





## FORM 1

## COUNTY: Bleckley

#### **INSTRUCTIONS:**

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

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

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

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

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

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

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

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

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

FORM 5 is for Local Government Certifications for extending an existing Service Delivery Strategy without changes of service delivery arrangements. without change in Section III, below. (It is acceptable to break a service into separate components if this will facilitate description of the service delivery strategy.)

#### COMPLETED AS OF 10/24/2011 2:17 PM

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

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

**Allentown** 

**Bleckley County** 

**Bleckley County Hospital Authority** 

**Bleckley-Cochran Industrial Development Authority** 

Cochran

**Cochran Airport Authority** 

**Cochran Housing Authority** 

**Cochran-Bleckley County Library Board** 

**Cochran-Bleckley County Recreation Board** 

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

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

**Engineering** 

**Land Use Plan Review** 

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

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

**Airport** 

**Ambulance Service** 

**Animal Control** 

**Board of Registrars** 

Cemeteries

**Code Enforcement** 

Convention/Tourism

**Courts** 

**Cultural Programs** 

**Economic Development** 

**Emergency Management** 

**Emergency Medical/Rescue** 

**Extension Service** 

**Fire Protection** 

**Gas Utilities** 

Hospital

**Indigent Defense** 

Jail

**Law Enforcement** 

Library

Mapping/GIS

**Parking Facilities** 

Parks & Recreation

**Planning and Zoning** 

**Public Health Service** 

Public Housing

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**Public Transportation** 

**Public Works** 

**Road/Street Construction** 

**Road/Street Maintenance** 

Sewage Collection/Disposal

**Social Services** 

**Solid Waste Management** 

**Storm Water Management** 

**Water Supply Distribution** 







## **FORM 2: Summary of Service Delivery Arrangements**

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

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

Local Government or Authority	Funding Method
Bleckley County	General Funds
Cochran	General Funds

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

No change is anticipated. Airport service will continue to be provided through the City of Cochran and the City's Airport Authority. The County will also contribute some funding on an annual basis, as well as in-kind funds for mowing/grounds maintenance.

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

Agreement Name Contracting Parties Effective and Ending Dates

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

#### None

- 7. Person completing form: Bob Brockman, Sole Commissioner
  - Phone number: (478) 893-3200 Date completed: 10/19/2011
- 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? **No**

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







# **FORM 2: Summary of Service Delivery Arrangements**

	copies of this form and complete one for each service listed on FORM 1, Section onal pages as necessary. If the contact person for this service (listed at the bottom of the	III. Use exactly the same service names listed on FORM 1. Answer each question below, attaching the page) changes, this should be reported to the Department of Community Affairs.
CO	UNTY: Bleckley	Service: Ambulance Service
1. CI	heck the box that best describes the agreed upon delivery arrange	ement for this service:
	Service will be provided countywide (i.e., including all cities and unidentify the government, authority or organization providing the seleckley County	unincorporated areas) by a single service provider. (If this box is checked, ervice.):
	Service will be provided only in the unincorporated portion of the government, authority or organization providing the service.):	county by a single service provider. (If this box is checked, identify the
	One or more cities will provide this service only within their incorp (If this box is checked, identify the government(s), authority or or	porated boundaries, and the service will not be provided in unincorporated areas. ganization providing the service:
	One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):	
	Other (If this box is checked, attach a legible map delineating t	the service area of each service provider, and identify the government,
	authority, or other organization that will provide service within ea	ach service area.):
2. In	developing this strategy, were overlapping service areas, unnece	ssary competition and/or duplication of this service identified?
	Yes (if 'Yes', you must attach additional documentation as descri	ibed, below)
If the	ese conditions will continue under this strategy, attach an explana	ation for continuing the arrangement (i.e., overlapping but higher levels of
	ice (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplicat inated).	ion, or reasons that overlapping service areas or competition cannot be
	ese conditions will be eliminated under the strategy, attach an imp	plementation schedule listing each step or action that will be taken to

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

Local Government or Authority	Funding Method
Bleckley County	General Funds

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

No change is anticipated. The County will continue to contract with a private provider for ambulance service countywide.

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

Agreement Name	Contracting Parties	Effective and Ending	Dates
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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

- Person completing form: Bob Brockman, Sole Commissioner
   Phone number: (478) 893-3200 Date completed: 8/24/2011
- 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? Yes

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







## **FORM 2: Summary of Service Delivery Arrangements**

Make copies of this form and complete one for each service listed on FORM 1, Section III. Use exactly the same service names listed on FORM 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.		
COUNTY: Bleckley	Service: Animal Control	
1. Check the box that best describes the agreed upon delivery arrangement	for this service:	
Service will be provided countywide (i.e., including all cities and unince identify the government, authority or organization providing the service		
Service will be provided only in the unincorporated portion of the coun government, authority or organization providing the service.):	ty by a single service provider. (If this box is checked, identify the	
One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service:		
One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):  Bleckley County, Cochran		
Other (If this box is checked, attach a legible map delineating the se	ervice area of each service provider, and identify the government.	
authority, or other organization that will provide service within each se		
2. In developing this strategy, were overlapping service areas, unnecessary	competition and/or duplication of this service identified?	
Yes (if 'Yes', you must attach additional documentation as described, 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.		

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

Local Government or Authority	Funding Method
Bleckley County	General Funds
Cochran	General Funds

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

No change is anticipated. Both the City and County will each contribute 50 percent of the funding for a joint animal control officer. An animal shelter is provided by the City, which accepts animals countywide.

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

Agreement Name	Contracting Parties	Effective and Ending Dates

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

#### None

- 7. Person completing form: Bob Brockman, Sole Commissioner
  - Phone number: (478) 893-3200 Date completed: 8/24/2011
- 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? **No**

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







# **FORM 2: Summary of Service Delivery Arrangements**

Make copies of this form and complete one for each service listed on FORM 1, Section III. Use exactly the same service names listed on FORM 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.		
СО	UNTY: Bleckley	Service: Board of Registrars
1. C	heck the box that best describes the agreed upon delivery arrangement	nent for this service:
	Service will be provided countywide (i.e., including all cities and un identify the government, authority or organization providing the ser <b>Bleckley County</b>	incorporated areas) by a single service provider. (If this box is checked, vice.):
	Service will be provided only in the unincorporated portion of the cogovernment, authority or organization providing the service.):	ounty by a single service provider. (If this box is checked, identify the
	One or more cities will provide this service only within their incorpo (If this box is checked, identify the government(s), authority or organized	rated boundaries, and the service will not be provided in unincorporated areas. anization providing the service:
	One or more cities will provide this service only within their incorpo areas. (If this box is checked, identify the government(s), authority	rated boundaries, and the county will provide the service in unincorporated or organization providing the service.):
	Other (If this box is checked, attach a legible map delineating the	e service area of each service provider, and identify the government,
	authority, or other organization that will provide service within each	n service area.):
2. In	developing this strategy, were overlapping service areas, unnecess	sary competition and/or duplication of this service identified?
	Yes (if 'Yes', you must attach additional documentation as describe No	ed, below)
If the	ese conditions will continue under this strategy, attach an explanati	on for continuing the arrangement (i.e., overlapping but higher levels of
	ice (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication inated).	n, or reasons that overlapping service areas or competition cannot be
If the	ese conditions will be eliminated under the strategy, attach an imple	ementation schedule listing each step or action that will be taken to
alim	ingto them, the responsible party and the agreed upon deadline for a	completing it

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

Local Government or Authority	Funding Method
Bleckley County	General Funds

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

No change is anticipated. The County will continue to handle all voter registration on a countywide basis.

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

Agreement Name	Contracting Parties	Effective and Ending	Dates
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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

- Person completing form: Bob Brockman, Sole Commissioner
   Phone number: (478) 893-3200 Date completed: 8/24/2011
- 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? Yes

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







# **FORM 2: Summary of Service Delivery Arrangements**

Make copies of this form and complete one for each service listed on FORM 1, Section III. Use exactly the same service names listed on FORM 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.			
COUN	NTY: Bleckley	Service: Cemeteries	
1. Che	eck the box that best describes the agreed upon delivery arrangement	for this service:	
	Service will be provided countywide (i.e., including all cities and unincodentify the government, authority or organization providing the service		
	Service will be provided only in the unincorporated portion of the count government, authority or organization providing the service.):	y by a single service provider. (If this box is checked, identify the	
(	One or more cities will provide this service only within their incorporate on the service only within their incorporate of this box is checked, identify the government(s), authority or organization.	d boundaries, and the service will not be provided in unincorporated areas. ation providing the service:	
	One or more cities will provide this service only within their incorporate areas. (If this box is checked, identify the government(s), authority or continuous	d boundaries, and the county will provide the service in unincorporated organization providing the service.):	
	Other (If this box is checked, attach a legible map delineating the se	ervice area of each service provider, and identify the government,	
	authority, or other organization that will provide service within each se		
2. In d	eveloping 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, 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	If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to		
eliminate them, the responsible party and the agreed upon deadline for completing it.			

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

Local Government or Authority	Funding Method
Cochran	General Funds

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

No change is anticipated.

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

Agreement Name Contracting Parties	ties Effective and Ending Dates	
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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

- Person completing form: Bob Brockman, Sole Commissioner
   Phone number: (478) 893-3200 Date completed: 8/24/2011
- 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? **No**

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







# **FORM 2: Summary of Service Delivery Arrangements**

	e copies of this form and complete one for each service listed on FORM 1, Section ional pages as necessary. If the contact person for this service (listed at the bottom of the contact person for this service) are the contact person for this service (listed at the bottom of the contact person for this service).	on III. Use exactly the same service names listed on FORM 1. Answer each question below, attaching the page) changes, this should be reported to the Department of Community Affairs.
СО	UNTY: Bleckley	Service: Code Enforcement
1. C	heck the box that best describes the agreed upon delivery arrange	gement for this service:
	Service will be provided countywide (i.e., including all cities and identify the government, authority or organization providing the s	unincorporated areas) by a single service provider. (If this box is checked, service.):
	Service will be provided only in the unincorporated portion of the government, authority or organization providing the service.):	e county by a single service provider. (If this box is checked, identify the
	One or more cities will provide this service only within their incor (If this box is checked, identify the government(s), authority or or	rporated boundaries, and the service will not be provided in unincorporated areas. organization providing the service:
<b>V</b>	One or more cities will provide this service only within their incor areas. (If this box is checked, identify the government(s), author Bleckley County, Cochran	rporated boundaries, and the county will provide the service in unincorporated rity or organization providing the service.):
	Other (If this box is checked, attach a legible map delineating authority, or other organization that will provide service within each	the service area of each service provider, and identify the government, each service area.):
2. In	n developing this strategy, were overlapping service areas, unnece	essary competition and/or duplication of this service identified?
	Yes (if 'Yes', you must attach additional documentation as descr No	ribed, below)
serv	· · ·	nation for continuing the arrangement (i.e., overlapping but higher levels of ation, or reasons that overlapping service areas or competition cannot be
	ese conditions will be eliminated under the strategy, attach an im	nplementation schedule listing each step or action that will be taken to

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

Local Government or Authority	Funding Method
Bleckley County	General Funds
Cochran	General Funds

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

No change is anticipated. Both the County and City will continue to jointly fund a codes enforcement officer for both jurisdictions on a 50/50 basis. User fees will also be utilized by both governments in addition to general fund monies.

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

Agreement Name Contracting Parties Effective and Ending Dates

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

#### None

- 7. Person completing form: Bob Brockman, Sole Commissioner
  - Phone number: (478) 893-3200 Date completed: 8/24/2011
- 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? **No**

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







# **FORM 2: Summary of Service Delivery Arrangements**

	e copies of this form and complete one for each service listed on FORM 1, Section ional pages as necessary. If the contact person for this service (listed at the bottom of the	n III. Use exactly the same service names listed on FORM 1. Answer each question below, attaching he page) changes, this should be reported to the Department of Community Affairs.
СО	UNTY: Bleckley	Service: Convention/Tourism
1. C	heck the box that best describes the agreed upon delivery arrange	ement for this service:
	Service will be provided countywide (i.e., including all cities and identify the government, authority or organization providing the s	unincorporated areas) by a single service provider. (If this box is checked, service.):
	Service will be provided only in the unincorporated portion of the government, authority or organization providing the service.):	e county by a single service provider. (If this box is checked, identify the
	One or more cities will provide this service only within their incorp (If this box is checked, identify the government(s), authority or or	rporated boundaries, and the service will not be provided in unincorporated areas. rganization providing the service:
<b>V</b>	One or more cities will provide this service only within their incorpareas. (If this box is checked, identify the government(s), authorital Bleckley County, Cochran	rporated boundaries, and the county will provide the service in unincorporated ity or organization providing the service.):
	Other (If this box is checked, attach a legible map delineating authority, or other organization that will provide service within ea	the service area of each service provider, and identify the government, ach service area.):
2. In	n developing this strategy, were overlapping service areas, unnece	essary competition and/or duplication of this service identified?
	Yes (if 'Yes', you must attach additional documentation as descri	ribed, below)
serv	· · · · · · · · · · · · · · · · · · ·	nation for continuing the arrangement (i.e., overlapping but higher levels of ution, or reasons that overlapping service areas or competition cannot be
	ese conditions will be eliminated under the strategy, attach an implicate them, the responsible party and the agreed upon deadline for	plementation schedule listing each step or action that will be taken to

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

Local Government or Authority	Funding Method
Bleckley County	General Funds
Cochran	Hotel/Motel Taxes

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

No change is anticipated. The City of Cochran will also contribute general fund monies, in addition to its hotel/motel tax. Both local governments will continue to contract with the Cochran-Bleckley County Chamber of Commerce on an annual basis.

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

Agreement Name Contracting Parties Effective and Ending Dates

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

#### None

- 7. Person completing form: Bob Brockman, Sole Commissioner
  - Phone number: (478) 893-3200 Date completed: 10/21/2011
- 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? **No**

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







## **FORM 2: Summary of Service Delivery Arrangements**

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

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

Local Government or Authority	Funding Method
Bleckley County	General Funds
Cochran	General Funds

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

No change is anticipated. The City will continue to provide for municipal courts, which are considered a higher level of service. The County will continue to provide for all other courts countywide.

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

Agreement Name	Contracting Parties	Effective and Ending Dates

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

#### None

- 7. Person completing form: Bob Brockman, Sole Commissioner
  - Phone number: (478) 893-3200 Date completed: 8/24/2011
- 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? **No**

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







# **FORM 2: Summary of Service Delivery Arrangements**

	e copies of this form and complete one for each service listed on FORM 1, Section ional pages as necessary. If the contact person for this service (listed at the bottom of the contact person for this service) is service.	on III. Use exactly the same service names listed on FORM 1. Answer each question below, attaching the page) changes, this should be reported to the Department of Community Affairs.
СО	UNTY: Bleckley	Service: Cultural Programs
1. C	heck the box that best describes the agreed upon delivery arrang	gement for this service:
$\overline{\mathbf{A}}$	Service will be provided countywide (i.e., including all cities and identify the government, authority or organization providing the <b>Bleckley County</b>	d unincorporated areas) by a single service provider. (If this box is checked, service.):
	Service will be provided only in the unincorporated portion of the government, authority or organization providing the service.):	e county by a single service provider. (If this box is checked, identify the
	One or more cities will provide this service only within their inco (If this box is checked, identify the government(s), authority or o	orporated boundaries, and the service will not be provided in unincorporated areas.  organization providing the service:
	One or more cities will provide this service only within their inco areas. (If this box is checked, identify the government(s), author	orporated boundaries, and the county will provide the service in unincorporated rity or organization providing the service.):
	Other (If this box is checked, attach a legible map delineating	the service area of each service provider, and identify the government,
	authority, or other organization that will provide service within e	each service area.):
2. In	developing this strategy, were overlapping service areas, unnec	essary competition and/or duplication of this service identified?
	Yes (if 'Yes', you must attach additional documentation as desc No	ribed, below)
If the	ese conditions will continue under this strategy, attach an explar	nation for continuing the arrangement (i.e., overlapping but higher levels of
	rice (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplicatinated).	ation, or reasons that overlapping service areas or competition cannot be
If the	ese conditions will be eliminated under the strategy, attach an im	nplementation schedule listing each step or action that will be taken to
مانام	inate them, the responsible party and the agreed upon deadline f	for completing it

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

Local Government or Authority	Funding Method
Bleckley County	General Funds

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

No change is anticipated.

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

Agreement Name	Contracting Parties	Effective and Ending	Dates
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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

- Person completing form: Bob Brockman, Sole Commissioner
   Phone number: (478) 893-3200 Date completed: 8/24/2011
- 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? Yes

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







## **FORM 2: Summary of Service Delivery Arrangements**

	e copies of this form and complete one for each service listed on FORM 1, Section III. Us onal pages as necessary. If the contact person for this service (listed at the bottom of the page	
col	UNTY: Bleckley	Service: Economic Development
1. CI	heck the box that best describes the agreed upon delivery arrangemen	t for this service:
V	Service will be provided countywide (i.e., including all cities and unincidentify the government, authority or organization providing the service Bleckley-Cochran Industrial Development Authority	
	Service will be provided only in the unincorporated portion of the cour government, authority or organization providing the service.):	nty by a single service provider. (If this box is checked, identify the
	One or more cities will provide this service only within their incorporate (If this box is checked, identify the government(s), authority or organization.	ed boundaries, and the service will not be provided in unincorporated areas. cation providing the service:
	One or more cities will provide this service only within their incorporate areas. (If this box is checked, identify the government(s), authority or	ed boundaries, and the county will provide the service in unincorporated organization providing the service.):
	Other (If this box is checked, attach a legible map delineating the s	ervice area of each service provider, and identify the government,
	authority, or other organization that will provide service within each s	ervice area.):
2. In	developing this strategy, were overlapping service areas, unnecessar	y competition and/or duplication of this service identified?
	Yes (if 'Yes', you must attach additional documentation as described, No	below)
If the	ese conditions will continue under this strategy, attach an explanation	for continuing the arrangement (i.e., overlapping but higher levels of
	ice (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, inated).	or reasons that overlapping service areas or competition cannot be
If the	ese conditions will be eliminated under the strategy, attach an implem	entation schedule listing each step or action that will be taken to
eliminate them, the responsible party and the agreed upon deadline for completing it.		

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

Local Government or Authority	Funding Method
Bleckley County	General Funds
Bleckley-Cochran Industrial Development Authority	Local Option Sales Tax
Cochran	General Funds

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

No change is anticipated.

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

Agreement Name	Contracting Parties	Effective and Ending Dates

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

#### None

- Person completing form: Bob Brockman, Sole Commissioner
   Phone number: (478) 893-3200 Date completed: 8/24/2011
- 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? **No**

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







# **FORM 2: Summary of Service Delivery Arrangements**

Make copies of this form and complete one for each service listed on FORM 1, Section III. Use exactly the same service names listed on FORM 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.		
COL	JNTY: Bleckley	Service: Emergency Management
1. CI	neck the box that best describes the agreed upon delivery arrangement	for this service:
V	Service will be provided countywide (i.e., including all cities and uninconsidentify the government, authority or organization providing the service <b>Bleckley County</b>	
	Service will be provided only in the unincorporated portion of the count government, authority or organization providing the service.):	y by a single service provider. (If this box is checked, identify the
	One or more cities will provide this service only within their incorporate (If this box is checked, identify the government(s), authority or organization	d boundaries, and the service will not be provided in unincorporated areas. ation providing the service:
	One or more cities will provide this service only within their incorporate areas. (If this box is checked, identify the government(s), authority or contact the contact of	d boundaries, and the county will provide the service in unincorporated organization providing the service.):
	Other (If this box is checked, attach a legible map delineating the se	ervice area of each service provider, and identify the government,
	authority, or other organization that will provide service within each se	rvice area.):
2. In	developing this strategy, were overlapping service areas, unnecessary	competition and/or duplication of this service identified?
□	Yes (if 'Yes', you must attach additional documentation as described, I	pelow)
If these conditions will continue under this strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of		
	ce (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, o nated).	r reasons that overlapping service areas or competition cannot be
If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to		
eliminate them, the responsible party and the agreed upon deadline for completing it.		

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

Local Government or Authority	Funding Method
Bleckley County	General Funds
Cochran	General Funds

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

No change is anticipated. The County will continue to be the primary provider for emergency management services, with the City contributing an annual amount of general fund monies.

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

Agreement Name Contracting Parties Effective and Ending Dates

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

#### None

- 7. Person completing form: Bob Brockman, Sole Commissioner
  - Phone number: (478) 893-3200 Date completed: 8/24/2011
- 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? **No**

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







# **FORM 2: Summary of Service Delivery Arrangements**

Make copies of this form and complete one for each service listed on FORM 1, Section III. Use exactly the same service names listed on FORM 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.		
СО	UNTY: Bleckley	Service: Emergency Medical/Rescue
1. C	heck the box that best describes the agreed upon delivery arrange	ement for this service:
	Service will be provided countywide (i.e., including all cities and u identify the government, authority or organization providing the se	unincorporated areas) by a single service provider. (If this box is checked, ervice.):
	Service will be provided only in the unincorporated portion of the government, authority or organization providing the service.):	county by a single service provider. (If this box is checked, identify the
	One or more cities will provide this service only within their incorp (If this box is checked, identify the government(s), authority or organization.	porated boundaries, and the service will not be provided in unincorporated areas. ganization providing the service:
	One or more cities will provide this service only within their incorp areas. (If this box is checked, identify the government(s), authority	porated boundaries, and the county will provide the service in unincorporated by or organization providing the service.):
	Other (If this box is checked, attach a legible map delineating the authority, or other organization that will provide service within each	the service area of each service provider, and identify the government, ich service area.):
2. In	developing this strategy, were overlapping service areas, unneces	ssary competition and/or duplication of this service identified?
	Yes (if 'Yes', you must attach additional documentation as described No	bed, below)
serv	• · · · · · · · · · · · · · · · · · · ·	nation for continuing the arrangement (i.e., overlapping but higher levels of ion, or reasons that overlapping service areas or competition cannot be
	ese conditions will be eliminated under the strategy, attach an imp	plementation schedule listing each step or action that will be taken to

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

Local Government or Authority	Funding Method
Bleckley County	General Funds
Cochran	General Funds

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

No change is anticipated. The County will continue to be the primary provider for EMS/Rescue service countywide, with the City contributing an annual amount of general fund monies.

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

Agreement Name	Contracting Parties	Effective and Ending Dates

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

#### None

- 7. Person completing form: Bob Brockman, Sole Commissioner
  - Phone number: (478) 893-3200 Date completed: 8/24/2011
- 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? **No**

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







# **FORM 2: Summary of Service Delivery Arrangements**

	e copies of this form and complete one for each service listed on FORM 1, Section III.  ional pages as necessary. If the contact person for this service (listed at the bottom of the p	. Use exactly the same service names listed on FORM 1. Answer each question below, attaching page) changes, this should be reported to the Department of Community Affairs.
СО	UNTY: Bleckley	Service: Extension Service
1. C	heck the box that best describes the agreed upon delivery arrangem	nent for this service:
	Service will be provided countywide (i.e., including all cities and unidentify the government, authority or organization providing the service Bleckley County	incorporated areas) by a single service provider. (If this box is checked, vice.):
	Service will be provided only in the unincorporated portion of the cogovernment, authority or organization providing the service.):	ounty by a single service provider. (If this box is checked, identify the
	One or more cities will provide this service only within their incorpor (If this box is checked, identify the government(s), authority or organized	rated boundaries, and the service will not be provided in unincorporated areas. inization providing the service:
	One or more cities will provide this service only within their incorpor areas. (If this box is checked, identify the government(s), authority	rated boundaries, and the county will provide the service in unincorporated or organization providing the service.):
	Other (If this box is checked, attach a legible map delineating the	e service area of each service provider, and identify the government,
	authority, or other organization that will provide service within each	n service area.):
2. In	developing this strategy, were overlapping service areas, unnecess	ary competition and/or duplication of this service identified?
	Yes (if 'Yes', you must attach additional documentation as describe No	ed, below)
If the	ese conditions will continue under this strategy, attach an explanation	on for continuing the arrangement (i.e., overlapping but higher levels of
	ice (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication inated).	n, or reasons that overlapping service areas or competition cannot be
If the	ese conditions will be eliminated under the strategy, attach an imple	ementation schedule listing each step or action that will be taken to
مانام	ingto them, the responsible party and the agreed upon deadline for a	completing it

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

Local Government or Authority	Funding Method	
Bleckley County	General Fund and State Funds	

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

No change is anticipated.

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

Agreement Name	Contracting Parties	Effective and Ending	Dates
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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

- Person completing form: Bob Brockman, Sole Commissioner
   Phone number: (478) 893-3200 Date completed: 8/24/2011
- 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? Yes

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







# **FORM 2: Summary of Service Delivery Arrangements**

	e copies of this form and complete one for each service listed on FORM 1, Section II ional pages as necessary. If the contact person for this service (listed at the bottom of the	II. Use exactly the same service names listed on FORM 1. Answer each question below, attaching page) changes, this should be reported to the Department of Community Affairs.
СО	UNTY: Bleckley	Service: Fire Protection
1. C	heck the box that best describes the agreed upon delivery arranger	ment for this service:
<b>V</b>	Service will be provided countywide (i.e., including all cities and unidentify the government, authority or organization providing the secochran	nincorporated areas) by a single service provider. (If this box is checked, ervice.):
	Service will be provided only in the unincorporated portion of the ogovernment, authority or organization providing the service.):	county by a single service provider. (If this box is checked, identify the
	One or more cities will provide this service only within their incorporate (If this box is checked, identify the government(s), authority or org	orated boundaries, and the service will not be provided in unincorporated areas. anization providing the service:
	One or more cities will provide this service only within their incorporareas. (If this box is checked, identify the government(s), authority	orated boundaries, and the county will provide the service in unincorporated y or organization providing the service.):
	Other (If this box is checked, attach a legible map delineating the	he service area of each service provider, and identify the government,
	authority, or other organization that will provide service within each	ch service area.):
2. In	developing this strategy, were overlapping service areas, unneces	ssary competition and/or duplication of this service identified?
	Yes (if 'Yes', you must attach additional documentation as describ No	ped, below)
If the	ese conditions will continue under this strategy, attach an explanat	tion for continuing the arrangement (i.e., overlapping but higher levels of
	ice (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication inated).	on, or reasons that overlapping service areas or competition cannot be
	<u></u>	lementation schedule listing each step or action that will be taken to
alim	ingto them, the responsible party and the agreed upon deadline for	completing it

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

Local Government or Authority	Funding Method
Bleckley County	General Funds
Cochran	General Funds

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

No change is anticipated. The City of Cochran will continue to be the primary provider of fire protection service countywide, with the County contributing 50 percent of the fire chief's salary on an annual basis, as well as providing for a firefighting vehicle.

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

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

#### None

- 7. Person completing form: Bob Brockman, Sole Commissioner
  - Phone number: (478) 893-3200 Date completed: 10/19/2011
- 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? **No**

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







## **FORM 2: Summary of Service Delivery Arrangements**

Make copies of this form and complete one for each service listed on FORM 1, Section III. Use additional pages as necessary. If the contact person for this service (listed at the bottom of the page		
COUNTY: Bleckley	Service: Gas Utilities	
Check the box that best describes the agreed upon delivery arrangement	for this service:	
Service will be provided countywide (i.e., including all cities and unince identify the government, authority or organization providing the service		
Service will be provided only in the unincorporated portion of the coun government, authority or organization providing the service.):	ty by a single service provider. (If this box is checked, identify the	
One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service:		
One or more cities will provide this service only within their incorporate areas. (If this box is checked, identify the government(s), authority or or	ed boundaries, and the county will provide the service in unincorporated organization providing the service.):	
Other (If this box is checked, attach a legible map delineating the seauthority, or other organization that will provide service within each seauthority.		
2. In developing this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?		
Yes (if 'Yes', you must attach additional documentation as described, below)  No		
If these conditions will continue under this strategy, 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, celiminated).	r reasons that overlapping service areas or competition cannot be	
If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to		
eliminate them, the responsible party and the agreed upon deadline for completing it.		

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

Local Government or Authority	Funding Method
Cochran	Gas Fund

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

No change is anticipated.

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

Agreement Name Contracting Parties	ties Effective and Ending Dates
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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

- Person completing form: Bob Brockman, Sole Commissioner
   Phone number: (478) 893-3200 Date completed: 10/6/2011
- 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? **No**

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







## **FORM 2: Summary of Service Delivery Arrangements**

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

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

Local Government or Authority	Funding Method
Bleckley County	General Funds

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

No change is anticipated.

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

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

#### None

7. Person completing form: **Bob Brockman**, **Sole Commissioner** 

Phone number: (478) 893-3200 Date completed: 9/1/2011

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? Yes

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







# **FORM 2: Summary of Service Delivery Arrangements**

Make copies of this form and complete one for each service listed on FORM 1, Section III. Use exactly the same service names listed on FORM 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.		
СО	UNTY: Bleckley	Service: Indigent Defense
1. C	heck the box that best describes the agreed upon delivery arrangen	nent for this service:
	Service will be provided countywide (i.e., including all cities and ur identify the government, authority or organization providing the set	nincorporated areas) by a single service provider. (If this box is checked, rvice.):
	Service will be provided only in the unincorporated portion of the configuration government, authority or organization providing the service.):	ounty by a single service provider. (If this box is checked, identify the
	One or more cities will provide this service only within their incorporate (If this box is checked, identify the government(s), authority or organization.	orated boundaries, and the service will not be provided in unincorporated areas. anization providing the service:
	One or more cities will provide this service only within their incorporareas. (If this box is checked, identify the government(s), authority	orated boundaries, and the county will provide the service in unincorporated or organization providing the service.):
	Other (If this box is checked, attach a legible map delineating the authority, or other organization that will provide service within each	<b>te service area of each service provider</b> , and identify the government, h service area.):
2. In	developing this strategy, were overlapping service areas, unnecess	sary competition and/or duplication of this service identified?
	Yes (if 'Yes', you must attach additional documentation as describe	ed, below)
serv	• • • • • • • • • • • • • • • • • • • •	ion for continuing the arrangement (i.e., overlapping but higher levels of on, or reasons that overlapping service areas or competition cannot be
	ese conditions will be eliminated under the strategy, attach an implementation in the responsible party and the agreed upon deadline for	ementation schedule listing each step or action that will be taken to

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

Local Government or Authority	Funding Method
Bleckley County	General Funds

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

No change is anticipated.

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

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

#### None

7. Person completing form: **Bob Brockman**, **Sole Commissioner** 

Phone number: (478) 893-3200 Date completed: 9/1/2011

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? Yes

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







# **FORM 2: Summary of Service Delivery Arrangements**

	Make copies of this form and complete one for each service listed on FORM 1, Section III. Use exactly the same service names listed on FORM 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.			
COL	UNTY: Bleckley	Service: Jail		
1. CI	neck the box that best describes the agreed upon delivery arrangement	for this service:		
<b>V</b>	Service will be provided countywide (i.e., including all cities and uninconsidentify the government, authority or organization providing the service <b>Bleckley County</b>			
	Service will be provided only in the unincorporated portion of the count government, authority or organization providing the service.):	y by a single service provider. (If this box is checked, identify the		
	One or more cities will provide this service only within their incorporate (If this box is checked, identify the government(s), authority or organization	d boundaries, and the service will not be provided in unincorporated areas. ation providing the service:		
	One or more cities will provide this service only within their incorporate areas. (If this box is checked, identify the government(s), authority or contact the contact of the contact that the contact the contact that the contac	d boundaries, and the county will provide the service in unincorporated organization providing the service.):		
	Other (If this box is checked, attach a legible map delineating the se	ervice area of each service provider, and identify the government,		
	authority, or other organization that will provide service within each se	rvice area.):		
2. In	developing this strategy, were overlapping service areas, unnecessary	competition and/or duplication of this service identified?		
□	Yes (if 'Yes', you must attach additional documentation as described, I	pelow)		
If the	ese conditions will continue under this strategy, attach an explanation	for continuing the arrangement (i.e., overlapping but higher levels of		
	ice (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, o inated).	r reasons that overlapping service areas or competition cannot be		
	ese conditions will be eliminated under the strategy, attach an implementation			
elimi	nate them, the responsible party and the agreed upon deadline for com	pleting it.		

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

Local Government or Authority	Funding Method
Bleckley County	General Fund and Fees

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

No change is anticipated.

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

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

#### None

7. Person completing form: **Bob Brockman**, **Sole Commissioner** 

Phone number: (478) 893-3200 Date completed: 9/1/2011

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? Yes

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







# **FORM 2: Summary of Service Delivery Arrangements**

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

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

Local Government or Authority	Funding Method	
Bleckley County	General Funds	
Cochran	General Funds	

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

No change is anticipated. The City of Cochran's Police Department is considered to be a higher level of service.

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

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

#### None

7. Person completing form: Bob Brockman, Sole Commissioner

Phone number: (478) 893-3200 Date completed: 9/1/2011

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

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







# **FORM 2: Summary of Service Delivery Arrangements**

	copies of this form and complete one for each service listed on FORM 1, Section III. Use onal pages as necessary. If the contact person for this service (listed at the bottom of the page)		
COL	JNTY: Bleckley	Service: Library	
1. Cł	neck the box that best describes the agreed upon delivery arrangement	for this service:	
<b>I</b>	Service will be provided countywide (i.e., including all cities and uninconsidentify the government, authority or organization providing the service Cochran-Bleckley County Library Board		
	Service will be provided only in the unincorporated portion of the count government, authority or organization providing the service.):	y by a single service provider. (If this box is checked, identify the	
	One or more cities will provide this service only within their incorporate (If this box is checked, identify the government(s), authority or organization	d boundaries, and the service will not be provided in unincorporated areas. ation providing the service:	
	One or more cities will provide this service only within their incorporate areas. (If this box is checked, identify the government(s), authority or contact the contact of	d boundaries, and the county will provide the service in unincorporated rganization providing the service.):	
	Other (If this box is checked, attach a legible map delineating the sea authority, or other organization that will provide service within each sea		
2. In	developing this strategy, were overlapping service areas, unnecessary	competition and/or duplication of this service identified?	
	Yes (if 'Yes', you must attach additional documentation as described, leading to the second s	pelow)	
If the	se conditions will continue under this strategy, attach an explanation	for continuing the arrangement (i.e., overlapping but higher levels of	
	ce (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, o nated).	r reasons that overlapping service areas or competition cannot be	
If the	If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to		
elimi	nate them, the responsible party and the agreed upon deadline for com	pleting it.	

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

Local Government or Authority	Funding Method	
Bleckley County	General Funds	
Cochran	General Funds	

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

No change is anticipated. Both the County and the City of Cochran will each provide funding for the Tessie W. Norris/Cochran-Bleckley County Library on a 50/50 basis.

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

Agreement Name Contracting Parties Effective and Ending Dates

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

#### None

- 7. Person completing form: Bob Brockman, Sole Commissioner
  - Phone number: (478) 893-3200 Date completed: 9/1/2011
- 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? **No**

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







# **FORM 2: Summary of Service Delivery Arrangements**

	Make copies of this form and complete one for each service listed on FORM 1, Section III. Use exactly the same service names listed on FORM 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.		
СО	UNTY: Bleckley	Service: Mapping/GIS	
1. C	heck the box that best describes the agreed upon delivery arrange	ement for this service:	
	Service will be provided countywide (i.e., including all cities and didentify the government, authority or organization providing the selection of the service will be provided county.	unincorporated areas) by a single service provider. (If this box is checked, service.):	
	Service will be provided only in the unincorporated portion of the government, authority or organization providing the service.):	e county by a single service provider. (If this box is checked, identify the	
	One or more cities will provide this service only within their incorp (If this box is checked, identify the government(s), authority or or	porated boundaries, and the service will not be provided in unincorporated areas. rganization providing the service:	
	One or more cities will provide this service only within their incorpareas. (If this box is checked, identify the government(s), authority	porated boundaries, and the county will provide the service in unincorporated ity or organization providing the service.):	
	Other (If this box is checked, attach a legible map delineating authority, or other organization that will provide service within each	the service area of each service provider, and identify the government, ach service area.):	
2. In	developing this strategy, were overlapping service areas, unnece	essary competition and/or duplication of this service identified?	
	Yes (if 'Yes', you must attach additional documentation as described No	ribed, below)	
serv	· · · · · · · · · · · · · · · · · · ·	ation for continuing the arrangement (i.e., overlapping but higher levels of tion, or reasons that overlapping service areas or competition cannot be	
	ese conditions will be eliminated under the strategy, attach an implicate them, the responsible party and the agreed upon deadline for	plementation schedule listing each step or action that will be taken to	

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

Local Government or Authority	Funding Method
Bleckley County	General Funds

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

No change is anticipated.

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

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

#### None

7. Person completing form: **Bob Brockman**, **Sole Commissioner** 

Phone number: (478) 893-3200 Date completed: 9/1/2011

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? Yes

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







# **FORM 2: Summary of Service Delivery Arrangements**

	Make copies of this form and complete one for each service listed on FORM 1, Section III. Use exactly the same service names listed on FORM 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.		
CO	UNTY: Bleckley	Service: Parking Facilities	
1. C	heck the box that best describes the agreed upon delivery a	rrangement for this service:	
<b>V</b>	Service will be provided countywide (i.e., including all cities identify the government, authority or organization providing <b>Bleckley County</b>	s and unincorporated areas) by a single service provider. (If this box is checked, g the service.):	
	Service will be provided only in the unincorporated portion government, authority or organization providing the service	of the county by a single service provider. (If this box is checked, identify the e.):	
	One or more cities will provide this service only within their (If this box is checked, identify the government(s), authority	r incorporated boundaries, and the service will not be provided in unincorporated areas. y or organization providing the service:	
	One or more cities will provide this service only within their areas. (If this box is checked, identify the government(s), a	r incorporated boundaries, and the county will provide the service in unincorporated authority or organization providing the service.):	
	Other (If this box is checked, attach a legible map delinea	ating the service area of each service provider, and identify the government,	
	authority, or other organization that will provide service wit	thin each service area.):	
2. In	developing this strategy, were overlapping service areas, u	innecessary competition and/or duplication of this service identified?	
	Yes (if 'Yes', you must attach additional documentation as No	described, below)	
If the	ese conditions will continue under this strategy, attach an ex	xplanation for continuing the arrangement (i.e., overlapping but higher levels of	
	ice (See O.C.G.A. 36-70-24(1)), overriding benefits of the duinated).	uplication, or reasons that overlapping service areas or competition cannot be	
	ese conditions will be eliminated under the strategy, attach a	an implementation schedule listing each step or action that will be taken to	

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

Local Government or Authority	Funding Method
Bleckley County	General Funds

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

No change is anticipated.

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

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

#### None

7. Person completing form: **Bob Brockman**, **Sole Commissioner** 

Phone number: (478) 893-3200 Date completed: 9/1/2011

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? Yes

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







# **FORM 2: Summary of Service Delivery Arrangements**

	Make copies of this form and complete one for each service listed on FORM 1, Section III. Use exactly the same service names listed on FORM 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.	
СО	UNTY: Bleckley	Service: Parks & Recreation
1. C	heck the box that best describes the agreed upon delivery arrange	ement for this service:
	Service will be provided countywide (i.e., including all cities and didentify the government, authority or organization providing the second cochran-Bleckley County Recreation Board	unincorporated areas) by a single service provider. (If this box is checked, service.):
	Service will be provided only in the unincorporated portion of the government, authority or organization providing the service.):	county by a single service provider. (If this box is checked, identify the
	One or more cities will provide this service only within their incorp (If this box is checked, identify the government(s), authority or or	porated boundaries, and the service will not be provided in unincorporated areas. ganization providing the service:
	One or more cities will provide this service only within their incorpareas. (If this box is checked, identify the government(s), authority	porated boundaries, and the county will provide the service in unincorporated ty or organization providing the service.):
	Other (If this box is checked, attach a legible map delineating t	the service area of each service provider, and identify the government,
	authority, or other organization that will provide service within ea	ach service area.):
2. In	developing this strategy, were overlapping service areas, unnece	essary competition and/or duplication of this service identified?
□	Yes (if 'Yes', you must attach additional documentation as descri No	ibed, below)
If the	ese conditions will continue under this strategy, attach an explana	ation for continuing the arrangement (i.e., overlapping but higher levels of
	rice (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplicat inated).	tion, or reasons that overlapping service areas or competition cannot be
	<u> </u>	plementation schedule listing each step or action that will be taken to
۵lim	ingte them, the responsible party and the agreed upon deadline for	or completing it

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

Local Government or Authority	Funding Method
Bleckley County	General Fund and User Fees
Cochran	General Fund and User Fees

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

No change is anticipated. The service will continue to be jointly funded and provided by both the County and the City of Cochran.

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

Agreement Name	Contracting Parties	Effective and Ending Dates

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

#### None

7. Person completing form: **Bob Brockman**, **Sole Commissioner** 

Phone number: (478) 893-3200 Date completed: 9/1/2011

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

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







# **FORM 2: Summary of Service Delivery Arrangements**

	Make copies of this form and complete one for each service listed on FORM 1, Section III. Use exactly the same service names listed on FORM 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.		
СО	UNTY: Bleckley	Service: Planning and Zoning	
1. C	heck the box that best describes the agreed upon delivery at	rrangement for this service:	
	Service will be provided countywide (i.e., including all cities identify the government, authority or organization providing	s and unincorporated areas) by a single service provider. (If this box is checked, the service.):	
	Service will be provided only in the unincorporated portion of government, authority or organization providing the service	of the county by a single service provider. (If this box is checked, identify the	
$\overline{\mathbf{V}}$	One or more cities will provide this service only within their (If this box is checked, identify the government(s), authority <b>Cochran</b>	incorporated boundaries, and the service will not be provided in unincorporated areas.  or organization providing the service:	
	One or more cities will provide this service only within their areas. (If this box is checked, identify the government(s), as	incorporated boundaries, and the county will provide the service in unincorporated uthority or organization providing the service.):	
	Other (If this box is checked, attach a legible map delinea	ating the service area of each service provider, and identify the government,	
	authority, or other organization that will provide service with	hin each service area.):	
2. In	developing this strategy, were overlapping service areas, ur	nnecessary competition and/or duplication of this service identified?	
	Yes (if 'Yes', you must attach additional documentation as o	described, below)	
If the	ese conditions will continue under this strategy, attach an ex	xplanation for continuing the arrangement (i.e., overlapping but higher levels of	
	rice (See O.C.G.A. 36-70-24(1)), overriding benefits of the duinated).	uplication, or reasons that overlapping service areas or competition cannot be	
		an implementation schedule listing each step or action that will be taken to	
alim	inate them, the responsible party and the agreed upon dead	line for completing it	

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

Local Government or Authority	Funding Method
Cochran	General Fund and Fees

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

No change is anticipated.

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

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

#### None

- 7. Person completing form: Bob Brockman, Sole Commissioner
  - Phone number: (478) 893-3200 Date completed: 9/1/2011
- 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? **No**

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







# **FORM 2: Summary of Service Delivery Arrangements**

	Make copies of this form and complete one for each service listed on FORM 1, Section III. Use exactly the same service names listed on FORM 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.		
СО	UNTY: Bleckley	Service: Public Health Service	
1. C	heck the box that best describes the agreed upon delivery arrange	ement for this service:	
$\overline{\checkmark}$	Service will be provided countywide (i.e., including all cities and didentify the government, authority or organization providing the selection of the selectio	unincorporated areas) by a single service provider. (If this box is checked, service.):	
	Service will be provided only in the unincorporated portion of the government, authority or organization providing the service.):	county by a single service provider. (If this box is checked, identify the	
	One or more cities will provide this service only within their incorp (If this box is checked, identify the government(s), authority or or	porated boundaries, and the service will not be provided in unincorporated areas. rganization providing the service:	
	One or more cities will provide this service only within their incorpareas. (If this box is checked, identify the government(s), authori	porated boundaries, and the county will provide the service in unincorporated ity or organization providing the service.):	
	Other (If this box is checked, attach a legible map delineating authority, or other organization that will provide service within each	the service area of each service provider, and identify the government, ach service area.):	
2. In	developing this strategy, were overlapping service areas, unnece	essary competition and/or duplication of this service identified?	
	Yes (if 'Yes', you must attach additional documentation as described No	ibed, below)	
serv	···	ation for continuing the arrangement (i.e., overlapping but higher levels of tion, or reasons that overlapping service areas or competition cannot be	
	ese conditions will be eliminated under the strategy, attach an implicate them, the responsible party and the agreed upon deadline for	plementation schedule listing each step or action that will be taken to	

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

Local Government or Authority	Funding Method
Bleckley County	General Fund, User Fees, and State

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

No change is anticipated.

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

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

#### None

7. Person completing form: **Bob Brockman, Sole Commissioner** 

Phone number: (478) 893-3200 Date completed: 9/1/2011

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? Yes

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







# **FORM 2: Summary of Service Delivery Arrangements**

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

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

Local Government or Authority	Funding Method
Cochran	General Funds
Cochran Housing Authority	Rent and Federal Funds

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

No change is anticipated.

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

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

#### None

7. Person completing form: **Bob Brockman**, **Sole Commissioner** 

Phone number: (478) 893-3200 Date completed: 9/1/2011

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

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







# **FORM 2: Summary of Service Delivery Arrangements**

	copies of this form and complete one for each service listed on FORM 1, Section III. Use onal pages as necessary. If the contact person for this service (listed at the bottom of the page)	
COL	JNTY: Bleckley	Service: Public Transportation
1. CI	neck the box that best describes the agreed upon delivery arrangement	for this service:
V	Service will be provided countywide (i.e., including all cities and uninconsidentify the government, authority or organization providing the service <b>Bleckley County</b>	
	Service will be provided only in the unincorporated portion of the count government, authority or organization providing the service.):	y by a single service provider. (If this box is checked, identify the
	One or more cities will provide this service only within their incorporate (If this box is checked, identify the government(s), authority or organization	d boundaries, and the service will not be provided in unincorporated areas. ation providing the service:
	One or more cities will provide this service only within their incorporate areas. (If this box is checked, identify the government(s), authority or contact the contact of	d boundaries, and the county will provide the service in unincorporated organization providing the service.):
	Other (If this box is checked, attach a legible map delineating the se	ervice area of each service provider, and identify the government,
	authority, or other organization that will provide service within each se	rvice area.):
2. In	developing this strategy, were overlapping service areas, unnecessary	competition and/or duplication of this service identified?
□	Yes (if 'Yes', you must attach additional documentation as described, I	pelow)
If the	ese conditions will continue under this strategy, attach an explanation	for continuing the arrangement (i.e., overlapping but higher levels of
	ce (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, o nated).	r reasons that overlapping service areas or competition cannot be
	ese conditions will be eliminated under the strategy, attach an implementation	
elimi	nate them, the responsible party and the agreed upon deadline for com	pleting it.

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

Local Government or Authority	Funding Method
Bleckley County	General Fund, Federal Funds, and Fees

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

No change is anticipated.

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

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

#### None

7. Person completing form: **Bob Brockman, Sole Commissioner** 

Phone number: (478) 893-3200 Date completed: 9/1/2011

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? Yes

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







# **FORM 2: Summary of Service Delivery Arrangements**

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

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

Local Government or Authority	Funding Method
Bleckley County	General Funds
Cochran	General Funds

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

No change is anticipated. Both local governments will continue to provide for the service within their respective jurisdiction, with the City being considered a higher level of service.

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

Agreement Name Contracting Parties Effective and Ending Dates

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

#### None

- 7. Person completing form: Bob Brockman, Sole Commissioner
  - Phone number: (478) 893-3200 Date completed: 9/1/2011
- 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? **No**

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







# **FORM 2: Summary of Service Delivery Arrangements**

Make copies of this form and complete one for each service listed on FORM 1, Section III. Use additional pages as necessary. If the contact person for this service (listed at the bottom of the page	
COUNTY: Bleckley	Service: Road/Street Construction
Check the box that best describes the agreed upon delivery arrangement	for this service:
Service will be provided countywide (i.e., including all cities and unincidentify the government, authority or organization providing the service	
Service will be provided only in the unincorporated portion of the coun government, authority or organization providing the service.):	ty by a single service provider. (If this box is checked, identify the
One or more cities will provide this service only within their incorporate (If this box is checked, identify the government(s), authority or organize	ed boundaries, and the service will not be provided in unincorporated areas. ation providing the service:
One or more cities will provide this service only within their incorporate areas. (If this box is checked, identify the government(s), authority or on Bleckley County, Cochran	ed boundaries, and the county will provide the service in unincorporated organization providing the service.):
Other (If this box is checked, attach a legible map delineating the so	ervice area of each service provider, and identify the government,
authority, or other organization that will provide service within each se	
2. In developing this strategy, were overlapping service areas, unnecessary	competition and/or duplication of this service identified?
Yes (if 'Yes', you must attach additional documentation as described, No	below)
If these conditions will continue under this strategy, attach an explanation	for continuing the arrangement (i.e., overlapping but higher levels of
service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, celiminated).	or reasons that overlapping service areas or competition cannot be
If these conditions will be eliminated under the strategy, attach an implementation	entation schedule listing each step or action that will be taken to
eliminate them, the responsible party and the agreed upon deadline for com	pleting it.

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

Local Government or Authority	Funding Method
Bleckley County	General Fund and SPLOST
Cochran	General Fund and SPLOST

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

No change is anticipated. Both local governments will continue to provide for the service within their respective jurisdiction.

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

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

#### None

7. Person completing form: Bob Brockman, Sole Commissioner

Phone number: (478) 893-3200 Date completed: 9/1/2011

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

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







# **FORM 2: Summary of Service Delivery Arrangements**

Make copies of this form and complete one for each service listed on FORM 1, Section III. Use additional pages as necessary. If the contact person for this service (listed at the bottom of the page	
COUNTY: Bleckley	Service: Road/Street Maintenance
1. Check the box that best describes the agreed upon delivery arrangement	for this service:
Service will be provided countywide (i.e., including all cities and unince identify the government, authority or organization providing the service	
Service will be provided only in the unincorporated portion of the coun government, authority or organization providing the service.):	ty by a single service provider. (If this box is checked, identify the
One or more cities will provide this service only within their incorporate (If this box is checked, identify the government(s), authority or organize	ed boundaries, and the service will not be provided in unincorporated areas. ation providing the service:
One or more cities will provide this service only within their incorporate areas. (If this box is checked, identify the government(s), authority or on Bleckley County, Cochran	ed boundaries, and the county will provide the service in unincorporated organization providing the service.):
Other (If this box is checked, attach a legible map delineating the se	ervice area of each service provider, and identify the government.
authority, or other organization that will provide service within each se	
2. In developing this strategy, were overlapping service areas, unnecessary	competition and/or duplication of this service identified?
Yes (if 'Yes', you must attach additional documentation as described, No	below)
If these conditions will continue under this strategy, attach an explanation	for continuing the arrangement (i.e., overlapping but higher levels of
service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, celiminated).	or reasons that overlapping service areas or competition cannot be
If these conditions will be eliminated under the strategy, attach an implementation	entation schedule listing each step or action that will be taken to
eliminate them, the responsible party and the agreed upon deadline for com	pleting it.

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

Local Government or Authority	Funding Method
Bleckley County	General Fund and SPLOST
Cochran	General Fund and SPLOST

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

No change is anticipated. Both local governments will continue to provide the service within their respective jurisdiction.

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

Agreement Name	Contracting Parties	Effective and Ending Dates
----------------	---------------------	----------------------------

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

#### None

7. Person completing form: Bob Brockman, Sole Commissioner

Phone number: (478) 893-3200 Date completed: 9/1/2011

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

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







# **FORM 2: Summary of Service Delivery Arrangements**

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

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

Local Government or Authority	Funding Method
Cochran	Enterprise Funds

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

No change is anticipated.

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

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

#### None

7. Person completing form: **Bob Brockman**, **Sole Commissioner** 

Phone number: (478) 893-3200 Date completed: 10/24/2011

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

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







# **FORM 2: Summary of Service Delivery Arrangements**

	copies of this form and complete one for each service listed on FORM 1, Section III. Use onal pages as necessary. If the contact person for this service (listed at the bottom of the page)		
col	JNTY: Bleckley	Service: Social Services	
1. Cł	neck the box that best describes the agreed upon delivery arrangement	for this service:	
V	Service will be provided countywide (i.e., including all cities and uninconsidentify the government, authority or organization providing the service <b>Bleckley County</b>		
	Service will be provided only in the unincorporated portion of the coungovernment, authority or organization providing the service.):	ty by a single service provider. (If this box is checked, identify the	
	One or more cities will provide this service only within their incorporate (If this box is checked, identify the government(s), authority or organize	d boundaries, and the service will not be provided in unincorporated areas. ation providing the service:	
	One or more cities will provide this service only within their incorporate areas. (If this box is checked, identify the government(s), authority or or	d boundaries, and the county will provide the service in unincorporated organization providing the service.):	
	Other (If this box is checked, attach a legible map delineating the sea authority, or other organization that will provide service within each sea		
2. In	2. In developing this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?		
<b>1</b>	Yes (if 'Yes', you must attach additional documentation as described, No	pelow)	
If the	ese conditions will continue under this strategy, attach an explanation	for continuing the arrangement (i.e., overlapping but higher levels of	
	ce (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, on nated).	r reasons that overlapping service areas or competition cannot be	
If the	ese conditions will be eliminated under the strategy, attach an implementation	entation schedule listing each step or action that will be taken to	
elimi	eliminate them, the responsible party and the agreed upon deadline for completing it.		

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

Local Government or Authority	Funding Method
Bleckley County	General Funds, State Funds, and Federal Funds

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

No change is anticipated.

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

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

#### None

7. Person completing form: **Bob Brockman, Sole Commissioner** 

Phone number: (478) 893-3200 Date completed: 9/1/2011

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? Yes

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







# **FORM 2: Summary of Service Delivery Arrangements**

Make copies of this form and complete one for each service listed on FORM 1, Section III. Use exactly the same service names listed on FORM 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.			
СО	UNTY: Bleckley	Service: Solid Waste Management	
1. C	heck the box that best describes the agreed upon delivery arrangement	ent for this service:	
	Service will be provided countywide (i.e., including all cities and uni identify the government, authority or organization providing the service.	incorporated areas) by a single service provider. (If this box is checked, vice.):	
	Service will be provided only in the unincorporated portion of the cogovernment, authority or organization providing the service.):	ounty by a single service provider. (If this box is checked, identify the	
	One or more cities will provide this service only within their incorpor (If this box is checked, identify the government(s), authority or organ	rated boundaries, and the service will not be provided in unincorporated areas. nization providing the service:	
V	One or more cities will provide this service only within their incorpor areas. (If this box is checked, identify the government(s), authority of Bleckley County, Cochran	rated boundaries, and the county will provide the service in unincorporated or organization providing the service.):	
	Other (If this box is checked, attach a legible map delineating the authority, or other organization that will provide service within each	e service area of each service provider, and identify the government, a service area.):	
2. lr	n developing this strategy, were overlapping service areas, unnecess:	ary competition and/or duplication of this service identified?	
	Yes (if 'Yes', you must attach additional documentation as describe No	ed, below)	
serv	· ·	on for continuing the arrangement (i.e., overlapping but higher levels of n, or reasons that overlapping service areas or competition cannot be	
	ese conditions will be eliminated under the strategy, attach an imple		

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

Local Government or Authority	Funding Method
Bleckley County	General Fund and Fees
Cochran	General Fund and Fees

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

No change is anticipated. Both local governments will continue to provide the service only within their respective jurisdiction.

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

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

#### None

- 7. Person completing form: Bob Brockman, Sole Commissioner
  - Phone number: (478) 893-3200 Date completed: 9/1/2011
- 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? **No**

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







# **FORM 2: Summary of Service Delivery Arrangements**

Make copies of this form and complete one for each service listed on FORM 1, Section III. Use additional pages as necessary. If the contact person for this service (listed at the bottom of the page	
COUNTY: Bleckley	Service: Storm Water Management
1. Check the box that best describes the agreed upon delivery arrangement	for this service:
Service will be provided countywide (i.e., including all cities and unince identify the government, authority or organization providing the service	
Service will be provided only in the unincorporated portion of the coun government, authority or organization providing the service.):	ty by a single service provider. (If this box is checked, identify the
One or more cities will provide this service only within their incorporate (If this box is checked, identify the government(s), authority or organize	ed boundaries, and the service will not be provided in unincorporated areas. ation providing the service:
One or more cities will provide this service only within their incorporate areas. (If this box is checked, identify the government(s), authority or on Bleckley County, Cochran	ed boundaries, and the county will provide the service in unincorporated organization providing the service.):
Other (If this box is checked, attach a legible map delineating the se	ervice area of each service provider, and identify the government,
authority, or other organization that will provide service within each se	
2. In developing this strategy, were overlapping service areas, unnecessary	competition and/or duplication of this service identified?
Yes (if 'Yes', you must attach additional documentation as described, No	below)
If these conditions will continue under this strategy, attach an explanation	for continuing the arrangement (i.e., overlapping but higher levels of
service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, celiminated).	or reasons that overlapping service areas or competition cannot be
If these conditions will be eliminated under the strategy, attach an implementation	entation schedule listing each step or action that will be taken to
eliminate them, the responsible party and the agreed upon deadline for com	npleting it.

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

Local Government or Authority	Funding Method
Bleckley County	General Funds
Cochran	General Funds

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

No change is anticipated. Both local governments will continue to provide the service only within their respective jurisdiction.

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

Agreement Name	Contracting Parties	Effective and Ending Dates
----------------	---------------------	----------------------------

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

#### None

7. Person completing form: **Bob Brockman, Sole Commissioner** 

Phone number: (478) 893-3200 Date completed: 9/1/2011

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

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







# **FORM 2: Summary of Service Delivery Arrangements**

	e copies of this form and complete one for each service listed on FORM 1, Section I ional pages as necessary. If the contact person for this service (listed at the bottom of the	III. Use exactly the same service names listed on FORM 1. Answer each question below, attaching e page) changes, this should be reported to the Department of Community Affairs.
СО	UNTY: Bleckley	Service: Water Supply Distribution
1. C	heck the box that best describes the agreed upon delivery arranger	ment for this service:
	Service will be provided countywide (i.e., including all cities and u identify the government, authority or organization providing the se	nincorporated areas) by a single service provider. (If this box is checked, ervice.):
	Service will be provided only in the unincorporated portion of the ogovernment, authority or organization providing the service.):	county by a single service provider. (If this box is checked, identify the
	One or more cities will provide this service only within their incorp (If this box is checked, identify the government(s), authority or org	porated boundaries, and the service will not be provided in unincorporated areas. ganization providing the service:
	One or more cities will provide this service only within their incorpareas. (If this box is checked, identify the government(s), authority	orated boundaries, and the county will provide the service in unincorporated y or organization providing the service.):
<b>V</b>	Other (If this box is checked, attach a legible map delineating the authority, or other organization that will provide service within each Cochran	he service area of each service provider, and identify the government, ch service area.):
2. Ir	developing this strategy, were overlapping service areas, unneces	ssary competition and/or duplication of this service identified?
	Yes (if 'Yes', you must attach additional documentation as described No	ped, below)
serv	·	tion for continuing the arrangement (i.e., overlapping but higher levels of on, or reasons that overlapping service areas or competition cannot be
	ese conditions will be eliminated under the strategy, attach an imp	elementation schedule listing each step or action that will be taken to

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

Local Government or Authority	Funding Method
Cochran	Enterprise Funds

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

No change is anticipated.

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

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

#### None

7. Person completing form: **Bob Brockman**, **Sole Commissioner** 

Phone number: (478) 893-3200 Date completed: 10/24/2011

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

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







# **FORM 3: Summary of Land Use Agreements**

In	04	rı ı	~+	10	าร:

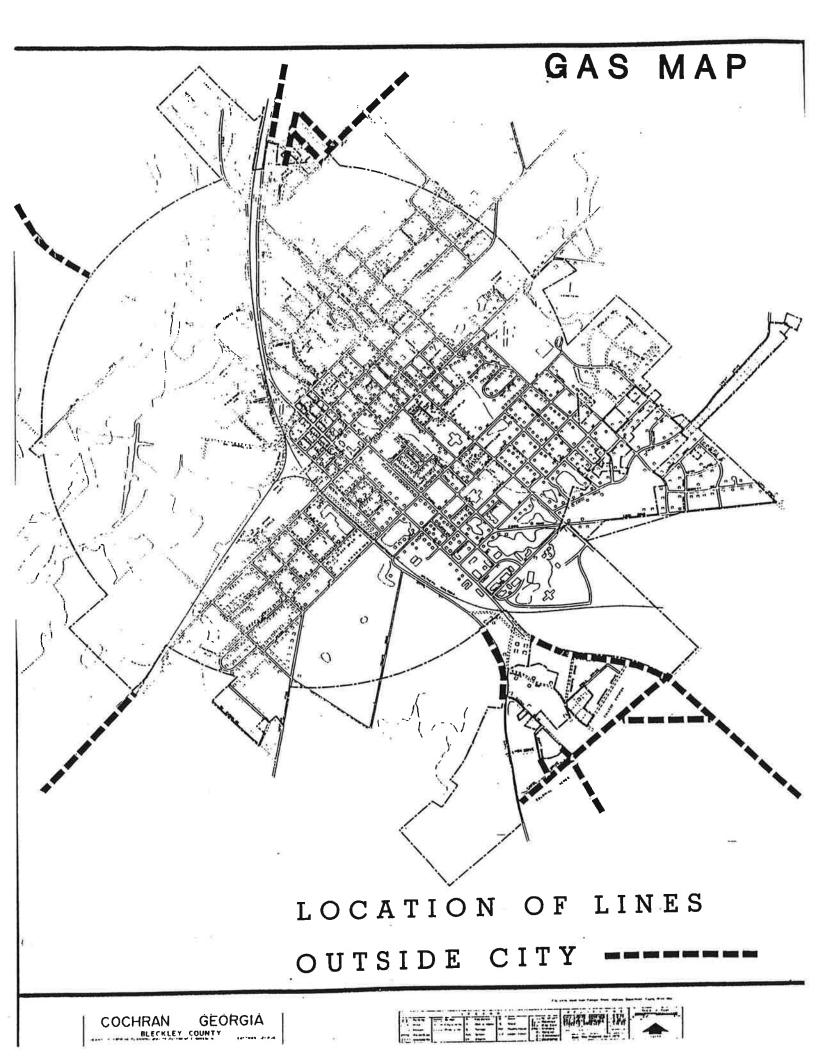
Please note that any changes to the answers provided will require an update of the service delivery strategy. If the contact person for this service (listed at the bottom of this page) changes, this should be reported to the Department of Community Affairs.

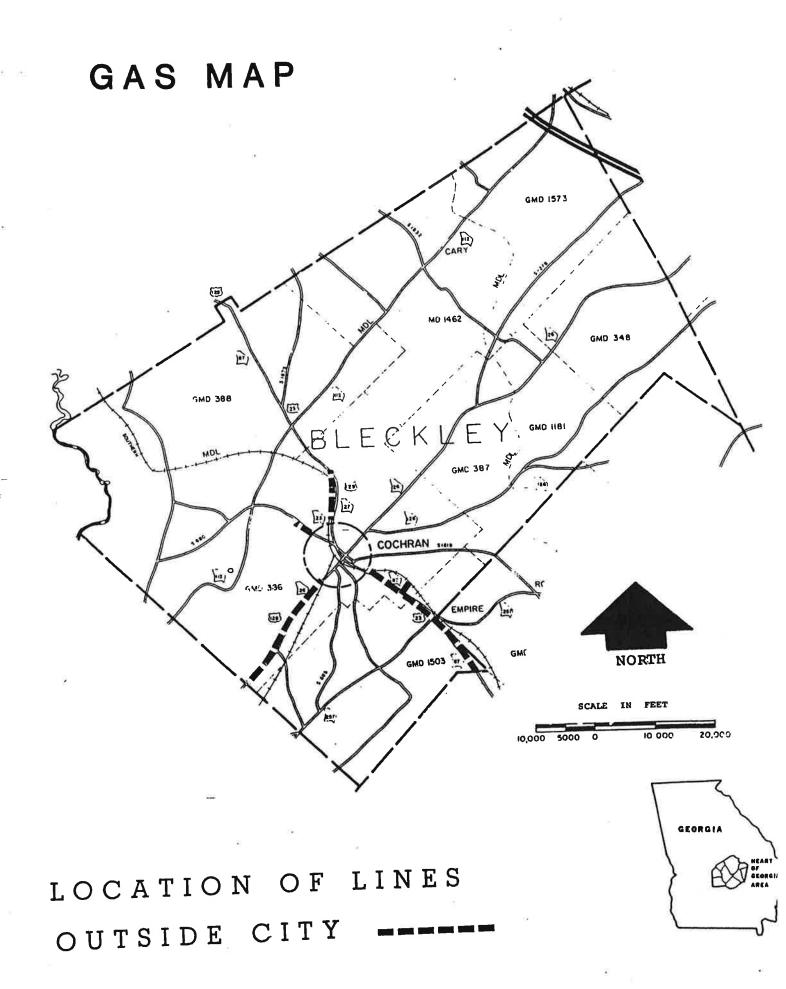
# COUNTY: Blecklev

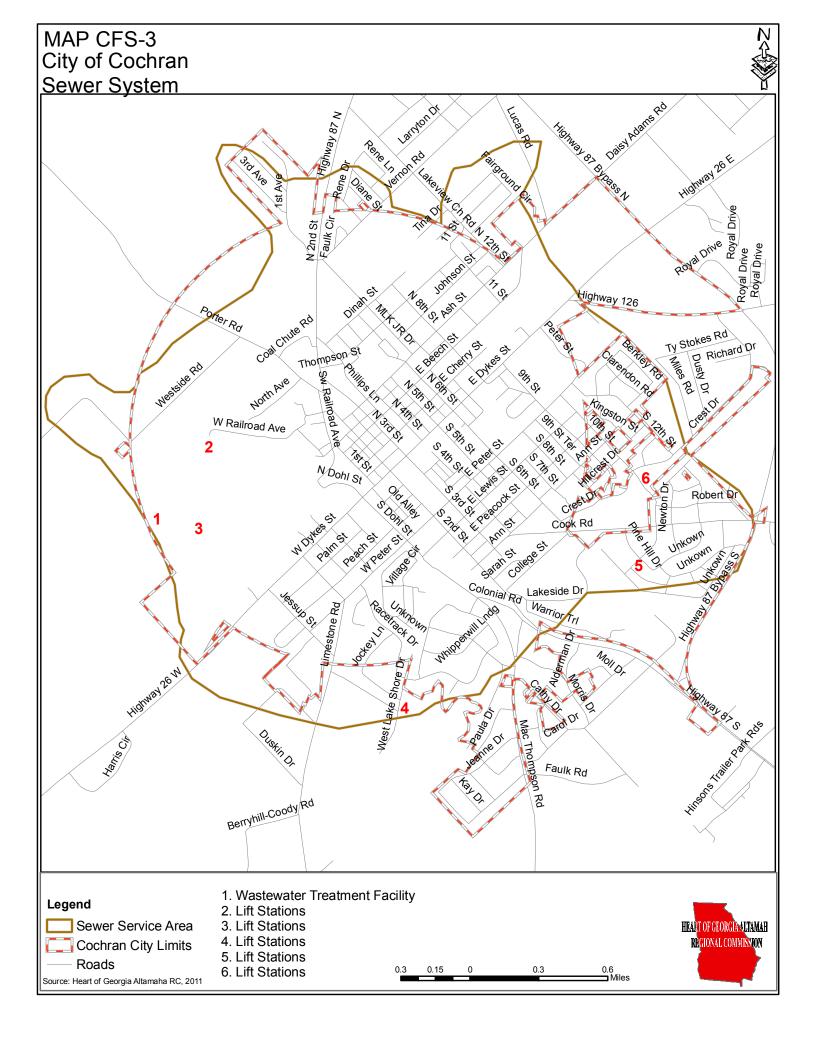
1. What incompatibilities or conflicts between the land use plans of local governments were identified in the process of developing the service delivery strategy?
None were identified.
2. Check the boxes indicating how these incompatibilities or conflicts were addressed:
Amendments to existing comprehensive plans
Adoption of a joint comprehensive plan
Other measures (amend zoning ordinances, add environmental regulations, etc.)
If the necessary plan amendments, regulations, ordinances, etc. have not been formally adopted, indicate when each of the affected local governments will adopt them.
3. What policies, procedures and/or processes have been established by local governments (and water and sewer authorities) to ensure that new extraterritorial water and sewer service will be consistent with all applicable land use plans and ordinances?
Bleckley County and the cities of Allentown and Cochran have adopted a joint resolution to insure that proposed extraterritorial water and
sewer service is compatible with land use plans and ordinances of the territory of the adjoining local government in which the new service is
to be extended.
4. Person completing form: Bob Brockman, Sole Commissioner
Phone number: (478) 893-3200 Date completed: 9/14/2011
5. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the

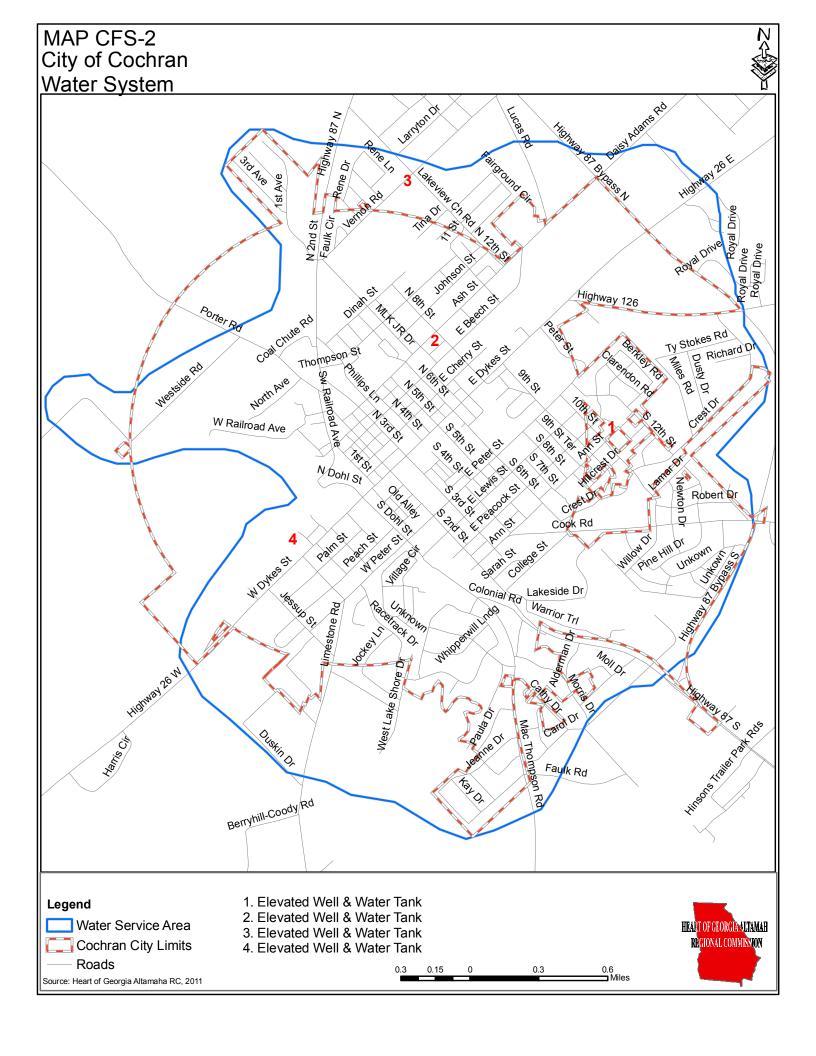
service delivery strategy? No

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















# **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: Bleckley

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)).

TITLE	NAME	SIGNATURE // DATE
Commissioner	Bob Brockman	Kont 10 2 19-10-11
Mayor	Cliff Avant	Ill He Nast 7 304
t	Commissioner	Commissioner Bob Brockman