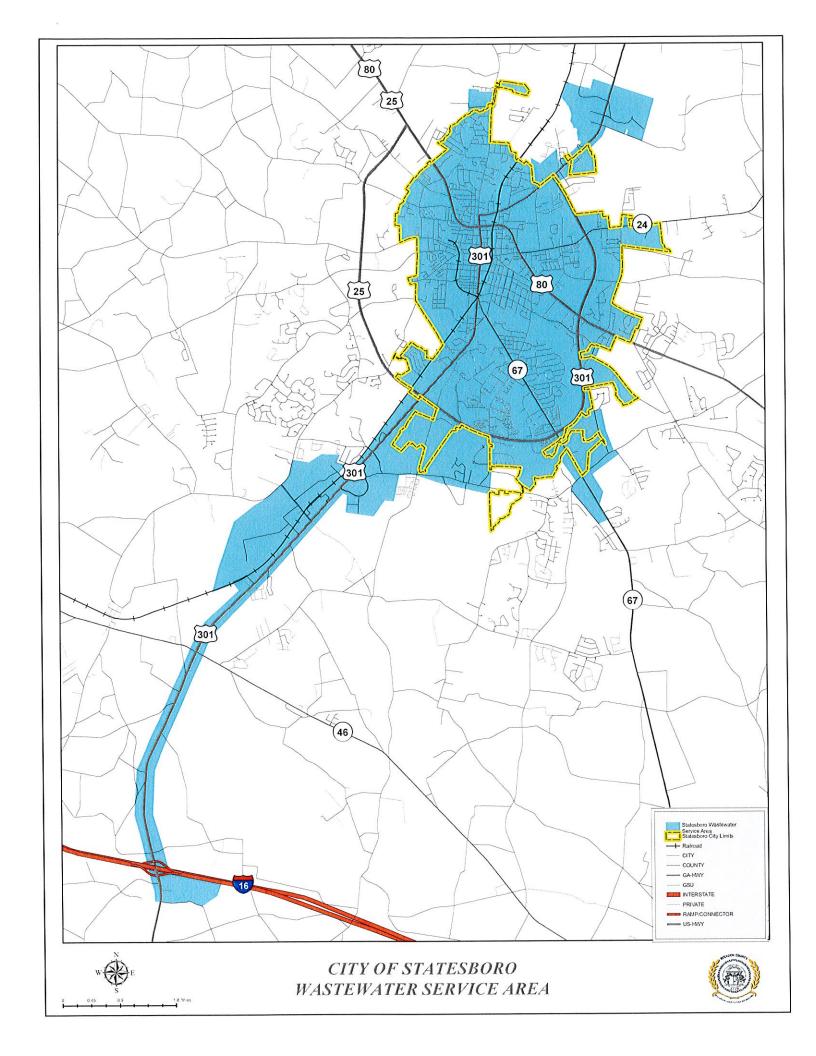
7. Person completing form: James Pope

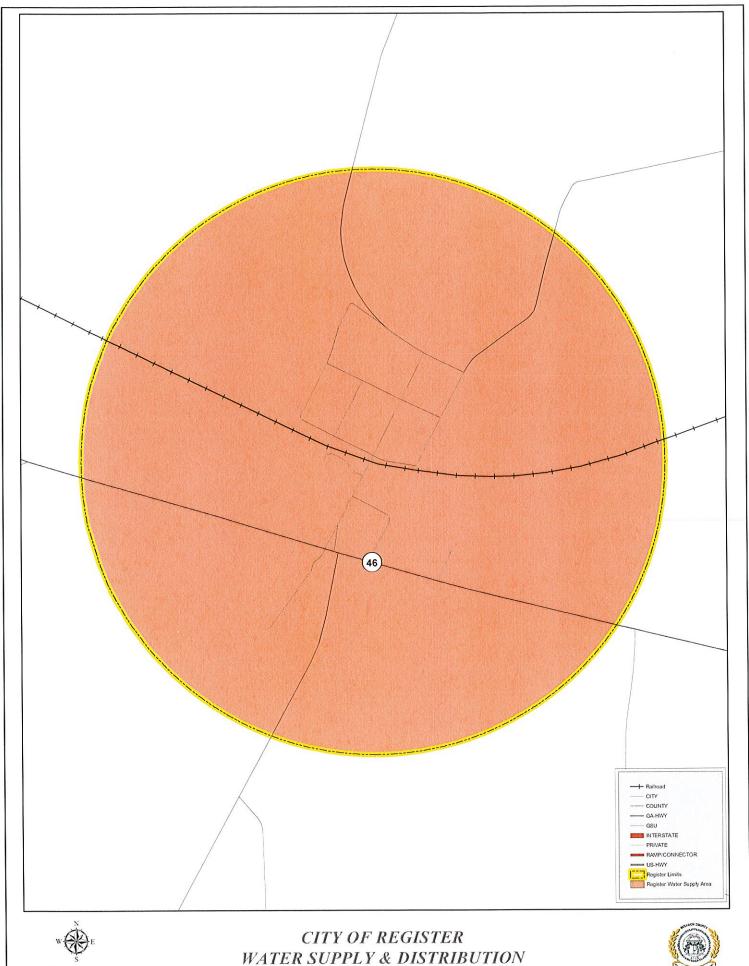
Phone number: 912-764-6245 Date completed: 3/30/2022

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:

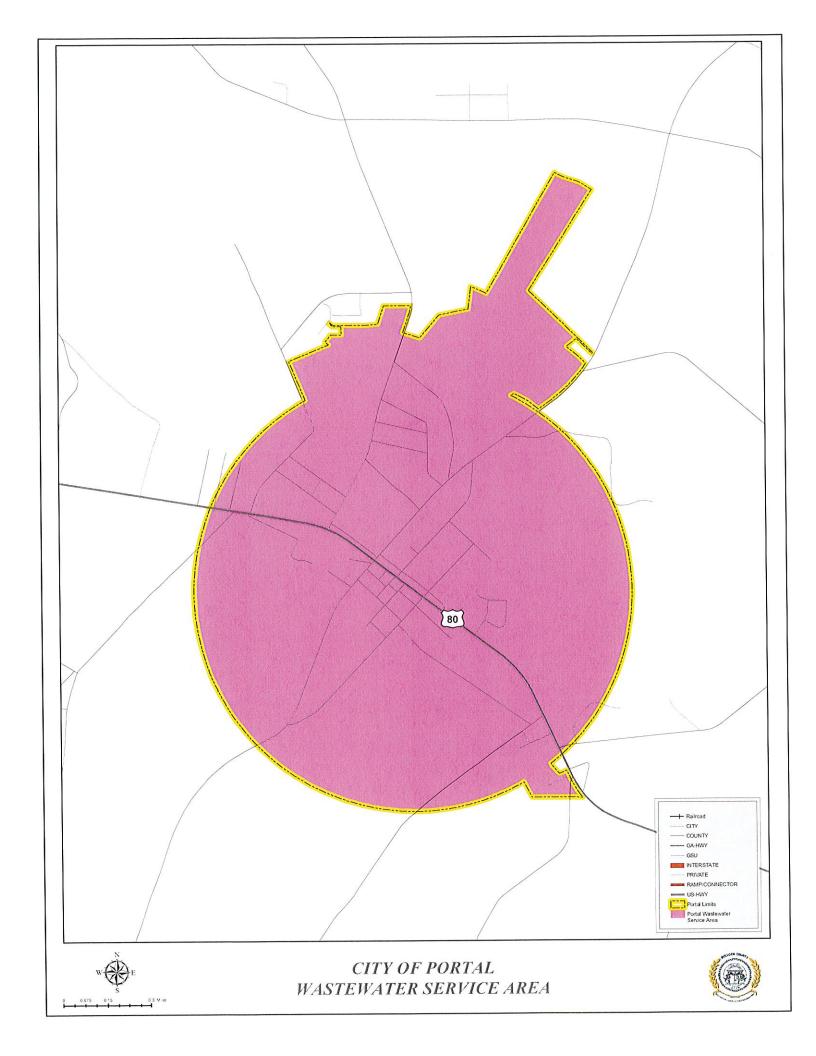
TOM COUCH, BULLOCH COUNTY MANAGER, 912-764-6245; CHARLES PENNY, CITY OF STATESBORO CITY MANAGER, 912-764-5468

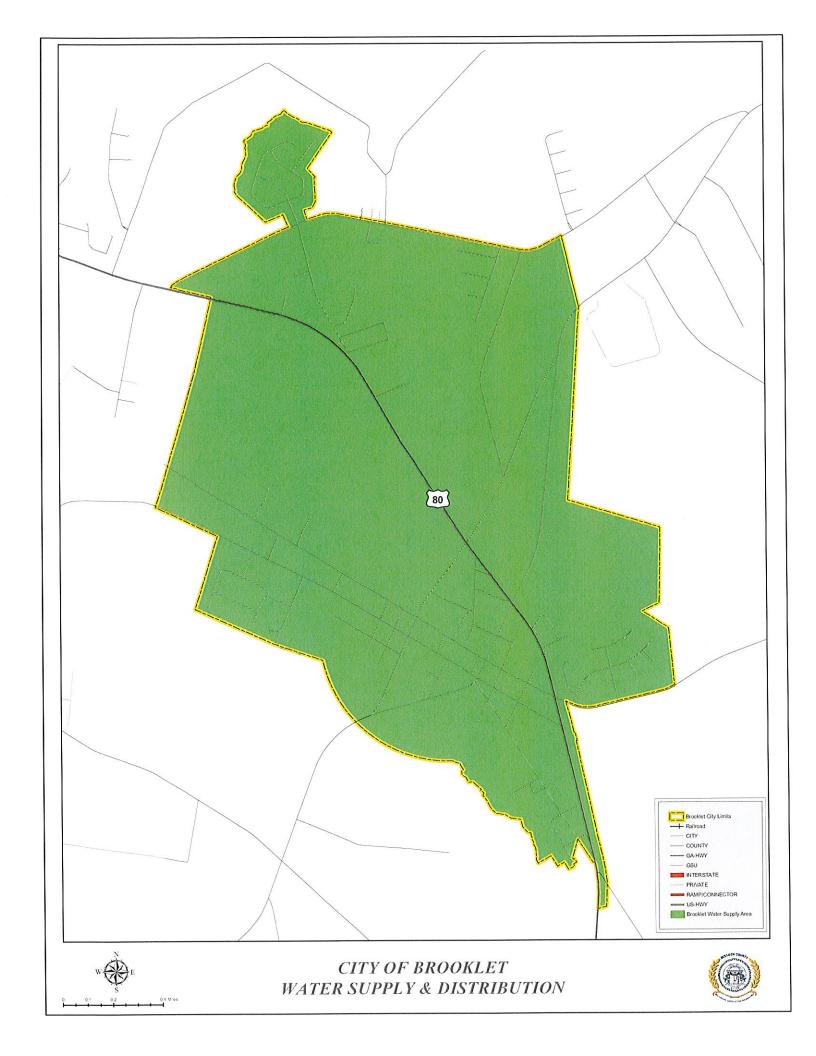


















# SERVICE DELIVERY STRATEGY FORM 4: Certifications

#### 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 2010 population of over 9,000 residing within the county; and 4) no less than 50% of all other cities with a 2010 population of between 500 and 9,000 residing within the county. Cities with a 2010 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: BULLOCH

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

- We have executed agreements for implementation of our service delivery strategy and the attached forms provide an 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
BULLOCH COUNTY	Chairman	Roy Thompson	Roy Thompson	5/23/22
CITY OF STATESBORO	Mayor	Jonathan McCollar	Jan Man / 100 111	74
TOWN OF BROOKLET	Mayor	Joe Grooms /	In A GROOMS	11/5/9/
TOWN OF PORTAL	Mayor	Billy Boggs	Alth & Buy	5/13/20
TOWN OF REGISTER	Mayor	Donnie Roberts	John ( hun	5/10/2