GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS

SERVICE DELIVERY STRATEGY

FOR _Glascock

COUNTY

PAGE 1

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.
- 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).
- 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.

Glascock County City of Gibson City of Mitchell City of Edgehill

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.

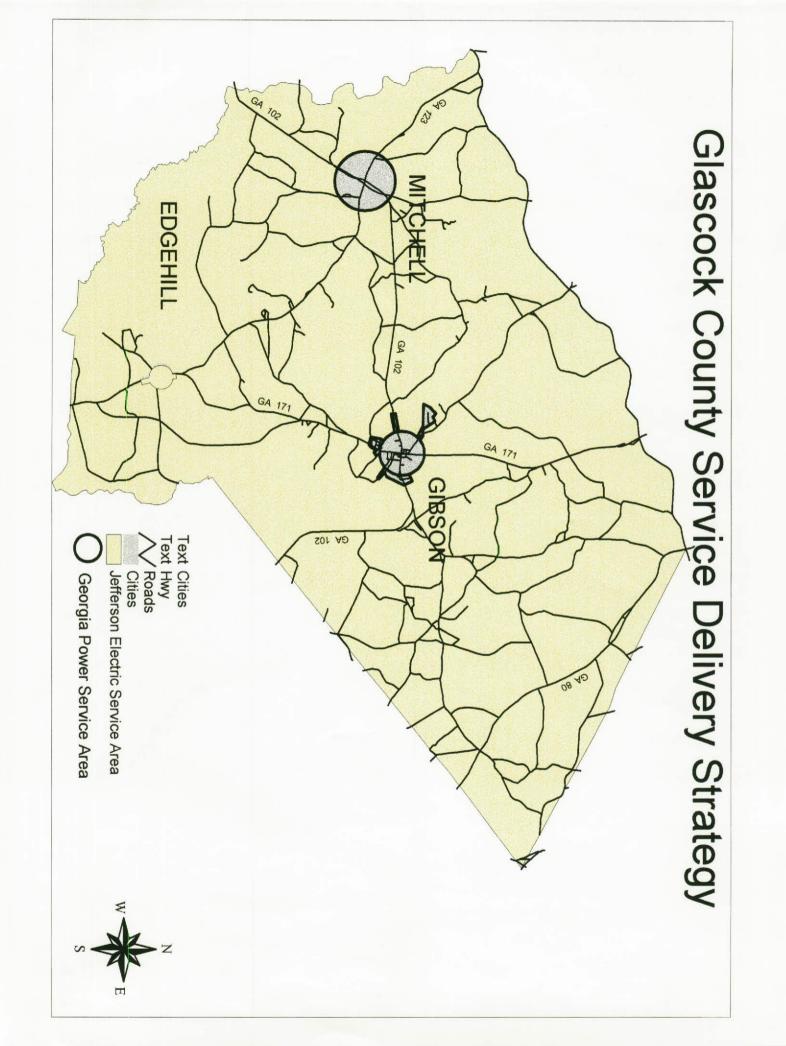
Electricity $^{\prime\prime}$ Water Treatment ∨ Water Distribution Wastewater Treatment √ Fire Protection \square Sheriff Law Enforcement Police V Recreation Programs Bridge and Road Repair √ Hospital v Emergency Medical Service 911 Emergency Service √ Animal Control Senior Citizen's Programs Health Screening Service Waste Disposal Mental Health Family Health



SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

Instructions:

County: Glascock County Service: Electricity	
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 the is checked, identify the government, authority or organization providing the service.)	is box
Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is check identify the government, authority or organization providing the service.)	ted,
One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)	l in
One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)	vice in
 ☑ Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify to government, authority, or other organization that will provide service within each service area.) Jefferson Electri Membership Corporation provides service to City of Edge Hill and unincorporated Glasc County. Georgia Power provides service to City of Gibson and City of Mitchell. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identifuges ☑ yes ☒ no 	.c ock ïed?
If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service a or competition cannot be eliminated).	
If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that wil taken to eliminate them, the responsible party and the agreed upon deadline for completing it.	l 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., enter funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebted	
Local Government or Authority: Funding Method:	
Jefferson Electric and Georgia Power User Fees	
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?	
No Change.	
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this Agreement Name: Contracting Parties: Effective and Ending Date	
Resolution of Understanding	
	In a C tha
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local act General Assembly, rate or fee changes, etc.), and when will they take effect?	s of the
7. Person completing form: Joshua Langen	
Phone number: #706/667-4195 Date completed: 5/27/98	
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: Denise Kent, Co. Clerk, #706/598-2671	



Instr

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

Instructions:

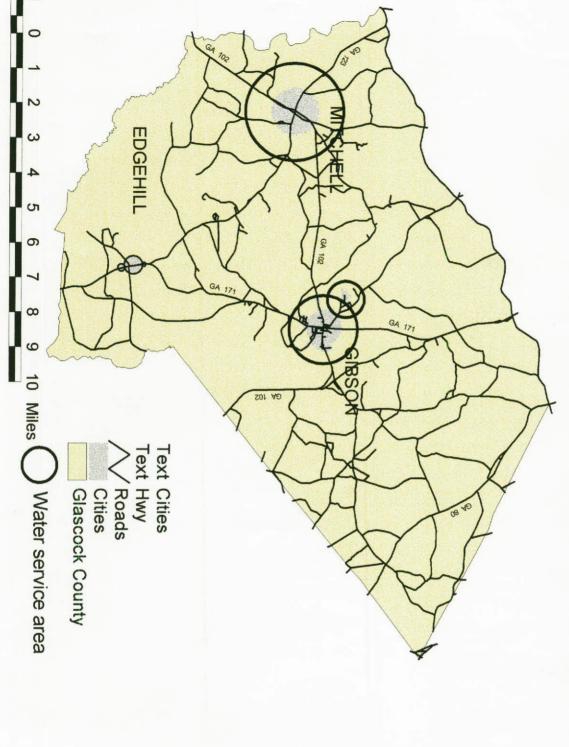
County: Glascock Con	unty	Service:	Water T	reatment	
1. Check the box that best de	scribes the agreed upon deliv	ery arrangeme	nt for this se	rvice:	
 Service will be provide is checked, identify the 	d countywide (i.e., including government, authority or org	all cities and u ganization prov	nincorporate	ed areas) by a single service provider. vice.)	(If this box
 Service will be provide identify the government 	d only in the unincorporated t, authority or organization p	portion of the crowiding the ser	ounty by a s vice.)	single service provider. (If this box is	checked,
unincorporated areas. (provide this service only wit If this box is checked, identif and City of Mitchell	y the governme	orated boun ent(s), author	daries, and the service will not be pro rity or organization providing the serv	vided in ice.)
One or more cities will unincorporated areas.	provide this service only wit If this box is checked, identif	hin their incorp y the governme	orated boun	daries, and the county will provide the rity or organization providing the serv	service in ice.)
Other. (If this box is ch government, authority,	ecked, attach a legible map or other organization that wil	delineating the	e service are	ea of each service provider, and ider ch service area.)	tify the
2. In developing the strategy ☐ yes ☑ no	, were overlapping service ar	eas, unnecessar	y competition	on and/or duplication of this service id	entified?
If these conditions will continuing higher levels of service (See or competition cannot be elim	O.C.G.A. 36-70-24(1)), oven	h an explanation	on for conti of the duplic	nuing the arrangement (i.e., overlap ation, or reasons that overlapping serv	ping but ice areas
If these conditions will be eliminate them, the r	minated under the strategy, a esponsible party and the agre	ttach an imple ed upon deadli	mentation s	chedule listing each step or action the leting it.	t will be
3. List each government or at funds, user fees, general fund	athority that will help to pay s, special service district rev	for this service enues, hotel/mo	and indicate	how the service will be funded (e.g., anchise taxes, impact fees, bonded ind	enterprise ebtedness, et
Local Government or Authority:	Funding Method:				
City of Gibson	General Revenue/Us	er Fees			
City of Mitchell	General Revenue/Us				
	-				
4. How will the strategy chan	ge the previous arrangement	s for providing	and/or fundi	ing this service within the county?	
No change.					
5. List any formal service deli Agreement Name:	very agreements or intergove	ernmental contra	acts that will	be used to implement the strategy for	this service:
	Contractin	g Parties:		Effective and Endin	g Dates:
Resolution of Under	standing				
6. What other mechanisms (if	any) will be used to impleme	ent the strategy	for this serv	ice (e.g., ordinances, resolutions, loca	acts of the
General Assembly, rate or fee	changes, etc.), and when will	they take effect	t?		acts of the
7. Person completing form:					
Phone number: #706/667-	Duit Duit	completed: _5	/27/98		
If not, provide designated contra	act person(s) and phone number	IX I no	ating wheth	er proposed local government projects	
Denise Kent, Co. Cle	rk, #706/598-2671				

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, Section III.	naor
Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) change	es th
should be reported to the Department of Community Affairs	

County: Glascock Cou	nty	Service:	Water Distribution	
1. Check the box that best desc	ribes the agreed up			The second secon
Service will be provided is checked, identify the g	countywide (i.e., in overnment, authori	cluding all cities and un ty or organization provi	nincorporated areas) by a single ding the service.)	service provider. (If this box
Service will be provided identify the government,	only in the unincor authority or organiz	porated portion of the caration providing the ser	ounty by a single service provid vice.)	er. (If this box is checked,
One or more cities will prunincorporated areas. (If	rovide this service of this box is checked	only within their incorporate, identify the governme	orated boundaries, and the servi- nt(s), authority or organization p	ce will not be provided in providing the service.)
			orated boundaries, and the countries, authority or organization p	
government, authority, or	other organization d city limits	that will provide service. City of Mitch	service area of each service pe within each service area.) Citellar provides water 1 mars are city limits.	ty of Gibson supplies
 In developing the strategy, v yes no 	vere overlapping se	rvice areas, unnecessar	y competition and/or duplication	n of this service identified?
If these conditions will continue higher levels of service (See O. or competition cannot be elimin	C.G.A. 36-70-24(1			
If these conditions will be elimitaken to eliminate them, the res				step or action that will be
3. List each government or auth funds, user fees, general funds,				l be funded (e.g., enterprise t fees, bonded indebtedness, etc.
Local Government or Authority:	Funding Method:			
City of Gibson	User Fees			
City of Mitchell	User Fees			
City of Edgehill	User Fees			
4. How will the strategy change	e the previous arrar	agements for providing	and/or funding this service with	in the county?
4. How will the strategy chang	e the previous arm	igenients for providing	and of funding this set thee with	in the county.
No change.				
5. List any formal service delive	ery agreements or i	ntergovernmental contr	acts that will be used to implem	ent the strategy for this service:
Agreement Name:		Contracting Parties:		Effective and Ending Dates:
Standard Water Servi	ce Agreement			
Resolution of Unders				
1			C 11' ' (11'	ludi ludi Ctha
6. What other mechanisms (if a General Assembly, rate or fee of	any) will be used to changes, etc.), and v	implement the strategy when will they take effe	or this service (e.g., ordinance	s, resolutions, local acts of the
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	T 1 T			
7. Person completing form:#706/66		Date completed: _	5/27/98	
8. Is this the person who shoul are consistent with the service of If not, provide designated conta	delivery strategy? act person(s) and pl	yes X no none number(s) below:	uating whether proposed local g	government projects
Denise Kent, Co. Cle	rk #706/598-2	671		

Glascock County Service Delivery Strategy







SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

PAGE 2

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 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.	the contact person for this service (fisted at the bottom of the page) changes, this

County:		Glascoc	k Cou	nty				Se	rvice:		Wast	ewat	er	Treatme	nt				
I. Check	c the	box that b	est des	cribes (he agr	eed ur	on deliv	ery ar	rangem										
☐ Ser	rvice check	will be pr ted, identi	ovided fy the g	county	wide (nent, a	(i.e., ir uthori	ncluding ity or org	all cit ganizat	ies and ion pro	uni vid	ncorp ing th	orated e serv	l area	as) by a sin	gle ser	vice p	rovider	. (If this	box
☐ Ser	rvice entify	will be pr	ovided nment,	only in	the unity or o	nincor organi	porated zation p	portio rovidir	of the	col	unty b ice.)	y a si	ngle	service pro	vider.	(If this	box is	checker	d,
uni	incor	more citie porated ar of Gibs	eas. (If	rovide this bo	this se ox is ch	rvice (lecked	only with	hin the y the g	ir incor overnn	rpor	rated l t(s), at	ound uthori	aries ly or	, and the se organization	rvice v on prov	will no viding	t be pro	ovided in vice.)	n
One unit	e or i	nore cities porated are	s will p eas. (If	rovide this bo	this se x is ch	rvice o	only with, identify	hin the y the g	ir incor overnm	por	rated b	oound	aries ly or	, and the co	ounty w	vill pro viding	ovide the	ie servic vice.)	e in
														each servic vice area.)	e prov	ider,	and ide	ntify the	•
2. In dev			ategy, v	were o	verlapp	oing se	ervice are	eas, un	necessa	агу	comp	etitior	and	l/or duplica	tion of	this se	ervice i	dentifie	d?
higher lev	vels o		(See O	.C.G.A	. 36-70									the arrang					
		ions will hate them,												ule listing e it.	ach ste	p or a	ction th	at will b	oe
														the service e taxes, im					
Local Gover	rnmen	t or Authori	ty:	Funding	Method	1 :						- 1							
City	of	Gibson		Gene	ral R	Rever	nue												
											-	-	_						
										-	1.00000								
4. How w			y chang	ge the p	oreviou	s агтаг	ngement	s for p	rovidin	g ai	nd/or	fundir	ng th	is service w	zithin t	he cou	nty?		
5. List any Agreement			e deliv	ery ag	reemen		Contraction			itrac	cts tha	at will	he u	sed to impl				or this s	
Resol	uti	on of U	nders	stand	ing														
										-									
			1																
6. What of General A	othe	r mechanis mbly, rate	sms (if or fee	any) w change	rill be u	used to	o implem when wi	nent the	e strate take ef	gy f	for thi t?	s serv	ice (e.g., ordina	nces, r	esoluti	ons, lo	cal acts	of the
7 D		npleting f	orm!	Ios	hua T	anac	n												
		r: <u>#706</u>				Jange		e com	oleted:	5/	/27/9	98							
8. Is this are consider the state of the sta	s the istent		o shou service ed cont	ld be co deliver lact per	ontacte ry strat son(s)	egy? and pl	state age yes hone nur	ncies v	when ev	alu			ier pi	roposed loc	al gove	ernme	nt proje	cts	



SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

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

 1. Check the box that best descri Service will be provided consist is checked, identify the government of Service will be provided on identify the government, at the consistency of the consistency	ountywide (i.e., includ vernment, authority or	elivery arrangement		
is checked, identify the gov Glascock County Vo Service will be provided or identify the government, at One or more cities will pro	vernment, authority or		for this service:	
One or more cities will pro	olunteer Fire De	ing all cities and un organization provid	incorporated areas) by a single ling the service.)	e service provider. (If this box
One or more cities will pro unincorporated areas. (If th	uthority or organizatio	epartment led portion of the co n providing the serv	unty by a single service provi	der. (If this box is checked,
	vide this service only is box is checked, idea	within their incorpontify the government	rated boundaries, and the serv t(s), authority or organization	rice will not be provided in providing the service.)
One or more cities will pro- unincorporated areas. (If th	vide this service only is box is checked, idea	within their incorpontify the governmen	rated boundaries, and the court(s), authority or organization	nty will provide the service in providing the service.)
Other. (If this box is checked government, authority, or o	ed, attach a legible mother organization that	ap delineating the will provide service	service area of each service within each service area.)	provider, and identify the
 In developing the strategy, we ☐ yes	ere overlapping service	e areas, unnecessary	competition and/or duplication	on of this service identified?
If these conditions will continue higher levels of service (See O.C or competition cannot be elimina	.G.A. 36-70-24(1)), o			
If these conditions will be elimin taken to eliminate them, the response				ch step or action that will be
3. List each government or authorunds, user fees, general funds, s				
ocal Government or Authority: Fu	inding Method:			
Glascock County	General Fund			
	General Fund			
	General Fund			
City of Edge Hill	General Fund			
4. How will the strategy change No Change.	the previous arrangem	ents for providing a	nd/or funding this service wit	hin the county?
5. List any formal service deliver	•	governmental contra acting Parties:	cts that will be used to impler	nent the strategy for this service Effective and Ending Dates:
Agreement Name:	anding			
Agreement Name: Resolution of Underst				
Resolution of Underst				
Agreement Name: Resolution of Understance 6. What other mechanisms (if an General Assembly, rate or fee ch	ny) will be used to imp anges, etc.), and when	lement the strategy will they take effect	for this service (e.g., ordinanc	es, resolutions, local acts of the
Resolution of Underst. 6. What other mechanisms (if an General Assembly, rate or fee ch	anges, etc.), and when	lement the strategy will they take effec	for this service (e.g., ordinanc	es, resolutions, local acts of the
Resolution of Underst. 6. What other mechanisms (if an General Assembly, rate or fee ch	anges, etc.), and when	will they take effect	ι?	es, resolutions, local acts of the
Resolution of Underst. 6. What other mechanisms (if an General Assembly, rate or fee ch. 7. Person completing form: Phone number: #706/667-	Joshua Langen	will they take effect	5/27/98	
Resolution of Underst. 6. What other mechanisms (if an General Assembly, rate or fee ch	Joshua Langen 4185 be contacted by state a	Date completed:agencies when evalu	5/27/98	

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Instructions:

County: Glascock County	Service:	Sheriff Law Enforceme	nt
1. Check the box that best describes the agre	ed upon delivery arrangen	nent for this service:	
Service will be provided countywide (is checked, identify the government, as	i.e., including all cities and athority or organization pro	unincorporated areas) by a single oviding the service.)	service provider. (If this box
Glascock Co. Sheriff's Degree Service will be provided only in the unidentify the government, authority or o	incorporated portion of the		er. (If this box is checked,
One or more cities will provide this ser unincorporated areas. (If this box is che	vice only within their inco ecked, identify the governi	rporated boundaries, and the servicement(s), authority or organization [ce will not be provided in providing the service.)
One or more cities will provide this ser unincorporated areas. (If this box is che	vice only within their inco ecked, identify the govern	rporated boundaries, and the count ment(s), authority or organization p	y will provide the service in providing the service.)
Other. (If this box is checked, attach a government, authority, or other organization)			rovider, and identify the
 In developing the strategy, were overlapp	ing service areas, unnecess	sary competition and/or duplication	of this service identified?
f these conditions will continue under the straigher levels of service (See O.C.G.A. 36-70 or competition cannot be eliminated).			
f these conditions will be eliminated under taken to eliminate them, the responsible party			step or action that will be
3. List each government or authority that will unds, user fees, general funds, special service			
ocal Government or Authority: Funding Method	1		
Glascock County General	Fund		
I I I I I I I I I I I I I I I I I I I	foridi	no and/or funding this coming with	in the country?
. How will the strategy change the previous	arrangements for providing	ig and/or funding this service with	in the county!
No change.			
List any formal service delivery agreemen	ts or intergovernmental con Contracting Parties:	ntracts that will be used to impleme	ent the strategy for this service Effective and Ending Dates:
greement Name:			Effective and Ending Dates.
County Code	Glascock Cour City of Gibso		
Resolution of Understanding	City of Mitch		
1	City of Edge		
. What other mechanisms (if any) will be us			s, resolutions, local acts of the
General Assembly, rate or fee changes, etc.),	and when will they take e	ffect?	
Person completing form:Joshua_L	ancen		
	Date completed:	5/27/98	
. Is this the person who should be contacted	I by state agencies when e		overnment projects
are consistent with the service delivery strate If not, provide designated contact person(s) a	egy? yes no and phone number(s) below		
Denise Kent, Co. Clerk, #706/	598-2671		

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 111. 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) change	ges, this
should be reported to the Department of Community Affairs.	

County: Glascock Count	ty	Service:	Police	
1. Check the box that best des	scribes the agreed upon deli	very arrangement	for this service:	
	d countywide (i.e., including government, authority or or		ncorporated areas) by a single ing the service.)	service provider. (If this box
	d only in the unincorporated, authority or organization		unty by a single service providice.)	er. (If this box is checked,
unincorporated areas. (I	f this box is checked, identi	fy the government	rated boundaries, and the servi	
	lll provide service			
			rated boundaries, and the count (s), authority or organization p	
	ecked, attach a legible map or other organization that w		service area of each service p within each service area.)	provider, and identify the
2. In developing the strategy, ☐ yes ☒ no	were overlapping service a	areas, unnecessary	competition and/or duplicatio	n of this service identified?
If these conditions will contin higher levels of service (See Cor competition cannot be elim	O.C.G.A. 36-70-24(1)), ove	ch an explanation erriding benefits of	n for continuing the arranger the duplication, or reasons tha	ment (i.e., overlapping but at overlapping service areas
If these conditions will be elin taken to eliminate them, the re				n step or action that will be
3. List each government or au funds, user fees, general fund	thority that will help to pay s, special service district re	y for this service as evenues, hotel/mote	nd indicate how the service wi el taxes, franchise taxes, impa	Il be funded (e.g., enterprise et fees, bonded indebtedness, etc
Local Government or Authority:	Funding Method:			
City of Gibson	General Fund			
4. How will the strategy chan	ige the previous arrangement	nts for providing a	nd/or funding this service with	nin the county?
No Change				
5 List any formal service deli	ivery agreements or intergo	vernmental contra	cts that will be used to implem	nent the strategy for this service:
Agreement Name:		ting Parties:		Effective and Ending Dates:
City Charter				
Resolution of Unders	standing			
(NII) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	C	ment the strategy	for this service (e.g. ordinance	es, resolutions, local acts of the
6. What other mechanisms (i General Assembly, rate or fee	changes, etc.), and when v	will they take effec	t?	os, resolutions, rocal acts of the
7. Person completing form:	Jachua Langan			
Phone number: #706/667		ate completed:	5/27/98	
	uld be contacted by state ag	gencies when evalu	uating whether proposed local	government projects
If not, provide designated con				
Denise Kent, Co. Cle	erk, #706/598-2671			



SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

Instructions:

County: Glascock Cou	inty	Service:	Recreation Progra	ms
I. Check the box that best de	scribes the agreed t	pon delivery arrangem	ent for this service:	
Service will be provided is checked, identify the Glascock Cou	government, autho	including all cities and rity or organization pro	unincorporated areas) by a viding the service.)	single service provider. (If this box
	d only in the uninco	orporated portion of the nization providing the s	county by a single service ervice.)	provider. (If this box is checked,
One or more cities will unincorporated areas. (I	provide this service f this box is checke	e only within their incored, identify the government	porated boundaries, and the nent(s), authority or organic	ne service will not be provided in zation providing the service.)
One or more cities will unincorporated areas. (I	provide this service f this box is checke	e only within their incored, identify the government	porated boundaries, and the	e county will provide the service in zation providing the service.)
Other. (If this box is che government, authority, o	cked, attach a legi or other organizatio	ible map delineating the nation will provide serv	he service area of each se ice within each service are	rvice provider, and identify the a.)
 In developing the strategy, ☐ yes ☐ no 	were overlapping	service areas, unnecessa	ary competition and/or dup	lication of this service identified?
	D.C.G.A. 36-70-24(rangement (i.e., overlapping but ons that overlapping service areas
If these conditions will be elimitaken to eliminate them, the re				ng each step or action that will be
				rice will be funded (e.g., enterprise impact fees, bonded indebtedness, etc.
ocal Government or Authority:	Funding Method:			
Glascock Co.	General Fund	1		
		 		
4. How will the strategy chan	ge the previous arra	angements for providing	g and/or funding this service	ce within the county?
No change.				
No change.				
5. List any formal service deli Agreement Name:	very agreements or	intergovernmental con Contracting Parties:	tracts that will be used to it	mplement the strategy for this service: Effective and Ending Dates:
Resolution of Unders	standing	Community Facilities.		Effective and Enough Pares.
Resolution of onders	canding			
		L		
What other mechanisms (if General Assembly, rate or fee				inances, resolutions, local acts of the
General Assembly, rate of tee	emanges, etc.), and	when will they take on		
7. Person completing form:	Toghua Tangg	an .		
7. Person completing form. Phone number: #706/667		Date completed:	5/27/98	
8. Is this the person who shou				local government projects
are consistent with the service If not, provide designated con	delivery strategy? tact person(s) and p	yes \(\bar{\text{N}}\) no no no number(s) below:		
Denise Kent, Co. Cle	rk, #706/598-	-2671		

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 hottom of the page) changes, t	his
should be reported to the Department of Community Affairs.	

County: Glascock Cou	nty	Service:	Bridge and Road	Repair
1. Check the box that best de	escribes the agreed	upon delivery arrangen	ent for this service;	
		, including all cities and ority or organization pro		a single service provider. (If this box
		corporated portion of the		e provider. (If this box is checked,
				the service will not be provided in sization providing the service.)
			an and a company of a company of the	the county will provide the service in sization providing the service.)
			the service area of each s vice within each service an	ervice provider, and identify the rea.)
 In developing the strategy yes ∑ no 	, were overlapping	service areas, unnecess	sary competition and/or du	uplication of this service identified?
If these conditions will conti	O.C.G.A. 36-70-24			rrangement (i.e., overlapping but asons that overlapping service areas
If these conditions will be el taken to eliminate them, the				ting each step or action that will be
				rvice will be funded (e.g., enterprise es, impact fees, bonded indebtedness, etc
Local Government or Authority:	Funding Method:			
Glascock Co.	LARP and G	eneral Revenue		
City of Gibson	LARP			
City of Mitchell	LARP			
City of Edge Hill	LARP			
4. How will the strategy cha	nge the previous ar	rangements for providi	ng and/or funding this serv	vice within the county?
7	livery agreements of		ntracts that will be used to	implement the strategy for this service:
Agreement Name:		Contracting Parties:		Effective and Ending Dates:
Resolution of Under	standing			
Y				
6. What other mechanisms (General Assembly, rate or fe	if any) will be used e changes, etc.), an	to implement the strate d when will they take e	gy for this service (e.g., or ffeet?	rdinances, resolutions, local acts of the
7. Person completing form: Phone number: #706	_Joshua_Lang /667-4195		5/27/98	
8. Is this the person who she are consistent with the service If not, provide designated con Denise Kent, Co. Cl	e delivery strategy ntact person(s) and	? ☐ yes ☑ no phone number(s) below		d local government projects

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

Make copies of this form and complete one for each service liste	ed 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	The factor of th

County: Glascock Count	ty Service: Hospital
1. Check the box that best des	cribes the agreed upon delivery arrangement for this service:
Service will be provided is checked, identify the McDuffie County	d countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box government, authority or organization providing the service.)
Service will be provided	l only in the unincorporated portion of the county by a single service provider. (If this box is checked, authority or organization providing the service.)
One or more cities will punincorporated areas. (If	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 or more cities will punincorporated areas. (If	provide this service only within their incorporated boundaries, and the county will provide the service in this box is checked, identify the government(s), authority or organization providing the service.)
Other. (If this box is che government, authority, o	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.)
 In developing the strategy, ☐ yes	were overlapping service areas, unnecessary competition and/or duplication of this service identified?
	ue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but 0.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas inated).
	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 s, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, et
ocal Government or Authority:	Funding Method:
McDuffie Co.	User Fees
4. How will the strategy chang	ge the previous arrangements for providing and/or funding this service within the county?
No change.	
no change.	
5. List any formal service deli- Agreement Name:	very agreements or intergovernmental contracts that will be used to implement the strategy for this service Contracting Parties: Effective and Ending Dates:
Resolution of Underst	anding
1	
	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?
7. Person completing form:	Joshua Langen
Phone number: #706/66	
8. Is this the person who shou are consistent with the service	ild be contacted by state agencies when evaluating whether proposed local government projects delivery strategy? yes no
	tact person(s) and phone number(s) below:
Denise Kent, Co. C.	lerk, #706/598-2671



SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

PAGE 2

Instructions:

County: Glascock Count	гу	Service:	Emergency Medical Ser	vice
1. Check the box that best desc	ribes the agreed upon delivery	arrangeme	ent for this service:	
is checked, identify the g	overnment, authority or organi	ization prov	unincorporated areas) by a single viding the service.)	e service provider. (If this box
☐ Service will be provided	cy Emergency Medical only in the unincorporated por authority or organization prov	tion of the	county by a single service proviervice.)	der. (If this box is checked,
One or more cities will prunincorporated areas. (If	ovide this service only within this box is checked, identify the	their incorp	porated boundaries, and the servent(s), authority or organization	ice will not be provided in providing the service.)
One or more cities will pr unincorporated areas. (If t	ovide this service only within his box is checked, identify th	their incorp	porated boundaries, and the councent(s), authority or organization	nty will provide the service in providing the service.)
Other. (If this box is check government, authority, or	ked, attach a legible map del other organization that will pr	ineating the	e service area of each service post within each service area.)	provider, and identify the
 In developing the strategy, w ☐ yes	ere overlapping service areas,	, unnecessa	ry competition and/or duplicatio	n of this service identified?
If these conditions will continue higher levels of service (See O. or competition cannot be elimin	C.G.A. 36-70-24(1)), overridir	n explanati ng benefits	on for continuing the arranger of the duplication, or reasons tha	ment (i.e., overlapping but at overlapping service areas
If these conditions will be elimitaken to eliminate them, the res				h step or action that will be
3. List each government or auth funds, user fees, general funds,				Il be funded (e.g., enterprise et fees, bonded indebtedness, etc.
ocal Government or Authority: F	funding Method:	,		
McDuffie County	Fee from Glascock Co	unty Ger	eral Fund and user fe	es
		- neovidina	and/or funding this service with	nin the county?
4. How will the strategy change	the previous arrangements to	or providing	and of funding this service with	iii iio vouii,
No change.				
		mantal cont	racts that will be used to implen	nent the strategy for this service:
	ery agreements or intergoverni Contracting P	mentar com Parties:	racts that will be used to improve	Effective and Ending Dates:
Agreement Name:				and the second s
Resolution of unders	anding			
6. What other mechanisms (if	any) will be used to implemen	t the strateg	gy for this service (e.g., ordinand	es, resolutions, local acts of the
General Assembly, rate or fee	manges, etc.), and when with	noj tano -	Comment of the Commen	
7. Person completing form:	Joshua Langen	completed	5/27/98	
Phone number: #706/667-	Date C	iompieteu.	relucting whether proposed local	government projects
are consistent with the service	delivery strategy? yes [X) no	raluating whether proposed local	
If not, provide designated con-	tact person(s) and phone numb	er(s) below	**	
Denise Kent, Co. Cle	rk, #706/598-2671			

SUM!

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

County: Glascock Co				Emergency S	ervice	
1. Check the box that best de	escribes the agreed u	pon delivery arrangem	ent for tl	iis service:		
Service will be provide is checked, identify the					y a single service provide	er. (If this box
Bell South Service will be provide identify the government				by a single servi	ice provider. (If this box	is checked,
	•				I the service will not be p mization providing the se	
					I the county will provide inization providing the se	
Other. (If this box is ch government, authority,					service provider, and idarea.)	dentify the
 In developing the strategy yes ∑ no 	, were overlapping s	service areas, unnecess	ary com	petition and/or o	duplication of this service	identified?
If these conditions will continuing the levels of service (See or competition cannot be eliminated to the competition cannot be eliminated to the liminated to	O.C.G.A. 36-70-24(
If these conditions will be eli taken to eliminate them, the r					sting each step or action	that will be
3. List each government or a funds, user fees, general fund						
ocal Government or Authority:	Funding Method:					
Bell South	User fees			THE PERSON NAMED IN COLUMN		
1. How will the strategy char	nge the previous arra	angements for providin	g and/or	funding this se	rvice within the county?	
	, g p		B		· · · · · · · · · · · · · · · · · · ·	
No Change.						
5. List any formal service del	ivery agreements or		itracts th	at will be used t		
Agreement Name:		Contracting Parties:			Effective and E	nding Dates:
Resolution of Unders	tanding					
						· · · · · · · · · · · · · · · · · · ·
			(*************************************			
(W)	: C X - : 11	_ : !	Con this	la aventas (a a	ardinanca recolutions I	and sate of the
What other mechanisms (i General Assembly, rate or fee				is service (e.g.,	ordinances, resolutions, i	ocai acts of the
Scherul Assembly, rate of ter	o changes, etc.), and	when whi they take e.				
7. Person completing form:	Joshua Lar	ngen				
Phone number: #706/66		Date completed:	5/27	7/98		
					and local covers west see	lacte
8. Is this the person who sho are consistent with the servic	e delivery strategy?	yes X no		wnether propos	sed local government proj	ccis
If not, provide designated con			:			
Denise Kent. Co. Cle	rk. #706/598-3	2671				

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 fisted 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:	Glascock Coun	ty	Service:	Animal Control	
1. Check	k the box that best des	cribes the agreed up	on delivery arrangeme	ent for this service:	
Se is	rvice will be provided checked, identify the g	countywide (i.e., in government, authorit	cluding all cities and y or organization pro	unincorporated areas) by a single viding the service.)	service provider. (If this box
	Glascock County rvice will be provided entify the government,	only in the unincorp		county by a single service providervice.)	der. (If this box is checked,
				porated boundaries, and the servicent(s), authority or organization	
				porated boundaries, and the countent(s), authority or organization	
				he service area of each service pice within each service area.)	provider, and identify the
	veloping the strategy,	were overlapping se	rvice areas, unnecessa	ary competition and/or duplication	n of this service identified?
higher le		.C.G.A. 36-70-24(1		tion for continuing the arranger of the duplication, or reasons the	
If these		ninated under the stra		ementation schedule listing eacline for completing it.	h step or action that will be
				e and indicate how the service who tel taxes, franchise taxes, impact	Il be funded (e.g., enterprise et fees, bonded indebtedness, etc.)
	ernment or Authority:	Funding Method:			
Glas	cock County	General Fund			
		 			1
4. How	will the strategy chang	ge the previous arran	gements for providin	g and/or funding this service with	nin the county?
No. c	hange.				
110 0	nange :				
5. List a	ny formal service deliv			tracts that will be used to implen	
Agreemen	t Name:		Contracting Parties:		Effective and Ending Dates:
Resolu	ition of Underst	anding			
-					
6 What	other mechanisms (if	any) will be used to	implement the strates	gy for this service (e.g., ordinance	es, resolutions, local acts of the
General	Assembly, rate or fee	changes, etc.), and v	when will they take ef	fect?	
7 D	completing forms	Jachus Jangan			
	on completing form:#706/667		Date completed:	5/27/98	
				aluating whether proposed local	vovernment projects
are cons If not, p	istent with the service rovide designated cont	delivery strategy? act person(s) and ph	yes no one number(s) below	e	government projects
Denise	e Kent, Co. Cler	17/00/390-2	0/1		

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

Instructions:

County:	Glascock Coun	ty	Service:	Senior	Citizen's Progr	am
1. Check	the box that best described	ribes the agreed upon deliver	y arrangeme	nt for this s	service:	
is c	hecked, identify the go	overnment, authority or organ				service provider. (If this box
☐ Ser		only in the unincorporated po authority or organization pro-			i single service provid	ler. (If this box is checked,
		rovide this service only within this box is checked, identify t				
		ovide this service only within this box is checked, identify t				
tonard.		ked, attach a legible map do other organization that will p	_		-	provider, and identify the
	veloping the strategy, was \(\bigvee \) no	vere overlapping service area	s, unnecessa	ry competi	tion and/or duplicatio	n of this service identified?
higher le	onditions will continue vels of service (See O. cition cannot be elimin	e under the strategy, attach a C.G.A. 36-70-24(1)), overridated).	an explanat ling benefits	ion for con of the dupl	tinuing the arranger ication, or reasons the	ment (i.e., overlapping but at overlapping service areas
		inated under the strategy, atta ponsible party and the agreed	the same of the sa			h step or action that will be
3. List ea funds, us	ach government or auth ser fees, general funds,	hority that will help to pay fo special service district reven	r this service nues, hotel/m	e and indica notel taxes,	nte how the service wi franchise taxes, impa	ill be funded (e.g., enterprise ct fees, bonded indebtedness, etc.
Local Gove	ernment or Authority:	Funding Method:				
Glasco	ck County	General Revenue,	Area Ag	ency on	Aging	
4. How	will the strategy change	e the previous arrangements	for providin	g and/or fur	nding this service with	nin the county?
No chai	noe					
no cha	60					
		ery agreements or intergover Contracting		tracts that v	will be used to implen	nent the strategy for this service: Effective and Ending Dates:
Agreement			Tarres.			
Kesoli	ution of Underst	anding				
	1					
6. What	other mechanisms (if a	any) will be used to impleme changes, etc.), and when will	nt the strateg	gy for this s fect?	ervice (e.g., ordinance	es, resolutions, local acts of the
General	Assembly, rate of fee c	manges, etc.), and when win	they take en			
7 Dorso	n completing form:	Joshua Langen				
	mber: <u>#706/667-</u>		completed:	5/27/9	08	
		d be contacted by state agenc				government projects
are consi	istent with the service of	delivery strategy? yes	x no		V	
		act person(s) and phone numb c,#706-598-2671	uer(s) below			
	, co. orer	., ". 00 330 2071				

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Instructions:

yes \(\) no If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated). If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it. 3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, color of the control o	County: Glascock Co	unty	Service: H	ealth Screen	ng Service	
is checked, identify the government, authority or organization providing the service.) Department of Human Resources, Health Department Service will be provided only in the utinicorporated portion of the country 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 in unincorporated areas. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.) In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified? I we 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 with the fundable (e.g., enterprise funda, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, or large th	1. Check the box that best d	escribes the agreed upon del	livery arrangement	for this service:		
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 in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.) Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.) 2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified? yes [2] no if these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be climinated). If these conditions will be climinated under the strategy, attach an implementation schedule listing each step or action that will be taken to climinate 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, hole/molei taxes, franchise taxes, impact fees, bonded indebtedness, taxed of comment or Authority: Pure summer of Authority: Funding Method. Glascock County General Revenue for rent subsidy, utilities & \$1,400/month service fee. Phys. Agreement Name: Contacting Paries: Effective and Ending Dase: Contacting Paries: Effective and Ending Dase: Re	Comment of the second of the s				by a single service provid	ler. (If this box
unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.) One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.) Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.) 2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified? yes on 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, of Calascock County Ceneral Revenue for rent subsidy, utilities & \$1,400/month service fee DHR, Health Dept. N/A 4. How will the strategy change the previous arrangements for providing and/or funding this service within the county? Previous arrangement will not change. 5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate o					vice provider. (If this box	is checked,
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Jess no If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated. If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it. 3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, or local Government or Authority: Funding Method: General Revenue for rent subsidy, utilities & \$1,400/month service fee						identify the
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taken to climinate 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, clocal Government or Authority: Punding Method: General Revenue for rent subsidy, utilities & \$1,400/month service fee DHR, Health Dept. N/A	If these conditions will cont higher levels of service (See	O.C.G.A. 36-70-24(1)), ove				
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Previous arrangement will not change. 5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service. Agreement Name: Contracting Parties: Effective and Ending Dates: 6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect? 7. Person completing form: Joshua Langen Phone number: #706/667-4185 Date completed: 5/27/98 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects						
Previous arrangement will not change. 5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service. Agreement Name: Contracting Parties: Effective and Ending Dates: 6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect? 7. Person completing form: Joshua Langen Phone number: #706/667-4185 Date completed: 5/27/98 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects						
Agreement Name: Resolution of Understanding 6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect? 7. Person completing form:Joshua Langen Phone number: _#706/667-4185 Date completed:5/27/98 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects				nd/or funding this	ervice within the county?	
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect? 7. Person completing form:	1.77			cts that will be use		
7. Person completing form: Joshua Langen Phone number: #706/667-4185 Date completed:	Resolution of Under	standing				
7. Person completing form:						
7. Person completing form:	6. What other mechanisms	(if any) will be used to imple ee changes, etc.), and when	ement the strategy will they take effect	for this service (e.g	., ordinances, resolutions,	local acts of the
Phone number: #706/667-4185 Date completed: _5/27/98 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects	General Assembly, take of t	ov vB.v., v//	•			
Phone number: #706/667-4185 Date completed: _5/27/98 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects						
Phone number: #706/667-4185 Date completed: _5/27/98 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects						
Phone number: #706/667-4185 Date completed: _5/27/98 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects						
Phone number: #706/667-4185 Date completed: _5/27/98 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects	7. Person completing form:	: Joshua Langen		\$		
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects			Date completed:	5/27/98		
If not, provide designated contact person(s) and phone number(s) below:	are consistent with the serv	ice delivery strategy? 🔲 y	es 🛛 no	nating whether prop	osed local government pr	ojects
Denise Kent, County Clerk, #706/598-2671						

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Make copies of this form and complete one for each service liste	ed 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: Glascock Coun	ty	Service:	Waste Disposal	
1. Check the box that best desc	cribes the agreed upon de	elivery arrangement	for this service:	
Service will be provided is checked, identify the g			ncorporated areas) by a single single structure are service.)	service provider. (If this box
 Service will be provided identify the government, 			inty by a single service providence.)	er. (If this box is checked,
			ated boundaries, and the services), authority or organization p	
			ated boundaries, and the count (s), authority or organization p	
Glascock Co., City of	Gibson, City of	Mitchell, Cit	y of Edgehill	
Other. (If this box is check government, authority, or			ervice area of each service powithin each service area.)	rovider, and identify the
2. In developing the strategy, ☐ yes ☒ no	were overlapping service	areas, unnecessary	competition and/or duplication	of this service identified?
If these conditions will continu higher levels of service (See O or competition cannot be elimi	.C.G.A. 36-70-24(1)), ov			
If these conditions will be elim taken to eliminate them, the res				step or action that will be
3. List each government or aut	hority that will help to pa	ay for this service an	d indicate how the service wil	
funds, user fees, general funds		revenues, hotel/mote	I taxes, franchise taxes, impact	fees, bonded indebtedness, etc.
Local Government or Authority:	Funding Method:			
McDuffie County	Tipping Fees and	General Fund		
City of Gibson	General Fund			
City of Mitchell	General Fund			
City of Edge Hill	General Fund			
4. How will the strategy chang No change.	e the previous arrangeme	ents for providing ar	nd/or funding this service withi	n the county?
5 I in an formal anning delication			to that will be used to impleme	at the strategy for this services.
List any formal service deliv Agreement Name:		acting Parties:	is that will be used to impleme	Effective and Ending Dates:
Agreement of Municipa			City of Gibson,	
Waste Transfer			1, City of Mitchell	3/17/98 - 3/17/03
Resolution of Underst	anding)	
1				
6. What other mechanisms (if				, resolutions, local acts of the
General Assembly, rate or fee of	changes, etc.), and when	will they take effect		
7. Person completing form: _				
Phone number: <u>706/667-4</u>		Date completed:5		
8. Is this the person who shoul are consistent with the service of If not, provide designated conta Denise Kent, Co. cler	delivery strategy? y act person(s) and phone r	res 🛛 no	iting whether proposed local go	overnment projects

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Instructions:

County:	Glascock County	Service:	Mental	Health	
1. Check	the box that best describes the agree	d upon delivery arrangem	ent for this	service:	
	vice will be provided countywide (i.e. checked, identify the government, aut				e service provider. (If this box
	Ogeechee Mental Health vice will be provided only in the unit ntify the government, authority or or			a single service prov	ider. (If this box is checked,
	e or more cities will provide this serv ncorporated areas. (If this box is chec				
	e or more cities will provide this serv ncorporated areas. (If this box is chec				
	ner. (If this box is checked, attach a levernment, authority, or other organization)				provider, and identify the
	veloping the strategy, were overlappings X no	ng service areas, unnecess	sary compe	tition and/or duplicati	on of this service identified?
higher le	conditions will continue under the stravels of service (See O.C.G.A. 36-70- etition cannot be eliminated).	ategy, attach an explan a 24(1)), overriding benefit	s of the du	ntinuing the arrang plication, or reasons t	ement (i.e., overlapping but hat overlapping service areas
	onditions will be eliminated under the eliminate them, the responsible party				ch step or action that will be
3. List ea	ach government or authority that will ser fees, general funds, special service	help to pay for this service district revenues, hotel/i	ce and indic	cate how the service v	will be funded (e.g., enterprise act fees, bonded indebtedness, etc
	ernment or Authority: Funding Method:				
		Fees			
	mee menear mearen oger	1000			
				WALLEY TO	
		4			
4. How	will the strategy change the previous	arrangements for providing	ng and/or fo	unding this service w	ithin the county?
No char	nge.				
5. List an	ny formal service delivery agreements	s or intergovernmental co Contracting Parties:	ntracts that	will be used to imple	ement the strategy for this service: Effective and Ending Dates:
Resolu	ution of Understanding				
C 31/1-1	other mechanisms (if any) will be us	and to implement the strate	ary for this	service (e.g. ordinan	ces resolutions local acts of the
General .	Assembly, rate or fee changes, etc.),	and when will they take e	ffect?	service (e.g., ordinan	ees, resolutions, wear acts of the
				*	
7 Perso	n completing form: <u>Joshua Lar</u>	ngen			
	umber: #706/667-4195	Date completed:	5/27/	98	
	s the person who should be contacted	The second of th			l government projects
are consi	istent with the service delivery strates rovide designated contact person(s) a	gy? ☐ yes ☒ no			
Deni	ise Kent, Co. Clerk, #706	/598-2671		AND SUPERIOR OF THE SUPERIOR O	

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Instructions:

County:	Glascock Cou	nty	Service:	Family Health	Service	
1. Check th	e box that best desc	cribes the agreed u	pon delivery arrangeme	ent for this service:		
			including all cities and rity or organization pro-		by a single service provi	der. (If this box
			ldren Service (Doporated portion of the nization providing the so		vice provider. (If this bo	x is checked,
-					nd the service will not be ganization providing the	. Comment of the same of the s
					nd the county will provid ganization providing the	
		STATE OF THE PROPERTY OF THE P	ible map delineating the that will provide serv		th service provider, and e area.)	identify the
 In develor yes 		were overlapping	service areas, unnecessa	ary competition and/o	duplication of this servi	ce identified?
higher level		.C.G.A. 36-70-24			ne arrangement (i.e., ov reasons that overlapping	
			trategy, attach an impl d the agreed upon dead		listing each step or action	on that will be
funds, user	fees, general funds	, special service d	Ip to pay for this servic istrict revenues, hotel/n	e and indicate how the notel taxes, franchise t	e service will be funded (axes, impact fees, bonde	e.g., enterprise d indebtedness, etc
	nent or Authority:	Funding Method:				
DFCS		N/A				
Grascoc	ck County	otherar run	nd for utilities	and loster car		
Previou	is arrangement	will not ch	nange.		service within the county	gy for this service:
Agreement N	ame:		Contracting Parties:		Effective and	Ending Dates:
Resolut	ion of Unders	tanding				
	,					
6. What of General As	her mechanisms (if sembly, rate or fee	any) will be used changes, etc.), and	to implement the strate d when will they take et	gy for this service (e.g Tect?	g., ordinances, resolution	s, local acts of the
	completing form:					
	ber: #706/667-		Date completed:			
are consiste	ent with the service	delivery strategy?	y state agencies when ev ? ☐ yes ☑ no phone number(s) below		oosed local government p	projects
Denise	Kent, Co. cle	rk, #706/598	-2671			



Denise Kent, Co. Clerk, #706/598-2671

SERVICE DELIVERY STRATEGY SUMMARY OF LAND USE AGREEMENTS

Instructions:

County: Glascock County

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.

1. What incompatibilities or conflicts between the land use put the service delivery strategy?	plans of local governments were identified in the process of developing
use was found to be widely scattered wi County land use adjacent to localities Kaolin pits and accompanying plants are not located near any municipality. No municipalities. Therefore, no land use	the only industrial land uses and are commercial land use exists outside of the conflicts are evident or anticipated. The
2. Check the boxes indicating how these incompatibilities or compatibilities or compatibilities.	onflicts were addressed:
amendments to existing comprehensive plans adoption of a joint comprehensive plan	
other measures (amend zoning ordinances, add environmental regulations, etc.) If "other measures" was checked, describe these measures:	Note: If the necessary plan amendments, regulations, ordinances, etc. have not yet been formally adopted, indicate when each of the affected local governments will adopt them.
was enecked, describe these measures:	
The County and local governments have adopt municipality proposing to annex a portion of the County with written notice of the proporeach an agreement themselves with regards reached, the County and municipality will a	when a county disagrees with the proposed land use classification(s) for as will vary for different cities in the county, summarize each process. ed a land use dispute agreement which requires any f the unincorporated area of the County to provide sed land use classifications of the area and to the annexation. If an agreement cannot be gree on a mediator, mediation schedule and olve the issue, the annexation will not proceed.
4. What policies, procedures and/or processes have been estable ensure that new extraterritorial water and sewer service will be	ished by local governments (and water and sewer authorities) to consistent with all applicable land use plans and ordinances?
annexaction and expansion of sewer and	ification disputes has been adopted. In addition, es land uses and provides a guide to compatible water services. Due to the low frequency of l county, these two documents are sufficient
	i v
5. Person completing form:	
	completed: 4/17/98
6. Is this the person who should be contacted by state agencies consistent with land use plans of applicable jurisdictions? If not, provide designated contact person(s) and phone number(



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 Glascock 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);

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));

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

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:
Bud m Welong	Bud Welch	Chairman	Glascock Co.	2/16/99
Formal Lent	F. Donald Kent	Mayor	City of Gibson	2/16/99
Stories 12 Harsh	Scott V. Lamb	Mayor	City of Mitchell	2/16/99
0. 3. S.	Gloria W. Hawkins	Mayor	City of Edge Hill	2/16/99
		\$		

the sale will be applied: first to the ex-

NOTICE

Glascock County Landfill hours change on Saturdays

Beginning October 18, 1997, the hours at the Glascock County Landfill will be from 8:00 a.m. until 4:00 p.m. on Saturdays.

The old hours were 10:00 a.m. until 6:00 p.m.

NOTICE

The Glascock County Board of Commissioners, the City of Gibson, the City of Mitchell and the City of Edgehill will hold a special called meeting on October 21, 1997, at 7:00 p.m., in the Courthouse Conference Room to discuss the HB 489 to initiate the process for developing a service delivery strategy.

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probate

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DWN OF BARTOW

announce that the millage rate will be set at a meeting to be held at City Hall J.G.A. 48-5-32, do hereby publish the following presentation of the current y vy for the past five years.

GEST AND 5-YEAR HISTORY OF

1993			T
1993	1994	1995	1996
	Lieuw Bara		
2,013,375	2,040,842	2,079,366	2,129,635
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		0	C
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		2,525,798	2,589,786
2,297,620	2,341,209	2,523,798	
	,,_,	2,525,798	2,589,786
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10.57	8.60	20.41	21.54
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