COUNTY: BACON

I. GENERAL INSTRUCTIONS:

1. **FORM 1 is required for ALL SDS submittals.** Only one set of these forms should be submitted per county. The completed forms shall clearly present the collective agreement reached by all cities and counties that were party to the service delivery strategy.

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

3. List all services provided or primarily funded by each general purpose local government and/or authority within the county that are continuing without change in Section III, below. (It is acceptable to break a service into separate components if this will facilitate description of the service delivery strategy.)

<table>
<thead>
<tr>
<th>OPTION A</th>
<th>Revising or Adding to the SDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. List all services provided or primarily funded by each general purpose local government and authority within the county which are revised or added to the SDS in Section IV, below. (It is acceptable to break a service into separate components if this will facilitate description of the service delivery strategy.)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OPTION B</th>
<th>Extending the Existing SDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. In Section IV type, “NONE.”</td>
<td></td>
</tr>
</tbody>
</table>

5. Complete one copy of the Certifications for Extension of Existing SDS form (FORM 5) and have it signed by the authorized representatives of the participating local governments. [Please note that DCA cannot validate the strategy unless it is signed by the local governments required by law (see Instructions, FORM 5).]

6. Proceed to step 7, below.

7. If any of the conditions described in the existing Summary of Land Use Agreements form (FORM 3) have changed or if it has been ten (10) or more years since the most recent FORM 3 was filed, update and include FORM 3 with the submittal.

8. Provide the completed forms and any attachments to your regional commission. The regional commission will upload digital copies of the SDS documents to the Department’s password-protected web-server.

**NOTE:** ANY FUTURE CHANGES TO THE SERVICE DELIVERY ARRANGEMENTS DESCRIBED ON THESE FORMS WILL REQUIRE AN UPDATE OF THE SERVICE DELIVERY STRATEGY AND SUBMITTAL OF REVISED FORMS AND ATTACHMENTS TO THE GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS UNDER THE “OPTION A” PROCESS DESCRIBED, ABOVE.
**II. LOCAL GOVERNMENTS INCLUDED IN THE SERVICE DELIVERY STRATEGY:**
In this section, list all local governments (including cities located partially within the county) and authorities that provide services included in the service delivery strategy.

- Bacon County
- City of Alma
- Bacon County Hospital Authority
- Okefenokee Regional Library

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**III. SERVICES INCLUDED IN THE EXISTING SERVICE DELIVERY STRATEGY THAT ARE BEING EXTENDED WITHOUT CHANGE:**
In this section, list each service or service component already included in the existing SDS which will continue as previously agreed with no need for modification.

- Alcohol License
- Cooperative Extension Service
- Coroner
- Development Authority
- Hospital
- Indigent Defense
- Public Health
- Qualifying Range
- Tax Assessments
- Water Supply & Sewage Disposal

---

**IV. SERVICES THAT ARE BEING REVISED OR ADDED IN THIS SUBMITTAL:**
In this section, list each new service or new service component which is being added and each service or service component which is being revised in this submittal. For each item listed here, a separate Summary of Service Delivery Arrangements form (FORM 2) must be completed.
Airport (revised)
Animal Control (revised)
Building Inspector (revised)
Cemeteries and Parks (revised)
Chamber of Commerce (revised)
Community Buildings (deleted because the service is no longer provided)
Courthouse (added)
Courts (revised)
Dispatchers (revised and name changed to Dispatchers / E-911)
Elections (revised)
Emergency Medical Services, Fire Protection, & Civil Defense (revised and name changed to Emergency Medical Services / Fire Protection / Emergency Management Agency)
Fuel Pump System (revised)
Historical Society (revised)
Jail and Inmate Medical (revised)
Landfill - Inert (added)
Landfill - Sanitary (added)
Land Use (revised)
Law Enforcement (revised)
Library (revised)
Public Safety Complex and Courthouse Complex (revised and changed to Public Safety Complex - Courthouse Complex is now a separate service)
Public Works (revised and name changed to Public Works / Roads, Bridges, Drainage & Streets)
Recreation (revised)
Sanitary Landfill and Inert Landfill (deleted and replaced with two separate services, Landfill - Sanitary and Landfill - Inert)
Social Services (revised)
Solid Waste (revised and name changed to Solid Waste - Residential)
Solid Waste - Drop Off Center (added)
Tax Collections (revised)
Theater / Youth Intervention (revised and name changed to Theater & Theater Board)
Transfer Station (deleted because Solid Waste - Drop Off Center provides this service)
SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: BACON  Service: Airport

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

☑ Service will be provided countywide (i.e., including all cities and 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 this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

☐ Yes  (if “Yes,” you must attach additional documentation as described, below)

☒ No

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

If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.
3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.).

<table>
<thead>
<tr>
<th>Local Government or Authority</th>
<th>Funding Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bacon County</td>
<td>SPLOST 2018, TIA Tax, Airport Fuel Fund</td>
</tr>
</tbody>
</table>

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

The Airport Authority has been dissolved and this service is now provided solely by Bacon County. Funding sources have not changed.

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>
</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 Lee Sweat, Bacon County Clerk, and Al Crace, Alma City Manager

Phone number: 912-634-5214; 912-632-8072

Date completed: 6/14/2019

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:
## SERVICE DELIVERY STRATEGY

### FORM 2: Summary of Service Delivery Arrangements

**Instructions:**

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

<table>
<thead>
<tr>
<th>COUNTY: BACON</th>
<th>Service: Alcohol License</th>
</tr>
</thead>
</table>

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): \*Bacon County, City of Alma*

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

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

- [ ] Yes (if “Yes,” you must attach additional documentation as described, below)

- [x] No

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

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

**Page 1 of 2**
3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.).

<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>
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<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?

None

7. Person completing form: Mary Lee Sweat, Bacon County Clerk, and Al Crace, Alma City Manager

Phone number: 912-634-5214; 912-632-8072  Date completed: 6/14/2019

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:
<table>
<thead>
<tr>
<th>COUNTY: BACON</th>
<th>Service: Animal Control</th>
</tr>
</thead>
</table>

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, City of Alma

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

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

- [ ] Yes  (if “Yes,” you must attach additional documentation as described, below)

- [x] No

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

If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.
3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.).

<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?

The City provides comprehensive Service with an Animal Control Officer and a pound licensed by the GA Agriculture Department; the County provides limited service with an agreement that the City Animal Control Officer will respond, if requested, through E-911/Dispatch to respond to a County Deputy in need of assistance with a Dog Bite, Animal Cruelty, Road Arrests, incident with animal involved, or similar situations. The County will reimburse the City for “Officer in Need” requests.

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>
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<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?

None

7. Person completing form: Mary Lee Sweat, Bacon County Clerk, and Al Crace, Alma City Manager
   Phone number: 912-634-5214; 912-632-8072   Date completed: 6/14/2019

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:
SERVICE DELIVERY STRATEGY
FORM 2: Summary of Service Delivery Arrangements

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

COUNTY: BACON
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: City of 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 this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

☐ Yes (if “Yes,” you must attach additional documentation as described, below)

☒ No

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

If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.
3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.).

<table>
<thead>
<tr>
<th>Local Government or Authority</th>
<th>Funding Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>City of Alma</td>
<td>Fees and 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?

Only the City provides Building Inspection Services, since 1965; the County does not provide the service.

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>
</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 Lee Sweat, Bacon County Clerk, and Al Crace, Alma City Manager
   Phone number: 912-634-5214; 912-632-8072    Date completed: 6/14/2019

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:
SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: BACON  Service: Cemeteries and 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.):

☐ 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.): Bacon County, City of Alma

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

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

☐ Yes (if “Yes,” you must attach additional documentation as described, below)

☒ No

If these conditions will continue under this strategy, 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>Fees and 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?

The City provides a municipal cemetery, and the County provides limited services to old abandoned cemeteries, including public access and limited occasional maintenance.

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>
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<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?

None

7. Person completing form: Mary Lee Sweat, Bacon County Clerk, and Al Crace, Alma City Manager
   Phone number: 912-634-5214; 912-632-8072   Date completed: 6/14/2019

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:
**SERVICE DELIVERY STRATEGY**

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

**Instructions:**

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

<table>
<thead>
<tr>
<th>COUNTY: BACON</th>
<th>Service: Chamber of Commerce</th>
</tr>
</thead>
</table>

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: City of 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 this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

- [ ] Yes (if “Yes,” you must attach additional documentation as described, below)

- [x] No

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

If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.
3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.).

<table>
<thead>
<tr>
<th>Local Government or Authority</th>
<th>Funding Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>City of Alma</td>
<td>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?

City contracts with the Chamber of Commerce for Community Marketing with Hotel-Motel Tax, agreement ending date is 6/30/2022.

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>City of Alma</td>
<td>Effective 6/30/2017</td>
</tr>
<tr>
<td></td>
<td>Chamber of Commerce</td>
<td>Ends 6/30/2022</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 Lee Sweat, Bacon County Clerk, and Al Crace, Alma City Manager
   Phone number: 912-634-5214; 912-632-8072   Date completed: 6/14/2019

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:
## Service Delivery Strategy

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

### Instructions:

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

### COUNTY: BACON

<table>
<thead>
<tr>
<th>Service: Cooperative Extension Service</th>
</tr>
</thead>
</table>

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

- [ ] Yes (if “Yes,” you must attach additional documentation as described, below)

- [x] No

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

If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.
3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.).

<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. 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>
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</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 Lee Sweat, Bacon County Clerk, and Al Crace, Alma City Manager
   Phone number: 912-634-5214; 912-632-8072   Date completed: 6/14/2019

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ☒Yes ☐No
   If not, provide designated contact person(s) and phone number(s) below:
## FORM 2: Summary of Service Delivery Arrangements

**COUNTY:** BACON  
**Service:** Coroner

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 this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
   - [ ] Yes  (if “Yes,” you must attach additional documentation as described, below)
   - [x] No

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

   If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.
3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.).

<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. 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>
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</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?

None

7. Person completing form: Mary Lee Sweat, Bacon County Clerk, and Al Crace, Alma City Manager
   Phone number: 912-634-5214; 912-632-8072   Date completed: 6/14/2019

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:
SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: BACON

Service: Courthouse

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

☐ Yes (if “Yes,” you must attach additional documentation as described, below)

☒ No

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

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

Page 1 of 2
3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.).

<table>
<thead>
<tr>
<th>Local Government or Authority</th>
<th>Funding Method</th>
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<tbody>
<tr>
<td>Bacon County</td>
<td>General Fund, SPLOST 2018</td>
</tr>
<tr>
<td>City of Alma</td>
<td>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?

The Courthouse is owned and operated by the County with funding from the General Fund and improvements from SPLOST 2018; the City is a tenant at the Courthouse and pays 17% of the monthly operating costs plus maintains the Courthouse landscape based upon agreement dated 9/4/90 and 9/25/95.

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 dated 9/25/1995</td>
<td>Bacon County, City of Alma</td>
<td>Effective 9/25/1995; effective 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?

None

7. Person completing form: Mary Lee Sweat, Bacon County Clerk, and Al Crace, Alma City Manager
   Phone number: 912-634-5214; 912-632-8072   Date completed: 6/14/2019

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: 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.):

☐ 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.): Bacon County, City of Alma

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

☐ Yes (if “Yes,” you must attach additional documentation as described, below)

☒ No

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

If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.
3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.).

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<th>Local Government or Authority</th>
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</thead>
<tbody>
<tr>
<td>Bacon County</td>
<td>General Fund</td>
</tr>
<tr>
<td>City of Alma</td>
<td>Fines and Forfeitures</td>
</tr>
</tbody>
</table>

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

County provides Superior Court, Juvenile Court, State Court, Magistrate Court & Probate Court; City provides a Municipal Court

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

None

7. Person completing form: Mary Lee Sweat, Bacon County Clerk, and Al Crace, Alma City Manager
   Phone number: 912-634-5214; 912-632-8072   Date completed: 6/14/2019

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:
Legend

- Service area for Superior Court, Juvenile Court, State Court, Magistrate Court & Probate Court (countywide)
- Service area for Municipal Court (City of Alma)
SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

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

COUNTY: BACON

Service: Development Authority

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

- [ ] Yes (if “Yes,” you must attach additional documentation as described, below)

- [x] No

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

If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.
3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.).

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<tr>
<td>Bacon County</td>
<td>General Fund</td>
</tr>
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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>
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<th>Agreement Name</th>
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6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?

None

7. Person completing form: Mary Lee Sweat, Bacon County Clerk, and Al Crace, Alma City Manager
   Phone number: 912-634-5214; 912-632-8072   Date completed: 6/14/2019

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:
**SERVICE DELIVERY STRATEGY**

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

**COUNTY:** BACON

**Service:** Dispatchers / E-911

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

   - [ ] Yes  (if “Yes,” you must attach additional documentation as described, below)

   - [x] No

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

If these conditions will be eliminated under the strategy, **attach an implementation schedule** listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.
3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.).

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<tr>
<th>Local Government or Authority</th>
<th>Funding Method</th>
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</thead>
<tbody>
<tr>
<td>Bacon County</td>
<td>General Fund, E-911 fees</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?

Dispatch staff costs are shared: 60% (County) / 40% (City)

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>
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<th>Effective and Ending Dates</th>
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</thead>
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<tr>
<td>Joint County-City Dispatch</td>
<td>Bacon County</td>
<td>Effective 1/12/2004;</td>
</tr>
<tr>
<td>Agreement</td>
<td>City of Alma</td>
<td>effective 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?

None

7. Person completing form: Mary Lee Sweat, Bacon County Clerk, and Al Crace, Alma City Manager
   Phone number: 912-634-5214; 912-632-8072   Date completed: 6/14/2019

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:
**SERVICE DELIVERY STRATEGY**

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

Instructions:

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

| COUNTY: BACON | Service: Elections |

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

- [ ] Yes (if “Yes,” you must attach additional documentation as described, below)

- [x] No

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

If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.
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</thead>
<tbody>
<tr>
<td>Bacon County</td>
<td>General Fund</td>
</tr>
<tr>
<td>City of Alma</td>
<td>General Fund, Qualifying Fees</td>
</tr>
</tbody>
</table>

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

The Board of Elections and Registration of Bacon County, along with the Election Supervisor, handles all County elections, and through a contract with the City of Alma dated 10/21/2014, handles all City elections within the incorporated area of Bacon County.

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>Contract dated 10/21/2014</td>
<td>Bacon County, City of Alma</td>
<td>Effective 10/21/2014; effective 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?

None

7. Person completing form: Mary Lee Sweat, Bacon County Clerk, and Al Crace, Alma City Manager
   Phone number: 912-634-5214; 912-632-8072  Date completed: 6/14/2019

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:
SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: BACON

Service: Emergency Medical Services / Fire Protection / Emergency Management Agency

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

☐ Yes  (if “Yes,” you must attach additional documentation as described, below)

☒ No

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

If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.
3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.).

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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?

By agreement dated 07/15/2014, the Fire & EMS were transferred from the City to the County; County provides Fire, EMS & EMA county-wide; by agreement dated 09/29/2017 the City pays $225,000 per year to the County for Class 4 fire protection service; EMA is provided by the County & the City pays a supplement of $5,250 annually.

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 dated 7/15/2014</td>
<td>City of Alma &amp; Bacon County</td>
<td>Effective 7/15/2014; no end date</td>
</tr>
<tr>
<td>Agreement dated 9/29/2017</td>
<td>City of Alma &amp; Bacon County</td>
<td>Effective 9/29/2017; effective 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?

None

7. Person completing form: Mary Lee Sweat, Bacon County Clerk, and Al Crace, Alma City Manager  
   Phone number: 912-634-5214; 912-632-8072  
   Date completed: 6/14/2019

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:
**SERVICE DELIVERY STRATEGY**

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

Instructions:

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

<table>
<thead>
<tr>
<th>COUNTY: BACON</th>
<th>Service: Fuel Pump System</th>
</tr>
</thead>
</table>

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

- [ ] Yes (if “Yes,” you must attach additional documentation as described, below)

- [x] No

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

If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.
3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.).

<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?

County provides Fuel Pump System; City and Board of Education withdrew from the service in 2012.

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>Current Supply Contract</td>
<td>Bacon County</td>
<td>Effective 4/1/2012</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Continues unless cancelled</td>
</tr>
<tr>
<td>Cardlock Facility Lease</td>
<td>Bacon County</td>
<td>Effective 4/1/2012</td>
</tr>
<tr>
<td>Agreement</td>
<td></td>
<td>Continues unless 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?

None

7. Person completing form: **Mary Lee Sweat, Bacon County Clerk, and Al Crace, Alma City Manager**  
   Phone number: **912-634-5214; 912-632-8072**  
   Date completed: **6/14/2019**

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:
## Instructions:

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

### COUNTY: BACON

### 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.): **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 this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

   - [ ] Yes  (if “Yes,” you must attach additional documentation as described, below)
   - [x] No

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

   If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.
3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.).

<table>
<thead>
<tr>
<th>Local Government or Authority</th>
<th>Funding Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bacon County</td>
<td>General Fund, SPLOST</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?

The County provides funding for the Service in partnership with the Historical Society Board through General Fund and improvements from 2018 SPLOST Funds; the City contributes $1,500 annually.

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>
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<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?

None

7. Person completing form: Mary Lee Sweat, Bacon County Clerk, and Al Crace, Alma City Manager
   Phone number: 912-634-5214; 912-632-8072   Date completed: 6/14/2019

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:
SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: 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.): Bacon County Hospital Authority

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

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

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

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

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

☐ Yes (if “Yes,” you must attach additional documentation as described, below)

☒ No

If these conditions will continue under this strategy, 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 Hospital Authority</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?

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>
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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?

None

7. Person completing form: Mary Lee Sweat, Bacon County Clerk, and Al Crace, Alma City Manager
   Phone number: 912-634-5214; 912-632-8072   Date completed: 6/14/2019

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:
### SERVICE DELIVERY STRATEGY

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

**Instructions:**

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

<table>
<thead>
<tr>
<th>COUNTY: BACON</th>
<th>Service: Indigent Defense</th>
</tr>
</thead>
</table>

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

- [ ] Yes (if “Yes,” you must attach additional documentation as described, below)

- [x] No

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

If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.
3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.).

<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. 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>
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</thead>
<tbody>
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<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 Lee Sweat, Bacon County Clerk, and Al Crace, Alma City Manager
   Phone number: 912-634-5214; 912-632-8072  Date completed: 6/14/2019

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:
**SERVICE DELIVERY STRATEGY**

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

**Instructions:**

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

<table>
<thead>
<tr>
<th>COUNTY: BACON</th>
<th>Service: Jail and Inmate Medical</th>
</tr>
</thead>
</table>

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

- [ ] Yes (if “Yes,” you must attach additional documentation as described, below)

- [x] No

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

If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.
3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.).

<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 and Fines</td>
</tr>
</tbody>
</table>

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

The City contracts with the County and Sheriff for Jail Services as 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></td>
<td></td>
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<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 Lee Sweat, Bacon County Clerk, and Al Crace, Alma City Manager
   Phone number: 912-634-5214; 912-632-8072  Date completed: 6/14/2019

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:
## SERVICE DELIVERY STRATEGY

### FORM 2: Summary of Service Delivery Arrangements

**Instructions:**

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

<table>
<thead>
<tr>
<th>COUNTY: BACON</th>
<th>Service: Land Use</th>
</tr>
</thead>
</table>

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: **City of 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 this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

- [ ] Yes (if “Yes,” you must attach additional documentation as described, below)

- [x] No

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

If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.
3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.).

<table>
<thead>
<tr>
<th>Local Government or Authority</th>
<th>Funding Method</th>
</tr>
</thead>
<tbody>
<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?

The City has an adopted Land Use Ordinance and provides enforcement of the related building codes and zoning requirements. The County has not adopted a Land Use Ordinance.

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>
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</thead>
<tbody>
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</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 Lee Sweat, Bacon County Clerk, and Al Crace, Alma City Manager**
   Phone number: **912-634-5214; 912-632-8072**  Date completed: **6/14/2019**

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:
## SERVICE DELIVERY STRATEGY

### FORM 2: Summary of Service Delivery Arrangements

**Instructions:**

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

<table>
<thead>
<tr>
<th>COUNTY: BACON</th>
<th>Service: Landfill - Inert</th>
</tr>
</thead>
</table>

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.): **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 this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

- [ ] Yes (if "Yes," you must attach additional documentation as described, below)

- [x] No

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

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<table>
<thead>
<tr>
<th>Local Government or Authority</th>
<th>Funding Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>City of Alma</td>
<td>Solid Waste Fund (Monthly Fee charged to city customers)</td>
</tr>
</tbody>
</table>

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

The City owns, maintains, and operates the Inert Landfill for disposal of natural yard waste as defined by GA EPD; the City collects yard waste City-wide on a weekly basis; the City allows the County and its residents to use the Inert Landfill as needed; the Inert Landfill is supported by the Solid Waste Fund (Monthly Fee charged to city customers).

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>
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</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 Lee Sweat, Bacon County Clerk, and Al Crace, Alma City Manager
   Phone number: 912-634-5214; 912-632-8072   Date completed: 6/14/2019

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:
**SERVICE DELIVERY STRATEGY**

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

**Instructions:**

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

<table>
<thead>
<tr>
<th>COUNTY: BACON</th>
<th>Service: Landfill - Sanitary</th>
</tr>
</thead>
</table>

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.): **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 this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

- [ ] Yes (if “Yes,” you must attach additional documentation as described, below)

- [x] No

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

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

**Page 1 of 2**
3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.).

<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?

The Sanitary Landfill closed in 1994; currently the Landfill has regular ground water monitoring conducted regularly to GA EPD standards; the County & City share the monitoring costs on a 50-50% basis annually; the monitoring is for a 30-year period from 1994 to 2024

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

<table>
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<tr>
<th>Agreement Name</th>
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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?

None

7. Person completing form: **Mary Lee Sweat, Bacon County Clerk, and Al Crace, Alma City Manager**
   Phone number: **912-634-5214; 912-632-8072**  Date completed: **6/14/2019**

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:
Instructions:

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

COUNTY: 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):

☐ 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): Bacon County, City of Alma

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

☐ Yes (if “Yes,” you must attach additional documentation as described, below)

☒ No

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

If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.
3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.).

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<tbody>
<tr>
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<td>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?

Sheriff provides County-wide Services and the City Police Department provides Services inside the City Limit; by joint agreement between the Sheriff and Chief of Police a Joint Crime Suppression Unit (CSU) of four (4) investigators provide investigative services County-wide; the County and City pay their own employees and related expenses with their General Funds; Sheriff deputizes City Police Officers to provide support and back-up services.

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

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

The City police will be deputized by the Sheriff before responding outside the City limits.

7. Person completing form: Mary Lee Sweat, Bacon County Clerk, and Al Crace, Alma City Manager
   Phone number: 912-634-5214; 912-632-8072 Date completed: 6/14/2019

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:
SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

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

COUNTY: 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.): Okefenokee Regional Library

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

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

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

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

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

☐ Yes (if “Yes,” you must attach additional documentation as described, below)

☒ No

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

If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.
3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.).

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</thead>
<tbody>
<tr>
<td>Bacon County</td>
<td>General Fund</td>
</tr>
<tr>
<td>Board of Education</td>
<td>General Fund</td>
</tr>
<tr>
<td>Okefenokee Regional Library</td>
<td>State Funds</td>
</tr>
</tbody>
</table>

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

Service is County-wide; Service is provided by Okefenokee Regional Library with State Funds, County provides the local funding for County-wide Services from the General Fund, per agreement of 05/23/2011, the Board of Education also contributes funding in the amount of $14,000 annually.

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

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

None

7. Person completing form: Mary Lee Sweat, Bacon County Clerk, and Al Crace, Alma City Manager
Phone number: 912-634-5214; 912-632-8072 Date completed: 6/14/2019

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:
SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

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

COUNTY: BACON  Service: Public Health

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

- ☐ Yes  (if “Yes,” you must attach additional documentation as described, below)

- ☑ No

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

If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.
3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.).

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

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

None

7. Person completing form: Mary Lee Sweat, Bacon County Clerk, and Al Crace, Alma City Manager
   Phone number: 912-634-5214; 912-632-8072   Date completed: 6/14/2019

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:
SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

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

COUNTY: BACON  
Service: Public Safety Complex

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

☐ Yes (if “Yes,” you must attach additional documentation as described, below)

☒ No

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

If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.
3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.).

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<thead>
<tr>
<th>Local Government or Authority</th>
<th>Funding Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bacon County</td>
<td>General Fund, SPLOST 2018</td>
</tr>
</tbody>
</table>

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

These are County buildings funded by the General Fund and improvements with SPLOST 2018; the Complex includes the Sheriff’s Office, Jail, E-911/Dispatch Office, EMA Office, Fire & EMS Department; the City has no responsibilities at the Public Safety Complex.

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

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

None

7. Person completing form: Mary Lee Sweat, Bacon County Clerk, and Al Crace, Alma City Manager
Phone number: 912-634-5214; 912-632-8072
Date completed: 6/14/2019

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:
SERVICE DELIVERY STRATEGY
FORM 2: Summary of Service Delivery Arrangements

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

COUNTY: BACON
Service: Public Works / Roads, Bridges, Drainage & Streets

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): Bacon County, City of Alma

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

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

- [□] Yes (if “Yes,” you must attach additional documentation as described, below)

- [☒] No

If these conditions will continue under this strategy, 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.).

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</thead>
<tbody>
<tr>
<td>Bacon County</td>
<td>General Fund, SPLOST, TIA</td>
</tr>
<tr>
<td>City of Alma</td>
<td>General Fund, SPLOST, TIA</td>
</tr>
</tbody>
</table>

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

County Road Department provides Services to the unincorporated area; the City Public Works Department provides Services inside the City Limits; funding is from each government’s General Fund, SPLOST 2018, & TIA Funds.

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

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

None

7. Person completing form: Mary Lee Sweat, Bacon County Clerk, and Al Crace, Alma City Manager
   Phone number: 912-634-5214; 912-632-8072   Date completed: 6/14/2019

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

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
<table>
<thead>
<tr>
<th>COUNTY: BACON</th>
<th>Service: Qualifying Range</th>
</tr>
</thead>
</table>

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.): 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 this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

- [ ] Yes (if “Yes,” you must attach additional documentation as described, below)

- [x] No

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

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<tbody>
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<td>City of Alma</td>
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</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:

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

None

7. Person completing form: **Mary Lee Sweat, Bacon County Clerk, and Al Crace, Alma City Manager**
   Phone number: **912-634-5214; 912-632-8072**   Date completed: **6/14/2019**

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:
**SERVICE DELIVERY STRATEGY**

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

**Instructions:**

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

<table>
<thead>
<tr>
<th>COUNTY: BACON</th>
<th>Service: Recreation</th>
</tr>
</thead>
</table>

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

- [ ] Yes (if “Yes,” you must attach additional documentation as described, below)

- [x] No

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

If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.
3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.).

<table>
<thead>
<tr>
<th>Local Government or Authority</th>
<th>Funding Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bacon County</td>
<td>General Fund, SPLOST</td>
</tr>
<tr>
<td>City of Alma</td>
<td>Sales Tax</td>
</tr>
</tbody>
</table>

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

County owns and operates the Recreation Department on a County-wide basis with General Funds and improvements with SPLOST 2018. The City transferred the City interest in the Joint Recreation Department and related property by agreement on 05/23/2011; additionally, the City reassigned City funds in 2011 from Sales Tax to the County to provide additional funding to the County.

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>
</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 Lee Sweat, Bacon County Clerk, and Al Crace, Alma City Manager
   Phone number: 912-634-5214; 912-632-8072    Date completed: 6/14/2019

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:
SERVICE DELIVERY STRATEGY
FORM 2: Summary of Service Delivery Arrangements

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

COUNTY: BACON  Service: Social Services

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

☐ Yes (if “Yes,” you must attach additional documentation as described, below)

☑ No

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

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

Page 1 of 2
3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.).

<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>Southern GA Regional Commission</td>
<td>Aging Dept. Funds</td>
</tr>
</tbody>
</table>

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

Social Services are provide and funded by the County by the General Fund; the County has a partnership with SGRC & Council on Aging for additional funding; the City makes a contribution of $3,000 annually to the Senior Center and Meals on Wheels Programs; Social Services include DFACS, the nutrition program (Meals on Wheels), Senior Center, Transit Service and related Services.

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>
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<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?

None

7. Person completing form: Mary Lee Sweat, Bacon County Clerk, and Al Crace, Alma City Manager
   Phone number: 912-634-5214; 912-632-8072   Date completed: 6/14/2019

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:
SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

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

COUNTY: BACON

Service: Solid Waste - Drop Off Center

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

☐ Yes  (if “Yes," you must attach additional documentation as described, below)

☒ No

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

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

Page 1 of 2
3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.).

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<tr>
<th>Local Government or Authority</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, 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?

The County & City share a Drop Off Center to collect and dispose of old household goods, furniture, appliances, rubbish, and similar items on each Saturday on a year round basis; the cost of the attendant is shared on a 50/50% basis; the Service was started in February, 2017.

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

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

None

7. Person completing form: Mary Lee Sweat, Bacon County Clerk, and Al Crace, Alma City Manager
   Phone number: 912-634-5214; 912-632-8072   Date completed: 6/14/2019

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:
SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

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COUNTY: BACON

Service: Solid Waste - Residential

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: Bacon County, City of Alma)

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

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

[ ] Yes (if “Yes,” you must attach additional documentation as described, below)

[ ] No

If these conditions will continue under this strategy, 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.

Page 1 of 2
3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.).

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<tr>
<th>Local Government or Authority</th>
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<tbody>
<tr>
<td>Bacon County</td>
<td>General Fund, User Fees</td>
</tr>
<tr>
<td>City of Alma</td>
<td>General Fund, 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?

The County and City have separate but similar Franchises with Republic Services of Georgia, LP for curb side pick-up Services on a weekly basis with 90-gallon residential roll carts; both franchises are from 2017 through 2022; both the County & City charges a Solid Waste Service User Fee to each household and business customers to fund the Services.

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

None

7. Person completing form: Mary Lee Sweat, Bacon County Clerk, and Al Crace, Alma City Manager
   Phone number: 912-634-5214; 912-632-8072  Date completed: 6/14/2019

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:
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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 this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

☐ Yes (if “Yes,” you must attach additional documentation as described, below)

☒ No

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

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

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

None

7. Person completing form: Mary Lee Sweat, Bacon County Clerk, and Al Crace, Alma City Manager
   Phone number: 912-634-5214; 912-632-8072   Date completed: 6/14/2019

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:
SERVICE DELIVERY STRATEGY

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

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.): 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 this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

☐ Yes (if “Yes,” you must attach additional documentation as described, below)

☒ No

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

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

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

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<tr>
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<tbody>
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<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?

The County provides Tax Collection Services County-wide (Property Taxes & Vehicle Tags); The City contracts with the County for Tax Collection Service beginning with the agreement dated 06/13/1991.

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 dated 6/13/1991</td>
<td>Bacon County, City of Alma, Tax Commissioner</td>
<td>Effective 6/13/1991; effective 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?

None

7. Person completing form: Mary Lee Sweat, Bacon County Clerk, and Al Crace, Alma City Manager  
   Phone number: 912-634-5214; 912-632-8072  
   Date completed: 6/14/2019

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:
## SERVICE DELIVERY STRATEGY

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

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### COUNTY: BACON  |  Service: Theater & Theater Board

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.): **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 this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

   - [ ] Yes  (if “Yes,” you must attach additional documentation as described, below)

   - [x] No

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

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

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<thead>
<tr>
<th>Local Government or Authority</th>
<th>Funding Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>City of Alma</td>
<td>General Fund, Hotel-Motel Taxes</td>
</tr>
</tbody>
</table>

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

The City provides the Bacon Theater as a facility for movies and community performances; the City provides funds to the Bacon Theater Board for children’s performances and other positive youth activities; the Funding is from Hotel-Motel Taxes and General Fund.

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

None

7. Person completing form: **Mary Lee Sweat, Bacon County Clerk, and Al Crace, Alma City Manager**
   Phone number: 912-634-5214; 912-632-8072  Date completed: 6/14/2019

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy?  ☒Yes  ☐No
   If not, provide designated contact person(s) and phone number(s) below:
FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: BACON

Service: Water Supply and 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):

☒ 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): City of Alma

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

☐ Yes (if “Yes,” you must attach additional documentation as described, below)

☒ No

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

If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.
3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.).

<table>
<thead>
<tr>
<th>Local Government or Authority</th>
<th>Funding Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>City of 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?

No change. The City owns and operates the Public Water and Sewer System and holds all appropriate permits from GA EPD; the Services are funded by monthly Water and Sewer User Fees charged to the customers.

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>
</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 Lee Sweat, Bacon County Clerk, and Al Crace, Alma City Manager
   Phone number: 912-634-5214; 912-632-8072   Date completed: 6/14/2019

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

1. What incompatibilities or conflicts between the land use plans of local governments were identified in the process of developing the service delivery strategy?
   None

2. Check the boxes indicating how these incompatibilities or conflicts were addressed:
   - Amendments to existing comprehensive plans
   - Adoption of a joint comprehensive plan
   - Other measures (amend zoning ordinances, add environmental regulations, etc.)

   If “other measures” was checked, describe these measures:
   Not applicable

3. What policies, procedures and/or processes have been established by local governments (and water and sewer authorities) to ensure that new extraterritorial water and sewer service will be consistent with all applicable land use plans and ordinances? The policies in the adopted Bacon County and City of Alma 2017 Joint Comprehensive Plan, “Community Policies” Section, Part 4: “Community Facilities and Services,” ensure that new extraterritorial water and sewer service will be consistent with applicable land use plans and ordinances.

4. Person completing form: Mary Lee Sweat, Bacon County Clerk, and Al Crace, Alma City Manager
   Phone number: 912-634-5214; 912-632-8072     Date completed: 6/14/2019

5. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ☑Yes ☐No
   If not, provide designated contact person(s) and phone number(s) below:
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 (20)); and
4. Our service delivery strategy ensures that the cost of any services the county government provides (including those jointly funded by the county and one or more municipalities) primarily for the benefit of the unincorporated area of the county are borne by the unincorporated area residents, individuals, and property owners who receive such service (O.C.G.A. 36-70-24 (3)).

<table>
<thead>
<tr>
<th>JURISDICTION</th>
<th>TITLE</th>
<th>NAME</th>
<th>SIGNATURE</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>CITY OF ALMA</td>
<td>Mayor</td>
<td>Peggy Murphy</td>
<td></td>
<td>4/17/19</td>
</tr>
<tr>
<td>BACON COUNTY</td>
<td>County Commission Chair</td>
<td>Andy Hutto</td>
<td></td>
<td>6/17/19</td>
</tr>
</tbody>
</table>