GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS

FOR .

SERVICE DELIVERY STRATEGY

_	COUNTY	PAGI
_'	COUNTY	PA

I. GENERAL INSTRUCTIONS

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

BACON

- List each local government and/or authority that provides services included in the service delivery strategy in Section II below
 - List all services provided or primarily funded by each general purpose local government and authority within the county in
- 3. Section III below. It is acceptable to break a service into separate components if this will facilitate description of the service delivery strategy.
- For each service or service component listed in Section III, complete a separate Summary of Service Delivery Arrangements 4. form (page 2).
- 5. Complete one copy of the Summary of Land Use Agreements form (page 3).
- 6. Have the Certifications form (page 4) signed by the authorized representatives of participating local governments. Please no that DCA cannot validate the strategy unless it is signed by the local governments required by law (see Instructions, page 4)
- Mail the completed forms along with any attachments to: 7.

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

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

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

II. LOCAL GOVERNMENTS INCLUDED IN THE SERVICE DELIVERY STRATEGY:

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

BACON COUNTY CITY OF ALMA

III. SERVICES INCLUDED IN THE SERVICE DELIVERY STRATEGY:

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

- VAIRPORT
- VALCOHOL LICENSE
- ANIMAL CONTROL
- VCEMETERIES & PARKS
- V BUILDING INSPECTOR
- CHAMBER OF COMMERCE
- COMMUNITY BUILDINGS
- ✓ COOPERATIVE EXTENSION SERVICE
- CORONER
- COURTS
- VDEVELOPMENT AUTHORITY
- **✓DISPATCHERS**
- ELECTIONS
- EMERGENCY MEDICAL SERVICE, FIRE PROTECTION,
 - AND CIVIL DEFENSE
 - FUEL PUMP SYSTEM
 - HISTORICAL SOCIETY
 - **∀HOSPITAL**
 - VINDIGENT DEFENSE
 - VJAIL & INMATE MEDICAL
 - LAND USE

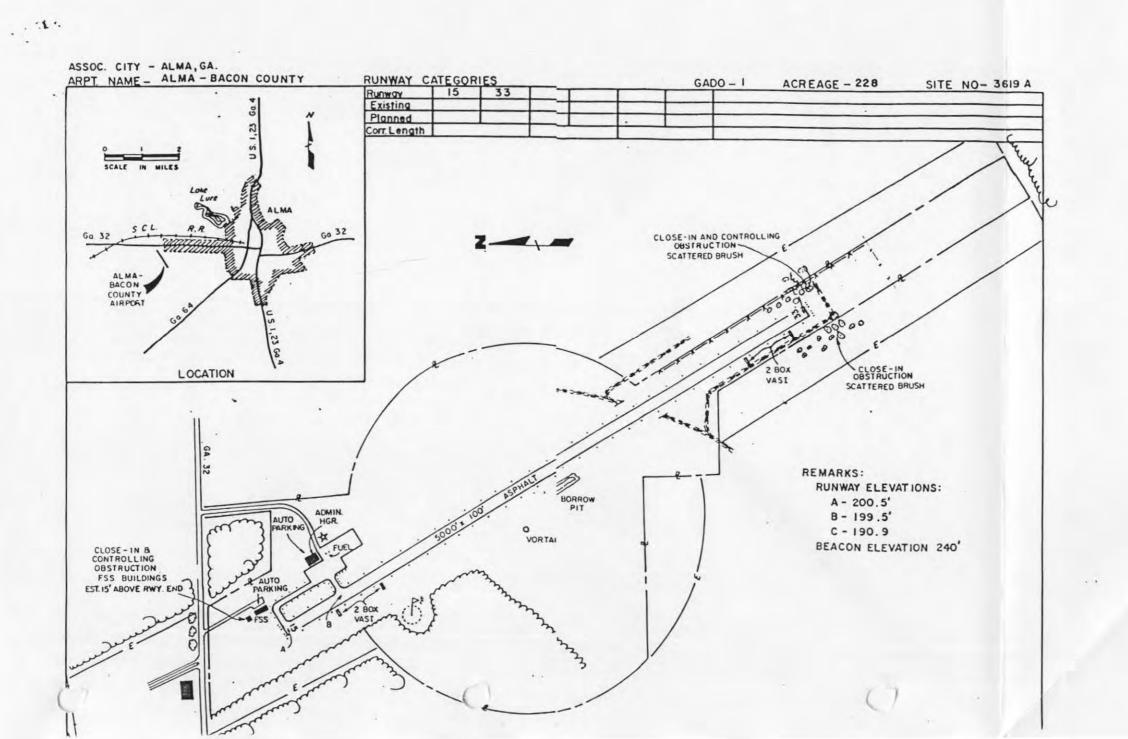
- LAW ENFORCEMENT
- LIBRARY
- YUBLIC HEALTH
- VPUBLIC SAFETY COMPLEX & COURTHOUSE
- VPUBLIC WORKS
- VQUALIFYING RANGE
- RECREATION
- SANITARY LANDFILL
- SOCIAL SERVICES
- SOLID WASTE
- TAX COLLECTIONS
- VIAX ASSESSMENTS
- VTHEATER- YOUTH INTERVENTION
- ✓TRANSFER STATION
- WATER SUPPLY & SEWAGE DISPOSAL

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

Instructions:

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

Check the box that hest de		Service:	AIRPORT
Check the box that best de	scribes the agreed upon o	delivery arrangement fo	r this service:
			orporated areas) by a single service provider. (If this box g the service.) AUTHORITY & BACON CO.
	ed only in the unincorpora		ty by a single service provider. (If this box is checked,
			ed boundaries, and the service will not be provided in), authority or organization providing the service.)
			•
			ed boundaries, and the county will provide the service in authority or organization providing the service.)
	necked, attach a legible i , or other organization tha		rvice area of each service provider, and identify the vithin each service area.)
In developing the strateg	y, were overlapping servi	ce areas, unnecessary c	ompetition and/or duplication of this service identified?
f these conditions will cont	O.C.G.A. 36-70-24(1)),		for continuing the arrangement (i.e., overlapping but the duplication, or reasons that overlapping service areas
	liminated under the strate		ntation schedule listing each step or action that will be for completing it.
			d indicate how the service will be funded (e.g., enterprise taxes, franchise taxes, impact fees, bonded indebtedness,
ocal Government or Authority:	Funding Method:		
BACON COUNTY	GENERAL FUND		
NO CHANGE			d/or funding this service within the county?
The second second second second			ts that will be used to implement the strategy for this serve. Effective and Ending Dates:
NA		ontracting Parties:	Effective and Ending Dates:
NA			
	(if any) will be used to i		or this service (e.g., ordinances, resolutions, local acts of t
6. What other mechanisms General Assembly, rate or		nen will they take effect	
		nen will liney take effect	
General Assembly, rate or		nen will liney take effect	
General Assembly, rate or	fee changes, etc.), and where the changes is the changes in the changes in the change		K & THOMAS C. DEEN, CITY MANAGER







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

County:	BACON	Servi	ce:	ALCOHOL LICENSE
1. Check th	e box that best describ	pes the agreed upon delivery arran	gement fo	or this service:
		ountywide (i.e., including all cities ternment, authority or organization		corporated areas) by a single service provider. (If this boing the service.)
		nly in the unincorporated portion outhority or organization providing		nty by a single service provider. (If this box is checked, ee.)
				ated boundaries, and the service will not be provided in (s), authority or organization providing the service.)
		is box is checked, identify the gov		ated boundaries, and the county will provide the service in authority or organization providing the service.)
	r. (If this box is check	ed, attach a legible map delineat other organization that will provide		ervice area of each service provider, and identify the within each service area.)
	*			
	loping the strategy, w	ere overlapping service areas, unn	ecessary	competition and/or duplication of this service identified?
higher leve		C.G.A. 36-70-24(1)), overriding be		for continuing the arrangement (i.e., overlapping but the duplication, or reasons that overlapping service areas
		nated under the strategy, attach an consible party and the agreed upon		entation schedule listing each step or action that will be for completing it.
funds, use	r fees, general funds,	special service district revenues, h		nd indicate how the service will be funded (e.g., enterprisel taxes, franchise taxes, impact fees, bonded indebtedness
10.10.10.10.10.10		unding Method:		
	COUNTY	GENERAL FUND		
ALMA		GENERAL FUND	*	
	rill the strategy change	the previous arrangements for pro	oviding a	nd/or funding this service within the county?
5. List an	y formal service delive	ery agreements or intergovernmen	tal contra	cts that will be used to implement the strategy for this se
Agreement		Contracting Parties		Effective and Ending Dates:
NA.				
6. What	other mechanisms (if	any) will be used to implement the	strategy	for this service (e.g., ordinances, resolutions, local acts of
General A	Assembly, rate or fee	changes, etc.), and when will they	take effec	217
				*
NA				
		MARY EDNA WHEELER, COUNTY		CRK & THOMAS C. DEEN, CITY MANAGER 08-06-99
8. Is this	the person who shou stent with the service	Id be contacted by state agencies v delivery strategy? 💢 yes 🔲 no	vhen eval o	uating whether proposed local government projects
If not, pr	ovide designated cont	act person(s) and phone number(s) below:	



SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

Make copies of this form and complete one for each service liste.	on page 1, Section III. Use exactly the same service names listed on page
Answer each question below attaching additional pages as pagessary	on page 1, Section 111. Ose exactly the same service names listed on page
should be reported to the Department of Community Affairs.	If the contact person for this service (listed at the bottom of the page) changes, the
should be reported to the Department of Community Affairs.	

County: BACON	Service: ANIMAL CONTROL
1. Check the box that best	describes the agreed upon delivery arrangement for this service:
Service will be provided is checked, identify the service will be provided in the service w	ded countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box he government, authority or organization providing the service.)
Service will be provided identify the government	ded only in the unincorporated portion of the county by a single service provider. (If this box is checked, ent, authority or organization providing the service.)
One or more cities w unincorporated areas,	Il provide this service only within their incorporated boundaries, and the service will not be provided in (If this box is checked, identify the government(s), authority or organization providing the service.)
One or more cities with unincorporated areas.	Il provide this service only within their incorporated boundaries, and the county will provide the service in (If this box is checked, identify the government(s), authority or organization providing the service.)
Other. (If this box is government, authorit	checked, attach a legible map delineating the service area of each service provider, and identify the y, or other organization that will provide service within each service area.)
2. In developing the strate ☐ yes ☒ no	gy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
	tinue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but e O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas liminated).
	eliminated under the strategy, attach an implementation schedule listing each step or action that will be e responsible party and the agreed upon deadline for completing it.
	authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise ands, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness,
Local Government or Authority:	Funding Method:
ALMA	GENERAL FUND
NO CHANGE	hange the previous arrangements for providing and/or funding this service within the county? delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service and Ending Dates:
NA	
NA	is (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of ree changes, etc.), and when will they take effect? In: MARY EDNA WHEELER, COUNTY CLERK & THOMAS C. DEEN, CITY MANAGER 12-5214 & 632-8072 Date completed: 08-06-99
8. Is this the person who are consistent with the se	should be contacted by state agencies when evaluating whether proposed local government projects rvice delivery strategy? yes no contact person(s) and phone number(s) below:

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

Instructions:

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

county: BACON C	OUNTY	Service: CEME	ETERIES & PARKS
. Check the box that be	st describes the agreed up	oon delivery arrangement for th	his service:
		ncluding all cities and unincorpity or organization providing the	porated areas) by a single service provider. (If this box he service.)
		rporated portion of the county ization providing the service.)	by a single service provider. (If this box is checked,
	as, (If this box is checked		d boundaries, and the service will not be provided in authority or organization providing the service.)
			boundaries, and the county will provide the service in authority or organization providing the service.)
		ble map delineating the servi n that will provide service with	ice area of each service provider, and identify the hin each service area.)
2. In developing the stra	ategy, were overlapping	service areas, unnecessary com	npetition and/or duplication of this service identified?
If these conditions will	(See O.C.G.A. 36-70-24)		r continuing the arrangement (i.e., overlapping but duplication, or reasons that overlapping service areas
If these conditions will I	e eliminated under the s	trategy, attach an implements d the agreed upon deadline for	ation schedule listing each step or action that will be recompleting it.
			ndicate how the service will be funded (e.g., enterprise
ocal Government or Author			
ALMA	FEES & GE	ENERAL FUND	
	1		
			or funding this service within the county?
NO CHANGE			that will be used to implement the strategy for this serv
Agreement Name:	oo don tory agreements o	Contracting Parties:	Effective and Ending Dates:
NA			
		to implement the strategy for id when will they take effect?	this service (e.g., ordinances, resolutions, local acts of
NA ·			
	•		W C THOMAC C DEEN CITY WANACED
7. Person completing Phone number: 912	form: <u>MARY EDNA</u> -632-5214 & 632-8		K & THOMAS C. DEEN, CITY MANAGER

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



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

County:	BACON COUNTY		Service:	BUILDING INSPECTOR
1. Check the	box that best describ	es the agreed upon deliv	ery arrangemen	t for this service:
Service is che	e will be provided cou cked, identify the gove	intywide (i.e., including ernment, authority or org	all cities and un anization provi	nincorporated areas) by a single service provider. (If this box ding the service.)
☐ Service identi	te will be provided only fy the government, au	y in the unincorporated hority or organization p	portion of the c roviding the ser	ounty by a single service provider. (If this box is checked, vice.)
One of uninc	or more cities will provorporated areas, (If thi	ide this service only wit s box is checked, identif	hin their incorp y the government	orated boundaries, and the service will not be provided in ent(s), authority or organization providing the service.)
X One o	or more cities will provorporated areas. (If the	vide this service only with s box is checked, identif	thin their incorp	orated boundaries, and the county will provide the service in ent(s), authority or organization providing the service.)
	TY OF ALMA, BAC			•
Other gove	r. (If this box is checker rnment, authority, or o	ed, attach a legible map ther organization that w	delineating th	e service area of each service provider, and identify the ce within each service area.)
2. In deve ☐ yes	Control of the second s	re overlapping service a	reas, unnecessa	ry competition and/or duplication of this service identified?
higher leve	nditions will continue els of service (See O.C tion cannot be elimina	.G.A. 36-70-24(1)), ove	ch an explanat rriding benefits	ion for continuing the arrangement (i.e., overlapping but of the duplication, or reasons that overlapping service areas
		ated under the strategy, onsible party and the ag		ementation schedule listing each step or action that will be ine for completing it.
				e and indicate how the service will be funded (e.g., enterprise notel taxes, franchise taxes, impact fees, bonded indebtedness
Local Govern	ment or Authority: Fo	unding Method:		
CITY	OF ALMA	FEES & GENERAL	FUND	
	COUNTY	GENERAL FUND		
-				
	1			Constitution of the Consti
CITY	OF ALMA HAS HA	D A FULL TIME BU	ILDING INS	g and/or funding this service within the county? PECTOR FOR OVER 25 YEARS. BACON PROJECTS FOR THE COUNTY WHEN
	The second secon			ntracts that will be used to implement the strategy for this ser
Agreement		Contra	cting Parties:	Effective and Ending Dates:
N/	1			
-				
		my) will be used to impl hanges, etc.), and when		egy for this service (e.g., ordinances, resolutions, local acts of
	NA			
7. Person	completing form: _ mber: _912-632-5	MARY EDNA WHEELE 214 & 632-8072	R, COUNTY (O8-06-99
				valuating whether proposed local government projects

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



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County:	BACON COUNT	v	Service:	CHAMBER OF COMMERCE
		bes the agreed upon del	_	
☐ Service	will be provided co		ng all cities and ur	nincorporated areas) by a single service provider. (If this box
Service identify	will be provided or the government, as	nly in the unincorporate uthority or organization	ed portion of the co	county by a single service provider. (If this box is checked, rvice.)
One or uninco	more cities will pro	vide this service only vis box is checked, iden	vithin their incorp	porated boundaries, and the service will not be provided in ent(s), authority or organization providing the service.)
	ALMA			
One or uninco	more cities will pro rporated areas. (If the	vide this service only value this service only value on only value only value only value on onl	within their incorp	porated boundaries, and the county will provide the service in ent(s), authority or organization providing the service.)
Other.	(If this box is check ment, authority, or	ed, attach a legible mother organization that	ap delineating th will provide servi	ne service area of each service provider, and identify the ice within each service area.)
2. In develo		ere overlapping service	e areas, unnecessa	ary competition and/or duplication of this service identified?
If these con- higher level	ditions will continue	C.G.A. 36-70-24(1)), o		ion for continuing the arrangement (i.e., overlapping but of the duplication, or reasons that overlapping service areas
If these con-	ditions will be elimi			ementation schedule listing each step or action that will be line for completing it.
				e and indicate how the service will be funded (e.g., enterprise notel taxes, franchise taxes, impact fees, bonded indebtedness
ocal Governm	nent or Authority:	Funding Method:		
ALMA		HOTEL MOTE	TAX	
		<u> </u>		
NC	CHANGE	very agreements or inter		ntracts that will be used to implement the strategy for this ser
NA			auting t attest	Directive and Entiting Directi
		any) will be used to im changes, etc.), and whe		egy for this service (e.g., ordinances, resolutions, local acts of ffect?
	4.			
	completing form:			CLERK & THOMAS C. DEEN, CITY MANAGER
		5214 & 632-8072		
are consist	ent with the service	Id be contacted by state delivery strategy? 2 tact person(s) and phon	yes no	valuating whether proposed local government projects

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS Instructions:

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

unty:	BACON		Service:	COMMUNITY BUILDING	S
Check the	box that best desc	ribes the agreed upon delive	ry arrangemen	t for this service:	
		countywide (i.e., including a overnment, authority or orga			tle service provider. (If this box
		only in the unincorporated p authority or organization pro		ounty by a single service provice.)	vider. (If this box is checked,
				orated boundaries, and the se ent(s), authority or organization	
				orated boundaries, and the co ent(s), authority or organization	ounty will provide the service in on providing the service.)
govern	ment, authority, on	other organization that will	provide servi LDINGS IN	e service area of each service ce within each service area.) SEVERAL UNINCORPORA E DEPTS.	
	pping the strategy,	were overlapping service are	eas, unnecessa	ry competition and/or duplica	ation of this service identified?
hese cond	ditions will continu	.C.G.A. 36-70-24(1)), overr			gement (i.e., overlapping but that overlapping service areas
		ninated under the strategy, as sponsible party and the agre			each step or action that will be
					will be funded (e.g., enterprise pact fees, bonded indebtedness,
al Governm	nent or Authority:	Funding Method:			
BACON	COUNTY	GENERAL FUND			
NO . I — ny	CHANGE formal service deli	very agreements or intergov	ernmental con	g and/or funding this service . utracts that will be used to imp	olement the strategy for this servi
that and N	ame:	Contract	ing Parties:		Effective and Ending Dates:
N/	4				
-					
		•			
	ssembly, rate or fee	f any) will be used to impler changes, etc.), and when w			ances, resolutions, local acts of t
	NA·				
Person	completing form	MARY EDNA WHEELER	, COUNTY	CLERK & THOMAS C. DE	EN, CITY MANAGER
hone nun	nber: 912-632-	5214 & 632-8072 Da	ite completed:	08-06-99	
are consist	ent with the service	uld be contacted by state ag e delivery strategy? Ye ntact person(s) and phone nu	s 🗌 no	valuating whether proposed lov:	ocal government projects
, pro	Jourgilated 60				
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SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

Make copies of this form and complete one for each service listed	d on page 1, Section III. Use exactly the same service names listed on page
	If the contact person for this service (listed at the bottom of the page) change
should be reported to the Department of Community Affairs	

County: BACON		Service:	COOPERATIVE EXTENSI	ON SERVICE
1. Check the box that best d	lescribes the agreed upon deliver	у агтапдете	nt for this service:	
	led countywide (i.e., including all se government, authority or organ			
	led only in the unincorporated po ent, authority or organization pro-			ider. (If this box is checked,
	ll provide this service only within (If this box is checked, identify			
	ill provide this service only withi (If this box is checked, identify			
	checked, attach a legible map do y, or other organization that will			e provider, and identify the
2. In developing the strate, ☐ yes xx no	gy, were overlapping service area	as, unnecess	ary competition and/or duplica	tion of this service identified?
	tinue under the strategy, attach the O.C.G.A. 36-70-24(1)), overrical diminated).			
	eliminated under the strategy, att e responsible party and the agree			ach step or action that will be
	r authority that will help to pay founds, special service district reve			
Local Government or Authority:	Funding Method:			
BACON COUNTY	GENERAL FUND			
	hange the previous arrangements			A CONTRACTOR OF THE CONTRACTOR
5. List any formal service Agreement Name:	delivery agreements or intergove		ntracts that will be used to imp	lement the strategy for this ser Effective and Ending Dates:
NA				
	·			
General Assembly, rate of	ns (if any) will be used to implement fee changes, etc.), and when will na	II tiney take e	S C. DEEN, CITY MANAC	
	2-5214 & 632-8072 Date			
are consistent with the ser	should be contacted by state ager rvice delivery strategy? (a) yes contact person(s) and phone nur	no	And the second s	cal government projects

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SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Make copies of this form and complete one for each regular liste	d on many t Coulon VIV the coulon to
Answer each question below attaching additional	d on page 1, Section III. Use exactly the same service names listed on page
should be exert question below, attaching additional pages as necessary.	If the contact person for this service (listed at the bottom of the page) change
should be reported to the Department of Community Affairs.	

County:	BACON	Service: CORONER
1. Check the	box that best de	cribes the agreed upon delivery arrangement for this service:
X Service	e will be provide	countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this government, authority or organization providing the service.) BACON
☐ Service identification	e will be provide fy the governmen	only in the unincorporated portion of the county by a single service provider. (If this box is checke authority or organization providing the service.)
One o	r more cities will orporated areas, (provide this service only within their incorporated boundaries, and the service will not be provided in this box is checked, identify the government(s), authority or organization providing the service.)
One o	r more cities will orporated areas. (provide this service only within their incorporated boundaries, and the county will provide the service fithis box is checked, identify the government(s), authority or organization providing the service.)
Other,	(If this box is chament, authority,	cked, attach a legible map delineating the service area of each service provider, and identify the or other organization that will provide service within each service area.)
2. In develo		were overlapping service areas, unnecessary competition and/or duplication of this service identified
higher level		ue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping b D.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service ar inated).
If these con	ditions will be el	ninated under the strategy, attach an implementation schedule listing each step or action that will esponsible party and the agreed upon deadline for completing it.
		othority that will help to pay for this service and indicate how the service will be funded (e.g., enterpos, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebted
	nent or Authority:	Funding Method:
BACON C		GENERAL FUND
	NOOCHANGE	ivery agreements or intergovernmental contracts that will be used to implement the strategy for this Contracting Parties: Effective and Ending Date
N N		Conducting Factors.
N	A	
General As	NA	if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local act e changes, etc.), and when will they take effect?
7. Person Phone num	completing form ober: 912-632	MARY EDNA WHEELER, COUNTY CLERK & THOMAS C. DEEN, CITY MANAGER -5214 & 632-8072 Date completed: 08-06-99
are consist	ent with the serv	ould be contacted by state agencies when evaluating whether proposed local government projects be delivery strategy? (A) yes no ontact person(s) and phone number(s) below:



SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

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

-	BACON		Service: COU	RTS	
	box that best descri	bes the agreed upon delivery			
☐ Service is check	will be provided co	ountywide (i.e., including all vernment, authority or organi	cities and unincor	porated areas) by a single s	service provider. (If this box
Service identify	will be provided or the government, at	aly in the unincorporated por athority or organization provi	ion of the county ding the service.)	by a single service provide	er. (If this box is checked,
One or unincor	porated areas, (If the BACON C	vide this service only within is box is checked, identify th OUNTY	their incorporated e government(s),	boundaries, and the service authority or organization p	ee will not be provided in roviding the service.)
One or unincor	ALMA more cities will pro porated areas. (If th	vide this service only within is box is checked, identify th	their incorporated e government(s),	boundaries, and the count authority or organization p	y will provide the service in roviding the service.)
Other. (If this box is checkenent, authority, or co	ed, attach a legible map del other organization that will pr	ineating the serv	ice area of each service point in each service area.)	rovider, and identify the
2. In develop ☐ yes 🏻		ere overlapping service areas	, unnecessary con	npetition and/or duplication	of this service identified?
higher levels		under the strategy, attach a C.G.A. 36-70-24(1)), overridiated).			
		ated under the strategy, atta onsible party and the agreed			step or action that will be
		ority that will help to pay for special service district revent			l be funded (e.g., enterprise t fees, bonded indebtedness, e
ocal Governme	ent or Authority: Fr	unding Method:			
BACON C		GENERAL FUND			
ALMA	OUNTI	FINES & FORFEITU	RES		
	CHANGE - ALMA	the previous arrangements f HAS MUNICIPAL COUR TY HAS SUPERIOR COU JUVENILE COURT	т.		
	ormal service delive	ry agreements or intergoven	mental contracts	that will be used to implem	ent the strategy for this service
		ery agreements or intergovern		that will be used to implem	nent the strategy for this service Effective and Ending Dates:
5. List any fo				that will be used to implen	
5. List any fo				that will be used to implem	
5. List any fo				that will be used to implen	
5. List any fo				that will be used to implem	
5. List any for Agreement Nam NA 6. What oth	ner mechanisms (if a	Contracting	Parties:		Effective and Ending Dates:
5. List any for Agreement Nar NA 6. What oth General Ass	ner mechanisms (if a	Contracting	Parties:		Effective and Ending Dates:
5. List any for Agreement Name NAME NAME NAME NAME NAME NAME NAME NAME	me: mer mechanisms (if a sembly, rate or fee continued to the continued t	contracting many) will be used to impleme thanges, etc.), and when will many EDNA WHEELER,	Parties: Int the strategy for they take effect?	this service (e.g., ordinance	Effective and Ending Dates:
5. List any for Agreement Name NAME NAME NAME NAME NAME NAME NAME NAME	me: mer mechanisms (if a sembly, rate or fee continued to the continued t	any) will be used to impleme hanges, etc.), and when will	Parties: Int the strategy for they take effect?	this service (e.g., ordinance	Effective and Ending Dates:

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Instructions:

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

unty:	BACON COUNTY	Service: DEVELOPMENT AUTHORITY	
heck the b	ox that best descr	bes the agreed upon delivery arrangement for this service:	
		ountywide (i.e., including all cities and unincorporated areas) by a single service provider. (If vernment, authority or organization providing the service.) BACON COUNTY	this box
		nly in the unincorporated portion of the county by a single service provider. (If this box is che uthority or organization providing the service.)	ecked,
		ovide this service only within their incorporated boundaries, and the service will not be provided is box is checked, identify the government(s), authority or organization providing the service	
		ovide this service only within their incorporated boundaries, and the county will provide the so his box is checked, identify the government(s), authority or organization providing the service	
		ted, attach a legible map delineating the service area of each service provider, and identification that will provide service within each service area.)	fy the
		ere overlapping service areas, unnecessary competition and/or duplication of this service iden	ntified?
∟ yes □			
her levels		under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping servicated).	
hese condi	tions will be elim	nated under the strategy, attach an implementation schedule listing each step or action that ponsible party and the agreed upon deadline for completing it.	will be
		nority that will help to pay for this service and indicate how the service will be funded (e.g., en special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indel	
1 Governme	nt or Authority:	Funding Method:	
BACON C	OUNTY	GENERAL FUND	
NO	CHANGE	e the previous arrangements for providing and/or funding this service within the county? ery agreements or intergovernmental contracts that will be used to implement the strategy for Contracting Parties: Effective and Ending	
	ne.	Conducting Faries.	g Dates.
NA			
		any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, loca changes, etc.), and when will they take effect?	l acts of t
	NA .		
	•		
	ompleting form:	MARY EDNA WHEELER, COUNTY CLERK & THOMAS C. DEEN, CITY MANAGE	R
. Is this th	e person who show nt with the service	Id be contacted by state agencies when evaluating whether proposed local government project delivery strategy? 💢 yes 🗌 no	ts
not, provi	ide designated cor	tact person(s) and phone number(s) below:	

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Instructions:

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

County: BACON		Service:	DISPATCHERS	
1. Check the box that best	describes the agreed upon	delivery arrangemen	nt for this service:	
	ded countywide (i.e., inclu he government, authority (ingle service provider. (If this box
	ded only in the unincorpor ent, authority or organizat			provider. (If this box is checked,
				service will not be provided in ation providing the service.)
				county will provide the service in ation providing the service.)
			e service area of each ser ce within each service area	vice provider, and identify the
2. In developing the strate ☐ yes ☒ no	gy, were overlapping serv	ice areas, unnecessa	ry competition and/or dupl	lication of this service identified?
	ce O.C.G.A. 36-70-24(1))			rangement (i.e., overlapping but ons that overlapping service areas
	eliminated under the strat- ne responsible party and th			ng each step or action that will be
				ice will be funded (e.g., enterprise impact fees, bonded indebtedness,
Local Government or Authority	Funding Method:			
BACON COUNTY	GENERAL			
CITY OF ALMA	GENERAL			
ORAL AGREEMEN	edelivery agreements or in		g and/or funding this serving and/or funding this serving and or funding this serving and the	mplement the strategy for this servi
	CITY DISPATCH	BACON COUR	ITY	JULY 20, 1999
AGREEMENT	0111 21011110	CITY OF A		CONTINUE IN EFFECT
				UNLESS CANCELLED I
				EITHER PARTY
Ocheral Assembly, rate of NA NA 7. Person completing fo	or fee changes, etc.), and w	then will they take e	LERK & THOMAS C. D	EEN, CITY MANAGER
8. Is this the person who are consistent with the se		ate agencies when e	valuating whether proposed	d local government projects

PAGE:

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



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

County:	BACON		Service:	ELECTIONSS
I. Check the	box that best desc	ribes the agreed upon	delivery arrangement	for this service:
		countywide (i.e., inclu- overnment, authority o		ncorporated areas) by a single service provider. (If this bing the service.)
		only in the unincorporauthority or organizati		unty by a single service provider. (If this box is checked, ice.)
				rated boundaries, and the service will not be provided in t(s), authority or organization providing the service.)
				rated boundaries, and the county will provide the service t(s), authority or organization providing the service.)
TO C	nment, authority, o HIEF REGISTRA LAW 21-2-224	r other organization the AR OF THE MUNICI (E). ALMA HOLDS	at will provide service PALITY A COPY MUNICIPAL ELE	service area of each service provider, and identify the within each service area.) COUNTY WILL DELIVER OF THE LIST OF VOTERS ACCORDING TO CTIONS; BACON COUNTY HOLDS COUNTYWIDE ELECTIVE competition and/or duplication of this service identified
yes				
higher level).C.G.A. 36-70-24(1)),		n for continuing the arrangement (i.e., overlapping but f the duplication, or reasons that overlapping service area
		ninated under the strate sponsible party and the		nentation schedule listing each step or action that will be for completing it.
				and indicate how the service will be funded (e.g., enterpri tel taxes, franchise taxes, impact fees, bonded indebtedne
ocal Governi	ment or Authority:	Funding Method:		
	COUNTY	GENERAL FU		no nama
CITY	F ALMA	GENERAL FU	ND & QALIFYIN	G FEES
	HANGE - ALMA	HAS THEIR OWN	SUPERINTENDENT	and/or funding this service within the county? OF ELECTIONS FOR CITY ELECTIONS ONLY. NDENT OF ELECTIONS FOR COUNTY.
5. List any	formal service del	ivery agreements or int	ergovernmental contr	racts that will be used to implement the strategy for this se
Agreement N	lame:	C	ontracting Parties:	Effective and Ending Dates:
	NA			
6. What o	ther mechanisms (i ssembly, rate or fe	if any) will be used to i e changes, etc.), and w	mplement the strateg nen will they take effi	y for this service (e.g., ordinances, resolutions, local acts ect?
7. Person	completing form:	MARY EDNA WHEE	LER, COUNTY CL _ Date completed:	ERK & THOMAS C. DEEN, CITY MANAGER 08-06-99
8. Is this are consis	the person who sho tent with the service		ate agencies when ever	aluating whether proposed local government projects
ir not, pro	ride designated co	mace person(s) and pile	namosi(a) ociow.	
		5.		

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

Instructions:

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

County:	BACON			
1. Check the be	ox that best describes th	Service: EMERGENCY MEDICAL S the agreed upon delivery arrangement for this service:	ERVICE, FIRE	PROTECTIO
X Service v	vill be provided county	& C	IVIL DEFENSE	0.00
is checke	d, identify the government	ent, authority or organization providing the service.) by a sir	ngle service provid	ler. (If this box
☐ Service w identify th	ill be provided only in the government, authorit	the unincorporated portion of the county by a single service pro y or organization providing the service.)	ovider (Italia)	
One or ma		of organization providing the service.)	ovider. (If this box	is checked,
unincorpo	ore cities will provide the rated areas. (If this box	nis service only within their incorporated boundaries, and the so is checked, identify the government(s), authority or organization	ervice will not be p on providing the so	provided in ervice.)
One or mo	re cities will provide at			
unincorpor	ated areas. (If this box	is service only within their incorporated boundaries, and the co is checked, identify the government(s), authority or organization	ounty will provide	the service in
Other. (If t	his box is checked atta	at the same		
governmen	t, authority, or other org	sch a legible map delineating the service area of each service ganization that will provide service within each service area.)	e provider, and id	entify the
In developing	the strategy, were over	Japping comits		
		lapping service areas, unnecessary competition and/or duplicat		
these condition gher levels of s competition ca	s will continue under the crvice (See O.C.G.A. 30 nnot be eliminated).	ne strategy, attach an explanation for continuing the arrang 6-70-24(1)), overriding benefits of the duplication, or reasons t	gement (i.e., overla that overlapping se	apping but
these condition	s will be eliminated und	der the strategy, attach an implementation schedule listing ea party and the agreed upon deadline for completing it.		
List each gove	rnment or authority that	t will help to pay for this service and indicate how the service vervice district revenues, hotel/motel taxes, franchise taxes, imp	will be funded (e.g.	., enterprise
al Government or			act rees, bonded in	debtedness, et
BACON COU	NTY GEN	NERAL FUND		
CITY OF A		NERAL FUND		
EMS	USI	ER FEES		
ORAL AGE	EEMENTS PUT IN V	writing writing ments or intergovernmental contracts that will be used to imple		
EMERGENCY	MEDICAL SERVICE		JULY 20,	
FIRE PROTE	ECTION AND CIVIL		NOTICE OF	INTENT
DEFENSE AC	GREEMENT		TO CANCEL	WITHIN
			90 DAYS O	F DEC. 31.
NONE 7. Person complete number:	eting form: MARY ED 912-632-5214 &	be used to implement the strategy for this service (e.g., ordinaretc.), and when will they take effect? ONA WHEELER, COUNTY CLERK & THOMAS .C. DEEN, 632-8072 Date completed: 08-06-99	CITY MANAGE	R -
are consistent wi	th the service delivery	tacted by state agencies when evaluating whether proposed local strategy? X yes no no n(s) and phone number(s) below:	al government proj	ects

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



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

County:	BACON		Service:	FUEL PUMP SY	STEM	
1. Check	the box that best descr	ibes the agreed up	pon delivery arrangement	for this service:		
			ncluding all cities and un ity or organization provid		y a single service p	provider. (If this box
			rporated portion of the co		ice provider. (If th	is box is checked,
			only within their incorpo d, identify the governmen			
□ On uni	e or more cities will pr ncorporated areas. (If t	ovide this service his box is checke	only within their incorpo d, identify the governmen	orated boundaries, and at(s), authority or orga	I the county will p anization providing	rovide the service in g the service.)
Oth	ner. (If this box is check vernment, authority, or	ked, attach a legi other organizatio	ible map delineating the on that will provide servic	service area of each e within each service	service provider area.)	, and identify the
2. In dev	veloping the strategy, w	vere overlapping	service areas, unnecessar	y competition and/or	duplication of this	service identified?
	s 🖾 no					
higher le	vels of service (See O. etition cannot be elimin	C.G.A. 36-70-24	gy, attach an explanation (1)), overriding benefits of	n for continuing the f the duplication, or r	arrangement (i.e easons that overla	e., overlapping but pping service areas
If these c	onditions will be elimi	nated under the s ponsible party an	trategy, attach an impler d the agreed upon deadlin	mentation schedule l	isting each step or	action that will be
3. List ea	ach government or auth	nority that will he	lp to pay for this service istrict revenues, hotel/mo	and indicate how the	service will be fun	ded (e.g., enterprise
		Funding Method:			,,,,	onoca macorcaness,
BACON	COUNTY	GENERAL	FUND	-		
	OF ALMA	GENERAL	FUND			
BOARD	OF EDUCATION	GENERAL	FUND			
-						
-						
1. 110 #	NONE	e the previous arr	angements for providing	and/or funding this se	rvice within the co	ounty?
				*		
5. List an	y formal service delive Name:	ery agreements or	intergovernmental contra Contracting Parties:	acts that will be used	to implement the s	trategy for this servi
LETTER	S OF AGREEMENT				Effectiv	e and Ending Dates:
			ALMA, BACON COU	NIY AND BOARD ()F JU	LY 20, 1999
-		4.7				
6 What	other mark to the					
General A	Assembly, rate or fee ch	ny) will be used to nanges, etc.), and	o implement the strategy when will they take effect	for this service (e.g., t	ordinances, resolu	tions, local acts of th
	NONE					
	4					
7. Person	completing form: M	ARY EDNA WHI	ZELER, COUNTY CLER	RK & THOMAS C	DEEN CITY W	ANAGER
8. Is this t	he person who should	he contest d l	Date completed:	0x - 06 - 00		
are consist If not, pro-	ent with the service de vide designated contact	livery strategy? t person(s) and ph	tate agencies when evaluated by yes no none number(s) below:	ating whether propose	d local governmen	nt projects
						-

PAGE:

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

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

County: BACON COU	NTY	Service:	HISTORICAL	SOCIETY	
1. Check the box that best des	cribes the agreed upon deli-	very arrangeme	nt for this service:		-
Service will be provided is checked, identify the	I countywide (i.e., including government, authority or or				
	only in the unincorporated, authority or organization			service provide	r. (If this box is checked,
	provide this service only wi f this box is checked, identi				
	provide this service only wi f this box is checked, identi				will provide the service in coviding the service.)
	ecked, attach a legible map or other organization that w				ovider, and identify the
 In developing the strategy ☐ yes ☐ no 	, were overlapping service a	areas, unnecess	ary competition an	d/or duplication	of this service identified?
If these conditions will continuing the service (See or competition cannot be elim	O.C.G.A. 36-70-24(1)), ove				
If these conditions will be eli taken to eliminate them, the r	minated under the strategy,				step or action that will be
3. List each government or a funds, user fees, general fund					
ocal Government or Authority:	Funding Method:				
BACON COUNTY	GENERAL FUND			-	
CITY OF ALMA	GENERAL FUND				
4. How will the strategy cha NO CHANGE List any formal service de reement Name:	livery agreements or intergo				
JOINT RESOLUTION		A & BACON	COUNTY		12-16-74
AGREEMENT			CIETY & BACON	COUNTY	12-11*89
6. What other mechanisms General Assembly, rate or for				(e.g., ordinance	s, resolutions, local acts of t
NONE .					
7. Person completing form:	MARY EDNA WHEEL	ER, COUNTY	CLERK & THO	MAS C. DEEN	, CITY MANAGER
Phone number: 912-632	-5214 & 632-8072 I	Date completed	08-06-9	9	
8. Is this the person who sh are consistent with the servi If not, provide designated co		res no		proposed local	government projects

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Instructions:

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

County:	BACON	Service: HOSIPTAL
	box that best descri	bes the agreed upon delivery arrangement for this service:
Service	e will be provided co	ountywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box vernment, authority or organization providing the service.) BACON COUNTY HOSPITAL AUTHORITY
Service identification	te will be provided o	nly in the unincorporated portion of the county by a single service provider. (If this box is checked, uthority or organization providing the service.)
One o	or more cities will pro orporated areas, (If the	ovide this service only within their incorporated boundaries, and the service will not be provided in his box is checked, identify the government(s), authority or organization providing the service.)
		•
One of uninc	or more cities will pro orporated areas. (If t	ovide this service only within their incorporated boundaries, and the county will provide the service in his box is checked, identify the government(s), authority or organization providing the service.)
Other gover	r. (If this box is check rnment, authority, or	ked, attach a legible map delineating the service area of each service provider, and identify the other organization that will provide service within each service area.)
	loping the strategy, v	vere overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these con higher leve	nditions will continu	e under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas nated).
If these con	nditions will be elim	inated under the strategy, attach an implementation schedule listing each step or action that will be ponsible party and the agreed upon deadline for completing it.
		hority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, e
Local Govern	nment or Authority:	Funding Method:
	L AUTHORITY	USER FEES
	-	
4. How w	ill the strategy chang	te the previous arrangements for providing and/or funding this service within the county?
wa	an i van	
NO	CHANGE	
El ist any	y formal service deli-	very agreements or intergovernmental contracts that will be used to implement the strategy for this service
cement		Contracting Parties: Effective and Ending Dates:
	NA	
		any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the changes, etc.), and when will they take effect?
Guillia 1	NA	onanges, etc.), and much will may take effect.
		MARY EDNA WHEELER, COUNTY CLERK & THOMAS C. DEEN, CITY MANAGER 214 & 632-8072 Date completed: 08-06-99
are consi	stent with the service	ald be contacted by state agencies when evaluating whether proposed local government projects delivery strategy? 💢 yes 🗌 no tact person(s) and phone number(s) below:

P/

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Instructions:

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

County:	BACON		Service:	INDIGENT DEFENSE
I. Check the	box that best de	scribes the agreed upon deli	very arrangemen	nt for this service:
				mincorporated areas) by a single service provider. (If the riding the service.) BACON COUNTY
		d only in the unincorporated		county by a single service provider. (If this box is check rvice.)
				porated boundaries, and the service will not be provided ent(s), authority or organization providing the service.)
				porated boundaries, and the county will provide the service.) ent(s), authority or organization providing the service.)
				he service area of each service provider, and identify ice within each service area.)
2. In develo		, were overlapping service	areas, unnecessa	ary competition and/or duplication of this service identif
higher level		O.C.G.A. 36-70-24(1)), ove		tion for continuing the arrangement (i.e., overlapping sof the duplication, or reasons that overlapping service
If these con	ditions will be el			lementation schedule listing each step or action that wi line for completing it.
				e and indicate how the service will be funded (e.g., entended taxes, franchise taxes, impact fees, bonded indebte
Local Governs	nent or Authority:	Funding Method:		
BACON C	OUNTY	GENERAL FUNDS		
NO	CHANGE formal service d	elivery agreements or interg		ng and/or funding this service within the county?
N/A		Conu	being raties.	Effective and Ending D
	ssembly, rate or	(if any) will be used to imp fee changes, etc.), and when		egy for this service (e.g., ordinances, resolutions, local a effect?
7. Person	completing form	MARY EDNA WHEEL 2-5214 & 632-8072	ER, COUNTY Date completed:	CLERK & THOMAS C. DEEN, CITY MANAGER : 08-06-99
are consis	tent with the ser	hould be contacted by state vice delivery strategy?	yes no	evaluating whether proposed local government projects

PAGE:

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

Instructions:

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

County: BACON		Service:	JAIL &	INMATE M	EDICAL	
1. Check the box that best des	cribes the agreed upon deliv	ery arrangem	ent for this	service:		
Service will be provided is checked, identify the	d countywide (i.e., including government, authority or org				y a single ser BACON COL	
Service will be provided identify the government	d only in the unincorporated authority or organization p	portion of the roviding the	county by service.)	a single serv	ice provider.	(If this box is checked,
One or more cities will unincorporated areas, (I	provide this service only wit f this box is checked, identif	thin their inco	rporated be ment(s), au	oundaries, an thority or org	d the service anization pro	will not be provided in oviding the service.)
One or more cities will unincorporated areas. (I	provide this service only wit f this box is checked, identif	thin their inco	rporated be ment(s), au	oundaries, an thority or org	d the county anization pro	will provide the service in widing the service.)
	ecked, attach a legible map or other organization that wi					wider, and identify the
. In developing the strategy, ☐ yes ☐ no	, were overlapping service a	reas, unneces	sary compe	tition and/or	duplication o	of this service identified?
If these conditions will continuing the service (See Corrections cannot be eliminated)	O.C.G.A. 36-70-24(1)), over					
If these conditions will be eli- taken to eliminate them, the r	minated under the strategy,				listing each s	step or action that will be
3. List each government or a funds, user fees, general fund						
ocal Government or Authority:	Funding Method:			• 19-20-10-20-0		
BACON COUNTY	GENERAL FUND					
CITY OF ALMA	GENERAL FUND &	FINES				
	T IN THE PAST	vernmental c				nt the strategy for this servi
Agreement Name: INMATE HOUSING AGR		cting Parties:	AND CI	TY OF ALM	1A	Effective and Ending Dates:
INMATE HOUSING AGE	EEMEN1 DAG	- COUNT	I MID OI			THRU DEC. 31, 1999
						1HR0 DEG. 31, 1777
AGREEMENT WILL F	(if any) will be used to imple the changes, etc.), and when the RENEGOTIATED ON COMMENTAL TO THE COMMENT OF THE	will they take OR BEFORE	effect? 12-31-9 CLERK &	99 .		
8. Is this the person who sh	ould be contacted by state a	gencies when			posed local go	overnment projects
If not, provide designated co	ce delivery strategy? Dy ontact person(s) and phone n	umber(s) bel	ow:			

SERVICE DELIVERY STRATEGY

SUMMARY OF SERVICE DELIVERY ARRANGEMENTS Instructions:

		Service:	7 A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
1. Check the box that best de	escribes the agreed up	on delivery arrangemen	LAND USE	
Service will be provide	d countywide (i a :	ncluding all cities and un ity or organization provid		ngle service provider. (If this bo
☐ Service will be provide	d only in the uninco			ovider. (If this box is checked,
One or more cities will	provide this service			service will not be provided in ion providing the service.)
One or more cities will unincorporated areas. (I	provide this service of this box is checked	only within their incorpor , identify the governmen	ated boundaries, and the c	county will provide the service in ion providing the service.)
Other. (If this box is che	cked, attach a legib	le mon delle est es		
	(SEE M	MAP)		
 In developing the strategy, ☐ yes xxno 	were overlapping se	rvice areas, unnecessary	competition and/or duplication	ation of this service identified?
f these conditions will continuing the levels of service (See Corcompetition cannot be eliminated)	J.C.O.A. 30-70-24(1)	, attach an explanation), overriding benefits of	for continuing the arran he duplication, or reasons	gement (i.e., overlapping but that overlapping service areas
f these conditions will be elimaken to eliminate them, the re	ninated under the stra sponsible party and t	ategy, attach an Implemente agreed upon deadline	entation schedule listing of for completing it.	each step or action that will be
3. List each government or au funds, user fees, general funds ocal Government or Authority:	thority that will help s, special service dist Funding Method:	to pay for this service an rict revenues, hotel/mote	d indicate how the service I taxes, franchise taxes, im	will be funded (e.g., enterprise pact fees, bonded indebtedness,
BACON COUNTY		ND (FUTURE)		
CITY OF ALMA	GENERAL FU			
. How will the strategy chan	ge the previous arrar	gements for providing a	nd/or funding this service	within the county?
5. List any formal service deli Agreement Name:		ntergovernmental contra Contracting Parties:	ets that will be used to imp	plement the strategy for this serv Effective and Ending Dates:
DISPUTE RESOLUTION	PROCESS	BACON COUNTY &	CITY OF ALMA	JULY 1, 1998
6. What other mechanisms (i General Assembly, rate or fee	f any) will be used to e changes, etc.), and	o implement the strategy when will they take effec	for this service (e.g., ordin t?	ances, resolutions, local acts of
	-			
7. Person completing form: Phone number: 912-632-				N, CITY MANAGER

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SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Instructions:	a to a land to the day	n page 1, Section III. Use exactly the same service names listed on p
Make copies of this form and complete Answer each question below, attaching add should be reported to the Department of Co	Illouing hages and mecessing,	n page 1, Section III. Use exactly the settlem of the page) change ne contact person for this service (listed at the bottom of the page) change
BACON	Service:	LAW ENFORCEMENT

unty: BACON	Diffice	530
Check the box that best descri	bes the agreed upon delivery arrangement for this servi	ce:
7 0 11 11 1	ountywide (i.e., including all cities and unincorporated overnment, authority or organization providing the service	areas) by a single service provider. (It this be
Service will be provided o	nly in the unincorporated portion of the county by a sin uthority or organization providing the service.)	
One or more cities will pro	ovide this service only within their incorporated bounds	aries, and the service will not be provided in y or organization providing the service.)
BACON COUNTY	- see mannetive - commenter	
One or more cities will pr unincorporated areas. (If	ovide this service only within their incorporated bounds his box is checked, identify the government(s), authorities the service of the servi	ty or organization providing the service.)
Other. (If this box is chec government, authority, or	ked, attach a legible map delineating the service are other organization that will provide service within eac	a of each service provider, and identify the h service area.)
	were overlapping service areas, unnecessary competition	on and/or duplication of this service identified?
yes Ino These conditions will continuing the levels of service (See Or competition cannot be elimitation)	e under the strategy, attach an explanation for contlict. C.G.A. 36-70-24(1)), overriding benefits of the duplic nated).	nuing the arrangement (i.e., overlapping but ation, or reasons that overlapping service areas
these conditions will be elim	ninated under the strategy, attach an implementation s sponsible party and the agreed upon deadline for comp	schedule listing each step or action that will be leting it.
* * *	thority that will help to pay for this service and indicate s, special service district revenues, hotel/motel taxes, fr	e how the service will be funded (e.g., enterpris
cal Government or Authority:	Funding Method:	
BACON COUNTY	GENERAL FUND	
	GENERAL FUND	
ALMA		
NO CHANGE 5. List any formal service de	livery agreements or intergovernmental contracts that w	
Agreement Name:	Controcting Parties:	Effective and Ending Dates:
NA		
General Assembly, rate or for SHERIFF'S DEPT. (if any) will be used to implement the strategy for this see changes, etc.), and when will they take effect? PERATES COUNTY-WIDE. THE CITY POLICE PUTIZED BY SHERIFF BEFORE RESPONDING	OPERATE WITHIN THE CITY. CITY
	MARY EDNA WHEELER, COUNTY CLERK & '-5214 & 632-8072 Date completed: 08-0	
are consistent with the servi	ould be contacted by state agencies when evaluating whose delivery strategy? yes no ontact person(s) and phone number(s) below:	hether proposed local government projects

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SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Instructions:

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

County: _	BACON	Service: LIBRARY	
. Check th	e box that best de	scribes the agreed upon delivery arrangement for this service	ce:
		d countywide (i.e., including all cities and unincorporated a government, authority or organization providing the service	
		ed only in the unincorporated portion of the county by a sing at, authority or organization providing the service.)	gle service provider. (If this box is checked,
		provide this service only within their incorporated boundar If this box is checked, identify the government(s), authority	
		provide this service only within their incorporated boundar (If this box is checked, identify the government(s), authority	
		necked, attach a legible map delineating the service area, or other organization that will provide service within each OKEFENOKEE REGIONAL LIBRARY	
	loping the strateg	y, were overlapping service areas, unnecessary competition	and/or duplication of this service identified?
If these co	nditions will cont	inue under the strategy, attach an explanation for continu O.C.G.A. 36-70-24(1)), overriding benefits of the duplicat minated).	
		iminated under the strategy, attach an implementation sol responsible party and the agreed upon deadline for complet	
		authority that will help to pay for this service and indicate hads, special service district revenues, hotel/motel taxes, fran	
ocal Govern	nment or Authority:	Funding Method:	
	COUNTY	GENERAL FUND	
CITY	OF ALMA	GENERAL FUND	
N	o CHANGE - I	lelivery agreements or intergovernmental contracts that will	ALMA, AND BOARD OF EDUCATION
	/A		
	· / A		
		s (if any) will be used to implement the strategy for this serv fee changes, etc.), and when will they take effect?	vice (e.g., ordinances, resolutions, local acts o
	41		
		mary edna wheeler, county clerk & The	
		2-5214 & 632-8072 Date completed: 08-06-99	
are cons	istent with the ser	should be contacted by state agencies when evaluating whether vice delivery strategy? yes no contact person(s) and phone number(s) below:	her proposed local government projects

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SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Make copies of this form and complete one for each service liste	d on page 1, Section III. Use exactly the same service names listed on p
	If the contact person for this service (listed at the bottom of the page) change
should be reported to the Department of Community Affairs	

County:	BACON	Ser	vice:	PUBLIC HEALTH	
I. Check th	he box that best de	scribes the agreed upon delivery arr	angement	for this service:	
BAC BAC	ecked, identify the CON COUNTY PR ice will be provide	government, authority or organization ov IDES SOME OF THE SUPPO	on provident FOR	THE BACON COUNTY HEALTH DEPT. ounty by a single service provider. (If this box is c	
				prated boundaries, and the service will not be provint(s), authority or organization providing the servi	
				orated boundaries, and the county will provide the nt(s), authority or organization providing the servi	
		ecked, attach a legible map deline or other organization that will prov		service area of each service provider, and iden e within each service area.)	ntify the
	eloping the strategy	v, were overlapping service areas, u	nnecessar	y competition and/or duplication of this service id	lentified?
higher lev		O.C.G.A. 36-70-24(1)), overriding		on for continuing the arrangement (i.e., overlap of the duplication, or reasons that overlapping serv	
If these co	onditions will be el			mentation schedule listing each step or action the	at will be
				and indicate how the service will be funded (e.g., otel taxes, franchise taxes, impact fees, bonded ind	
Local Gover	mment or Authority:	Funding Method:			
BACON	COUNTY	GENERAL FUND			
					-
4. How v	will the strategy ch	ange the previous arrangements for	providing	and/or funding this service within the county?	
	NO CHANGE				
		v			
Agreement	A STATE OF THE PARTY OF THE PAR	Contracting Pa		tracts that will be used to implement the strategy f	
N/A					
		(if any) will be used to implement fee changes, etc.), and when will the		gy for this service (e.g., ordinances, resolutions, lo	cal acts o
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			*	
	N/A				
7 P	a a samulation Com	MARY EDNA WHEELER, CO	UNTY CI	LERK & THOMAS C. DEEN, CITY MANAGE	R
	on completing form	2-5214 & 632-8072 Date co			
are cons	sistent with the ser	vice delivery strategy? X yes contact person(s) and phone number	no no	aluating whether proposed local government project:	ects
		Zanana and Anna and A			

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Instructions:

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

County: _	BACON		Service: PUBL	IC SAFETY	COMPLEX &	COURTHOUSE COM	IPLEX
. Check th	e box that best describe	es the agreed upon deli	ivery arrangement for	this service:			
		entywide (i.e., includin ernment, authority or o			s) by a single se	ervice provider. (If th	is box
		y in the unincorporated hority or organization			service provider	. (If this box is check	ked.
		ide this service only w s box is checked, ident					
		ide this service only w s box is checked, ident					
		d, attach a legible ma ther organization that v				ovider, and identify	the
2. In devel		re overlapping service	areas, unnecessary co	ompetition and	d/or duplication	of this service identi	fied?
If these cor	ditions will continue	under the strategy, atta G.A. 36-70-24(1)), ov ted).					
If these cor	nditions will be elimin	ated under the strategy onsible party and the ag				step or action that w	ill be
		ority that will help to pa pecial service district r					
ocal Govern	ment or Authority: Pu	nding Method:					
BACON (COUNTY	GENERAL FUND					
CITY O		GENERAL FUND					
4. How w	ill the strategy change	the previous arrangem	nents for providing an	d/or funding t	his service with	in the county?	
5. List any		ry agreements or interg		ts that will be	used to implem		
	Name:		BACON COUNTY			Effective and Ending I	
	OUSE COMPLEX AG		CITY OF ALMA			7-20-99 UNTIL	CANCEL
AGREEM			BACON COUNTY &	CITY OF	AT.MA	9-4-90	
AGREEM			BACON COUNTY &		- 17 CF	9-25-95	
6. What	other mechanisms (if a	ny) will be used to imp hanges, etc.), and wher	plement the strategy f	or this service			acts of the
NO	CHANGE						
7. Person	completing form: 1	MARY EDNA WHEELE 214 & 632-8072	ER, COUNTY CLES	08-06-99	S C. DEEN,	CITY MANAGER	
						_	
8. Is this are consi	the person who shoul stent with the service of	d be contacted by state delivery strategy?	agencies when evalu	ating whether	proposed local	government projects	

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SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Instructions:

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

Charlet	BACON COUNTY		Service:	PUBLIC WORKS	}
CHECK IN	box that best describes	the agreed upon deli-	very arrangement	for this service:	
	e will be provided coun cked, identify the gover				a single service provider. (If this be
	e will be provided only y the government, auth				ce provider. (If this box is checked,
					the service will not be provided in nization providing the service.)
	ALMA r more cities will provide				the county will provide the service inization providing the service.)
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		., 6		•
	. (If this box is checked nment, authority, or oth				service provider, and identify the area.)
In devel		overlapping service	areas, unnecessar	competition and/or of	duplication of this service identified
igher leve		J.A. 36-70-24(1)), ove			arrangement (i.e., overlapping bu easons that overlapping service area
these cor		ed under the strategy,			isting each step or action that will b
ınds, user	fees, general funds, sp	ecial service district r			service will be funded (e.g., enterpr xes, impact fees, bonded indebtedne
		ding Method: GENERAL FUND			
BACON	COUNTY				
ALMA		GENERAL FUND			
					*
. How w	ill the strategy change t				•
5. List any				racts that will be used	I to implement the strategy for this s
5. List any	NO CHANGE		covernmental cont	racts that will be used	I to implement the strategy for this s Effective and Ending Dates
5. List any	NO CHANGE			racts that will be used	
5. List any	NO CHANGE formal service delivery			racts that will be used	
i. List any	NO CHANGE formal service delivery			racts that will be used	
5. List any	no CHANGE formal service delivery	Contr	ncting Parties:		Effective and Ending Dates
5. List any Agreement	formal service delivery Name: N/A other mechanisms (if an assembly, rate or fee ch	Contr	ncting Parties:	y for this service (e.g.	Effective and Ending Dates
5. List any Agreement	formal service delivery	Contr	ncting Parties:	y for this service (e.g.	
5. List any Agreement 6. What of General A	formal service delivery Name: N/A other mechanisms (if an assembly, rate or fee checked)	y) will be used to impanges, etc.), and when	olement the strates	y for this service (e.g.	Effective and Ending Dates ., ordinances, resolutions, local acts
5. List any Agreement 6. What c General A	formal service delivery Name: N/A other mechanisms (if an assembly, rate or fee checked)	y) will be used to impanges, etc.), and when	olement the strates	y for this service (e.g. ect?	Effective and Ending Dates

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Make copies of this form and complete one for each service list	ed on page 1, Section III. Use exactly the same service names listed on page
	If the contact person for this service (listed at the bottom of the page) changes
should be reported to the Department of Community Affairs	

County:	BACON	Service:	QUALIFING RANGE
. Check the	box that best descri	bes the agreed upon delivery arrangemen	t for this service:
		ountywide (i.e., including all cities and unvernment, authority or organization provi	incorporated areas) by a single service provider. (If this b
		nly in the unincorporated portion of the c uthority or organization providing the ser	ounty by a single service provider. (If this box is checked, vice.)
			orated boundaries, and the service will not be provided in nt(s), authority or organization providing the service.)
			orated boundaries, and the county will provide the service nt(s), authority or organization providing the service.)
		ted, attach a legible map delineating the other organization that will provide servi	e service area of each service provider, and identify the se within each service area.)
2. In develo	P69 (2000) - Charles A (2000)	ere overlapping service areas, unnecessa	ry competition and/or duplication of this service identified
If these condigher level	litions will continue	C.G.A. 36-70-24(1)), overriding benefits	on for continuing the arrangement (i.e., overlapping but of the duplication, or reasons that overlapping service are
If these con-	litions will be elimi	The second second second second second	mentation schedule listing each step or action that will be ne for completing it.
			and indicate how the service will be funded (e.g., enterprotel taxes, franchise taxes, impact fees, bonded indebtedn
ocal Governm	ent or Authority:	Funding Method:	4
ALMA		GENERAL FUND	11
	NO CHANGE		g and/or funding this service within the county?
Agreement N		Contracting Parties:	tracts that will be used to implement the strategy for this Effective and Ending Date
N/			
		any) will be used to implement the strate changes, etc.), and when will they take e	gy for this service (e.g., ordinances, resolutions, local acts fect?
			AND C MICHAE C DEEN CITY WANACED
7. Person Phone nur	completing form: nber: 912-632-	MARY EDNA WHEELER, COUNTY County 6214 & 632-8072 Date completed:	LERK & THOMAS C. DEEN, CITY MANAGER 08-06-99
are consis	ent with the service	ald be contacted by state agencies when e delivery strategy? yes no tact person(s) and phone number(s) below	valuating whether proposed local government projects

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SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

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

County:	BACON		Service:	RECREATION	
1. Check the	box that best desc	ribes the agreed upon d	elivery arrangemen	nt for this service:	
Service is check	e will be provided cked, identify the g	countywide (i.e., includ overnment, authority or	ling all cities and u organization prov	nincorporated areas) by a single iding the service.) RECREATI	service provider. (If this bo
☐ Service identifier	e will be provided by the government,	only in the unincorpora authority or organization	ted portion of the con providing the se	ounty by a single service providerice.)	er. (If this box is checked,
				orated boundaries, and the servi	
				porated boundaries, and the countent(s), authority or organization	
				e service area of each service p ce within each service area.)	provider, and identify the
2. In devel		were overlapping servi	ce areas, unnecessa	ry competition and/or duplication	on of this service identified?
higher level).C.G.A. 36-70-24(1)),		on for continuing the arrange of the duplication, or reasons th	
If these con	ditions will be elin			ementation schedule listing eac ine for completing it.	h step or action that will be
				e and indicate how the service wootel taxes, franchise taxes, impa	
Local Govern	ment or Authority;	Funding Method:			
	OF ALMA	GENERAL FU			
0111	OI IIIIII				
NO	CHANGE - ORA	AL AGREEMENT BEI	NG PUT IN WRI	g and/or funding this service wi TING	
RESOLU	The state of the s			RECREATION COMMISSION	3-3-1970
KESOLI	TION				
General A		e changes, etc.), and wh	nen will they take e	CLERK & THOMAS C. DEE	
		-5214 & 632-8072	_ Date completed:	08-06-99	
are consis	tent with the servi	ould be contacted by sta ce delivery strategy? ontact person(s) and pho	X yes □ no	valuating whether proposed loca w:	al government projects

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 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.

ounty:	BACON	Service:	SANITARY LANDFILL & I	NEKT LANDFILD
Check th	e box that best describes the agreed	upon delivery arrangen	nent for this service:	
XI Servi	ce will be provided countywide (i.e.	including all cities and	unincorporated areas) by a sing	le service provider. (If this box OF ALMA
☐ Servi	ce will be provided only in the unin ify the government, authority or org	corporated portion of the	e county by a single service prov service.)	vider. (If this box is checked,
One uninc	or more cities will provide this servi	ice only within their inc	orporated boundaries, and the ser ment(s), authority or organization	rvice will not be provided in on providing the service.)
One unin	or more cities will provide this serv corporated areas. (If this box is chec	ice only within their inc ked, identify the gover	corporated boundaries, and the conment(s), authority or organization	ounty will provide the service in on providing the service.)
Othe	er. (If this box is checked, attach a lernment, authority, or other organize	egible map delineating	g the service area of each service ervice within each service area.)	ce provider, and identify the
	eloping the strategy, were overlappi	ng carvice press Named	essery competition and/or duplic	ation of this service identified?
	Eloping the strategy, were overlappi	ng service areas, unnece	ssary competition and/or depired	ation of this parties formation
f these co	onditions will continue under the streets of service (See O.C.G.A. 36-70- lition cannot be eliminated).	ategy, attach an expla -24(1)), overriding bene	nation for continuing the arran fits of the duplication, or reasons	agement (i.e., overlapping but s that overlapping service areas
If these co	onditions will be eliminated under the	ne strategy, attach an in	nplementation schedule listing eadline for completing it.	each step or action that will be
3. List ea funds, us	ch government or authority that will er fees, general funds, special service	I help to pay for this ser ce district revenues, hot	vice and indicate how the service	e will be funded (e.g., enterprise npact fees, bonded indebtedness,
ocal Gove	mment or Authority: Funding Method			
	OUDITAL	AL FUND FEES & GEN. FUND		
CITY	OF ALMA USER	PERO G GRAVE TOWN		
				-
4. How	will the strategy change the previou	s arrangements for prov	iding and/or funding this service	within the county?
5 Fiet at	ny formal service delivery agreemen	nts or intergovernmenta	contracts that will be used to im	inlement the strategy for this serv
A:nen		Contracting Parties:	Total della triat with do about to in	Effective and Ending Dates:
JOINT	SANITARY LANDFILL	BACON COU	NTY	JULY 20, 1999
JOINT	INERT LANDFILL AGREEMEN	T CITY OF A	LMA	JULY 20, 1999
	other mechanisms (if any) will be			nances, resolutions, local acts of t
General	Assembly, rate or fee changes, etc.), and when will they ta	ke effect?	
	N/A			
7. Pers	on completing form: MARY EDNA	WHEELER, COUNTY	CLERK & THOMAS C. DEF	EN, CITY MANAGER
	jumber: 912-632-5214 & 63			
8. Is th	is the person who should be contact	ed by state agencies wh	en evaluating whether proposed !	local government projects
are con:	sistent with the service delivery stra	tegy? X yes no		4
If not, p	provide designated contact person(s)	and phone number(s) b	clow:	
+				

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SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed or	on pr
Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) characteristic the Department of Community, Affilia	ange:

County: BACON	Service: SOCIAL SERVICES
1. Check the box that best des	ribes the agreed upon delivery arrangement for this service:
	countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this beovernment, authority or organization providing the service.) BACON COUNTY
	only in the unincorporated portion of the county by a single service provider. (If this box is checked, authority or organization providing the service.)
	rovide this service only within their incorporated boundaries, and the service will not be provided in this box is checked, identify the government(s), authority or organization providing the service.)
	rovide this service only within their incorporated boundaries, and the county will provide the service this box is checked, identify the government(s), authority or organization providing the service.)
	cked, attach a legible map delineating the service area of each service provider, and identify the rother organization that will provide service within each service area.)
2. In developing the strategy, ☐ yes ☑ no	were overlapping service areas, unnecessary competition and/or duplication of this service identified
	be under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but overlapping but overlapping benefits of the duplication, or reasons that overlapping service area inated).
If these conditions will be elim	ninated under the strategy, attach an implementation schedule listing each step or action that will be sponsible party and the agreed upon deadline for completing it.
	thority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness.
Local Government or Authority:	Funding Method:
BACON COUNTY	GENERAL FUNDS
CITY OF ALMA	GENERAL FUNDS 3,000 PER YR OR TRANSPORTATION FOR NUTRITIONAL PROGRAM
PROVIDED COUNTY-V & CHILDREN SERV. (COMMODITY DISTRI	ivery agreements or intergovernmental contracts that will be used to implement the strategy for this s Contracting Parties: Effective and Ending Dates
N/A	
	if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts e changes, etc.), and when will they take effect?
N/A	
	OTHER WAVAGED
7. Person completing form: Phone number: 912-632	MARY EDNA WHEELER, COUNTY CLERK & THOMAS C. DEEN, CITY MANAGER -5214 & 632-8072 Date completed: 08-06-99
are consistent with the servi	ould be contacted by state agencies when evaluating whether proposed local government projects be delivery strategy? yes no ontact person(s) and phone number(s) below:

PAGE:

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

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

County: BACON		Service:	SOLID WASTE	
1. Check the box that best de	scribes the agreed upon	n delivery arrangem	ent for this service:	
Service will be provide is checked, identify the				a single service provider. (If this box
Service will be provide identify the government				ce provider. (If this box is checked,
				the service will not be provided in nization providing the service.)
unincorporated areas. (If this box is checked,	identify the govern	ment(s), authority or orga	the county will provide the service in inization providing the service.) S WITH SOUTHLAND WASTE
			the service area of each rvice within each service	service provider, and identify the area.)
In developing the strategy yes ☑ no	y, were overlapping se	rvice areas, unneces	sary competition and/or o	duplication of this service identified?
If these conditions will cont	O.C.G.A. 36-70-24(1)			arrangement (i.e., overlapping but easons that overlapping service areas
If these conditions will be el taken to eliminate them, the				isting each step or action that will be
				service will be funded (e.g., enterprise xes, impact fees, bonded indebtedness, e
Local Government or Authority;	Funding Method:			
BACON COUNTY	USER FEES &	GEN. FUND		
CITY OF ALMA	USER FEES &	GEN. FUND		
4. How will the strategy ch NO CHANGE 5. List any formal service of Agreement Name:				to implement the strategy for this service Effective and Ending Dates:
N/A				
.,,				
6. What other mechanisms General Assembly, rate or N/A				, ordinances, resolutions, local acts of th
7. Person completing form	n: MARY EDNA WHI	EELER, COUNTY	CLERK & THOMAS C	. DEEN, CITY MANAGER
Phone number: 912-63				
8. Is this the person who sare consistent with the ser If not, provide designated	vice delivery strategy?	x yes no		osed local government projects

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



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

nty:	BACON		Service: TAX COLLECTIONS	
		the agreed upon	delivery arrangement for this service:	to anomider (If this box
X Service	ce will be provided cou	intywide (i.e., inclu	or organization providing the service.) Bacon G	o see narrative
is che	cked, identity the gove		rated portion of the county by a single service provid	er. (If this box is checked,
ident	ify the government, au	morni, or or a		ce will not be provided in
unin	corporated areas, (ii iii	is box is entering		
One unit	or more cities will proncorporated areas. (If the	vide this service or his box is checked,	nly within their incorporated boundaries, and the coulidentify the government(s), authority or organization	nty will provide the service in providing the service.)
Oth	ner. (If this box is check vernment, authority, or	ced, attach a legible other organization	le map delineating the service area of each service that will provide service within each service area.)	provider, and identify the
2. In de	veloping the strategy, v	vere overlapping se	ervice areas, unnecessary competition and/or duplicat	ion of this service identified?
these o	es	.C.G.A. 36-70-24(1	y, attach an explanation for continuing the arrangel), overriding benefits of the duplication, or reasons	gement (i.e., overlapping but that overlapping service areas
If these	conditions will be elim	inated under the st	rategy, attach an implementation schedule listing e I the agreed upon deadline for completing it.	ach step or action that will be
3. List of funds, t	each government or au user fees, general funds	s, special service di	tp to pay for this service and indicate how the service strict revenues, hotel/motel taxes, franchise taxes, im	will be funded (e.g., enterprise pact fees, bonded indebtedness,
Local Gov	vernment or Authority:	Funding Method:		
	ON. COUNTY	GENERAL F		
CITY	OF ALMA	GENERAL F	PUND	
4. How	will the strategy chan	ge the previous arr	angements for providing and/or funding this service	within the county?
	any formal service deli ent Name:	ivery agreements or	r intergovernmental contracts that will be used to imp Contracting Parties:	element the strategy for this serv
Agreeme	ent Name:	ivery agreements or	Contracting Parties:	Effective and Ending Dates:
Agreeme	THE RESIDENCE AND ADMINISTRATION OF THE PARTY OF	ivery agreements of		Effective and Ending Dates: 6-13-91 & YRS.
Agreeme	ent Name:	ivery agreements of	Contracting Parties: BACON COUNTY, CITY OF ALMA &	6-13-91 & YRS. SUBSEQUENT THERET
AG 6. Wh	REEMENT at other mechanisms (in all Assembly, rate or fee	if any) will be used	Contracting Parties: BACON COUNTY, CITY OF ALMA &	6-13-91 & YRS. SUBSEQUENT THERET
Agreeme AG 6. Wh Genera	REEMENT at other mechanisms (in al Assembly, rate or fee	if any) will be used e changes, etc.), and	Contracting Parties: BACON COUNTY, CITY OF ALMA & TAX COMMISSIONER to implement the strategy for this service (e.g., ordin d when will they take effect?	6-13-91 & YRS. SUBSEQUENT THERET UNTIL CANCELLED. ances, resolutions, local acts of
Agreeme AG 6. Wh General	REEMENT at other mechanisms (in al Assembly, rate or few N/A son completing form:	if any) will be used e changes, etc.), and	Contracting Parties: BACON COUNTY, CITY OF ALMA & TAX COMMISSIONER to implement the strategy for this service (e.g., ordin	6-13-91 & YRS. SUBSEQUENT THERET UNTIL CANCELLED. ances, resolutions, local acts of

ATTACHMENT 4A

are consistent with the service delivery strategy? Yes no If not, provide designated contact person(s) and phone number(s) below:

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

Instructions:

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

County:	BACON		Service:	TAX	ASSESSM	ENTS		
I. Check	the box that best des	cribes the agreed upo	on delivery arrangement		2.03.10.00.1		*	
X Ser	vice will be provided	countywide (i.e., inc	cluding all cities and un y or organization provid	incorpor	ated areas)		gle service provider. (I	f this box
☐ Ser	vice will be provided	only in the unincorp	porated portion of the co	ounty by		- Contract		ecked,
□ On	e or more cities will	provide this service o	only within their incorpo	orated bo	undaries, ar	nd the se	rvice will not be provi	ded in
On uni	e or more cities will incorporated areas. (I	provide this service of f this box is checked,	only within their incorpo identify the governmen	orated bo	undaries, ar hority or or	nd the co	ounty will provide the son providing the service	service in
Oth gov	her. (If this box is che vernment, authority,	ecked, attach a legib or other organization	le map delineating the that will provide service	service e within	area of eac each servic	h servic e area.)	e provider, and ident	ify the
	veloping the strategy,	were overlapping se	rvice areas, unnecessar	y compet	ition and/or	duplica	tion of this service ide	ntified?
If these c	conditions will contin	D.C.G.A. 36-70-24(1	, attach an explanation)), overriding benefits o	on for co	ntinuing th	e arran reasons	gement (i.e., overlapp that overlapping servi	ing but
If these c	conditions will be elim	minated under the str	ategy, attach an imple the agreed upon deadlir				each step or action that	will be
			to pay for this service trict revenues, hotel/mo					
ocal Gove	ernment or Authority:	Funding Method:						
BACC	ON COUNTY	GENERAL FU	JND					
-						-		
	200				114-5-12			
4. How	will the strategy char	nge the previous arra	ngements for providing	and/or f	unding this	service '	within the county?	
	NO CHANGE							
	The second secon	livery agreements or	intergovernmental cont	racts that	will be use	d to imp		
Agreemen	nt Name:		Contracting Parties:				Effective and Endin	g Dates:
N,	/A							
			o implement the strateg when will they take eff		s service (e.	g., ordin	ances, resolutions, loc	al acts of
			•					
	N/A							
		MADY FONA WH	EELER, COUTNY CI	ERK &	THOMAS	C. DEF	N, CITY MANAGER	
			72 Date completed:		3-06-99	3 3 3 5 5 5		
							-	
are con	sistent with the servi	ice delivery strategy?	state agencies when ev yes no phone number(s) below		whether pro	posed lo	ocai government projec	is.
ii not,	provide designated c	ontact person(s) and j	phone number(s) below	•				

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



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

County: _	BACON		Service:	THEATER/YOUTH INTERVENTION
. Check th	e box that best describ	es the agreed upon delivery	arrangeme	nt for this service:
X Servi	ce will be provided cou		cities and u	inincorporated areas) by a single service provider (If this box
☐ Servi	ce will be provided onl fy the government, aut	y in the unincorporated por hority or organization prov	tion of the d	county by a single service provider. (If this box is checked, rvice.)
One of uninc	or more cities will prov orporated areas, (If thi	ide this service only within s box is checked, identify th	their incorp	porated boundaries, and the service will not be provided in ent(s), authority or organization providing the service.)
				· ·
One o	or more cities will prov orporated areas. (If thi	ide this service only within s box is checked, identify the	their income	porated boundaries, and the county will provide the service in ent(s), authority or organization providing the service.)
Other gover	. (If this box is checke nment, authority, or of	d, attach a legible map del her organization that will p	lineating the	ne service area of each service provider, and identify the ice within each service area.)
2. In devel		e overlapping service areas	, unnecessa	ary competition and/or duplication of this service identified?
f these con higher leve	ditions will continue u	G.A. 36-70-24(1)), overridi	n explanating benefits	ion for continuing the arrangement (i.e., overlapping but of the duplication, or reasons that overlapping service areas
f these con	ditions will be elimina			ementation schedule listing each step or action that will be ine for completing it.
				e and indicate how the service will be funded (e.g., enterprise notel taxes, franchise taxes, impact fees, bonded indebtedness,
ocal Govern	ment or Authority: Fu	nding Method:		
ALM	IA	GENERAL FUND -	HOTEL-M	OTEL TAX
	NO CHANGE		nmental cor	ntracts that will be used to implement the strategy for this serv
Agreement		Contracting	Lattics:	Effective und Entiting Dates.
	N/A			
		•		
6 31/h-1 -	other mechanisms (if a	ny) will be used to impleme nanges, etc.), and when will	nt the strate they take e	egy for this service (e.g., ordinances, resolutions, local acts of ffect?
General A				
General A	N/A			
General A	N/A			
General A		AND PONA LINEPI PD	COHNTY	CLERK & THOMAS C. DEEN. CITY MANAGER
General A	completing form:			CLERK & THOMAS C. DEEN, CITY MANAGER
7. Person	n completing form:	14 & 632-8072 Date	completed:	

PAGE:

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



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

ounty: BACON	Service:	TRANSFER STATION	1
Check the box that best describes the agr			
Service will be provided countywide is checked, identify the government,	(i.e., including all cities and un authority or organization provi	nincorporated areas) by a siding the service.) SOUTH	ngle service provider. (If this box ILAND WASTE
Service will be provided only in the u identify the government, authority or	nincorporated portion of the c organization providing the ser	ounty by a single service pr vice.)	rovider. (If this box is checked,
One or more cities will provide this so unincorporated areas, (If this box is c	ervice only within their incorp hecked, identify the governme	orated boundaries, and the ent(s), authority or organiza	service will not be provided in tion providing the service.)
One or more cities will provide this s unincorporated areas. (If this box is c	ervice only within their incorp checked, identify the government	porated boundaries, and the ent(s), authority or organiza	county will provide the service in ation providing the service.)
Other. (If this box is checked, attach government, authority, or other organ	a legible map delineating the	e service area of each ser ice within each service area	vice provider, and identify the
In developing the strategy, were overla	pping service areas, unnecesse	ry competition and/or dupl	ication of this service identified?
these conditions will continue under the igher levels of service (See O.C.G.A. 36- r competition cannot be eliminated).			
f these conditions will be eliminated under the to eliminate them, the responsible po			g each step or action that will be
List each government or authority that unds, user fees, general funds, special se			
ocal Government or Authority; Funding Met	hod:		
	FILL EQUIP. ACCT		
ALMA			
			Ey.
A. How will the strategy change the prev NO CHANGE List any formal service delivery agrees Agreement Name:			
LEASE AGREEMENT		, BACON COUNTY	1-1-97
		D WASTE SYSTEMS	12-31-2016
6. What other mechanisms (if any) will General Assembly, rate or fee changes,			dinances, resolutions, local acts o
NONE.		*	
7. Person completing form: MARY E Phone number: 912-632-5214 &			DEEN, CITY MANAGER
8. Is this the person who should be con-	tacted by state agencies when		d local government projects
are consistent with the service delivery a If not, provide designated contact perso		w:	

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Instructions:

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

County:	BACON		Service:	WATER SUPPLY & SEWAG	E DISPOSAL
. Check the	box that best des	cribes the agreed upon deliv	very arrangemen	nt for this service:	
☐ Service	e will be provided		all cities and u	nincorporated areas) by a single	service provider. (If this box
☐ Service identifier	e will be provided by the government	only in the unincorporated authority or organization p	portion of the coroviding the ser	ounty by a single service provid	ler. (If this box is checked,
One or	r more cities will porporated areas, (If	provide this service only with	thin their incorp	orated boundaries, and the servi	ce will not be provided in providing the service.)
One or uninco	r more cities will proporated areas. (I	provide this service only wit this box is checked, identif	hin their incorp y the governme	orated boundaries, and the coun nt(s), authority or organization	ty will provide the service in providing the service.)
X Other.	(If this box is che nment, authority, o	cked, attach a legible map or other organization that wi	delineating the	e service area of each service poe within each service area.)	orovider, and identify the
2. In develo		were overlapping service as	reas, unnecessar	y competition and/or duplicatio	n of this service identified?
If these cond higher level:	ditions will contin	D.C.G.A. 36-70-24(1)), over	h an explanation	on for continuing the arranger of the duplication, or reasons the	ment (i.e., overlapping but at overlapping service areas
If these cond	ditions will be elin			mentation schedule listing eac ne for completing it.	h step or action that will be
				and indicate how the service winder taxes, franchise taxes, impact	
ocal Governm	nent or Authority:	Funding Method:			
ALMA		USER FEES			
NO	CHANGE	ivery agreements or intergo		; and/or funding this service wit tracts that will be used to impler	
NA NA		Conduc	ting raties.		Effective and Enting Dutes,
, and					
6. What of		if any) will be used to imple e changes, etc.), and when v		gy for this service (e.g., ordinand fect?	es, resolutions, local acts of the
	A				
General As					
General As					OTMY WANTED
Oeneral As	completing form:	MARY EDNA WHEELER -5214 & 632-8072 D		LERK & THOMAS C. DEEN, 08-06-99	CITY MANAGER

SERVICE DELIVERY STRATEGY SUMMARY OF LAND USE AGREEMENTS



Answer each question below, attaching additional pages as necessary. Please note that any changes to the answers provided will require updating of the service delivery strategy. If the contact person for this service (listed at the bottom of this page) changes, this should be reported to the Department of Community Affairs.

ounty: BACON	and accomments were identified in the process of developing
. What incompatibilities or conflicts between the land use plans of le	ocal governments were re-
ne service delivery strategy?	DINANCES OTHER THAN IDENTIFICATION
BACON COUNTY DOES NOT HAVE ANY LAND OUR	Dates indicating how these incompatibilities or conflicts were addressed: DATE TOOLS NOT HAVE ANY LAND USE ORDINANCES OTHER THAN IDENTIFICATION DUNTY DOES NOT HAVE ANY LAND USE ORDINANCES. THEREFORE NO CONFLICTS WERE RECOGNIZED. AND FLOOD PLAIN AREAS. THEREFORE NO CONFLICTS WERE RECOGNIZED. AND FLOOD PLAIN AREAS. THEREFORE NO CONFLICTS WERE RECOGNIZED. AND FLOOD PLAIN AREAS. THEREFORE NO CONFLICTS WERE RECOGNIZED. Note: If the necessary plan amendments, regulations, ordinances, esc. how not yet been formally adopted, indicate when each of the affected local governments and long to them. Note: If the necessary plan amendments, regulations, ordinances, esc. how not yet been formally adopted, indicate when each of the affected local governments and looks the when each of the affected local governments and long to them. NOTE: If the necessary plan amendments, regulations, ordinances, esc. how not yet been formally adopted, indicate when each of the affected local governments and part them. NOTE: If the necessary plan amendments, regulations, ordinances, esc. how not yet been formally adopted, indicate when each of the affected local governments and part the affected local governments. NOTE: If the necessary plan amendments, regulations, ordinances, esc. how not yet been formally adopted, indicate when each of the affected local governments (and water and sever authorities) to the process that will be used to resolve disputes when a county disagrees with the proposed land use classification(s) for exed into a city. If the conflict resolution process will vary for different cities in the county, summarize each process. FIFTER RESOLUTION - PAGE, ATTACHMENT -) THE RESOLUTION - PAGE, ATTACHMENT -) In the process that will be used to resolve disputes when a county disagrees with the proposed land use plans and ordinances? DUNTY HAVE LAND USE MANACEMENT, OTHER THAN WET LANDS AND FLOOD PLAIN SOUNTY MATER AND/OR SEWER SERVICES. NEITHER DOES DUNTY HAVE LAND USE MANACEMENT, OTHER THAN WET LANDS AND FLOOD PL
OF WET LANDS AND FLOOD THEEL	
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	2
	4
4	
	cts were addressed:
	Notes that a second plan and a second plants and discuss and in second
other measures (amend zoning ordinances,	etc. have not yet been formally adopted, indicate when each of the
add environmental regulations, etc.)	affected local governments will adopt them.
If "other measures" was checked, describe these measures:	
BACON COUNTY COMMISSION IS SUPPORTED AND EN	NCOURAGED BY THE ALMA-BACON COUNTY
PLANNING COMMISSION AND CITY OF ALMA TO ADO AT THIS TIME NO DATE HAS REEN IDENTIFIED FO	OR IMPLEMENTING THE PROJECT.
AT THE THE NO DITTE THE DESCRIPTION OF	
3. Summarize the process that will be used to resolve disputes who	en a county disagrees with the proposed land use classification(s) for
(SEE DISPUTE RESOLUTION - PAGE ATTACHME)	NT -) .
*	
ensure that new extraterritorial water and sewer service will be con	nsistent with all applicable land use plans and ordinances?
BACON COUNTY DOES NOT PROVIDE ANY WATER AND	D/OR SEWER SERVICES. NEITHER DOES
BACON COUNTY HAVE LAND USE MANAGEMENT, OTHE	ER THAN WET LANDS AND FLOOD PLAIN
AREAS, OR ZONING ORDINANCES. THE CITY OF ALMA DOES	PROVIDE WITHIN ITS JURISDICTIONAL BOUNDRIES
	NT THROUGH ZONING ORDINANCES.
	IN \$27B.
	my bel con
	Mxs
5. Person completing form: THOMAS C. DEEN	0.7.00
	inpicted:
6. Is this the person who should be contacted by state agencies w consistent with land use plans of applicable jurisdictions?	
If not, provide designated contact person(s) and phone number(s)	below:

SERVICE DELIVERY STRATEGY CERTIFICATIONS



Instructions

This page 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 1990 populations of over 9,000 residing within the county; and 4) no less than 50% of all other cities with a 1990 population of between 500 and 9,000 residing within the county. Cities with 1990 populations below 500 and authorities providing services under the strategy are not required to sign this form, but are encouraged to do so. Attach additional copies of this page as necessary.

SERVICE DELIVERY STRATEGY FOR BACON COUNTY

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

- We have executed agreements for implementation of our service delivery strategy and the attached forms provide an accurate depiction of our agreed upon strategy (O.C.G.A. 36-70-21);
- 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));
- Our service delivery strategy provides that water or sewer fees charged to customers located outside the geographic boundaries of a service provider are reasonable and are not arbitrarily higher than the fees charged to customers located within the geographic boundaries of the service provider (O.C.G.A. 36-70-24 (2));
- 4. Our service delivery strategy ensures that the cost of any services the county government provides (including those jointly funded by the county and one or more municipalities) primarily for the benefit of the unincorporated area of the county are borne by the unincorporated area residents, individuals, and property owners who receive such service (O.C.G.A. 36-70-24 (3)); and
- 5. The process(es) for resolving land use disputes arising over annexation were established by the July 1, 1998 deadline (O.C.G.A. 36-70-24(4)).

SIGNATURE:	NAME: (Please print or type)	TITLE:	JURISDICTION:	DATE:
Runell Jon Ry Booty	RUSSELL TANNER	CHAIRMAN	BACON COUNTY	9-7-99
Ry Booty	ROGER BOATREGHT	MAYOR	CITY OF ALMA	9-7-99
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