GEU IA DEPARTMENT OF COMMUNITY FAIRS

SERVICE DELIVERY STRATEGY

	FOR BEN HILL	COUNTY	PAGE 1
I. GENERAL INSTR	UCTIONS		

- 1. Only one set of these forms should be submitted per county. The completed forms should clearly present the collective agreement reached by all cities and counties that were party to the service delivery strategy.
- 2. List each local government and/or authority that provides services included in the service delivery strategy in Section II below.
- List all services provided or primarily funded by each general purpose local government and authority within the county in
 Section III below. It is acceptable to break a service into separate components if this will facilitate description of the service delivery strategy.
- 4. For each service or service component listed in Section III, complete a separate Summary of Service Delivery Arrangements form (page 2).
- 5. Complete one copy of the Summary of Land Use Agreements form (page 3).
- 6. Have the *Certifications* form (page 4) signed by the authorized representatives of participating local governments. Please note that DCA cannot validate the strategy unless it is signed by the local governments required by law (see Instructions, page 4).
- 7. Mail the completed forms along with any attachments to:

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

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

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

II. LOCAL GOVERNMENTS INCLUDED IN THE SERVICE DELIVERY STRATEGY: In this section, list all local governments (including cities located partially within the county) and authorities that provide services included in the service delivery strategy.

CITY OF FITZGERALD, GA BEN HILL COUNTY, GA

Verified

III. SERVICES INCLUDED IN THE SERVICE DELIVERY STRATEGY:

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

AIRPORT ANIMAL CONTROL ARTS COUNCIL. **BUILDINGS & GROUNDS MAINT** BUILDING INSPECTION/COMMUNITY **DEV/CODE ENFORCEMENT** BUSINESS LICENSE DEPT CEMETERY CHAMBER OF COMMERCE CONSTITUTIONAL OFFICERS CORONER/MEDICAL EXAM COURTS CULTURAL CENTER/GRAND E-911 EMA EMS ECONOMIC DEVELOPMENT ELECTRICITY/GAS/SEWER/WATER FIRE PROTECTION GARBAGE COLLECTION GA EXTENSION SERVICE HOSPITAL

HUMANE SOCIETY LANDFILL/WASTE DISPOSAL LAW ENFORCEMENT LIBRARY MAIN STREET MAINTENANCE FACILITY MENTAL/HEALTH/DFACS MUNICIPAL COURT PUBLIC SAFETY CENTER **RECREATION & PARKS** RECYCLING SENIOR CITIZENS CENTER **STREETS & ROADS** TAX ASSESSOR TAX COMMISSIONER TOURISM **VOTER REGISTRATION & ELECTIONS**

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7. Person co	ompleting form:	Cam Jordan				
	er: <u>(912)426</u>		Date completed:			
		uld be contacted by		valuating whether propo	osed local government proj	jects

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

n/a

ATTEN	•		RVICE DELIVE		
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	npleting form: r:(912)426	<u>Can Jordan</u> -5060	Determine	•	
8. Is this the pare consistent	person who shou with the service	d be contacted by delivery strategy?	ixives i ino	valuating whether proposed local g	 overnment projects
If not, provide	e designated cont	act person(s) and p	hone number(s) below	/:	
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are consistent with the service delivery strategy? I yes no If not, provide designated contact person(s) and phone number(s) below:

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		form and complete one for each service listed on page below, attaching additional pages as necessary. If the cont the Department of Community Affairs.	1 Castley III Has such at	
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	Instructions: Make copies of th Answer each question should be reported to	s form and complete	one for each service listed on page 1, Sec		
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		s form and complete one for one below, attaching additional particular of the department of Community		Section 111. Use exactly the person for this service (listed a	same service names listed on page at the bottom of the page) changes, th
County: BI	EN HILL		Service: BUSIN	ESS LICENSE DEPT	
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7. Person completing form: <u>Cam Jordan</u>

Phone number: _______ Date completed: ______

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

n/a

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	Instructions:	SUMMARY	OF SERVICE DELI	VERY ARRANGEMENTS	PAGE 2
	Make copies of thi Answer each question	s form and complete on below, attaching addition the Department of Cor		on page 1, Section 111. Use exactly the contact person for this service (lister	e same service names listed on page 1. I at the bottom of the page) changes, this
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7. Person ac-	npleting form:	Can Jordan			· · · · · ·
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If not, provide	e designated conta	act person(s) and pl	hone number(s) below:		

SERVICE DELIVERY STRATE	
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS	PAGE 2
Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names in Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page should be reported to the Department of Community Affairs.	sted on page 1. ge) changes, this
County: BEN HILL Service: CHAMBER OF COMMERCE	
1. Check the box that best describes the agreed upon delivery arrangement for this service:	<i>t</i> :
Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (is checked, identify the government, authority or organization providing the service.)	
Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is clidentify the government, authority or organization providing the service.)	
One or more cities will provide this service only within their incorporated boundaries, and the service will not be provulation unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service service areas.	ided in ce.)
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Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and ident government, authority, or other organization that will provide service within each service area.) CONSTR - DIDE CHAMBER JOISTLY FRIDED	ify the
2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service ide	entified?
If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapp higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping servi- or competition cannot be eliminated).	oing but ice areas
If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that taken to eliminate them, the responsible party and the agreed upon deadline for completing it.	will be
3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded inde	enterprise ebtedness, etc
Local Government or Authority: Funding Method:	
CITY OF FITZGERALD 50% > SUBSIDE TO OFFSET DEFICIT, J OPERATION BENHIN CONSTR 50% DEEVENES	16
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?	
Service will remain as existing pending results of Charter Commission Consolidation study.	
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for Agreement Name:	this service:
Agreement Name: Contracting Parties: Effective and Ending	
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, loca General Assembly, rate or fee changes, etc.), and when will they take effect?	acts of the
See Attached Resolution R98-0014	
7. Person completing form: <u>Cam Jordan</u>	
Phone number: (912)426-5060 Date completed:	
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government project are consistent with the service delivery strategy? [x] yes [] no If not, provide designated contact person(s) and phone number(s) below:	S
n/a	

SERVICE DELIVERY STRATE
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE 2
Instructions: Make copies of this form and complete one for each service listed on page 1, Section 111. Use exactly the same service names listed on page 1. Answer each question below, altaching 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: BEN HILL Service: CONSTITUTIONAL OFFICERS
1. Check the box that best describes the agreed upon delivery arrangement for this service:
Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
One or more citics will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)
2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).
If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.
3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc
Local Government or Authority: Funding Method:
BENHIL CONDIN GED. FIND
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?
Service will remain as existing pending results of Charter Commission Consolidation study.
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service: Agreement Name:
Agreement Name: Contracting Parties: Effective and Ending Dates:
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.) and when will the strategy for this service (e.g., ordinances, resolutions, local acts of the
General Assembly, rate or fee changes, etc.), and when will they take effect? See Attached Resolution R98-0014
7. Person completing form: <u>Cam Jordan</u>
Phone number: (912)426-5060 Date completed: 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? I yes no
If not, provide designated contact person(s) and phone number(s) below:
n/a

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		SUMMARY (RVICE DELIVERY STRATECT	S PAGE 2
		s form and complete a	one for each service listed on page 1, Section III. Use exaction and the service listed on page 1, Section III.	
County: B	EN HILL		Service: CORONER/MEDICAL EXA	M
1. Check the	box that best desc	ribes the agreed up	on delivery arrangement for this service:	
Service is check	will be provided ted, identify the g	countywide (i.e., in overnment, authori	cluding all citics and unincorporated areas) by a si ty or organization providing the service.)	ngle service provider. (If this box
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5. List any for Agreement Name	mal service deliv	ery agreements or i	intergovernmental contracts that will be used to im	plement the strategy for this service:
Agreement Ham	c;		Contracting Parties:	Effective and Ending Dates:
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	npleting form:	Cam Jordan	· · ·	
	r: <u>(912)426</u>		Date completed:	· · · · · · · · · · · · · · · · · · ·
and compriseding	with the set vice		tate agencies when evaluating whether proposed ic yes no hone number(s) below:	ocal government projects
n/a				

701		SERVICE DELIVERY STRATECY	· · · ·
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		m and complete one for each service listed on page 1, Section III. Use exactly the sar low, altaching additional pages as necessary. If the contact person for this service (listed at it Department of Community Affairs.	ne service names listed on page 1 he bottom of the page) changes, thi
County: <u>B</u>	EN HILL	Service: COURTS	• · · · · · · · · · · · · · · · · · · ·
I. Check the	box that best describes	es the agreed upon delivery arrangement for this service:	53
2 Service	will be provided cour	ntywide (i.e., including all cities and unincorporated areas) by a single ser- mment, authority or organization providing the service.)	vice provider. (If this box
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See Attached Resolution R98-0014

7. Person completing form: <u>Cam Jordan</u>

Phone number: (912)426-5060 Date completed: _

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

n/a

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- 98 THE 58 1	SUMMARY OF SERVICE DELIVERY ARRANGEMENTS P	PAGE 2
	Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) cl should be reported to the Department of Community Affairs.	on page hanges, th
County: BI	BEN HILL Service: CULTURAL CENTER/GRAND	
1. Check the l	box that best describes the agreed upon delivery arrangement for this service:	
Service	e will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If the ked, identify the government, authority or organization providing the service.) C_{1TN} operated	iis box
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3. List each ge funds, user fe	government or authority that will help to pay for this service and indicate how the service will be funded (e.g., ente Tees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebte	erprise
	ent or Authority: Funding Method:	June 22, C
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7. Person completing form: <u>Cam Jordan</u> Phone number: <u>(912)426-5060</u>

Phone number: _______ Date completed: ______ Date completed: ______

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

<u>n/a</u>

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CTO OT			SERVICE DELIVE	RY STRATE	
		SUMMA	RY OF SERVICE DEL	IVERY ARRANGEMENTS	PAGE 2
	Instructions: Make copies of the Answer each quest should be reported	ils form and com ion below, attachin to the Department	plete one for each service liste g additional pages as necessary. of Community Affairs.	i on page 1, Section III. Use exactly If the contact person for this service (lis	y the same service names listed on page 1. sted at the bottom of the page) changes, this
County: <u>B</u>	EN HILL		Service:	E_911	
i. Check the	box that best des	cribes the agree	ed upon delivery arrangem	ent for this service:	
Service	will be provided	l countywide (i.	.e., including all cities and	unincorporated areas) by a sing viding the service.) Const-	gle service provider. (If this box 1 DAECATED
Service identify	will be provided the government	only in the uni , authority or or	incorporated portion of the rganization providing the s	county by a single scrvice pro crvice.)	vider. (If this box is checked,
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BEN H.LL		Funding Method:			
	UNJIM	1265 4	GEN. FUND		
		<u> </u>			
4. How will t	he strategy chan	ge the previous	arrangements for providin	g and/or funding this service w	vithin the county?
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Agreement Name	mai service deli e:	very agreement	ts or intergovernmental con	stracts that will be used to impl	ement the strategy for this service:
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6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?

See Attached Resolution R98-0014

7. Person completing form: <u>Cam Jordan</u>

Phone number: ____(912)426-5060

_ Date completed: _

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

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APPly '	• • • • • • • • • • •	SI	RVICE DELIVERY STRATEC		
	-	SUMMARY	OF SERVICE DELIVERY ARRANG	CMENTS	PAGE 2
	Instructions: Make copies of th Answer each quest should be reported	is form and complete	one for each service listed on page 1, Section III		CALL COLOR
	EN HILL		Service: EMA		<u></u>
1. Check the	box that best des	cribes the agreed u	pon delivery arrangement for this service:		×
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Local Governmen	al or Authority:	Funding Method:		indea ma	icologiicas; cu
BENH.n	Constr	FEES & C	BEN. FIND		
4. How will t	ic strategy chan	L			
Servic		in as existin	angements for providing and/or funding thi g pending results of Charter (
5. List any for	mal service deliv	very agreements of	intergovernmental contracts that will be us	sed to implement the strategy for	or this service:
			Contracting Parties:	Effective and Endir	
N/A					
		any) will be used changes, etc.), and ution R98–001	o implement the strategy for this service (e when will they take effect? 4	.g., ordinances, resolutions, loca	al acts of the
7. Person com	pleting form:	Cam Jordan		•	
		and the second se	Date completed:		
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n/a					

SERVICE DELIVERY STRATEC
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE 2
Instructions: Make copies of this form and complete one for each service listed on page 1, Section 111. 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 should be reported to the Department of Community Affairs.
County: BEN HILL Service: EMS
1. Check the box that best describes the agreed upon delivery arrangement for this service:
Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.) COUNTY DPERATED
Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
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Other. (If this box is cliccked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)
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Local Government or Authority: Funding Method:
BENHIL CONSTA FEES & GES. FUSS
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?
Service will remain as existing pending results of Charter Commission Consolidation study.
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service
Contracting Parties: Effective and Ending Dates:
J/A
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect? See Attached Resolution R98-0014
7. Person completing form: <u>Cam Jordan</u>
Phone number: (912)426-5060 Date completed:
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? 🖾 yes 🗋 no If not, provide designated contact person(s) and phone number(s) below:
n/a

		SUMMA	SERVICE DI RY OF SERVIC	ELIVERY STR CE DELIVERY A	ATEC RRANGEMENTS	PAGE 2
	Instructions: Make copies of th Answer each quest should be reported to	ls form and componies	niele one for each re	ervice listed on page 1,	8. 41 HI II	e same service names listed on page at the bottom of the page) changes, th
	EN HILL			Service: <u>ECONOM</u>	IC DEVELOPMENT	
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ILS OF FI	18 GEEALD		SET ASIDE	CHA-BER		
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7. Person completing form: <u>Cam Jordan</u>

Phone number: (912)426-5060 Date completed: _____

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

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n/a

Correct of			RVICE DELIVERY STRATEGY		· · · ·
	Instructions:	JUMMARY	OF SERVICE DELIVERY ARRANGE	MENTS	PAGE 2
	Make copies of the Answer each question	s form and complete on below, attaching add o the Department of Co	one for each service listed on page 1, Section 111. Jitional pages as necessary. If the contact person for thi community Affairs.	Use exactly the same s s service (listed at the b	service names listed on page ottom of the page) changes, th
County: B	EN BILL		Service: <u>ELECTRICITY/GA</u>	S/SEWER/WATER	
1. Check the l	box that best desc	ribes the agreed u	pon delivery arrangement for this service:	of oundry within	
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ocal Governmen		Funding Method:		minest impact 1003,	bonaca machicaness, e
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4. How will th	he strategy chang	e the previous arra	angements for providing and/or funding this	service within the	county?
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5. List any form Agreement Name	mal service deliv	ery agreements or	intergovernmental contracts that will be use Contracting Partles:		
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7 Person and	plating form	Cor I		, in the second	
7. Person com Phone number:	pleting form:	Cam Jordan	Date completed:		

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

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			RVICE DELIVERY STI OF SERVICE DELIVERY A		PAGE 2
	Instructions: Make copies of th Answer each questi should be reported to	is form and complete on below, attaching add the Department of Co	one for each service listed on page f itional pages as necessary. If the contac mmunity Affairs.	l, Section III. Use exactly the sam a person for this service (listed at the	e service names listed on page 1. bottom of the page) changes, this
County: B	EN HILL		Service: FIRE H	PROTECTION	
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7. Person con	pleting form:	Cam Jordan		5 70-96 7	1
	(912)426-		Date completed:	· · ·	
ale comprotent	with the set vice		state agencies when evaluating x yes no hone number(s) below:	whether proposed local gover	rnment projects
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ALL A		SER	VICE DELIVE	RY STRATE	···	
	Instructions:	SUMMARY O	F SERVICE DEI	IVERY ARRANG	EMENTS	PAGE 2
	Make copies of th Answer each questi	is form and complete on on below, attaching additio to the Department of Comm	e for each service list nal pages as necessary. nunity Affairs.	ed on page 1, Section 11 If the contact person for t	I. Use exactly the s this service (listed a	same service names listed on page 1. I the bottom of the page) changes, this
	EN HILL			GARBAGE COLLE	CTION	
1. Check the	box that best desc	cribes the agreed upon	ı delivery arrangen	nent for this service:		
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(Carl			RVICE DELIVERY STRATE OF SERVICE DELIVERY ARRANGEME	ENTS	PAGE 2
		is form and complete on below, attaching ad o the Department of C	e one for each service listed on page 1, Section 111. Use ditional pages as necessary. If the contact person for this set ommunity Affairs.	exactly the same service names rvice (listed at the bottom of the p	
County: <u>B</u>	EN HILL		Service: GA EXTENSION SER	VICE	
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7. Person con	npleting form:	Cam Jordan		A 4	
	r: <u>(912)426</u>	and the second se	Date completed:		
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		SUMMARY	OF SERVICE DELIVERY ARRANGEN	AENTS	PAGE 2
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County: 1	BEN HILL		Service: HOSPITAL		
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	Be retiment	additionary of organi	porated portion of the county by a single ser zation providing the service.)		
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	Instructions: Make copies of thu Answer each question should be reported to	form and complete	one for each service lis	led on page 1, Section 111. Use (. If the contact person for this serv		
County: B	EN HILL		Service	: HUMANE SOCIETY		
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7. Person com	pleting form.	Cam Jordan		2	
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ATT TO			RVICE DELIVERY STRATECY	1
	Instructions:	SUMMARY	OF SERVICE DELIVERY ARRANGEMENTS	PAGE 2
	Make copies of thi Answer each question	s form and complete on below, attaching addition the Department of Cor	one for each service listed on page 1, Section 111. Use exactly the tional pages as necessary. If the contact person for this service (listed nimunity Affairs.	same service names listed on page 1. at the bottom of the page) changes, this
County: B	EN HILL		Service: MAINTENANCE FACILITY	
1. Check the	box that best desc	ribes the agreed up	on delivery arrangement for this service:	<i>i</i> 0
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7. Person com Phone number	pleting form:	Cam Jordan -5060	Date complete	els.	· ·	
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	Make copies of th Answer each quest	is form and complete on below, atlaching add to the Department of Co	one for each service listed on page 1, Section 11 itional pages as necessary. If the contact person for the mmunity Affairs.	I. Use exactly the same service n his service (listed at the bottom of	ames listed on page 1. The page) changes, this
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n/a			hone number(s) below:		
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CTOTO)		SERVICE DELIVER		· ·
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	Make copies of the Answer each question	form and complete one for each service listed of below, allaching additional pages as necessary. If t the Department of Community Affairs.	n page 1, Section III. Use exactly the s ie contact person for this service (listed at	ame service names listed on page 1. the bottom of the page) changes, this
County: B	EN HILL	Service:	STREETS & ROADS	
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Servic		the previous arrangements for providing as existing pending results		n the county?
5. List any for	mal service deliv	ry agreements or intergovernmental contu	acts that will be used to impleme	at the start of Co. dt 1
Agreement Name	e:	Contracting Parties:	and that will be used to impleme.	Effective and Ending Dates:
N/A				
	mory rate of fee (ny) will be used to implement the strategy anges, etc.), and when will they take effe tion R98-0014	for this service (e.g., ordinances, ct?	, resolutions, local acts of the
DEC AL	Lached Vesol	LION 898-0014		
7 Derson	nalatina farm	Con Ioni-		
	npleting form:	Cam Jordan		-
		Date completed.		
are consistent	with the service (be contacted by state agencies when evaluativery strategy? x yes no et person(s) and phone number(s) below:	uating whether proposed local go	overnment projects
n/a				

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SERVICE DELIVERY STRATE
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE 2
Make copies of this form and complete one for each service listed on page 1, Section 111. 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 should be reported to the Department of Community Affairs.
County: <u>BEN HILL</u> Service: <u>TAX ASSESSOR</u>
1. Check the box that best describes the agreed upon delivery arrangement for this service:
Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)
2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).
If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.
3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, or
Local Government or Authority: Funding Method:
BENHILL CONSTA GEN FASA
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?
Service will remain as existing pending results of Charter Commission Consolidation study.
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this servic Agreement Name: Contracting Parties: Effective and Ending Dates:
N/A Ending Dates:
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect? See Attached Resolution R98-0014
7. Person completing form:Cam_Jordan
Phone number: (912)426-5060 Date completed:
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? 🖾 yes 🗋 no If not, provide designated contact person(s) and phone number(s) below:
<u>n/a</u>

AP. 10			VICE DELIVE				
		SUMMARY O	F SERVICE DELI	VERY ARRANG	TEMENTS		PAGE 2
	Answer each question	form and complete on below, allaching addition the Department of Comm	e for each service listed mai pages as necessary. I nunity Affairs.	l on page 1, Section 1 If the contact person for	II. Use exactly the st this service (listed at	ame service names li the bottom of the pag	sted on page 1. e) changes, this
County: B	EN HILL		Service:	TAX COMMISS	IONER		
i. Check the	box that best descr	ibes the agreed upo	n delivery arrangem				
Service	will be provided o	ountywide (i.e., inc	luding all citics and or organization pro	unincorporated are	as) by a single se	ervice provider. ()) E PT	f this box
Service identify	will be provided of the government, a	nly in the unincorp authority or organiza	orated portion of the ation providing the s	county by a single crvice.)	e service provider.	. (If this box is cl	necked,
One or a unincor	more citics will proportion of the proportion of the property	ovide this service of his box is checked,	nly within their inco identify the governm	rporated boundarie nent(s), authority o	s, and the scrvice r organization pro	will not be prov oviding the service	ided in ce.)
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Other. (governr	If this box is chec nent, authority, or	ked, attach a legibl other organization	e map delincating that will provide scr	the service area of vice within each se	f each service pro rvice area.)	ovlder, and iden	tify the
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higher levels	itions will continu of service (See O. n cannot be elimit	C.G.A. 36-70-24(1)	, attach an expla na)), overriding benefi	ntion for continuin ts of the duplication	ng the arrangement n, or reasons that	ent (i.c., overlap overlapping serv	ping but vice areas
If these condi	itions will be elim	inated under the stra	ategy, attach an lmj the agreed upon dea	plementation sche dline for completin	dule listing each	step or action the	at will be
3. List each	government or aut	hority that will help	to pay for this servi trict revenues, hotel/	ce and indicate ho	w the service will	be funded (e.g., fees, bonded ind	enterprise btedness, etc
Local Governme		Funding Method:					
BEJ H.	n Constr	GEN Frisg					
A 11							
Servi		n as existing	ngements for providi pending resul			n the county?	
5. List any fo Agreement Nar	ormal service deliv	very agreements or i	ntergovernmental co	ontracts that will be	e used to impleme		
A/A			Connacting Latites:			Effective and Endi	ng Dates:
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General Ass	embly, rale or lee	any) will be used to changes, etc.), and ution R98–0014) implement the strat when will they take of 4	tegy for this service effect?	e (e.g., ordinances	s, resolutions, loc	al acts of the
7. Person co	mpleting form:	Cam Jordan					
	er: (912)426		Date completed				
8. Is this the are consister	e person who shou nt with the service	ld be contacted by s delivery strategy?	late agencies when	evaluating whether	proposed local g	overnment proje	cts
n/a						Nor	

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	Answer each quesitor	form and complete on below, attaching addition the Department of Com	nal pages as necessary. If the contact	I, Section III. Use exactly the s a person for this service (listed al	same service names listed on page 1. I the bottom of the page) changes, this			
County: <u>BEN HILL</u> Service: <u>TOURISM</u>								
			n delivery arrangement for th	is service:				
Service will be provided countywide (i.e., including all citics and unincorporated areas) by a single service provider. (if this box is checked, identify the government, authority or organization providing the service.) 501 C BAREAN								
Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)								
One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)								
One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)								
Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)								
2. In develop	lng the strategy, w	vere overlapping ser ISEM 6	vice areas, unnecessary com	petition and/or duplication	of this service identified?			
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Local Government or Authority: Funding Method:								
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				1				
4 How will	the strategy chang	a the provious among	gements for providing and/or	C . D . d . b				
Servio		n as existing	pending results of (in the county?			
5. List any fo	rmal service deliv	ery agreements or i	ntergovernmental contracts th	at will be used to impleme	ent the strategy for this service:			
Agreement Nam	nc:		Contracting Parties:		Effective and Ending Dates:			
~/~	A							
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?								
See Attached Resolution R98-0014								
7. Person co	mpleting form:	Cam Jordan			<i>N</i>			
Phone numbe			Date completed:					
are consisten	t with the service	delivery strategy?	ate agencies when evaluating yes no none number(s) below:	g whether proposed local g	government projects			
n/a								

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				ERY STRATEC		PAGE
	Answer each quesile	s form and complete on below, attaching add o the Department of Co	litional pages as necessary	led on page 1, Section 11 . If the contact person for (I. Use exactly the sathing service (listed at the service service) at the service of the service servi	une service names listed on page the bottom of the page) changes, t
County: B	EN HILL		Service	VOTER REGIST	TRATION & EL	ECTIONS
1. Check the	box that best desc	ribes the agreed u	pon delivery arrange	ment for this service:		
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Service identify	will be provided the government,	only in the uninco authority or organ	rporated portion of the station providing the station providing the station providing the statement of the s	e county by a single service.)	scrvice provider.	. (If this box is checked,
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taken to elim	linate them, the re	sponsible party an	d the agreed upon de	adline for completing	g il.	
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If not, provide designated contact person(s) and phone number(s) below:

n/a

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SERVICE DELIVERY STRATEGY JMMARY OF LAND USE AGREEMENTS

PAGE 3

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.

County: BEN HILL

Instructions

1. What incompatibilities or conflicts between the land use plans of local governments were identified in the process of developing the service delivery strategy? SPOKE WATH CHM JORDAN GODAY. HO NONE INDICIPTED THAT A SIGNED W/S Aspecement Was MAYDED TO DCA YESTERday. WE Should RECIEUE BY 12/30/98. K.D 12/2/98 12/22/98 Call Com Jordon to tay - Exploined problem with ten #4 Con SANd hedget us AN Agreent bathen the Bord Commission, city and Conty Establishing & process to Earsme Should Receive NO Land use porthers will AROSE within 3 week (Br A Result of water/sacon Extentions 2. Check the boxes indicating how these incompatibilities or conflicts were addressed: U.G. 12/2/38 amendments to existing comprehensive plans adoption of a joint comprehensive plan Note: If the necessary plan amendments, regulations, ordinances, 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: N/A 3. Summarize the process that will be used to resolve disputes when a county disagrees with the proposed land use classification(s) for areas to be annexed into a city. If the conflict resolution process will vary for different cities in the county, summarize each process. EXISTING JOINT PLANNING COMMISSION & APPEALS -> Note: detailed Anneyotinyhand Use Resolution process is Attached to the strategy 4. What policies, procedures and/or processes have been established by local governments (and water and sewer authorities) to ensure that new extraterritorial water and sewer service will be consistent with all applicable land use plans and ordinances? NOT AN ISSUE - WATER, LIGHT, AND BOJO COMMISSION SOLE WATER & SENER PROVIDER - JOINT PLANNING COMMISSION OVERBEE LAND USE Nothing else ischild in steaday to dool with this issue (only the Anguage Above) 5. Person completing form: CAM JORDAN Phone number: _...912-426-5063 Date completed: <u>10/28/98</u> 6. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with land use plans of applicable jurisdictions? X yes no If not, provide designated contact person(s) and phone number(s) below:



PAGE 3

VICE DELIVERY STRATEGY S SUMMARY OF LAND USE AGREEMENTS Instructions: Answer each question below, attaching additional pages as necessary. Picase 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. 1. What incompatibilities or conflicts between the land use plans of local governments were identified in the process of developing the service delivery strategy? NONE 2. Check the boxes indicating how these incompatibilities or conflicts were addressed: amendments to existing comprehensive plans adoption of a joint comprehensive plan Note: If the necessary plan amendments, regulations, ordinances, 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: N/A 3. Summarize the process that will be used to resolve disputes when a county disagrees with the proposed land use classification(s) for areas to be annexed into a city. If the conflict resolution process will vary for different cities in the county, summarize each process. EXISTING JOINT PLANNING COMMISSION & APPEALS

4. What policies, procedures and/or processes have been established by local governments (and water and sewer authorities) to ensure that new extraterritorial water and sewer service will be consistent with all applicable land use plans and ordinances?

NOT AN ISSUE - WATER, LIGHT, AND BOJO COMMISSION SOLE WATER & SENER PROVIDER - JOINT PLANNING COMMISSION OVERBEE LAND USE

5. Person completing form: <u>CAM JORDAN</u>

Phone number: <u>___912-426-5063</u>

_ Date completed: <u>10/28/98</u>

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

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



Instructions:

SERVICE DELIVERY STRATE CERTIFICATIONS

PAGE 4

SERVICE DELIVERY STRATEGY FOR ______ BEN_HILL _____ COUNTY

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.

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

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

SIGNATURE:	NAME: (Please print or type)	TITLE:	JURISDICTION:	DATE:
Cull him	GERALD H THOMPSON TIM RAYNOR	MAYOR COUNTY COMMISSIONER	FITZGERALD, GA BEN HILL CO, GA	10/28/98 10/28/98
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