I. GENERAL INSTRUCTIONS

1. Only one set of these forms should be submitted per county. The completed forms should clearly present the collective agreement reached by all cities and counties that were party to the service delivery strategy.

2. List each local government and/or authority that provides services included in the service delivery strategy in Section II below.

3. List all services provided or primarily funded by each general purpose local government and authority within the county in Section III below. It is acceptable to break a service into separate components if this will facilitate description of the service delivery strategy.

4. For each service or service component listed in Section III, complete a separate Summary of Service Delivery Arrangement form (page 2).

5. Complete one copy of the Summary of Land Use Agreements form (page 3).

6. Have the Certifications form (page 4) signed by the authorized representatives of participating local governments. Please note that DCA cannot validate the strategy unless it is signed by the local governments required by law (see Instructions, page 4).

7. Mail the completed forms along with any attachments to:

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

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

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

II. LOCAL GOVERNMENTS INCLUDED IN THE SERVICE DELIVERY STRATEGY:

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

   BACON COUNTY
   CITY OF ALMA

III. SERVICES INCLUDED IN THE SERVICE DELIVERY STRATEGY:

   For each service listed here, a separate Summary of Service Delivery Arrangements form (page 2) must be completed.

   ✓ AIRPORT
   ✓ ALCOHOL LICENSE
   ✓ ANIMAL CONTROL
   ✓ CEMETERIES & PARKS
   ✓ BUILDING INSPECTOR
   ✓ CHAMBER OF COMMERCE
   ✓ COMMUNITY BUILDINGS
   ✓ COOPERATIVE EXTENSION SERVICE
   ✓ CORONER
   ✓ COURTS
   ✓ DEVELOPMENT AUTHORITY
   ✓ DISPATCHERS
   ✓ ELECTIONS
   ✓ EMERGENCY MEDICAL SERVICE, FIRE PROTECTION, AND CIVIL DEFENSE
   ✓ FUEL PUMP SYSTEM
   ✓ HISTORICAL SOCIETY
   ✓ HOSPITAL
   ✓ INDIGENT DEFENSE
   ✓ JAIL & INMATE MEDICAL
   ✓ LAND USE
   ✓ LAW ENFORCEMENT
   ✓ LIBRARY
   ✓ PUBLIC HEALTH
   ✓ PUBLIC SAFETY COMPLEX & COURTHOUSE
   ✓ PUBLIC WORKS
   ✓ QUALIFYING RANGE
   ✓ RECREATION
   ✓ SANITARY LANDFILL
   ✓ SOCIAL SERVICES
   ✓ SOLID WASTE
   ✓ TAX COLLECTIONS
   ✓ TAX ASSESSMENTS
   ✓ THEATER- YOUTH INTERVENTION
   ✓ TRANSFER STATION
   ✓ WATER SUPPLY & SEWAGE DISPOSAL
SERVICE DELIVERY STRATEGY
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

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

County: BACON Service: AIRPORT

1. Check the box that best describes the agreed upon delivery arrangement for this service:
   - [x] 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.) AUTHORITY & BACON CO.
   - [ ] Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
   - [ ] One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
   - [ ] One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
   - [ ] Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)

In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
- [ ] yes  [ ] no

If these conditions will continue under the 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:

BACON COUNTY GENERAL FUND

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?
   - [ ] NO CHANGE

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

<table>
<thead>
<tr>
<th>Agreement Name:</th>
<th>Contracting Parties:</th>
<th>Effective and Ending Dates:</th>
</tr>
</thead>
<tbody>
<tr>
<td>NA</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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?
   - [ ] NA

7. Person completing form: MARY EDNA WHEELER, COUNTY CLERK & THOMAS C. DEEN, CITY MANAGER
   Phone number: 912-632-5214 & 632-8072  Date completed: 08-06-99

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?  [x] yes  [ ] no
   If not, provide designated contact person(s) and phone number(s) below:

ATTACHMENT 17A
### Service Delivery Strategy

**Summary of Service Delivery Arrangements**

**County:** BACON  
**Service:** ALCOHOL LICENSE

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 unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
   - [ ] Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
   - [ ] One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
   - [X] 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.)

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
   - [ ] Yes  
   - [X] No

   If these conditions will continue under the 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

<table>
<thead>
<tr>
<th>Local Government or Authority</th>
<th>Funding Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>BACON COUNTY</td>
<td>GENERAL FUND</td>
</tr>
<tr>
<td>ALMA</td>
<td>GENERAL FUND</td>
</tr>
</tbody>
</table>

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

**No Change**

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

<table>
<thead>
<tr>
<th>Agreement Name</th>
<th>Contracting Parties</th>
<th>Effective and Ending Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>NA</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**NA**

7. Person completing form:  
   - MARY EDNA WHEELER, COUNTY CLERK & THOMAS C. DEEN, CITY MANAGER  
   - Phone number: 912-632-5214 & 632-8072  
   - Date completed: 08-06-99

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?  
   - [X] Yes  
   - [ ] No

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

---

**ATTACHMENT 19A**
BACON  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 unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)

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

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

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

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

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

☐ yes ☒ no

If these conditions will continue under the 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:

<table>
<thead>
<tr>
<th>ALMA</th>
<th>GENERAL FUND</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

NA

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

<table>
<thead>
<tr>
<th>Agreement Name:</th>
<th>Constructing Parties:</th>
<th>Effective and Ending Dates:</th>
</tr>
</thead>
<tbody>
<tr>
<td>NA</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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?

NA

7. Person completing form: MARY EDNA WHEELER, COUNTY CLERK & THOMAS C. DEEN, CITY MANAGER

Phone number: 912-632-5214 & 632-8072 Date completed: 08-06-99

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

If not, provide designated contact person(s) and phone number(s) below:
### County: BACON COUNTY

#### Service: CEMETERIES & PARKS

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 unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)

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

- [x] 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.)

  **ALMA**

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

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

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

- [ ] yes  [x] no

If these conditions will continue under the 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.):

<table>
<thead>
<tr>
<th>Local Government or Authority</th>
<th>Funding Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALMA</td>
<td>FEES &amp; GENERAL FUND</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**NO CHANGE**

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

<table>
<thead>
<tr>
<th>Agreement Name</th>
<th>Contracting Parties</th>
<th>Effective and Ending Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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?

**NA**

7. Person completing form: **MARY EDNA WHEELER, COUNTY CLERK & THOMAS C. DEEN, CITY MANAGER**

Phone number: **912-632-5214 & 632-8072**  Date completed: **08-06-99**

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?  

- [x] yes  [ ] no

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

---

**ATTACHMENT 21A**
**Service Delivery Strategy**

**Summary of Service Delivery Arrangements**

**County:** BACON COUNTY

**Service:** BUILDING INSPECTOR

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 unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
   - [ ] Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
   - [ ] One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
   - [ ] One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
   - [ ] Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
   - [ ] Yes
   - [x] No
   If these conditions will continue under the 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.).

<table>
<thead>
<tr>
<th>Local Government or Authority</th>
<th>Funding Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>CITY OF ALMA</td>
<td>FEES &amp; GENERAL FUND</td>
</tr>
<tr>
<td>BACON COUNTY</td>
<td>GENERAL FUND</td>
</tr>
</tbody>
</table>

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

   CITY OF ALMA HAS HAD A FULL TIME BUILDING INSPECTOR FOR OVER 25 YEARS. BACON COUNTY HIRE A BUILDING INSPECTOR ON BUILDING PROJECTS FOR THE COUNTY WHEN NEEDED.

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

<table>
<thead>
<tr>
<th>Agreement Name</th>
<th>Contracting Parties</th>
<th>Effective and Ending Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>NA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NA</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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?

   NA

7. Person completing form: MARY EDNA WHEELER, COUNTY CLERK & THOMAS C. DEEN, CITY MANAGER

   Phone number: 912-632-5214 & 632-8072

   Date completed: 08-06-99

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?
   - [x] Yes
   - [ ] No
   If not, provide designated contact person(s) and phone number(s) below:

   NA

**ATTACHMENT 22A**
SERVICE DELIVERY STRATEGY
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

County: BACON COUNTY
Service: CHAMBER OF COMMERCE

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 unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)

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

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

ALMA

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

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

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

☐ yes ☒ no

If these conditions will continue under the 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: ALMA
Funding Method: HOTEL MOTEL TAX

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

NO CHANGE

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

<table>
<thead>
<tr>
<th>Contracting Parties</th>
<th>Effective and Ending Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>NA</td>
<td></td>
</tr>
</tbody>
</table>

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?

NA

7. Person completing form: MARY EDNA WHEELER, COUNTY CLERK & THOMAS C. DEEN, CITY MANAGER
Phone number: 912-632-5214 & 632-8072 Date completed: 08-06-99

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

ATTACHMENT 23A
SERVICE DELIVERY STRATEGY
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

County: BACON
Service: COMMUNITY BUILDINGS

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 unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)

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

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

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

   BACON COUNTY PROVIDES COMMUNITY BUILDINGS IN SEVERAL UNINCORPORATED AREAS.
   THESE BUILDINGS ALSO HOUSE THE VOLUNTEER FIRE DEPTS.

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

- [ ] Yes
- [ ] No

If these conditions will continue under the 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: BACON COUNTY
   Funding Method: GENERAL FUND

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

   NO CHANGE

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

   Agreement Name: NA
   Contracting Parties: NA
   Effective and Ending Dates: NA

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?

   NA

7. Person completing form: MARY EDNA WHEELER, COUNTY CLERK & THOMAS C. DEEN, CITY MANAGER
   Phone number: 912-632-5214 & 632-8072 Date completed: 08-06-99

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

   - [ ] Yes
   - [ ] No

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

ATTACHMENT 24A
**SERVICE DELIVERY STRATEGY**
**SUMMARY OF SERVICE DELIVERY ARRANGEMENTS**

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

<table>
<thead>
<tr>
<th>County:</th>
<th>Service: COOPERATIVE EXTENSION SERVICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Check the box that best describes the agreed upon delivery arrangement for this service:</td>
<td></td>
</tr>
<tr>
<td>☑ 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.) BACON COUNTY</td>
<td></td>
</tr>
<tr>
<td>☐ 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.)</td>
<td></td>
</tr>
<tr>
<td>☐ 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.)</td>
<td></td>
</tr>
<tr>
<td>☐ 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.)</td>
<td></td>
</tr>
<tr>
<td>☐ Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)</td>
<td></td>
</tr>
</tbody>
</table>

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified? ☑ yes ☐ no

If these conditions will continue under the 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, Local Government or Authority: Funding Method: |
| BACON COUNTY | GENERAL FUND |

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county? NO-CHANGE - COUNTY PROVIDES SOME OR THE SUPPORT FOR THIS OFFICE AND STAFF.

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

<table>
<thead>
<tr>
<th>Agreement Name:</th>
<th>Contracting Parties:</th>
<th>Effective and Ending Dates:</th>
</tr>
</thead>
<tbody>
<tr>
<td>NA</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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? NA

7. Person completing form: MARY EDNA WHEELER & THOMAS G. DEEN, CITY MANAGER
Phone number: 912-632-5214 & 632-8072 Date completed: 08-06-99

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

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

ATTACHMENT 24B
SERVICE DELIVERY STRATEGY
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

County: BACON
Service: CORONER

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 unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.) BACON

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

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

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

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

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
- [ ] yes [ ] no

If these conditions will continue under the 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, Federal Government or Authority: Funding Method:

<table>
<thead>
<tr>
<th>BACON COUNTY</th>
<th>GENERAL FUND</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

NO CHANGE

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

<table>
<thead>
<tr>
<th>Agreement Name: NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contracting Parties:</td>
</tr>
<tr>
<td>Effective and Ending Dates:</td>
</tr>
</tbody>
</table>

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?

NA

7. Person completing form: MARY EDNA WHEELER, COUNTY CLERK & THOMAS C. DEEN, CITY MANAGER
Phone number: 912-632-5214 & 632-8072 Date completed: 08-06-99

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy?
- [ ] yes [ ] no

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

ATTACHMENT 25A
SERVICE DELIVERY STRATEGY
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

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

County: BACON  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 unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
   □ Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
   X 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.)
      BACON COUNTY
      ALMA
   □ One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
   □ Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
   □ yes  □ no

   If these conditions will continue under the 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:
   □ BACON COUNTY · GENERAL FUND
   □ ALMA · FINES & FORFEITURES

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

   NO CHANGE - ALMA HAS MUNICIPAL COURT.
   COUNTY HAS SUPERIOR COURT, PROBATE, MAGISTRATE, STATE COURT
   AND JUVENILE COURT

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:
   NA

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?

   NA

7. Person completing form:  MARY EDNA WHEELER, COUNTY CLERK & THOMAS C. DEEN, CITY MANAGER

   Phone number:  912-632-5214 & 632-8072  Date completed:  08-06-99

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

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

ATTACHMENT 25B
SERVICE DELIVERY STRATEGY
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

PAGE 1

County: BACON COUNTY Service: DEVELOPMENT AUTHORITY

1. Check the box that best describes the agreed upon delivery arrangement for this service:
   - [x] 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.) BACON COUNTY
   - [ ] Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
   - [ ] One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
   - [ ] One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
   - [ ] Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)

2. Developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
   - [x] yes [ ] no

   If these conditions will continue under the 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.)

<table>
<thead>
<tr>
<th>Local Government or Authority</th>
<th>Funding Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>BACON COUNTY</td>
<td>GENERAL FUND</td>
</tr>
</tbody>
</table>

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?
   - NO CHANGE

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

<table>
<thead>
<tr>
<th>Agreement Name</th>
<th>Contracting Parties</th>
<th>Effective and Ending Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>NA</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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?
   - NA

7. Person completing form: MARY EDNA WHEELER, COUNTY CLERK & THOMAS C. DEEN, CITY MANAGER

   Phone number: 912-632-5214 & 632-8072 Date completed: ________________

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? [x] yes [ ] no

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

---

PAGE 25C
## Instructions:

**Service Delivery Strategy**

**Summary of Service Delivery Arrangements**

---

**County:** BACON  
**Service:** DISPATCHERS

1. Check the box that best describes the agreed upon delivery arrangement for this service:

   - [x] 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.)  
     - ALMA

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

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

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

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

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

   - [ ] yes  
   - [x] no

   If these conditions will continue under the 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.):

<table>
<thead>
<tr>
<th>Local Government or Authority</th>
<th>Funding Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>BACON COUNTY</td>
<td>GENERAL</td>
</tr>
<tr>
<td>CITY OF ALMA</td>
<td>GENERAL</td>
</tr>
</tbody>
</table>

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

   - ORAL AGREEMENTS PUT IN WRITING

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

<table>
<thead>
<tr>
<th>Agreement Name</th>
<th>Contracting Parties</th>
<th>Effective and Ending Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>JOINT COUNTY - CITY DISPATCH</td>
<td>BACON COUNTY</td>
<td>JULY 20, 1999</td>
</tr>
<tr>
<td>AGREEMENT</td>
<td>CITY OF ALMA</td>
<td>CONTINUE IN EFFECT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>UNLESS CANCELLED BY</td>
</tr>
<tr>
<td></td>
<td></td>
<td>EITHER PARTY</td>
</tr>
</tbody>
</table>

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

   - [ ]

7. Person completing form: MARY EDNA WHEELER, COUNTY CLERK & THOMAS C. DEEN, CITY MANAGER

   - Phone number: 912-632-5214 & 632-8072  
   - Date completed: 08-06-99

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?

   - [x] yes  
   - [ ] no

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

---

**ATTACHMENT 8A**
County: BACON  
Service: ELECTIONS

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 unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)

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

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

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

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

COUNTY WILL DELIVER TO CHIEF REGISTRAR OF THE MUNICIPALITY A COPY OF THE LIST OF VOTERS ACCORDING TO GA. LAW 21-2-224 (E). ALMA HOLDS MUNICIPAL ELECTIONS; BACON COUNTY HOLDS COUNTYWIDE ELECTIONS.

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

☐ yes ☐ no

If these conditions will continue under the 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: BACON COUNTY CITY OF ALMA Funding Method: GENERAL FUND GENERAL FUND & QUALIFYING FEES

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

NO CHANGE - ALMA HAS THEIR OWN SUPERINTENDENT OF ELECTIONS FOR CITY ELECTIONS ONLY. PROBATE JUDGE SERVES AS SUPERINTENDENT OF ELECTIONS FOR COUNTY.

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

Agreement Name: NA  
Contracting Parties: NA  
Effective and Ending Dates: NA

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?

NA

7. Person completing form: MARY EDNA WHEELER, COUNTY CLERK & THOMAS C. DEEN, CITY MANAGER  
Phone number: 912-632-5214 & 632-8072  
Date completed: 08-06-99

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

☐ yes ☐ no

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

ATTACHMENT 26A
Service Delivery Strategy
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

Page 2

Page dimensions: 602.3x1007.3

[Image 0x0 to 602x1007]

[0x0]Service: EMERGENCY MEDICAL SERVICE • FIRE PROTECTION • & CIVIL DEFENSE

Local: 2

1. Check the box that best describes the agreed upon delivery arrangement for this service:

- [x] 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.) ALMA
- [ ] Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- [ ] One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- [ ] One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- [ ] Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)

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

- [x] yes  [ ] no

If these conditions will continue under the 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.

<table>
<thead>
<tr>
<th>Local Government or Authority</th>
<th>Funding Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>BACON COUNTY</td>
<td>GENERAL FUND</td>
</tr>
<tr>
<td>CITY OF ALMA</td>
<td>GENERAL FUND</td>
</tr>
<tr>
<td>EMS</td>
<td>USER FEES</td>
</tr>
</tbody>
</table>

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

ORAL AGREEMENTS PUT IN WRITING

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

<table>
<thead>
<tr>
<th>Agreement Name:</th>
<th>Contracting Parties:</th>
<th>Effective and Ending Dates:</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMERGENCY MEDICAL SERVICES</td>
<td>BACON COUNTY AND CITY OF ALMA</td>
<td>JULY 20, 1999</td>
</tr>
<tr>
<td>FIRE PROTECTION AND CIVIL</td>
<td></td>
<td>NOTICE OF INTENT TO CANCEL WITHIN 90 DAYS OF DEC. 31.</td>
</tr>
<tr>
<td>DEFENSE AGREEMENT</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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: MARY EDNA WHEELER, COUNTY CLERK & THOMAS C. DEEN, CITY MANAGER

Phone number: 912-632-5214 & 632-8072  Date completed: 08-06-99

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?  [x] yes  [ ] no

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

ATTACHMENT 7A
Service Delivery Strategy

Summary of Service Delivery Arrangements

County: BACON  Service: FUEL PUMP SYSTEM

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 unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.) ALMA
   - [ ] Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
   - [ ] One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
   - [ ] One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
   - [ ] Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
   - [ ] yes  [ ] no

   If these conditions will continue under the 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.):

<table>
<thead>
<tr>
<th>Local Government or Authority</th>
<th>Funding Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>BACON COUNTY</td>
<td>GENERAL FUND</td>
</tr>
<tr>
<td>CITY OF ALMA</td>
<td>GENERAL FUND</td>
</tr>
<tr>
<td>BOARD OF EDUCATION</td>
<td>GENERAL FUND</td>
</tr>
</tbody>
</table>

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?
   - NONE

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

<table>
<thead>
<tr>
<th>Agreement Name</th>
<th>Contracting Parties</th>
<th>Effective and Ending Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>LETTERS OF AGREEMENT</td>
<td>ALMA, BACON COUNTY AND BOARD OF EDUCATION</td>
<td>JULY 20, 1999</td>
</tr>
</tbody>
</table>

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: MARY EDNA WHEELER, COUNTY CLERK & THOMAS G. DEEN, CITY MANAGER
   Phone number: 912-632-5214 & 632-8072. Date completed: 08-06-99

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

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

ATTACHMENT 5A
**SERVICE DELIVERY STRATEGY**

**SUMMARY OF SERVICE DELIVERY ARRANGEMENTS**

**County:** BACON COUNTY  
**Service:** HISTORICAL SOCIETY

1. Check the box that best describes the agreed-upon delivery arrangement for this service:
   - [x] 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.) HISTORICAL SOCIETY BOARD
   - [ ] Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
   - [ ] One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
   - [ ] One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
   - [ ] Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
   - [x] Yes
   - [ ] No

   If these conditions will continue under the 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:**  
   - BACON COUNTY  
   - CITY OF ALMA

   **Funding Method:**
   - GENERAL FUND

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?
   - NO CHANGE

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

   **Agreement Name:**  
   - JOINT RESOLUTION
   - AGREEMENT

   **Contracting Parties:**
   - ALMA & BACON COUNTY
   - HISTORICAL SOCIETY & BACON COUNTY

   **Effective and Ending Dates:**
   - 12-16-74
   - 12-11-89

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: MARY EDNA WHEELER, COUNTY CLERK & THOMAS C. DEEN, CITY MANAGER
   - Phone number: 912-632-5216 & 632-8072  
   - Date completed: 08-06-99

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?
   - [x] Yes
   - [ ] No

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

**ATTACHMENT 27A**
County: BACON  Service: HOSPITAL

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 unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
   ☐ Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
   ☐ One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
   ☐ One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
   ☐ Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
   ☑ yes ☐ no
   If these conditions will continue under the 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:
   HOSPITAL AUTHORITY  USER FEES
   [Table with appropriate entries]

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?
   NO CHANGE

5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:
   [Table with appropriate entries]

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?
   NA

7. Person completing form:  MARY EDNA WHEELER, COUNTY CLERK & THOMAS G. DEEN, CITY MANAGER
   Phone number:  912-632-5214 & 632-8072  Date completed:  08-06-99

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

ATTACHMENT 28A
SERVICE DELIVERY STRATEGY
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

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

County: BACON Service: INDIGENT DEFENSE

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 unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.) BACON COUNTY

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

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

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

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

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

☐ yes ☐ no

If these conditions will continue under the 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 area 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).

Local Government or Authority: Funding Method:

BACON COUNTY GENERAL FUNDS

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

NO CHANGE

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

Agreement Name: Contracting Parties: Effective and Ending Dates:

N/A

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

N/A

7. Person completing form: MARY EDNA WHEELER, COUNTY CLERK & THOMAS C. DEEN, CITY MANAGER
Phone number: 912-632-5214 & 632-8072 Date completed: 08-06-99

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

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

ATTACHMENT 29A
SERVICE DELIVERY STRATEGY
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

County: BACON  Service: JAIL & INMATE MEDICAL

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 unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.) BACON COUNTY

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

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

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

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

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

☐ yes ☐ no

If these conditions will continue under the 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)

<table>
<thead>
<tr>
<th>Local Government or Authority</th>
<th>Funding Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>BACON COUNTY</td>
<td>GENERAL FUND</td>
</tr>
<tr>
<td>CITY OF ALMA</td>
<td>GENERAL FUND &amp; FINES</td>
</tr>
</tbody>
</table>

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

ORAL AGREEMENT IN THE PAST

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

<table>
<thead>
<tr>
<th>Agreement Name</th>
<th>Contracting Parties</th>
<th>Effective and Ending Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>INMATE HOUSING AGREEMENT</td>
<td>BACON COUNTY AND CITY OF ALMA</td>
<td>JULY 20, 1999 THRU DEC. 31, 1999</td>
</tr>
</tbody>
</table>

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?

AGREEMENT WILL BE RENegotiated ON OR BEFORE 12-31-99

7. Person completing form: MARY EDNA WHEELER, COUNTY CLERK & THOMAS C. DEEN, CITY MANAGER
Phone number: 912-632-5214 & 632-8072  Date completed: 08-06-99

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

☐ yes ☐ no

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

ATTACHMENT 15A
# Service Delivery Strategy
## Summary of Service Delivery Arrangements

**Page 2**

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

### County: BACON

#### Service: LAND USE

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 unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
   - [ ] Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
   - [ ] One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
   - [X] Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)
     - **(SEE MAP)**

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
   - [X] yes  [ ] no
   
   If these conditions will continue under the 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:**

   - BACON COUNTY
   - CITY OF ALMA
   - GENERAL FUND (FUTURE)
   - GENERAL FUND

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

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

   **Agreement Name:**
   **Contracting Parties:**
   **Effective and Ending Dates:**

<table>
<thead>
<tr>
<th>Dispute Resolution Process</th>
<th>BACON COUNTY &amp; CITY OF ALMA</th>
<th>JULY 1, 1998</th>
</tr>
</thead>
</table>

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

7. Person completing form: **MARY EDNA WHEELER, COUNTY CLERK & THOMAS C. BEEN, CITY MANAGER**

   Phone number: [912-632-5216 & 632-8072]  Date completed: 08-06-99

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?  [X] yes  [ ] no

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

---

**ATTACHMENT 3A**
County: BACON  Service: LAW ENFORCEMENT

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 unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
   - [ ] Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
   - [ ] One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
   - [ ] Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or organization that will provide service within each service area.)

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
   - [ ] yes  [ ] no
   If these conditions will continue under the 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.)

<table>
<thead>
<tr>
<th>Local Government or Authority</th>
<th>Funding Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>BACON COUNTY</td>
<td>GENERAL FUND</td>
</tr>
<tr>
<td>ALMA</td>
<td>GENERAL FUND</td>
</tr>
</tbody>
</table>

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?
   - NO CHANGE

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:
   - NA

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?
   - SHERIFF’S DEPT. OPERATES COUNTY-WIDE. THE CITY POLICE OPERATE WITHIN THE CITY. CITY POLICE WILL BE DFPUTIZED BY SHERIFF BEFORE RESPONDING OUTSIDE CITY LIMITS.

7. Person completing form: MARY EDNA WHEELER, COUNTY CLERK & THOMAS C. DEEN, CITY MANAGER
   Phone number: 912-632-5214 & 632-8072  Date completed: 08-06-99

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

ATTACHMENT 30A
### Service Delivery Strategy

**Summary of Service Delivery Arrangements**

- **County:** BACON
- **Service:** LIBRARY

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 unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
   - [ ] Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
   - [ ] One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
   - [ ] One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
   - [x] Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
   - [ ] Yes
   - [x] No
   
   If these conditions will continue under the 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, local government or authority: Funding Method:

<table>
<thead>
<tr>
<th>Government or Authority</th>
<th>Funding Method</th>
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<tbody>
<tr>
<td>BACON COUNTY</td>
<td>GENERAL FUND</td>
</tr>
<tr>
<td>CITY OF ALMA</td>
<td>GENERAL FUND</td>
</tr>
</tbody>
</table>

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?
   - **No Change - Library Budget Support by Bacon County, Alma, and Board of Education**

5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service. Agreement Name: Contracting Parties: Effective and Ending Dates:

| N/A | N/A | N/A |

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

   N/A

7. Person completing form: **MARY EDNA WHEELER, COUNTY CLERK & THOMAS C. DEEN, CITY MANAGER**
   - Phone number: 912-632-5214 & 632-8072
   - Date completed: 08-06-99

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?  
   - [x] Yes
   - [ ] No

   If not, provide designated contact person(s) and phone number(s) below:
County: BACON
Service: PUBLIC HEALTH

1. Check the box that best describes the agreed upon delivery arrangement for this service:

- [x] 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.)

- BACON COUNTY PROVIDES SOME OF THE SUPPORT FOR THE BACON COUNTY HEALTH DEPT.

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

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

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

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

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

- [ ] yes  [ ] no

If these conditions will continue under the 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: Fund Inc Method:

- BACON COUNTY
- GENERAL FUND

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

- NO CHANGE

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

Agreement Name: Contracting Parties: Effective and Ending Dates:

- N/A

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

- N/A

7. Person completing form: MARY EDNA WHEELER, COUNTY CLERK & THOMAS C. DEEN, CITY MANAGER

Phone number: 912-632-5214 & 632-8072  Date completed: 08-06-99

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

- [ ] yes  [ ] no

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

## County: BACON  
### Service: PUBLIC SAFETY COMPLEX & COURTHOUSE COMPLEX

1. Check the box that best describes the agreed upon delivery arrangement for this service:
   - [x] Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
   - [ ] Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
   - [ ] One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
   - [ ] One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
   - [ ] Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?  
   - [ ] Yes  
   - [x] No  
   
If these conditions will continue under the 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.).

<table>
<thead>
<tr>
<th>Local Government or Authority</th>
<th>Funding Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>BACON COUNTY</td>
<td>GENERAL FUND</td>
</tr>
<tr>
<td>CITY OF ALMA</td>
<td>GENERAL FUND</td>
</tr>
</tbody>
</table>

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?  
   - NO CHANGE

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

<table>
<thead>
<tr>
<th>Agreement Name</th>
<th>Contracting Parties</th>
<th>Effective and Ending Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>PUBLIC SAFETY COMPLEX &amp; COURTHOUSE COMPLEX AGREEMENT</td>
<td>BACON COUNTY</td>
<td>7-20-99 UNTIL CANCELLED</td>
</tr>
<tr>
<td>AGREEMENT</td>
<td>BACON COUNTY &amp; CITY OF ALMA</td>
<td>9-4-90</td>
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<tr>
<td>AGREEMENT</td>
<td>BACON COUNTY &amp; CITY OF ALMA</td>
<td>9-25-95</td>
</tr>
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</table>

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?  
   - NO CHANGE

7. Person completing form:  
   - MARY EDNA WHEELER, COUNTY CLERK & THOMAS C. DEEN, CITY MANAGER  
   - Phone number: 912-632-5214 & 632-8072  
   - Date completed: 08-06-99

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?  
   - [x] Yes  
   - [ ] No  
   
If not, provide designated contact person(s) and phone number(s) below:
SERVICE DELIVERY STRATEGY
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

County: BACON COUNTY
Service: PUBLIC WORKS

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 unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
   - ☐ Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
   - ☑ One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
     BACON COUNTY
     ALMA
     ☐ One or more cities will provide this service only within their incorporated boundaries, and the service will be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
     ☐ Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
   - ☐ yes ☑ no
   If these conditions will continue under the 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, Local Government or Authority: Funding Method:
   BACON COUNTY GENERAL FUND
   ALMA GENERAL FUND

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?
   NO CHANGE

5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service
   Agreement Name: Contracting Parties: Effective and Ending Dates:
   N/A

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

7. Person completing form: MARY EDNA WHEELER, COUNTY CLERK & THOMAS C. DEEN, CITY MANAGER
   Phone number: 912-632-5214 & 632-8072 Date completed: 08-06-99

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

ATTACHMENT 33A
## SERVICE DELIVERY STRATEGY
### SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

**County:** BACON  
**Service:** QUALIFYING RANGE

1. Check the box that best describes the agreed upon delivery arrangement for this service:
   - [x] 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.) ALMA
   - [ ] Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
   - [ ] One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
   - [ ] One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
   - [ ] Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
   - [ ] yes  
   - [x] no
   If these conditions will continue under the 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)

<table>
<thead>
<tr>
<th>Local Government or Authority</th>
<th>Funding Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALMA</td>
<td>GENERAL FUND</td>
</tr>
</tbody>
</table>

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?
   - [ ] NO CHANGE

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

<table>
<thead>
<tr>
<th>Agreement Name</th>
<th>Contracting Parties</th>
<th>Effective and Ending Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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?
   - [ ] N/A

7. Person completing form: **MARY EDNA WHEELER, COUNTY CLERK & THOMAS C. DEEN, CITY MANAGER**  
   Phone number: 912-632-5214 & 632-8072  
   Date completed: 08-06-99

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?
   - [x] yes  
   - [ ] no
   If not, provide designated contact person(s) and phone number(s) below:

---

**ATTACHMENT 04A**
SERVICE DELIVERY STRATEGY
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

County: BACON  Service: RECREATION

1. Check the box that best describes the agreed upon delivery arrangement for this service:
   - [x] 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.) RECREATION BOARD
   - [ ] Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
   - [ ] One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
   - [ ] One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
   - [ ] Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
   - [ ] yes  [x] no
   If these conditions will continue under the 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.):

<table>
<thead>
<tr>
<th>Local Government or Authority</th>
<th>Funding Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>BACON COUNTY</td>
<td>GENERAL FUND</td>
</tr>
<tr>
<td>CITY OF ALMA</td>
<td>GENERAL FUND</td>
</tr>
</tbody>
</table>

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?
   [x] NO CHANGE - ORAL AGREEMENT BEING PUT IN WRITING

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

<table>
<thead>
<tr>
<th>Agreement Name</th>
<th>Consulting Parties</th>
<th>Effective and Ending Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>RESOLUTION</td>
<td>CREATION OF RECREATION COMMISSION</td>
<td>3-3-1970</td>
</tr>
</tbody>
</table>

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

7. Person completing form: MARY EDNA WHEELER, COUNTY CLERK & THOMAS C. DEEN, CITY MANAGER
   Phone number: 912-632-5214 & 632-8072  Date completed: 08-06-99

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?  [x] yes  [ ] no
   If not, provide designated contact person(s) and phone number(s) below:
## County: BACON  Service: SANITARY LANDFILL & INERT LANDFILL

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 unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)  CITY OF ALMA

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

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

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

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

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

- Yes ☑️ No ☐

If these conditions will continue under the 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.):

<table>
<thead>
<tr>
<th>Local Government or Authority</th>
<th>Funding Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>BACON COUNTY</td>
<td>GENERAL FUND</td>
</tr>
<tr>
<td>CITY OF ALMA</td>
<td>USER FEES &amp; GEN. FUND</td>
</tr>
</tbody>
</table>

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

NO CHANGE

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

<table>
<thead>
<tr>
<th>Agreement Name</th>
<th>Contracting Parties</th>
<th>Effective and Ending Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>JOINT SANITARY LANDFILL AGREEMENT</td>
<td>BACON COUNTY</td>
<td>JULY 20, 1999</td>
</tr>
<tr>
<td>JOINT INERT LANDFILL AGREEMENT</td>
<td>CITY OF ALMA</td>
<td>JULY 20, 1999</td>
</tr>
</tbody>
</table>

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?

N/A

7. Person completing form: **MARY EDNA WHEELER, COUNTY CLERK & THOMAS C. DEEN, CITY MANAGER**

Phone number: 912-632-5214 & 632-8072  Date completed: 08-06-99

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

- Yes ☑️ No ☐

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

---

ATTACHMENT 13A
**Service Delivery Strategy**

**Summary of Service Delivery Arrangements**

**County:** BACON  
**Services:** SOCIAL SERVICES

1. Check the box that best describes the agreed upon delivery arrangement for this service:

- [x] 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.) **BACON COUNTY**

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

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

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

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

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

- [x] yes  
- [ ] no

If these conditions will continue under the 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.).

<table>
<thead>
<tr>
<th>Local Government or Authority</th>
<th>Funding Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>BACON COUNTY</td>
<td>GENERAL FUNDS</td>
</tr>
<tr>
<td>CITY OF ALMA</td>
<td>GENERAL FUNDS</td>
</tr>
<tr>
<td></td>
<td>3,000 PER YR OR TRANSPORTATION FOR NUTRITIONAL PROGRAM</td>
</tr>
</tbody>
</table>

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

**PROVIDED COUNTY-WIDE - BUDGET SUPPORT FOR MENTALLY RETARDED CENTER, DEPT. OF FAMILY & CHILDREN SERV., NUTRITIONAL CENTER (MEALS ON WHEELS) AND CONCERTED SERVICES. (COMMODITY DISTRIBUTION, HANDICAPP TRANSPORT & ENERGY ASSISTANCE)**

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

<table>
<thead>
<tr>
<th>Agreement Name:</th>
<th>Contracting Parties:</th>
<th>Effective and Ending Dates:</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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?

N/A

7. Person completing form: **MARY EDNA WHEELER, COUNTY CLERK & THOMAS C. DEEN, CITY MANAGER**  
   Phone number: 912-632-5214 & 632-8072  
   Date completed: 08-06-99

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?  
- [x] yes  
- [ ] no

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

N/A

---

**ATTACHMENT 35A**
SERVICE DELIVERY STRATEGY  
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS  

### County: BACON  
### Service: SOLID WASTE

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 unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
   - [ ] Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
   - [ ] One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
   - [ ] One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
   - [ ] Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?  
   - [ ] Yes  [ ] No

   If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service, 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.).

<table>
<thead>
<tr>
<th>Local Government or Authority</th>
<th>Funding Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>BACON COUNTY</td>
<td>USER FEES &amp; GEN. FUND</td>
</tr>
<tr>
<td>CITY OF ALMA</td>
<td>USER FEES &amp; GEN. FUND</td>
</tr>
</tbody>
</table>

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?  
   - [ ] No Change

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

<table>
<thead>
<tr>
<th>Agreement Name</th>
<th>Contracting Parties</th>
<th>Effective and Ending Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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?  
   - [ ] N/A

7. Person completing form: MARY EDNA WHEELER, COUNTY CLERK & THOMAS C. DEEN, CITY MANAGER
   Phone number: 912-632-5214 & 632-8072  Date completed: 08-06-99

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

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

---

ATTACHMENT 13C
### Service Delivery Strategy

#### Summary of Service Delivery Arrangements

**County:** BACON  
**Service:** TAX COLLECTIONS

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 unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.) **See Narrative**
   - [ ] Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
   - [ ] One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
   - [ ] One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
   - [ ] Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
   - [ ] Yes  
   - [ ] No  
   - [ ] These conditions will continue under the 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)), overlapping 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).

<table>
<thead>
<tr>
<th>Local Government or Authority</th>
<th>Funding Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>BACON COUNTY</td>
<td>GENERAL FUND</td>
</tr>
<tr>
<td>CITY OF ALMA</td>
<td>GENERAL FUND</td>
</tr>
</tbody>
</table>

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

   **No Change**

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

<table>
<thead>
<tr>
<th>Agreement Name:</th>
<th>Contracting Parties:</th>
<th>Effective and Ending Dates:</th>
</tr>
</thead>
<tbody>
<tr>
<td>AGREEMENT</td>
<td>BACON COUNTY, CITY OF ALMA &amp; TAX COMMISSIONER</td>
<td>6-13-91 &amp; YRS. SUBSEQUENT THERETO UNTIL CANCELLED.</td>
</tr>
</tbody>
</table>

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?

   **N/A**

7. Person completing form: MARY EDNA WHEELER, COUNTY CLERK & THOMAS C. DEEN, CITY MANAGER

   Phone number: 912-632-5214 & 632-8072  
   Date completed: 08-06-99

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

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

---

**ATTACHMENT 4A**
SERVICE DELIVERY STRATEGY

SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

County: BACON
Service: TAX ASSESSMENTS

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 unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.) BACON COUNTY
   - [ ] Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
   - [ ] One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
   - [ ] One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
   - [ ] Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
   - [ ] yes [ ] no
   
   If these conditions will continue under the 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, 

Local Government or Authority: BACON COUNTY
Funding Method: GENERAL FUND

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?
   - NO CHANGE

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

   Agreement Name: N/A
   Contracting Parties: N/A
   Effective and Ending Dates: N/A

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

7. Person completing form: MARY EDNA WHEELER, COUNTY CLERK & THOMAS C. DEEN, CITY MANAGER
   Phone number: 912-632-5214 & 632-8072 Date completed: 08-06-99

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

ATTACHMENT 4C
Instructions:

Service Delivery Strategy

Summary of Service Delivery Arrangements

County: BACON
Service: THEATER/YOUTH INTERVENTION

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 unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.) ALMA

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

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

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

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

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

☐ yes ☐ no

If these conditions will continue under the 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.):

<table>
<thead>
<tr>
<th>Local Government or Authority</th>
<th>Funding Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALMA</td>
<td>GENERAL FUND - HOTEL-MOTEL TAX</td>
</tr>
</tbody>
</table>

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

NO CHANGE

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

<table>
<thead>
<tr>
<th>Agreement Name</th>
<th>Contracting Parties</th>
<th>Effective and Ending Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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?

N/A

7. Person completing form: MARY EDNA WHEELER, COUNTY CLERK & THOMAS C. DEEN, CITY MANAGER

Phone number: 912-632-5214 & 632-8072 Date completed: 08-06-99

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

☐ yes ☐ no

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

ATTACHMENT 36A
SERVICE DELIVERY STRATEGY
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

County: BACON Service: TRANSFER STATION

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 unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority, or organization providing the service.) SOUTHLAND WASTE
   - ☐ 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.)
   - ☐ Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
   - ☐ yes ☒ no

   If these conditions will continue under the 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 provide service within each service area.

   - ALMA
   - CITY OF ALMA, BACON COUNTY
   - SOUTHLAND WASTE SYSTEMS

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

   - NO CHANGE

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

<table>
<thead>
<tr>
<th>Agreement Name</th>
<th>Contracting Parties</th>
<th>Effective and Ending Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>LEASE AGREEMENT</td>
<td>CITY OF ALMA, BACON COUNTY AND SOUTHLAND WASTE SYSTEMS</td>
<td>1-1-97 to 12-31-2016</td>
</tr>
</tbody>
</table>

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: MARY EDNA WHEELER, COUNTY CLERK & THOMAS C. DEEN, CITY MANAGER
   Phone number: 912-632-5214 & 632-8072 Date completed: 08-06-99

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

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

ATTACHMENT 38A
County: BACON
Service: WATER SUPPLY & SEWAGE DISPOSAL

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 unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
   - [ ] Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
   - [ ] One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
   - [ ] One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
   - [X] Other. (If this box is checked, attach a legible map delineating the service area or each service provider, and identify the government, authority, or other organization that will provide service within each service area.) ALMA

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
   - [ ] yes [X] no

   If these conditions will continue under the 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):

<table>
<thead>
<tr>
<th>Local Government or Authority</th>
<th>Funding Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALMA</td>
<td>USER FEES</td>
</tr>
</tbody>
</table>

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

   [X] NO CHANGE

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

<table>
<thead>
<tr>
<th>Agreement Name</th>
<th>Contracting Parties</th>
<th>Effective and Ending Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>NA</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   [X] 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?

   NA

7. Person completing form: MARY EDNA WHEELER, COUNTY CLERK & THOMAS C. DEEN, CITY MANAGER
   Phone number: 912-632-5214 & 632-8072 Date completed: 08-06-99

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?
   - [X] yes [ ] no

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

ATTACHMENT 37A
1. What incompatibilities or conflicts between the land use plans of local governments were identified in the process of developing the service delivery strategy?

BACON COUNTY DOES NOT HAVE ANY LAND USE ORDINANCES OTHER THAN IDENTIFICATION OF WET LANDS AND FLOOD PLAIN AREAS. THEREFORE NO CONFLICTS WERE RECOGNIZED.

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.)

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

If "other measures" was checked, describe these measures:

BACON COUNTY COMMISSION IS SUPPORTED AND ENCOURAGED BY THE ALMA-BACON COUNTY PLANNING COMMISSION AND CITY OF ALMA TO ADOPT LAND USE (ZONING) ORDINANCES. AT THIS TIME NO DATE HAS BEEN IDENTIFIED FOR IMPLEMENTING THE PROJECT.

3. Summarize the process that will be used to resolve disputes when a county disagrees with the proposed land use classification(s) for areas to be annexed into a city. If the conflict resolution process will vary for different cities in the county, summarize each process.

(SEE DISPUTE RESOLUTION - PAGE -, ATTACHMENT -)

4. 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?

BACON COUNTY DOES NOT PROVIDE ANY WATER AND/OR SEWER SERVICES. NEITHER DOES BACON COUNTY HAVE LAND USE MANAGEMENT, OTHER THAN WET LANDS AND FLOOD PLAIN AREAS, OR ZONING ORDINANCES. THE CITY OF ALMA IS THE ONLY INCORPORATED MUNICIPALITY WITHIN BACON COUNTY. THE CITY OF ALMA DOES PROVIDE WITHIN ITS JURISDICTIONAL BOUNDRIES WATER/SEWER SERVICES AND LAND USE MANAGEMENT THROUGH ZONING ORDINANCES.

5. Person completing form: THOMAS G. DEEN

Phone number: 912-632-8072 Date completed: 9-7-99

6. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with land use plans of applicable jurisdictions? ☑ yes ☐ no

If not, provide designated contact person(s) and phone number(s) below:
**SERVICE DELIVERY STRATEGY**

**FOR BACON COUNTY**

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

1. We have executed agreements for implementation of our service delivery strategy and the attached forms provide an accurate depiction of our agreed upon strategy (O.C.G.A. 36-70-21);
2. Our service delivery strategy promotes the delivery of local government services in the most efficient, effective, and responsive manner (O.C.G.A. 36-70-24 (1));
3. Our service delivery strategy provides that water or sewer fees charged to customers located outside the geographic boundaries of a service provider are reasonable and are not arbitrarily higher than the fees charged to customers located within the geographic boundaries of the service provider (O.C.G.A. 36-70-24 (2));
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)); and
5. The process(es) for resolving land use disputes arising over annexation were established by the July 1, 1998 deadline (O.C.G.A. 36-70-24(4)).

<table>
<thead>
<tr>
<th>SIGNATURE</th>
<th>NAME: (Please print or type)</th>
<th>TITLE:</th>
<th>JURISDICTION:</th>
<th>DATE:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>RUSSELL TANNER</td>
<td>CHAIRMAN</td>
<td>BACON COUNTY</td>
<td>9-7-99</td>
</tr>
<tr>
<td></td>
<td>ROGER BOATRIDGE</td>
<td>MAYOR</td>
<td>CITY OF ALMA</td>
<td>9-7-99</td>
</tr>
</tbody>
</table>