GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS SERVICE DELIVERY STRATEGY RECEIVED

FOR BAKER COUNTY

JUN 18 P.M.

PAGE 1

I. GENERAL INSTRUCTIONS

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

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

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

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

II. LOCAL GOVERNMENTS INCLUDED IN THE SERVICE DELIVERY STRATEGY:

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

Baker County City of Newton

Southwest Georgia Community Action Council

III. SERVICES INCLUDED IN THE SERVICE DELIVERY STRATEGY:

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

Ambulance Agricultural Services including

- County Agent, NRCS Coroner Building Inspection Courts (Traffic) Courts (Other) Emergency Management & Rescue Forestry Services
- Fire Protection
- **Undigent** Defense
- Jail
- Law Enforcement
- Library
- Parks & Recreation
- V Planning & Zoning
- Public Health Services
- Public Works
- Prison Road Crew
- Community Service Workers
 - Road/Bridge Construction &
- Maintenance
- Solid Waste Management

- Storm-Water Management
- Water Supply/Distribution
- Social Services
- Voter Registration
- ✓ Tax Commissioner/Tax Digest
- VTax Collection
- Tax Assessor
- Elections (Mayor & Council)
- Elections (Other)
- Headstart Center
- ✓ Senior Citizen Center

Instructions:				PAGE
Make copies of a page 1. Answer e	ach question below, attach	ne for each service listed on pa ing additional pages as necessar Department of Community Affa	V If the contact ne	Use exactly the same service names listed or rson for this service (listed at the bottom of the service)
County:	Baker		Service:	_Ambulance
1. Check the box	that best describes the agree	eed upon delivery arrangement fo	r this service:	
X Service will checked, ide	be provided countywide ntify the government, author	(i.e., including all cities and un ority or organization providing th	incorporated areas e service.)	s) by a single service provider. (If this box a Baker County
Service will government,	be provided only in the uni authority or organization p	incorporated portion of the count providing the service.)	y by a single servic	e provider. (If this box is checked, identify the
One or mor unincorporat	e cities will provide this ed areas. (If this box is che	service only within their inco scked, identify the government(s)	rporated boundarie, authority or organ	es, and the service will not be provided i nization providing the service.)
One or mor unincorporat	e cities will provide this ed areas. (If this box is che	service only within their incorp ocked, identify the government(s).	porated boundaries authority or organ	s, and the county will provide the service i ization providing the service.)
Other. (If this authority, or	s box is checked, attach a lother organization that will	legible map delineating the service within each service within eac	vice area of each s vice area.)	service provider, and identify the governmen
	he strategy, were overlappi	ng service areas, unnecessary cor	npetition and/or du	uplication of this service identified?
🛛 yes 🔰	۲ no			
If these conditions levels of service (S cannot be eliminat	be U.C.U.A. 30-70-24(1)	strategy, attach an explanation), overriding benefits of the dupl	for continuing the ication, or reasons	he arrangement (i.e., overlapping but highe that overlapping service areas or competition
f these conditions liminate them, the	will be eliminated under t responsible party and the	the strategy, attach an impleme agreed upon deadline for comple	ntation schedule 1 ting it.	isting each step or action that will be taken to
. List each gover ser fees, general f	nment or authority that wi	Il help to pay for this service and ct revenues, hotel/motel taxes, fra	l indicate how the nchise taxes, impa	service will be funded (e.g., enterprise funds ct fees, bonded indebtedness, etc.
ocal Government	or Authority	Funding Method:		
Baker County	General fund			
. How will the str	ategy change the previous	arrangements for providing and/o	or funding this serv	vice within the county?
List any formal s	service delivery agreements	s or intergovernmental contracts t	hat will be used to	implement the strategy for this service:
Agreement Nan		Contracting Parties :		fective and Ending Dates:
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What other mech eneral Assembly,	nanisms (if any) will be use rate or fee changes, etc.) ar	ed to implement the strategy for the strategy for the strategy for the strate officer?	his service, (e.g., or	rdinances, resolutions, local acts of the
Person completin	ng form:Charley Duk	e, County Manager	a jan ja	
none Number:	912-734-3000	Date completed:	May 10, 1999	<u> </u>
Is this the person	who should be contacted l	by state agencies when evaluating	whathan	l local government projects are consistent

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	KY OF SERVICE DELIVE	RY ARRANGEMENTS PAGE	2		
Instructions:	Instructions:				
page 1. Answer each question below,	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: <u>Baker</u>	Service: Agricul	tural Services			
1. Check the box that best describes t	the agreed upon delivery arrangement for this	service:			
Baker County by	v support of Cooperative Extension S	Service, NRCS			
Service will be provided only in government, authority or organiz	the unincorporated portion of the county by a zation providing the service.)	a single service provider. (If this box is checked, identify t	the		
One or more cities will provid unincorporated areas. (If this box	e this service only within their incorporat x is checked, identify the government(s), auth	ted boundaries, and the service will not be provided nority or organization providing the service.)	in		
One or more cities will provid unincorporated areas. (If this box	de this service only within their incorporate x is checked, identify the government(s), auth	ed boundaries, and the county will provide the service tority or organization providing the service.)	in		
Other. (If this box is checked, atta authority, or other organization t	ach a legible map delineating the service a hat will provide service within each service a	rea of each service provider, and identify the government rea.)	nt,		
2. In developing the strategy, were ov	erlapping service areas, unnecessary competi	tion and/or duplication of this service identified?			
🗇 yes X no					
If these conditions will continue und levels of service (See O.C.G.A. 36-70 cannot be eliminated).	er the strategy, attach an explanation for ()-24(1)), overriding benefits of the duplication	continuing the arrangement (i.e., overlapping but high on, or reasons that overlapping service areas or competition	on		
If these conditions will be eliminated eliminate them, the responsible party a	under the strategy, attach an implementation and the agreed upon deadline for completing i	on schedule listing each step or action that will be taken t.	to		
3. List each government or authority user fees, general funds, special service	that will help to pay for this service and indi e district revenues, hotel/motel taxes, franchis	cate how the service will be funded (e.g., enterprise fund se taxes, impact fees, bonded indebtedness, etc.	ls,		
Local Government or Authority Baker County genera	Funding Method:				
Dunci County genera	1 tunu				
4. How will the strategy change the pr	revious arrangements for providing and/or fun	ding this service within the county?			
no change	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:			
		-			
6. What other mechanisms (if any) will be used to implement the strategy for this service, (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.) and when will they take effect?					
7. Person completing form: <u>Charley Duke, County Manager</u>					
Phone Number: (912) 734-3000	Phone Number: (912) 734-3000 Date completed: March 30, 1999				
8. Is this the person who should be con	8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent				
with the service delivery strategy? X yes no no f not, provide designated contact person(s) and phone number(s) below:					

	IMART OF SERVICE DEI	IVERY ARRANGEMENTS PAGE 2	
Instructions: Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.			
County: <u>Baker</u>	Service:C	oroner	
1. Check the box that best des	scribes the agreed upon delivery arrangement	t for this service:	
X Service will be provided checked, identify the gov	d countywide (i.e., including all cities and vernment, authority or organization providing Baker County	unincorporated areas) by a single service provider. (If this box is the service.)	
Service will be provided government, authority or	only in the unincorporated portion of the cour r organization providing the service.)	anty by a single service provider. (If this box is checked, identify the	
One or more cities will unincorporated areas. (If	Il provide this service only within their ir this box is checked, identify the government	acorporated boundaries, and the service will not be provided in (s), authority or organization providing the service.)	
unincorporated areas. (If	this box is checked, identify the government	corporated boundaries, and the county will provide the service in (s), authority or organization providing the service.)	
Other. (If this box is check authority, or other organi	ked, attach a legible map delineating the sector ization that will provide service within each s	ervice area of each service provider, and identify the government, service area.)	
2. In developing the strategy,	were overlapping service areas, unnecessary	competition and/or duplication of this service identified?	
🗇 yes X no			
If these conditions will contin levels of service (See O.C.G.A cannot be eliminated).	the under the strategy, attach an explanation A . 36-70-24(1)), overriding benefits of the dr	on for continuing the arrangement (i.e., overlapping but higher uplication, or reasons that overlapping service areas or competition	
If these conditions will be elin eliminate them, the responsible	ninated under the strategy, attach an imple e party and the agreed upon deadline for com	mentation schedule listing each step or action that will be taken to	
3. List each government or au	thority that will help to pay for this service	and indicate how the service will be funded (a.g. entermine funde	
user rees, general runds, specia	a service district revenues, hotel/motel taxes,	franchise taxes, impact fees, bonded indebtedness, etc.	
Local Government or Authority			
Baker County	general fund		
	• • • • • •		
	the previous arrangements for providing an	d/or funding this service within the county?	
no change			
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:			
Agreement Name:	Contracting Parties :	Effective and Ending Dates:	
-			
6. What other mechanisms (if any) will be used to implement the strategy for this service, (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.) and when will they take effect?			
7. Person completing form: <u>C</u>	harley Duke, County Manager		
Phone Number: (912) 734-3000 Date completed: March 30, 1999			
. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent			
with the service delivery strategy? X yes \square no f not, provide designated contact person(s) and phone number(s) below:			

	MMARY OF	SERVICE DELI	VERY ARRANGEMENTS PAGE
Instructions:			
page 1. Answer each ques	tion below, attaching ad	each service listed on pa ditional pages as necessary rtment of Community Affa	ge 1, Section III. Use exactly the same service names listed . If the contact person for this service (listed at the bottom of t irs.
County: <u>Bake</u>	<u>r</u>	Service: <u>Buildin</u>	gInspection
1. Check the box that best	describes the agreed up	on delivery arrangement for	this service:
Service will be provide the checked, identify the	ded countywide (i.e., ir government, authority of	ncluding all cities and uni r organization providing the	ncorporated areas) by a single service provider. (If this box e service.)
Service will be provid government, authority	ed only in the unincorport or organization providi	orated portion of the county ing the service.)	by a single service provider. (If this box is checked, identify the
X One or more cities unincorporated areas. City of Newton	will provide this serve (If this box is checked,	ice only within their inco identify the government(s),	rporated boundaries, and the service will not be provided authority or organization providing the service.)
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Other. (If this box is ch authority, or other org	ecked, attach a legible anization that will provi	map delineating the serv ide service within each serv	ice area of each service provider, and identify the governmentice area.)
	y, were overlapping ser	vice areas, unnecessary con	npetition and/or duplication of this service identified?
Uyes X no			
If these conditions will con- levels of service (See O.C.6 cannot be eliminated).	tinue under the strateg 3.A. 36-70-24(1)), over	y, attach an explanation riding benefits of the dupl	for continuing the arrangement (i.e., overlapping but high ication, or reasons that overlapping service areas or competitio
If these conditions will be e eliminate them, the response	liminated under the stra ible party and the agreed	ategy, attach an impleme r 1 upon deadline for complet	ntation schedule listing each step or action that will be taken t
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 nchise taxes, impact fees, bonded indebtedness, etc.
Local Government or Autho	rity	Funding Method:	
City of Newton	general fund		
	+		
4. How will the strategy cha	inge the previous arrang	ements for providing and/c	or funding this service within the county?
no change			
5. List any formal service de	elivery agreements or in	tergovernmental contracts t	hat will be used to implement the strategy for this service:
Agreement Name:	Contra	acting Parties :	Effective and Ending Dates:
 What other mechanisms (General Assembly, rate or fe 	(if any) will be used to in e changes, etc.) and who	mplement the strategy for the strategy for the strategy for the strate effect?	his service, (e.g., ordinances, resolutions, local acts of the
7. Person completing form:	Pat Hart, City Clerk		
Phone Number:(912) 734	-5421	Date completed:	March 30, 1999
 Is this the person who sho with the service delivery stra f not, provide designated co. 	tegy? X yes 🗖 no)	g whether proposed local government projects are consistent

Marker copies of this form and complete sets for each service listed as page 1, Section III. Use exactly the same vertice names into the page 1. Answer and question below, stacking additional pages as necessary. If the context percent for this service (instel as the bottom of page) changes, this is hold be reported to the Department of Community Affinian. County:	Instructions:	CARL OF SERVICE DE	LIVERY ARRANGEMENTS PAGE 2
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	ith the service delivery strategy?	X yes 🗖 no	anna whener proposed local government projects are consistent

PAGE 2 Instructions: Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs. County: Baker Service: Courts (Other) 1. Check the box that best describes the agreed upon delivery arrangement for this service: X 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.) Baker County 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.) D 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? U yes X 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. Local Government or Authority Funding Method: Baker County general fund, fines and forfeitures 4. How will the strategy change the previous arrangements for providing and/or funding this service within the county? no change 5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service: Agreement Name: **Contracting Parties :** Effective and Ending Dates: 6. What other mechanisms (if any) will be used to implement the strategy for this service, (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.) and when will they take effect? 7. Person completing form: Charley Duke, County Manager Phone Number: (912) 734-3000 Date completed: March 30, 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? X yes 🗖 no If not, provide designated contact person(s) and phone number(s) below:

	SUMMA	RY OF SERVICE DEL	IVERY ARRANGEMENTS
Instructions:			PAGE 2
page 1. Answer	each question below	plete one for each service listed on p , attaching additional pages as necessa ad to the Department of Community Aff	age 1, Section III. Use exactly the same service names listed on ry. If the contact person for this service (listed at the bottom of the airs.
County:	Baker	Service: Emerg	ency Management & Rescue
1. Check the bo	x that best describes	the agreed upon delivery arrangement f	or this service:
X Service wi checked, ic Baker Cou	lentify the governme	tywide (i.e., including all cities and u nt, authority or organization providing t	nincorporated areas) by a single service provider. (If this box is he service.)
Service will governmen	l be provided only in t, authority or organi	the unincorporated portion of the coun ization providing the service.)	ty by a single service provider. (If this box is checked, identify the
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One or munincorport	ore cities will provi ated areas. (If this bo	de this service only within their inco ox is checked, identify the government(s	rporated boundaries, and the county will provide the service in), authority or organization providing the service.)
Other. (If thi authority, c	s box is checked, att or other organization	tach a legible map delineating the ser that will provide service within each ser	vice area of each service provider, and identify the government, rvice area.)
2. In developing	the strategy, were or	verlapping service areas, unnecessary or	ompetition and/or duplication of this service identified?
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cannot be elimina	(See O.C.G.A. 36-7 ated).	0-24(1)), overriding benefits of the dup	n for continuing the arrangement (i.e., overlapping but higher blication, or reasons that overlapping service areas or competition entation schedule listing each step or action that will be taken to
 List each gov 	ernment or authority	and the agreed upon deadline for compl that will help to pay for this service ar	eting it. Ind indicate how the service will be funded (e.g., enterprise funds, ranchise taxes, impact fees, bonded indebtedness, etc.
Local Governmer		Funding Method:	anonise taxes, impact rees, bonded indebiedness, etc.
Baker County	the second s		
 How will the s no change 	strategy change the p	revious arrangements for providing and	/or funding this service within the county?
5. List any forma	l service delivery ag	reements or intergovernmental contracts	that will be used to implement the strategy for this service:
Agreement N	ame:	Contracting Parties :	Effective and Ending Dates:
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6. What other me General Assembl	echanisms (if any) w y, rate or fee changes	ill be used to implement the strategy for s, etc.) and when will they take effect?	this service, (e.g., ordinances, resolutions, local acts of the
7. Person comple	ting form: <u>Charley</u>	Duke, County Manager	
Phone Number: _	(912) 734-3000	Date completed:	March 30, 1999
3. Is this the pers	on who should be co	intacted by state agencies when evaluati	ng whether proposed local government projects are consistent
with the service d	elivery strategy?		

Instructions: 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 page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of page) changes, this should be reported to the Department of Community Affairs.			
County: <u>Baker</u> Service: Forestry Services			
1. Check the box that best describes the agreed upon delivery arrangement for this service:			
X Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box checked, identify the government, authority or organization providing the service.) Georgia Forestry Commission			
Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify 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 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 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 governme 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?			
U yes X no			
If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but high levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competitive 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 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 fund user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.			
Local Government or Authority Funding Method:			
Baker County general fund			
 How will the strategy change the previous arrangements for providing and/or funding this service within the county? 			
no change			
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:			
Agreement Name: Contracting Parties : Effective and Ending Dates:			
6. What other mechanisms (if any) will be used to implement the strategy for this service, (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.) and when will they take effect?			
7. Person completing form: <u>Charley Duke, County Manager</u>			
Phone Number:(912) 734-3000 Date completed: March 30, 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? X yes \Box no If not, provide designated contact person(s) and phone number(s) below:			

		PAGE 2
Instructions:		
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County: <u>Baker</u>	Service:]	Fire Protection
1. Check the box that best d	escribes the agreed upon delivery arrange	ment for this service:
Service will be provide checked, identify the go	ed countywide (i.e., including all cities overnment, authority or organization provi	and unincorporated areas) by a single service provider. (If this box is iding the service.)
Service will be provided government, authority of	d only in the unincorporated portion of the or organization providing the service.)	e county by a single service provider. (If this box is checked, identify the
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One or more cities w unincorporated areas. ()	ill provide this service only within thei If this box is checked, identify the govern	r incorporated boundaries, and the county will provide the service in nent(s), authority or organization providing the service.)
X Other. (If this box is che authority, or other organ	ecked, attach a legible map delineating t nization that will provide service within en Baker County, Newton.	the service area of each service provider, and identify the government, ach service area.)
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Local Government or Authorit	ty Funding Metho	d.
Baker County	general fund	
City of Newton	general fund	
	ge the previous arrangements for providir	ng and/or funding this service within the county?
no change		
		ntracts that will be used to implement the strategy for this service:
Agreement Name:	Contracting Parties :	Effective and Ending Dates:
 What other mechanisms (if General Assembly, rate or fee 	f any) will be used to implement the strate changes, etc.) and when will they take eff	gy for this service, (e.g., ordinances, resolutions, local acts of the ect?
7. Person completing form: <u>C</u>	harley Duke, County Manager	
Phone Number:(912) 734-3	3000 Date complete	ed:March 30, 1999
8. Is this the person who shou	ld be contacted by state agencies when ev	aluating whether proposed local government projects are consistent
with the service delivery strate If not, provide designated cont	egy? X yes D no act person(s) and phone number(s) below	

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Instruction: PACE Z Make copies of this form and complete one for each service have for gent and earny let output and	SUMMARY OF SERVICE DELIVERY ARRANGEMENTS				
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□ Other. (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 X 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 OC.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition annot 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 frachabies taxes, impact fees, bonded indebtechess, etc. Local Government or Authority Funding Method: ■ Baker County general fund ■ enteral fund	One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)				
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Local Government or Authority Funding Method: Baker County general fund	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.				
Baker County general fund	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.				
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county? 4. How will the strategy change the previous arrangements for providing and/or funding this service within the county? no change 5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service: Agreement Name: Contracting Parties : Effective and Ending Dates: 6. What other mechanisms (if any) will be used to implement the strategy for this service, (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.) and when will they take effect? 7. Person completing form: <u>Charley Duke, County Manager</u> Phone Number: <u>(912) 734-3000</u> Date completed: <u>March 30, 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? X yes <u>no</u>	B thousand the second sec				
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:	Baker County general fund				
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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:					
 5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service: <u>Agreement Name:</u> <u>Contracting Parties:</u> <u>Effective and Ending Dates:</u> 6. What other mechanisms (if any) will be used to implement the strategy for this service, (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.) and when will they take effect? 7. Person completing form: <u>Charley Duke, County Manager</u> Phone Number: <u>(912) 734-3000</u> Date completed: <u>March 30, 1999</u>	4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?				
Agreement Name: Contracting Parties : Effective and Ending Dates:	no change				
6. What other mechanisms (if any) will be used to implement the strategy for this service, (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.) and when will they take effect? 7. Person completing form: <u>Charley Duke, County Manager</u> Phone Number: <u>(912) 734-3000</u> Date completed: <u>March 30, 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? X yes n no	5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:				
7. Person completing form: <u>Charley Duke, County Manager</u> Phone Number: <u>(912) 734-3000</u> Date completed: <u>March 30, 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? X yes no	Agreement Name: Contracting Parties : Effective and Ending Dates:				
7. Person completing form: <u>Charley Duke, County Manager</u> Phone Number: <u>(912) 734-3000</u> Date completed: <u>March 30, 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? X yes no					
7. Person completing form: <u>Charley Duke, County Manager</u> Phone Number: <u>(912) 734-3000</u> Date completed: <u>March 30, 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? X yes no					
Phone Number: Date completed: March 30, 1999 B. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? X yes D no	What other mechanisms (if any) will be used to implement the strategy for this service, (e.g., ordinances, resolutions, local acts of the beneral Assembly, rate or fee changes, etc.) and when will they take effect?				
Phone Number: Date completed: March 30, 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? X yes D no					
B. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? X yes in no					
with the service delivery strategy? X yes 🗇 no	• • • • • • • • • • • • • • • • • • • •				
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SUMN	1ARY OF SERVICE DELI	VERY ARRANGEMENTS PAGE 2
Instructions:		FAGE 2
page 1. Answer each question be	complete one for each service listed on pa low, attaching additional pages as necessary orted to the Department of Community Affa	ge 1, Section III. Use exactly the same service names listed on y. If the contact person for this service (listed at the bottom of the irs.
County: <u>Baker</u>	Service: Jail	
1. Check the box that best described	bes the agreed upon delivery arrangement fo	r this service:
X Service will be provided or checked, identify the govern Baker Cou	ment, authority or organization providing the	incorporated areas) by a single service provider. (If this box is e service.)
Service will be provided only government, authority or org	y in the unincorporated portion of the county ganization providing the service.)	y by a single service provider. (If this box is checked, identify the
One or more cities will pr unincorporated areas. (If this	rovide this service only within their inco s box is checked, identify the government(s)	rporated boundaries, and the service will not be provided in , authority or organization providing the service.)
One or more cities will pr unincorporated areas. (If this	rovide this service only within their incorp s box is checked, identify the government(s).	porated boundaries, and the county will provide the service in , authority or organization providing the service.)
Other. (If this box is checked, authority, or other organizati	attach a legible map delineating the service within each service w	vice area of each service provider, and identify the government, vice area.)
2. In developing the strategy, were	e overlapping service areas, unnecessary cor	npetition and/or duplication of this service identified?
🗇 yes X no		
If these conditions will continue levels of service (See O.C.G.A. 3) cannot be eliminated).	under the strategy, attach an explanation $6-70-24(1)$, overriding benefits of the dupl	for continuing the arrangement (i.e., overlapping but higher ication, or reasons that overlapping service areas or competition
If these conditions will be elimina eliminate them, the responsible part	ted under the strategy, attach an impleme rty and the agreed upon deadline for comple	ntation schedule listing each step or action that will be taken to ting it.
3. List each government or author user fees, general funds, special se	rity that will help to pay for this service and rvice district revenues, hotel/motel taxes, fra	d indicate how the service will be funded (e.g., enterprise funds, inchise taxes, impact fees, bonded indebtedness, etc.
Local Government or Authority	Funding Method:	
	neral fund	
City of Newton per	diem	
 How will the strategy change the no change 	ne previous arrangements for providing and/o	or funding this service within the county?
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:
What other mechanisms (if any, General Assembly, rate or fee chan) will be used to implement the strategy for t ages, etc.) and when will they take effect?	his service, (e.g., ordinances, resolutions, local acts of the
7. Person completing form: <u>Char</u>	ley Duke, County Manager	
Phone Number:(912) 734-3000		
with the service delivery strategy?	X yes 🗖 no	g whether proposed local government projects are consistent
in not, provide designated contact p	verson(s) and phone number(s) below:	

SUMM	ARY OF SERVICE DELIVE			
Instructions:		PAGE 2		
Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed or 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: <u>Baker</u>	Service: Law Enfo	rcement		
1. Check the box that best describe	s the agreed upon delivery arrangement for thi	s service:		
Service will be provided cour checked, identify the governme	ntywide (i.e., including all cities and uninco ent, authority or organization providing the ser	prporated areas) by a single service provider. (If this box is rvice.)		
Service will be provided only i government, authority or organ	n the unincorporated portion of the county by nization providing the service.)	a single service provider. (If this box is checked, identify the		
One or more cities will provunincorporated areas. (If this b	vide this service only within their incorporation in the service only within the service of the	ated boundaries, and the service will not be provided in hority or organization providing the service.)		
unincorporated areas. (If this b	City of Newton and Baker Coun	ty		
authority, or other organization	attach a legible map delineating the service a that will provide service within each service a	area of each service provider, and identify the government, area.)		
	werlapping service areas, unnecessary compet	ition and/or duplication of this service identified?		
🗇 yes X no				
If these conditions will continue un levels of service (See O.C.G.A. 36-7 cannot be eliminated).	der the strategy, attach an explanation for $70-24(1)$, overriding benefits of the duplication	continuing the arrangement (i.e., overlapping but higher on, or reasons that overlapping service areas or competition		
If these conditions will be eliminated eliminate them, the responsible party	d under the strategy, attach an implementati and the agreed upon deadline for completing	ion schedule listing each step or action that will be taken to it.		
3. List each government or authority user fees, general funds, special servi	y that will help to pay for this service and ind ice district revenues, hotel/motel taxes, franchi	icate how the service will be funded (e.g., enterprise funds, se taxes, impact fees, bonded indebtedness, etc.		
Local Government or Authority	Funding Method:			
	al fund			
City of Newton gener	al fund			
4. How will the strategy change the	previous arrangements for providing and/or fu	ading this service within the county?		
No change				
5. List any formal service delivery ag	reements or intergovernmental contracts that	will be used to implement the strategy for this service:		
Agreement Name:	Contracting Parties :	Effective and Ending Dates:		
What other mechanisms (if any) w General Assembly, rate or fee change	vill be used to implement the strategy for this s s, etc.) and when will they take effect?	ervice, (e.g., ordinances, resolutions, local acts of the		
		×		
7. Person completing form: <u>Charley</u>	Duke, County Manager			
Phone Number: (912) 734-3000	Date completed:			
		ether proposed local government projects are consistent		
with the service delivery strategy? If not, provide designated contact pers				

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	RY OF SERVICE DELIVE	CRY ARRANGEMENTS PAGE 2		
Instructions:				
page 1. Answer each question below,	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: <u>Baker</u>	Service: Library			
1. Check the box that best describes t	he agreed upon delivery arrangement for thi	s service:		
X Service will be provided count checked, identify the governmen	tywide (i.e., including all cities and uninco t, authority or organization providing the ser Desoto Trail Regional			
Service will be provided only in a government, authority or organiz	the unincorporated portion of the county by ation providing the service.)	a single service provider. (If this box is checked, identify the		
One or more cities will provid unincorporated areas. (If this box	le this service only within their incorpor t is checked, identify the government(s), aut	ated boundaries, and the service will not be provided in hority or organization providing the service.)		
unincorporated areas. (If this box	t is checked, identify the government(s), aut	ted boundaries, and the county will provide the service in hority or organization providing the service.)		
Other. (If this box is checked, atta authority, or other organization the	ach a legible map delineating the service a hat will provide service within each service a	area of each service provider, and identify the government, area.)		
2. In developing the strategy, were over	erlapping service areas, unnecessary compet	ition and/or duplication of this service identified?		
🗇 yes X no				
If these conditions will continue under levels of service (See O.C.G.A. 36-70 cannot be eliminated).	er the strategy, attach an explanation for -24(1)), overriding benefits of the duplicati	continuing the arrangement (i.e., overlapping but higher on, or reasons that overlapping service areas or competition		
If these conditions will be eliminated a eliminate them, the responsible party a	under the strategy, attach an implementat nd the agreed upon deadline for completing	ion schedule listing each step or action that will be taken to it.		
List each government or authority t user fees, general funds, special service	hat will help to pay for this service and ind district revenues, hotel/motel taxes, franch	licate how the service will be funded (e.g., enterprise funds, ise taxes, impact fees, bonded indebtedness, etc.		
Local Government or Authority	Funding Method:			
Baker County general				
4. How will the strategy change the pro-	evious arrangements for providing and/or fu	nding this service within the county?		
no change				
5. List any formal service delivery agree	ements or intergovernmental contracts that	will be used to implement the strategy for this service:		
Agreement Name:	Contracting Parties :	Effective and Ending Dates:		
What other mechanisms (if any) will be used to implement the strategy for this service, (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.) and when will they take effect?				
7. Person completing form: <u>Charley D</u>	Juke, County Manager			
Phone Number: (912) 734-3000	Date completed:]	March 30, 1999		
3. Is this the person who should be con with the service delivery strategy? X If not, provide designated contact person	yes 🗖 no	nether proposed local government projects are consistent		
		5		

Instructions:			VENT ARRANGEMENTS	PAGE 2
Make copies of this form page 1. Answer each que	such below, attaching a	r each service listed on pa dditional pages as necessar artment of Community Affa	uge 1, Section III. Use exactly the same service y. If the contact person for this service (listed at thirs.	names listed on a bottom of the
County:Bak	er	Service: Parks d	& Recreation	
1. Check the box that bes	t describes the agreed up	pon delivery arrangement fo	r this service:	
X Service will be proceed of the checked, identify the	ovided countywide (i.e. government, authority	, including all cities and u or organization providing th Baker Count		. (If this box is
Service will be provi government, authori	ded only in the unincorp ty or organization provid	porated portion of the count ling the service.)	y by a single service provider. (If this box is check	ed, identify the
One or more cities unincorporated areas	will provide this serv . (If this box is checked	ice only within their inec , identify the government(s)	rporated boundaries, and the service will not to , authority or organization providing the service.)	be provided in
unincorporated areas	. (If this box is checked	identify the government(s)	porated boundaries, and the county will provide , authority or organization providing the service.)	
Other. (If this box is c authority, or other or	hecked, attach a legible ganization that will prov	e map delineating the service within each service within each service within each service within each service	vice area of each service provider, and identify the vice area.)	he government,
. In developing the strate	gy, were overlapping se	rvice areas, unnecessary con	npetition and/or duplication of this service identified	ed?
Jyes X no				
f these conditions will co evels of service (See O.C annot be eliminated).	ontinue under the strate G.A. 36-70-24(1)), ove	gy, attach an explanation rriding benefits of the dup	for continuing the arrangement (i.e., overlapp ication, or reasons that overlapping service areas	ing but higher or competition
f these conditions will be liminate them, the respon-	eliminated under the st sible party and the agree	rategy, attach an impleme d upon deadline for comple	ntation schedule listing each step or action that w ting it.	vill be taken to
List each government of ser fees, general funds, sp	or authority that will hele ecial service district rev	p to pay for this service and enues, hotel/motel taxes, fra	d indicate how the service will be funded (e.g., en unchise taxes, impact fees, bonded indebtedness, et	terprise funds,
ocal Government or Auth	ority	Funding Method:		
Baker County	general fund, user f	ces		
. How will the strategy cl	nange the previous arran	gements for providing and/	or funding this service within the county?	
o change				
List any formal service of	delivery agreements or in	ntergovernmental contracts	that will be used to implement the strategy for this	service:
Agreement Name:	Cont	racting Parties :	Effective and Ending Dates:	
What other mechanisms eneral Assembly, rate or f	(if any) will be used to ee changes, etc.) and wh	implement the strategy for the will they take effect?	his service, (e.g., ordinances, resolutions, local act	s of the
Person completing form	Charley Duke, Count	y Manager		
hone Number:(912) 73	4-3000	Date completed:	March 30, 1999	
ith the service delivery str	ategy? X yes 🗖 n	0	g whether proposed local government projects are	consistent
not, provide designated c	ontact person(s) and pho	one number(s) below:		ĸ

SUMM	MARY OF SERVICE DELIVE	
Instructions:		PAGE 2
page 1. Answer each question be	complete one for each service listed on page 1 elow, attaching additional pages as necessary. If ported to the Department of Community Affairs.	, Section III. Use exactly the same service names listed on the contact person for this service (listed at the bottom of the
County: <u>Baker</u>	Service: Planning	& Zoning
1. Check the box that best descri	ibes the agreed upon delivery arrangement for this	s service:
Service will be provided co checked, identify the govern	ountywide (i.e., including all cities and unincor nment, authority or organization providing the ser	porated areas) by a single service provider. (If this box is vice.)
Service will be provided onl government, authority or org	ly in the unincorporated portion of the county by ganization providing the service.)	a single service provider. (If this box is checked, identify the
X One or more cities will p unincorporated areas. (If thi City of Newton	provide this service only within their incorpor- is box is checked, identify the government(s), aut	ated boundaries, and the service will not be provided in hority or organization providing the service.)
One or more cities will p unincorporated areas. (If thi	provide this service only within their incorporation is box is checked, identify the government(s), aut	ed boundaries, and the county will provide the service in hority or organization providing the service.)
Other. (If this box is checked authority, or other organizat	a, attach a legible map delineating the service a tion that will provide service within each service a	area of each service provider, and identify the government, area.)
2. In developing the strategy, we	re overlapping service areas, unnecessary compet	ition and/or duplication of this service identified?
🗖 yes X no		
If these conditions will continue levels of service (See O.C.G.A. 3 cannot be eliminated).	under the strategy, attach an explanation for 36-70-24(1)), overriding benefits of the duplicati	continuing the arrangement (i.e., overlapping but higher on, or reasons that overlapping service areas or competition
If these conditions will be eliminate eliminate them, the responsible pa	nated under the strategy, attach an implementat arty and the agreed upon deadline for completing	ion schedule listing each step or action that will be taken to it.
3. List each government or author user fees, general funds, special se	ority that will help to pay for this service and inc ervice district revenues, hotel/motel taxes, franchi	licate how the service will be funded (e.g., enterprise funds, se taxes, impact fees, bonded indebtedness, etc.
Local Government or Authority City of Newton ge	Funding Method:	
chy of Hewion ge		
4. How will the strategy change the	the previous arrangements for providing and/or fu	nding this service within the county?
no change		
5. List any formal service delivery	y agreements or intergovernmental contracts that	will be used to implement the strategy for this service:
Agreement Name:	Contracting Parties :	Effective and Ending Dates:
 What other mechanisms (if any General Assembly, rate or fee char 	y) will be used to implement the strategy for this anges, etc.) and when will they take effect?	service, (e.g., ordinances, resolutions, local acts of the
7. Person completing form: Pat H	lart City Clerk	
Phone Number:(912) 734-5421		March 30, 1999
		hether proposed local government projects are consistent
with the service delivery strategy?		nemes proposed rocat government projects are consistent

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Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed of 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:	Baker	Service: Public H	lealth Services
. Check the bo	ox that best describes	the agreed upon delivery arrangement for	this service:
X Service checked, i	will be provided coun dentify the governmer	it, authority or organization providing the	incorporated areas) by a single service provider. (If this box service.) Georgia/Baker County
Service will governmen	ll be provided only in nt, authority or organi	the unincorporated portion of the county zation providing the service.)	by a single service provider. (If this box is checked, identify th
One or m unincorpor	tore cities will provi- rated areas. (If this bo	de this service only within their incorp x is checked, identify the government(s), a	porated boundaries, and the service will not be provided i authority or organization providing the service.)
	ated areas. (II this bo	x is checked, identify the government(s), ε	prated boundaries, and the county will provide the service is authority or organization providing the service.)
J Other. (If the authority, c	is box is checked, atta or other organization t	ach a legible map delineating the service hat will provide service within each service	ce area of each service provider, and identify the governmen ce area.)
		erlapping service areas, unnecessary com	petition and/or duplication of this service identified?
y es	X no		
vels of service	(See O.C.G.A. 36-/(er the strategy, attach an explanation f -24(1), overriding benefits of the duplic	for continuing the arrangement (i.e., overlapping but higher ation, or reasons that overlapping service areas or competition
annot be ennin	aled).		
these condition	ated). ns will be eliminated		tation schedule listing each step or action that will be taken a
these condition timinate them, t List each gov	ns will be eliminated he responsible party a remment or authority	under the strategy, attach an implement and the agreed upon deadline for completing that will help to pay for this service and it	tation schedule listing each step or action that will be taken to ng it.
these condition iminate them, t List each gov ser fees, general ocal Governmen	ns will be eliminated he responsible party a remment or authority l funds, special servic nt or Authority	under the strategy, attach an implement and the agreed upon deadline for completing that will help to pay for this service and it	tation schedule listing each step or action that will be taken to ng it.
these condition iminate them, t List each gov ser fees, general	ns will be eliminated he responsible party a remment or authority l funds, special servic nt or Authority	under the strategy, attach an implement ind the agreed upon deadline for completing that will help to pay for this service and it e district revenues, hotel/motel taxes, fram Funding Method:	tation schedule listing each step or action that will be taken to ng it.
these condition iminate them, t List each gov ser fees, general	ns will be eliminated he responsible party a remment or authority I funds, special servic nt or Authority	under the strategy, attach an implement ind the agreed upon deadline for completing that will help to pay for this service and it e district revenues, hotel/motel taxes, fram Funding Method:	tation schedule listing each step or action that will be taken to ng it.
these condition fiminate them, t List each gov ser fees, general ocal Governmen	ns will be eliminated he responsible party a remment or authority I funds, special servic nt or Authority	under the strategy, attach an implement ind the agreed upon deadline for completing that will help to pay for this service and it e district revenues, hotel/motel taxes, fram Funding Method:	tation schedule listing each step or action that will be taken to ng it.
these condition iminate them, t List each gov ser fees, general beal Governmer Baker County How will the s	ated). as will be eliminated the responsible party a vernment or authority l funds, special service at or Authority y general	under the strategy, attach an implement ind the agreed upon deadline for completing that will help to pay for this service and it e district revenues, hotel/motel taxes, fram Funding Method:	tation schedule listing each step or action that will be taken to ng it. indicate how the service will be funded (e.g., enterprise funds chise taxes, impact fees, bonded indebtedness, etc.
these condition iminate them, t List each gov are fees, general ocal Governmen Baker County How will the so change	ared). as will be eliminated he responsible party a remment or authority I funds, special service at or Authority y general strategy change the pr	under the strategy, attach an implement ind the agreed upon deadline for completing that will help to pay for this service and is e district revenues, hotel/motel taxes, fram Funding Method: fund	tation schedule listing each step or action that will be taken to ng it. indicate how the service will be funded (e.g., enterprise funds chise taxes, impact fees, bonded indebtedness, etc.
these condition iminate them, t List each gov are fees, general ocal Governmen Baker County How will the so change	area). Ans will be eliminated the responsible party a vernment or authority a funds, special service ant or Authority y general strategy change the pr al service delivery agn	under the strategy, attach an implement ind the agreed upon deadline for completing that will help to pay for this service and is e district revenues, hotel/motel taxes, fram Funding Method: fund	tation schedule listing each step or action that will be taken to ng it. indicate how the service will be funded (e.g., enterprise funds chise taxes, impact fees, bonded indebtedness, etc.
these condition iminate them, t List each gov for fees, general ocal Governmen Baker County How will the so change List any forma	area). Ans will be eliminated the responsible party a vernment or authority a funds, special service ant or Authority y general strategy change the pr al service delivery agn	under the strategy, attach an implement ind the agreed upon deadline for completin that will help to pay for this service and i e district revenues, hotel/motel taxes, fran Funding Method: fund evious arrangements for providing and/or evenues or intergovernmental contracts th	tation schedule listing each step or action that will be taken to ng it. indicate how the service will be funded (e.g., enterprise funds chise taxes, impact fees, bonded indebtedness, etc. funding this service within the county? at will be used to implement the strategy for this service:
these condition iminate them, t List each gov ser fees, general ocal Governmen Baker County How will the so change List any forma	ated). as will be eliminated the responsible party a vernment or authority funds, special service at or Authority y general strategy change the pr al service delivery agn	under the strategy, attach an implement ind the agreed upon deadline for completin that will help to pay for this service and i e district revenues, hotel/motel taxes, fran Funding Method: fund evious arrangements for providing and/or evenues or intergovernmental contracts th	tation schedule listing each step or action that will be taken to indicate how the service will be funded (e.g., enterprise funds chise taxes, impact fees, bonded indebtedness, etc. funding this service within the county? at will be used to implement the strategy for this service:
these condition fiminate them, t List each gov ser fees, general ocal Governmer Baker County How will the s ochange List any forma Agreement N What other me	ated). as will be eliminated the responsible party a vernment or authority funds, special service at or Authority general strategy change the pr al service delivery agn fame:	under the strategy, attach an implement and the agreed upon deadline for completing that will help to pay for this service and is e district revenues, hotel/motel taxes, fram- Funding Method: fund evious arrangements for providing and/or evenents or intergovernmental contracts the Contracting Parties :	tation schedule listing each step or action that will be taken to ng it. indicate how the service will be funded (e.g., enterprise funds chise taxes, impact fees, bonded indebtedness, etc. funding this service within the county? at will be used to implement the strategy for this service:
these condition iminate them, t List each gov for fees, general ocal Governmen Baker County How will the so change List any forms Agreement N What other me omeral Assembly	ated). as will be eliminated the responsible party a remment or authority funds, special service at or Authority general general strategy change the pr al service delivery agre and service delivery agre chanisms (if any) wil y, rate or fce changes,	under the strategy, attach an implement ind the agreed upon deadline for completin that will help to pay for this service and i e district revenues, hotel/motel taxes, fram Funding Method: fund evious arrangements for providing and/or evious arrangements for providing and/or contracting Parties :	tation schedule listing each step or action that will be taken t indicate how the service will be funded (e.g., enterprise funds chise taxes, impact fees, bonded indebtedness, etc.
these condition iminate them, t List each gov ser fees, general ocal Governmen Baker County How will the so change List any forma Agreement N What other me eneral Assembly Person comple	ated). as will be eliminated the responsible party a remment or authority funds, special service at or Authority general general strategy change the pr al service delivery agre are:	under the strategy, attach an implement ind the agreed upon deadline for completin that will help to pay for this service and i e district revenues, hotel/motel taxes, fram Funding Method: fund evious arrangements for providing and/or evious arrangements for providing and/or comments or intergovernmental contracts th <u>Contracting Parties :</u> I be used to implement the strategy for this etc.) and when will they take effect?	tation schedule listing each step or action that will be taken to an it.
these condition iminate them, t List each gov ser fees, general ocal Governmer Baker County How will the so ochange List any forma Agreement N What other me eneral Assembly Person comple	ated). as will be eliminated the responsible party a remment or authority funds, special service at or Authority general general strategy change the pr al service delivery agn fame: echanisms (if any) wil y, rate or fee changes, string form: <u>Charley I</u> (912) 734-3000	under the strategy, attach an implement ind the agreed upon deadline for completing that will help to pay for this service and it e district revenues, hotel/motel taxes, fram 	tation schedule listing each step or action that will be taken to an it.

		VERY ARRANGEMENTS PAGE 2
page 1. Answer each question below	plete one for each service listed on page, attaching additional pages as necessary ed to the Department of Community Affai	ge 1, Section III. Use exactly the same service names listed or y. If the contact person for this service (listed at the bottom of the irs.
County: <u>Baker</u>	Service: Public V	Works
1. Check the box that best describes	the agreed upon delivery arrangement for	r this service:
Service will be provided count checked, identify the governme	ywide (i.e., including all cities and unit nt, authority or organization providing the	incorporated areas) by a single service provider. (If this box is e service.)
Service will be provided only in government, authority or organ	the unincorporated portion of the county ization providing the service.)	y by a single service provider. (If this box is checked, identify the
One or more cities will prov unincorporated areas. (If this be	ide this service only within their incom a schecked, identify the government(s),	rporated boundaries, and the service will not be provided in , authority or organization providing the service.)
X One or more cities will provid unincorporated areas. (If this be	le this service only within their incorport ox is checked, identify the government(s), Baker County, N	porated boundaries, and the county will provide the service in , authority or organization providing the service.) Newton,
Other. (If this box is checked, at authority, or other organization	tach a legible map delineating the servi that will provide service within each serv	vice area of each service provider, and identify the government, vice area.)
2. In developing the strategy, were o	verlapping service areas, unnecessary con	mpetition and/or duplication of this service identified?
🗖 yes X no		
If these conditions will continue un levels of service (See O.C.G.A. 36-7 cannot be eliminated).	der the strategy, attach an explanation 0-24(1)), overriding benefits of the dupli	for continuing the arrangement (i.e., overlapping but higher lication, or reasons that overlapping service areas or competition
If these conditions will be eliminated eliminate them, the responsible party	l under the strategy, attach an implement and the agreed upon deadline for complete	ntation schedule listing each step or action that will be taken to ting it.
 List each government or authority user fees, general funds, special servi- 	that will help to pay for this service and ce district revenues, hotel/motel taxes, fra	d indicate how the service will be funded (e.g., enterprise funds, anchise taxes, impact fees, bonded indebtedness, etc.
Local Government or Authority	Funding Method:	
and a state of the second s	il fund il fund	
Benetic		
4. How will the strategy change the p	revious arrangements for providing and/o	for funding this service within the county?
No change		
5. List any formal service delivery ag	reements or intergovernmental contracts t	that will be used to implement the strategy for this service:
Agreement Name:	Contracting Parties :	Effective and Ending Dates:
	-	
	1	
 What other mechanisms (if any) w General Assembly, rate or fee changes 	ill be used to implement the strategy for t s, etc.) and when will they take effect?	this service, (e.g., ordinances, resolutions, local acts of the
7. Person completing form: <u>Charley</u>	Duke, County Manager	
Phone Number: (912) 734-3000	Date completed:	March 30, 1999
3. Is this the person who should be co		ng whether proposed local government projects are consistent
with the service delivery strategy?		
If not, provide designated contact pers		

SUMMA	RY OF SERVICE DELIVE	RY ARRANGEMENTS PAGE 2
Instructions:		FAGE 2
Page 1. This wer each question below.	plete one for each service listed on page 1, , attaching additional pages as necessary. If the d to the Department of Community Affairs.	Section III. Use exactly the same service names listed on he contact person for this service (listed at the bottom of the
County: <u>Baker</u>	Service: Prison F	Road Crew
1. Check the box that best describes t	the agreed upon delivery arrangement for this	service:
checked, identify the governmen	wide (i.e., including all cities and unincorp at, authority or organization providing the serv Baker County	porated areas) by a single service provider. (If this box is ice.)
Service will be provided only in government, authority or organiz	the unincorporated portion of the county by a zation providing the service.)	single service provider. (If this box is checked, identify the
One or more cities will provide unincorporated areas. (If this box	de this service only within their incorporat x is checked, identify the government(s), authors	ed boundaries, and the service will not be provided in ority or organization providing the service.)
united porated areas. (If this boy	x is checked, identify the government(s), authority	
Other. (If this box is checked, atta authority, or other organization to authority.	ach a legible map delineating the service an hat will provide service within each service ar	rea of each service provider, and identify the government, rea.)
2. In developing the strategy, were over	erlapping service areas, unnecessary competit	ion and/or duplication of this service identified?
🗇 yes X no		
If these conditions will continue under levels of service (See O.C.G.A. 36-70 cannot be eliminated).	er the strategy, attach an explanation for $c - 24(1)$, overriding benefits of the duplication	continuing the arrangement (i.e., overlapping but higher n, or reasons that overlapping service areas or competition
If these conditions will be eliminated a eliminate them, the responsible party a	under the strategy, attach an implementatio and the agreed upon deadline for completing it	n schedule listing each step or action that will be taken to
3. List each government or authority i user fees, general funds, special service	that will help to pay for this service and indic e district revenues, hotel/motel taxes, franchis/	cate how the service will be funded (e.g., enterprise funds, e taxes, impact fees, bonded indebtedness, etc.
Local Government or Authority	Funding Method:	
Baker County general	fund	
4. How will the states of the state	· · · · · · · · · · · · · · · · · · ·	
no change	evious arrangements for providing and/or func-	ding this service within the county?
no change		
5. List any formal service delivery agree	eements or intergovernmental contracts that w	ill be used to implement the strategy for this service:
Agreement Name:	Contracting Parties :	Effective and Ending Dates:
 What other mechanisms (if any) will General Assembly, rate or fee changes, 	l be used to implement the strategy for this ser etc.) and when will they take effect?	rvice, (e.g., ordinances, resolutions, local acts of the
7. Person completing form: <u>Charley I</u>	Duke, County Manager	
Phone Number: (912) 734-3000	Date completed:M	arch 30, 1999
8. Is this the person who should be con with the service delivery strategy? X If not, provide designated contact person	tacted by state agencies when evaluating whe	ther proposed local government projects are consistent

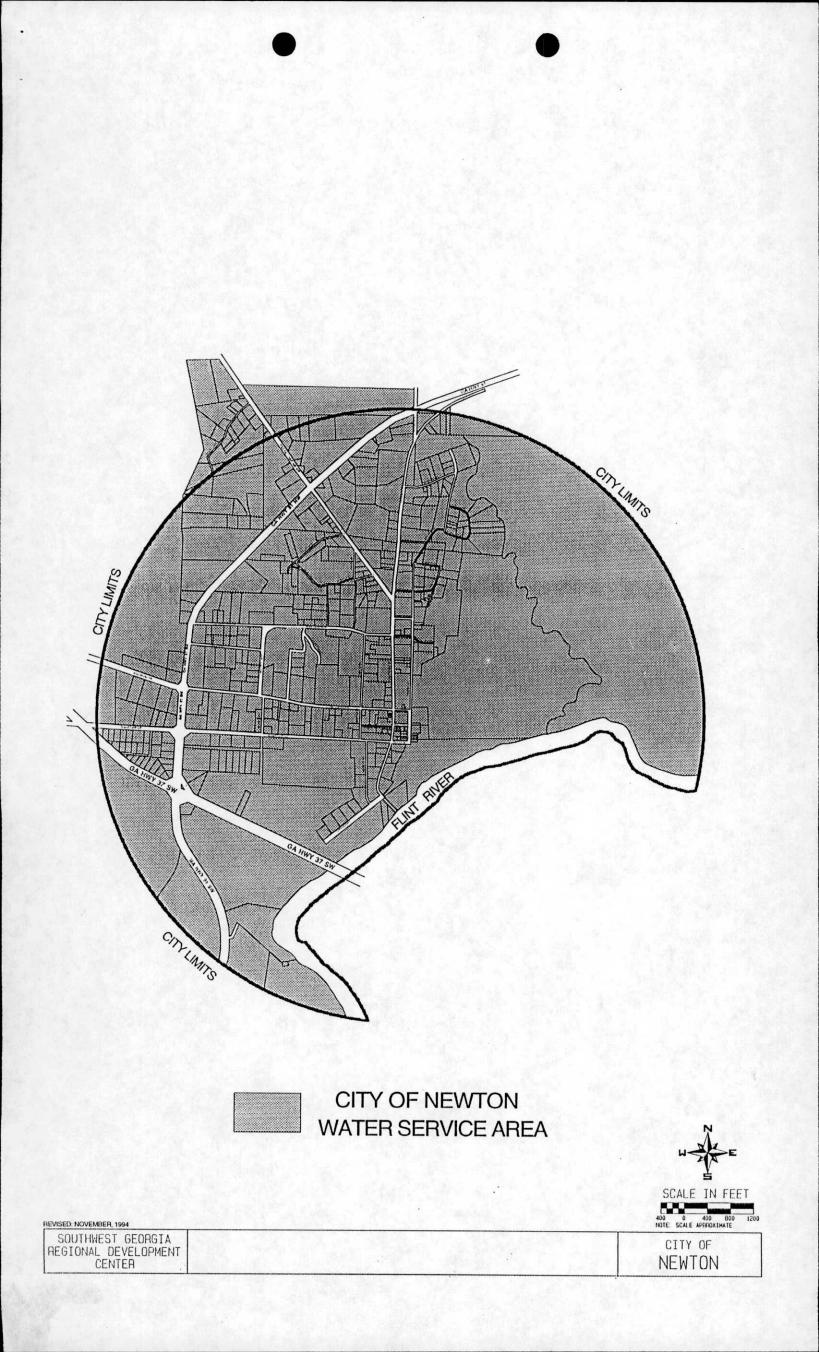
PAGE 2 Instructions: Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs. County: Baker Service: Community Service Workers 1. Check the box that best describes the agreed upon delivery arrangement for this service: X 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.) Baker County 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.) D 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 X 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. Local Government or Authority Funding Method: **Baker** County general fund 4. How will the strategy change the previous arrangements for providing and/or funding this service within the county? no change 5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service: Agreement Name: Contracting Parties : Effective and Ending Dates: 6. What other mechanisms (if any) will be used to implement the strategy for this service, (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.) and when will they take effect? 7. Person completing form: Charley Duke, County Manager Phone Number: (912) 734-3000 _ Date completed: ____ March 30, 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? X yes no If not, provide designated contact person(s) and phone number(s) below:

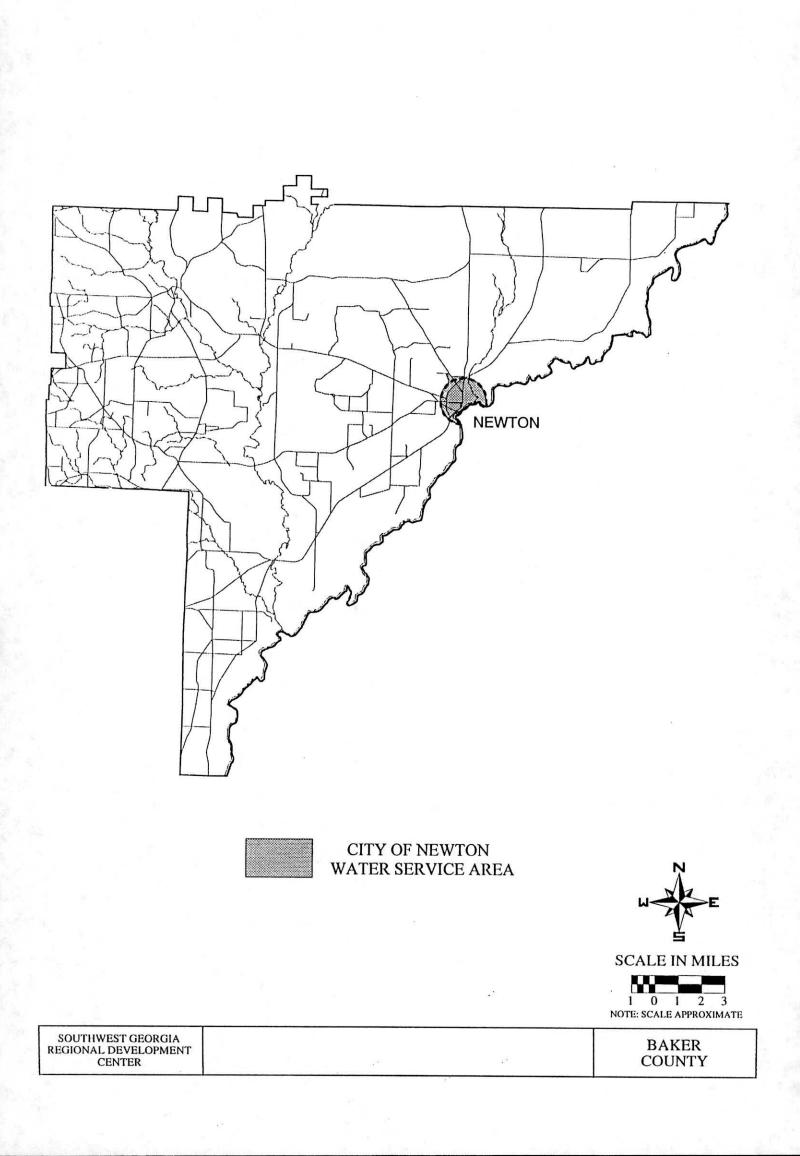
age i. miswer cach q	desuon below, attaching a	or each service listed on padditional pages as necessationartment of Community Af	page 1, Section III. Use exactly the same service names listed ary. If the contact person for this service (listed at the bottom of t fairs.
County: <u>Ba</u>	ker	_ Service: <u>Road/Br</u>	idge Construction & Maintenance
. Check the box that b	est describes the agreed u	pon delivery arrangement	for this service:
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In developing the stra	ttegy, were overlapping se	ervice areas, unnecessary c	ompetition and/or duplication of this service identified?
Jyes X no			
vers of service (see O.	continue under the strate C.G.A. 36-70-24(1)), ove	egy, attach an explanatio erriding benefits of the dup	n for continuing the arrangement (i.e., overlapping but higher plication, or reasons that overlapping service areas or competitio
nnot be eliminated). these conditions will h	c.c.A. 36-70-24(1)), over	erriding benefits of the du	plication, or reasons that overlapping service areas or competitio
these conditions will t minate them, the response	c.G.A. 36-70-24(1)), over the eliminated under the st possible party and the agree	erriding benefits of the dup trategy, attach an implem ed upon deadline for compl lp to pay for this service at	plication, or reasons that overlapping service areas or competitio
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County: <u>Bak</u>	er	Service: Solid	Waste Management	
Check the box that bes	t describes the agreed u	pon delivery arrangement	for this service:	
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Service will be pro checked, identify the	vided countywide (i.e. government, authority	, including all cities and u or organization providing	nincorporated areas) by a single service provider. (If the service.) Seminole Sanitation	this box i
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Instructions:			TAGE
Make copies of this form an page 1. Answer each question page) changes, this should be	a below, attaching addit	tonal pages as necessary. If the	Section III. Use exactly the same service names listed on the contact person for this service (listed at the bottom of the service) of the service of the service service (listed at the bottom of the service) of the service
County: <u>Baker</u>		Service: <u>Storm-Wate</u>	er Management
1. Check the box that best des	scribes the agreed upon	delivery arrangement for this	service:
Service will be provided checked, identify the gov	l countywide (i.e., inclu /ernment, authority or or	iding all cities and unincorp ganization providing the servi	orated areas) by a single service provider. (If this box ice.)
Service will be provided government, authority or	only in the unincorporat organization providing	ted portion of the county by a the service.)	single service provider. (If this box is checked, identify th
One or more cities wil unincorporated areas. (If City of Newton	l provide this service this box is checked, ide	only within their incorporate ntify the government(s), author	ed boundaries, and the service will not be provided i ority or organization providing the service.)
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2. In developing the strategy,	were overlapping service	e areas, unnecessary competiti	ion and/or duplication of this service identified?
🗇 yes X no			1
If these conditions will contin levels of service (See O.C.G.A cannot be eliminated).	ue under the strategy, a. 36-70-24(1)), overrid	attach an explanation for c ing benefits of the duplication	ontinuing the arrangement (i.e., overlapping but highers, or reasons that overlapping service areas or competition
If these conditions will be elim eliminate them, the responsible	ninated under the strateg	gy, attach an implementatio	n schedule listing each step or action that will be taken to
3. List each government or au	thority that will help to	pay for this service and indic	ate how the service will be funded (e.g., enterprise funds taxes, impact fees, bonded indebtedness, etc.
Local Government or Authority	,	Funding Method:	
	general fund		
Baker County	general fund		
 How will the strategy chang No change 	e the previous arrangem	uents for providing and/or func	ling this service within the county?
5. List any formal service deliv	ery agreements or interg	governmental contracts that w	ill be used to implement the strategy for this service:
Agreement Name:	Contract	ing Parties :	Effective and Ending Dates:
5. What other mechanisms (if a	any) will be used to imp	lement the strategy for this set	rvice, (e.g., ordinances, resolutions, local acts of the
General Assembly, rate or fee c	hanges, etc.) and when	will they take effect?	
7. Person completing form: Pa	t Hart, City Clerk		
Phone Number:(912) 734-54	121	Date completed:M	arch 30, 1999
3. Is this the person who should	d be contacted by state a	gencies when evaluating whe	ther proposed local government projects are consistent
with the service delivery strateg f not, provide designated contact	y? Xyes 🗖 no		

Instructions:			PAGE
bage I. Answer	each question below	aplete one for each service listed on pa w, attaching additional pages as necessary ed to the Department of Community Affa	ge 1, Section III. Use exactly the same service names listed of . If the contact person for this service (listed at the bottom of the rs.
County:	Baker	Service: Water S	Supply/Distribution
. Check the bo	x that best describes	the agreed upon delivery arrangement for	this service:
Service wil checked, ic	I be provided coun lentify the governme	tywide (i.e., including all cities and uni ent, authority or organization providing the	ncorporated areas) by a single service provider. (If this box e service.)
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ocal Governmer		Funding Method:	
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List any forma	I service delivery ag	greements or intergovernmental contracts t	hat will be used to implement the strategy for this service:
Agreement N	ame:	Contracting Parties :	Effective and Ending Dates:
Extraterritoria	l Water Service	Newton and Baker County	July 1, 1999 continuing
Agreement			
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Person comple	ting form: <u>Pat Hart,</u>	<u>City Clerk</u>	
one Number:	(912) 734-5421	Date completed:	March 30, 1999
Is this the pers	on who should be co	ontacted by state agencies when evaluatin	g whether proposed local government projects are consistent
th the service d	elivery strategy?		





Mode copies of this form and complete use for each service listed as page 1, Section 11. Use exactly the same service tames listed or yearly of the low, stabiling additional pages as necessary. If the contact person for this service (listed at the hottom of regular houser on the distribution of the lister person for the lister person for the lister person for the service (listed at the hottom of regular houser). Country:	Instructions:		A State State State	PAGE
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Person completing form: <u>Charley Duke, County Manager</u> none Number: <u>(912) 734-3000</u> Date completed: <u>March 30, 1999</u> Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent th the service delivery strategy? X yes \Box no	Agreement N	ame:	Contracting Parties :	Effective and Ending Dates:
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Person completing form: <u>Charley Duke, County Manager</u> none Number: <u>(912) 734-3000</u> Date completed: <u>March 30, 1999</u> Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent th the service delivery strategy? X yes n no				
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Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent the service delivery strategy? X yes \Box no	Person comple	ting form: <u>Charley Duke</u> ,	County Manager	
th the service delivery strategy? X yes 🗖 no	one Number:	(912) 734-3000	Date completed:	March 30, 1999
ith the service delivery strategy? X yes 🗇 no	Is this the perso	on who should be contacte	d by state agencies when evaluating	ng whether proposed local government projects are consistent
	th the service de	elivery strategy? X yes	🗖 no	

501	WIMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE
Instructions:	
page 1. Answer each question	and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the reported to the Department of Community Affairs.
County: <u>Baker</u>	Service: Voter Registration
1. Check the box that best d	escribes the agreed upon delivery arrangement for this service:
X Service will be provid checked, identify the go	ed countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box overnment, authority or organization providing the service.) Baker County
Service will be provided government, authority of	d only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the or organization providing the service.)
One or more cities w unincorporated areas. (ill provide this service only within their incorporated boundaries, and the service will not be provided i If this box is checked, identify the government(s), authority or organization providing the service.)
One or more cities w unincorporated areas. (ill provide this service only within their incorporated boundaries, and the county will provide the service i If this box is checked, identify the government(s), authority or organization providing the service.)
Other. (If this box is chear authority, or other organ	cked, attach a legible map delineating the service area of each service provider, and identify the governmen nization 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 X no	
If these conditions will cont levels of service (See O.C.G. cannot be eliminated).	inue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but highe A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competitio
If these conditions will be eli- eliminate them, the responsib	iminated under the strategy, attach an implementation schedule listing each step or action that will be taken t she party and the agreed upon deadline for completing it.
3. List each government or a user fees, general funds, spec	authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds ial service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.
Local Government or Author	
Baker County	general fund
L	
	nge the previous arrangements for providing and/or funding this service within the county?
No change	
5. List any formal service del	livery agreements or intergovernmental contracts that will be used to implement the strategy for this service:
Agreement Name:	Contracting Parties : Effective and Ending Dates:
L	
 What other mechanisms (i General Assembly, rate or fee 	if any) will be used to implement the strategy for this service, (e.g., ordinances, resolutions, local acts of the changes, etc.) and when will they take effect?
7. Person completing form:	Charley Duke, County Manager
Phone Number: (912) 734-	
with the service delivery strate	
it not, provide designated con	tact person(s) and phone number(s) below:

PAGE 2 Instructions: Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs. County: Baker Service: Tax Commissioner/Tax Digest 1. Check the box that best describes the agreed upon delivery arrangement for this service: X 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.) **Baker** County 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.) D 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 X 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. ocal Government or Authority Funding Method: **Baker** County general fund 4. How will the strategy change the previous arrangements for providing and/or funding this service within the county? no change 5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service: Agreement Name: Contracting Parties : Effective and Ending Dates: 6. What other mechanisms (if any) will be used to implement the strategy for this service, (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.) and when will they take effect? 7. Person completing form: Charley Duke, County Manager Phone Number: (912) 734-3000 Date completed: March 30, 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? X yes no If not, provide designated contact person(s) and phone number(s) below:

PAGE 2

Instructions:		
page 1. Answer each question	complete one for each service lis below, attaching additional pages as eported to the Department of Comm	isted on page 1, Section III. Use exactly the same service names listed on as necessary. If the contact person for this service (listed at the bottom of the nunity Affairs.
County: <u>Baker</u>	Service:	Tax Collection
1. Check the box that best desc	ribes the agreed upon delivery arran	ngement for this service:
Service will be provided checked, identify the gove Baker County	countywide (i.e., including all citi rument, authority or organization pr	ties and unincorporated areas) by a single service provider. (If this box is providing the service.)
Service will be provided o government, authority or o	nly in the unincorporated portion of organization providing the service.)	of the county by a single service provider. (If this box is checked, identify the
One or more cities will unincorporated areas. (If t	provide this service only within his box is checked, identify the gove	their incorporated boundaries, and the service will not be provided in vernment(s), authority or organization providing the service.)
X One or more cities will unincorporated areas. (If the	provide this service only within the his box is checked, identify the gove Baker County and	their incorporated boundaries, and the county will provide the service in vernment(s), authority or organization providing the service.) d City of Newton
Other. (If this box is checke authority, or other organiz	d, attach a legible map delineatin ation that will provide service within	ing the service area of each service provider, and identify the government, in each service area.)
2. In developing the strategy, w	ere overlapping service areas, unnec	ecessary competition and/or duplication of this service identified?
🗇 yes X no		
If these conditions will continu levels of service (See O.C.G.A. cannot be eliminated).	e under the strategy, attach an ex 36-70-24(1)), overriding benefits o	explanation for continuing the arrangement (i.e., overlapping but higher of the duplication, or reasons that overlapping service areas or competition
If these conditions will be elimi eliminate them, the responsible	nated under the strategy, attach an party and the agreed upon deadline f	n implementation schedule listing each step or action that will be taken to e for completing it.
3. List each government or auti user fees, general funds, special	hority that will help to pay for this service district revenues, hotel/mote	s service and indicate how the service will be funded (e.g., enterprise funds, tel taxes, franchise taxes, impact fees, bonded indebtedness, etc.
Local Government or Authority	Funding Me	ethod:
	general fund	
Newton	eneral fund	
	the previous arrangements for provi	viding and/or funding this service within the county?
no change		
5. List any formal service delive	ry agreements or intergovernmental	al contracts that will be used to implement the strategy for this service:
Agreement Name:	Contracting Parties :	Effective and Ending Dates:
······································		
6. What other mechanisms (if a General Assembly, rate or fee ch	ny) will be used to implement the su anges, etc.) and when will they take	strategy for this service, (e.g., ordinances, resolutions, local acts of the ke effect?
7. Person completing form: <u>Ch</u>	arley Duke County Manager	
Phone Number: (912) 734-300		npleted: March 30, 1999
with the service delivery strategy		en evaluating whether proposed local government projects are consistent elow:

Instructions:			PAGE 2
	this form and come	late and for each ending list I want of	
page 1. Answer	each question below,	attaching additional pages as necessary. If the I to the Department of Community Affairs.	Section III. Use exactly the same service names listed on e contact person for this service (listed at the bottom of the
County:	Baker	Service: Tax Assesso	<u>r</u>
1. Check the box	that best describes t	he agreed upon delivery arrangement for this s	ervice:
X Service wi checked, ide	ill be provided count entify the governmen	tywide (i.e., including all cities and unincorp t, authority or organization providing the servic Baker County	orated areas) by a single service provider. (If this box is ce.)
Service will government	be provided only in , authority or organiz	the unincorporated portion of the county by a station providing the service.)	single service provider. (If this box is checked, identify the
One or mo unincorpora	re cities will provid ted areas. (If this bo	de this service only within their incorporate x is checked, identify the government(s), author	ed boundaries, and the service will not be provided in rity or organization providing the service.)
unincorpora	ted areas. (If this boy	s is checked, identify the government(s), author	
Other. (If this authority, or	box is checked, atta other organization t	ach a legible map delineating the service are hat will provide service within each service are	ca of each service provider, and identify the government, ca.)
		erlapping service areas, unnecessary competitie	on and/or duplication of this service identified?
🗖 yes	X no		
If these condition levels of service (cannot be elimina	See O.C.G.A. 36-70	er the strategy, attach an explanation for co -24(1)), overriding benefits of the duplication	ontinuing the arrangement (i.e., overlapping but higher a, or reasons that overlapping service areas or competition
If these conditions eliminate them, th	s will be eliminated te responsible party a	under the strategy, attach an implementation nd the agreed upon deadline for completing it.	a schedule listing each step or action that will be taken to
 List each gove user fees, general 	rnment or authority funds, special service	that will help to pay for this service and indice e district revenues, hotel/motel taxes, franchise	ate how the service will be funded (e.g., enterprise funds, taxes, impact fees, bonded indebtedness, etc.
Local Governmen		Funding Method:	
Baker County	general	hind	
L			
4. How will the s	trategy change the pr	evious arrangements for providing and/or fund	ling this service within the county?
no change			
5 1 int and 6 merel			
			Il be used to implement the strategy for this service:
Agreement Na	ime:	Contracting Parties :	Effective and Ending Dates:
 What other me General Assembly 	chanisms (if any) will , rate or fee changes,	ll be used to implement the strategy for this ser etc.) and when will they take effect?	vice, (e.g., ordinances, resolutions, local acts of the
7. Person complet	ing form: <u>Charley I</u>	Duke, County Manager	
Phone Number:	(912) 734-3000	Date completed:Ma	arch 30, 1999
with the service de	livery strategy? X	tacted by state agencies when evaluating whet	ther proposed local government projects are consistent
If not, provide desi	ignated contact perso	n(s) and phone number(s) below:	

PAGE 2 Instructions: Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs. County: Baker Service: Elections (Mayor & Council) 1. Check the box that best describes the agreed upon delivery arrangement for this service: Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.) Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.) X 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.) City of Newton 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? U yes X 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. cal Government or Authority Funding Method: City of Newton general fund 4. How will the strategy change the previous arrangements for providing and/or funding this service within the county? No change 5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service: Agreement Name: Contracting Parties : Effective and Ending Dates: 6. What other mechanisms (if any) will be used to implement the strategy for this service, (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.) and when will they take effect? 7. Person completing form: <u>Pat Hart, City Clerk</u> Phone Number: (912) 734-3000 Date completed: March 30, 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? X yes D no If not, provide designated contact person(s) and phone number(s) below:

PAGE 2 Instructions: Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs. County: Baker Service: Elections (other) 1. Check the box that best describes the agreed upon delivery arrangement for this service: X 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.) **Baker** County 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.) D 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? U yes X 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. Local Government or Authority Funding Method: **Baker** County general fund 4. How will the strategy change the previous arrangements for providing and/or funding this service within the county? no change 5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service: Agreement Name: Contracting Parties : Effective and Ending Dates: 6. What other mechanisms (if any) will be used to implement the strategy for this service, (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.) and when will they take effect? 7. Person completing form: Charley Duke, County Manager Phone Number: (912) 734-3000 Date completed: March 30, 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? X yes 🗖 no If not, provide designated contact person(s) and phone number(s) below:

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Page 1. Answer dust question below, attacting additional page as necessary. If the contact person for this service (listed at the bottom of the regard change, this should be repeated to the 1.Npathement of Community Attack. Countly: Baker Service: Head Start Center 1. Check the box that best describes the agreed upon delivery arrangement for this service: X X 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.) Baker County Baker County 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(s), authority or organization providing the service.) Cone 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 areas, unnecessary competition and/or duplication of this service identified? Quest X no 1. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified? Qyes X no 1. In developing the strategy, strach an explanation for contabulag the arrangement (i.e., overlapping service areas competitin annot be elininated under the strategy, at
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ununcorporated 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 areas, unnecessary competition and/or duplication of this service identified? yes X 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 annot 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, hote/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc. Local Government or Authority Funding Method: Baker County General 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 delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service: Agreement Name: Contracting Parties :
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7. Person completing form: <u>Charley Duke, County Manager</u>
Phone Number:(912) 734-3000 Date completed; March 30, 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? X yes \Box no If not, provide designated contact person(s) and phone number(s) below:

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	T OF SERVICE DELIVEN	PAGE 2							
Instructions:									
Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.									
County: <u>Baker</u>	Service: Senior Citiz	en Center							
1. Check the box that best describes the agreed upon delivery arrangement for this service:									
X 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.) Baker County/Southwest Ga. Community Action Council									
Service will be provided only in the government, authority or organizat	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 unincorporated areas. (If this box is	this service only within their incorporate s checked, identify the government(s), author	ed boundaries, and the service will not be provided in rity or organization providing the service.)							
One or more cities will provide a unincorporated areas. (If this box is	this service only within their incorporated s checked, identify the government(s), author	boundaries, and the county will provide the service in rity or organization providing the service.)							
Other. (If this box is checked, attack authority, or other organization that	h a legible map delineating the service are t will provide service within each service are	ea of each service provider, and identify the government, ea.)							
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7. Person completing form: <u>Charley Du</u>	u na navna sloven na								
Phone Number:(912) 734-3000									
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? X yes no If not, provide designated contact person(s) and phone number(s) below:									

SERVICE DELIVERY STRATEGY SUMMARY OF LAND USE AGREEMENTS

Instructions:

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

County: Baker

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

Baker County and the County's municipal governments have reviewed the respective communities land use plans for incompatibilities and or conflicts and no major plan incompatibilities or conflicts were identified pursuant to the respective land use plans.

Moreover, Baker County and its municipal governments formally adopted a consolidated comprehensive plan in 1994 where land use issues were jointly considered and appropriately addressed

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

amendments to existing comprehensive plans

X adoption of a joint comprehensive plan

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

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

PAGE 3

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

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.

Baker County and its municipal governments have jointly adopted a land dispute resolution to address land use disputes arising from annexation proposals. The dispute resolution provides for inter-jurisdictional notification, mediation, and a forum for resolution of land use conflicts.

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?

The County and the County Municipal Governments have all adopted a joint resolution which established a formal process to insure that new extra territorial water and sewer service extensions are consistent with applicable land use plans.

5. Person completing form: <u>Charley Duke, County Manager</u>

Phone number: ____(912) 734-3000 _____ Date completed: March 30, 1999

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

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

A Resolution Establishing a

Process to Insure Compatibility with Applicable Land Use Plans and Ordinances and to Resolve Inter-Governmental Land Use Plan and Ordinance Inconsistencies Pursuant to the Provision of New Extra Territorial Water and Sewer Services

WHEREAS, the Baker County Board of Commissioners and the Mayor and Council the City of Newton have found it necessary, desirable and in the public interest to establish a formal process to insure that the provision of new extraterritorial water and sewer service is consistent with all applicable land use plans and ordinances of adjoining local governments, and

WHEREAS, the Baker County Board of Commissioners and the City of Newton have determined that a process to insure land use compatibility as it relates to the provision of new extraterritorial water and sewer services and land use plans/ordinances, and

WHEREAS, the Baker County Board of Commissioners and the the City of Newton of have jointly developed a cooperative plan to insure consistency with applicable land use plans/ordinances,

BE IT THEREFORE RESOLVED by the Baker County Board of Commissioners of Baker County, Georgia and the City of Newton and, **IT IS HEREBY RESOLVED** by the Authority of same:

<u>Section 1.</u> Effective immediately upon the adoption of this Resolution by the respective governments, the following process for insuring that proposed extraterritorial water and sewer service is compatible with the land use plans/ordinances of the new territory shall be implemented:

- Prior to initiating the development of water and sewer services in extraterritorial boundaries, the local government proposing the new service will notify the adjacent government of the proposed new service by providing information on location of property, size of area, and existing/proposed land use associated with the property.
- 2. Within 10 working days following receipt of the above information, the local government receiving the notice of water/sewer extension will forward to the local government proposing the extension a statement either: (a) indicating that the proposal is compatible with that community's land use plan and all applicable ordinances; or (b) a description of why the proposal is inconsistent with the land use plan or ordiances providing supporting evidence. If the community proposing the service extension does not receive a response in writing within the deadline, the proposal shall be determined to be consistent with the community's land use plan or land use ordinances.
- 3. If the community desiring to extend the water or sewer services receives a notification that the proposal is incompatible with the land use plan, the community may respond in writing within 10 days of receiving the notification of land use inconsistency by: (a) requesting a meeting to discuss a formal change to the land use plan; (b) agreeing with the content of the notification and stopping action on the proposed service extension.

- 4. In the event the respective jurisdictions seek mediation, the governments will agree on a mediator, mediation schedule and determine participants in the mediation. Any costs associated with the mediation will be shared pro rata by the county and the city based on population in accordance with the most recent decennial census.
- 5. A proposal to extend extraterritorial water and sewer service shall not be implemented until any bona fide land use plan or land use ordinance inconsistencies are resolved pursuant to the dispute resolution process.
- 6. However, the final determination of the land use plan or land use ordinances will be accorded to the governing body receiving the proposed service extension.

Section 2. All ordinances and resolutions in conflict herewith are hereby repealed.

ATTEST: By: la Wat

Baker County Board of Commissioners Chairman Date

ATTEST:

t Hart-6-14.99

Mayor and Council, Newton Georgia

Anison 6-14-99 Date

SERVICE DELIVERY STRATEGY CERTIFICATIONS

Instructions:

This page must, at a minimum, be signed by an authorized representative of the following governments: 1) the county; 2) the city serving as the county seat; 3) all cities having 1990 populations of over 9,000 residing within the county; and 4) no less than 50% of all other cities with a 1990 population of between 500 and 9,000 residing within the county. Cities with 1990 population below 500 and authorities providing services under the strategy are not required to sign this form, but are encouraged to do so. Attach additional copies of this page as necessary.

SERVICE DELIVERY STRATEGY FOR <u>Baker</u> COUNTY

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

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

SIGNATURE:	NAME: (Please print or type)	TITLE:	JURISDICTION:	DATE:
Lotur Hall	Robert Hall	Chairman	Baker County	6-14-99 6-14-99
Be Be Anusor	BeBe Johnson	Mayor	Newton	6-14-99
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