





FORM 1

COUNTY: BLECKLEY

I. GENERAL INSTRUCTIONS:

- 1. <u>FORM 1 is required for ALL SDS submittals</u>. Only one set of these forms should be submitted per county. The completed forms shall clearly present the collective agreement reached by all cities and counties that were party to the service delivery strategy.
- 2. List each local government and/or authority that provides services included in the service delivery strategy in Section II below.
- 3. List all services provided or primarily funded by each general purpose local government and/or authority within the county that are continuing *without change* in Section III, below. (It is acceptable to break a service into separate components if this will facilitate description of the service delivery strategy.)

OPTION A Revising or Adding to the SDS	OPTION B Extending the Existing SDS
 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.) 5. For each service or service component listed in Section IV, complete a separate, updated <i>Summary of Service Delivery Arrangements</i> form (FORM 2). 	 4. In Section IV type, "NONE." 5. Complete one copy of the <i>Certifications for Extension of Existing SDS</i> 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.
6. Complete one copy of the <i>Certifications</i> form (FORM 4) and have it signed by the authorized representatives of participating local governments. [Please note that DCA cannot validate the strategy unless it is signed by the local governments required by law (see Instructions, FORM 4).]	For answers to most frequently asked questions on Georgia's Service Delivery Act, links and helpful publications, visit DCA's website at http://www.dca.ga.gov/development/PlanningQ ualityGrowth/programs/servicedelivery.asp, or call the Office of Planning and Quality Growth at (404) 679-5279.

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

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

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

tv of Alloptown	
ty of Allentown	
eckley County	
eckley County Hospital Authority	
eckley-Cochran Industrial Development Authority	
ty of Cochran	
ochran Airport Authority	
ochran Housing Authority	
ochran-Bleckley County Library Board	
ochran-Bleckley County Recreation Board	
SERVICES INCLUDED IN THE EXISTING SERVICE DELIVERY STRATEGY THAT ARE BEING EXTERNATION	
HANGE:	
his section, list each service or service component already included in the existing SDS which will continue as previously agreed	with no need for
dification. rport	
nbulance Service	
nimal Control	
bard of Registrars	
emeteries	
ode Enforcement	
onvention/Tourism	
Durts	
ultural Programs	
conomic Development	
nergency Management	
nergency Medical/Rescue	
ngineering	
tension Service	
re Protection	
as Utilities	
ospital	
•	
digent Defense il	
ind Use Plan Review	
w Enforcement	
apping/GIS	
arking Facilities arks & Recreation	
anning and Zoning Jblic Health Service	
ublic Housing	
ublic Transportation ublic Works	
bad/Street Construction	
bad/Street Maintenance	
ocial Services	
olid Waste Mangement orm Water Management	

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.

Water Supply Distribution Sewage Collection/Disposal

Page 2 of 2







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: BLECKLEY

Service: Sewage Collection/Disposal

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

a.) Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

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

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

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

e.) 🖾 Other (If this box is checked, <u>attach a legible map delineating the service area of each service provider</u>, and identify the government, authority, or other organization that will provide service within each service area.): City of Cochran

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

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

⊠No

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

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

SDS FORM 2, continued

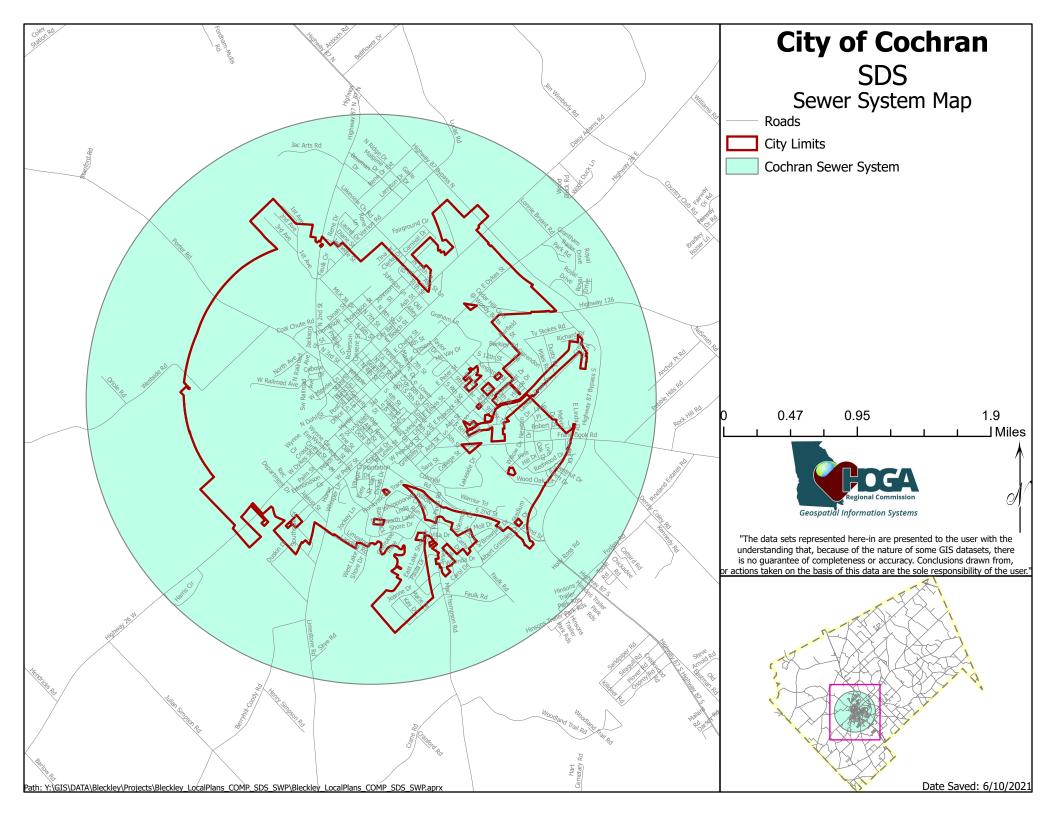
3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.).

Local Government or Author	ity Funding	Method
City of Cochran	Enterprise Funds, Grants (State and Fede	eral), GEFA
How will the strategy change the	e previous arrangements for providing and/or fund	ling this service within the county?
low service map has been attach	ned; New funding methods have been added.	
New Service map has been attach	ieu, new funding methous have been added.	
List any formal service delivery a	agreements or intergovernmental contracts that w	vill be used to implement the strategy fo
List any formal service delivery a this service:	agreements or intergovernmental contracts that w	vill be used to implement the strategy fo
this service:		
this service: Agreement Name	agreements or intergovernmental contracts that w Contracting Parties	vill be used to implement the strategy fo
this service:		
this service: Agreement Name		
this service: Agreement Name V/A	Contracting Parties	Effective and Ending Dates
this service: Agreement Name J/A		Effective and Ending Date

None

- 7. Person completing form: **Mike Davis, Sole Commissioner** Phone number: **(478) 934-3200** Date completed: 06/10/2021
- 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ☐Yes ⊠No

If not, provide designated contact person(s) and phone number(s) below: Contact Billy Yeomans at (478) 934-6346









FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

	COUNTY:	BLECKLEY
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Service: Water Supply Distribution

1. Check <u>one</u> box that best describes the agreed upon delivery arrangement for this service:

a.) Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

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

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

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

e.) 🖾 Other (If this box is checked, <u>attach a legible map delineating the service area of each service provider</u>, and identify the government, authority, or other organization that will provide service within each service area.): City of Cochran

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

Section 24 Section 24 Contract additional documentation as described, below)

⊠No

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

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

SDS FORM 2, continued

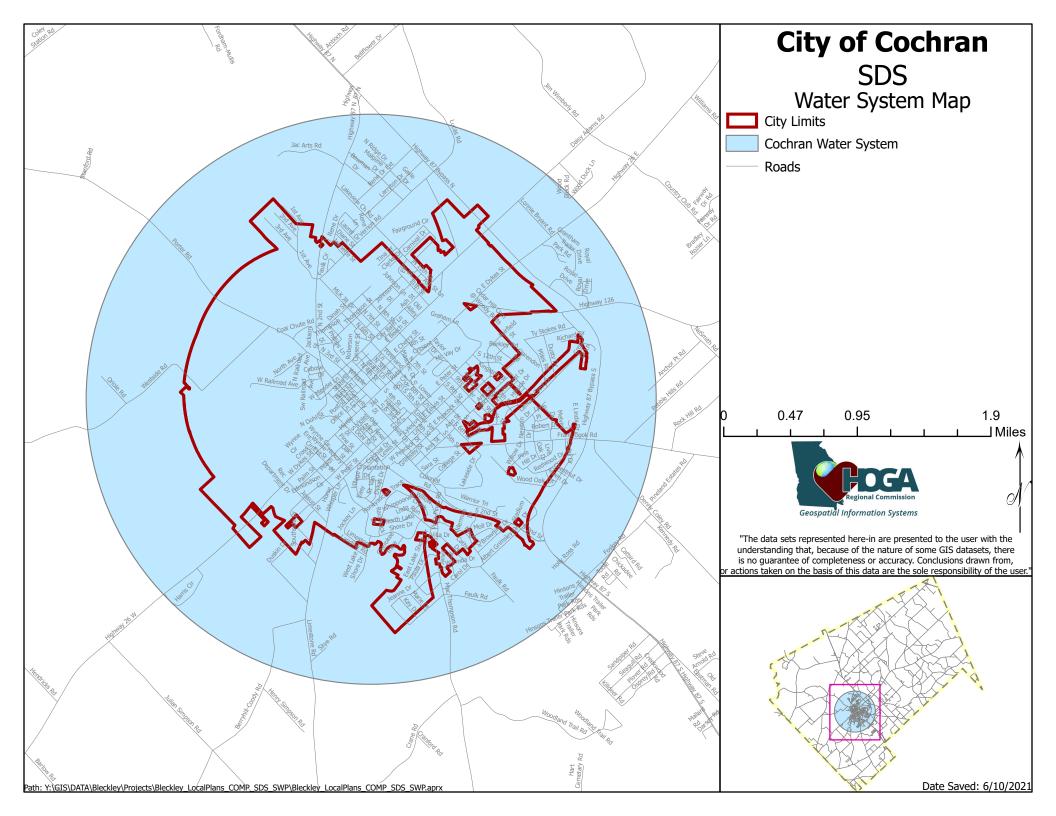
3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.).

Local Government or Author	ity Funding	Method
City of Cochran	Enterprise Funds, Grants (State and Fede	eral), GEFA
How will the strategy change the	e previous arrangements for providing and/or fund	ling this service within the county?
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List any formal service delivery a	agreements or intergovernmental contracts that w	vill be used to implement the strategy fo
List any formal service delivery a this service:	agreements or intergovernmental contracts that w	vill be used to implement the strategy fo
this service:		
this service: Agreement Name	agreements or intergovernmental contracts that w Contracting Parties	vill be used to implement the strategy fo
this service:		
this service: Agreement Name		
this service: Agreement Name V/A	Contracting Parties	Effective and Ending Dates
this service: Agreement Name J/A		Effective and Ending Date

None

- 7. Person completing form: **Mike Davis, Sole Commissioner** Phone number: **(478) 934-3200** Date completed: 06/10/2021
- 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ☐Yes ⊠No

If not, provide designated contact person(s) and phone number(s) below: Contact Billy Yeomans at (478) 934-6346









FORM 3: Summary of Land Use Agreements

Instructions:

	al pages as necessary. Please note that any changes to the a or this service (listed at the bottom of this page) changes, this		
COUNTY: Bleckley			
1. What incompatibilities or conflicts be developing the service delivery strateg None were identified.	etween the land use plans of local governments we y?	ere identified in the process of	
2. Check the boxes indicating how the	se incompatibilities or conflicts were addressed:	NOTE:	
Amendments to existing comprehe	ensive plans	If the necessary plan amendments,	
Adoption of a joint comprehensive	plan	regulations, ordinances, etc. have not yet	
Other measures (amend zoning or	dinances, add environmental regulations, etc.)	been formally adopted, indicate when each of the affected local governments	
If "other measures" was checked, des	cribe these measures:	will adopt them.	
3. What policies, procedures and/or processes have been established by local governments (and water and sewer authorities) to ensure that new extraterritorial water and sewer service will be consistent with all applicable land use plans and ordinances? Bleckley County and the cities of Allentown and Cochran have adopted a joint resolution to insure that proposed extraterritorial water and sewer service is compatible with land use plans and ordinances of the territory of the adjoining local government in which the new service is to be extended.			
4. Person completing form: Mike Davi	s, Sole Commissioner		
Phone number: (478) 934-3200	Date completed: 6/11/2021		
5. Is this the person who should be con projects are consistent with the servi	ntacted by state agencies when evaluating whethe ice delivery strategy?	er proposed local government	
If not, provide designated contact pe	rson(s) and phone number(s) below:		
Contact Billy Yeomans at (478) 93	4-6346		







Service Delivery Strategy FORM 4: Certifications

Instructions:

This form must, at a minimum, be signed by an authorized representative of the following governments: 1) the county; 2) the city serving as the county seat; 3) all cities having a 2010 population of over 9,000 residing within the county; and 4) no less than 50% of all other cities with a 2010 population of between 500 and 9,000 residing within the county. Cities with a 2010 population below 500 and local authorities providing services under the strategy are not required to sign this form, but are encouraged to do so.

COUNTY: BLECKLEY

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)).

JURISDICTION	TITLE	NAME	SIGNATURE	DATE
BLECKLEY COUNTY	Sole Commissioner	Mike Davis	mo	6/10/21 6/14/21
CITY OF COCHRAN	Mayor	Billy Yeomans	Rel Ag	6/14/21
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