



GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS

SERVICE DELIVERY STRATEGY

FOR Appling

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.
- 3. 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.

Appling County, Baxley, Graham, Surrency, Appling County Development Authority, Southeast Georgia Regional Development Authority, City of Baxley Downtown Development Authority, City of Baxley Housing Authority, Baxley-Appling County Hospital Authority

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.

Aging Services, Airport, Ambulance Service, Animal Control, Cemeteries, Code Enforcement, Courts, Cultural (Museum, etc.), E-911, Economic Development, Elections, Emergency Management, Extension Service, Fire Protection, Hospital, Indigent Defense, Jail, Law Enforcement, Library, Mosquito Control, Parks, Planning/Zoning, Probation Service, Public Health, Public Housing, Public Welfare, Recreation, Road/Street Construction, Road/Street Maintenance, Sewer, Solid Waste Collection, Solid Waste Landfill, Street Lighting, Tax Assessment, Tax Collection, Tourism, Voter Registration, Water



PAGE 2

Instructions:

changes, inis should t	be reported to the Department of Community Affairs.
County: Appling	Service: Aging Services
1. Check the box that best describe	es the agreed upon delivery arrangement for this service:
Senior Citizens Center (Appling County	atywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is nent, authority or organization providing the service.)
identity the government, authority	in the unincorporated portion of the county by a single service provider. (If this box is checked, ority or organization providing the service.)
difficorporated areas. (If this	le this service only within their incorporated boundaries, and the service will not be provided in box is checked, identify the government(s), authority or organization providing the service.)
One or more cities will provid unincorporated areas. (If this	this service only within their incorporated boundaries, and the county will provide the service in box is checked, identify the government(s), authority or organization providing the service.)
government, authority, or other	attach a legible map delineating the service area of each service provider, and identify the er organization that will provide service within each service area.)
2. In developing the strategy, were ☐ Yes ☑ No	overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will continue un higher levels of service (See O.C.G competition cannot be eliminated).	der the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but i.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or
aken to eminiate them, the respons	ed under the strategy, attach an implementation schedule listing each step or action that will be sible party and the agreed upon deadline for completing it.
 List each government or authorit funds, user fees, general funds, s indebtedness, etc.). 	y that will help to pay for this service and indicate how the service will be funded (e.g., enterprise pecial service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
ppling County	General Fund & State
ity of Baxley /	General Fund & State
How will the strategy change the The county will provide the ser	previous arrangements for providing and/or funding this service within the county? vice with the City of Baxley contributing a small donation.

 List any formal service delivery a service: 	agreements or intergovernmental contracts that will be us	sed to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
General Assembly, rate or fee cha	will be used to implement the strategy for this service (e.ganges, etc.), and when will they take effect?	g., ordinances, resolutions, local acts of the
7. Person completing form: Mike C	Cleland, County Manager	
Phone number: 912-367-8100	Date completed: 9-10-99	
		······································
8. Is this the person who should be c consistent with the service deliver	contacted by state agencies when evaluating whether pro-	posed local government projects are
consistent with the service deliver	contacted by state agencies when evaluating whether property strategy? Yes No person(s) and phone number(s) below:	posed local government projects are



2000.

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

PAGE 2

Instructions:

County: Appling	Service: Airport
1. Check the box that best describe	es the agreed upon delivery arrangement for this service:
Clity of Baxley	ntywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is ment, 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, nority or organization providing the service.)
unincorporated areas. (If this	de this service only within their incorporated boundaries, and the service will not be provided in box is checked, identify the government(s), authority or organization providing the service.)
unincorporated areas. (If this	de this service only within their incorporated boundaries, and the county will provide the service in box is checked, identify the government(s), authority or organization providing the service.)
Other. (If this box is checked, government, authority, or oth	, attach a legible map delineating the service area of each service provider, and identify the errorganization that will provide service within each service area.)
 In developing the strategy, were Yes ✓ No 	overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will continue un higher levels of service (See O.C.C competition cannot be eliminated).	nder the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or
If these conditions will be eliminat taken to eliminate them, the respor	ted under the strategy, attach an implementation schedule listing each step or action that will be assisted upon deadline for completing it.
List each government or authori funds, user fees, general funds, s indebtedness, etc.).	ty that will help to pay for this service and indicate how the service will be funded (e.g., enterprise special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
Appling County	General Fund & State
city of Baxley	General Fund & State
The City of Baxley will continu improvements. As an interim a the City of Baxley for operation Municipal Services Agreemen	reprevious arrangements for providing and/or funding this service within the county? The to own and operate the airport with the county participating in any capital agreement, Appling County will contribute \$50,000 in FY 2000 (begin October 1, 1999) to an and maintenance of the airport in recognition of countywide benefit and in offset of the attending elimination. The structure and amount of county funding will be negotiated as a cent agreement on county funding or provision of services in the city before October 1,

service:	intergovernmental contracts that will be u	sed to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
 What other mechanisms (if any) will be used to General Assembly, rate or fee changes, etc.), and A more formal agreement is expected to be expected. 	nd when will they take effect?	
7. Person completing form: Mike Cleland, Cour	nty Manager	
7. Person completing form: Mike Cleland, Cour Phone number: 912-367-8100	nty Manager Date completed: 9-10-99	
	Date completed: 9-10-99	posed local government projects are
Phone number: 912-367-8100 8. Is this the person who should be contacted by st	Date completed: 9-10-99 tate agencies when evaluating whether pro Yes \(\sigma \) No phone number(s) below:	posed local government projects are



PAGE 2

Instructions:

County: Appling	Service: Ambulance Service
1. Check the box that best des	scribes the agreed upon delivery arrangement for this service:
Service will be provided checked, identify the gov	countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is vernment, authority or organization providing the service.)
identity the government,	only in the unincorporated portion of the county by a single service provider. (If this box is checked, authority or organization providing the service.)
unincorporated 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.)
unincorporated 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 chec government, authority, or	cked, attach a legible map delineating the service area of each service provider, and identify the or other organization that will provide service within each service area.)
2. In developing the strategy, v ☐ 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 competition cannot be eliminate	ue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but D.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or atted).
If these conditions will be elim taken to eliminate them, the re	ninated under the strategy, attach an implementation schedule listing each step or action that will be esponsible party and the agreed upon deadline for completing it.
List each government or aut funds, user fees, general fun indebtedness, etc.).	thority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise nds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authorit	ty: Funding Method:
Appling County	General Fund & Fees
A TT - 111 (I	
 How will the strategy change No change is anticipated. 	ge the previous arrangements for providing and/or funding this service within the county?
No offerigo to artifopatos.	
	· ·

List any formal service delivery agreservice:	eements or intergovernmental contracts that will be	be used to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
General Assembly, rate or fee change None	I be used to implement the strategy for this service ges, etc.), and when will they take effect?	e (e.g., ordinances, resolutions, local acts of the
7. Person completing form: Mike Cle	eland, County Manager	
Phone number: 912-367-8100	Date completed: 9-10-9	9
consistent with the service delivery	ntacted by state agencies when evaluating whether strategy? Yes No erson(s) and phone number(s) below:	proposed local government projects are



PAGE 2

Instructions:

County: Appling	Servic	e: Animal Control
1. Check the box that best describe	es the agreed upon delivery arrangeme	ent for this service:
Service will be provided coun checked, identify the government of the state of Baxley	ntywide (i.e., including all cities and unners, authority or organization provid	unincorporated areas) by a single service provider. (If this box is ling the service.)
 Service will be provided only identify the government, auth 	in the unincorporated portion of the ority or organization providing the se	county by a single service provider. (If this box is checked, ervice.)
One or more cities will provid unincorporated areas. (If this	le this service only within their incorp box is checked, identify the governm	porated boundaries, and the service will not be provided in ent(s), authority or organization providing the service.)
☐ One or more cities will provide	le this service only within their incort	porated boundaries, and the county will provide the service in ent(s), authority or organization providing the service.)
 Other. (If this box is checked, government, authority, or other 	attach a legible map delineating the er organization that will provide servi	ne service area of each service provider, and identify the ice within each service area.)
2. In developing the strategy, were ☐ Yes ☑ No	overlapping service areas, unnecessa	ry competition and/or duplication of this service identified?
If these conditions will continue un higher levels of service (See O.C.C competition cannot be eliminated).	$3.A.\ 36-70-24(1)$), overriding benefits	ion for continuing the arrangement (i.e., overlapping but s of the duplication, or reasons that overlapping service areas or
If these conditions will be eliminate taken to eliminate them, the respon	ed under the strategy, attach an impl sible party and the agreed upon dead	lementation schedule listing each step or action that will be line for completing it.
3. List each government or authorit	ty that will help to pay for this service	e and indicate how the service will be funded (e.g., enterprise l/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:	
City of Baxley	General Fund	
Appling County	General Fund	
4 How will the street on shores the	1	
Appling County plans to contra October 1, 2000.	previous arrangements for providing act formally with the City of Baxley	and/or funding this service within the county? to extend this service countywide on a fee basis by

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
9		
None	ges, etc.), and when will they take effect?	
None		
None		



PAGE 2

Instructions:

			
County: Appling		Service: _	Cemeteries
1. Check the box that best describe	s the agreed upon delivery arra	ingement	for this service:
checked, identify the governm City of Baxley	nent, authority or organization p	providing	
 Service will be provided only identify the government, authorized 	in the unincorporated portion of ority or organization providing	of the cou the servi	anty by a single service provider. (If this box is checked, ice.)
One or more cities will provid unincorporated areas. (If this	e this service only within their box is checked, identify the go	incorpor vernment	ated boundaries, and the service will not be provided in (s), authority or organization providing the service.)
One or more cities will provid unincorporated areas. (If this	e this service only within their box is checked, identify the gov	incorpor vernment	ated boundaries, and the county will provide the service in (s), authority or organization providing the service.)
 Other. (If this box is checked, government, authority, or other 	attach a legible map delineat er organization that will provide	t ing the s e service	service area of each service provider, and identify the within each service area.)
2. In developing the strategy, were ☐ Yes ☑ No	overlapping service areas, unne	ecessary	competition and/or duplication of this service identified?
If these conditions will continue un higher levels of service (See O.C.G competition cannot be eliminated).	der the strategy, attach an exp i.A. 36-70-24(1)), overriding be	olanation enefits of	for continuing the arrangement (i.e., overlapping but f the duplication, or reasons that overlapping service areas or
If these conditions will be eliminate taken to eliminate them, the respon	ed under the strategy, attach ar sible party and the agreed upon	n implen 1 deadline	nentation schedule listing each step or action that will be for completing it.
3. List each government or authorit funds, user fees, general funds, s indebtedness, etc.).	y that will help to pay for this s pecial service district revenues	service ar s, hotel/m	nd indicate how the service will be funded (e.g., enterprise otel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:		
City of Baxley	General Fund (Lot Sales)		
<i>Y</i>			
 How will the strategy change the No change is anticipated. 	previous arrangements for pro-	viding ar	nd/or funding this service within the county?
			:
	-		,

service:		
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
le cere e la companya de la companya	l be used to implement the strategy for this service	
None		
7. Person completing form: Mike Cle	eland, County Manager	
	eland, County Manager Date completed: 9-10-99)
7. Person completing form: Mike Cle Phone number: 912-367-8100 8. Is this the person who should be con consistent with the service delivery s	Date completed: 9-10-99 tacted by state agencies when evaluating whether strategy?	
7. Person completing form: Mike Cle Phone number: 912-367-8100 8. Is this the person who should be con	Date completed: 9-10-99 stacted by state agencies when evaluating whether strategy? Yes No rson(s) and phone number(s) below:	



PAGE 2

Instructions:

County: Appling	Service: Code Enforcement	
1. Check the box that best describes	the agreed upon delivery arrangement for this service:	
	wide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is ent, authority or organization providing the service.)	
	n the unincorporated portion of the county by a single service provider. (If this box is checked, rity 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.)		
	this service only within their incorporated boundaries, and the county will provide the service in ox is checked, identify the government(s), authority or organization providing the service.)	
	attach a legible map delineating the service area of each service provider, and identify the rorganization that will provide service within each service area.)	
2. In developing the strategy, were o ☐ Yes ☑ No	overlapping service areas, unnecessary competition and/or duplication of this service identified?	
	der the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or	
	d under the strategy, attach an implementation schedule listing each step or action that will be ible party and the agreed upon deadline for completing it.	
	that will help to pay for this service and indicate how the service will be funded (e.g., enterprise pecial service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded	
Local Government or Authority:	Funding Method:	
City of Baxley	General Fund & Fees	
4		
4. How will the strategy change the No change is anticipated.	previous arrangements for providing and/or funding this service within the county?	

List any formal service delivery a service:	agreements or intergovernmental contracts that will be	e used to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
	will be used to implement the strategy for this service anges, etc.), and when will they take effect?	e (e.g., ordinances, resolutions, local acts of the
7. Person completing form: Mike	Cleland, County Manager	12
Phone number: 912-367-8100	Date completed: 9-10-99	9
8. Is this the person who should be consistent with the service delive	contacted by state agencies when evaluating whether bry strategy?	proposed local government projects are
If not, provide designated contact	person(s) and phone number(s) below:	
or Jeff Baxley, Baxley City Ma	nager, 912-367-8300	



PAGE 2

Instructions:

County: Appling	Service: Courts
1. Check the box that best describe	es the agreed upon delivery arrangement for this service:
Service will be provided cour checked, identify the government	ntywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is ment, authority or organization providing the service.)
	in the unincorporated portion of the county by a single service provider. (If this box is checked, cority or organization providing the service.)
	de this service only within their incorporated boundaries, and the service will not be provided in box is checked, identify the government(s), authority or organization providing the service.)
unincorporated areas. (If this City of Baxley (Municipal Courl), Applir Other. (If this box is checked.	de this service only within their incorporated boundaries, and the county will provide the service in box is checked, identify the government(s), authority or organization providing the service.) Goundy (all others county-wide) attach a legible map delineating the service area of each service provider, and identify the er organization that will provide service within each service area.)
	overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will continue un	nder the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or
If these conditions will be eliminate taken to eliminate them, the respon	ted under the strategy, attach an implementation schedule listing each step or action that will be as itself party and the agreed upon deadline for completing it.
	ty that will help to pay for this service and indicate how the service will be funded (e.g., enterprise special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
Appling County	General Fund, Fines, Fees & State
City of Baxley	General Fund, Fines, Fees & State
	e previous arrangements for providing and/or funding this service within the county? e to provide for the courts which govern their jurisdiction. Therefore, no change is

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
 What other mechanisms (if any) v General Assembly, rate or fee channone 	will be used to implement the strategy for this service anges, etc.), and when will they take effect?	e (e.g., ordinances, resolutions, local acts of the
7. Person completing form: Mike (Cleland, County Manager	
7. Person completing form: Mike (Phone number: 912-367-8100	Cleland, County Manager Date completed: 9-10-9	9



PAGE 2

Instructions:

County: Appling	Service: Cultural (Museum)
1. Check the box that best describes	the agreed upon delivery arrangement for this service:
checked, identify the governme	ywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is ent, authority or organization providing the service.) In the unincorporated portion of the county by a single service provider. (If this box is checked,
	rity or organization providing the service.)
	this service only within their incorporated boundaries, and the service will not be provided in ox is checked, identify the government(s), authority or organization providing the service.)
	this service only within their incorporated boundaries, and the county will provide the service in ox is checked, identify the government(s), authority or organization providing the service.)
	attach a legible map delineating the service area of each service provider, and identify the rorganization that will provide service within each service area.)
 In developing the strategy, were of Yes ✓ No 	overlapping service areas, unnecessary competition and/or duplication of this service identified?
	der the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or
If these conditions will be eliminate taken to eliminate them, the respons	d under the strategy, attach an implementation schedule listing each step or action that will be ible party and the agreed upon deadline for completing it.
	that will help to pay for this service and indicate how the service will be funded (e.g., enterprise pecial service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
Appling County	General Fund
City of Baxley	General Fund
4. How will the strategy change the No change is anticipated.	previous arrangements for providing and/or funding this service within the county?

List any formal service delivery agreements or i service:	intergovernmental contracts that will be used to imp	element the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
6. What other mechanisms (if any) will be used to General Assembly, rate or fee changes, etc.), an None	implement the strategy for this service (e.g., ordinal when will they take effect?	nces, resolutions, local acts of the
7. Person completing form: Mike Cleland, Cou	nty Manager	
Phone number: 912-367-8100	Date completed: 9-10-99	
8. Is this the person who should be contacted by st consistent with the service delivery strategy? If not, provide designated contact person(s) and or Jeff Baxley, Baxley City Manager, 912-3	phone number(s) below:	al government projects are



PAGE 2

Instructions:

County: Appling	Service: <u>E-911</u>
1. Check the box that best describes	the agreed upon delivery arrangement for this service:
Service will be provided count checked, identify the governm Appling County	ywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is ent, authority or organization providing the service.)
☐ Service will be provided only i	in the unincorporated portion of the county by a single service provider. (If this box is checked, prity or organization providing the service.)
 One or more cities will provide unincorporated areas. (If this b 	e this service only within their incorporated boundaries, and the service will not be provided in box is checked, identify the government(s), authority or organization providing the service.)
One or more cities will provide unincorporated areas. (If this be	e this service only within their incorporated boundaries, and the county will provide the service in box is checked, identify the government(s), authority or organization providing the service.)
Other. (If this box is checked, a government, authority, or othe	attach a legible map delineating the service area of each service provider, and identify the r organization that will provide service within each service area.)
2. In developing the strategy, were of Yes \(\simeg \) No The City of Baxley pro	overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will continue und higher levels of service (See O.C.G competition cannot be eliminated).	der the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but .A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or
If these conditions will be eliminate taken to eliminate them, the respons	d under the strategy, attach an implementation schedule listing each step or action that will be sible party and the agreed upon deadline for completing it.
3. List each government or authority funds, user fees, general funds, spindebtedness, etc.).	y that will help to pay for this service and indicate how the service will be funded (e.g., enterprise pecial service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
·	Funding Method:
Appling County	Fees & General Fund
City of Baxley	Fees & General Fund
	previous arrangements for providing and/or funding this service within the county?
Dispatching will be conducted the City of Baxley will be respondented to the City of Baxley will be respondented to the City of Baxley will be conducted to the City of Baxley will be respondented to the City of Baxley wil	on a countywide basis upon completion of the new county jail, but with the provision that naible for funding its current police dispatchers through the next budget year (until
	· · · · · · · · · · · · · · · · · · ·
	u a

5. List any formal service delivery agreements service:	or intergovernmental contracts that will be use	d to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
General Assembly, rate or fee changes, etc.), None	, and when will they take effect?	
7. Person completing form: Mike Cleland, C	county Manager	(27)
Phone number: 912-367-8100	Date completed: 9-10-99	
8. Is this the person who should be contacted by consistent with the service delivery strategy? If not, provide designated contact person(s) a	? ØYes □ No	osed local government projects are
or Jeff Baxley, Baxley City Manager, 912		



PAGE 2

Instructions:

County: Appling	Service: Economic Development
	the agreed upon delivery arrangement for this service:
	wide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is ent, authority or organization providing the service.)
	n the unincorporated portion of the county by a single service provider. (If this box is checked, rity or organization providing the service.)
	this service only within their incorporated boundaries, and the service will not be provided in ox is checked, identify the government(s), authority or organization providing the service.)
unincorporated areas. (If this b Appling County Development Authority Other. (If this box is checked, a	this service only within their incorporated boundaries, and the county will provide the service in ox is checked, identify the government(s), authority or organization providing the service.) (Countywide), City of Baxley Downtown Development Authority, Southeast Georgia Development Authority (Regional) attach a legible map delineating the service area of each service provider, and identify the corganization that will provide service within each service area.)
4	overlapping service areas, unnecessary competition and/or duplication of this service identified?
	der the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or
	d under the strategy, attach an implementation schedule listing each step or action that will be ible party and the agreed upon deadline for completing it.
	that will help to pay for this service and indicate how the service will be funded (e.g., enterprise pecial service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
Appling Co. Dev. Authority	General Fund (County)
DDA-Baxley	General Fund (Baxley)
Southeast Georgia Regional	Appling County Development Authority
Development Authority	
How will the strategy change the No change is anticipated.	previous arrangements for providing and/or funding this service within the county?

List any formal service delivery agreements service;	or intergovernmental contracts that will be used	d to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
	to implement the strategy for this service (e.g.	
None		
7. Person completing form: Mike Cleland, C	ounty Manager	The Control of the Co
Phone number: 912-367-8100	Date completed: 9-10-99	
8. Is this the person who should be contacted be consistent with the service delivery strategy. If not, provide designated contact person(s) and or Jeff Baxley, Baxley City Manager, 912	and phone number(s) below:	osed local government projects are
or con basiey, basiey Only Manager, 912	2-007-0000	



PAGE 2

Instructions:

changes, and should be	reported to the Department of Community Artans.
County: Appling	Service: Elections
1. Check the box that best describes	the agreed upon delivery arrangement for this service:
	ywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is ent, authority or organization providing the service.)
	n the unincorporated portion of the county by a single service provider. (If this box is checked, rity or organization providing the service.)
	this service only within their incorporated boundaries, and the service will not be provided in ox is checked, identify the government(s), authority or organization providing the service.)
unincorporated areas. (If this b	this service only within their incorporated boundaries, and the county will provide the service in ox is checked, identify the government(s), authority or organization providing the service.)
	attach a legible map delineating the service area of each service provider, and identify the rorganization that will provide service within each service area.)
4 0	overlapping service areas, unnecessary competition and/or duplication of this service identified?
	der the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or
	d under the strategy, attach an implementation schedule listing each step or action that will be sible party and the agreed upon deadline for completing it.
	y that will help to pay for this service and indicate how the service will be funded (e.g., enterprise pecial service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
Appling County	General Fund & Fees
City of Baxley	General Fund & Fees
City of Graham	General Fund & Fees
City of Surrency	General Fund & Fees
Appling County is responsible	previous arrangements for providing and/or funding this service within the county? for providing state and federal elections as well as for county wide elections. The cities ncy are responsible for the provision of municipal elections. Therefore, no change is

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
	will be used to implement the strategy for this service anges, etc.), and when will they take effect?	e (e.g., ordinances, resolutions, local acts of the
None		
	Cleland, County Manager	
7. Person completing form: Mike Phone number: 912-367-8100	Cleland, County Manager Date completed: 9-10-9	99
7. Person completing form: Mike Phone number: 912-367-8100	Date completed: 9-10-9	



PAGE 2

Instructions:

County: Appling	Service: Emergency Management
1. Check the box that best describes	the agreed upon delivery arrangement for this service:
	ywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is ent, authority or organization providing the service.)
☐ Service will be provided only i	n the unincorporated portion of the county by a single service provider. (If this box is checked, rity or organization providing the service.)
	this service only within their incorporated boundaries, and the service will not be provided in ox is checked, identify the government(s), authority or organization providing the service.)
	this service only within their incorporated boundaries, and the county will provide the service in ox is checked, identify the government(s), authority or organization providing the service.)
	attach a legible map delineating the service area of each service provider, and identify the rorganization that will provide service within each service area.)
2. In developing the strategy, were o ☐ Yes ☑ No	overlapping service areas, unnecessary competition and/or duplication of this service identified?
	der the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but .A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or
	d under the strategy, attach an implementation schedule listing each step or action that will be sible party and the agreed upon deadline for completing it.
	y that will help to pay for this service and indicate how the service will be funded (e.g., enterprise pecial service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
Appling County	General Fund
Į.	
4. How will the strategy change the No change is anticipated.	previous arrangements for providing and/or funding this service within the county?

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
	will be used to implement the strategy for this service anges, etc.), and when will they take effect?	e (e.g., ordinances, resolutions, local acts of the
None		
None 7. Person completing form: Mike (Cleland, County Manager	
	Cleland, County Manager Date completed: 9-10-9	9



PAGE 2

Instructions:

County: Appling	Service: Extension Service	
1. Check the box that best describes	the agreed upon delivery arrangement for this service:	
checked, identify the governm Appling County Extension Service Service will be provided only	ywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is ent, authority or organization providing the service.) In the unincorporated portion of the county by a single service provider. (If this box is checked, prity 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 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 ☐ Yes ☑ No	overlapping service areas, unnecessary competition and/or duplication of this service identified?	
	der the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but .A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or	
	ed under the strategy, attach an implementation schedule listing each step or action that will be sible party and the agreed upon deadline for completing it.	
	y that will help to pay for this service and indicate how the service will be funded (e.g., enterprise pecial service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded	
Local Government or Authority:	Funding Method:	
Appling County	General Fund & State	
1		
····		
4. How will the strategy change the No change is anticipated.	previous arrangements for providing and/or funding this service within the county?	

List any formal service delivery agreement service:	nts or intergovernmental contracts that will be	used to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
A		
	P. C.	-
General Assembly, rate or fee changes, et None		(e.g., ordinances, resolutions, local acts of the
7. Person completing form: Mike Cleland	, County Manager	
Phone number: 912-367-8100	Date completed: 9-10-99	
8. Is this the person who should be contacted consistent with the service delivery strate. If not, provide designated contact person(roposed local government projects are



PAGE 2

Instructions:

County: Appling	Service: Fire Protection
1. Check the box that best describes	the agreed upon delivery arrangement for this service:
	ywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is ent, authority or organization providing the service.)
	n the unincorporated portion of the county by a single service provider. (If this box is checked, prity or organization providing the service.)
	this service only within their incorporated boundaries, and the service will not be provided in ox is checked, identify the government(s), authority or organization providing the service.)
	this service only within their incorporated boundaries, and the county will provide the service in ox is checked, identify the government(s), authority or organization providing the service.)
	attach a legible map delineating the service area of each service provider, and identify the r organization that will provide service within each service area.)
2. In developing the strategy, were of	overlapping service areas, unnecessary competition and/or duplication of this service identified?
	der the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or
	d under the strategy, attach an implementation schedule listing each step or action that will be sible party and the agreed upon deadline for completing it.
	y that will help to pay for this service and indicate how the service will be funded (e.g., enterprise pecial service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
Appling County	General Fund
City of Baxley	General Fund
The City of Baxley will provide be responsible for providing thi up as a county special tax distrincrease its grant support to the agreement for budget coordinate worked out prior to the creater to the creater than the creater	previous arrangements for providing and/or funding this service within the county? this service within its city limits and within a five-mile radius of the city. The county will is service in all other areas. The Baxley Fire Department five-mile service area will be set rict to fund this service beginning October 1, 2000. In the interim, Appling County will be City of Baxley from \$36,000 to \$75,000 until the special tax district is established. An attorn of the Baxley Fire Department upon its funding by the county special tax district will tion of the special tax district by Appling County and the City of Baxley. The remainder of a special Baxley fire tax district would become a special tax district to fund the rural

 List any formal service delivery agreements of service: 	or intergovernmental contracts that will be used to im	plement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
6. What other mechanisms (if any) will be used General Assembly, rate or fee changes, etc.), None	to implement the strategy for this service (e.g., ordin and when will they take effect?	nances, resolutions, local acts of the
7. Person completing form: Mike Cleland, Co	ounty Manager	
Phone number: 912-367-8100	Date completed: 9-10-99	
consistent with the service delivery strategy?		ocal government projects are
If not, provide designated contact person(s) a or Jeff Baxley, Baxley City Manager, 912	-	



PAGE 2

Instructions:

County: Appling	Service: Hospital
1. Check the box that best describes	the agreed upon delivery arrangement for this service:
checked, identify the governme Baxley-Appling County Hospital Authority	ywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is ent, authority or organization providing the service.)
	n the unincorporated portion of the county by a single service provider. (If this box is checked, crity or organization providing the service.)
•	e this service only within their incorporated boundaries, and the service will not be provided in box is checked, identify the government(s), authority or organization providing the service.)
	this service only within their incorporated boundaries, and the county will provide the service in box is checked, identify the government(s), authority or organization providing the service.)
	attach a legible map delineating the service area of each service provider, and identify the r organization that will provide service within each service area.)
2. In developing the strategy, were of ☐ Yes ☑ No	overlapping service areas, unnecessary competition and/or duplication of this service identified?
	der the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or
	d under the strategy, attach an implementation schedule listing each step or action that will be sible party and the agreed upon deadline for completing it.
	y that will help to pay for this service and indicate how the service will be funded (e.g., enterprise pecial service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
Hospital Authority	Special Purpose Sales Tax & Fees
How will the strategy change the No change is anticipated.	previous arrangements for providing and/or funding this service within the county?

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
General Assembly, rate or fee ch	will be used to implement the strategy for this service tanges, etc.), and when will they take effect?	e (e.g., ordinances, resolutions, local acts of the
None		
None 7. Person completing form: Mike	Cleland, County Manager	
		9
7. Person completing form: Mike Phone number: 912-367-8100	Date completed: 9-10-9	



PAGE 2

Instructions:

County: Appling	Service: Indigent Defense
1. Check the box that best describes	the agreed upon delivery arrangement for this service:
Service will be provided count checked, identify the governme	ywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is ent, authority or organization providing the service.)
☐ Service will be provided only i	n the unincorporated portion of the county by a single service provider. (If this box is checked, prity or organization providing the service.)
 One or more cities will provide unincorporated areas. (If this b 	e this service only within their incorporated boundaries, and the service will not be provided in box is checked, identify the government(s), authority or organization providing the service.)
One or more cities will provide unincorporated areas. (If this b	e this service only within their incorporated boundaries, and the county will provide the service in box is checked, identify the government(s), authority or organization providing the service.)
Other. (If this box is checked, a government, authority, or other	attach a legible map delineating the service area of each service provider, and identify the r organization that will provide service within each service area.)
2. In developing the strategy, were of ☐ Yes ✓ No	overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will continue und higher levels of service (See O.C.G competition cannot be eliminated).	der the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but .A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or
	ed under the strategy, attach an implementation schedule listing each step or action that will be sible party and the agreed upon deadline for completing it.
3. List each government or authority funds, user fees, general funds, spindebtedness, etc.).	y that will help to pay for this service and indicate how the service will be funded (e.g., enterprise pecial service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
Appling County	General Fund & State
4. How will the strategy change the No change is anticipated.	previous arrangements for providing and/or funding this service within the county?

A No	Community of Post	77.00 .: 1.77 .: -
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
	vill be used to implement the strategy for this service	
General Assembly, rate or fee cha		
None		
)
7. Person completing form: Mike C Phone number: 912-367-8100	Cleland, County Manager Date completed: 9-10-99 Ontacted by state agencies when evaluating whether	
8. Is this the person who should be c consistent with the service deliver	Cleland, County Manager Date completed: 9-10-99 Ontacted by state agencies when evaluating whether	



PAGE 2

Instructions:

County: Appling	Service: Jail
	es the agreed upon delivery arrangement for this service:
	ntywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is ment, authority or organization providing the service.)
☐ Service will be provided only	y in the unincorporated portion of the county by a single service provider. (If this box is checked, hority or organization providing the service.)
	ide this service only within their incorporated boundaries, and the service will not be provided in s box is checked, identify the government(s), authority or organization providing the service.)
	ide this service only within their incorporated boundaries, and the county will provide the service in s box is checked, identify the government(s), authority or organization providing the service.)
	d, attach a legible map delineating the service area of each service provider, and identify the her organization that will provide service within each service area.)
2. In developing the strategy, wer ☐ Yes ☑ No.	e overlapping service areas, unnecessary competition and/or duplication of this service identified?
	under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but .G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or).
	ated under the strategy, attach an implementation schedule listing each step or action that will be onsible party and the agreed upon deadline for completing it.
	rity that will help to pay for this service and indicate how the service will be funded (e.g., enterprise, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
Appling County	General Fund, Fees & Fines
ď	
4. How will the strategy change to No change is anticipated.	he previous arrangements for providing and/or funding this service within the county?

List any formal service delivery agreement service:	nts or intergovernmental contracts that will be used t	o implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
General Assembly, rate or fee changes, et None	sed to implement the strategy for this service (e.g., on the control of the contr	ordinances, resolutions, local acts of the
7. Person completing form: Mike Cleland,	, County Manager	
Phone number: 912-367-8100	Date completed: 9-10-99	
8. Is this the person who should be contacted consistent with the service delivery strate. If not, provide designated contact person(ed local government projects are



PAGE 2

Instructions:

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

County: Appling	Service: Law Enforcement	
1. Check the box that best describes	the agreed upon delivery arrangement for this service:	
•	ywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is ent, authority or organization providing the service.)	
•	n the unincorporated portion of the county by a single service provider. (If this box is checked, rity or organization providing the service.)	
	this service only within their incorporated boundaries, and the service will not be provided in ox 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.) Appling County (Countywide), City of Baxley, City of Graham, City of Surrency		
☐ Other. (If this box is checked, a	attach a legible map delineating the service area of each service provider, and identify the croganization that will provide service within each service area.)	
, T	overlapping service areas, unnecessary competition and/or duplication of this service identified? a higher level of service.	
	der the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or	
	d under the strategy, attach an implementation schedule listing each step or action that will be ible 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:	
Appling County	General Fund, Fines & Fees	
City of Baxley	General Fund, Fines & Fees	
City of Graham	General Fund, Fines & Fees	
City of Surrency	General Fund, Fines & Fees	
	previous arrangements for providing and/or funding this service within the county? 2000 Georgia General Assembly to deannex the road rights-of-way previously annexed	

How will the strategy change the previous arrangements for providing and/or funding this service within the county? The City of Baxley will get the 2000 Georgia General Assembly to deannex the road rights-of-way previously annexed into the City at least to the point where the last property has been annexed into the City of Baxley. Appling County and the City of Baxley will establish an agreement by October 1, 2000 that will give responsibility for remaining annexed road rights-of-way outside of the traditional circular city limits for the purposes of law enforcement, road maintenance, and other services, with the exception of utilities, to Appling County until such time as 50 percent of the adjoining residents have annexed into the City of Baxley, whereupon the City of Baxley will assume responsibility for all service provision.

List any formal service delivery service:	agreements or intergovernmental contracts that will b	e used to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
	will be used to implement the strategy for this service thanges, etc.), and when will they take effect?	e (e.g., ordinances, resolutions, local acts of the
7. Person completing form: Mike	e Cleland, County Manager	
Phone number: 912-367-8100		9
consistent with the service deliv	•	proposed local government projects are
1	ct person(s) and phone number(s) below:	
or Jeff Baxley, Baxley City M	lanager, 912-367-8300	***************************************



PAGE 2

Instructions:

County: Appling	Service: Library
1. Check the box that best describe	s the agreed upon delivery arrangement for this service:
	tywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is aent, 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, ority or organization providing the service.)
One or more cities will provid unincorporated areas. (If this	e this service only within their incorporated boundaries, and the service will not be provided in box is checked, identify the government(s), authority or organization providing the service.)
One or more cities will provid unincorporated areas. (If this	e this service only within their incorporated boundaries, and the county will provide the service in box is checked, identify the government(s), authority or organization providing the service.)
 Other. (If this box is checked, government, authority, or other 	attach a legible map delineating the service area of each service provider, and identify the er organization that will provide service within each service area.)
2. In developing the strategy, were ☐ Yes ☑ No	overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will continue un higher levels of service (See O.C.C competition cannot be eliminated).	der the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but i.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or
If these conditions will be eliminate taken to eliminate them, the respon	ed under the strategy, attach an implementation schedule listing each step or action that will be sible party and the agreed upon deadline for completing it.
3. List each government or authorit funds, user fees, general funds, s indebtedness, etc.).	by that will help to pay for this service and indicate how the service will be funded (e.g., enterprise special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
Appling County	General Fund
 How will the strategy change the No change is anticipated. 	previous arrangements for providing and/or funding this service within the county?

 List any formal service delivery agreement service: 	ts or intergovernmental contracts that will be used	to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
440		
6. What other mechanisms (if any) will be us General Assembly, rate or fee changes, etc None	sed to implement the strategy for this service (e.g., c.), and when will they take effect?	ordinances, resolutions, local acts of the
7. Person completing form: Mike Cleland,	County Manager	
Phone number: 912-367-8100	Date completed: 9-10-99	
8. Is this the person who should be contacted consistent with the service delivery strateg If not, provide designated contact person(s	**	sed local government projects are



PAGE 2

Instructions:

A 11	•
County: Appling	Service: Mosquito Control
1. Check the box that best describes	s the agreed upon delivery arrangement for this service:
	tywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is tent, authority or organization providing the service.)
	in the unincorporated portion of the county by a single service provider. (If this box is checked, ority or organization providing the service.)
unincorporated areas. (If this I	e this service only within their incorporated boundaries, and the service will not be provided in pox is checked, identify the government(s), authority or organization providing the service.) e this service only within their incorporated boundaries, and the county will provide the service in
unincorporated areas. (If this l	box is checked, identify the government(s), authority or organization providing the service.)
	attach a legible map delineating the service area of each service provider, and identify the er organization that will provide service within each service area.)
2. In developing the strategy, were ☐ Yes ☑ No	overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will continue un higher levels of service (See O.C.G competition cannot be eliminated).	der the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but i.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or
If these conditions will be eliminate taken to eliminate them, the respon	ed under the strategy, attach an implementation schedule listing each step or action that will be sible party and the agreed upon deadline for completing it.
3. List each government or authorit funds, user fees, general funds, s indebtedness, etc.).	y that will help to pay for this service and indicate how the service will be funded (e.g., enterprise pecial service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
City of Baxley	General Fund
City of Surrency	General Fund
· · · · · · · · · · · · · · · · · · ·	
 How will the strategy change the No change is anticipated. 	previous arrangements for providing and/or funding this service within the county?

5. List any formal service delivery agreer service:	ments or intergovernmental contracts that will be	used to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
-		
None	s, etc.), and when will they take effect?	
7. Person completing form: Mike Clela	nd, County Manager	
Phone number: 912-367-8100	Date completed: 9-10-99	<u> </u>
8. Is this the person who should be contacted consistent with the service delivery str	cted by state agencies when evaluating whether pategy?	proposed local government projects are
If not, provide designated contact person	on(s) and phone number(s) below:	
or Jeff Baxley, Baxley City Manage	er, 912-367-8300	



PAGE 2

Instructions:

County: Appling	Service: Parks
1. Check the box that best describes	the agreed upon delivery arrangement for this service:
	ywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is ent, authority or organization providing the service.)
	n the unincorporated portion of the county by a single service provider. (If this box is checked, ority or organization providing the service.)
	this service only within their incorporated boundaries, and the service will not be provided in box is checked, identify the government(s), authority or organization providing the service.)
unincorporated areas. (If this be Appling County, City of Baxley, City of City Other. (If this box is checked, a	c this service only within their incorporated boundaries, and the county will provide the service in box is checked, identify the government(s), authority or organization providing the service.) Graham, City of Surrency attach a legible map delineating the service area of each service provider, and identify the rorganization 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?
	der the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but .A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or
	ed under the strategy, attach an implementation schedule listing each step or action that will be sible party and the agreed upon deadline for completing it.
	y that will help to pay for this service and indicate how the service will be funded (e.g., enterprise pecial service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
Appling County	General Fund & Fees
City of Baxley	General Fund & Fees
City of Graham	General Fund
City of Surrency	General Fund
4. How will the strategy change the No change is anticipated.	previous arrangements for providing and/or funding this service within the county?

List any formal service delivery ag service:	reements or intergovernmental contracts that will be	e used to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
j		
	ill be used to implement the strategy for this service nges, etc.), and when will they take effect?	e (e.g., ordinances, resolutions, local acts of the
7. Person completing form: Mike C	eleland, County Manager	
Phone number: 912-367-8100	Date completed: 9-10-99	9
consistent with the service deliver If not, provide designated contact p	person(s) and phone number(s) below:	proposed local government projects are
or Jeff Baxley, Baxley City Man	nager, 912-367-8300	



PAGE 2

Instructions:

County: Appling	Service: Planning/Zoning
1. Check the box that best describe	s the agreed upon delivery arrangement for this service:
	tywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is nent, authority or organization providing the service.)
	in the unincorporated portion of the county by a single service provider. (If this box is checked, ority or organization providing the service.)
	le this service only within their incorporated boundaries, and the service will not be provided in box is checked, identify the government(s), authority or organization providing the service.)
☐ One or more cities will provide	le this service only within their incorporated boundaries, and the county will provide the service in box is checked, identify the government(s), authority or organization providing the service.)
	attach a legible map delineating the service area of each service provider, and identify the er organization that will provide service within each service area.)
2. In developing the strategy, were ☐ Yes ☑ No	overlapping service areas, unnecessary competition and/or duplication of this service identified?
	nder the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or
	ed under the strategy, attach an implementation schedule listing each step or action that will be sible party and the agreed upon deadline for completing it.
	ty that will help to pay for this service and indicate how the service will be funded (e.g., enterprise special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
City of Baxley	General Fund
 How will the strategy change the No change is anticipated. 	e previous arrangements for providing and/or funding this service within the county?
No change is anticipated.	

service:		
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
	38	
	2	(a)
None		
	Cleland, County Manager	
7. Person completing form: Mike of Phone number: 912-367-8100	Cleland, County Manager Date completed: <u>9</u> -10-9	9
7. Person completing form: Mike of Phone number: 912-367-8100	Date completed: 9-10-99	
7. Person completing form: Mike of Phone number: 912-367-8100 8. Is this the person who should be consistent with the service delivered.	Date completed: 9-10-99	



PAGE 2

Instructions:

County: Appling	Service: Probation Service
1. Check the box that best describes	the agreed upon delivery arrangement for this service:
	wide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is ent, authority or organization providing the service.)
	n the unincorporated portion of the county by a single service provider. (If this box is checked, rity or organization providing the service.)
	this service only within their incorporated boundaries, and the service will not be provided in ox is checked, identify the government(s), authority or organization providing the service.)
unincorporated areas. (If this b	this service only within their incorporated boundaries, and the county will provide the service in ox is checked, identify the government(s), authority or organization providing the service.)
	attach a legible map delineating the service area of each service provider, and identify the organization that will provide service within each service area.)
4	overlapping service areas, unnecessary competition and/or duplication of this service identified?
	ler the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or
	d under the strategy, attach an implementation schedule listing each step or action that will be ible party and the agreed upon deadline for completing it.
	that will help to pay for this service and indicate how the service will be funded (e.g., enterprise pecial service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
•	Funding Method:
Appling County	General Fund, Fees & State
City of Baxley	Fees
	previous arrangements for providing and/or funding this service within the county? contract out with a private firm for the provision of this service.

List any formal service de service:	livery agreements or intergovernmental co	contracts that will be used to implement the strategy for this
Agreement Name:	Contracting Parties	es: Effective and Ending Dates:
General Assembly, rate or None	fee changes, etc.), and when will they tak	ke effect?
7. Person completing form:	Mike Cleland, County Manager	
Phone number: 912-367		completed: <u>9-10-99</u>
8. Is this the person who sho consistent with the service	uld be contacted by state agencies when ever delivery strategy?	evaluating whether proposed local government projects are
If not, provide designated	contact person(s) and phone number(s) be	pelow:
or Jeff Baxley, Baxley C	City Manager, 912-367-8300	



PAGE 2

Instructions:

County: Appling	Service: Public Health
	s the agreed upon delivery arrangement for this service:
Service will be provided count checked, identify the government	tywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is aent, 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, ority or organization providing the service.)
	e this service only within their incorporated boundaries, and the service will not be provided in box is checked, identify the government(s), authority or organization providing the service.)
	this service only within their incorporated boundaries, and the county will provide the service in box is checked, identify the government(s), authority or organization providing the service.)
	attach a legible map delineating the service area of each service provider, and identify the er organization that will provide service within each service area.)
2. In developing the strategy, were ☐ Yes ☑ No	overlapping service areas, unnecessary competition and/or duplication of this service identified?
	der the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or
	ed under the strategy, attach an implementation schedule listing each step or action that will be asible party and the agreed upon deadline for completing it.
	ty that will help to pay for this service and indicate how the service will be funded (e.g., enterprise special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
Appling County	General Fund, Fees & State
(
4. How will the strategy change the No change is anticipated.	e previous arrangements for providing and/or funding this service within the county?

 List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service: 		be used to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
; ·		
7. Person completing form: Mike Clel	and, County Manager	
7. Person completing form: Mike Clele Phone number: 912-367-8100	and, County Manager Date completed: 9-10-9	99
Phone number: 912-367-8100	Date completed: 9-10-9 acted by state agencies when evaluating whether trategy? Yes No	



PAGE 2

Instructions:

County: Appling	Service: Public Housing
1. Check the box that best describes	the agreed upon delivery arrangement for this service:
Service will be provided count checked, identify the governm	ywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is ent, authority or organization providing the service.)
	n the unincorporated portion of the county by a single service provider. (If this box is checked, rity or organization providing the service.)
unincorporated areas. (If this because of the country of Bextey Housing Authority) One or more cities will provide	e this service only within their incorporated boundaries, and the service will not be provided in box is checked, identify the government(s), authority or organization providing the service.) e this service only within their incorporated boundaries, and the county will provide the service in
	ox is checked, identify the government(s), authority or organization providing the service.)
Other. (If this box is checked, government, authority, or other	attach a legible map delineating the service area of each service provider, and identify the r organization that will provide service within each service area.)
2. In developing the strategy, were ☐ Yes ☑ No	overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will continue un higher levels of service (See O.C.G competition cannot be eliminated).	der the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but .A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or
	ed under the strategy, attach an implementation schedule listing each step or action that will be sible party and the agreed upon deadline for completing it.
3. List each government or authorit funds, user fees, general funds, s indebtedness, etc.).	y that will help to pay for this service and indicate how the service will be funded (e.g., enterprise pecial service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
Baxley Housing Authority	Rent & HUD Funds
4. How will the strategy change the No change is anticipated.	previous arrangements for providing and/or funding this service within the county?

List any formal service delivery service:	agreements or intergovernmental contracts that will b	be used to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
		2
General Assembly, rate or fee ch None	nanges, etc.), and when will they take effect?	
7. Person completing form: Mike	Cleland, County Manager	
Phone number: 912-367-8100		99
8. Is this the person who should be consistent with the service deliv	contacted by state agencies when evaluating whether ery strategy?	r proposed local government projects are
If not, provide designated contact	et person(s) and phone number(s) below:	
or Jeff Baxley, Baxley City Ma	anager, 912-367-8300	



PAGE 2

Instructions:

County: Appling	Service: Public Welfare
1. Check the box that best describe	s the agreed upon delivery arrangement for this service:
	tywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is nent, 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, ority or organization providing the service.)
	this service only within their incorporated boundaries, and the service will not be provided in box is checked, identify the government(s), authority or organization providing the service.)
	le this service only within their incorporated boundaries, and the county will provide the service in box is checked, identify the government(s), authority or organization providing the service.)
	attach a legible map delineating the service area of each service provider, and identify the er organization that will provide service within each service area.)
2. In developing the strategy, were ☐ Yes ☑ No	overlapping service areas, unnecessary competition and/or duplication of this service identified?
	nder the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or
	ed under the strategy, attach an implementation schedule listing each step or action that will be asible party and the agreed upon deadline for completing it.
	ty that will help to pay for this service and indicate how the service will be funded (e.g., enterprise special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
Appling County	General Fund & State
 How will the strategy change the No change is anticipated. 	e previous arrangements for providing and/or funding this service within the county?

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
	will be used to implement the strategy for this service anges, etc.), and when will they take effect?	(e.g., ordinances, resolutions, local acts of the
7. Person completing form: Mike (Cieland, County Manager	
7. Person completing form: Mike of Phone number: 912-367-8100	Cleland, County Manager Date completed: 9-10-99	



PAGE 2

Instructions:

	_
County: Appling	Service: Recreation
1. Check the box that best describes	the agreed upon delivery arrangement for this service:
checked, identify the governme	wide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is ent, authority or organization providing the service.)
	n the unincorporated portion of the county by a single service provider. (If this box is checked, rity or organization providing the service.)
	this service only within their incorporated boundaries, and the service will not be provided in ox is checked, identify the government(s), authority or organization providing the service.)
-	this service only within their incorporated boundaries, and the county will provide the service in ox is checked, identify the government(s), authority or organization providing the service.)
	ttach a legible map delineating the service area of each service provider, and identify the organization that will provide service within each service area.)
2. In developing the strategy, were of Yes □ No Tax inequity	verlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will continue und higher levels of service (See O.C.G. competition cannot be eliminated).	er the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or
If these conditions will be eliminated taken to eliminate them, the respons	d under the strategy, attach an implementation schedule listing each step or action that will be ible party and the agreed upon deadline for completing it.
3. List each government or authority funds, user fees, general funds, spindebtedness, etc.).	that will help to pay for this service and indicate how the service will be funded (e.g., enterprise secial service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
Appling County	General Fund & Fees
	The state of the s
Appling County and the City of administering. However, the co	previous arrangements for providing and/or funding this service within the county? Baxley have been sharing in the provision of the service with the City of Baxley unty will take over all of the funding of this service on October 1, 1999 and the City of the for one last year. By October 1, 2000, Appling will take over both the funding and

List any formal service delive service:	ery agreements or intergovernmental contracts that	will be used to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
7.4		
	·	
	ny) will be used to implement the strategy for this so e changes, etc.), and when will they take effect?	ervice (e.g., ordinances, resolutions, local acts of the
7. Person completing form: M	ike Cleland, County Manager	
Phone number: 912-367-81		-10-99
consistent with the service de	be contacted by state agencies when evaluating whelivery strategy? Yes No ntact person(s) and phone number(s) below: Manager, 912-367-8300	nether proposed local government projects are



PAGE 2

Instructions:

County: Appling	Service: Road/Street Construction
1. Check the box that best describes	the agreed upon delivery arrangement for this service:
	ywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is ent, authority or organization providing the service.)
	n the unincorporated portion of the county by a single service provider. (If this box is checked, ority or organization providing the service.)
	e this service only within their incorporated boundaries, and the service will not be provided in box is checked, identify the government(s), authority or organization providing the service.)
	this service only within their incorporated boundaries, and the county will provide the service in 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 r organization that will provide service within each service area.)
4	overlapping service areas, unnecessary competition and/or duplication of this service identified?
	der the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but .A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or
	ed under the strategy, attach an implementation schedule listing each step or action that will be sible party and the agreed upon deadline for completing it.
	y that will help to pay for this service and indicate how the service will be funded (e.g., enterprise pecial service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
Appling County	General Fund, DOT & SPLOST
City of Baxley	General Fund, DOT & SPLOST
and the state of t	
No change is anticipated. Appl	previous arrangements for providing and/or funding this service within the county? ling County will continue to assist the municipalities with construction, paving, and state it does in the unincorporated areas.

List any formal service delivery service:	agreements or intergovernmental contracts that will be	used to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
) will be used to implement the strategy for this service changes, etc.), and when will they take effect?	(e.g., ordinances, resolutions, local acts of the
7. Person completing form: Mike	e Cleland, County Manager	
Phone number: 912-367-8100		9
consistent with the service deli-	act person(s) and phone number(s) below:	proposed local government projects are
		······································



PAGE 2

Instructions:

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

County: Appling	Service: Road/Street Maintenance
1. Check the box that best describes	the agreed upon delivery arrangement for this service:
	ywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is ent, authority or organization providing the service.)
	n the unincorporated portion of the county by a single service provider. (If this box is checked, rity or organization providing the service.)
One or more cities will provide unincorporated areas. (If this b	this service only within their incorporated boundaries, and the service will not be provided in ox is checked, identify the government(s), authority or organization providing the service.)
	this service only within their incorporated boundaries, and the county will provide the service in ox 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 rorganization that will provide service within each service area.)
	overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will continue und higher levels of service (See O.C.G. competition cannot be eliminated).	der the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but .A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or
	d under the strategy, attach an implementation schedule listing each step or action that will be sible party and the agreed upon deadline for completing it.
	y that will help to pay for this service and indicate how the service will be funded (e.g., enterprise pecial service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
Appling County	General Fund
City of Baxley	General Fund
City of Graham	General Fund
City of Surrency	General Fund
	previous arrangements for providing and/or funding this service within the county?
agreement, Appling County will county maintenance of city stre	for the grading of all dirt roads, including those in municipalities. As an interimal contribute \$150,000 in FY 2000 (begin October 1, 1999) to the City of Baxley in lieu of eets and in offset of the Municipal Services Agreement funding elimination. The structure will be negotiated as part of a more formal, permanent agreement on county funding or

provision of services in the city before October 1, 2000. To clarify what are city streets, the City of Baxley will get the 2000 Georgia General Assembly to deannex the road rights-of-way previously annexed into the City at least to the point where the last property has been annexed into the City of Baxley. Appling County and the City of Baxley will establish an agreement by October 1, 2000 that will give responsibility for remaining annexed road rights-of-way outside of the traditional circular city limits for the purposes of law enforcement, road maintenance, and other services, with the exception of utilities, to Appling County until such time as 50 percent of the adjoining residents have annexed

into the City of Baxley, whereupon the City of Baxley will assume responsibility for all service provision.

List any formal service delivery agreements or in service:	ntergovernmental contracts that will be used to imp	lement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
¥		
What other mechanisms (if any) will be used to General Assembly, rate or fee changes, etc.), and None		nces, resolutions, local acts of the
7. Person completing form: Mike Cleland, Cour	nty Manager	
Phone number: 912-367-8100	Date completed: 9-10-99	-
8. Is this the person who should be contacted by state consistent with the service delivery strategy? If not, provide designated contact person(s) and or Jeff Baxley, Baxley City Manager, 912-36	☑ Yes □ No phone number(s) below:	al government projects are

PAGE 2

Instructions:

County: Appling	Service: Sewer
1. Check the box that best describes	s the agreed upon delivery arrangement for this service:
 Service will be provided count checked, identify the governm 	cywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is ent, authority or organization providing the service.)
 Service will be provided only in identify the government, authorities 	in the unincorporated portion of the county by a single service provider. (If this box is checked, prity or organization providing the service.)
One or more cities will provide unincorporated areas. (If this because of Baxley)	e this service only within their incorporated boundaries, and the service will not be provided in pox is checked, identify the government(s), authority or organization providing the service.)
One or more cities will provide	e this service only within their incorporated boundaries, and the county will provide the service in pox is checked, identify the government(s), authority or organization providing the service.)
 Other. (If this box is checked, government, authority, or othe 	attach a legible map delineating the service area of each service provider, and identify the r organization that will provide service within each service area.)
2. In developing the strategy, were of Yes ✓ No	overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will continue und higher levels of service (See O.C.G competition cannot be eliminated).	der the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but .A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or
If these conditions will be eliminate taken to eliminate them, the respons	ed under the strategy, attach an implementation schedule listing each step or action that will be sible party and the agreed upon deadline for completing it.
3. List each government or authority funds, user fees, general funds, si indebtedness, etc.).	y that will help to pay for this service and indicate how the service will be funded (e.g., enterprise pecial service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
City of Baxley	Sewer Fund
Ţ.	
	<u>/</u>
No change is anticipated.	previous arrangements for providing and/or funding this service within the county?
no change to annoipatou.	a Delpher
	Gar.
	previous arrangements for providing and/or funding this service within the county?
	10 must
	Must voor when the

List any formal service delivery ag service:	reements or intergovernmental contracts that will b	be used to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
	ill be used to implement the strategy for this service	
None	nges, etc.), and when will they take effect?	
7. Person completing form: Mike C	leland, County Manager	
Phone number: 912-367-8100	Date completed: 9-10-9	9
consistent with the service delivery	person(s) and phone number(s) below:	proposed local government projects are



PAGE 2

Instructions:

changes, this should be	e reported to the Department of Community Affairs.
County: Appling	Service: Solid Waste Collection
1. Check the box that best describe	s the agreed upon delivery arrangement for this service:
	tywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is lent, authority or organization providing the service.)
	in the unincorporated portion of the county by a single service provider. (If this box is checked, ority or organization providing the service.)
	e this service only within their incorporated boundaries, and the service will not be provided in box is checked, identify the government(s), authority or organization providing the service.)
unincorporated areas. (If this Appling County, City of Baxley, City of Other. (If this box is checked,	this service only within their incorporated boundaries, and the county will provide the service in box is checked, identify the government(s), authority or organization providing the service.) Graham, City of Surrency attach a legible map delineating the service area of each service provider, and identify the errorganization that will provide service within each service area.)
2. In developing the strategy, were ☐ Yes ☑ No	overlapping service areas, unnecessary competition and/or duplication of this service identified?
	der the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but i.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or
	ed under the strategy, attach an implementation schedule listing each step or action that will be sible party and the agreed upon deadline for completing it.
	ty that will help to pay for this service and indicate how the service will be funded (e.g., enterprise special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
Appling County	General Fund & Fees, Insurance Premium Tax
City of Baxley	General Fund & Fees
City of Graham	General Fund & Fees
City of Surrency	General Fund & Fees
Each government will be resp	e previous arrangements for providing and/or funding this service within the county? onsible for solid waste collection and disposal within their own jurisdiction. The county will unincorporated area will be paid only from revenues from the unincorporated area.

List any formal service delivery agrees service:	ments or intergovernmental contracts that will be	used to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
		4.00
1		
	ne used to implement the strategy for this service s, etc.), and when will they take effect?	(e.g., ordinances, resolutions, local acts of the
7. Person completing form: Mike Clela	and, County Manager	
Phone number: 912-367-8100	Date completed: 9-10-99)
8. Is this the person who should be contact consistent with the service delivery states or Jeff Baxley, Baxley City Manager	son(s) and phone number(s) below:	proposed local government projects are
Or Jell Baxley, Baxley City Mariago	51, 512-007-0000	



PAGE 2

Instructions:

changes, this should t	be reported to the Department of Community Affairs.
County: Appling	Service: Solid Waste Landfill
1. Check the box that best describe	es the agreed upon delivery arrangement for this service:
	atywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is nent, authority or organization providing the service.)
	in the unincorporated portion of the county by a single service provider. (If this box is checked, ority or organization providing the service.)
	the this service only within their incorporated boundaries, and the service will not be provided in box is checked, identify the government(s), authority or organization providing the service.)
One or more cities will provid unincorporated areas. (If this Appling County, City of Baxley, City of	de this service only within their incorporated boundaries, and the county will provide the service in 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 er organization that will provide service within each service area.)
2. In developing the strategy, were ☐ Yes ☑ No	overlapping service areas, unnecessary competition and/or duplication of this service identified?
	nder the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or
	ted under the strategy, attach an implementation schedule listing each step or action that will be assisted party and the agreed upon deadline for completing it.
	ty that will help to pay for this service and indicate how the service will be funded (e.g., enterprise special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
Appling County	General Fund & Fees
City of Baxley	General Fund & Fees
City of Graham	General Fund & Fees
City of Surrency	General Fund & Fees
Each government will be resp	e previous arrangements for providing and/or funding this service within the county? consible for disposal costs from their jurisdiction. The county will provide their share of the ed from the unincorporated area.

List any formal service de service:	elivery agreements or in	ntergovernmental contracts that wi	ll be used to impl	ement the strategy for this
Agreement Name:		Contracting Parties:		Effective and Ending Dates:
	19			
		implement the strategy for this ser if when will they take effect?	vice (e.g., Ordinar	ices, resolutions, local acts of the
7. Person completing form:	Mike Cleland, Coun	ity Manager		
Phone number: 912-367		Date completed: 9-1	0-99	_
8. Is this the person who sho consistent with the service		ate agencies when evaluating whet Yes \(\sigma\) No	her proposed loca	ll government projects are
If not, provide designated	contact person(s) and	phone number(s) below:		
or Jeff Baxley, Baxley (City Manager, 912-36	37-8300	***************************************	
L				



PAGE 2

Instructions:

a Applina	Service: Street Lighting
County: Appling	
1. Check the box that best describes	the agreed upon delivery arrangement for this service:
	ywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is ent, authority or organization providing the service.)
	n the unincorporated portion of the county by a single service provider. (If this box is checked, rity or organization providing the service.)
unincorporated areas. (If this b	this service only within their incorporated boundaries, and the service will not be provided in ox is checked, identify the government(s), authority or organization providing the service.)
	this service only within their incorporated boundaries, and the county will provide the service in ox is checked, identify the government(s), authority or organization providing the service.)
	attach a legible map delineating the service area of each service provider, and identify the rorganization that will provide service within each service area.)
2. In developing the strategy, were of □ Yes ☑ No	overlapping service areas, unnecessary competition and/or duplication of this service identified?
	der the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or
	d under the strategy, attach an implementation schedule listing each step or action that will be ible party and the agreed upon deadline for completing it.
	that will help to pay for this service and indicate how the service will be funded (e.g., enterprise pecial service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
City of Baxley	General Fund
City of Graham	General Fund
City of Surrency	General Fund
How will the strategy change the No change is anticipated.	previous arrangements for providing and/or funding this service within the county?

service: Agreement Name:	Contracting Parties:	Effective and Ending Dates:
General Assembly, rate or fee cl	will be used to implement the strategy for this service hanges, etc.), and when will they take effect?	(e.g., ordinances, resolutions, local acts of the
None		
	Cleland, County Manager	
7. Person completing form: Mike Phone number: 912-367-8100		
7. Person completing form: Mike Phone number: 912-367-8100	Date completed: 9-10-99 contacted by state agencies when evaluating whether	



PAGE 2

Instructions:

County: Appling	Service: Tax Assessment
1. Check the box that best describe	s the agreed upon delivery arrangement for this service:
	tywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is nent, 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, ority or organization providing the service.)
	this service only within their incorporated boundaries, and the service will not be provided in box is checked, identify the government(s), authority or organization providing the service.)
One or more cities will provid unincorporated areas. (If this	this service only within their incorporated boundaries, and the county will provide the service in box is checked, identify the government(s), authority or organization providing the service.)
	attach a legible map delineating the service area of each service provider, and identify the er organization that will provide service within each service area.)
2. In developing the strategy, were ☐ Yes ☑ No	overlapping service areas, unnecessary competition and/or duplication of this service identified?
	nder the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or
	ed under the strategy, attach an implementation schedule listing each step or action that will be sible party and the agreed upon deadline for completing it.
	ty that will help to pay for this service and indicate how the service will be funded (e.g., enterprise special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
Appling County	General Fund
<u> </u>	
 How will the strategy change the No change is anticipated. 	e previous arrangements for providing and/or funding this service within the county?
No change is anticipated.	

List any formal service delivery agreem service:	ents or intergovernmental contracts that will be	used to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
 What other mechanisms (if any) will be General Assembly, rate or fee changes, None 	used to implement the strategy for this service etc.), and when will they take effect?	(e.g., ordinances, resolutions, local acts of the
7. Person completing form: Mike Clelan	id, County Manager	
Phone number: 912-367-8100	Date completed: 9-10-99	9
8. Is this the person who should be contact consistent with the service delivery stra	ted by state agencies when evaluating whether pategy?	proposed local government projects are
If not, provide designated contact person	n(s) and phone number(s) below:	



PAGE 2

Instructions:

County: Appling	Service: Tax Collection
1. Check the box that best describe	s the agreed upon delivery arrangement for this service:
	tywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is nent, authority or organization providing the service.)
	in the unincorporated portion of the county by a single service provider. (If this box is checked, ority or organization providing the service.)
One or more cities will provid unincorporated areas. (If this	this service only within their incorporated boundaries, and the service will not be provided in box is checked, identify the government(s), authority or organization providing the service.)
unincorporated areas. (If this Appling County, City of Baxley, City of Other. (If this box is checked,	this service only within their incorporated boundaries, and the county will provide the service in box is checked, identify the government(s), authority or organization providing the service.) Graham, City of Surrency attach a legible map delineating the service area of each service provider, and identify the errorganization 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?
	der the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or
	ed under the strategy, attach an implementation schedule listing each step or action that will be sible party and the agreed upon deadline for completing it.
	ty that will help to pay for this service and indicate how the service will be funded (e.g., enterprise special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
Appling County	General Fund
City of Baxley	General Fund
City of Graham	General Fund
City of Surrency	General Fund
	e previous arrangements for providing and/or funding this service within the county? his service within its borders. However, Graham and Surrency will not be responsible for

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
	will be used to implement the strategy for this service tanges, etc.), and when will they take effect?	
None		
7. Person completing form: Mike Phone number: 912-367-8100		9
7. Person completing form: Mike Phone number: 912-367-8100	Cleland, County Manager Date completed: 9-10-9 contacted by state agencies when evaluating whether	



PAGE 2

Instructions:

County: Appling	Service: Tourism
	the agreed upon delivery arrangement for this service:
Service will be provided county checked, identify the governme Appling County Tourism Board	ywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is ent, authority or organization providing the service.)
	in the unincorporated portion of the county by a single service provider. (If this box is checked, prity or organization providing the service.)
	this service only within their incorporated boundaries, and the service will not be provided in box is checked, identify the government(s), authority or organization providing the service.)
	e this service only within their incorporated boundaries, and the county will provide the service in box is checked, identify the government(s), authority or organization providing the service.)
	attach a legible map delineating the service area of each service provider, and identify the r organization that will provide service within each service area.)
2. In developing the strategy, were of ☐ Yes ☑ No	overlapping service areas, unnecessary competition and/or duplication of this service identified?
	der the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but .A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or
	ed under the strategy, attach an implementation schedule listing each step or action that will be sible party and the agreed upon deadline for completing it.
	y that will help to pay for this service and indicate how the service will be funded (e.g., enterprise pecial service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
Appling County	Hotel/Motel Tax
<u> </u>	
· · · · · · · · · · · · · · · · · ·	
4. How will the strategy change the No change is anticipated.	previous arrangements for providing and/or funding this service within the county?
	^

List any formal service delivery agreem service:	nents or intergovernmental contracts that will be	be used to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
. ,		
 What other mechanisms (if any) will be General Assembly, rate or fee changes, None 		e (e.g., ordinances, resolutions, local acts of the
7. Person completing form: Mike Clelar	nd, County Manager	
Phone number: 912-367-8100	Date completed: 9-10-9	99
8. Is this the person who should be contact consistent with the service delivery stra	eted by state agencies when evaluating whether ategy? Yes No	proposed local government projects are
If not, provide designated contact perso	on(s) and phone number(s) below:	

PAGE 2 (continued)



SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

PAGE 2

Instructions:

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

County: Appling	Service: Voter Registration			
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.)			
	n the unincorporated portion of the county by a single service provider. (If this box is checked, rity or organization providing the service.)			
	this service only within their incorporated boundaries, and the service will not be provided in ox is checked, identify the government(s), authority or organization providing the service.)			
unincorporated areas. (If this b	this service only within their incorporated boundaries, and the county will provide the service in ox is checked, identify the government(s), authority or organization providing the service.) archam, City of Surrency attach a legible map delineating the service area of each service provider, and identify the			
	organization that will provide service within each service area.)			
	overlapping service areas, unnecessary competition and/or duplication of this service identified?			
If these conditions will continue und	ler the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or			
	d under the strategy, attach an implementation schedule listing each step or action that will be ible party and the agreed upon deadline for completing it.			
	that will help to pay for this service and indicate how the service will be funded (e.g., enterprise pecial service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded			
Local Government or Authority:	Funding Method:			
Appling County	General Fund			
City of Baxley	General Fund			
City of Graham	General Fund			
City of Surrency	General Fund			
4. How will the strategy change the No change is anticipated.	previous arrangements for providing and/or funding this service within the county?			

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
General Assembly, rate or fee cha	iges, etc.), and when will they take effect?	
	nges, etc.), and when will they take effect?	
None 7. Person completing form: Mike 0		
None		9
7. Person completing form: Mike 0 Phone number: 912-367-8100	Cleland, County Manager Date completed: 9-10-9 Ontacted by state agencies when evaluating whether	

PAGE 2 (continued)

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

PAGE 2

Instructions:

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

County: Appling	Service: Water
1. Check the box that best describes	the agreed upon delivery arrangement for this service:
	ywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is ent, authority or organization providing the service.)
	n the unincorporated portion of the county by a single service provider. (If this box is checked, rity or organization providing the service.)
	this service only within their incorporated boundaries, and the service will not be provided in ox is checked, identify the government(s), authority or organization providing the service.)
	this service only within their incorporated boundaries, and the county will provide the service in ox is checked, identify the government(s), authority or organization providing the service.)
government, authority, or other City of Baxley, City of Graham, City of 2. In developing the strategy, were c	attach a legible map delineating the service area of each service provider, and identify the rorganization that will provide service within each service area.) Surrency overlapping service areas, unnecessary competition and/or duplication of this service identified?
☐ Yes ☑ No	
	der the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or
	d under the strategy, attach an implementation schedule listing each step or action that will be ible party and the agreed upon deadline for completing it.
	that will help to pay for this service and indicate how the service will be funded (e.g., enterprise pecial service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
Dity of Baxley	Enterprise Fund
City of Graham (Enterprise Fund
City of Surrency	Enterprise Fund
The City of Baxley will reduce icity limits by January 1, 2009.	previous arrangements for providing and/or funding this service within the county? ts water rates for CDBG funded neighborhood areas to the same as others inside the rate charged to other the City will also fund an engineering study to justify the water rates charged to other s, and reduce water rates to those justified by October 1, 2000.
	s, and reduce water rates to triose justified by October 1, 2000.
	miles

List any formal service delivery agreer service:	nents or intergovernmental contracts that will	be used to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
~		
•		
General Assembly, rate or fee changes None		
7. Person completing form: Mike Clela	nd, County Manager	
Phone number: 912-367-8100	Date completed: 9-10-	99
8. Is this the person who should be contactoristent with the service delivery str	cted by state agencies when evaluating whethe ategy? Yes No	er proposed local government projects are
If not, provide designated contact person	- Di	
or Jeff Baxley, Baxley City Manage	er, 912-367-8300	

PAGE 2 (continued)

SERVICE DELIVERY STRATEGY SUMMARY OF LAND USE AGREEMENTS

PAGE 3

Instructions:

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.

Department of Community Attacks.	
County: Appling	
What incompatibilities or conflicts between the land use plans of local government service delivery strategy? None	nts were identified in the process of developing the
2. Check the boxes indicating how these incompatibilities or conflicts were addressed	ed:
amendments to existing comprehensive plans	Note: If the necessary plan amendments,
adoption of a joint comprehensive plan	regulations, ordinances, etc. have not yet been
☐ other measures (amend zoning ordinances, add environmental regulations, etc.	formally adopted, indicate when each of the affected local governments will adopt them.
If "other measures" was checked, describe these measures:	agreement governments was accept men.
3. Summarize the process that will be used to resolve disputes when a county disagrareas to be annexed into a city. If the conflict resolution process will vary for different conflict resolution process will vary for different conflict resolution process.	
Appling County and all cities have adopted a joint resolution creating a pro annexation and land use. (Copy attached)	cess to handle disputes concerning property
4. What policies, procedures and/or processes have been established by local gover	
that new extraterritorial water and sewer service will be consistent with all applicable	• 2
Appling County and all cities have adopted a joint resolution to insure that provide is compatible with land use plans and ordinances of the territory of new service is to be extended. (Copy attached)	
5. Person completing form: Mike Cleland, County Manager	
Phone number: 912-367-8100 Date completed: 9-	10-99
6. Is this the person who should be contacted by state agencies when evaluating who consistent with land use plans of applicable jurisdictions? ✓ Yes □ No	ether proposed local government projects are
If not, provide designated contact person(s) and phone number(s) below: or Jeff Baxley, Baxley City Manager, 912-367-8300	



SERVICE DELIVERY STRATEGY CERTIFICATIONS

PAGE 4

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 Appling

COUNTY

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:
Dugge Whiley	Duane Whitley	Chairman	Appling Co. Board of Commissioners	9-23-99
Spene Kish-	Steve Rigdon	Mayor	City of Baxley	9-23-8
W Brader Heer.	W. Buddie Miller	Mayor	City of Graham	9-23-99
mada Gunlik	Mark Tomberlin	Mayor	City of Surrency	9-23-99
	899			

APPLING COUNTY INTERGOVERNMENTAL AGREEMENT

Process to Insure Compatibility with Applicable Land Use Plans and Ordinances Pursuant to the Provision of New Extraterritorial Water and Sewer Services

WHEREAS, the respective member governments of Appling County, which include the Appling County Board of Commissioners, and the Mayor/Councils of the cities of Baxley, Graham and Surrency have, pursuant to Georgia Laws and Acts, prepared and adopted a joint countywide comprehensive plan and service delivery strategy including compatible future land use plans; and

WHEREAS, the respective governments party to this agreement have found it necessary, desirable and in the public interest to establish a formal process to insure that the provision of new extraterritorial water and sewer service is consistent with all applicable land use plans and ordinances so as to meet both the requirements of law and spirit of cooperation and coordination outlined in the Georgia Service Delivery Act.

NOW THEREFORE BE IT RESOLVED THAT: The Appling County Board of Commissioners of Appling County, Georgia and the governing bodies of the cities of Baxley, Graham and Surrency, hereby agree to implement the following process for the provision of extraterritorial water and sewer services effective immediately upon the adoption of this Resolution by the respective governments.

- 1. Prior to initiating any extension of water or sewer services outside the boundaries of that respective local government, the City seeking such an extension will notify the county government of the proposed extension. The notification will provide information on location of property, size of the proposed extension, proposed purpose of the extension (i.e. proposed change in land use), and the existing land use classification of the property. Official notification of the county as required by this agreement shall be achieved by delivery of the required information to the county clerk.
- 2. Within thirty calendar days following receipt of the above information, the county will forward to the city proposing the extension a statement:
 - (a) Indicating that the proposed extraterritorial water or sewer extension is deemed compatible with the county's land use plan and all applicable ordinances and that the county has no objection to the proposal; or
 - (b) Describing its bona fide objections to the proposed water or sewer extension stating why the proposal is incompatible with the land use plan or ordinances, and providing supporting information including a listing of any possible stipulations or conditions that would alleviate the county's objections;
- 3. If the county has no objection, or fails to respond within thirty calendar days, to the city's proposed extraterritorial water or sewer extension, the city is free to proceed with the provision of the service.

- 4. If the county notifies the city that it has a bona fide objection, the city will respond to the county in writing within thirty calendar days by either:
 - (a) agreeing with the county and stopping action on the proposed extraterritorial water or sewer service extension;
 - (b) agreeing to implement the county's stipulations and conditions and thereby resolving the county's objection;
 - (c) requesting a meeting and informal resolution of the issues, including discussing a formal change, if necessary, to the land use plan;
 - (d) disagreeing that the county's objection is bona fide and asking for county reconsideration, or requesting a meeting and informal resolution as in step 4(c);
 - (e) If the informal dispute resolution process in steps 4(c) or 4(d) do not result in agreement, the city or county may initiate a formal mediation process.
- 5. If the city and county reach agreement as described in step 4(c) or 4(d), the City is free to proceed with the extraterritorial service extension as agreed.
- 6. In the event the respective jurisdictions seek mediation, the governments will agree on a mediator, mediation schedule and determine participants in the mediation. The city and county shall agree to share equally any costs associated with mediation.
- 7. A proposal to extend extraterritorial water and sewer service shall not be implemented until any bona fide land use plan or land use ordinance inconsistencies are resolved pursuant to the dispute resolution process, or have been taken to mediation.
- 8. If no resolution of the county's objection(s) occurs even after mediation, the city may:
 - (a) drop the proposal and not proceed with the extension; or
 - (b) take court action to obtain a declaratory judgment or otherwise take appropriate action which would lawfully allow the extension.
- 9. However, the final determination of the compatibility of the proposed extension with the land use plan or land use ordinances will be accorded to the governing body receiving the proposed service extension, unless court action determines that the county's objection(s) is not bona fide and a declaratory judgment is obtained.

This extraterritorial process for water and sewer services shall remain in force and effect until amended by agreement of each party or unless otherwise terminated by operation of law.

IN WITNESS WHEREOF the undersigned parties have hereunto affixed its names and seals on this __ day of _____, 1999.

DATE: 9-21-99

ATTEST:

ann Jones

DATE: 9-/9-99

ATTEST:

City Clerk Cerk

DATE 9-22-99

ATTEST:

Land Booting t

DATE 9/13/99

ATTEST:

Betty Mordy City Clerk **Appling County Board of Commissioners**

were whother

Chairman

Mayor and Council, Baxley, Georgia

Mayor and Council, Graham, Georgia

WBulles Miller Mayor

Mayor and Council, Surrency, Georgia

Mayor

Service Delivery Strategy Resolution

The City of Baxley and Appling County hereby agree to implement the following process for resolving land use disputes over annexation, effective July 1, 1998.

1. Prior to initiating any formal annexation activities, the City will notify the county government of a proposed annexation and provide information on location of property, size of area, and proposed land use or zoning classification(s) (if applicable) of the property upon annexation.

Within 15 working days following receipt of the above information, the county will forward to the city a statement either: (a) indicating that the county has no objection to the proposed land use for the property; or (b) describing its bona fide objection(s) to the city's proposed land use classification, providing supporting information, and listing any possible stipulations or conditions that would alleviate the county's objection(s);

- 2. If the county has no objection to the city's proposed land use or zoning classification, the city is free to proceed with the annexation. If the county fails to respond to the city's notice in writing within the deadline, the city is free to proceed with the annexation and the county loses its right to invoke the dispute resolution process, stop the annexation or object to land use changes after the annexation.
- 3. If the county notifies the city that it has a bona fide land use classification objections(s), the city will respond to the county in writing within 15 working days of receiving the county's objections(s) by either: (a) agreeing to implement the county's stipulations and conditions and thereby resolving the county's objections(s); (b) agreeing with the county and stopping action on the proposed annexation: (c) disagreeing that the county's objections(s) are bona fide and notifying the county that the city will seek a declaratory judgement in court: or (d) initiating a 30-day (maximum) mediation process to discuss possible compromises.
- 4. If the city initiates mediation, the city and county will agree on a mediator, mediation schedule and determine participants in the mediation. The city and county agree to share equally any costs associated with the mediation.



- 5. If no resolution of the county's bona fide land use classification objection(s) results from the mediation, the city will not proceed with the proposed annexation.
- 6. If the city and county reach agreement as described in step 3(a) or as a result of the mediation, they will draft an annexation agreement for execution by the city and county governments and the property owner(s).

Regardless of future changes in land use or zoning classification, any site-specific mitigation or enhancement measures or site-design stipulations included in the agreement will be binding on all parties for the duration of the annexation agreement. The agreement shall become final when signed by the city, the county and the property owner(s).

This annexation dispute resolution agreement shall remain in force and effect until amended by agreement of each party or unless otherwise terminated by operation of law.

Attests W. Agell

Steve Rigdon, Mayor

City of Baxley

Attest

Duane Whitley, Chairman

Appling County Board of Comm.