

GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS

SERVICE DELIVERY STRATEGY

Atkinson

PAGE 1

I. GENERAL INSTRUCTIONS

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

FOR

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.

COUNTY

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.

Atkinson County City of Pearson City of Willacoochee Atkinson County Industrial Authority Pearson Industrial Authority Willacoochee Industrial Authority Coffee/Atkinson Joint Development Authority Housing Authority of Atkinson County Housing Authority of City of Pearson Solid Waste Management Authority of Atkinson County



610		SERVICE DELIVER	Y STRATEGY	
	SUM	MARY OF SERVICE DELIV	ERY ARRANGEMENTS	PAGE
	Instructions: Make copies of this form and Answer each question below, atta should be reported to the Departm	complete one for each service listed o uching additional pages as necessary. If the nent of Community Affairs.	n page 1, Section III. Use exactly he contact person for this service (list	the same service names listed on page ted at the bottom of the page) changes, t
County: A	tkinson	Service:	Alcohol License	
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City of	Willacochee	(provider)	General Fun	d, Fees
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City c	f Pearson Alco	hol Ordinance will	L amend by Janua	ry 2000.
7. Person con	DICUNY IOUII.	Ann Johnson		
Phone number	1-912-422-613	5 Date completed: _1	March 1999	
				I government projects
re consistent	with the service delivery stu	cted by state agencies when eval rategy? yes no s) and phone number(s) below:	uaung whether proposed loca	a Posteriment broleers
		n Atkinson County	Commission 91	2-422-3391

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County:	Atkinson	Servi	e: Adult Er	itertainment	
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ocal Government		ng Method:			
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Contra la	SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS							
	SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE Instructions: Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, the should be reported to the Department of Community Affairs.							
County:	Atkinson	Service:	Animal	Control				
Service is chec	box that best describes the agreed upon delivery e will be provided countywide (i.e., including al ked, identify the government, authority or organ e will be provided only in the unincorporated po y the government, authority or organization prov	l cities and u lization prov	inincorporated viding the servi	areas) by a single service provider. (If this box ce.)				

- One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)
- 2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified? 🗌 yes 📕 no

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

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

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

City of	Willacooch	an (provi	dam) Comanal	- 1	
	HTTTGCOOdin.	ee (provi	der) General	Fund	and the second

Local Government or Authority: Funding Method:

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?

No change.

Count

5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service: Effective and Ending Dates: Agreement Name Contracting Parties

Animal Control Agreement	Douglas/Coffee County Humane	5/8/99-5/8/00
	Society	

6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?

Vicious Dog Ordinance - City of Willacoochee

7. Person completing form:	Lou Ann Jo	ohnson			
Phone number:	-422-6135	Date completed:	March	1999	

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? 🗌 yes 📕 no

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

Jack Taft - Chairman Atkinson County Commission 912-422-3391

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		SUMMAR	Y OF SERVICE	DELIVERY AF	RRANGEN	IENTS	PAGE
		n below, attaching ad	ditional pages as nece				me service names listed on page 1 he bottom of the page) changes, this
County:	Atkinson		Ser	vice: Buildi	ng Per	mitting	& Inspection
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Local Governmen	nt or Authority: F	unding Method:					
Atkinso	n County		(provider)	General	Fund,	Fees	
City of	Pearson		(provider)				
City of	Willacooc	hee	(provider)	General	Fund,	Fees	
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Georgia	Standard	Building	Code				
	n Zoning O						
Land Us	se Agreeme	nt					
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7. Person con	npleting form:		Johnson	leted. May 19	999		
	r: <u>1-912-42</u>		Date comp				
			state agencies w	hen evaluating wh	ether propo	osed local gove	ernment projects

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are consistent with the service delivery strategy? If not, provide designated contact person(s) and phone number(s) below: Jack Taft - Chairman Atkinson County Commission

912-422-3391

		Crist			RY STRATEG			
	Instructions:	SUM	MARY OF SERV	ICE DELI	VERY ARRANG	EMENTS		PAGE
	Make copies of th Answer each questi	on below, att	complete one for each aching additional pages a ment of Community Affa	as necessary. I				
ounty:	Atkinson	n		Service:	Business	License		
Check the	box that best desc	cribes the a	agreed upon deliver	y arrangeme	ent for this service:			
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Atkinson County - Ordinance by June 2000.

City of Pearson - Business License Ordinance

City of Willacoochee - Business License Ordiance 7. Person completing form: Lou Ann Johnson Phone number: 1-912-422-6135 Date completed: March 1999

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? \Box yes \blacksquare no

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

Jack Taft - Chairman Atkinson County Commission 912-422-3391

		SUMMA	RY OF SERVIC	E DELI	VERY ARRAN	GEMENTS	-	PAGE
	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:	Atkinson		S	ervice:	Concerte	ed Servi	ices	
1. Check the	box that best des	cribes the agree	d upon delivery a	rrangeme	nt for this servic	e:		
			e., including all ci thority or organiza				gle service provider.	. (If this box
			ncorporated portion ganization providi			le service pro	vider. (If this box is	checked,
							rvice will not be pro on providing the serv	
							ounty will provide th on providing the serv	
			legible map delin ation that will prov				e provider, and ide	entify the
2. In developi	-	were overlappir	ng service areas, u	nnecessa	y competition a	nd/or duplica	tion of this service i	dentified?
If these condit higher levels of	ions will continu of service (See C	.C.G.A. 36-70-2					gement (i.e., overla that overlapping ser	
or competition	a cannot be elimi	inated).						
							ach step or action th	nat will be
aken to elimit	nate them, the re	sponsible party	and the agreed up	on deadli	ne for completin	ig it.		
							will be funded (e.g.	
funds, user fe	es, general funds	s, special service	e district revenues	, hotel/mo	tel taxes, franch	nise taxes, imp	pact fees, bonded in	debtedness,
ocal Governmen	t or Authority:	Funding Method:						
Atkinson	County	((provider)		General I	fund, St	ate Funds	
Atkinson	County	((provider)		General 1	fund, St	ate Funds	
Atkinson	County	((provider)		General I	fund, St	ate Funds	
Atkinsor	County	((provider)		General I	fund, St	ate Funds	
			(provider) arrangements for					
4. How will th	he strategy chan;							
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I. How will th	he strategy chan;							
I. How will th	he strategy chan;							
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4. How will the No cha 5. List any for Agreement Name	he strategy chan; inge . mal service deliv	ge the previous a	arrangements for p s or intergovernme Contracting Part	providing ental contr ies:	and/or funding acts that will be	this service w	rithin the county? ement the strategy f Effective and End	
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4. How will the No char 5. List any for Agreement Name Meals on Commodit Employme 5. What other General Asser None. 7. Person com Phone number 8. Is this the pare consistent	he strategy change inge. mal service delive in Wheels by Distril ent Service rechanisms (if mbly, rate or fee hpleting form: r: 1-912- person who shou with the service	ge the previous a very agreements bution ces fany) will be use changes, etc.), a Lou Anr 422-6135 Id be contacted delivery strateg	arrangements for p s or intergovernme Contracting Part Atkinso Atkinso Atkinso ed to implement th and when will they n Johnson Date com	providing ental contri ies: n Cou n cou n cou n cou n cou n cou n cou n cou n cou n cou n cou n cou n	and/or funding acts that will be nty/So.G/ nty/So.G/ nty/So.G/ for this service ct?	this service w s used to imple A AOA A AOA A AOA A AOA	ement the strategy f Effective and End Yearly Yearly Yearly nces, resolutions, loo	cal acts of th

SERVICE DELIVERY STRATECY

Ch

200	3		SU		OF SERVICE						s				PAGE
	D	Instructions: Make copies of th Answer each questi should be reported to	on below, a	ttaching addi	tional pages as nece	ce lis ssary	sted on pa y. If the co	ge 1, Section ntact person	n III for th	. Use exact his service (tly ti liste	he same s d at the bo	ervice nam ottom of th	nes listed ie page) d	d on page 1. changes, this
County:	ł	Atkinson			Ser	vice	e:	Code	Er	nforc	em	ent			
1. Check	the b	ox that best desc	ribes the	agreed up	on delivery arra	inge	ement for	this servi	ce:						
		will be provided ed, identify the g								s) by a sin	ngle	e service	e provide	er. (If th	nis box
		vill be provided the government,							gle s	ervice pr	ovi	der. (If t	his box	is chec	ked,
		nore cities will p orated areas. (If													
		nore cities will p orated areas. (If													
		f this box is check ent, authority, or										provide	r, and ic	dentify	the
2. In dev	17.00	ng the strategy, no	were over	rlapping se	rvice areas, unr	nece	essary cor	npetition	and/	or duplic	atic	on of this	s service	identii	fied?
higher lev	vels o	ons will continu f service (See O cannot be elimi	C.G.A. 3												
		ons will be elim		der the str	ategy, attach a	n im	plement	ation sch	edu	le listing	eac	h step o	r action	that wi	II be
funds, us local Gover	er fee			service dis lethod:	trict revenues, h		l/motel ta	xes, franc	hise	taxes, in	npa	ct fees,			
		County		(prov:				<u>Genera</u> Genera							
		Pearson Willacoo	choo	(prov: (prov:				Genera			-	Fees			
UILY	01	WIIIacoo	chee	(prov.	Luer)			Jenera	11	runu	,	rees			
														_	
4. How w	will th	e strategy chang	e the pre	vious arran	gements for pro	ovid	ling and/	or funding	this	service	wit	hin the c	county?		
No c	har	IGE.													
110 0	liai	160.													
5. List any	y form	nal service deliv	ery agree	ments or i	ntergovernment	al c	ontracts	hat will b	e us	ed to imp	olen	nent the	strategy	for this	s service:
Agreement	Name:		-		Contracting Parties	:						Effect	ive and Er	nding Da	tes:
Code	Enf	forcement	Agre	ement	Atkinsor	1 (Count	y/RDC			- >		yearl	Ly	
Cada	End		1 ~ ~ ~ ~	amont	City of	De		ert St					Yearl	1	
		orcement											Yearl		
		mechanisms (if													ts of the
		bly, rate or fee of													
Stan	dar	d Buildin	ng Co	des											
City	of	Pearson	Zoni	ng Ord	linance										
7. Person	n com	pleting form:			ohnson										
Phone nu			22-61	35	Date compl	eted	: Mar	ch 199	99						

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

Jack Taft - Chairman Atkinson County Commission 912-422-3391

		CE DELIVERY STRATEGY Service Delivery Arrangements	
	Instructions:	SERVICE DELIVERT ARRANGEMENTS	S PAGE
	Make copies of this form and complete one for	or each service listed on page 1, Section III. Use exact pages as necessary. If the contact person for this service (I hity Affairs.	ly the same service names listed on page listed at the bottom of the page) changes, thi
County:	Atkinson	Service: Cooperative Ex	tension Service
	ox that best describes the agreed upon d		
	vill be provided countywide (i.e., includ d, identify the government, authority or	ling all cities and unincorporated areas) by a sin organization providing the service.)	ngle service provider. (If this box
	vill be provided only in the unincorpora he government, authority or organizatio	ted portion of the county by a single service pro n providing the service.)	ovider. (If this box is checked,
		within their incorporated boundaries, and the so ntify the government(s), authority or organizati	
		within their incorporated boundaries, and the contract the government(s), authority or organization	
		ap delineating the service area of each service will provide service within each service area.)	ce provider, and identify the
2. In developi		e areas, unnecessary competition and/or duplica	ation of this service identified?
If these condit higher levels o	ons will continue under the strategy, at	tach an explanation for continuing the arran verriding benefits of the duplication, or reasons	
		y, attach an implementation schedule listing of	each step or action that will be
taken to elimir	ate them, the responsible party and the a	agreed upon deadline for completing it.	
		bay for this service and indicate how the service	
funds, user lee	s, general funds, special service district	revenues, hotel/motel taxes, franchise taxes, im	ipact rees, bonded indebtedness, et
) General Fund, State	Funds
) General Fund, State	Funds
) General Fund, State	Funds
) General Fund, State	Funds
Atkinson	County (provider		
Local Governmen Atkinson 4. How will th	County (provider) General Fund, State	
Atkinson	County (provider		
Atkinson 4. How will th	County (provider		
Atkinson 4. How will th No cha	County (provider	nents for providing and/or funding this service v	within the county?
Atkinson 4. How will th No cha 5. List any for	County (provider e strategy change the previous arrangem nge.		within the county?
Atkinson 4. How will th No cha 5. List any for	County (provider e strategy change the previous arrangem nge.	nents for providing and/or funding this service v governmental contracts that will be used to imp	within the county? lement the strategy for this service
Atkinson 4. How will th No cha 5. List any for	County (provider e strategy change the previous arrangem nge.	nents for providing and/or funding this service v governmental contracts that will be used to imp	within the county? lement the strategy for this service
Atkinson 4. How will th No cha 5. List any for	County (provider e strategy change the previous arrangem nge.	nents for providing and/or funding this service v governmental contracts that will be used to imp	within the county? lement the strategy for this service
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Atkinson 4. How will th No cha 5. List any for Agreement Name 6. What other General Assen The Co	County (provider e strategy change the previous arrangem nge . nal service delivery agreements or interg Control mechanisms (if any) will be used to imp bly, rate or fee changes, etc.), and when	nents for providing and/or funding this service v governmental contracts that will be used to imp racting Parties:	within the county? lement the strategy for this service Effective and Ending Dates:
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Atkinson 4. How will th No cha 5. List any for Agreement Name 6. What other General Assen The Co Univer 7. Person com Phone number 8. Is this the p are consistent	County (provider county (provider e strategy change the previous arrangem nge. nal service delivery agreements or interg Control mechanisms (if any) will be used to imp bly, rate or fee changes, etc.), and when operative Extension P sity of Georgia. pleting form: Lou Ann John 1-912-422-6135	nents for providing and/or funding this service v governmental contracts that will be used to imp racting Parties: olement the strategy for this service (e.g., ordina a will they take effect? rogram is in conjunction SON Date completed: <u>March 1999</u> agencies when evaluating whether proposed loc yes m no	within the county?

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			CE DELIVERY STRATEGY	
	Instructions:	SUMMARY OF S	SERVICE DELIVERY ARRANGEMENTS	PAGE
	Make copies of th Answer each questi	s form and complete one for n below, attaching additional the Department of Communi	or each service listed on page 1, Section III. Use exactly the same pages as necessary. If the contact person for this service (listed at the ity Affairs.	e service names listed on page 1. bottom of the page) changes, this
	Atkinson		Service: Community Centers	
			elivery arrangement for this service:	
			ing all cities and unincorporated areas) by a single servi organization providing the service.)	ice provider. (If this box
			ted portion of the county by a single service provider. (I n providing the service.)	f this box is checked,
			within their incorporated boundaries, and the service wintify the government(s), authority or organization provi	
			within their incorporated boundaries, and the county wi ntify the government(s), authority or organization provi	
			ap delineating the service area of each service provide will provide service within each service area.)	der, and identify the
2. In develo		vere overlapping service	e areas, unnecessary competition and/or duplication of t	his service identified?
If these cond higher levels	litions will continu	C.G.A. 36-70-24(1)), ov	tach an explanation for continuing the arrangement verriding benefits of the duplication, or reasons that ove	(i.e., overlapping but rlapping service areas
If these cond	litions will be elim	nated under the strategy	y, attach an implementation schedule listing each step agreed upon deadline for completing it.	or action that will be
			bay for this service and indicate how the service will be	funded (e.g. enterprise
funds, user f	fees, general funds	special service district	revenues, hotel/motel taxes, franchise taxes, impact fee	s, bonded indebtedness, etc
Local Governm	ent or Authority:	unding Method:		
	f Pearson	Gene	ral Fund, User Fees	
	<u>ovider)</u> f Willacoo	ahaa Can	eral Fund, User Fees	
	ovider)	chee Gen	teral rund, User rees	
4. How will	the strategy chang	the previous arrangem	ents for providing and/or funding this service within the	e county?
No ch	2700			
NO CIL	ange.			
5. List any fo			governmental contracts that will be used to implement the racting Parties:	he strategy for this service: ective and Ending Dates:
6. What oth	er mechanisms (if	ny) will be used to imp	element the strategy for this service (e.g., ordinances, res	solutions, local acts of the
General Ass	embly, rate or fee	hanges, etc.), and when	will they take effect?	
Atkin	son County	by March 20	00.	
7. Person co	ompleting form:	Lou Ann John	nson Manah 1000	
8. Is this the	er: $1-912-$	be contacted by state a	Date completed: <u>March 1999</u> agencies when evaluating whether proposed local gover	nment projects
If not, provid	de designated cont	elivery strategy?y ct person(s) and phone	number(s) below:	
Jack	. Taft - Ch	airman Atkins	son County Commission 912-422	-3391

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1		SERVI SUMMARY OF S		RY STRATE IVERY ARRAN		PAGE
	Answer each quest	nis form and complete one fo ion below, attaching additional to the Department of Communi	pages as necessary. 1	t on page 1, Section f the contact person f	III. Use exactly the same set or this service (listed at the bott	vice names listed on page tom of the page) changes, th
County:	Atkinson		Service:	Coroner	Services	
1. Check the	box that best des	cribes the agreed upon de	livery arrangeme	ent for this servic	e:	
		countywide (i.e., includi government, authority or				provider. (If this box
		only in the unincorporate authority or organization			le service provider. (If th	is box is checked,
		rovide this service only this box is checked, iden				
		provide this service only within this box is checked, iden				
		cked, attach a legible ma r other organization that				, and identify the
2. In develop		were overlapping service	areas, unnecessa	ry competition a	nd/or duplication of this	service identified?
If these condi higher levels	tions will continu	ue under the strategy, att C.G.A. 36-70-24(1)), ov				
If these condi	tions will be elin	nated under the strategy sponsible party and the a				action that will be
		thority that will help to pa				ded (e.g. enterprise
funds, user fe	ees, general fund	s, special service district r	evenues, hotel/m	otel taxes, franch	nise taxes, impact fees, be	onded indebtedness, e
ocal Governme	nt or Authority:	Funding Method:				
Atkinson	n County	(provider)	Ge	eneral Fur	nd	
4. How will	the strategy chan	ge the previous arrangem	ents for providing	g and/or funding	this service within the co	ounty?
No	change.					
-		very agreements or interg		tracts that will be		
Agreement Nam	ie:	Contra	acting Parties:		Effectiv	e and Ending Dates:
6. What othe	r mechanisms (if	any) will be used to impl	ement the strateg	y for this service	e (e.g., ordinances, resolu	tions, local acts of the
General Asse	mbly, rate or fee	changes, etc.), and when	will they take eff	ect?		
Non	e.					
7 Person co	mpleting form:	Lou Ann Johns	son			
Phone number	er: <u>1-912-4</u>	22-6135 г	Date completed:	May 1999		
8. Is this the are consistent	person who shou with the service	Id be contacted by state a delivery strategy?	gencies when ever es m no	aluating whether	proposed local governme	ent projects
If not, provid	ck Taft -	act person(s) and phone i Chairman Atk	inson Cou	ntv Commi	ssion 912-42	2-3391
Ja	ck lait -	Sharrman Ack		itey count		

	SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE							
	Answer each question	on below, attach	mplete one for each service ll ing additional pages as necessar at of Community Affairs.	sted on page 1, So y. If the contact pe	ection III. Us rson for this se	e exactly the same s ervice (listed at the bo	ervice names listed on page ottom of the page) changes, t	
County:	Atkinson		Service	: City	Court	(Municipa	1)	
1. Check the	box that best desc	ribes the agr	eed upon delivery arrange	ement for this se	ervice:			
			(i.e., including all cities an authority or organization p			y a single service	e provider. (If this box	
			nincorporated portion of to organization providing the		single serv	ice provider. (If t	his box is checked,	
			ervice only within their in hecked, identify the gover					
			ervice only within their in hecked, identify the gover					
			a legible map delineatin ization that will provide s				r, and identify the	
2. In develop		vere overlapj	ping service areas, unnece	essary competit	on and/or o	luplication of this	s service identified?	
higher levels	tions will continue of service (See O. n cannot be elimit	C.G.A. 36-7	trategy, attach an explan 0-24(1)), overriding bene	nation for cont fits of the dupli	inuing the cation, or re	arrangement (i easons that overla	.e., overlapping but apping service areas	
			the strategy, attach an in ty and the agreed upon de			sting each step o	r action that will be	
3. List each g funds, user fe	government or aut ces, general funds,	hority that w special serv	ill help to pay for this ser ice district revenues, hote	vice and indicat I/motel taxes, f	e how the s ranchise tax	ervice will be fu tes, impact fees,	nded (e.g., enterprise bonded indebtedness,	
ocal Governmen	nt or Authority:	Funding Metho	d:					
	Pearson		(provider)			, Fines		
City of	Willacood	hee	(provider)	Genera	1 Fund	, Fines		
			us arrangements for provid	1:	ding this so	nuice within the		
No cha								
5. List any for Agreement Nam		ery agreeme	nts or intergovernmental Contracting Parties:	contracts that w	ill be used		strategy for this servi- tive and Ending Dates:	
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1. Check the	box that best des	cribes the agreed upon delivery arrangement for this service:	
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County:	Atkinson			Service: DHR-	-Depart	ment d	of	Family&	Children
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		ked, attach a legib other organization						provider, and	identify the
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8. Is this the are consistent	person who should t with the service d	be contacted by stellivery strategy?	tate agenci	ies when evaluati no		proposed lo	ocal	government pr	ojects
If not, provid Jac	e designated contac k Taft - C	ct person(s) and ph Chairman At	ckinso	n County	Commis	sion	91	2-422-33	91

ALAN				IVERY STE DELIVERY A			PAG
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are consistent with the service delivery strategy? If not, provide designated contact person(s) and phone number(s) below: Jack Taft - Chairman Atkinson County Commission

912-422-3391

SERVICE DELIVERY STRATEGY

	Answer each questie	s form an	d complete one for each service	listed on page 1, Section III	Use exactly the s	ame service names listed on page
			ttaching additional pages as necessa tument of Community Affairs.	ry. If the contact person for th	is service (listed a	the bottom of the page) changes, t
County:A	tkinson		Servio	e: Economic	Develop	ment
. Check the t	box that best desc	ribes the	agreed upon delivery arrang	ement for this service:		
			ide (i.e., including all cities a nt, authority or organization		s) by a single so	ervice provider. (If this box
			ne unincorporated portion of or organization providing the		ervice provider	. (If this box is checked,
			is service only within their in is checked, identify the gove			
			is service only within their in is checked, identify the gove			
Other. (1 governm	If this box is chec ment, authority, or	ked, atta	ach a legible map delineatin ganization that will provide	ng the service area of esservice within each serv	ach service pro ice area.)	ovider, and identify the
. In developi	-	were over	rlapping service areas, unnec	essary competition and/	or duplication	of this service identified?
		e under t	he strategy, attach an expla	nation for continuing	the arrangeme	ent (i.e., overlapping but
			6-70-24(1)), overriding ben			
aken to elimit	nate them, the res		party and the agreed upon d	eadline for completing i		
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7. Person compl	eting form:	Lou Ann	Johnson		
Phone number:	1-912-	422-6135	Date completed:	May	1999
			y state agencies when eva ?	duating v	whether proposed local government projects

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If not, provide designated contact person(s) and phone number(s) below: Jack Taft - Chairman Atkinson County Commission 912-422-3391

	SUMM	SERVICE DELIVERY STRATEGY MARY OF SERVICE DELIVERY ARRANGEMENTS	PAGE
	Instructions: Make copies of this form and c Answer each question below, attac should be reported to the Departme	omplete one for each service listed on page 1, Section III. Use exactly thing additional pages as necessary. If the contact person for this service (listent of Community Affairs.	the same service names listed on page
County:	Atkinson	Service: Electricity	
1. Check the	box that best describes the ag	reed upon delivery arrangement for this service:	Contraction of the second second second
Service is check	will be provided countywide ced, identify the government,	(i.e., including all cities and unincorporated areas) by a single authority or organization providing the service.)	e service provider. (If this box
		unincorporated portion of the county by a single service prove organization providing the service.)	ider. (If this box is checked,
		service only within their incorporated boundaries, and the service only within their incorporated boundaries, and the service checked, identify the government(s), authority or organization	
		service only within their incorporated boundaries, and the course becked, identify the government(s), authority or organization	
		a legible map delineating the service area of each service nization that will provide service within each service area.)	provider, and identify the
2. In develop		oping service areas, unnecessary competition and/or duplicati	on of this service identified?
igher levels	tions will continue under the of service (See O.C.G.A. 36- n cannot be eliminated).	strategy, attach an explanation for continuing the arrange 70-24(1)), overriding benefits of the duplication, or reasons the	ement (i.e., overlapping but hat overlapping service areas
aken to elimi	nate them, the responsible pa	r the strategy, attach an implementation schedule listing eau rty and the agreed upon deadline for completing it. will help to pay for this service and indicate how the service w vice district revenues, hotel/motel taxes, franchise taxes, impl	vill be funded (e.g., enterprise
ocal Governme	nt or Authority: Funding Meth	iod:	
Atkinso	on County	(Private)- Georgia Power, Satil	lla REMC
City of	Pearson	(Private)- Georgia Power, Satil	Lla REMC
City of	Willacoochee	(Private)- Georgia Power, Satil	Lla REMC
		ous arrangements for providing and/or funding this service wi	thin the county?
No cha			
	rmal service delivery agreem	ents or intergovernmental contracts that will be used to imple	
5. List any fo		ents or intergovernmental contracts that will be used to imple Contracting Parties:	ment the strategy for this servic Effective and Ending Dates:
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5. List any fo Agreement Nam	re: er mechanisms (if any) will be	Contracting Parties:	Effective and Ending Dates:

7. Person completi	ng form:	Lou	Ann	Johnson			
Phone number:	1-912-	-422-61	.35	Date completed:	May	1999	
				state agencies when eva			al government projects

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

Jack Taft - Chairman Atkinson County Commission 912-422-3391

TOTAL 9		SUMM	SERVICE DEL IARY OF SERVICE			ENTS		PAGE
	Instructions: Make copies of the Answer each question	s form and co	mplete one for each servicing additional pages as nece	ce listed on pa	re I. Section III. U	to exactly the s	same service names	listed on name
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aken to elimir	hate them, the res	ponsible par	ty and the agreed upon	deadline for	r completing it.			
3. List each go funds, user feo	overnment or auti es, general funds,	nority that w special serv	ill help to pay for this ice district revenues, h	service and i otel/motel ta	ndicate how the suxes, franchise tax	service will xes, impact i	be funded (e.g., fees, bonded ind	enterprise ebtedness, e
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LILV OF	Pearson		provider) (provider)		ral Fund,			
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Lity of How will the No cha List any for List any for Greenent Name Current County-w County-w County, Person com	me strategy change ange. mal service delive mechanisms (if a nbly, rate or fee c Ly, each c wide elect these but npleting form:	any) will be thanges, etc.; city co cions, ildings Lou 2-6135	nts or intergovernment Contracting Parties used to implement the), and when will they to nducts their precincts ar are provide <u>Ann Johnson</u> Date compl	strategy for ake effect? • own mu • locat • d to th	that will be used this service (e.g., unicipal of ted in the he Probato y 1999	ordinances, electic e citie e Judge	resolutions, loca	al acts of the enty.
2 Lity of . How will th No cha 5. List any for Agreement Name 5. What other General Asser Current County-w County-w County, 7. Person com Phone number 3. Is this the p are consistent	me strategy change ange. mal service delive mechanisms (if a nbly, rate or fee c Ly, each c wide elect these but npleting form: mpleting form: mode service delive these but	any) will be thanges, etc.; city co cions, ildings Lou 2-6135 d be contacted	nts or intergovernment Contracting Parties used to implement the), and when will they to nducts their precincts ar are provide Ann Johnson	strategy for ake effect? • own mu • locat • d to th hen evaluatin	that will be used this service (e.g., unicipal of ted in the he Probato y 1999	ordinances, electic e citie e Judge	resolutions, loca	al acts of the enty.

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- CARE		SUMMARY OF SERV	DELIVERY STR vice Delivery A		PAGE
	Answer each question	s form and complete one for each n below, attaching additional pages the Department of Community Aff	as necessary. If the contact	Section III. Use exactly the person for this service (listed a	same service names listed on page it the bottom of the page) changes, i
County: At	tkinson		Service: Emerge	ency Manageme	nt Agency
1. Check the b	ox that best desc	ribes the agreed upon deliver	ry arrangement for this	service:	
		countywide (i.e., including al overnment, authority or organ			ervice provider. (If this box
		only in the unincorporated po authority or organization pro		a single service provide	r. (If this box is checked,
		ovide this service only within this box is checked, identify			
		ovide this service only within his box is checked, identify			
		ked, attach a legible map do other organization that will			ovider, and identify the
2. In developi		vere overlapping service area	as, unnecessary compet	ition and/or duplication	of this service identified?
higher levels o	of service (See O.	e under the strategy, attach a C.G.A. 36-70-24(1)), overrid			
• • • • • •	cannot be elimin			n askadula listing sask	stan on action that will be
		nated under the strategy, atta ponsible party and the agreed			step of action that will be
		special service district reven			
	-	funding Method:			
ocal Government	i or riamorny.	unung meanur.		-	
Atkinson	n County	General	Fund & GEMA	Grant	
Atkinson	n County der)	General	Fund & GEMA	Grant	
		General	Fund & GEMA	Grant	
Atkinson		General	Fund & GEMA	Grant	
Atkinson		General	Fund & GEMA	Grant	
Atkinson (provid	ler)	General e the previous arrangements			n the county?
Atkinson (provid	ler) ne strategy chang				n the county?
Atkinson (provid	ler) ne strategy chang				n the county?
Atkinson (provid	ler) ne strategy chang				n the county?
Atkinson (provid	ler) ne strategy chang				n the county?
Atkinson (provid . How will th No char	der) ne strategy chang nge.		for providing and/or fu	nding this service within	
Atkinson (provid . How will th No chan	der) ne strategy chang nge . mal service deliv	e the previous arrangements i	for providing and/or fu nmental contracts that	nding this service within	
Atkinson (provid . How will th No chan . List any form greement Name	der) ne strategy chang nge . mal service deliv	e the previous arrangements i ery agreements or intergovern Contracting	for providing and/or fu nmental contracts that Parties:	nding this service within will be used to impleme	nt the strategy for this servi
Atkinson (provid . How will th No chan . List any form greement Name	der) ne strategy chang nge . mal service deliv	e the previous arrangements i ery agreements or intergovern Contracting	for providing and/or fu nmental contracts that Parties:	nding this service within will be used to impleme	nt the strategy for this servi Effective and Ending Dates:
Atkinson (provid . How will th No chan . List any form greement Name	der) ne strategy chang nge . mal service deliv	e the previous arrangements i ery agreements or intergovern Contracting	for providing and/or fu nmental contracts that Parties:	nding this service within will be used to impleme	nt the strategy for this servi Effective and Ending Dates:
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Atkinson (provid . How will th No chan . List any form greement Name Mutual A	der) ne strategy chang nge. mal service delive Aid Agreen mechanisms (if a	e the previous arrangements i ery agreements or intergovern Contracting	for providing and/or fu nmental contracts that Parties: inson, Pearso nt the strategy for this	nding this service within will be used to impleme	nt the strategy for this servic Effective and Ending Dates: hee perpetual
Atkinson (provid). How will the No char). List any form (greement Name Mutual A). What other General Assen OCGA/ 38	der) he strategy chang hge . mal service delive Aid Agreen mechanisms (if a hbly, rate or fee of 8-3-39 An	ery agreements or intergovern Contracting nent Atki ny) will be used to implement hanges, etc.), and when will ithority for thi	for providing and/or fu nmental contracts that Parties: inson, Pearso nt the strategy for this they take effect?	nding this service within will be used to impleme on, Willacooc service (e.g., ordinances	nt the strategy for this servic Effective and Ending Dates: hee perpetual , resolutions, local acts of th
Atkinson (provid . How will the No char . List any form greement Name Mutual A . What other General Assen OCGA/ 38 The three	der) me strategy chang nge. mal service delive Aid Agreen mechanisms (if a nbly, rate or fee co 3-3-39 An ee jursid:	e the previous arrangements is ery agreements or intergovern Contracting ment Atki may) will be used to implement hanges, etc.), and when will ithority for this ictions are pres	for providing and/or fu nmental contracts that Parties: inson, Pearso nt the strategy for this t they take effect? is agreement sently workin	nding this service within will be used to impleme on, Willacooc service (e.g., ordinances	nt the strategy for this servia Effective and Ending Dates: hee perpetual , resolutions, local acts of th gency
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Atkinson (provid). How will th No char). List any for (spreement Name Mutual A). What other General Assen OCGA/ 38 The thre operation complete	der) he strategy chang nge. mal service delive Aid Agreen mechanisms (if a nbly, rate or fee of 8-3-39 An ee jursid: on plan for e their pi	e the previous arrangements is ery agreements or intergovern Contracting ment Atki my) will be used to implement hanges, etc.), and when will ithority for this ictions are press or their respect Lan by December	for providing and/or function nmental contracts that Parties: inson, Pearson int the strategy for this they take effect? is agreement sently working tive areas. A	nding this service within will be used to impleme on, Willacooc service (e.g., ordinances	nt the strategy for this servin Effective and Ending Dates: hee perpetual , resolutions, local acts of th gency
Atkinson (provid). How will the No char). List any form (greement Name Mutual A). What other General Assen OCGA/ 38 The three operation completed). Person com	der) he strategy chang hge. mal service delive Aid Agreen mechanisms (if a hbly, rate or fee of 8-3-39 An e jursid: on plan for e their pin apleting form:	e the previous arrangements is ery agreements or intergovern Contracting ment Atki any) will be used to implement hanges, etc.), and when will athority for this ictions are press or their respect an by December Lou Ann Johnson	for providing and/or function nmental contracts that Parties: inson, Pearson int the strategy for this they take effect? is agreement sently working tive areas. A 1999.	nding this service within will be used to impleme on, Willacooc service (e.g., ordinances ing on an emer all three hav	nt the strategy for this servin Effective and Ending Dates: hee perpetual , resolutions, local acts of th gency
Atkinson (provid . How will th No char . List any form greement Name Mutual A . What other General Assen OCGA/ 38 The three operatic complete . Person com Phone number	der) he strategy chang nge. mal service delive Aid Agreen mechanisms (if a hbly, rate or fee co 8-3-39 An ee jursid: on plan for e their p: pleting form: 1 : 1-912-43	ethe previous arrangements for contracting ment Atking any) will be used to implement hanges, etc.), and when will athority for this ictions are press or their respect an by December Lou Ann Johnson 22-6135 Date of Date of Da	for providing and/or function nmental contracts that Parties: inson, Pearson int the strategy for this they take effect? is agreement sently working tive areas. A 1999.	nding this service within will be used to impleme on, Willacooc service (e.g., ordinances ing on an emer all three hav	nt the strategy for this service Effective and Ending Dates: hee perpetual perpetual perceptual percy pency
Atkinson (provid b. How will the No char S. List any form (greement Name Mutual A S. What other General Assen OCGA/ 38 The three operation complete A. Person complete S. Is this the pure consistent	der) te strategy chang nge. mal service delive Aid Agreen mechanisms (if a nbly, rate or fee co 8-3-39 An te jursid: on plan for their p: pleting form:] : 1-912-4: with the service of th	e the previous arrangements is ery agreements or intergovern Contracting ment Atki any) will be used to implement hanges, etc.), and when will athority for this ictions are press or their respect an by December Lou Ann Johnson	for providing and/or function nmental contracts that Parties: Inson, Pearson Inson, Pearson Inso	nding this service within will be used to impleme on, Willacooc service (e.g., ordinances ing on an emer all three hav	nt the strategy for this servic Effective and Ending Dates: hee perpetual , resolutions, local acts of th gency e agreed to

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0107			SERVICE DELIVERY STRATEGY	
		SUMMAR	RY OF SERVICE DELIVERY ARRANGEMENTS	PAGE
	Instructions: Make copies of this Answer each question should be reported to	below, attaching	lete one for each service listed on page 1, Section III. Use exactly additional pages as necessary. If the contact person for this service (list f Community Affairs.	the same service names listed on page ited at the bottom of the page) changes, th
County: At	kinson		Service: Emergency Medic	al Services (EMS)
1. Check the l	box that best descri	bes the agreed	upon delivery arrangement for this service:	
Service is check	will be provided c ed, identify the go	ountywide (i.e vernment, auth	., including all cities and unincorporated areas) by a sing nority or organization providing the service.)	le service provider. (If this box
			corporated portion of the county by a single service pro- anization providing the service.)	vider. (If this box is checked,
			ice only within their incorporated boundaries, and the se ked, identify the government(s), authority or organization	
			ice only within their incorporated boundaries, and the co ked, identify the government(s), authority or organization	
			egible map delineating the service area of each servic tion that will provide service within each service area.)	e provider, and identify the
2. In develop	17 A 19 A	ere overlappin	g service areas, unnecessary competition and/or duplicat	tion of this service identified?
higher levels of	tions will continue of service (See O.C n cannot be elimina	C.G.A. 36-70-2	tegy, attach an explanation for continuing the arrange (4(1)), overriding benefits of the duplication, or reasons	gement (i.e., overlapping but that overlapping service areas
			states attack as implementation schedule listing a	ach step or action that will be
If these condit taken to elimit	tions will be elimin	onsible party a	e strategy, attach an implementation schedule listing e and the agreed upon deadline for completing it.	ach step of action that will be
3. List each g	overnment or auth	ority that will I	help to pay for this service and indicate how the service district revenues, hotel/motel taxes, franchise taxes, imp	will be funded (e.g., enterprise
funds, user te	es, general funds,	special service	district revenues, noter moter taxes, franchise taxes, fing	Jact rees, bonded macoreoness, e
local Governmen	nt or Authority: Fi	unding Method:		
Atkinso	n County	(p	rovider) General Fund	
4. How will t	he strategy change	the previous a	arrangements for providing and/or funding this service w	ithin the county?
No cha	ngo			
NO CITA	inge.			
E 1 : for	mal carvice delive		or intergovernmental contracts that will be used to impl	ement the strategy for this servic
Agreement Nam		ry agreements	Contracting Parties:	Effective and Ending Dates:
-	letro Ambul	2000	Atkinson County	7/1/98-7/1/99
Rulai n	lecto Allbul	ance	Atkinson county	
6. What other	r mechanisms (if a	ny) will be use	d to implement the strategy for this service (e.g., ordinal	nces, resolutions, local acts of the
General Asse	mbly, rate or fee cl	hanges, etc.), a	nd when will they take effect?	
Atkinso	on County p	provides	this service county-wide.	
		OII Ann	Johnson	
7. Person cor	mpleting form: _1 er: _1-912-42	22-6135	Date completed: May 1999	
8. Is this the	person who should	be contacted	by state agencies when evaluating whether proposed loc	al government projects
are consistent	e designated contact	ct person(s) an	y? □ yes ¶j no d phone number(s) below:	
			kinson County Commission 912-	-422-3391
JICK.	dit - Una.	LIMAN AL	KINSON COUNTY COUNTSSION JIZ-	

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SERVICE DELIVERY STRATEGY	
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS	

Coresta A		SUM	SERVICE DI MARY OF SERVIC					PAGE
	Instructions:	5011	MART OF BERVIC	E DELIVI		CANGEMENTS		TAGE
	Make copies of thi Answer each question	n below, atta	complete one for each se ching additional pages as n tent of Community Affairs	ecessary. If the				
County:	Atkinson		S	ervice:	Fire	Protection		
		ribes the a	greed upon delivery a	rrangement	for this se	rvice:		
Service	will be provided	countywid	e (i.e., including all ci , authority or organiza	ities and uni	ncorporate	ed areas) by a single s	ervice pro	vider. (If this box
			unincorporated portion or organization provid			single service provide	r. (If this t	ox is checked,
			service only within the checked, identify the					
			service only within the checked, identify the					
			h a legible map delin nization that will pro				ovider, a	nd identify the
2. In develop		vere overla	apping service areas, u	unnecessary	competiti	on and/or duplication	of this ser	vice identified?
If these condi higher levels	tions will continu	C.G.A. 36	strategy, attach an -70-24(1)), overriding	explanation g benefits of	for conti the duplic	nuing the arrangem ation, or reasons that	ent (i.e., o overlappi	verlapping but ng service areas
If these condi	tions will be elim	inated und	er the strategy, attach arty and the agreed up				step or act	ion that will be
3 List each a	overnment or aut	hority that	will help to pay for th	ois service a	nd indicate	how the service will	be funded	(e.g., enterprise
funds, user fe	ees, general funds,	special se	rvice district revenues	s, hotel/mote	el taxes, fr	anchise taxes, impact	fees, bond	led indebtedness, etc.
Local Governmen	nt or Authority:	Funding Met	hod:					
Atkinso	on County		(provider)	Gene	eral F	und		
	Pearson		(provider)		eral F			
City of	Willacoo	chee	(provider)	Gene	eral F	und		
			alland de Connection a la second					
4. How will t	the strategy chang	e the previ	ous arrangements for	providing a	nd/or fund	ing this service withi	n the coun	ty?
N7 1								
No cha	inge.							
5. List any for	rmal service deliv	ery agreen	ents or intergovernm	ental contra	cts that wi	Il be used to impleme	nt the stra	egy for this service:
Agreement Nam			Contracting Par					nd Ending Dates:
Mutual	Aid Agree	ment	Atkins	on/Pear	rson/W	lillacoochee	9/98	-perpetual
							L	
6. What other General Asse	r mechanisms (if a mbly, rate or fee o	any) will b hanges, et	e used to implement t c.), and when will the	he strategy i y take effect	for this ser t?	vice (e.g., ordinances	, resolutio	is, local acts of the
None.								
7. Person cor	mpleting form:	Lou Ar	n Johnson					
Phone numbe	ar: <u>1-912-4</u>	22-613	5 Date con	npleted:l	May 19	99		
are consistent	t with the service of	delivery su	cted by state agencies rategy?	no	ating when	ther proposed local go	overnment	projects
	•		n Atkinson C		Commis	sion 912-4	22-33	91
Jacc	Luit - Oll	arr mar	. mentilibon 0	- uney	munt			

			E DELIVERY STRATEGY ERVICE DELIVERY ARRANGEMENTS	PAGE
	Answer each questi		each service listed on page 1, Section III. Use exactly the same se ages as necessary. If the contact person for this service (listed at the boy Affairs.	
County:	Atkinson		Service: Forestry Services	
1. Check the b	ox that best desc	ribes the agreed upon deli	ivery arrangement for this service:	
			g all cities and unincorporated areas) by a single service rganization providing the service.)	provider. (If this box
		only in the unincorporated authority or organization p	d portion of the county by a single service provider. (If the providing the service.)	his box is checked,
			ithin their incorporated boundaries, and the service will a ify the government(s), authority or organization providin	
			ithin their incorporated boundaries, and the county will p ify the government(s), authority or organization providin	
Other. (I governm	f this box is chea ent, authority, o	ked, attach a legible map other organization that w	p delineating the service area of each service provider vill provide service within each service area.)	r, and identify the
2. In developin	and the second sec	vere overlapping service a	areas, unnecessary competition and/or duplication of this	service identified?
If these conditi higher levels o	ions will continu	C.G.A. 36-70-24(1)), over	ch an explanation for continuing the arrangement (i.erriding benefits of the duplication, or reasons that overla	
If these conditi	ons will be elim	nated under the strategy, a	attach an implementation schedule listing each step or reed upon deadline for completing it.	action that will be
			y for this service and indicate how the service will be fun evenues, hotel/motel taxes, franchise taxes, impact fees, b	
Local Government	or Authority:	Funding Method:		
Atkinson	County		General Fund, State Funds	
4. How will th No cha:		the previous arrangement	nts for providing and/or funding this service within the c	ounty?
No cha: 5. List any forr	nge . nal service deliv	ery agreements or intergo	vernmental contracts that will be used to implement the	
No cha: 5. List any forr	nge . nal service deliv	ery agreements or intergo	vernmental contracts that will be used to implement the	strategy for this service:
No cha: 5. List any forr	nge . nal service deliv	ery agreements or intergo	vernmental contracts that will be used to implement the	strategy for this service:
No cha: 5. List any forr Agreement Name: 6. What other	nge. nal service deliv mechanisms (if	ery agreements or intergov Contract	vernmental contracts that will be used to implement the strategy for this service (e.g., ordinances, resolution)	strategy for this service: ve and Ending Dates:
No cha: 5. List any forr Agreement Name: 6. What other General Assem This 1.	nge. nal service deliv mechanisms (if ibly, rate or fee ocal fund	cry agreements or intergov Contract (ny) will be used to impler hanges, etc.), and when w	vernmental contracts that will be used to implement the strategy for this service (e.g., ordinances, resolution)	strategy for this service: ve and Ending Dates:
No cha: 5. List any forr Agreement Name: 6. What other General Assem This 1. approx 7. Person com	nge. nal service deliv mechanisms (if ibly, rate or fee ocal func imately form:	ing comes from 100 per year.	vernmental contracts that will be used to implement the string Parties: ment the strategy for this service (e.g., ordinances, resolution vill they take effect? n 10% of timber tax, which is	strategy for this service: ve and Ending Dates:
No cha: 5. List any forr Agreement Name: 6. What other General Assem This 1. approx 7. Person com Phone number: 8. Is this the p are consistent v If not, provide	nge. nal service delive mechanisms (if ably, rate or fee ocal function imately form: <u>1-912-7</u> erson who shoul with the service designated contait	ing comes from 100 per year.	vernmental contracts that will be used to implement the strates: ment the strategy for this service (e.g., ordinances, resolution) in 10% of timber tax, which is SON the completed: <u>May 1999</u> encies when evaluating whether proposed local governm s m no	strategy for this service: ve and Ending Dates: utions, local acts of the

T TANK OF		SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS	PAGE
	Answer each quest	his form and complete one for each service listed on page 1, Section III. Use exactly the same service tion below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom to the Department of Community Affairs.	e names listed on page 1.
County:	Atkinson	Service: Indigent Defense Servi	ces
1. Check the	box that best des	scribes the agreed upon delivery arrangement for this service:	
		d countywide (i.e., including all cities and unincorporated areas) by a single service pro government, authority or organization providing the service.)	ovider. (If this box
		d only in the unincorporated portion of the county by a single service provider. (If this , authority or organization providing the service.)	box is checked,
		provide this service only within their incorporated boundaries, and the service will not f this box is checked, identify the government(s), authority or organization providing t	
		provide this service only within their incorporated boundaries, and the county will pro- f this box is checked, identify the government(s), authority or organization providing t	
		ecked, attach a legible map delineating the service area of each service provider, a or other organization that will provide service within each service area.)	and identify the
2. In developi		were overlapping service areas, unnecessary competition and/or duplication of this se	rvice identified?
If these condit higher levels of	tions will contin	ue under the strategy, attach an explanation for continuing the arrangement (i.e., O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlappinated).	
If these condit	tions will be elin	ninated under the strategy, attach an implementation schedule listing each step or ac esponsible party and the agreed upon deadline for completing it.	tion that will be
		thority that will help to pay for this service and indicate how the service will be funder s, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bon	
Local Governmen		Funding Method:	deu indebiedness, etc.
Atkinson		(provider) General Fund, Fines, Fees, Sta	te Funds
4. How will th		ge the previous arrangements for providing and/or funding this service within the cour	ity?
No cha 5. List any for Agreement Name	mal service deli	very agreements or intergovernmental contracts that will be used to implement the stra Contracting Parties: Effective a	
5. List any for	mal service deli		stegy for this service:
5. List any for	mal service deli		stegy for this service:
5. List any for Agreement Name	mal service deli :: :: :: :: :: :: :: :: :: :		ntegy for this service: nd Ending Dates:
 List any for Agreement Name General Assen None. Person com 	mal service delit mechanisms (if nbly, rate or fee npleting form: 1-912-	Contracting Parties: Effective a Image: Contracting Parties: Image: Contracting Parties: Image: Contracting Parties:	ntegy for this service: nd Ending Dates:
 5. List any for Agreement Name 6. What other General Assen None. 7. Person component number 8. Is this the pare consistent 	mal service deliver mechanisms (if nbly, rate or fee pleting form: .: <u>1-912-</u> verson who shou with the service	Contracting Parties: Effective a Image: Contracting Parties: Image: Contracting Parties: Image: Contracting Parties:	ntegy for this service: nd Ending Dates:

A COM			DELIVERY	STRATEGY RY ARRANGEMENTS		PAGE
	Answer each question be	m and complete one for ea	ich service listed on as as necessary. If the	page 1, Section III. Use exact contact person for this service (1	ly the same service names li	isted on page 1.
County:	Atkinson		Service:	ndustrial Autl	horities	
1. Check the	box that best describe	s the agreed upon delive	ery arrangement f	or this service:		
		ntywide (i.e., including mment, authority or org		corporated areas) by a sin ng the service.)	igle service provider. (I	f this box
The second se	and the second	in the unincorporated pority or organization pr		nty by a single service pro- ce.)	ovider. (If this box is ch	necked,
				ated boundaries, and the so s), authority or organizati		
				ated boundaries, and the c s), authority or organizati		
				ervice area of each service within each service area.)		ify the
2. In develop	•	overlapping service are	eas, unnecessary o	competition and/or duplica	ation of this service ide	ntified?
If these condi higher levels	tions will continue un	A. 36-70-24(1)), overr		for continuing the arran he duplication, or reasons		
If these condi	tions will be eliminate			entation schedule listing of for completing it.	each step or action that	will be
3. List each g	overnment or authori	ty that will help to pay i	for this service an	d indicate how the service	will be funded (e.g., e	nterprise
funds, user fe	es, general funds, spe	cial service district reve	enues, hotel/motel	taxes, franchise taxes, im	npact fees, bonded inde	btedness, etc
Local Governmen		ing Method:				_
the second s		Devel. Authority		RLF & Interest,		
		rial Authority		RLF & Interest,		
	Industrial Aut		(provider)	General Fund, RI		ees
willacoo	chee Industria	Authority	(provider)	RLF & Interest,	rees	
4. How will t No cha		e previous arrangements	s for providing an	d/or funding this service v	within the county?	
		•		s that will be used to imp		
Agreement Name	e:	Contractin	g Parties:		Effective and Ending	Dates:
		will be used to implem ges, etc.), and when wil		r this service (e.g., ordina	nces, resolutions, local	acts of the
	npleting form:	Lou Ann Johns –6135 Date		May 1999	_	
	person who should be	contacted by state agen	cies when evaluat	ing whether proposed log	al government projects	
If not, provide	designated contact p	ery strategy? U yes erson(s) and phone num	no hber(s) below:	mmission 912-		

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SERVICE DELIVERY STRATEGY

5 98 11 10 5			SERVICE DELIV RY OF SERVICE DE			ITS		PAGE
	Answer each question	on below, attaching	plete one for each service la g additional pages as necessary of Community Affairs.	sted on page 1, Secti y. If the contact person	on III. Use en n for this servio	actly the same ce (listed at the b	service names list pottom of the page	ed on page) changes, th
County: A	tkinson		Service	e: Jail Se	ervices	3		
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SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE Instructions: Instructions: Make cepts of the 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, stacking additional pages at accessary. If the contact person for this service (listed at the bottom of the page) changes, this about be reported to the Department of Community Affin: County: Atkinson Service: Law Enforcement 1. Check the box that best describes the agreed upon delivery arrangement for this service: Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.) Service will be provided only in the unincorporated portion of the county by a single service will not be provided in unincorporated areas. (If this box is checked, identify the government, suthority or organization providing the service.) 0 ne 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.) 0 One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service.) 0 One or more cities will provide this service areas, unnecessary competition and/or duplication of this service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.) <	A Same		SERVICE DELIVERY STRATEGY
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City of Pearson (provider) General Fund, Fines, 1grant, 2grant	Local Governme	ent or Authority: F	Funding Method:
City of Willacoochee (provider) General Fund, Fines, 3grant			
	City of		hee (provider) General Fund, Fines, 3grant
	City of	Willacood	(provider) General Tana, Tines, Sgrane

No change.

5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service: Agreement Name: Contracting Parties: Effective and Ending Dates:

			service and the service of the service of	
1. Criminal Justice Coor. Council	City of Pearson	(ltime)	April	1999
2.US Dept. of Justice -COPS	City of Pearson	(3years)	April	99-2000
3.COPS Fast	City of Willacoo			

6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?

None.

7. Person completing	g form:	Lou Ann .	Johnson			
Phone number:	1-912	-422-6135	Date completed:	May	1999	

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? _ yes mo If not, provide designated contact person(s) and phone number(s) below: Jack Taft - Chairman Atkinson County Commission 912-422-3391

SERVICE DELIVERY STRATEGY MMARY OF SERVICE DELIVERY ARRANGEMENT

		SUMMAR	Y OF SERVIC	E DELIV	ERY A	RRANGEN	IENTS		PAGE
	Answer each question		dditional pages as ne						nes listed on page 1. e page) changes, this
County:	Atkinson		Se	ervice:	Law 1	Enforce	ement		
1. Check the	box that best desc	ribes the agreed	upon delivery ar	rangemen	nt for this	service:	/		
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	more cities will pr porated areas. (If								
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2. In develop	no no	ere overlapping	service areas, u	nnecessar	y compet	ition and/or	duplication	of this service	identified?
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	overnment or auth es, general funds,								
ocal Governmen	nt or Authority:	Funding Method:							
City of	Pearson	(10 () (pr	ovider)	(Genera	al Fund	l,Fines	,lgrant	2grant
City of	Willacoo	chee (pr	ovider)	(Genera	al Fund	l,Fines	,3grant	
-				\					
				1					
			f		-				
I. How will t	he strategy change	the previous ar	rangements for p	providing	and/or fu	inding this s	ervice within	the county?	
No cha	ngo			/					sector or /14
NO CIIZ	inge.								or d
*					1				12/17
and the second second second	rmal service delive	ery agreements of			acts that	will be used			
greement Nam			Contracting Parti		<u> </u>			Effective and E	
	nal Justic ot. of Jus					arson ((3years	April	99-2001
B.COPS H		LIGE = CC					thee (3		97-99
		1		ore (ar ur		100 (5		
i. What other General Asser	r mechanisms (if a mbly, rate or fee c	ny) will be used hanges, etc.), an	to implement they when will they	take effe	of or this a	service (c.g.	, ordinances,	resolutions, l	ocal acts of the
None.							$\langle \cdot \cdot \cdot \rangle$		
7. Person cor	npleting form:	Lou Ann	Johnson					_	
Phone numbe		422-6135	Date com	pleted:	May	1999		_	
8. Is this the pare consistent	person who should with the service de designated conta	lelivery strategy	? 🗌 yes 🐻 n	0	uating w	hether propo	osed local go	vernment pro	ects
	raft - Cha				Commi	ssion	912-42	2-3391	

-		SERVICE DELIVE	RY STRA	TEGY	
603		SUMMARY OF SERVICE DELI	VERY ARE	RANGEMENTS	PAGE
	Answer each questi	als form and complete one for each service listed ion below, attaching additional pages as necessary. I to the Department of Community Affairs.			
County: A	tkinson	Service:	Librar	у	
1. Check the	box that best des	cribes the agreed upon delivery arrangeme	ent for this se	rvice:	
		countywide (i.e., including all cities and government, authority or organization pro-			ovider. (If this box
		only in the unincorporated portion of the authority or organization providing the se		single service provider. (If this	box is checked,
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2. In develop		were overlapping service areas, unnecessa	ry competitio	on and/or duplication of this se	ervice identified?
higher levels		the under the strategy, attach an explanat O.C.G.A. 36-70-24(1)), overriding benefits nated).			
		ninated under the strategy, attach an impl sponsible party and the agreed upon deadl			ction that will be
	es, general funds	thority that will help to pay for this service , special service district revenues, hotel/m Funding Method:			
Atkinso	n County		General	Fund	
	Pearson		General	Fund	
City of	Willacoo	chee (provider)	General	Fund	
4. How will the No cha	r C. In. In	ge the previous arrangements for providing	g and/or fund	ling this service within the cou	nty?
5. List any for Agreement Name		very agreements or intergovernmental com Contracting Parties:	tracts that will		ategy for this service: and Ending Dates:

Library Services Agreement	Atkinson/Pearson/Willacoochee/ Perpetual
	Satilla Regional Library

6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?

Currently, Satilla Regional Library contracts this service individually with each city, who owns and maintains the library building and grounds. The county participates with funding only.

7. Person completing form: Lou Ann Johnson Phone number: <u>1-912-422-6135</u> Date completed: <u>May 1999</u>

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? 🗌 yes 🔳 no

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

Jack Taft - Chairman Atkinson County Commission 912-422-3391

		SEI	RVICE DELIV	DV STDAT	TECY	
Contraction of the second	SU	PAGE				
	Instructions:		OF SERVICE DE	LIVERI ARK	AIGEMENTS	TAGE
	Make copies of this form an	attaching addi	tional pages as necessary			same service names listed on page 1. it the bottom of the page) changes, this
County:	Atkinson		Service	Mappin	g Street &	Road Signs
1. Check the	box that best describes the	e agreed up	on delivery arrange	nent for this ser	vice:	
	will be provided countyw ked, identify the governme					ervice provider. (If this box
Service identify	will be provided only in t the government, authority	he unincor y or organi	porated portion of the zation providing the	e county by a si service.)	ngle service provide	r. (If this box is checked,
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	more cities will provide the provide the provide areas. (If this box					y will provide the service in roviding the service.)
	(If this box is checked, att ment, authority, or other or					ovider, and identify the
2. In develop	•	erlapping se	ervice areas, unnece	sary competitio	n and/or duplication	of this service identified?
higher levels	itions will continue under of service (See O.C.G.A. n cannot be eliminated).					ent (i.e., overlapping but overlapping service areas
	tions will be eliminated u	nder the str	ategy, attach an im	plementation se	hedule listing each	step or action that will be
taken to elim	inate them, the responsible	e party and	the agreed upon dea	dline for comple	eting it.	
						be funded (e.g., enterprise fees, bonded indebtedness, etc.)
Local Governme	nt or Authority: Funding M	Method:				
	on County		rovider)	General 1	Fund	
	Pearson		rovider)	General 1		
	Willacoochee		rovider)	General 1	Fund	
4. How will	the strategy change the pre	vious arra	ngements for provid	ing and/or fundi	ng this service within	n the county?
No ch	ange.					
5 List any fo	rmal service delivery arre	ements or i	ntergovernmental	ontracts that will	be used to impleme	nt the strategy for this service:
Agreement Nam		entents of 1	Contracting Parties:	ind acta ulat will	to used to impleme	Effective and Ending Dates:
	g Agreement/ GI	IS		ounty/So	GA RDC	4/99-4/2000
- PPINE				0 4110 9 7 00		1, 55 1, 2000

6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?

Both cities have street signs - the County is in the process of mapping the county. They will name and erect street and road signs by June 2000.

7. Person completing form: Lou Ann Johnson

Phone number: <u>1-912-422-6135</u> Date completed: <u>May 1999</u>

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? \Box yes **m** no

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

Jack Taft - Chairman Atkinson County Commission 912-422-3391

	Instructions	SERVICE DEL			PAGE
	Make copies of this form a Answer each question below.	and complete one for each servi- attaching additional pages as nece partment of Community Affairs.	ce listed on page 1, Sec ssary. If the contact pers	tion III. Use exactly the same on for this service (listed at the t	service names listed on page bottom of the page) changes, t
County:	Atkinson			al Services	
		e agreed upon delivery arra			
Service is check	will be provided county ed, identify the governm	wide (i.e., including all citie ent, authority or organization	s and unincorporate on providing the serv	d areas) by a single servic vice.)	e provider. (If this box
Service identify	will be provided only in the government, authori	the unincorporated portion by or organization providing	of the county by a sinthe service.)	ngle service provider. (If	this box is checked,
One or n unincorp	nore cities will provide the porated areas. (If this box	his service only within their is checked, identify the go	incorporated bound vernment(s), authori	laries, and the service will ty or organization provid	not be provided in ing the service.)
One or n unincorp	nore cities will provide the orated areas. (If this box	his service only within their is checked, identify the go	incorporated bound vernment(s), authori	aries, and the county will ty or organization providi	provide the service in ng the service.)
Other. (I governm	f this box is checked, att ent, authority, or other o	ach a legible map delineat rganization that will provide	ing the service are e service within each	a of each service provide a service area.)	er, and identify the
2. In developin	ng the strategy, were ove no	rlapping service areas, unno	ccessary competition	and/or duplication of thi	s service identified?
igner icvers of	ons will continue under service (See O.C.G.A. cannot be eliminated).	the strategy, attach an exp 36-70-24(1)), overriding be	lanation for contin nefits of the duplica	uing the arrangement (i tion, or reasons that overla	.e., overlapping but apping service areas
these condition	ons will be eliminated un	der the strategy, attach an	implementation sc	hedule listing each step o	r action that will be
		party and the agreed upon			
List each go	vernment or authority the	at will help to pay for this s	ervice and indicate I	now the service will be fur	nded (e.g., enterprise
	and the second	service district revenues, ho	tel/motel taxes, fran	chise taxes, impact fees,	bonded indebtedness, et
ity of			2 1		
	Willacoochee	(contract)	General		
10) 01	arracoochee	(contract)	General	Fund	
How will the	strategy change the				
now will the	sualegy change the pre-	vious arrangements for prov	iding and/or fundin	g this service within the c	ounty?
No chang	ge.				
List any form	al service delivery agree	ments or intergovernmental	contracts that will I	be used to implement the	strategy for this service
reement Name:		Contracting Parties:			ve and Ending Dates:
edical S	ervices Agree	ement Pearson/S	atilla Hea	Lth Svcs	1/98-1/2003
edical S	Services Agree	ement Willacooc	hee/Dr.Jacl	(son(dentist)	Perpetual
- accur i	Agree Agree	ment willacooc	nee/Dr.Ego.	Lf(physician)	Perpetual
What other m	achanisma (if and a it)				
eneral Assemb	ly, rate or fee changes, e	be used to implement the su tc.), and when will they tak	e effect?	e (e.g., ordinances, resolu	itions, local acts of the
both cit	les provide :	free facilities	for the al	pove mentioned	l medical
has not	been filled w	nal staff. At t with a medical	his time, doctor.	the Satilla co	ontract
Person compl		in Johnson	May 1000		
one number:	1-912-422-61	Dute complete	d: <u>May 1999</u>		
Is this the per	son who should be conta	cted by state agencies when	evaluating whether	proposed local governme	ent projects
consistent wi	in the service delivery st	rategy? yes no			
Jack Ta	ft - Chairman	s) and phone number(s) be	tw:		

Jack laft - Chairman Atkinson County Commission 912-422-3391

	SI	ERVICE DELIVERY STRATEGY	
	SUMMARY	OF SERVICE DELIVERY ARRANGEMENTS	PAGE
	Instructions: Make copies of this form and complet Answer each question below, attaching ac should be reported to the Department of C	e one for each service listed on page 1, Section III. Use exactly the iditional pages as necessary. If the contact person for this service (listed community Affairs.	e same service names listed on page 1 1 at the bottom of the page) changes, this
County:	Atkinson	Service: Mental Health Ser	rvices
1. Check the l	box that best describes the agreed	upon delivery arrangement for this service:	
		including all cities and unincorporated areas) by a single rity or organization providing the service.)	service provider. (If this box
	will be provided only in the uninc the government, authority or orga	orporated portion of the county by a single service provid nization providing the service.)	ler. (If this box is checked,
		e only within their incorporated boundaries, and the serviced, identify the government(s), authority or organization	
		e only within their incorporated boundaries, and the coun- ed, identify the government(s), authority or organization	
the second s		tible map delineating the service area of each service provide service within each service area.)	provider, and identify the
. In develop		service areas, unnecessary competition and/or duplicatio	n of this service identified?
higher levels of		gy, attach an explanation for continuing the arranger (1)), overriding benefits of the duplication, or reasons the	
f these condit	ions will be eliminated under the s	trategy, attach an implementation schedule listing each	h step or action that will be
aken to elimi	nate them, the responsible party an	d the agreed upon deadline for completing it.	
		Ip to pay for this service and indicate how the service wi	
ocal Governmen		istrict revenues, hotel/motel taxes, franchise taxes, impac	it lees, bonded indebiedness, etc
		General Fund, State Funds	
	and the state of the		
			in the country?
. How will the	te strategy change the previous an	angements for providing and/or funding this service with	in the county?
No cha	nge.		
. List any for	mal service delivery agreements o	r intergovernmental contracts that will be used to implem	ent the strategy for this service:
greement Name	· · · · · · · · · · · · · · · · · · ·	Contracting Parties:	Effective and Ending Dates:
Satilla	Community Service	Atkinson County	Yearly
Board			

What other	mechanisms (if any) will be used	to implement the strategy for this service (e.g., ordinance	s, resolutions, local acts of the
	nbly, rate or fee changes, etc.), and		
The co	unty owne this fac	ility and remains responsible :	for the unkeen
	building and grou		tor the upheep
01 0110			
. Person com	pleting form: Lou Ann J		
hone number	1-912-422-6135	Date completed: May 1999	
. Is this the p		state agencies when evaluating whether proposed local g	overnment projects
f not, provide	designated contact person(s) and	phone number(s) below:	100 0001
Jack	Taft - Chairman A	tkinson County Commission 912	-422-3391
	SUBANA	SERVICE DELIVERY STRATEGY IARY OF SERVICE DELIVERY ARRANGEMENTS	BLCE
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	Instructions:	IART OF SERVICE DELIVERY ARRANGEMENTS	PAGE
	Make copies of this form and co	omplete one for each service listed on page 1, Section III. Use exactly the s hing additional pages as necessary. If the contact person for this service (listed at nt of Community Affairs.	
County: A	tkinson	Service: Planning Services	
1. Check the	box that best describes the ag	reed upon delivery arrangement for this service:	
		(i.e., including all cities and unincorporated areas) by a single se authority or organization providing the service.)	rvice provider. (If this box
		inincorporated portion of the county by a single service provider organization providing the service.)	. (If this box is checked,
		ervice only within their incorporated boundaries, and the service hecked, identify the government(s), authority or organization pro	
		ervice only within their incorporated boundaries, and the county hecked, identify the government(s), authority or organization pro	
		a legible map delineating the service area of each service provization that will provide service within each service area.)	wider, and identify the
2. In develop	· · · ·	pping service areas, unnecessary competition and/or duplication of	of this service identified?
higher levels		strategy, attach an explanation for continuing the arrangeme 70-24(1)), overriding benefits of the duplication, or reasons that of	
If these condition	tions will be eliminated under	the strategy, attach an implementation schedule listing each s rty and the agreed upon deadline for completing it.	tep or action that will be
		vill help to pay for this service and indicate how the service will vice district revenues, hotel/motel taxes, franchise taxes, impact f	
Local Governmer			
Atkinsor		(provider) General Fund, DCA G	rant
	Pearson	(provider) General Fund	
	Willacoochee	(provider) (General Fund	
4. How will t	he strategy change the previou	us arrangements for providing and/or funding this service within	the county?
No cha	ange.		
5. List any for	mal service delivery agreeme	ents or intergovernmental contracts that will be used to implement	t the strategy for this service:
Agreement Name	81	·····	Effective and Ending Dates:
Comprehe	ensive Plan	Atkinson/Pearson/Willacoochee	1/99-7/99
		Lou Ann Johnson	1/00 7/00
	Service Delivery	Atkinson/Pearson/Willacoochee	1/99-7/99
6 What other		used to implement the strategy for this service (e.g., ordinances,	resolutions, local acts of the
General Asser	nbly, rate or fee changes, etc.), and when will they take effect?	
	a Planning Act Service Deliver	y Strategy	
7. Person con	ipicing ioni.	n Johnson	
Phone number			
are consistent	with the service delivery strat	ed by state agencies when evaluating whether proposed local gov tegy? Use to no and phone number(s) below:	ernment projects
the second s		tkinson County Commission 912-42	2-3391

Contraction of the second		SERVICE D	ELIVERY STR		ENTS		PAGE
	Answer each question	form and complete one for each below, attaching additional pages as the Department of Community Affai	service listed on page 1, a necessary. If the contact p	Section III. U	se exactly the		names listed on page
County:	Atkinson		Service: Pu	ıblic H	ealth	Servio	ces
. Check the b	box that best descri	bes the agreed upon delivery	arrangement for this	service:			
		ountywide (i.e., including all vernment, authority or organi			y a single	service prov	vider. (If this box
		nly in the unincorporated por uthority or organization prov		a single serv	ice provid	er. (If this b	ox is checked,
		wide this service only within his box is checked, identify th					
the second se		wide this service only within is box is checked, identify th	the second s	Second second second			
		ed, attach a legible map del other organization that will pr				rovider, an	d identify the
. In developi		ere overlapping service areas	, unnecessary competi	ition and/or	duplicatio	n of this serv	vice identified?
f these condit igher levels of	ions will continue of service (See O.C	under the strategy, attach an C.G.A. 36-70-24(1)), overridin					
	i cannot be elimina	ated under the strategy, attac	h an implementation	n cahadula l	isting each	step or acti	on that will be
		onsible party and the agreed			isting caci	i step of act	ion mat win be
		prity that will help to pay for pecial service district revenu					
cal Governmen	t or Authority: Fu	inding Method:					
tkinson	County	(provider)	General	Fund,	Fees,	State	Funds
. How will th	ne strategy change	the previous arrangements for	or providing and/or fu	nding this se	rvice with	in the count	y?
. How will th	ne strategy change	the previous arrangements fo	or providing and/or fu	nding this se	rvice with	in the count	y?
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		the previous arrangements fo	or providing and/or fu	nding this se	rvice with	in the count	y?
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8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? yes no If not, provide designated contact person(s) and phone number(s) below: Jack Taft - Chairman Atkinson County Commission 912-422-3391

SERVICE DELIVERY STRATEGY
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

5107		RVICE DELIVERY STRATEGY	
6-3-		OF SERVICE DELIVERY ARRANGEMENTS	PAGE
M		one for each service listed on page 1, Section III. Use exactly the same so tional pages as necessary. If the contact person for this service (listed at the bo mmunity Affairs.	
County: A	tkinson	Service: Public Housing	
1. Check the box	that best describes the agreed up	on delivery arrangement for this service:	
		cluding all cities and unincorporated areas) by a single service ty or organization providing the service.)	provider. (If this box
	ll be provided only in the unincor e government, authority or organi	porated portion of the county by a single service provider. (If t zation providing the service.)	his box is checked,
		only within their incorporated boundaries, and the service will , identify the government(s), authority or organization providing	
		only within their incorporated boundaries, and the county will , identify the government(s), authority or organization providing	
		ele map delineating the service area of each service provide that will provide service within each service area.)	r, and identify the
2. In developing		ervice areas, unnecessary competition and/or duplication of this	service identified?
If these condition higher levels of s	ns will continue under the strategy	 v, attach an explanation for continuing the arrangement (i.)), overriding benefits of the duplication, or reasons that overlapped and the second secon	
		ategy, attach an implementation schedule listing each step of the agreed upon deadline for completing it.	r action that will be
		to pay for this service and indicate how the service will be fur trict revenues, hotel/motel taxes, franchise taxes, impact fees, l	
Local Government o	r Authority: Funding Method:		×
Housing A	Authority of	User Fees, State & Federal	Grants
Atkinson		vider)	
	Authority of Pearson (prov	User Fees, State & Federal vider)	Grants
CILY OI	rearson (pro-	videl)	
4 How will the	strategy change the previous array	ngements for providing and/or funding this service within the c	ounty?
No chang			
No chang	3e.		
		ntergovernmental contracts that will be used to implement the	
Agreement Name:	and the second		ve and Ending Dates:
	Agreement Admin. nent & Maintenance	Nashville Housing Authority/ Pearson/Willacoochee	Yearly
	echanisms (if any) will be used to ly, rate or fee changes, etc.), and y	implement the strategy for this service (e.g., ordinances, resolution will they take effect?	ations, local acts of the
Public H	Housing Administra	tion (PHA)	
7. Person comple	eting form: Lou Ann Jô	hnson	
Phone number:	1-912-422-6135	Date completed:May 1999	
are consistent with If not, provide de	th the service delivery strategy? signated contact person(s) and ph	one number(s) below:	
Jack Tat	ft - Chairman Atki	nson County Commission 912-422-33	91

CON I		SUMM	SERVICE D				MENTS			PAGE
	Answer each question	n below, attacl	omplete one for each hing additional pages as int of Community Affai	necessary.	d on page 1, S If the contact pe	ection III. U rson for this	Use exactly th service (listed	e same s I at the bo	ervice names atom of the p	s listed on page 1. page) changes, this
County:	Atkinson			Service:	Public	: Work	s (Sti	ceet	Maint	enance)
1. Check the	box that best desc	ribes the ag	reed upon delivery	arrangem	ent for this s	ervice:				
			(i.e., including all authority or organi				by a single	service	provider.	(If this box
			unincorporated por organization prov			single ser	vice provid	ler. (If t	his box is	checked,
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			a legible map del nization that will p					provide	r, and ide	ntify the
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f these condi	tions will be elim	inated unde	r the strategy, atta rty and the agreed					h step o	r action th	at will be
			will help to pay for vice district revenu							
ocal Governme	nt or Authority:	Funding Meth	od:							
City of	Pearson		(provider)) Ge	eneral 1	Fund,	State	Fun	ds	
City of	Willacoo	chee	(provider) Ge	eneral 3	Fund,	State	Fun	ds	
How will t No cha		e the previo	ous arrangements fo	or providir	ng and/or fun	ding this s	service with	hin the	county?	
5. List any for Agreement Nam		ery agreeme	ents or intergovern Contracting P		ntracts that w	vill be used	to implem		strategy f	
								+		
General Asse	mbly, rate or fee of	changes, etc	used to implement .), and when will the	iey take el	fect?					
The cou Departm		and bi	ridges are	maint	ained	under	the C	ount	y Road	1/ Bridge
. Person cor	npleting form:		Ann Johnson	n				_		
hone numbe	r: <u>1-912-</u>	422-61	35 Date co	ompleted:	May 1	999				
re consistent	with the service of	delivery stra	ted by state agencie tegy? yes and phone number	no	-	ether prop	osed local g	governr	nent proje	cts
Jack	Taft - C	hairman	n Atkinson	Count	cy Comm	issio	n 912	-422	-3391	

County:A County:	nstructions: Take copies of this form and comple- nswer each question below, attaching a sould be reported to the Department of Atkinson at that best describes the agreed ill be provided countywide (i.e. i, identify the government, auth- ill be provided only in the uning e government, authority or orgo- pre cities will provide this service rated areas. (If this box is check this box is checked, attach a lend this box is checked, attach a lend the strategy, were overlapping to ma will continue under the strate	Y OF SERVICE DELIVERY ARRANGEMENTS PAGE te one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. dditional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this Community Affairs. Service: Roads & Bridges Department upon delivery arrangement for this service: , including all cities and unincorporated areas) by a single service provider. (If this box ority or organization providing the service.) corporated portion of the county by a single service provider. (If this box is checked, anization providing the service.) ce only within their incorporated boundaries, and the service will not be provided in ted, identify the government(s), authority or organization providing the service.) ce only within their incorporated boundaries, and the county will provide the service in ted, identify the government(s), authority or organization providing the service.) gible map delineating the service area of each service provider, and identify the ion that will provide service within each service area.) g service areas, unnecessary competition and/or duplication of this service identified? egy, attach an explanation for continuing the arrangement (i.e., overlapping but
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7. Person completing form:	Lou Ann Jo	nnson			
Phone number: 1-912	-422-6135	Date completed:	May	1999	

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8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? yes no
If not, provide designated contact person(s) and phone number(s) below:
Jack Taft - Chairman Atkinson County Commission 912-422-3391

			VICE DELIVE F SERVICE DEL				PAGE
	Answer each questio	s form and complete on on below, attaching addition the Department of Comm	nal pages as necessary.				
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SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

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	None.					
7. Person completing form: Lou Ann Johnson Phone number: 1-912-422-6135 Date completed: May 1999		T_012_/	22_6125		May 1999	_
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? yes no If not, provide designated contact person(s) and phone number(s) below:	are consistent If not, provide	with the service d designated contac	elivery strategy? yes t person(s) and phone number	ber(s) below:		
Jack Taft - Chairman Atkinson County Commission 912-422-3391	Jack	Taft - Cha	irman Atkinson	County	Commission 912-4	22-3391

SE	RVICE DELIVERY STRATEGY
SUMMARY	OF SERVICE DELIVERY ARRANGEMENTS

PAGE	

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.

Service: Senior Citizen's

	1	
R	res	ion

June

522

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

Instructions:

County: Atkinson

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

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

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

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

Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)

In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
 yes no

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

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

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

City	of	Pearson		(provider)	General 1	Fund		
City	of	Willacoo	chee	(provider)	General 1	Fund,	AOA	Funds

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?

No change.

5. List any formal service deliver	ry agreements or intergovernmental contracts that will b	e used to implement the strategy for this service:
Agreement Name:	Contracting Parties:	Effective and Ending Dates:

6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?

City of Pearson provides programs only.

City of Willacoochee has a multi-purpose center where their seniors are served meals and programs.

7.	Person completing form:	Lo	u	Ann	Johnson

Phone number: <u>1-912-422-6135</u> Date completed: <u>May 1999</u>

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

Jack Taft - Chairman Atkinson County Commission 912-422-3391

		SUMMARY OF SERVI	ICE DELIVERY	ARRANG	EMENTS		PAGE
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City of	Willacooche	e (provider)	General	Fund,	AUA FI	inds	
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	:	2-6135 Date or	mpleted: Ma	ay 1999			1
Phone number		Dale ce					
8. Is this the pare consistent	erson who should be with the service delive	contacted by state agencie ery strategy? yes erson(s) and phone numbe	s when evaluating no			al government pr	ojects

SUMMARY OF SERVICE DELIVERY ARRAGEMENTS Intractions Maxe cepts of his form and complets as for each service listed as page 1, Section III. Use acutly the same term is and addite rependent to the Department of Community Affair. County: Atkinson Service: Shervice:	61.07		~	ERVICE						D. OF
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None.	one.									

7. Person completing form: Lou Ann Johnson

Phone number: <u>1-912-422-6135</u> Date completed: <u>May 1999</u>

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

Jack Taft - Chairman Atkinson County Commission 912-422-3391

IN A A	SUM	SERVICE DELIVERY STRATEGY	PAGE
	Instructions: Make copies of this form and Answer each question below, at should be reported to the Depart	d complete one for each service listed on page 1, Section III. Use exactly the same servit ttaching additional pages as necessary. If the contact person for this service (listed at the bottor trment of Community Affairs.	ce names listed on page 1. n of the page) changes, this
County: A	tkinson	Service: Soil Conservation	
		agreed upon delivery arrangement for this service:	
Service is check	will be provided countywi ed, identify the governmer	ide (i.e., including all cities and unincorporated areas) by a single service pr nt, authority or organization providing the service.)	ovider. (If this box
Service identify	will be provided only in th the government, authority	he unincorporated portion of the county by a single service provider. (If this v or organization providing the service.)	box is checked,
One or r unincor	nore cities will provide thi porated areas. (If this box i	is service only within their incorporated boundaries, and the service will no is checked, identify the government(s), authority or organization providing	t be provided in the service.)
One or r unincor	nore cities will provide thi porated areas. (If this box i	is service only within their incorporated boundaries, and the county will pro- is checked, identify the government(s), authority or organization providing	ovide the service in the service.)
Other. () governm	If this box is checked, atta tent, authority, or other or	ach a legible map delineating the service area of each service provider, ganization that will provide service within each service area.)	and identify the
2. In develop	-	rlapping service areas, unnecessary competition and/or duplication of this se	ervice identified?
If these condit higher levels of	tions will continue under the	the strategy, attach an explanation for continuing the arrangement (i.e., 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapp	overlapping but bing service areas
If these condit	ions will be eliminated un	nder the strategy, attach an implementation schedule listing each step or a party and the agreed upon deadline for completing it.	ction that will be
3. List each g funds, user fe Local Governmen	es, general funds, special s	at will help to pay for this service and indicate how the service will be funde service district revenues, hotel/motel taxes, franchise taxes, impact fees, bound tethod:	ed (e.g., enterprise nded indebtedness, etc
Atkinsor	n County	(provider) General Fund	
	Pearson	(provider) General Fund	
CITÀ OL	Willacoochee	(provider) General Fund	
		vious arrangements for providing and/or funding this service within the cou	
4. 1104 4111 1			
· · · · · · · · · · · · · · · · · · ·		ements or intergovernmental contracts that will be used to implement the str	
			rategy for this service: and Ending Dates:
5. List any for			
5. List any for			
5. List any for Agreement Name 6. What other General Assen Soil Er	mechanisms (if any) will nbly, rate or fee changes, e cosion and Sedi		and Ending Dates:
5. List any for Agreement Name 6. What other General Assen Soil Er by Atki 7. Person com	mechanisms (if any) will nbly, rate or fee changes, e cosion and Sedi inson County, t npleting form: Lou A	Contracting Parties: Effective	and Ending Dates:
 List any for Agreement Name 6. What other General Assen Soil Er by Atki 7. Person com 	mechanisms (if any) will nbly, rate or fee changes, e cosion and Sedi inson County, t npleting form: Lou A : 1-912-422-61	Contracting Parties: Effective	and Ending Dates: ons, local acts of the adopted lacoochee.
5. List any for Agreement Name 6. What other General Assen Soil Er by Atki 7. Person com Phone number 8. Is this the p are consistent If not, provide	mechanisms (if any) will nbly, rate or fee changes, e cosion and Sedi inson County, t pleting form: Lou A : 1-912-422-61 erson who should be conta with the service delivery st designated contact person	Contracting Parties: Effective	and Ending Dates: ons, local acts of the adopted lacoochee.

COLOR		SUMMARY O	SERVICE					TS		PAGE
	Answer each question	orm and complete on below, attaching additio	e for each serv nal pages as nec	rice listed or	page 1. Se	ection I	II. Use ex	actly the st	ume service n the bottom of	ames listed on page 1
unty: A	Atkinson		Se	rvice: S	olid	Was	te Se	ervic	es	
	box that best describ	bes the agreed upor		_						
Service	will be provided co ed, identify the gov	untywide (i.e., incl	uding all citi	es and uni	ncorporat	ed are	as) by a	single se	rvice provi	der. (If this box
Service identify	will be provided on the government, au	ly in the unincorpo thority or organiza	rated portion tion providir	n of the cong the serv	unty by a ice.)	single	service	provider.	(If this bo	x is checked,
One or unincor	more cities will proporated areas. (If th	vide this service or is box is checked, i	ly within the dentify the g	eir incorpo governmen	rated bou t(s), autho	ndarie: ority o	s, and the organiz	e service ation pro	will not be oviding the	provided in service.)
One or unincor	more cities will proported areas. (If th	vide this service or is box is checked, i	ly within the dentify the g	eir incorpo governmen	rated bou t(s), autho	ndarie: ority of	s, and the organiz	e county ation pro	will provid oviding the	e the service in service.)
Other. (governm	If this box is checke nent, authority, or o	ed, attach a legible ther organization t	e map deline hat will prov	ating the ide service	service a within e	rea of ach ser	each ser vice are	vice pro a.)	wider, and	identify the
In develop	ing the strategy, we	re overlapping ser	vice areas, ur	necessary	competit	ion an	d/or dup	lication o	of this servi	ce identified?
these condi- gher levels	tions will continue of service (See O.C n cannot be elimina	G.A. 36-70-24(1))	attach an e , overriding	xplanation benefits of	n for con the dupli	tinuin; ication	g the arr , or reaso	ons that o	nt (i.e., ov overlapping	erlapping but service areas
en to elimi	tions will be elimin nate them, the respo overnment or author	onsible party and the	e agreed upo	on deadlin	e for com	pleting	; it.			
inds, user fe	es, general funds, s	pecial service distr	ict revenues,	hotel/mot	el taxes, f	ranchi	se taxes,	impact f	ees, bonde	d indebtedness, e
		nding Method:	. 1	TT	Pass		. 1. 1	T 1.	1 + - 1	
	n County	(prov	vider)		Fees,				btedne	SS
	Pearson				Fees					
<u>lty or</u>	Willacooch	iee		USEI	rees	10	OWFIA			
How will t No cha	he strategy change	the previous arrang	ements for p	providing a	nd/or fun	ding th	nis servio	e within	the county	?
reement Name		c	ergovernmen ontracting Partie		cts that w	ill be u	used to in			gy for this service Ending Dates:
	ervice Agre		Pearson						51.55	*
aste Se	ervice Agre	ement	Willaco	oochee	/SWMA	1			2122	*
										ews yearl
What other	mechanisms (if an	u) will be used to i	malamant the		for this es			1		9 years
neral Asser	nbly, rate or fee cha Naste Manag	inges, etc.), and wh	en will they	take effec	1?			inances,	resolutions	, local acts of the
	т	ou Ann Ist								
Person com one number	pleting form:	ou Ann Joh -6135	Date comp	leted: _M	lay 19	99				
Is this the p consistent	erson who should b with the service del	e contacted by stativery strategy?	e agencies w	hen evalu			oposed I	ocal gov	ernment pr	ojects

If not, provide designated contact person(s) and phone number(s) below: Jack Taft - Chairman Atkinson County Commission 912-422-3391

	S	UMMARY OF SERVICE DE	ELIVERY ARRAN	GEMENTS	PAGE
	Answer each question below	and complete one for each service li v, attaching additional pages as necessar epartment of Community Affairs.	sted on page 1, Section y. If the contact person for	III. Use exactly the same ser or this service (listed at the bott	vice names listed on page 1. om of the page) changes, this
ounty:	Atkinson	Servic	e: Tax Col	lection	
	box that best describes	the agreed upon delivery arrange	ement for this servic	e:	
□ Service	will be provided county	wide (i.e., including all cities a ment, authority or organization	nd unincorporated a	reas) by a single service	provider. (If this box
Service identify	will be provided only i the government, author	n the unincorporated portion of rity or organization providing th	the county by a sing e service.)	le service provider. (If th	is box is checked,
One or unincor	more cities will provide rporated areas. (If this be	this service only within their in ox is checked, identify the gover	corporated boundari rnment(s), authority	es, and the service will n or organization providing	ot be provided in g the service.)
One or uninco	more cities will provide rporated areas. (If this b	this service only within their in ox is checked, identify the gove	ncorporated boundari rnment(s), authority	ies, and the county will p or organization providin	rovide the service in g the service.)
Other. govern	(If this box is checked, a ment, authority, or other	attach a legible map delineatin organization that will provide s	ig the service area of service within each s	of each service provider ervice area.)	, and identify the
. In develop		overlapping service areas, unnec	essary competition a	nd/or duplication of this	service identified?
these cond igher levels	itions will continue und of service (See O.C.G.)	er the strategy, attach an expla A. 36-70-24(1)), overriding bene	nation for continui efits of the duplication	ng the arrangement (i.e on, or reasons that overla	., overlapping but pping service areas
a set of the	on cannot be eliminated)	under the strategy, attach an in	molementation sch	dule listing each step or	action that will be
ken to elim	inate them, the responsi	ble party and the agreed upon d	eadline for completing	ng it.	
					ded (a.a. entermise
. List each ; unds user f	government or authority	that will help to pay for this ser al service district revenues, hot	el/motel taxes, franc	hise taxes, impact fees, b	onded indebtedness, et
	ent or Authority: Fundin on County	g Method: (provider)	General	Fund	
	f Pearson	(provider)	General		
	f Willacooche		General		
How will	the strategy change the	previous arrangements for provi	iding and/or funding	this service within the co	ounty?
No cha	nge.				
no cha	inge.				
List any fo	ormal service delivery as	reements or intergovernmental	contracts that will be	e used to implement the s	strategy for this service
greement Nan		Contracting Parties:		212	e and Ending Dates:
		vill be used to implement the str es, etc.), and when will they take		e (e.g., ordinances, resolu	tions, local acts of the
None.					
Person con	in round round.	u Ann Johnson			
none numbe	er: <u>1-912-422-</u>	6135 Date complete	d: <u>May 1999</u>		
		ontacted by state agencies when	evaluating whether	proposed local governme	ent projects
not, provide	e designated contact per	y strategy? yes mono son(s) and phone number(s) below			
Jack	k lait - Chai	rman Atkinson Cou	nty Commiss	sion 912-422-	-3391

600				VERY STRATEGY ELIVERY ARRANGEMEN	NTS	PAGE
	Answer each question	s form and complete on below, attaching add o the Department of Co	itional pages as necessa	isted on page 1, Section III. Use e ry. If the contact person for this servi	exactly the same service n ice (listed at the bottom of	ames listed on page the page) changes, th
County:	Atkinson		Servic	e: Tax Assessor		
1. Check the t	box that best desc	ribes the agreed up	oon delivery arrang	ement for this service:		
Service is check	will be provided ed, identify the g	countywide (i.e., i overnment, author	ncluding all cities a ity or organization	and unincorporated areas) by a providing the service.)	a single service provi	der. (If this box
Service identify	will be provided the government,	only in the uninco authority or organ	rporated portion of ization providing the	the county by a single service ne service.)	e provider. (If this bo	x is checked,
One or unincor	more cities will p porated areas. (If	rovide this service this box is checked	only within their in d, identify the gove	ncorporated boundaries, and the rnment(s), authority or organization of the result of	he service will not be ization providing the	provided in service.)
One or unincor	more cities will p porated areas. (If	rovide this service this box is checked	only within their in d, identify the gove	ncorporated boundaries, and the terminent(s), authority or organ	he county will provid ization providing the	le the service in service.)
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2. In develop		were overlapping s	service areas, unnec	cessary competition and/or du	plication of this servi	ce identified?
f these condi- nigher levels	tions will continu	.C.G.A. 36-70-24(y, attach an expla 1)), overriding ben	anation for continuing the an efits of the duplication, or rea	rrangement (i.e., ov sons that overlapping	erlapping but s service areas
3. List each g funds, user fe	overnment or auters, general funds	hority that will he	lp to pay for this se	eadline for completing it. rvice and indicate how the ser el/motel taxes, franchise taxe	rvice will be funded (s, impact fees, bonde	e.g., enterprise d indebtedness,
	n County		rovider)	General Fund		
ALKINSO	ii councy	(P	lovidely	oeneral rund		
No chan	ge . rmal service deliv			iding and/or funding this serv contracts that will be used to	implement the strate	
Breenken Than						Sump control
			o implement the stu when will they tak	rategy for this service (e.g., or e effect?	dinances, resolutions	, local acts of th
None.						
	npleting form:	Lou Ann J		N 1000		
hone number		422-6135	Date complete			
. Is this the p	person who shoul	d be contacted by				

-1		SUM			LIVERY STR		ENTS		PAGE
	Instructions: Make copies of thi Answer each question should be reported to	on below, at	taching additi	ional pages as nee	vice listed on page 1, cessary. If the contact	Section III. Use person for this se	exactly the rvice (listed a	same service na t the bottom of	ames listed on page the page) changes, th
County:	Atkinson			Se	rvice: Transp	ortatio	n Ser	vices	
I. Check the	e box that best desc	ribes the	agreed upo	on delivery an	rangement for this	service:			
Servic is chec	ce will be provided cked, identify the g	countywi overnmei	de (i.e., ind nt, authorit	cluding all cit y or organizat	ies and unincorpor tion providing the	ated areas) by service.)	a single s	ervice provid	der. (If this box
Servic identif	e will be provided fy the government,	only in th authority	e unincorp or organiz	porated portion ation providing	n of the county by ng the service.)	a single servi	ce provide	r. (If this bo:	k is checked,
One or uninco	r more cities will p orporated areas. (If	rovide th this box	s service o s checked,	only within the identify the g	eir incorporated bo government(s), aut	undaries, and hority or orga	the servic nization p	e will not be roviding the	provided in service.)
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2. In develo	oping the strategy,	were over	lapping se	rvice areas, u	nnecessary compe	lition and/or d	uplication	of this servi	ce identified?
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f these cond aken to elin	ditions will be elim ninate them, the res	inated un sponsible	der the stra party and	ategy, attach the agreed up	an implementation on deadline for com	n schedule li mpleting it.	sting each	step or actio	n that will be
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funds, user	fees, general funds			trict revenues,	, hotel/motel taxes	, franchise tax	es, impaci	fees, bonded	i indebtedness, e
	nent or Authority:	Funding M	(prov	ider)	General	Fund	Stata	Funda	
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City o									
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City c									
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	l the strategy chang	the pre	vious arran	ngements for p	providing and/or fu	inding this se	rvice withi	n the county	?
		the pre	vious arran	ngements for p	providing and/or fu	unding this se	vice withi	n the county	?
4. How wil		e the pre	vious arran	ngements for p	providing and/or fu	inding this se	rvice withi	n the county	?
How will No cha	ange.								
I. How will No cha	ange . formal service deliv		ments or in	ntergovernme	ntal contracts that			ent the strates	gy for this service
How will No cha	ange . formal service deliv	ery agree	ments or in	ntergovernme Contracting Parti	ntal contracts that	will be used t	o impleme	ent the strates Effective and	gy for this service Ending Dates:
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		SUMM	ARY O	F SERVICE	DELIVERY AF	RANGEMEN	TS	PAGE
TIT	Instructions: Make copies of this Answer each question should be reported to	n below, attac	hing additio	onal pages as nece	te listed on page 1, 5 ssary. If the contact p	Section III. Use ex erson for this servic	actly the same service e (listed at the bottom o	names listed on page of the page) changes, t
county: At	kinson			Ser	vice: Zoning			
		ibes the ag	reed upon	n delivery arra	ngement for this :	service:		
Service v	will be provided o	ountywide	(i.e., inc	luding all citie		ated areas) by a	single service prov	rider. (If this box
Service v identify	will be provided of the government, a	only in the authority of	unincorpo r organiza	orated portion ation providing	of the county by a the service.)	a single service	provider. (If this be	ox is checked,
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2. In developi		vere overla	pping ser	vice areas, uni	ecessary competi	tion and/or dup	lication of this serv	vice identified?
igher levels o	ions will continue of service (See O. cannot be elimin	C.G.A. 36-	strategy, -70-24(1)	attach an ex), overriding b	planation for cor enefits of the dup	tinuing the ar	rangement (i.e., or ons that overlappin	verlapping but og service areas
f these conditi	ions will be elimi	nated unde	er the stra	tegy, attach a	n implementatio	n schedule listi	ng each step or acti	on that will be
aken to elimin	nate them, the res	ponsible pa	arty and th	he agreed upor	deadline for con	npleting it.		
							vice will be funded	
funds, user fee	es, general funds,	special ser	rvice distr	rict revenues, l	otel/motel taxes,	franchise taxes,	impact fees, bond	ed indebtedness,
And the state of the		Funding Meth		(Cananal	Euro 1		
And the second	Pearson	Funding Meth		vider)	General	Fund		
		Funding Meth		vider)	General	Fund		
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City of	Pearson		(pro				ce within the count	y?
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provide designated contact person(s) and phone number(s) below: Jack Taft - Chairman Atkinson County Commission 912-422-3391

Service Delivery Strategy

Atkinson County

City of Pearson

City of Willacoochee

Water Distribution

Atkinson County does not offer any water or wastewater services to the unincorporated area of the county. Potable water is obtained from deep and shallow wells throughout the unincorporated areas of the county. The County will continue to rely on the Health Department regulations to protect these water sources.

The City of Pearson has two deep wells with a combined 1,075 gallon per minute pumping capacity, with an auxiliary well as backup. The storage capacity of the Pearson elevated water tank is 100,00 gallons. Average consumption is approximately 250,000 gallons per day. This service provides service to 832 residents.

At present about 36 of those residents live in the county and are paying a higher rate. The City of Pearson has agreed to charge the same rate for all residents and will adjust the rate of the county residents to reach their goal of one rate by July 1, 1999. (See attached letter.)

The City of Willacoochee operates two deep wells with a combined pumping capacity of 1,500 gallons per minute each. The storage capacity of the elevated water tank is 900,000 gallons. The average consumption is approximately 168,000 gallons per day. This service provides water to 605 residents. At present, about 13 of these residents live in the county. The City of Willacoochee charges the same rate for all customers.

Over many years of operation in water and wastewater, the City of Pearson and the City of Willacoochee have created bond revenue indebtedness against their respective water and wastewater entities along with USDA grants and loans and FHA loans. The rates established are in direct relation to paying the indebtedness and providing for sufficient operating monies.

We, the undersigned agree that the agreements and operational procedures in place have proven to be an effective and efficient manner of delivery of water and wastewater services. Each entity provides this service under separate funding with no apparent duplication of services nor prospect for consolidation, this $\underline{\partial}7\underline{m}$ day of \underline{mau} 1999.

Atkinson County

Chairman Jack Taft

City of Pearson Mayor Ellie Morris

City of Willacoochee Mayor Jim Mills

Attest

Attest Attest Penale Brown

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Person com	pleting form.	Lou A	inn Johnson					
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8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? If not, provide designated contact person(s) and phone number(s) below:

Jack Taft - Chairman Atkinson County Commission 912-422-3391

603			VICE DELIVI				PAGE
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If not, provide designated contact person(s) and phone number(s) below: Jack Taft - Chairman Atkinson County Commission 912-422-3391

SERVICE DELIVERY STRATEGY SUMMARY OF LAND USE AGREEMENTS

PAGE 3



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

Atkinson County:

Instructions:

1. What incompatibilities or conflicts between the land use plans of local governments were identified in the process of developing the service delivery strategy?

No conflicts or incompatibilities were identified. A written agreement that provides a process for the cities to annex land or to extend water/sewer services into unincorporated areas of the county so as not to conflict with current land use plans or in the future. A written dispute resolution process was also agreed upon by all participating governments in this service delivery strategy.

2. Check the boxes indicating how these incompatibilities or conflicts were addressed:

amendments to existing comprehensive plans

adoption of a joint comprehensive plan

other measures (amend zoning ordinances, add environmental regulations, etc.)

Note: If the necessary plan amendments, regulations, ordinances, etc. have not yet been formally adopted, indicate when each of the affected local governments will adopt them.

If "other measures" was checked, describe these measures:

Resolution of Intent to adopt land use and control measures to reduce future flood losses pursuant to section 5-4-1 of the O.C.G.A. - Atkinson County adopted this on 12-2-97.

City of Pearson to adopt by June 2000.

City of Willacoochee to adopt by June 2000. 3. Summarize the process that will be used to resolve disputes when a county disagrees with the proposed land use classification(s) for areas to be annexed into a city. If the conflict resolution process will vary for different cities in the county, summarize each process.

See Attachment "A" - Service Delivery Strategy Dispute Resolution Process. The process: (1) if the county objects - county will notify city, (2) in turn the city agrees to implement changes the county stipulates or initiates a mediation process or notifies the county that they will proceed through court action.

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

See Attachment "B" - Intergovernmental Agreement Process for Provision of Extraterritorial Water and Sewer Services resolution. The agreement was passed by all governmental units in Atkinson County.

5.	Person completing for	n:	Lou	Ann	Johnson	
	1	~	100 11			_

Phone number: <u>1-912-422-6135</u> Date completed: <u>May 1999</u>

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

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

Jack Taft - Chairman Atkinson County Commission 912-422-3391

Service Delivery Strategy Dispute Resolution Process

The City of Willacoochee and Atkinson 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 zoning classifications if applicable of the property upon annexation.

Within 15 working days following receipts of the above information, the County will forward to the City a statement either: (a) indication 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, proving supporting information, and listing any possible stipulations or conditions that would alleviated 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 abject to land use changes after the annexation.
- 3. If the County notifies the City that it has a bona fide land use classification objection, the City will respond to the County in writing within 30 working days of receiving the County's objection by either; (a) agreeing to implement the County's stipulations and conditions and thereby resolving the County's objection, (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 results from the mediation, the City will not proceed with the proposed annexation.
- 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 and 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.

Authorized Representative of City Government

Authorized Representative

of County Government

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

Prior to initiating any formal annexation activities, the City will notify the county government of a proposed annex-ation and provide information on location of property, size of area, and proposed land use zoning classifications if applicable of the property upon annexation.

Within 15 working days following receipts of the above information, the county will forward to the city a state-ment either: (a) indicating that the county has no objecment either: (a) indicating that the county has no objec-tion to the proposed land use for the property, or (b) describing its bona fide objection(s) to the city's pro-posed land use classification, proving supporting infor-mation, 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 repsond 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 bons fide land use classification objection, the city will respond to the county in writing within 30 working days of receiving the county's objeciton by either: (a) agreeing to implement the county's stipulations and conditions and thereby resolving the county's objection, (b) agreeing with the county and stopping action on the proposed annexation; (c) disagreeing that the county's objection(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.
- If no resolution of the county's bona finde land use classification objection 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 and zoning class-ification, any site-specific mitigation or enhancement measures or site design stipulations included in the agree-ment 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.

Attest . Andre Attest

Authorized Representative of City Government

Authorized Representative

of County Government

	CERTIFICATIONS		PAGE 4
Instructions: his page must, at a minimum, be signed by an a ounty seat; 3) all cities having 1990 population opulation of between 500 and 9,000 residing w be strategy are not required to sign this form, bu	authorized representative of the following gove is of over 9,000 residing within the county; and within the county. Cities with 1990 populations	4) no less than 50% of all other cities	tving as the
Service Delivery Strateg	YFORAtkinson	County	
signed authorized representatives of t	he jurisdictions listed below, certify t	that:	
te depiction of our agreed upon strateg rvice delivery strategy promotes the d sive manner (O.C.G.A. 36-70-24 (1)); rvice delivery strategy provides that w uries of a service provider are reasonal within the geographic boundaries of rvice delivery strategy ensures that the funded by the county and one or more anty are borne by the unincorporated a (O.C.G.A. 36-70-24 (3)); and pocess(es) for resolving land use disput	gy (O.C.G.A. 36-70-21); elivery of local government services vater or sewer fees charged to custom ble and are not arbitrarily higher than the service provider (O.C.G.A. 36-70 e cost of any services the county gove e municipalities) primarily for the ber urea residents, individuals, and proper	in the most efficient, effective ers located outside the geogra the fees charged to customers b-24 (2)); ernment provides (including th heefit of the unincorporated are ty owners who receive such	, and phic sose a of
NAME: (Please print or type)	TITLE:	JURISDICTION:	DATE:
af Jack Taft	the County	County	05.27.
Mar Ellie Morr	is Mayor	City of Pearson	5-28
Mille Jim Mills	Mayor	City of Willacooche	е 85- 24.4
	rsigned authorized representatives of the velocities of our agreed upon strategy promotes the desivery strategy provides that warries of a service provider are reasonal divithin the geographic boundaries of rvice delivery strategy ensures that the funded by the county and one or more unty are borne by the unincorporated as (O.C.G.A. 36-70-24 (3)); and occess(es) for resolving land use disput 3.A. 36-70-24(4)).	rsigned authorized representatives of the jurisdictions listed below, certify the vexecuted agreements for implementation of our service delivery strategy to depiction of our agreed upon strategy (O.C.G.A. 36-70-21); rrvice delivery strategy promotes the delivery of local government services sive manner (O.C.G.A. 36-70-21(1)); rvice delivery strategy provides that water or sewer fees charged to custom arises of a service provider are reasonable and are not arbitrarily higher than a within the geographic boundaries of the service provide (O.C.G.A. 36-70-70-70-70-70-70-70-70-70-70-70-70-70-	rsigned authorized representatives of the jurisdictions listed below, certify that: ve executed agreements for implementation of our service delivery strategy and the attached forms provide the depiction of our agreed upon strategy (O.C.G.A. 36-70-21); rvice delivery strategy provides that water or sewer fees charged to customers located outside the geogra- aries of a service provider are reasonable and are not arbitrarily higher than the fees charged to customers d within the geographic boundaries of the service provider (O.C.G.A. 36-70-24 (2)); rvice delivery strategy resures that the cost of any services the county government provides (including the funded by the county and one or more municipalities) primarily for the benefit of the unincorporated are inty are borne by the unincorporated area residents, individuals, and property owners who receive such (O.C.G.A. 36-70-24 (3)); and coess(es) for resolving land use disputes arising over annexation were established by the July 1, 1998 der (A. 36-70-24(4)). TITLE: JURISDICTION: NAME: (Please print or type) TITLE: JURISDICTION: MAME: (Please print or type) Chairman of the County Commission Ellie Morris Mayor City of Pearson