#### **GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS** SERVICE DELIVERY STRATEGY RECEIVED

FOR

#### CALHOUN COUNTY

MAGE PIN

#### GENERAL INSTRUCTIONS L

- 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.

Calhoun County City of Leary Hospital Authority Calhoun County Economic Development Council

City of Arlington City of Morgan City of Edison

#### **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.

Animal Control Courts Survivalers Economic Development Electric/Gas Utilities Emergency Management & Rescue Hospital/Nursing Home/Emergency Medical Fire?

√Indigent Defense √Jail √Law Enforcement √Library Parks & Recreation Planning & Zoning Public Health Services Public Works Recycling (Paper) VRoad/Bridge Construction & Maintenance Sewage Collection/Disposal Solid Waste Management

Water Supply/Distribution VSocial Services (DFACS) Headstart Center Senior Center

selfached

		PAGE 2
Instructions:		
on page 1 Answer each question	complete one for each service listed or on below, attaching additional pages as ld be reported to the Department of Con	<b>page 1, Section III.</b> Use exactly the same service names listed necessary. If the contact person for this service (listed at the bottom munity Affairs.
County:Calhou	in Service:	Courts (Recorders/Magistrate)
1. Check the box that best des	cribes the agreed upon delivery arrange	nent for this service:
Service will be provided of checked, identify the gov	countywide (i.e., including all cities and ernment, authority or organization provi	unincorporated areas) by a single service provider. (If this box is ding the service.) Calhoun County
Service will be provided identify the government,	d only in the unincorporated portion of authority or organization providing the	the county by a single service provider. (If this box is checked, service.)
One or more cities will p unincorporated areas. (If	provide this service only within their in this box is checked, identify the govern	peorporated boundaries, and the service will not be provided in ment(s), authority or organization providing the service.)
		acorporated boundaries, and the county will provide the service in ment(s), authority or organization providing the service.)
X Other. (If this box is che government, authority, or	cked, attach a legible map delineatin r other organization that will provide set	g the service area of each service provider, and identify the vice within each service area.)
2. In developing the strategy,	were overlapping service areas, unneces	sary competition and/or duplication of this service identified?
🗇 yes 🛛 X no		
If these conditions will continu levels of service (See O,C.G competition cannot be eliminat	A. 36-70-24(1)), overriding benefits	ion for continuing the arrangement (i.e., overlapping but higher of the duplication, or reasons that overlapping service areas or
If these conditions will be elim to eliminate them, the responsi	inated under the strategy, attach an imp ble party and the agreed upon deadline f	lementation schedule listing each step or action that will be taken for completing it.
<ol> <li>List each government or au funds, user fees, general funds</li> </ol>	thority that will help to pay for this ser , special service district revenues, hotel	vice and indicate how the service will be funded (e.g., enterprise motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.
Local Government or Authority		
Calhoun County	general fund/fees	
	general fund/fees	
	general fund/fees	
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4. How will the strategy chang	ge the previous arrangements for providi	ng and/or funding this service within the county?
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5. List any formal service deli	very agreements or intergovernmental co	ontracts that will be used to implement the strategy for this service:
Agreement Name:	Contracting Parties :	Effective and Ending Dates:
		Encente and Encing Dates.
(		
6. What other mechanisms (if General Assembly, rate or fee	any) will be used to implement the stratuc changes, etc.) and when will they take	egy for this service, (e.g., ordinances, resolutions, local acts of the effect?
None		
7. Person completing form: Mi	ike Stuart, County Commissioner	
Phone Number: 849-48		d: April. 1999
8. Is this the person who shoul consistent with the service deliv	d be contacted by state agencies when e	valuating whether proposed local government projects are
If not, provide designated conta	act person(s) and phone number(s) below	v:
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P.	AGE 2
Instructions:	
Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service n on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at of the page) changes, this should be reported to the Department of Community Affairs.	ames listed the bottom
County: <u>Calhoun</u> Service: <u>Courts (Juvenile)</u>	_
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 checked, identify the government, authority or organization providing the service.)	this box is
Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box identify the government, authority or organization providing the service.)	is checked,
X One or more cities will provide this service only within their incorporated boundaries, and the service will not be unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.	provided in
One or more cities will provide this service only within their incorporated boundaries, and the county will provide the unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.	e service in
Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and government, authority, or other organization that will provide service within each service area.)	identify the
2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service ident $\Box$ yes X no	ified?
If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service competition cannot be eliminated).	but higher e areas or
If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that we 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. funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebt	, enterprise edness, etc.
Local Government or Authority Funding Method: Calhoun County general fund	
Californi County general rund	
<ol> <li>How will the strategy change the previous arrangements for providing and/or funding this service within the county?</li> </ol>	
No change	
No change	
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for the	is 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 a General Assembly, rate or fee changes, etc.) and when will they take effect?	cts of the
None	Pro la
General Assembly, rate or fee changes, etc.) and when will they take effect? None	m
7. Person completing form: <u>Mike Stuart, County Commissioner</u>	
Phone Number: (912) 849-4835 Date completed: April, 1999	
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects a	
consistent with the service delivery strategy? X yes $\Box$ no If not, provide designated contact person(s) and phone number(s) below:	re

			PAG	E 2
Instructions:			the III . Use and the second second	listed
on page 1 Answer each que	nd complete one for each set stion below, attaching additio ould be reported to the Depar	onal pages as necessary. If t	tion III. Use exactly the same service names the contact person for this service (listed at the b rs.	ottom
County:Call	ioun	Service:	Courts (Juvenile)	
1. Check the box that best d	describes the agreed upon del	ivery arrangement for this s	service:	
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	ded only in the unincorporate t, authority or organization p		by a single service provider. (If this box is che	cked,
X One or more cities w unincorporated areas. (	ill provide this service only If this box is checked, identi	within their incorporated by fy the government(s), authors	boundaries, and the service will not be provid ority or organization providing the service.)	led in
One or more cities wi unincorporated areas.	Il provide this service only v If this box is checked, identi	within their incorporated be fy the government(s), author	oundaries, and the county will provide the serv ority or organization providing the service.)	ice in
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to eliminate them, the respon	nsible party and the agreed up	oon deadline for completing		
<ol> <li>List each government or a funds, user fees, general fun</li> </ol>	authority that will help to paids, special service district re-	y for this service and india venues, hotel/motel taxes, f	cate how the service will be funded (e.g., ente franchise taxes, impact fees, bonded indebtedness	rprise s, etc.
Local Government or Author Calhoun County	rity Fu general fund	inding Method:		_
	general lund			-
				-
4. How will the strategy cha	inge the previous arrangement	ts for providing and/or fund	ding this service within the county?	
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5. List any formal service de	elivery agreements or intergo	vernmental contracts that w	vill be used to implement the strategy for this serv	vice:
Agreement Name:	Contracting	1	Effective and Ending Dates:	
			-	
		1		
6. What other mechanisms ( General Assembly, rate or fe	if any) will be used to impler ee changes, etc.) and when w	nent the strategy for this set vill they take effect?	rvice, (e.g., ordinances, resolutions, local acts of	the
None				
7.0				
7. Person completing form:				
Phone Number:(912) 849-			ril, 1999	
<ol> <li>Is this the person who sho consistent with the service de If not, provide designated co</li> </ol>	livery strategy? X yes	no	ether proposed local government projects are	

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Instructions:				/	
on page 1. Answer each questi	I complete one for each service listed ion below, attaching additional pages a ild be reported to the Department of Co	is necessary. If the	e contact pers	exactly the same service names liste son for this service (listed at the botto	ed m
County: <u>Calho</u>	<u>un</u>	Service:	Courts	(Recorders)	
1. Check the box that best des	scribes the agreed upon delivery arrang	gement for this se	rvice:	/	
X Service will be provided of checked, identify the gov	countywide (i.e., including all cities an vernment, authority or organization pro	nd unincorporated widing the service	areas) by a e.) Calhoun C	single service provider. (If this box county	is
	d only in the unincorporated portion authority or organization providing the		a single serv	vice provider. (If this box is checke	d,
	provide this service only within their this box is checked, identify the gove				in
unincorporated areas. (If	provide this service only within their this box is checked, identify the gove nty, Arlington, Edison,	rnment(s), authori	indaries, and ity or organiz	the county will provide the service ration providing the service.)	in
Other. (If this box is che government, authority, or	ecked, attach a legible map delineat r other organization that will provide s	ing the service service within eac	area of eac h service are	ch service provider, and identify that.)	he
	were overlapping service areas, unner	cessary competitio	on and/or dup	lication of this service identified?	
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If these conditions will continu levels of service (See O.C.G competition cannot be eliminat	te under the strategy, <b>attach an explan</b> G.A. 36-70-24(1)), overriding benefit ted).	ation for continues of the duplicat	uing the arra	angement (i.e., overlapping but high ons that overlapping service areas	er or
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Local Government or Authority	y Funding Meth	od:	/		
	general fund/fees				
	general fund/fees general fund/fees			N	
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4. How will the strategy change	ge the previous arrangements for provi	ding and/or fundi	ng this servic	e within the county?	
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5. List any formal service deli	ivery agreements or intergovernmental	contracts that wil	I be used to i	mplement the strategy for this service	:
Agreement Name:	Contracting Parties :		Effec	tive and Ending Dates:	
6. What other mechanisms (if General Assembly, rate or fee	any) will be used to implement the str- changes, etc.) and when will they tak	ategy for this serv e effect?	rice, (e.g., ord	linances, resolutions, local acts of the	
None					
7. Person completing form: <u>M</u>	ike Stuart, County Commissioner				
Phone Number:(912) 849-48	835 Date comple	eted: April	, 1999		
consistent with the service deliv	ld be contacted by state agencies when	n evaluating wheth		local government projects are	

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Instructions:	
Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service nan on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the of the page) changes, this should be reported to the Department of Community Affairs.	es listed e bottom
County: <u>Calhoun</u> Service: <u>Library</u>	
1. Check the box that best describes the agreed upon delivery arrangement for this service:	
Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If the checked, identify the government, authority or organization providing the service.)	iis box is
Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is identify the government, authority or organization providing the service.)	checked,
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X Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and ide government, authority, or other organization that will provide service within each service area.)	ntify the
2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identification of the service iden	ed?
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If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping b levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service competition cannot be eliminated).	ut higher areas or
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3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., e funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebted	nterprise ness, etc.
Local Government or Authority Funding Method: Calhoun County general fund	
City of Arlington general fund	_
City of Edison 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	carvice
Agreement Name: Contracting Parties : Effective and Ending Dates:	Service.
	_
6. What other mechanisms (if any) will be used to implement the strategy for this service, (e.g., ordinances, resolutions, local acts General Assembly, rate or fee changes, etc.) and when will they take effect?	of the
None	
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c.	
7. Person completing form: Mike Stuart, County Commissioner	
Phone Number: (912) 849-4835 Date completed: April, 1999 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are	

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:       Calhoun         Service:       Library         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.)         I       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.)
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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 hav is checked identify the government(s) authority or organization providing the service.)
Calhoun County, Arlington, Edison
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, <b>attach an explanation for continuing the arrangement</b> (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: Calhoun County general fund
City of Arlington general fund City of Edison general fund
<ol> <li>How will the strategy change the previous arrangements for providing and/or funding this service within the county?</li> </ol>
no change
no enunge
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?
None
7. Person completing form: Mike Stuart, County Commissioner
Phone Number: (912) 849-4835 Date completed: April, 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:		
Make copies of this form and complete one for e on page 1. Answer each question below, attaching of the page) changes, this should be reported to the	additional pages as necessary. If t	ion III. Use exactly the same service names listed he contact person for this service (listed at the bottom rs.
County: <u>Calhoun</u>	Service:]	Law Enforcement
1. Check the box that best describes the agreed up	oon delivery arrangement for this s	ervice:
X Service will be provided countywide (i.e., inc checked, identify the government, authority		d areas) by a single service provider. (If this box is ce.)
Service will be provided only in the unincludentify the government, authority or organiz	propriated portion of the county by attom providing the service.)	y a single service provider. (If this box is checked,
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Other. (If this box is checked, attach a legi government, authority, or other organization	ble map delineating the service that will provide service within ea	e area of each service provider, and identify the ach service area.)
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If these conditions will be eliminated under the stra to eliminate them, the responsible party and the ag	ttegy, attach an implementation s reed upon deadline for completing	schedule listing each step or action that will be taken it.
3. List each government or authority that will help funds, user fees, general funds, special service dis	to pay for this service and indic trict revenues, hotel/motel taxes, f	cate how the service will be funded (e.g., enterprise ranchise taxes, impact fees, bonded indebtedness, etc.
Local Government or Authority	Funding Method:	
Calhoun Countygeneral fundCity ofLearygeneral fund		
City of Edison general fund		
City of Arlington general fund		
4. How will the strategy change the previous array	igements for providing and/or func	ling this service within the county?
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No change		
5. List any formal service delivery agreements or	intergovernmental contracts that w	ill be used to implement the strategy for this service:
Agreement Name: Cont	racting Parties :	Effective and Ending Dates:
6. What other mechanisms (if any) will be used to General Assembly, rate or fee changes, etc.) and	implement the strategy for this set when will they take effect?	rvice, (e.g., ordinances, resolutions, local acts of the
6. What other mechanisms (if any) will be used to General Assembly, rate or fee changes, etc.) and None	implement the strategy for this ser when will they take effect?	rvice, (e.g., ordinances, resolutions, local acts of the
General Assembly, rate or fee changes, etc.) and	implement the strategy for this ser when will they take effect?	vice, (e.g., ordinances, resolutions, local acts of the
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General Assembly, rate or fee changes, etc.) and	when will they take effect?	vice, (e.g., ordinances, resolutions, local acts of the
None	when will they take effect?	
<ul> <li>7. Person completing form: <u>Mike Stuart, County</u></li> <li>Phone Number: <u>(912)</u> 849-4835</li> <li>8. Is this the person who should be contacted by s</li> </ul>	Commissioner Date completed: April tate agencies when evaluating whe yes D no	. 1999

# SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

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	MARY OF SERV	ICE DELIVER	ARRANGEN	AENTS PAGE 2
Instructions: Make copies of this form an on page 1. Answer each que of the page) changes, this sh	stion below attaching addition	nal pages as necessary.	If the contact person for th	the same service names listed is service (listed at the bottom
County: <u>Call</u>	ioun	Service:_	Parks & Recrea	tion
1. Check the box that best of	lescribes the agreed upon del	ivery arrangement for th	is service:	
checked, identify the g	ed countywide (i.e., including overnment, authority or orga of Recreation Bo	nization providing the se	rated areas) by a single service.)	ervice provider. (If this box is
identify the governmen	ded only in the unincorporat it, authority or organization p ington, Leary an	roviding the service.)	y by a single service prov	vider. (If this box is checked,
One or more cities w unincorporated areas. (	ill provide this service only. If this box is checked, identi	within their incorporate fy the government(s), au	d boundaries, and the se thority or organization pro	rvice will not be provided in oviding the service.)
One or more cities wi unincorporated areas.	Il provide this service only If this box is checked, identi	within their incorporated fy the government(s), au	boundaries, and the cou thority or organization pro	nty will provide the service in oviding the service.)
Other. (If this box is c government, authority,	hecked, attach a legible ma or other organization that w	ap delineating the service within	vice area of each servion each servion each service area.)	ce provider, and identify the
2. In developing the strateg	y, were overlapping service a	areas, unnecessary comp	etition and/or duplication	of this service identified?
🗖 yes 🛛 X no				
If these conditions will conti levels of service (See O.C competition cannot be elimit	.G.A. 36-70-24(1)), overrid	an explanation for co ing benefits of the du	ntinuing the arrangemen plication, or reasons that	nt (i.e., overlapping but higher overlapping service areas or
If these conditions will be el to eliminate them, the respon	iminated under the strategy, a sible party and the agreed up	attach an implementation	on schedule listing each st	ep or action that will be taken
3. List each government or	authority that will help to pa	v for this service and i	ndicate how the service y	vill be funded (e.g., enterprise
Local Government or Author	. /	nding Method:	s, franchise taxes, impact	fees, bonded indebtedness, etc.
Calhoun County City of Leary	general fund general fund			
City of Edison	general fund	/		
City of Arlington	general fund			
4. How will the strategy cha	inge the previous arrangemen	its for providing and/or f	anding this service within	the county?
no change	1			
	1		. \	
5. List any formal service d	elivery agreements or intergo	vernmental contracts that	t will be used to implement	nt the strategy for this service:
Agreement Name:	Contracting	Parties :	Effective and	Ending Dates:
6. What other mechanisms ( General Assembly, rate or fe	if any) will be used to impler ee changes, etc.) and when w	nent the strategy for this vill they take effect?	service, (e.g., ordinances,	resolutions, local acts of the
None				
7. Person completing form: _	Mike Stuart, County Commi	ssioner		
Phone Number:(912) 849-		Date completed:	April, 1999	
8. Is this the person who sho	ould be contacted by state age	encies when evaluating v		ernment projects are
consistent with the service de If not, provide designated co	livery strategy? X yes ntact person(s) and phone nu	no mber(s) below:		
All the second second second second second		and the second		

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>Calhoun</u> Service: <u>Road/Bridge Construction &amp; Maintenance</u>
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.) Calhoun 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.)
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.)
X 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:
Calhoun County general fund
City of Arlington         general fund           City of Leary         general fund
City Morgan general fund
City of Edison 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?
Scholar reservery, rate of rec enanges, etc.) and when with they take effect?
None
7. Person completing form: <u>Mike Stuart, County Commissioner</u>
Phone Number:(912) 849-4835 Date completed: April, 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:
the set of the designation contact person(s) and phone number(s) below:

			PAGE 2
Instructions:			
on page 1. Answer each gu	and complete one for each se estion below, attaching additi hould be reported to the Depa	ional pages as necessary	Section III. Use exactly the same service names listed . If the contact person for this service (listed at the bottom Affairs.
County: <u>Cal</u>	houn	Service:	Head Start
1. Check the box that best	describes the agreed upon de	elivery arrangement for	this service:
	ed countywide (i.e., including government, authority or org		prated areas) by a single service provider. (If this box is service.)
	ided only in the unincorpora ent, authority or organization		ty by a single service provider. (If this box is checked,
			ed boundaries, and the service will not be provided in authority or organization providing the service.)
			ed boundaries, and the county will provide the service in authority or organization providing the service.)
Other. (If this box is government, authority	checked, attach a legible m y, or other organization that v	nap delineating the se vill provide service with	rvice area of each service provider, and identify the in each service area.)
	gy, were overlapping service	areas, unnecessary com	petition and/or duplication of this service identified?
levels of service (See O.0 competition cannot be elim	C.G.A. 36-70-24(1)), overrid	th an explanation for of ding benefits of the d	continuing the arrangement (i.e., overlapping but higher aplication, or reasons that overlapping service areas or
If these conditions will be e to eliminate them, the respo	eliminated under the strategy, onsible party and the agreed u	attach an implementat	ion schedule listing each step or action that will be taken eting it.
3. List each government or funds, user fees, general fu	authority that will help to pands, special service district re	ay for this service and evenues, hotel/motel tax	indicate how the service will be funded (e.g., enterprise es, franchise taxes, impact fees, bonded indebtedness, etc.
Local Government or Author		unding Method:	
Calhoun County	general fund		
·····			
4. How will the strategy cl	hange the previous arrangeme	nts for providing and/or	funding this service within the county?
no change			
no enange			
5. List any formal service	delivery agreements or interg	overnmental contracts th	hat will be used to implement the strategy for this service:
Agreement Name:	Contracting		Effective and Ending Dates:
		2	Enterity and Enting Dates.
L			
6. What other mechanisms General Assembly, rate or	(if any) will be used to imple fee changes, etc.) and when	ement the strategy for th will they take effect?	is service, (e.g., ordinances, resolutions, local acts of the
None			
7. Person completing form:	Mike Stuart, County Comm	nissioner	
Phone Number:(912) 84		Date completed:	April, 1999
			whether proposed local government projects are
consistent with the service of	delivery strategy? X yes contact person(s) and phone n	🗖 no	master proposed rocar government projects are

			PAGE 2
on page 1. Answer e	form and complete one for each se ach question below, attaching addition, this should be reported to the Depa	onal pages as necessary	Section III. Use exactly the same service names listed y. If the contact person for this service (listed at the bottom Affairs.
County:	Calhoun	Service	<u>Senior Center</u>
1. Check the box the	at best describes the agreed upon del	livery arrangement for	this service:
	provided countywide (i.e., including ify the government, authority or orga		orated areas) by a single service provider. (If this box is service.)
Service will b identify the gov	e provided only in the unincorporat vernment, authority or organization p	ted portion of the cour providing the service.)	nty by a single service provider. (If this box is checked,
One or more c unincorporated	ities will provide this service only a areas. (If this box is checked, identi	within their incorporat ify the government(s),	ed boundaries, and the service will not be provided in authority or organization providing the service.)
X One or more c unincorporated	ities will provide this service only areas. (If this box is checked, identi	within their incorporat ify the government(s),	ed boundaries, and the county will provide the service in authority or organization providing the service.)
	box is checked, attach a legible m uthority, or other organization that w		ervice area of each service provider, and identify the hin each service area.)
_		areas, unnecessary con	npetition and/or duplication of this service identified?
If these conditions w levels of service (S competition cannot b	See O.C.G.A. 36-70-24(1)), overrid	h an explanation for ling benefits of the d	continuing the arrangement (i.e., overlapping but higher uplication, or reasons that overlapping service areas or
If these conditions w to eliminate them, th	vill be eliminated under the strategy, a ne responsible party and the agreed up	attach an implementa pon deadline for compl	tion schedule listing each step or action that will be taken leting it.
<ol> <li>List each governr funds, user fees, gen</li> </ol>	nent or authority that will help to pa neral funds, special service district re	y for this service and evenues, hotel/motel ta	indicate how the service will be funded (e.g., enterprise xes, franchise taxes, impact fees, bonded indebtedness, etc.
Local Government o	r Authority Fi	unding Method:	
Calhoun County			
4. How will the stra	itegy change the previous arrangeme	nts for providing and/o	r funding this service within the county?
no change			
no change			
5. List any formal s	ervice delivery agreements or interge	overnmental contracts t	hat will be used to implement the strategy for this service:
Agreement Name			Effective and Ending Dates:
<ol> <li>6. What other mech</li> </ol>	anisms (if any) will be used to imple	ment the strategy for the	his service, (e.g., ordinances, resolutions, local acts of the
General Assembly, i	rate or fee changes, etc.) and when	will they take effect?	in our root, (e.g., or emances, resolutions, rocal acts of the
None			
	g form: <u>Mike Stuart, County Comm</u>		
Phone Number: <u>(9</u>		Date completed:	
consistent with the se	who should be contacted by state ag ervice delivery strategy? $X$ yes nated contact person(s) and phone n	no	g whether proposed local government projects are

#### GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS SERVICE DELIVERY STRATEGY RECEIVED

FOR CALHOUN

#### N COUNTY

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PAGE

#### 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.
- 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 Alfairs. 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.

Calhoun County City of Leary City of Arlington City of Morgan City of Edison

Hospital Authority Calhoun County Economic Development 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.

Animal Control Cemetery Courts Economic Development Electric/Gas Utilities Emergency Management & Rescue Fire Protection Hospital/Nursing Home/Emergency Medical

Indigent Defense Jail Law Enforcement Library Parks & Recreation Planning & Zoning Public Health Services Public Works Recycling (Paper) Road/Bridge Construction & Maintenance Sewage Collection/Disposal Solid Waste Management Water Supply/Distribution Social Services (DFACS) Headstart Center Senior Center

				I	PAGE 2
Instructions:				t III de de comine	names listed
on page 1. Answ	er each question below.	a one for each service liste attaching additional page orted to the Department of	s as necessary. If t	tion III. Use exactly the same service the contact person for this service (listed a rs.	at the bottom
County:	Calhoun		Service:	Animal Control	
1. Check the box	x that best describes the	e agreed upon delivery arra	angement for this s	service:	
checked, id	entify the government,	authority or organization J	providing the servi	ted areas) by a single service provider. ( ice.) et, provides this service.	
		the unincorporated portio or organization providing		by a single service provider. (If this box	is checked,
				boundaries, and the service will not be ority or organization providing the service	
One or mo unincorpora	re cities will provide the ated areas. (If this box	his service only within the is checked, identify the go	eir incorporated bo vernment(s), autho	oundaries, and the county will provide the ority or organization providing the service	he service in 2.)
Other. (If the government	his box is checked, att t, authority, or other or	ach a legible map deline ganization that will provid	eating the service e service within ea	e area of each service provider, and ach service area.)	identify the
	the strategy, were ove $X$ no	rlapping service areas, unr	necessary competit	tion and/or duplication of this service iden	ntified?
If these condition levels of service	s will continue under th (See O.C.G.A. 36-7)	ne strategy, attach an explanation of the strategy of the stra	anation for contin fits of the duplic	nuing the arrangement (i.e., overlappir action, or reasons that overlapping serv	ng but higher
If these condition	ot be eliminated).	der the strategy, attach an	implementation s	schedule listing each step or action that	
to eminate then	i, the responsible party	and the agreed upon deadl	ine for completing	ç it.	
3. List each gove funds, user fees,	ernment or authority tha general funds, special s	at will help to pay for this service district revenues, h	s service and indic otel/motel taxes, f	cate how the service will be funded (e.g franchise taxes, impact fees, bonded indeb	3., enterprise otedness, etc.
Local Governmen		Funding Me	ethod:		
City of Armi	gton general it				
4. How will the	strategy change the pre-	vious arrangements for pro	viding and/or fund	ding this service within the county?	
no change					
		ements or intergovernment	al contracts that w	vill be used to implement the strategy for t	his service:
Agreement Na Animal Contro		Contracting Parties : Dr. Marcus Gibbs	10	Effective and Ending Dates: Ongoing	
			0	Jigoing	
6. What other me	chanisms (if any) will	be used to implement the s	trategy for this ser	rvice, (e.g., ordinances, resolutions, local	acts of the
General Assembly	y, rate or fee changes,	etc.) and when will they ta	ake effect?	(ingl, oraniances, resolutions, rotal i	iets of the
None					
7. Person comple	ting form: Mike Stuart	County Commissioner			
	(912) 849-4835	Date comp	aleted: Apri	-il 1000	
				ther proposed local government projects	
consistent with the	e service delivery strate	gy? X yes D no (s) and phone number(s) b		uner proposed local government projects a	ire

				PAGE 2
Instructions:				
Make copies of this form an on page 1. Answer each que of the page) changes, this she	stion below, attaching addi	tional pages as necessar	y. If t	ion III. Use exactly the same service names listed he contact person for this service (listed at the bottom rs.
County: <u>Calh</u>	oun	Service	:	Cemetery
1. Check the box that best of	lescribes the agreed upon d	elivery arrangement for	this s	service:
Service will be provided checked, identify the g	countywide (i.e., including overnment, authority or or	g all cities and unincorp ganization providing the	orate	d areas) by a single service provider. (If this box is ice.)
	ded only in the unincorpor t, authority or organization			y a single service provider. (If this box is checked,
				boundaries, and the service will not be provided in ority or organization providing the service.)
One or more cities wi unincorporated areas. (	Il provide this service only If this box is checked, ider	within their incorporat tify the government(s),	ted bo autho	oundaries, and the county will provide the service in ority or organization providing the service.)
Other. (If this box is c government, authority,	hecked, attach a legible or other organization that	map delineating the so will provide service wit	ervice hin ea	e area of each service provider, and identify the ach service area.)
	y, were overlapping service	e areas, unnecessary con	npetit	ion and/or duplication of this service identified?
🗇 yes X no				
If these conditions will conti levels of service (See O.C competition cannot be elimin	.G.A. 36-70-24(1)), overr	ch an explanation for iding benefits of the d	contin luplica	nuing the arrangement (i.e., overlapping but higher ation, or reasons that overlapping service areas or
If these conditions will be elito eliminate them, the respon	minated under the strategy sible party and the agreed	, attach an implementa upon deadline for compl	tion s leting	schedule listing each step or action that will be taken it.
3. List each government or a funds, user fees, general fun	uthority that will help to p ds, special service district	bay for this service and revenues, hotel/motel ta:	l india xes, f	cate how the service will be funded (e.g., enterprise ranchise taxes, impact fees, bonded indebtedness, etc.
Local Government or Author		Funding Method:		
City of Arlington	general fund			
			-	
4. How will the strategy cha	nge the previous arrangem	ents for providing and/or	r fund	ling this service within the county?
No change				
No change				
5. List any formal service de	livery agreements or inters	overnmental contracts t	hat w	ill be used to implement the strategy for this service:
Agreement Name:	Contractin			Effective and Ending Dates:
		<u> </u>	T	Encenve and Encing Dates.
			-	
6 What other mechanisms (	·····			
General Assembly, rate or fe	e changes, etc.) and when	ement the strategy for th will they take effect?	is ser	rvice, (e.g., ordinances, resolutions, local acts of the
None				
1 tone				
7. Person completing form: _	Mike Stuart, County Comm	issioner		
Phone Number:(912) 849-		Date completed:	Apri	il, 1999
	uld be contacted by state a livery strategy? $X$ yes	gencies when evaluating		ther proposed local government projects are
	· · · · · · · · · · · · · · · · ·			

			PAGE 2
Instructions:			
Make copies of this form and comple on page 1. Answer each question belo of the page) changes, this should be re	w, attaching additional pages as	s necessary. If the c	<b>III.</b> Use exactly the same service names listed contact person for this service (listed at the bottom
County: <u>Calhoun</u>	1	Service:	Courts (Juvenile)
1. Check the box that best describes t	he agreed upon delivery arrange	ement for this servi	ice:
X Service will be provided countywer checked, identify the government			reas) by a single service provider. (If this box is
Service will be provided only identify the government, authority			single service provider. (If this box is checked,
			daries, and the service will not be provided in or organization providing the service.)
			daries, and the county will provide the service in or organization providing the service.)
Other. (If this box is checked, a government, authority, or other a	ittach a legible map delineati organization that will provide s	ng the service ar ervice within each :	rea of each service provider, and identify the service area.)
2. In developing the strategy, were or	verlapping service areas, unneco	essary competition	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- competition cannot be eliminated).	the strategy, attach an explana .70-24(1)), overriding benefits	ution for continuin of the duplication	ng the arrangement (i.e., overlapping but higher n, or reasons that overlapping service areas or
If these conditions will be eliminated u to eliminate them, the responsible part	under the strategy, attach an im ty and the agreed upon deadline	plementation sche for completing it.	dule listing each step or action that will be taken
3. List each government or authority t	that will help to pay for this se	rvice and indicate	how the service will be funded (e.g., enterprise chise taxes, impact fees, bonded indebtedness, etc.
Local Government or Authority	Funding Metho		inter antes, impact rees, condea indeptedness, etc.
Calhoun County general	fund		
4. How will the strategy change the p	revious arrangements for provid	ling and/or funding	this service within the county?
No change			
0			
5. List any formal service delivery ag	reements or intergovernmental of	contracts that will b	be used to implement the strategy for this service:
Agreement Name:	Contracting Parties :		Effective and Ending Dates:
6. What other mechanisms (if any) wi	Il be used to implement the stra	teau for this service	e, (e.g., ordinances, resolutions, local acts of the
General Assembly, rate or fee changes	s, etc.) and when will they take	effect?	, (e.g., ordinances, resolutions, local acts of the
None			
None			
7. Person completing form: <u>Mike Stu</u>	art, County Commissioner		
Phone Number: <u>(912) 849-4835</u>	Date complet		
8. Is this the person who should be co consistent with the service delivery stra If not, provide designated contact person	ategy? X ves 🗇 no		proposed local government projects are

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	SERVICE DELIVERY S	TRATECY	
SUMN	ARY OF SERVICE DELIVER	V ARRANGEMENTS	
			PAGE 2
structions:			nan anan terdena manana ang Padamat
	d complete one for each service listed on page I, Section below, attaching additional pages as necessary. If uld be reported to the Department of Community Affa		rice names listed ted at the bottom
ounty: <u>Calhe</u>	oun Service: Cour	ts (Recorders/Magistrate)	
Check the box that best de	escribes the agreed upon delivery arrangement for this	service:	
Service will be provided checked, identify the go	d countywide (i.e., including all cities and unincorporat evenument, authority or organization providing the serv	ed areas) by a single service provide ice.) Calhoun County	er. (If this box is
Service will be provid identify the government	ed only in the unincorporated portion of the county is , authority or organization providing the service.)	by a single service provider. (If this	box is checked,
One or more cities will unincorporated areas. (I	provide this service only within their incorporated f this box is checked, identify the government(s), auth	boundaries, and the service will not ority or organization providing the ser	be provided in vice.)
One or more cities will unincorporated dreas. (I	provide this service only within their incorporated t f this box is checked, identify the government(s), auth	ooundaries, and the county will provid ority or organization providing the ser	de the service in vice.)
Other. (If this box is cl government, authority, o The listed govern	hecked, attach a legible map delineating the service or other organization that will provide service within a unents provide this service only within	e area of each service provider, each service area.)	and identify the
	were overlapping service areas, unnecessary competi		
yes X no			
hese conditions will contin els of service (See O.C.C apetition cannot be elimina	ue under the strategy, attach an explanation for cont G.A. $36-70-24(1)$ , overriding benefits of the duplic ated).	inuing the arrangement (i.e., overlap cation, or reasons that overlapping s	pping but higher crvice areas or
hese conditions will be elic eliminate them, the respons	ninated under the strategy, attach an implementation sible party and the agreed upon deadline for completing	schedule listing each step or action the	nat will be taken
List each government or an ds. user fees, general fund	uthority that will help to pay for this service and ind s, special service district revenues, hotel/motel taxes,	icate how the service will be funded franchise takes, impact fees, bonded ir	(e.g., enterprise adebtedness, etc.
Calhoun County	ty Funding Method: general fund/fees		
Arlington	general fund/fees		
Edison Leary	general fund/fees general fund/fees		
		and a second	
<u>i</u> 1			
How will the strategy char	nge the previous arrangements for providing and/or fun	ding this service within the county?	
change	τ		
1			
List any formal service del	livery agreements or intergovernmental contracts that v	will be used to implement the second	
Agreement Name:	Contracting Parties -	and be used to implement the strategy	ior 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?

None	÷,			* 1			
. Person co	mpleting form: 1	Mike Stuart, County	Commissioner				
	er: <u>(912) 849-</u>		Date con				
8. Is this the consistent wi If not, provid	person who sho th the service de- le designated cor	uld be contacted by livery strategy? > ntact person(s) and p	state agencies w yes no ohone number(s)	then evaluating below:	whether propo	wed local government	projects are
						· · · · · · · · · · · · · · · · · · ·	
	i i						
	:					1	TOTAL
						1996	
	5						
	-						
		¥		i i		4	

Instructions:         Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names list on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bott of the page) changes, this should be reported to the Department of Community Affairs.         County:       Calhoun       Service:       Economic Development         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 checked, identify the government, authority or organization providing the service.)         V       Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is check identify the government, authority or organization providing the service.)         X       Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is check identify the government, authority or organization providing the service.)	
<ul> <li>on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the both of the page) changes, this should be reported to the Department of Community Affairs.</li> <li>County: <u>Calhoun</u> Service: <u>Economic Development</u></li> <li>1. Check the box that best describes the agreed upon delivery arrangement for this service:</li> <li>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.) Development Authority</li> <li>X Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is check identify the government, authority or organization providing the service.)</li> </ul>	
<ul> <li>1. Check the box that best describes the agreed upon delivery arrangement for this service:</li> <li>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.) Development Authority</li> <li>X Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is check identify the government, authority or organization providing the service.)</li> </ul>	tom
<ul> <li>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.) Development Authority</li> <li>X Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is check identify the government, authority or organization providing the service.)</li> </ul>	
checked, identify the government, authority or organization providing the service.) Development Authority X Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is check identify the government, authority or organization providing the service.)	
identify the government, authority or organization providing the service.)	ox is
	ked,
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.)	d in
One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)	e in
Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify government, authority, or other organization that will provide service within each service area.)	the
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 hig levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas competition cannot be eliminated).	gher s or
If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be tak to eliminate them, the responsible party and the agreed upon deadline for completing it.	iken
3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterpr funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, e	orise etc.
Local Government or Authority Funding Method:	
Calhoun County Economic Development Council general fund	
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?	
no change	
no enunge	
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service	ce:
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	e
General Assembly, rate or fee changes, etc.) and when will they take effect?	
None	
7. Person completing form: Mike Stuart, County Commissioner	
Phone Number: (912) 849-4835 Date completed: April, 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:
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>Calhoun</u> Service: <u>Electric/Gas Utilities</u>
1. Check the box that best describes the agreed upon delivery arrangement for this service:
Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked identify the government, authority or organization providing the service.)
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 Edison, City of Arlington
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, <b>attach an explanation for continuing the arrangement</b> (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 of 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: City of Edison enterprise funds
City of Edison         enterprise funds           City of Arlington         enterprise 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 : 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?
None
7. Person completing form: <u>Mike Stuart, County Commissioner</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 $\Box$ no If not, provide designated contact person(s) and phone number(s) below:

		PAGE 2
Instructions:		
Make copies of this form and comp on page 1. Answer each question bel of the page) changes, this should be r	ow, attaching additional pages	I on page 1, Section III. Use exactly the same service names listed as necessary. If the contact person for this service (listed at the bottom community Affairs.
County: <u>Calhoun</u>		Service: Emergency Management & Rescue
1. Check the box that best describes	the agreed upon delivery arran	gement for this service:
X Service will be provided county checked, identify the governme Calhoun County	wide (i.e., including all cities a nt, authority or organization pr	nd unincorporated areas) by a single service provider. (If this box is oviding the service.)
Service will be provided only identify the government, author		of the county by a single service provider. (If this box is checked, ne service.)
One or more cities will provide unincorporated areas. (If this be	e this service only within their ox is checked, identify the gove	r incorporated boundaries, and the service will not be provided in ernment(s), authority or organization providing the service.)
One or more cities will provid unincorporated areas. (If this be	e this service only within their ox is checked, identify the gove	r incorporated boundaries, and the county will provide the service in ernment(s), authority or organization providing the service.)
Other. (If this box is checked, government, authority, or other	attach a legible map delinea organization that will provide	ting the service area of each service provider, and identify the service within each service area.)
2. In developing the strategy, were of	overlapping service areas, unne	cessary competition and/or duplication of this service identified?
🗖 yes 🛛 X no		
If these conditions will continue unde levels of service (See O.C.G.A. 36 competition cannot be eliminated).	r the strategy, <b>attach an expla</b> 5-70-24(1)), overriding benefi	nation for continuing the arrangement (i.e., overlapping but higher ts of the duplication, or reasons that overlapping service areas or
If these conditions will be eliminated to eliminate them, the responsible par	under the strategy, attach an in rty and the agreed upon deadlin	mplementation schedule listing each step or action that will be taken be for completing it.
<ol><li>List each government or authority funds, user fees, general funds, speci</li></ol>	that will help to pay for this a service district revenues, ho	service and indicate how the service will be funded (e.g., enterprise tel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.
Local Government or Authority	Funding Met	hod:
Calhoun County genera	d fund	
4. How will the strategy change the	previous arrangements for prov	iding and/or funding this service within the county?
no change		
0		
5. List any formal service delivery as	greements or intergovernmenta	contracts that will be used to implement the strategy for this service:
Agreement Name:	Contracting Parties :	Effective and Ending Dates:
Agreement for Services	Hospital Authority	On-going
<ol><li>What other mechanisms (if any) w General Assembly, rate or fee change</li></ol>	ill be used to implement the stress, etc.) and when will they tal	rategy for this service, (e.g., ordinances, resolutions, local acts of the
7. Person completing form: <u>Mike Stu</u>	art, County Commissioner	
Phone Number: (912) 849-4835	Date compl	eted: April, 1999
8. Is this the person who should be c	ontacted by state agencies whe	n evaluating whether proposed local government projects are
consistent with the service delivery str If not, provide designated contact per	rategy? X yes 🗖 no son(s) and phone number(s) be	low:

		PAGE 2
Instructions:		
on page 1. Answer each question	complete one for each service listed on page on below, attaching additional pages as necessa Id be reported to the Department of Community	<b>1, Section III.</b> Use exactly the same service names listed ary. If the contact person for this service (listed at the bottom y Affairs.
County:Calho	un Service: Hos	pital/Nursing Home/Emergency Med.
1. Check the box that best des	cribes the agreed upon delivery arrangement for	or this service:
	ountywide (i.e., including all cities and uninco ernment, authority or organization providing th	rporated areas) by a single service provider. (If this box is e service.) Hospital Authority
	I only in the unincorporated portion of the co authority or organization providing the service	ounty by a single service provider. (If this box is checked,
		rated boundaries, and the service will not be provided in ), authority or organization providing the service.)
		ated boundaries, and the county will provide the service in ), authority or organization providing the service.)
Other. (If this box is check government, authority, or	cked, attach a legible map delineating the rother organization that will provide service w	service area of each service provider, and identify the ithin each service area.)
	were overlapping service areas, unnecessary co	ompetition and/or duplication of this service identified?
🗇 yes X no		
If these conditions will continue levels of service (See O.C.G. competition cannot be eliminated	A. 36-70-24(1)), overriding benefits of the	r continuing the arrangement (i.e., overlapping but higher duplication, or reasons that overlapping service areas or
to eliminate them, the responsil	ble party and the agreed upon deadline for com	
<ol><li>List each government or aut funds, user fees, general funds.</li></ol>	hority that will help to pay for this service and special service district revenues, hotel/motel	nd indicate how the service will be funded (e.g., enterprise taxes, franchise taxes, impact fees, bonded indebtedness, etc.
Local Government or Authority		anes, materise ares, impact rees, bonded indebtedness, etc.
Hospital Authority	bonded indebtedness general fund	
Camban County g		
4. How will the strategy chang	the previous arrangements for providing and	funding this service within the county?
No change		
5 Lint and formal comise deli		
		that will be used to implement the strategy for this service:
Agreement Name: Indigent Care Contract	Contracting Parties : Calhoun County & Hospital Authority	Effective and Ending Dates: On-going
6. What other mechanisms (if a	any) will be used to implement the strategy for	this service, (e.g., ordinances, resolutions, local acts of the
General Assembly, rate of fee	changes, etc.) and when will they take effect?	
		*
7 D		
	ke Stuart, County Commissioner	
Phone Number:(912) 849-48		
consistent with the service deliv	d be contacted by state agencies when evaluativery strategy? X yes $\Box$ not not person(s) and phone number(s) below:	ng whether proposed local government projects are
	er person(s) and phone number(s) below.	

# SERVICE DELIVERY STRATEGY

SUMM	ARY OF SERVICE	DELIVERY ARRANGEMENTS PAGE 2
on page 1 Answer each quest	d complete one for each service li ion below, attaching additional pa uld be reported to the Department	isted on page 1, Section III. Use exactly the same service names listed ages as necessary. If the contact person for this service (listed at the bottom of Community Affairs.
County: <u>Calhe</u>	oun	Service: Fire Protection
1. Check the box that best de	scribes the agreed upon delivery a	arrangement for this service:
	countywide (i.e., including all citic vernment, authority or organizatio	es and unincorporated areas) by a single service provider. (If this box is on providing the service.)
	ed only in the unincorporated por , authority or organization providi	rtion of the county by a single service provider. (If this box is checked, ng the service.)
unincorporated areas. (It	provide this service only within f this box is checked, identify the es of Edison, Arlington, Leary and	their incorporated boundaries, and the service will not be provided in government(s), authority or organization providing the service.) Morgan
		their incorporated boundaries, and the county will provide the service in government(s), authority or organization providing the service.)
Other. (If this box is cho government, authority, c	ecked, attach a legible map del or other organization that will pro	lineating the service area of each service provider, and identify the vide service within each service area.)
	, were overlapping service areas,	unnecessary competition and/or duplication of this service identified?
🖸 yes X no		
If these conditions will continu levels of service (See O.C.C competition cannot be eliminated and the competition cann	G.A. 36-70-24(1)), overriding be	xplanation for continuing the arrangement (i.e., overlapping but higher enefits of the duplication, or reasons that overlapping service areas or
If these conditions will be elin to eliminate them, the respons	ninated under the strategy, attach sible party and the agreed upon dea	an implementation schedule listing each step or action that will be taken adline for completing it.
3. List each government or au funds, user fees, general fund	thority that will help to pay for s, special service district revenues	this service and indicate how the service will be funded (e.g., enterprise s, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.
Local Government or Authorit	ty Funding general fund-donations	Method:
City of Edison	general fund-donations	
City of Arlington City of Morgan	general fund-donations general fund-donations	
City of Leary	general fund-donations	
4. How will the strategy chan no change	ge the previous arrangements for	providing and/or funding this service within the county?
5. List any formal service del	ivery agreements or intergovernm	tental contracts that will be used to implement the strategy for this service:
Agreement Name:	Contracting Parties	s : Effective and Ending Dates:
<ol> <li>6. What other mechanisms (if</li> </ol>	any) will be used to implement th	he strategy for this service, (e.g., ordinances, resolutions, local acts of the
General Assembly, rate or fee	e changes, etc.) and when will the	y take effect?
None		
7. Person completing form: M	like Stuart, County Commissioner	
Phone Number:		ompleted: April, 1999
		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:
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>Calhoun</u> Service: <u>Head Start</u>
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.)
Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.) Arlington
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, <b>attach an explanation for continuing the arrangement</b> (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: Calhoun 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:
<ul> <li>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?</li> </ul>
None
7. Person completing form: <u>Mike Stuart, County Commissioner</u>
Phone Number:         (912)         849-4835         Date completed:         April, 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:			
on page 1 Answer each ques	d complete one for each service listed stion below, attaching additional pages a build be reported to the Department of C	as necessary. If th	on III. Use exactly the same service names listed the contact person for this service (listed at the bottom s.
County: <u>Calh</u>	oun	Service:	Indigent Defense
1. Check the box that best do	escribes the agreed upon delivery arran	gement for this so	ervice:
	ed countywide (i.e., including all cities a overnment, authority or organization pr		d areas) by a single service provider. (If this box is ce.)
	led only in the unincorporated portion t, authority or organization providing th		a single service provider. (If this box is checked,
			oundaries, and the service will not be provided in rity or organization providing the service.)
One or more cities will unincorporated areas. (I	I provide this service only within their If this box is checked, identify the gove	r incorporated bo ernment(s), author	undaries, and the county will provide the service in rity or organization providing the service.)
Other. (If this box is ch government, authority,	necked, attach a legible map delinea or other organization that will provide	ting the service service within eac	area of each service provider, and identify the ch service area.)
2. In developing the strategy	/, were overlapping service areas, unne	cessary competition	on and/or duplication of this service identified?
🗇 yes 🛛 X no			
If these conditions will contin levels of service (See O.C. competition cannot be elimin	G.A. 36-70-24(1)), overriding benefit	nation for contin ts of the duplica	uing the arrangement (i.e., overlapping but higher tion, or reasons that overlapping service areas or
to eliminate them, the response	sible party and the agreed upon deadlin	te for completing i	
<ol> <li>List each government or a funds, user fees, general function</li> </ol>	uthority that will help to pay for this a ds, special service district revenues, ho	service and indicated tel/motel taxes, fr	ate how the service will be funded (e.g., enterprise anchise taxes, impact fees, bonded indebtedness, etc.
Local Government or Authori	ity Funding Meth		
Calhoun County	general fund		
<ol><li>How will the strategy char</li></ol>	nge the previous arrangements for prov	iding and/or fundi	ing this service within the county?
no change			
	livery agreements or intergovernmental	contracts that wi	Il be used to implement the strategy for this service:
Agreement Name:	Contracting Parties :		Effective and Ending Dates:
6. What other mechanisms (if General Assembly, rate or fee	f any) will be used to implement the str e changes, etc.) and when will they tak	rategy for this service effect?	vice, (e.g., ordinances, resolutions, local acts of the
None			
	Mike Stuart, County Commissioner		
Phone Number:(912) 849-4			1, 1999
consistent with the service del	uld be contacted by state agencies when livery strategy? X yes $\Box$ no ntact person(s) and phone number(s) be		her proposed local government projects are

PAGE 2
Instructions:
Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.
County: <u>Calhoun</u> Service: Jail
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.) Calhoun 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.)
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.)
<ul> <li>2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?</li> <li>yes X no</li> </ul>
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, <b>attach an implementation schedule</b> 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:       Calhoun County     general fund
<ol> <li>How will the strategy change the previous arrangements for providing and/or funding this service within the county?</li> </ol>
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?
None
7. Person completing form: Mike Stuart, County Commissioner
Phone Number:912) 849-4835 Date completed: April, 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:

JUN-14-1999 16:50

SWGA RDC

912 522 3558 P.04/05

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SERVICE DELIVERY ST SUMMARY OF SERVICE DELIVERY	ARRANGEMENTS	SPA
Instructions:	PAGE	2
Make copies of this form and complete one for each service listed on page 1, Section on page 1. Answer each question below, attaching additional pages as necessary. If the of the page) changes, this should be reported to the Department of Community Affairs.		ed m
County: <u>Calhoun</u> Service: L:	aw Enforcement	
. Check the box that best describes the agreed upon delivery arrangement for this ser	vice:	
Service will be provided countywide (i.e., including all cities and unincorporated a checked, identify the government, authority or organization providing the service	areas) by a single service provider. (If this box .)	is
Service will be provided only in the unincorporated portion of the county by a identify the government, authority or organization providing the service.)	a single service provider. (If this box is checke	d,
One or more cities will provide this service only within their incorporated bou unincorporated areas. (If this box is checked, identify the government(s), authority	ndaries, and the service will not be provided y or organization providing the service.)	in
One or more cities will provide this service only within their incorporated bour unincorporated areas. (If this box is checked, identify the government(s), authority	idaries, and the county will provide the service y or organization providing the service.)	in
X Other. (If this box is checked, attach a legible map delineating the service a government, authority, or other organization that will provide service within each The County's Sheriff Department provides law enforcer listed cities provide this service only within their city limit	service area.)	e
In developing the strategy, were overlapping service areas, unnecessary competition	and/or duplication of this service identified?	
Jyes X no		
these conditions will continue under the strategy, attach an explanation for continui vels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication cannot be eliminated).	ng the urrangement (i.e., overlapping but high on, or thasons that overlapping service areas of	er or
these conditions will be eliminated under the strategy, attach an implementation sch eliminate them, the responsible party and the agreed upon deadline for completing it.		
List each government or authority that will help to pay for this service and indicate ands, user fees, general funds, special service district revenues, hotel/motel taxes, fran	e how the service will be funded (e.g., enterpris chise takes, impact fees, bonded indebtedness, etc	se c,
Calhoun County general fund Funding Method:		
City of Leary general fund		
City of Edison general fund City of Arlington general fund		
How will the strategy change the previous arrangements for providing and/or funding	g this service within the county?	
No change		
. List any formal service delivery agreements or intergovernmental contracts that will	he word to be the set	
Agreement Name: Contracting Parties :		
Contracting ratios ;	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?

Nama

. What other mechanisms (if any) will be foneral Assembly, rate or fcc changes, etc.) a	to implement the strategy found when will they take effect	r this service, (e.g. o ?.	rdinan resolutions, local acts of the
None			
Person completing form: _Mike Stuart, Cou	inty Commissioner		
hone Number: (912) 849-4835	Date completed:	April, 1999	
Is this the person who should be contacted onsistent with the service delivery strategy?	by state agencies when evaluat X yes D no ad phone number(s) below:	ting whether propose	ed local government projects are

	0		0
	SERV	ICE DELIVERY STR	ATEGY
S	UMMARY OF	F SERVICE DELIVERY A	
ructions:		and an experimental state of the Distance of the second state of the	PAGE 2
age I. Answer ea	ach question below, atta	e for each service listed on page 1, Section 1 aching additional pages as necessary. If the c I to the Department of Community Affairs.	III. Use exactly the sume service names listed on the bottom person for this service (listed at the bottom
unty:	Calhoun	Service:_Libi	rary
Check the box the	at best describes the agr	ocd upon delivery arrangement for this servi	ce:
Service will be checked, identif	e provided countywide ( fy the government, auth	(i.e., including all cities and unincorporated a nority or organization providing the service.)	areas) by a single service provider. (If this box i
Service will be identify the gov	e provided only in the vernment, authority or o	unincorporated portion of the county by a reganization providing the service.)	single service provider. (If this box is checked
One or more of unincorporated	cities will provide this areas. (If this box is ch	service only within their incorporated boun secked, identify the government(s), authority	daries, and the service will not be provided in or organization providing the service.)
One or more c unincorporated	itics will provide this starcas. (If this box is ch	ervice only within their incorporated bound necked, identify the government(s), authority	laries, and the county will provide the service is or organization providing the service.)
Other. (If this b government, au	or is checked, attach thority, or other organiz	a legible map delineating the service ar zation that will provide service within each s	rea of each service provider, and identify th service area.)
In developing the		ping service areas, unnecessary competition	und/or duplication of this service identified?
these conditions w	ill continue under the str	rategy, attach an explanation for continuin (1)), overriding benefits of the duplication	ng the arrangement (i.e., overlapping but higher n, or reasons that overlapping service areas o
these conditions w eliminate thom, th	ill be eliminated under the responsible party and	the strategy, attach an implementation sche the agreed upon deadline for completing it.	dule listing each step or action that will be take
	erat rands, special servi	tee district revenues, noter moter taxes, france	how the service will be funded (c.g., enterpris chise taxes, impact fees, bonded indebtedness, etc
Calhoun County	general fund	Funding Method:	
		ai.	· · · · · · · · · · · · · · · · · · ·
How will the stra	tegy change the previou	is arrangements for providing and/or funding	this service within the county?
o change			
e ennege			
	1		
	-		
List any formal s	ervice delivery agreeme	ents or intergovernmental contracts that will b	be used to implement the strategy for this service:
Agreement Name		Contracting Parties ;	Effective and Ending Dates:
What other mach	anieme (if and a litt		
eneral Assembly, r	ate or fee changes, etc.	) and when will they take effect?	e. (e.g., ordinances, resolutions, local acts of the
one	1		

Jeneral Assembly, rate or lee changes, etc.)	and when will they take effect?	uns service, (e.g., orania	-
None			
Person completing form: Mike Stuart, Con	unty Commissioner		
Phone Number: (912) 849-4835	Date completed:	April 1999	

		PAGE 2
Instructions:		
on page 1. Answer each quest	d complete one for each service li- tion below, attaching additional pag- uld be reported to the Department of	sted on page 1, Section III. Use exactly the same service names listed ges as necessary. If the contact person for this service (listed at the bottom of Community Affairs.
County:Calho	oun	Service: Parks & Recreation
1. Check the box that best de	escribes the agreed upon delivery a	rrangement for this service:
	d countywide (i.e., including all citi vernment, authority or organization	ies and unincorporated areas) by a single service provider. (If this box is n providing the service.)
Service will be provide identify the government,	ed only in the unincorporated port, authority or organization providin	tion of the county by a single service provider. (If this box is checked, ig the service.)
		their incorporated boundaries, and the service will not be provided in government(s), authority or organization providing the service.)
X One or more cities will unincorporated areas. (If	provide this service only within t f this box is checked, identify the	their incorporated boundaries, and the county will provide the service in government(s), authority or organization providing the service.)
Other. (If this box is cho government, authority, o	scked, attach a legible map deli or other organization that will prov	neating the service area of each service provider, and identify the ide service within each service area.)
2. In developing the strategy,	, were overlapping service areas, u	nnecessary competition and/or duplication of this service identified?
🗇 yes X no		
If these conditions will continu levels of service (See O.C.C competition cannot be elimina	G.A. 36-70-24(1)), overriding bei	planation for continuing the arrangement (i.e., overlapping but higher nefits of the duplication, or reasons that overlapping service areas or
If these conditions will be elin to eliminate them, the respons	ninated under the strategy, attach a sible party and the agreed upon dea	an implementation schedule listing each step or action that will be taken dline for completing it.
3. List each government or au funds, user fees, general funds	thority that will help to pay for the s, special service district revenues.	his service and indicate how the service will be funded (e.g., enterprise hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.
Local Government or Authorit	, ,	Method:
	general fund general fund	
	general fund general fund	
		providing and/or funding this service within the county?
no change		
5. List any formal service del	ivery agreements or intergovernme	ental contracts that will be used to implement the strategy for this service:
Agreement Name:	Contracting Parties	
6. What other mechanisms (if General Assembly, rate or fee	any) will be used to implement the changes, etc.) and when will they	e strategy for this service, (e.g., ordinances, resolutions, local acts of the y take effect?
None		
7. Person completing form: _N	Mike Stuart, County Commissioner	
Phone Number:(912) 849-4	-835 Date co	mpleted: April, 1999
consistent with the service deli	ald be contacted by state agencies v ivery strategy? X yes $\Box$ no tact person(s) and phone number(s	when evaluating whether proposed local government projects are ) below:

SUMMARY OF SERVICE DELIVERT ARRANGEMENTS PA	GE 2
Instructions:	nes listed
Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service nan on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the of the page) changes, this should be reported to the Department of Community Affairs.	ie bottom
County: <u>Calhoun</u> Service: <u>Planning &amp; Zoning</u>	
1. Check the box that best describes the agreed upon delivery arrangement for this service:	
Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If the checked, identify the government, authority or organization providing the service.)	his box is
Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is identify the government, authority or organization providing the service.)	checked,
X One or more cities will provide this service only within their incorporated boundaries, and the service will not be pro- unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.) City of Edison, Arlington, Leary, and Morgan	ovided in
One or more cities will provide this service only within their incorporated boundaries, and the county will provide the sunincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)	service in
Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and ide government, authority, or other organization that will provide service within each service area.)	entify the
2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identifi	ed?
🗇 yes X no	
If these conditions will continue under the strategy, <b>attach an explanation for continuing the arrangement</b> (i.e., overlapping the levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service competition cannot be eliminated).	
If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will to eliminate them, the responsible party and the agreed upon deadline for completing it.	be taken
3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebted	enterprise Iness, etc.
Local Government or Authority Funding Method:	
Calhoun County         general fund           City of Edison         general fund	
City of Arlington         general fund           City of Leary         general fund	
City of Morgan 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 General Assembly, rate or fee changes, etc.) and when will they take effect?	of the
None	
7. Person completing form: <u>Mike Stuart, County Commissioner</u>	
Phone Number: (912) 849-4835 Date completed: April, 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:	
Make copies of this form and complete one for each service listo on page 1. Answer each question below, attaching additional page of the page) changes, this should be reported to the Department of	ed on page 1, Section III. Use exactly the same service names listed s as necessary. If the contact person for this service (listed at the bottom Community Affairs.
County: <u>Calhoun</u>	Service: Public Health Services
1. Check the box that best describes the agreed upon delivery arra	ingement for this service:
X Service will be provided countywide (i.e., including all citie checked, identify the government, authority or organization p State of Georgia	s and unincorporated areas) by a single service provider. (If this box is providing the service.)
Service will be provided only in the unincorporated portio identify the government, authority or organization providing	n of the county by a single service provider. (If this box is checked, the service.)
	ir incorporated boundaries, and the service will not be provided in vernment(s), authority or organization providing the service.)
	ir incorporated boundaries, and the county will provide the service in vernment(s), authority or organization providing the service.)
Other. (If this box is checked, attach a legible map deline government, authority, or other organization that will provid	eating the service area of each service provider, and identify the e service within each service area.)
	necessary competition and/or duplication of this service identified?
	anation for continuing the arrangement (i.e., overlapping but higher
levels of service (See O.C.G.A. 36-70-24(1)), overriding bene competition cannot be eliminated).	fits of the duplication, or reasons that overlapping service areas or
If these conditions will be eliminated under the strategy, attach an to eliminate them, the responsible party and the agreed upon deadl	implementation schedule listing each step or action that will be taken ine for completing it.
3. List each government or authority that will help to pay for this funds, user fees, general funds, special service district revenues, h	s service and indicate how the service will be funded (e.g., enterprise otel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.
Local Government or Authority Funding Me Calhoun County general fund	thod:
E	
4. How will the strategy change the previous arrangements for pro	viding and/or funding this service within the county?
no change	
5. List any formal service delivery agreements or intergovernment	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 any) will be used to implement the s General Assembly, rate or fee changes, etc.) and when will they t	strategy for this service, (e.g., ordinances, resolutions, local acts of the ake effect?
None	
7. Person completing form: Mike Stuart, County Commissioner	
	pleted:April, 1999a
8. Is this the person who should be contacted by state agencies who consistent with the service delivery strategy? X yes $\Box$ no If not, provide designated contact person(s) and phone number(s) to	

		PAGE 2
Instructions:		
on page 1 Answer each que	and complete one for each service list estion below, attaching additional pag hould be reported to the Department of	ted on page 1, Section III. Use exactly the same service names listed es as necessary. If the contact person for this service (listed at the bottom f Community Affairs.
County: <u>Cal</u>	houn	Service: Public Works
1. Check the box that best	describes the agreed upon delivery ar	rangement for this service:
Service will be provide checked, identify the	d countywide (i.e., including all cities government, authority or organization	and unincorporated areas) by a single service provider. (If this box is providing the service.)
Service will be provi identify the governme	ided only in the unincorporated porti nt, authority or organization providing	on of the county by a single service provider. (If this box is checked, g the service.)
One or more cities we unincorporated areas.	ill provide this service only within the (If this box is checked, identify the g	heir incorporated boundaries, and the service will not be provided in overnment(s), authority or organization providing the service.)
unincorporated areas.	ill provide this service only within th (If this box is checked, identify the g enty, Arlington, Edison, Le	eir incorporated boundaries, and the county will provide the service in overnment(s), authority or organization providing the service.) eary and Morgan
	checked, attach a legible map delin , or other organization that will provi	neating the service area of each service provider, and identify the de service within each service area.)
	gy, were overlapping service areas, u	nnecessary competition and/or duplication of this service identified?
🛛 yes X no		
	C.G.A. 36-70-24(1)), overriding ben	danation for continuing the arrangement (i.e., overlapping but higher efits of the duplication, or reasons that overlapping service areas or
If these conditions will be e to eliminate them, the respo	liminated under the strategy, attach a noisble party and the agreed upon dead	n implementation schedule listing each step or action that will be taken illine for completing it.
<ol> <li>List each government or funds, user fees, general fur</li> </ol>	authority that will help to pay for the nds, special service district revenues,	is service and indicate how the service will be funded (e.g., enterprise hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.
Local Government or Author	0	fethod:
City of Edison City of Arlington	general fund general fund	
City of Leary	general fund	
City of Morgan Calhoun County	general fund general fund	
4. How will the strategy ch No change	ange the previous arrangements for p	roviding and/or funding this service within the county?
		ntal contracts that will be used to implement the strategy for this service:
Agreement Name:	Contracting Parties	Effective and Ending Dates:
	(C ) 111 1 1 1 1 1	
General Assembly, rate or t	(if any) will be used to implement the fee changes, etc.) and when will they	strategy for this service, (e.g., ordinances, resolutions, local acts of the take effect?
None		
7. Person completing form:	Mike Stuart, County Commissioner	
Phone Number:(912) 849		npleted: April, 1999
8. Is this the person who sh	nould be contacted by state agencies v	hen evaluating whether proposed local government projects are
consistent with the service d	lelivery strategy? X yes no ontact person(s) and phone number(s)	

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		500
	SERVICE DELIVERY STR	ATEGY
	SUMMARY OF SERVICE DELIVERY A	
nstructions:		PAGE 2
	s form and complete one for each service listed on page 1, Section 1 cach question below, attaching additional pages as necessary. If the co es, this should be reported to the Department of Community Affairs.	11. Use exactly the same service names listed ontact person for this service (listed at the bottom
County:	Calhoun Service: Road/Brid	ge Construction & Maintenance
. Check the box t	hat best describes the agreed upon delivery arrangement for this servic	be:
Service will be checked, iden	e provided countywide (i.e., including all cities and unincorporated are tify the government, authority or organization providing the service.)	eas) by a single service provider. (If this box is
Service will identify the go	be provided only in the unincorporated portion of the county by a since providing the service.)	ingle service provider. (If this box is checked,
One or more unincorporate	cities will provide this service only within their incorporated bounds d areas. (If this box is checked, identify the government(s), authority of	aries, and the service will not be provided in or organization providing the service.)
X One or more unincorporated	cities will provide this service only within their incorporated bounda d areas. (If this box is checked, identify the government(s), authority o	aries, and the county will provide the service in or organization providing the service.)
<b>J</b> Other. (If this	box is checked, attach a legible map delineating the service are unthority, or other organization that will provide service within each se	
. In developing th	e strategy, were overlapping service areas, unnecessary competition ar	nd/or duplication of this scrvice identified?
	, po	
these conditions verses of service (something cannot competition cannot	vill continue under the strategy, attach an explanation for continuing See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, be eliminated).	the arrangement (i.e., overlapping but higher or reasons that overlapping service areas or
f these conditions v eliminate them, the	will be eliminated under the strategy, attach an implementation schedu he responsible party and the agreed upon deadline for completing it.	ule listing each step or action that will be taken
. List each govern unds, user fees, gei	ment or authority that will help to pay for this service and indicate h neral funds, special service district revenues, hotel/motel taxes, franchi	now the service will be funded (e.g., enterprise ise takes, impact fees, bonded indebtedness, etc.
ocal Government o	r Authority Funding Method;	
City of Arlingto	y general fund a general fund	
City of Leary City Morgan	general fund	
City of Edison	general fund	
How will the stra	ajegy change the previous arrangements for providing and/or funding th	his se vice within the county?
io change		
. List any formal s	ervice delivery agreements or intergovernmental contracts that will be	
Agreement Nam		
	Conducting raines :	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?

None	3				
			N St.	N 1	
. Person completin	ng form: <u>Mike Stuart, Co</u>	ounty Commissioner			
hone Number:(	912) 849-4835	Date compl	eted: Apri	1, 1999	

				PAGE 2
Instruction				
on page 1	ies of this form and complete one for Answer each question below, attaching changes, this should be reported to the	g additional pages as nece	essary. If the cont	I. Use exactly the same service names listed tact person for this service (listed at the bottom
County	:Calhoun	Service:	Recycling	(paper)
1. Check	the box that best describes the agreed u	upon delivery arrangement	t for this service:	
Servi checl	ce will be provided countywide (i.e., in ked, identify the government, authority	cluding all cities and unin or organization providing	corporated areas the service.)	s) by a single service provider. (If this box is
	rice will be provided only in the uninci ify the government, authority or organi			ngle service provider. (If this box is checked,
	or more cities will provide this servic corporated areas. (If this box is checked			rries, and the service will not be provided in rorganization providing the service.)
	or more cities will provide this servic corporated areas. (If this box is checked			ries, and the county will provide the service in r organization providing the service.)
Other gove	. (If this box is checked, <b>attach a leg</b> rnment, authority, or other organization	gible map delineating th n that will provide service	e service area within each ser	<b>of each service provider,</b> and identify the vice area.)
2. In deve	loping the strategy, were overlapping	service areas, unnecessary	competition and	d/or duplication of this service identified?
🗖 yes	X no			
levels of s	nditions will continue under the strategy service (See O.C.G.A. 36-70-24(1)), on cannot be eliminated).	y, attach an explanation overriding benefits of t	for continuing t he duplication,	the arrangement (i.e., overlapping but higher or reasons that overlapping service areas or
If these control to eliminat	nditions will be eliminated under the str te them, the responsible party and the a	rategy, attach an implemored upon deadline for co	entation schedu ompleting it.	le listing each step or action that will be taken
3. List each funds, user	h government or authority that will he r fees, general funds, special service d	lp to pay for this service istrict revenues, hotel/mot	and indicate ho el taxes, franchis	ow the service will be funded (e.g., enterprise se taxes, impact fees, bonded indebtedness, etc.
Local Gov	ernment or Authority	Funding Method:		
City of	f Morgan general fund			
4. How w	ill the strategy change the previous arra	angements for providing a	ad/or funding th	in any initial the country?
		ingements for providing	10/or funding the	is service within the county?
no cha	inge			
5 List any	formal service delivery agreements o	interrovernmental contra	that will be t	used to implement the strategy for this service:
		r intergovernmental contra ntracting Parties :	cts that will be u	
		tracting ratios .		Effective and Ending Dates:
6. What of	her mechanisms (if any) will be used t	o implement the strategy t	For this service. (	e.g., ordinances, resolutions, local acts of the
General As	ssembly, rate or fee changes, etc.) and	when will they take effect	at?	e.g., ordinances, resolutions, local acts of the
None				
7. Person c	completing form: Mike Stuart, County (	Commissioner		
	nber: <u>(912) 849-4835</u>	Date completed:	April, 1999	0
8. Is this the consistent v	he person who should be contacted by	state agencies when evalue		

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>Calhoun</u> Service: <u>Senior Center</u>
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.)
Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)
<ul> <li>In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?</li> <li>yes X no</li> </ul>
If these conditions will continue under the strategy, <b>attach an explanation for continuing the arrangement</b> (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, <b>attach an implementation schedule</b> 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:
Calhoun 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?
None
7. Person completing form: <u>Mike Stuart, County Commissioner</u>
Phone Number: (912) 849-4835 Date completed: April, 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 no If not, provide designated contact person(s) and phone number(s) below:
, provide designated contact person(a) and phone number(s) below.

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>Calhoun</u> Service: <u>Sewage Collection/Disposal</u>							
1. Check the box that best describes the agreed upon delivery arrangement for this service:							
Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this be checked, identify the government, authority or organization providing the service.)	ox is						
Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is cheridentify the government, authority or organization providing the service.)	ked,						
X One or more cities will provide this service only within their incorporated boundaries, and the service will not be provid unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)	d in						
One or more cities will provide this service only within their incorporated boundaries, and the county will provide the servi unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)	ce in						
Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identif government, authority, or other organization that will provide service within each service area.)	the						
<ul> <li>2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?</li> <li>yes X no</li> </ul>							
If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but h levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service are competition cannot be eliminated).	is or						
If these conditions will be eliminated under the strategy, <b>attach an implementation schedule</b> listing each step or action that will be to eliminate them, the responsible party and the agreed upon deadline for completing it.	aken						
3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enter funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness	prise etc.						
Local Government or Authority Funding Method:							
City of Arlington         enterprise funds           City of Morgan         enterprise funds	1						
City of Leary enterprise funds City of Edison enterprise 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.	ice:						
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this serv Agreement Name: Contracting Parties : Effective and Ending Dates:	ice:						
	ice:						
	ice:						
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 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?							
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 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?							
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?							
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?							
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?							
Agreement Name:       Contracting Parties :       Effective and Ending Dates:         Image: Contracting Parties :       Image: Contracting Parties :       Image: Contracting Parties :         Image: Contracting Parties :       Image: Contracting Parties :       Image: Contracting Parties :         Image: Contracting Parties :       Image: Contracting Parties :       Image: Contracting Parties :         Image: Contracting Parties :       Image: Contracting Parties :       Image: Contracting Parties :         Image: Contracting Parties :       Image: Contracting Parties :       Image: Contracting Parties :         Image: Contracting Parties :       Image: Contracting Parties :       Image: Contracting Parties :         Image: Contracting Parties :       Image: Contracting Parties :       Image: Contracting Parties :         Image: Contracting Parties :       Image: Contracting Parties :       Image: Contracting Parties :         Image: Contracting Parties :       Image: Contracting Parties :       Image: Contracting Parties :         Image: Contracting Parties :       Image: Contracting Parties :       Image: Contracting Parties :         Contracting Parties :       Image: Contracting Parties :       Image: Contracting Parties :         Contracting Parties :       Image: Contracting Parties :       Image: Contracting Parties :         Contracting Parties :       Image: Contracting Parties :       Image:							
Agreement Name:       Contracting Parties :       Effective and Ending Dates:							

PAG	E 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 on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the of the page) changes, this should be reported to the Department of Community Affairs.	bottom
County: <u>Calhoun</u> Service: <u>Social Services</u>	
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 checked, identify the government, authority or organization providing the service.) State of Georgia	box is
Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is childentify the government, authority or organization providing the service.)	ecked,
One or more cities will provide this service only within their incorporated boundaries, and the service will not be provunincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)	ided in
One or more cities will provide this service only within their incorporated boundaries, and the county will provide the ser unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)	vice in
Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and ident government, authority, or other organization that will provide service within each service area.)	ify the
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 levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service ar competition cannot be eliminated).	higher eas or
If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be to eliminate them, the responsible party and the agreed upon deadline for completing it.	e taken
3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., ent funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedne	erprise ss, etc.
Local Government or Authority Funding Method:	
Calhoun County general fund	7
	_
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 se	rvice:
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 o General Assembly, rate or fee changes, etc.) and when will they take effect?	f the
None	
7. Person completing form: <u>Mike Stuart, County Commissioner</u>	
Phone Number: (912) 849-4835 Date completed: April, 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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					PAGE 2		
Instructions:							
on page 1. Answer each ques	nd complete one for each service listed stion below, attaching additional pages ould be reported to the Department of C	as necessary. If	f the cont	Use exa act person	ctly the same service names listed for this service (listed at the bottom		
County: <u>Calh</u>	oun	Service:	Solid	Waste	Management		
1. Check the box that best d	lescribes the agreed upon delivery arran	gement for this	s service:				
Service will be provided checked, identify the g	countywide (i.e., including all cities an overnment, authority or organization pr	nd unincorporat oviding the ser	ted areas vice.)	) by a sinį	gle service provider. (If this box is		
	led only in the unincorporated portion t, authority or organization providing th		by a sing	gle service	provider. (If this box is checked,		
	I provide this service only within their If this box is checked, identify the gove						
X One or more cities wil unincorporated areas. (	Il provide this service only within their If this box is checked, identify the gove	r incorporated ernment(s), auth	boundarie hority or	es, and the organizatio	county will provide the service in n 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 strateg	y, were overlapping service areas, unne	ecessary compet	tition and	/or duplica	tion of this service identified?		
🗖 yes X no							
If these conditions will contri- levels of service (See O.C. competition cannot be elimit	nue under the strategy, attach an explan. G.A. 36-70-24(1)), overriding benefinated).	nation for con ts of the dup!	tinuing the tication, c	he arrang or reasons	ement (i.e., overlapping but higher that overlapping service areas or		
	iminated under the strategy, attach an in sible party and the agreed upon deadlin			e listing ca	ch step or action that will be taken		
3. List each government or a funds, user fees, general fun	authority that will help to pay for this a ds, special service district revenues, ho	service and ind tel/motel taxes,	dicate ho franchis	w the serv e taxes, im	ice will be funded (e.g., enterprise pact fees, bonded indebtedness, etc.		
Local Government or Author		hod:					
City of Edison Calhoun County	general fund general fund						
City of Arlington City of Morgan	general fund-user fees general fund-user fees						
City of Leary	general fund-user fees						
4. How will the strategy cha	inge the previous arrangements for prov	iding and/or fu	nding thi	s service w	ithin the county?		
No change							
	elivery agreements or intergovernmenta	I contracts that	will be u				
Agreement Name:	Contracting Parties :	1		Effective	and Ending Dates:		
6. What other mechanisms ( General Assembly, rate or fo	if any) will be used to implement the st ee changes, etc.) and when will they ta	rategy for this s ke effect?	service, (e	e.g., ordina	nces, resolutions, local acts of the		
None							
7. Person completing form:	Mike Stuart, County Commissioner						
Phone Number: (912) 849-	-4835 Date comp	leted: <u>A</u>	pril, 1999	)			
8. Is this the person who she	ould be contacted by state agencies whe elivery strategy? X yes $\Box$ no	en evaluating w	hether pr	oposed loc	al government projects are		
If not, provide designated co	intact person(s) and phone number(s) be	elow:					

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>Calhoun</u> Service: <u>Water Supply/Distribution</u>
1. Check the box that best describes the agreed upon delivery arrangement for this service:
Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
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.)
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.)
<ul> <li>2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?</li> <li> yes X no </li> </ul>
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, <b>attach an implementation schedule</b> 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:
City of Edison         Enterprise Fund           City of Arlington         Enterprise Fund
City of Morgan Enterprise Fund
City of Leary Enterprise 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?
None
7. Person completing form: <u>Mike Stuart, County Commissioner</u>
Phone Number: (912) 849-4835 Date completed: April, 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:

#### 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: \_\_Calhoun\_

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

Calhoun County and the County's four (4) 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, Calhoun 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

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

and control and regulations, etc.)

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

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

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.

Calhoun County and the county's municipal governments have jointly adopted a land dispute resolutions 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?

Calhoun County and the County Municipal Governments have all adopted a joint resolution which established a formal process to insure that future extra territorial water and sewer service extensions are consistent with applicable land use plans of the impacted jurisdiction(s).

5. Person completing form: <u>Richard West, Chairman</u>

Phone number: (912) 849-4835 Date completed: April, 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  $\Box$  no

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

#### SERVICE DELIVERY STRATEGY CERTIFICATIONS

PAGE 4

#### Instructions:

This page must, at a minimum, be signed by an authorized representative of the following governments: 1) the county; 2) the city serving as the county seat; 3) all cities having 1990 populations of over 9,000 residing within the county; and 4) no less than 50% of all other cities with a 1990 population of between 500 and 9,000 residing within the county. Cities with 1990 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>Calhoun</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:
Ruhinhow	Richard West	Chairman	Calhoun County	5/17/99
Reques Spre	Reeves Lane	Mayor	Edison	5/18/99
Maruin King	Marvin King	Mayor	Arlington	5/18/99
Vinn Inthe	Dennis Lockette, Jr.	Mayor	Leary	5/18/99
Fred go Olive	Fred Oliver	Mayor	Morgan	5/18/99
			100	
			-	

#### A Resolution Entitled a Resolution Establishing a Process to Insure Compatibility with Applicable Land Use Plans and Ordinances Pursuant to the Provision of New Extra Territorial Water and Sewer Services

WHEREAS, the Calhoun County Board of Commissioners and the Mayor and Councils of its political jurisdictions 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 are consistent with applicable land uses plans and ordinances of adjoining local governments, and

WHEREAS, the Calhoun County Board of Commissioners and the governing bodies of the County's municipal jurisdictions have jointly developed a cooperative plan to insure consistency with applicable land use plans/ordinances,

BE IT THEREFORE RESOLVED by the Calhoun County Board of Commissioners of Calhoun County, Georgia and the governing bodies of the cities of Arlington, Edison, Leary and Morgan, 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 recipient jurisdiction shall be implemented:

- 1. Prior to initiating the extension of water and/or sewer services in extraterritorial boundaries, the government proposing the new service will notify the recipient jurisdiction 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 government receiving the notice of water/sewer extension will forward to the government proposing the extension a statement either: (a) indicating that the proposal is compatible with that community's land use plan and applicable ordinances; or (b) a description of why the proposal is inconsistent with the land use plan or ordinances providing supporting evidence. If the government proposing the service extension does not receive a response in writing within the deadline, the proposal shall be considered to be consistent with the community's land use plan or land use and other applicable ordinances.
- 3. If the community desiring to extend the water or sewer services receives a notification that the proposal is incompatible with the recipient community's land use plan, the jurisdiction 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 other applicable ordinance inconsistencies are resolved pursuant to the dispute resolution process.
- 6. However, the final decision pursuant to the service extension 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:

ATTEST:

Arlington C

Calhoun County Board of Commissioners By Chairman Date

Mayor and Council, Arlington, Georgia

19/99

Mayor and Council, Edison, Georgia

Màvor

Mayor and Council, Leary, Georgia

Mayor and Council, Morgan, Georgia

By

ATTEST:

Edison

ATTEST:

ATTEST

#### A Resolution Entitled a Resolution Formally Adopting the Calhoun County Service Delivery Strategy as Required by State Law

BE IT RESOLVED, by the Calhoun County Board of Commissioners, the Mayors and City Councils of the cities of Arlington, Edison, Leary and Morgan and it is hereby resolved by authority of same:

Whereas, State law requires the County its municipal jurisdictions to develop and adopt a Service Delivery Strategy for Calhoun County and its respective governments, and

Whereas, the Calhoun County Board of Commissioners and the County's respective cities have complied with all procedures and requirements pursuant to the Service Delivery Strategy Act requirements,

BE IT THEREFORE RESOLVED by the Calhoun County Board of Commissioners and the governing bodies of the cities of Arlington, Edison, Leary and Morgan, AND IT IS HEREBY **RESOLVED** by the Authority of same:

Section 1. Effective immediately upon the adoption of this Resolution by each of the respective jurisdictions, the Calhoun County Service Delivery Strategy as developed shall be implemented as present and future service delivery policy for the County and its municipalities.

Section 2. All other resolutions, or ordinances in conflict herewith are hereby repealed.

ATTEST:

Calhoun County Board of Commissioners Daté

Chairman

ATTEST:

Arlington

B

Mayor and Council, Arlington, Georgia

Mayor and Council, Edison, Georgia

Mayor and Council, Leary Georgia

-30-99 Date

Mayor and Council, Morgan, Georgia

3/ g. allever

ATTEST:

Edison

ATTEST:

ATTEST

Clerk Morgan City

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