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1	R	GI	EORGIA DEPARTMEN	r of Community Affairs	
E		SERVICE DELIVERY STRATEGY			
		FOR	Candler	COUNTY	PAGE 1
I.	GENERAL INSTRU	CTIONS:			
1.			nitted per county. The come party to the service delive	pleted forms should clearly present the corry strategy.	llective agreement
2.	List each local govern	nment and/or authorit	y that provides services inc	luded in the service delivery strategy in S	ection II below.
3.				e local government and authority within the set of this will facilitate description of the set	
4.	For each service or so (page 2).	ervice component list	ed in Section III, complete	a separate Summary of Service Delivery A	Arrangements form
5.	Complete one copy of	f the Summary of Lan	ad Use Agreements form (p	age 3).	
6.				entatives of participating local governmen rnments required by law (see Instructions,	
7.	Mail the completed for	orms along with any a	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.

Candler County, Metter, Pulaski, Metter-Candler County Airport Authority, Development Authority of Candler County, Downtown Development Authority of Metter, Housing Authority of the City of Metter, Candler County Industrial Authority, Development Authority of Metter-Candler County, Metter-Candler County Hospital Authority

### **III. SERVICES INCLUDED IN THE SERVICE DELIVERY STRATEGY:**

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

Aging Services, Agricultural Services, Airport, Ambulance Service, Animal Control, Code Enforcement, Communities in Schools, Courts, Cultural, D.A.R.E., Economic Development, Elections, E-911, Emergency Management, Equipment Maintenance/Repair Shop, Extension Service, Family Connections, Fire Protection, Hospital, Indigent Defense, Jail, Keep America Beautiful, Law Enforcement, Library, Mapping/GIS, Mental Health, Mosquito Control, Parking, Parks, Planning/Zoning, Probation Services, Public Health, Public Housing, Public Welfare, Records Management, Recreation, RDC, Road/Street Construction, Road/Street Maintenance, Sewer, Solid Waste Collection, Solid Waste Landfill, Stormwater Drainage, Tax Assessment, Tax Collection, Tourism, Voter Registration, Water

Instructions:

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

1		
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
General Assembly, rate or fee changes, None	used to implement the strategy for this service etc.), and when will they take effect?	(e.g., ordinances, resolutions, local acts of th
7. Percen completing form: George W	Bird, III, Chairman	
7. Person completing form: <u>George W.</u> Phone number: <u>912-685-2835</u>		
Phone number: 912-685-2835	Date completed: 8-18-99 ted by state agencies when evaluating whether p	
Phone number: <u>912-685-2835</u> 8. Is this the person who should be contact	Date completed: 8-18-99 ted by state agencies when evaluating whether p ttegy? 2 Yes I No	

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: Candler

Service: Agricultural Services

- 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.) Candler County Agricultural Stabilization & Conservation Service (Farm Services Administration, Natural Resource Conservation Service, Cooperative Extension)
  - 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.)
- 2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

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 Metbod:

Candler County	General Fund, ASCS, FSA, NRCS, Cooperative Extension Service		

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county? No Change is anticipated.

service:	ents or intergovernmental contracts that will be	used to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
None		
7. Person completing form: George W.	Bird, III, Chairman	
7. Person completing form: <u>George W.</u> Phone number: <u>912-685-2835</u>	Bird, III, Chairman Date completed: 8-18-99	
Phone number: 912-685-2835	Date completed: 8-18-99	
Phone number: 912-685-2835 8. Is this the person who should be contact	Date completed: 8-18-99 ted by state agencies when evaluating whether p ategy? Yes D No on(s) 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: Candler	Service: Aliport		
1. Check the box that best descr	ibes the agreed upon delivery arrangement for this service:		
Service will be provided co	ountywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is		
checked, identify the gover	rnment, 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			
identify the government, an	uthority or organization providing the service.)		
	ne or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in nincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)		
	vide this service only within their incorporated boundaries, and the county will provide the service in his box is checked, identify the government(s), authority or organization providing the service.)		
	ed, attach a legible map delineating the service area of each service provider, and identify the other organization that will provide service within each service area.)		
2. In developing the strategy, we	ere overlapping service areas, unnecessary competition and/or duplication of this service identified?		
Ves No			
higher levels of service (See O. competition cannot be eliminate			
	nated under the strategy, attach an implementation schedule listing each step or action that will be ponsible party and the agreed upon deadline for completing it.		
<ol> <li>List each government or auth funds, user fees, general fund indebtedness, etc.).</li> </ol>	ority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise ls, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded		
Local Government or Authority	Funding Method:		
Candler County	General Fund & State		
City of Metter	General Fund & State		
4. How will the strategy change	the previous arrangements for providing and/or funding this service within the county?		
The City of Metter and Can	dler County will fund this service through separate tax districts. To resolve tax equity accorporated area will be in a special tax district. Funding from this special tax district will be		

<ol> <li>List any formal service delivery agreeme service:</li> </ol>	nts or intergovernmental contracts that will be use	ed to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
None		
7. Person completing form: George W. E		
Phone number: 912-685-2835	Date completed: 8-18-99	
<ol> <li>Is this the person who should be contacted consistent with the service delivery strated</li> </ol>	ed by state agencies when evaluating whether propegy? <b>I</b> Yes <b>D</b> No	posed local government projects are
If not, provide designated contact person	(s) and phone number(s) below:	
or Billy Trapnell, Mayor, City of Mette	er - 912-685-2527	

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: Candler

Service: Ambulance Service

- 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.) Candler 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.)
- 2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

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:

Candler County	General Fund & Fees

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county? No change is anticipated.

<ol> <li>List any formal service delivery agreen service:</li> </ol>	nents or intergovernmental contracts that will be use	ed to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
None	Pird III. Chairman	
7. Person completing form: George W.		
Phone number: 912-685-2835	Date completed: 8-18-99	
<ol> <li>Is this the person who should be contac consistent with the service delivery structure.</li> </ol>	cted by state agencies when evaluating whether prop ategy? <b>I</b> Yes <b>D</b> No	oosed local government projects are
If not, provide designated contact perso	and the second se	
or Billy Trapnell, Mayor, City of Met		



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: Candler

Service: Animal Control

- 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.)
  - □ One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
  - One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
  - Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)
- 2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

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:

Candler County	General Fund	
City of Metter	General Fund & Fees	
Town of Pulaski	Contract with County	

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county? In order to address tax equity concerns, Candler County will reach an agreement with the City of Metter for the provision of this service countywide. The Town of Pulaski also plans to have an agreement through the county with Metter in exchange for any SPLOST/LOST funding Pulaski may wish to receive.

<ol><li>List any formal service delivery agreeme service:</li></ol>	nts or intergovernmental contracts that will be used	to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
None		
7. Person completing form: George W. E	Bird, III, Chairman	
Phone number: 912-685-2835	Date completed: 8-18-99	
8. Is this the person who should be contacted consistent with the service delivery strate	ed by state agencies when evaluating whether propeegy? <b>2</b> Yes <b>D</b> No	osed local government projects are
If not, provide designated contact person		
or Billy Trapnell, Mayor, City of Mette	er - 912-685-2527	

PAGE 2

### Instructions:

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Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed 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: Candler	Service: Code Enforcement
County: Ouridier	Service:

1.	Check the	box that	best describes	the agreed	upon delivery	arrangement for this service:
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- 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.) Candler County, City of Metter
- □ Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

Yes No Metter provides a higher level of service.

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:

Candler County	General Fund & Fees	
City of Metter	General Fund & Fees	

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county? There is no change anticipated at this time. However, there is the possibility of future coordination/consolidation of this service by extending the service provided in the unincorporated areas into the City of Metter and with adoption of building codes in the County.

<ol><li>List any formal service delivery agreem service:</li></ol>	nents or intergovernmental contracts that will be us	ed to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
General Assembly, rate or fee changes, None 7. Person completing form: <u>George W</u> .		
Phone number: 912-685-2835	Date completed: 8-18-99	
	cted by state agencies when evaluating whether pro	posed local government projects are
If not, provide designated contact perso	on(s) and phone number(s) below:	
or Billy Trapnell, Mayor, City of Met	ter - 912-685-2527	

#### 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: Candler Service: Communities In Schools

- 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.) Candler County Board of Education
  - 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.)
- 2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

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:

Candler County	General Fund
City of Metter	General Fund
Schools	General Fund

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county? To address tax equity concerns, Candler County and Metter will contribute only a small amount of funding. In the future, it is expected that the School Board will assume the full funding and provision of this service.

5. List any formal service de service:	livery agreements o	or intergovernmental contracts that will	be used to implement the strategy for this
Agreement Name:		Contracting Parties:	Effective and Ending Dates:
None		and when will they take effect?	¢
7. Person completing form:	George W. Bird,		
Phone number: 912-685	-2835	Date completed: 8-18-	99
8. Is this the person who sho consistent with the service			r proposed local government projects are
		nd phone number(s) below:	
or Billy Trapnell, Mayor,	City of Metter - 9	912-685-2527	

PAGE 2

### Instructions:

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Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed 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: Candler	Service: Courts
1. Check the box that best d	lescribes the agreed upon delivery arrangement for this service:
	ed countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is government, authority or organization providing the service.)
	ed only in the unincorporated portion of the county by a single service provider. (If this box is checked, nt, authority or organization providing the service.)
	I provide this service only within their incorporated boundaries, and the service will not be provided in (If this box is checked, identify the government(s), authority or organization providing the service.)
unincorporated areas. ( City of Metter (Municipal Cour Other. (If this box is ch	I provide this service only within their incorporated boundaries, and the county will provide the service in (If this box is checked, identify the government(s), authority or organization providing the service.) (If challer County (All others county wide) hecked, <b>attach a legible map delineating the service area of each service provider</b> , and identify the , or other organization that will provide service within each service area.)
	y, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
	tinue under the strategy, <b>attach an explanation for continuing the arrangement</b> (i.e., overlapping but e O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or inated).
	eliminated under the strategy, attach an implementation schedule listing each step or action that will be e responsible party and the agreed upon deadline for completing it.
	authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Author	ority: Funding Method:
Candler County	General Fund, Fines, Fees & State
City of Metter	General Fund, Fines, Fees & State
4. How will the strategy cha No change is anticipate	ange the previous arrangements for providing and/or funding this service within the county? ed.

<ol> <li>List any formal service delivery agreem service:</li> </ol>	ents or intergovernmental contracts that will be	used to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
General Assembly, rate or fee changes, None	etc.), and when will they take effect?	
7. Person completing form: George W.	Bird, III, Chairman	
Phone number: 912-685-2835	Date completed: 8-18-99	)
<ol> <li>Is this the person who should be contact consistent with the service delivery strate</li> </ol>	ed by state agencies when evaluating whether p tegy? 2 Yes D No	proposed local government projects are
If not, provide designated contact person or Billy Trapnell, Mayor, City of Mett		

### 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:	Candle	er
County.		

Service: Cultural

- 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.) Candler County Historical Society/City of Metter
  - □ 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.)
- 2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

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 henefits 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:

Candler County	General Fund		
City of Metter	General Fund		

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county? No change is anticipated.

<ol> <li>List any formal service delivery agreement service:</li> </ol>	nts or intergovernmental contracts that will be used	d to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
General Assembly, rate or fee changes, e None	tc.), and when will they take effect?	
7. Person completing form: George W. B	ird, III, Chairman	
Phone number: 912-685-2835	Date completed: 8-18-99	
<ol> <li>Is this the person who should be contacted consistent with the service delivery strated</li> </ol>	d by state agencies when evaluating whether property?	osed local government projects are
If not, provide designated contact person		
or Billy Trapnell, Mayor, City of Mette	r - 912-685-2527	

PAGE 2

### Instructions:

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Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed 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: Candler	Service: D.A.R.E.
1. Check the box that best describe	es the agreed upon delivery arrangement for this service:
	ntywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is nent, authority or organization providing the service.)
Service will be provided only	in the unincorporated portion of the county by a single service provider. (If this box is checked, nority or organization providing the service.)
	de this service only within their incorporated boundaries, and the service will not be provided in box is checked, identify the government(s), authority or organization providing the service.)
	de this service only within their incorporated boundaries, and the county will provide the service in box is checked, identify the government(s), authority or organization providing the service.)
	, attach a legible map delineating the service area of each service provider, and identify the er organization that will provide service within each service area.)
2. In developing the strategy, were 2. Yes 🗹 No	e overlapping service areas, unnecessary competition and/or duplication of this service identified?
	nder the strategy, <b>attach an explanation for continuing the arrangement</b> (i.e., overlapping but G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or .
	ted under the strategy, attach an implementation schedule listing each step or action that will be nsible party and the agreed upon deadline for completing it.
	ity that will help to pay for this service and indicate how the service will be funded (e.g., enterprise special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
Candler County	General Fund
<ol> <li>How will the strategy change th No change is anticipated.</li> </ol>	e previous arrangements for providing and/or funding this service within the county?

5. List any formal service deliver service:	y agreements or intergovernmental contracts that will be used to impl	ement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
None		
7. Person completing form: Ge		_
Phone number: 912-685-283	Date completed: 8-18-99	
8. Is this the person who should I consistent with the service del	be contacted by state agencies when evaluating whether proposed locativery strategy?	al government projects are
If not, provide designated cont	act person(s) and phone number(s) below:	
or Billy Trapnell, Mayor, Cit	y of Metter - 912-685-2527	

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: Candler	Service: E-911
1. Check the box that best describ	es the agreed upon delivery arrangement for this service:
	ntywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is ment, authority or organization providing the service.)
Service will be provided only	y in the unincorporated portion of the county by a single service provider. (If this box is checked, hority or organization providing the service.)
	de this service only within their incorporated boundaries, and the service will not be provided in s box is checked, identify the government(s), authority or organization providing the service.)
	de this service only within their incorporated boundaries, and the county will provide the service in s box is checked, identify the government(s), authority or organization providing the service.)
	I, attach a legible map delineating the service area of each service provider, and identify the her organization that will provide service within each service area.)
2. In developing the strategy, wer	e overlapping service areas, unnecessary competition and/or duplication of this service identified?
	inder the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or ).
	ated under the strategy, <b>attach an implementation schedule</b> listing each step or action that will be onsible party and the agreed upon deadline for completing it.
	ity that will help to pay for this service and indicate how the service will he funded (e.g., enterprise special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
Candler County	General Fund & Fees
City of Metter	General Fund & Fees
This service is in the process	the previous arrangements for providing and/or funding this service within the county? Is of being organized. The county will fund and operate the system. Any fees that is yet to be determined. Current plans are to have a formal agreement on provision and y 1, 2001.

<ol> <li>List any formal service deli service:</li> </ol>	very agreements or intergovernmental contracts that	will be used to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
		service (e.g., ordinances, resolutions, local acts of the
7. Person completing form:	George W. Bird, III, Chairman	
Phone number: 912-685-2		3-18-99
	Id be contacted by state agencies when evaluating we delivery strategy? 2 Yes I No	hether proposed local government projects are
If not, provide designated c	ontact person(s) and phone number(s) below: City of Metter - 912-685-2527	

#### Instructions:

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County: Candler	Service: Economic Development
County.	Scrvice.

- 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.)
  - 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.)
- Candler County Industrial Authority, Metter (Chamber of Commerce, Downtown Development Authority, Welcome Center), Metter-Candler Co. Industrial Authority
  Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the
  government, authority, or other organization that will provide service within each service area.)

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

Yes No The City of Metter provides a differing level of service.

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:

Candler County	General Fund
City of Metter	General Fund, Fees & Hotel/Motel Tax

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county? The county will provide its share of funding from the unincorporated area tax district. Metter will supplement its share from its hotel/motel tax and fees from business licenses. Funding from the county's unincorporated tax district will be implemented over a five-year period.

<ol> <li>List any formal service delivery agree service:</li> </ol>	ements or intergovernmental contracts that will be used	to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
None	N Bird III Chairman	
7. Person completing form: George V		
Phone number: 912-685-2835	Date completed: 8-18-99	
8. Is this the person who should be cont consistent with the service delivery s	tacted by state agencies when evaluating whether propo strategy? Z Yes D No	sed local government projects are
If not, provide designated contact per	rson(s) and phone number(s) below:	
or Billy Trapnell, Mayor, City of M	etter - 912-685-2527	



PAGE 2

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County: Candler

Service: Elections

- 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.)
  - □ 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.) Candler County (countywide), City of Metter, Town of Pulaski
  - □ 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?

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:

Candler County	General Fund & Fees	
City of Metter	General Fund & Fees	
Town of Pulaski	General Fund & Fees	

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county? No change is anticipated. The county is responsible for the provision of state and federal elections as well as for county elections. The City of Metter and the Town of Pulaski provide for municipal elections.

service:	reements or intergovernmental contracts that will be us	ed to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
None	ges, etc.), and when will they take effect?	
7 Person completing form: George	W. Bird. III. Chairman	
7. Person completing form: <u>George</u> Phone number: <u>912-685-2835</u>	W. Bird, III, Chairman Date completed: 8-18-99	
Phone number: 912-685-2835	Date completed: 8-18-99 ntacted by state agencies when evaluating whether pro	posed local government projects are

Instructions:

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



<ol> <li>List any formal service delivery agreen service:</li> </ol>	nents or intergovernmental contracts that will be used	to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
	e used to implement the strategy for this service (e.g.,	
7. Person completing form: George W.	Bird, III, Chairman	
Phone number: 912-685-2835	Date completed: 8-18-99	
8. Is this the person who should be contac consistent with the service delivery stru-	cted by state agencies when evaluating whether propo ategy?  Yes  No	sed local government projects are
If not, provide designated contact perso		
or Billy Trapnell, Mayor, City of Met	tter - 912-685-2527	

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County: Candler Service: Equipment Maintenance/Repair Shop

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

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

Yes No A differing level of service is provided by the City of Metter.

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:

General Fund	
	General Fund

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county? There is no change anticipated at this time. However, there is the possibility that these services could be combined in the future to provide greater efficiency. A common facility will be needed before this can take place.

service:	nts or intergovernmental contracts that will be use	d to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
None		
7. Person completing form: George W. E		
	Bird, III, Chairman Date completed: <u>8-18-99</u>	
7. Person completing form: <u>George W. E</u> Phone number: <u>912-685-2835</u>	Date completed: 8-18-99	osed local government projects are
<ul> <li>7. Person completing form: <u>George W. E</u> Phone number: <u>912-685-2835</u></li> <li>8. Is this the person who should be contacted</li> </ul>	Date completed: 8-18-99	osed local government projects are

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County: Candler	Service: Extension Service
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1. Check the box that h	est describes the agreed	upon delivery arrangement	for this service:
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- 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.) Candler County Extension 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.)
- 2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

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:

Candler County	General Fund & State	

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county? No change is anticipated.

<ol><li>List any formal service delivery agreeme service:</li></ol>	nts or intergovernmental contracts that will be use	ed to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
None		
7. Person completing form: George W. E		
Phone number: 912-685-2835	Date completed: 8-18-99	
8. Is this the person who should be contact consistent with the service delivery strat	ed by state agencies when evaluating whether propegy? 2 Yes I No	posed local government projects are
If not, provide designated contact person	(c) and phone number(c) below:	
or Billy Trapnell, Mayor, City of Mette		

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

<ol> <li>List any formal service delivery agreeme service:</li> </ol>	ents or intergovernmental contracts that will be used	to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
None		
7. Person completing form: George W. E	Bird, III, Chairman	
Phone number: 912-685-2835	Date completed: 8-18-99	
8. Is this the person who should be contact consistent with the service delivery strat	ed by state agencies when evaluating whether propo egy? <b>2</b> Yes <b>D</b> No	osed local government projects are
If not, provide designated contact person		
or Billy Trapnell, Mayor, City of Mette	er - 912-685-2527	



PAGE 2

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Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed 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: Candler

Service: Fire Protection

- 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.)
  - □ 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.)
  - Cother. (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?

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:

Candler County	General Fund
City of Metter	General Fund & Contract Fee
Town of Pulaski	Contract with County

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county? Candler County and Pulaski continue to have an agreement with Metter for the provision of this service. To avoid tax equity concerns, the county's contribution will come from only the unincorporated area tax district, and it will be

itemized on the unincorporated millage. Funds from this tax district will be implemented over a five-year period. The Town of Pulaski has an agreement with the City of Metter through Candler County for the provision of this service in lieu of Pulaski receiving SPLOST/LOST funds.

service:	nts or intergovernmental contracts that will be use	ed to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
11 milit		
None		
7. Person completing form: George W. E	Bird, III, Chairman	
7. Person completing form: <u>George W. E</u> Phone number: <u>912-685-2835</u>	Bird, III, Chairman Date completed: 8-18-99	
Phone number: 912-685-2835	Date completed: 8-18-99 ed by state agencies when evaluating whether prop	posed local government projects are
Phone number: 912-685-2835 8. Is this the person who should be contacted	Date completed: 8-18-99	posed local government projects are

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#### Instructions:

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

service:	ents or intergovernmental contracts that will be used	to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
General Assembly, rate or fee changes, None	etc.,, and when will they take effect.	
7. Person completing form: George W.	Bird, III, Chairman	
7. Person completing form: George W. Phone number: 912-685-2835	Bird, III, Chairman Date completed: 8-18-99	
Phone number: 912-685-2835	Date completed: 8-18-99 ted by state agencies when evaluating whether propos	sed 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 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: Candler	Service: Indigent Defense
1. Check the box that best describe	es the agreed upon delivery arrangement for this service:
	tywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is nent, authority or organization providing the service.)
Service will be provided only	in the unincorporated portion of the county by a single service provider. (If this hox is checked, ority or organization providing the service.)
	le this service only within their incorporated boundaries, and the service will not be provided in box is checked, identify the government(s), authority or organization providing the service.)
	le this service only within their incorporated boundaries, and the county will provide the service in box is checked, identify the government(s), authority or organization providing the service.)
	attach a legible map delineating the service area of each service provider, and identify the er organization that will provide service within each service area.)
2. In developing the strategy, were □ Yes ☑ No	overlapping service areas, unnecessary competition and/or duplication of this service identified?
	nder the strategy, <b>attach an explanation for continuing the arrangement</b> (i.e., overlapping but G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or
	ted under the strategy, attach an implementation schedule listing each step or action that will be sible party and the agreed upon deadline for completing it.
	ty that will help to pay for this service and indicate how the service will be funded (e.g., enterprise special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
Candler County	General Fund & State
4. How will the strategy change the No change is anticipated.	e previous arrangements for providing and/or funding this service within the county?

PAGE 2

<ol> <li>List any formal service deliv service:</li> </ol>	ery agreements or intergovernmental contracts that	will be used to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
	e changes, etc.), and when will they take effect?	service (e.g., ordinances, resolutions, local acts of the
7. Person completing form: G	eorge W. Bird, III, Chairman	
Phone number: 912-685-28		-18-99
8 Is this the person who should	be contacted by state agencies when evaluating wh	bether proposed local government projects are
	elivery strategy? 🗹 Yes 🗆 No	itemer proposed local government projects are

PAGE 2

#### Instructions:

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

<ol> <li>List any formal service de service:</li> </ol>	livery agreements or	r intergovernmental contracts that will be used t	o implement the strategy for this
Agreement Name:		Contracting Parties:	Effective and Ending Dates:
		to implement the strategy for this service (e.g., o	
None 7. Person completing form:		and when will they take effect?	
Phone number: 912-685		Date completed: 8-18-99	
8. Is this the person who sho consistent with the service		state agencies when evaluating whether propose Yes D No	ed local government projects are
	contact person(s) an	nd phone number(s) below:	
or Billy Trapnell, Mayor,			

#### 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: Candler	Service: Keep America Beautifu

1. Check	the box that	best describes	the agreed	upon delivery	arrangement for this service:	
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- 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.)
  Keep Candier Beautiful
- □ 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.)
- 2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

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:

General Fund

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county? No change is anticipated.

PAGE 2

5. List any formal service delivery agreem service:	ents or intergovernmental contracts that will be us	sed to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
<ol> <li>What other mechanisms (if any) will be General Assembly, rate or fee changes, None</li> </ol>	used to implement the strategy for this service (e. etc.), and when will they take effect?	g., ordinances, resolutions, local acts of the
7. Person completing form: George W.	Bird, III, Chairman	
Phone number: 912-685-2835	Date completed: 8-18-99	
<ol> <li>Is this the person who should be contac consistent with the service delivery stra</li> </ol>	ted by state agencies when evaluating whether pro ttegy? 2 Yes D No	posed local government projects are
If not, provide designated contact perso		
or Billy Trapnell, Mayor, City of Meth	ter - 912-685-2527	



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: Candler

Service: Law Enforcement

- 1. Check the box that best describes the agreed upon delivery arrangement for this service:
  - Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
  - □ Service will be provided only in the unincorporated portion of the county by a single service 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.) Candler County Sheriff's Department (countywide) City of Metter - Police Department
- □ Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)
- 2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

Yes No Police Department provides a higher level of service.

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:

Candler County	General Fund, Fines & Fees	
City of Metter	General Fund, Fines & Fees	
Town of Pulaski	Contract with County	

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county? The county will obtain revenues for this service from the unincorporated tax district. Revenues from this special tax district will be implemented over a five-year period. The Town of Pulaski has an agreement with the county for the provision of law enforcement protection.

<ol> <li>List any formal service delivery agr service:</li> </ol>	reements or intergovernmental contracts that will be used	to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
General Assembly, rate or fee chan None	ges, etc.), and when will they take effect?	
7. Person completing form: George	W. Bird, III, Chairman	
Phone number: 912-685-2835	Date completed: 8-18-99	
8. Is this the person who should be conconsistent with the service delivery	ntacted by state agencies when evaluating whether propo strategy? <b>I</b> Yes <b>D</b> No	osed local government projects are

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NO.974 P.2/2

	SERVICE DELIVERY STRATEGY
	SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE 2
Instructions;	
1. Answer each quest	form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page tion below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) be reported to the Department of Community Affairs.
ler	Service: Law Enforcement
ox that best describe	es the agreed upon delivery arrangement for this service:
	ntywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is ment, authority or organization providing the service.)
	in the unincorporated portion of the county by a single service provider. (If this box is checked, pority or organization providing the service.)
	de this service only within their incorporated boundaries, and the service will not be provided in box is checked, identify the government(s), authority or organization providing the service.)
orated areas. (If this ounty Sherin's Department this box is checked	de this service only within their incorporated boundaries, and the county will provide the service in box is checked, identify the government(s), authority or organization providing the service.) (countywide) City of Metter - Palice Department , attach a legible map delineating the service area of each service provider, and identify the ner organization that will provide service within each service area.)
ng the strategy, were	e overlapping service areas, unnecessary competition and/or duplication of this service identified?
f service (See O.C.	nder the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or .
	ted under the strategy, attach an implementation schedule listing each step or action that will be nsible party and the agreed upon deadline for completing it.
fees, general funds,	ity that will help to pay for this service and indicate how the service will be funded (e.g., enterprise special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
nent or Authority:	Funding Method:
ty	General Fund, Fines & Fees
	General Fund, Fines & Fees
iki	Contract with County
e strategy change th is anticipated.	e previous arrangements for providing and/or funding this service within the county? B-J- B-B, MMA
	Make copies of this 1. Answer each quest changes, this should lifer ox that best describe fill be provided cour- identify the government fill be provided only the government, auth- core cities will provided orated areas. (If this core cities will provided orated areas. (If this core cities will provided orated areas. (If this core cities will provided orated areas. (If this county Sherth's Department i this box is checked ent, authority, or oth- ing the strategy, were provided provided only i constituents of service (See O.C.C. ment or Authority: thy ski



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: Candler

Service: Library

- 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.) Candler County Library Board
  - 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.)
- 2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

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:

Candler County	General Fund & In-Kind	
City of Metter	General Fund & In-Kind	
Schools	General Fund & In-Kind	

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county? Each government will obtain revenues for this service from its own tax district. To resolve tax equity concerns, the county's unincorporated area will be in a special tax district. Revenues from the unincorporated tax district will be implemented over a five-year period.

<ol> <li>List any formal service delivery agreem service:</li> </ol>	nents or intergovernmental contracts that will be	used to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
General Assembly, rate or fee changes, None		
7. Person completing form: George W.	Bird, III, Chairman	
Phone number: 912-685-2835	Date completed: 8-18-99	
<ol> <li>Is this the person who should be contac consistent with the service delivery stra</li> </ol>	ted by state agencies when evaluating whether pategy? 2 Yes D No	roposed local government projects are
If not, provide designated contact perso	on(s) and phone number(s) below:	
or Billy Trapnell, Mayor, City of Met	ter - 912-685-2527	

PAGE 2

#### Instructions:

1. Check the box that best describe	Service: Mapping/GIS
	bes the agreed upon delivery arrangement for this service:
	intywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box i ment, authority or organization providing the service.)
	y in the unincorporated portion of the county by a single service provider. (If this box is checked, hority or organization providing the service.)
	ide this service only within their incorporated boundaries, and the service will not be provided in s box is checked, identify the government(s), authority or organization providing the service.)
	ide this service only within their incorporated boundaries, and the county will provide the service in s box is checked, identify the government(s), authority or organization providing the service.)
Other. (If this box is checked	d, attach a legible map delineating the service area of each service provider, and identify the her organization that will provide service within each service area.)
	e overlapping service areas, unnecessary competition and/or duplication of this service identified? Igher level of service in terms of mapping needs (water, sewer, etc.).
	inder the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas o ).
	ated under the strategy, <b>attach an implementation schedule</b> listing each step or action that will be onsible party and the agreed upon deadline for completing it.
	rity that will help to pay for this service and indicate how the service will be funded (e.g., enterprise , special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
	Funding Method: General Fund
Local Government or Authority:	
Local Government or Authority: Candler County	General Fund
Local Government or Authority: Candler County	General Fund

5. List any formal service delivery service:	agreements or intergovernmental contracts that will be used to in	nplement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
None	hanges, etc.), and when will they take effect?	
7. Person completing form: Geo	rge W. Bird, III, Chairman	
Phone number: 912-685-2835	Date completed: 8-18-99	_
8. Is this the person who should be consistent with the service deliv	e contacted by state agencies when evaluating whether proposed here y strategy? Z Yes D No	ocal government projects are
If not, provide designated conta	ct person(s) and phone number(s) below:	
or Billy Trapnell, Mayor, City	of Metter - 912-685-2527	- A

PAGE 2

#### Instructions:

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

service:	ivery agreements of intergovernmental contracts that will	be used to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
None		
	George W. Bird, III, Chairman	
	George W. Bird, III, Chairman 2835 Date completed: 8-18-	-99
<ol> <li>Person completing form: Phone number: <u>912-685-</u></li> <li>8. Is this the person who sho</li> </ol>		

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: Candler

Service: Mosquito Control

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.)
- 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 Metter
- 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?

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:

City of Metter	General Fund	

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county? No change is anticipated.

<ol> <li>List any formal service delivery agreement service:</li> </ol>	ents or intergovernmental contracts that will be used	to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
None		
7. Person completing form: George W.	Bird, III, Chairman	
Phone number: 912-685-2835	Date completed: 8-18-99	
<ol> <li>Is this the person who should be contact consistent with the service delivery strate</li> </ol>	ed by state agencies when evaluating whether propo tegy? Z Yes D No	sed local government projects are
If not, provide designated contact person		
or Billy Trapnell, Mayor, City of Mette	er - 912-685-2527	

PAGE 2

#### Instructions:

County: Candler	Service: Parking
1. Check the box that best describe	es the agreed upon delivery arrangement for this service:
	ntywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is nent, authority or organization providing the service.)
	in the unincorporated portion of the county by a single service provider. (If this box is checked, nority or organization providing the service.)
unincorporated areas. (If this	de this service only within their incorporated boundaries, and the service will not be provided in box is checked, identify the government(s), authority or organization providing the service.)
	de this service only within their incorporated boundaries, and the county will provide the service in box is checked, identify the government(s), authority or organization providing the service.)
	, attach a legible map delineating the service area of each service provider, and identify the ther organization that will provide service within each service area.)
2. In developing the strategy, were	overlapping service areas, unnecessary competition and/or duplication of this service identified?
🗆 Yes 🗹 No	
higher levels of service (See O.C. competition cannot be eliminated)	nder the strategy, <b>attach an explanation for continuing the arrangement</b> (i.e., overlapping but G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or . . ted under the strategy, <b>attach an implementation schedule</b> listing each step or action that will be
taken to eliminate them, the respon	nsible party and the agreed upon deadline for completing it.
	ity that will help to pay for this service and indicate how the service will be funded (e.g., enterprise special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
City of Metter	General Fund
<ol> <li>How will the strategy change the No change is anticipated.</li> </ol>	e previous arrangements for providing and/or funding this service within the county?

<ol> <li>List any formal service delivery agreeme service:</li> </ol>	ents or intergovernmental contracts that will be us	sed to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
General Assembly, rate or fee changes, o None	etc.), and when will they take effect?	
7. Person completing form: George W. E	Bird, III, Chairman	
Phone number: 912-685-2835	Date completed: 8-18-99	
<ol> <li>Is this the person who should be contact consistent with the service delivery strate</li> </ol>	ed by state agencies when evaluating whether pro egy? 27 Yes I No	pposed local government projects are
If not, provide designated contact person		
or Billy Trapnell, Mayor, City of Mette	er - 912-685-2527	

PAGE 2

#### Instructions:

County: Candler		Service: Parks
1. Check the box that best de	scribes the agreed upon de	elivery arrangement for this service:
		ng all cities and unincorporated areas) by a single service provider. (If this box is ganization providing the service.)
	I only in the unincorporate t, authority or organization	ed portion of the county by a single service provider. (If this box is checked, a providing the service.)
		within their incorporated boundaries, and the service will not be provided in atify the government(s), authority or organization providing the service.)
unincorporated areas. (]	f this box is checked, iden	within their incorporated boundaries, and the county will provide the service in atify the government(s), authority or organization providing the service.)
Candler County, City of Mette Other. (If this box is che government, authority,	ecked, attach a legible ma	ap delineating the service area of each service provider, and identify the will provide service within each service area.)
	, were overlapping service as provide a higher level of service.	areas, unnecessary competition and/or duplication of this service identified?
	O.C.G.A. 36-70-24(1)), or	ach an explanation for continuing the arrangement (i.e., overlapping but verriding benefits of the duplication, or reasons that overlapping service areas or
		y, attach an implementation schedule listing each step or action that will be ugreed upon deadline for completing it.
		ay for this service and indicate how the service will be funded (e.g., enterprise ct revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Author	rity: Funding Method:	
Candler County	General Fund & I	Fees
City of Metter	General Fund &	Fees
4. How will the strategy char No change is anticipated		ents for providing and/or funding this service within the county?

<ol> <li>List any formal service delivery agreem service:</li> </ol>	nents or intergovernmental contracts that will be used	d to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
7. Person completing form: George W.	Bird, III, Chairman	
Phone number: 912-685-2835	Date completed: 8-18-99	
<ol> <li>Is this the person who should be contac consistent with the service delivery stra</li> </ol>	eted by state agencies when evaluating whether propo ategy? <b>Z</b> Yes <b>D</b> No	osed local government projects are
If not, provide designated contact perso		
or Billy Trapnell, Mayor, City of Met	ter - 912-685-2527	

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

PAGE 2

<ol> <li>List any formal service deliver service:</li> </ol>	y agreements or intergovernmental contracts that will be used to imp	lement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
7. Person completing form: _Gen	changes, etc.), and when will they take effect?	
Phone number: 912-685-283		
<ol> <li>8. Is this the person who should be consistent with the service del</li> </ol>	be contacted by state agencies when evaluating whether proposed loc ivery strategy? <b>2</b> Yes <b>a</b> No	al government projects are
If not, provide designated cont	act person(s) and phone number(s) below:	
or Billy Trapnell, Mayor, City	y of Metter - 912-685-2527	



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: Candler

Service: Probation Service

- 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.)
  - □ 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.) Candler County (countywide), City of Metter (Municipal Court)
  - 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 INO Differing courts, higher level of service desired by the city.

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:

Candler County	General Fund, Fees & State	
City of Metter	Fees	

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county? Each government will obtain revenues for this service from its own tax district. It is the goal of both the city and the county to have one county probation officer provide for this service by July 2002.

<ol> <li>List any formal service delivery agreem service:</li> </ol>	nents or intergovernmental contracts that will be used	to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
7. Person completing form: George W.	Bird, III, Chairman	
Phone number: 912-685-2835	Date completed: 8-18-99	
8. Is this the person who should be contac consistent with the service delivery stra	cted by state agencies when evaluating whether propos ategy? <b>2</b> Yes <b>1</b> No	ed local government projects are
If not, provide designated contact perso	on(s) and phone number(s) below:	
or Billy Trapnell, Mayor, City of Met	ter - 912-685-2527	

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

PAGE 2

		d to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
	used to implement the strategy for this service (e.g.	
7 Person completing form George W. E	ird, III, Chairman	
7. Person completing form: <u>George W. E</u> Phone number: <u>912-685-2835</u>	ird, III, Chairman Date completed: 8-18-99	
	Date completed: 8-18-99 d by state agencies when evaluating whether prop	osed local government projects are
Phone number: 912-685-2835 8. Is this the person who should be contacted	Date completed: 8-18-99 d by state agencies when evaluating whether property? If Yes I No	osed local government projects are

PAGE 2

#### Instructions:

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

<ol> <li>List any formal service delivery agreeme service:</li> </ol>	nts or intergovernmental contracts that will be used	to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
General Assembly, rate or fee changes, e None		
7. Person completing form: George W. E	Bird, III, Chairman	
Phone number: 912-685-2835	Date completed: 8-18-99	
<ol> <li>Is this the person who should be contacted consistent with the service delivery strated</li> </ol>	ed by state agencies when evaluating whether proposegy? <b>I</b> Yes <b>D</b> No	sed local government projects are
If not, provide designated contact person		
or Billy Trapnell, Mayor, City of Mette	010 695 0507	

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

PAGE 2

<ol><li>List any formal service delivery agreeme service:</li></ol>	nts or intergovernmental contracts that will be u	used to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
7. Person completing form: George W. E	Rind III. Chairman	
	ind, in, Oridinnan	
Phone number: 912-685-2835	Date completed: 8-18-99	
Phone number: 912-685-2835	Date completed: 8-18-99	oposed local government projects are
Phone number: <u>912-685-2835</u> 8. Is this the person who should be contacted	Date completed: 8-18-99 ad by state agencies when evaluating whether pr egy? Z Yes D No (s) and phone number(s) below:	oposed local government projects are

PAGE 2

#### Instructions:

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

<ol> <li>List any formal service delivery agreement service:</li> </ol>	ents or intergovernmental contracts that will be used to	o implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
7. Person completing form: George W. I	Bird, III, Chairman	
Phone number: 912-685-2835	Date completed: 8-18-99	
8. Is this the person who should be contact consistent with the service delivery strat	ed by state agencies when evaluating whether propose tegy? <b>Z</b> Yes <b>D</b> No	ed local government projects are
If not, provide designated contact persor	n(s) and phone number(s) below:	
or Billy Trapnell, Mayor, City of Mette	er - 912-685-2527	



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: Candler

Service: Recreation

- 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.)
    Metter-Candler County Recreation Commission
  - □ 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.)
- 2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

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:

Candler County	General Fund, Fees & SPLOST	
City of Metter	General Fund, Fees & Hotel/Motel Tax	
- M.		

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county? The City of Metter and Candler County will fund this service through separate tax districts. To resolve tax equity concerns, the county's unincorporated area will be in a special tax district. Funds from this tax district will be implemented over a five-year period.

<ol><li>List any formal service delivery agreeme service:</li></ol>	ents or intergovernmental contracts that will be us	ed to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
General Assembly, rate or fee changes, e None		
7. Person completing form: George W. E		
Phone number: 912-685-2835	Date completed: 8-18-99	
<ol> <li>Is this the person who should be contacted consistent with the service delivery strate</li> </ol>	ed by state agencies when evaluating whether pro egy? 2 Yes I No	posed local government projects are
If not, provide designated contact person		
or Billy Trapnell, Mayor, City of Mette	er - 912-685-2527	

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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 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: Candler	Service: RDC
1. 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 unincorporated areas) by a single service provider. (If this box is overnment, authority or organization providing the service.)
Service will be provided	d only in the unincorporated portion of the county by a single service provider. (If this box is checked, t, authority or organization providing the service.)
	provide this service only within their incorporated boundaries, and the service will not be provided in If this box is checked, identify the government(s), authority or organization providing the service.)
	provide this service only within their incorporated boundaries, and the county will provide the service in If this box is checked, identify the government(s), authority or organization providing the service.)
	ecked, attach a legible map delineating the service area of each service provider, and identify the or other organization that will provide service within each service area.)
2. In developing the strategy □ Yes ☑ No	, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
	inue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or nated).
	iminated under the strategy, attach an implementation schedule listing each step or action that will be responsible party and the agreed upon deadline for completing it.
funds, user fees, general f indebtedness, etc.).	authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Autho Candler County	rity: Funding Method: General Fund
City of Metter	General Fund
Town of Pulaski	General Fund
Funding for this service and Metter split the fund	nge the previous arrangements for providing and/or funding this service within the county? will be on a pro-rated basis according to state law by population. Previously, Candler County ding equally. While not participating previously, Pulaski will do so in the future. The county's come from the unincorporated tax district. These funds will be implemented over a five-year

Agreement Name:       Contract         General Assembly, rate or fee changes, etc.), and when we the rate will change to a pro-rated basis based on po         7. Person completing form:       George W. Bird, III, Chairman	ill they take effect?	
General Assembly, rate or fee changes, etc.), and when w The rate will change to a pro-rated basis based on po	ill they take effect?	
General Assembly, rate or fee changes, etc.), and when w The rate will change to a pro-rated basis based on po	ill they take effect?	
General Assembly, rate or fee changes, etc.), and when w The rate will change to a pro-rated basis based on po	ill they take effect?	
General Assembly, rate or fee changes, etc.), and when w The rate will change to a pro-rated basis based on po	ill they take effect?	
1. I cison completing form.	an	
Phone number: 912-685-2835	Date completed: 8-18-99	
<ol> <li>8. Is this the person who should be contacted by state agenc consistent with the service delivery strategy?</li></ol>	ies when evaluating whether pr	coposed local government projects are
If not, provide designated contact person(s) and phone nu or Billy Trapnell, Mayor, City of Metter - 912-685-25		



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: Candler

Service: Road/Street Construction

- 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.) Candler 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.)
- 2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

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:

Candler County	General Fund, SPLOST, & DOT Funds	

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county? No change is anticipated.

service:		ed to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
None	changes, etc.), and when will they take effect?	
None 7. Person completing form: Geo		
None 7. Person completing form: <u>Geo</u> Phone number: <u>912-685-283</u>	orge W. Bird, III, Chairman	
7. Person completing form: <u>Geo</u> Phone number: <u>912-685-283</u>	orge W. Bird, III, Chairman 5 Date completed: 8-18-99 e contacted by state agencies when evaluating whether pro	posed local government projects are
<ol> <li>Person completing form: <u>Geo</u> Phone number: <u>912-685-283</u></li> <li>Is this the person who should b consistent with the service deli</li> </ol>	orge W. Bird, III, Chairman 5 Date completed: 8-18-99 e contacted by state agencies when evaluating whether pro	posed 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.

Service: Road/Street Maintenance County: Candler 1. Check the hox 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.) 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.) Candler County, City of Metter, Town of Pulaski 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 I No The municipalities provide a higher level of service. 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: Candler County General Fund, DOT Funds & Contract Fees City of Metter General Fund & DOT Funds Town of Pulaski SPLOST/LOST Contract with County 4. How will the strategy change the previous arrangements for providing and/or funding this service within the county? No change is anticipated. Candler County and the City of Metter will fund and provide for this service within their own jurisdiction. The county's funds will come from the unincorporated tax district. These funds will be implemented over a five-year period. The Town of Pulaski has an agreement with the county in which the county will provide this service in lieu of the Town receiving SPLOST/LOST funds.

<ol> <li>List any formal service delivery agreeme service:</li> </ol>	nts or intergovernmental contracts that will be used	to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
None		
7. Person completing form: George W. E	Bird, III, Chairman	
Phone number: 912-685-2835	Date completed: 8-18-99	
<ol> <li>Is this the person who should be contacted consistent with the service delivery strated</li> </ol>	ed by state agencies when evaluating whether prop	osed local government projects are
consistent and set nee den erj statt	egy? M Yes I No	
If not, provide designated contact person or Billy Trapnell, Mayor, City of Mette	(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: Candler		Service: Sewer
1. Check the box that bes	t describes the agreed upon de	elivery arrangement for this service:
		ng all cities and unincorporated areas) by a single service provider. (If this box is ganization providing the service.)
	ided only in the unincorporate ment, authority or organization	ed portion of the county by a single service provider. (If this box is checked, a providing the service.)
unincorporated area		within their incorporated boundaries, and the service will not be provided in tify the government(s), authority or organization providing the service.)
		within their incorporated boundaries, and the county will provide the service in tify the government(s), authority or organization providing the service.)
		<b>p delineating the service area of each service provider,</b> and identify the will provide service within each service area.)
<ul><li>2. In developing the strate</li><li>Q Yes 2 No</li></ul>	egy, were overlapping service	areas, unnecessary competition and/or duplication of this service identified?
	See O.C.G.A. 36-70-24(1)), or	ach an explanation for continuing the arrangement (i.e., overlapping but verriding benefits of the duplication, or reasons that overlapping service areas or
		y, attach an implementation schedule listing each step or action that will be agreed upon deadline for completing it.
funds, user fees, gener indebtedness, etc.).	al funds, special service distri-	ay for this service and indicate how the service will be funded (e.g., enterprise ct revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Au	thority: Funding Method:	
City of Metter	Sewer Fund	
4. How will the strategy of No change is anticipation of the strategy of the s		ents for providing and/or funding this service within the county?

<ol> <li>List any formal service delivery agreem service:</li> </ol>	nents or intergovernmental contracts that will be used	to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
General Assembly, rate or fee changes, None		
7. Person completing form: George W.	Bird, III, Chairman	
Phone number: 912-685-2835	Date completed: 8-18-99	
<ol> <li>Is this the person who should be contac consistent with the service delivery stra</li> </ol>	cted by state agencies when evaluating whether propo ategy? <b>2</b> Yes <b>a</b> No	sed local government projects are
If not, provide designated contact perso	on(s) and phone number(s) below:	
or Billy Trapnell, Mayor, City of Met	ter - 912-685-2527	



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: Candler

Service: Solid Waste Collection

- 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.)
  - □ 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.) Candler County, City of Metter, Town of Pulaski
  - 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 V No Metter provides curbside pick-up (higher level of service)

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:

Candler County Fees/General Fund/Insurance Premium Tax		
Fees/General Fund		
Fees/Contract		
	Fees/General Fund	

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

No change is anticipated. Candler County and the City of Metter will fund and provide for this service within their own jurisdiction. The special tax district in the unincorporated area will provide the source of the county's share of the funding. These funds will be implemented over a five-year period. The Town of Pulaski has an agreement with the county for the provision of this service in lieu of receiving SPLOST/LOST funds.

5. List any formal service delivery agreement service:	nts or intergovernmental contracts that will be us	sed to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
None 7. Person completing form: George W. E	Bird. III. Chairman	
Phone number: 912-685-2835	Date completed: 8-18-99	
	Date completed.	
<ol> <li>Is this the person who should be contacted consistent with the service delivery strated</li> </ol>	ed by state agencies when evaluating whether pro egy? 🗹 Yes 🗆 No	posed local government projects are
If not provide designated contact person		
It 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: Candler

Service: Solid Waste Landfill

- 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.)
  - One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
  - One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
  - □ Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)
- 2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

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:

Candler County	Assessment Fees

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county? No change is anticipated.

service:		
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
None		
	Bird, III, Chairman	
	Bird, III, Chairman Date completed: <u>8-18-99</u>	
7. Person completing form: <u>George W. E</u> Phone number: <u>912-685-2835</u>	Date completed: 8-18-99	osed local government projects are
<ol> <li>Person completing form: <u>George W. E</u> Phone number: <u>912-685-2835</u></li> <li>Is this the person who should be contacted</li> </ol>	Date completed: 8-18-99	osed 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: Candler	Service:	Stormwater Drainage
1. Check the box that best describes the agreed upon delivery a	rrangemen	t 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.)
- □ 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.)
- Conder County, City of Metter, Town of Pulaski
- □ 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 v No Higher level of service in municipalities (curb and gutter)

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:

General Fund	
General Fund	
General Fund	
_	General Fund

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county? No change is anticipated.

<ol> <li>List any formal service delivery agreem service:</li> </ol>	ents or intergovernmental contracts that will be us	sed to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
7. Person completing form: George W.	Bird, III, Chairman	
Phone number: 912-685-2835	Date completed: 8-18-99	
9 In this the person who should be contac		
consistent with the service delivery stra	eted by state agencies when evaluating whether protected by state agencies when evaluating whether protected by a state of the state of	oposed local government projects are
on is the person who should be contact consistent with the service delivery stra If not, provide designated contact perso	ategy? 🗹 Yes 🗆 No	oposed 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.

Service: Tax Assessment
s the agreed upon delivery arrangement for this service:
tywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is nent, authority or organization providing the service.)
in the unincorporated portion of the county by a single service provider. (If this box is checked, ority or organization providing the service.)
this service only within their incorporated boundaries, and the service will not be provided in box is checked, identify the government(s), authority or organization providing the service.)
this service only within their incorporated boundaries, and the county will provide the service in box is checked, identify the government(s), authority or organization providing the service.)
attach a legible map delineating the service area of each service provider, and identify the er organization that will provide service within each service area.)
overlapping service areas, unnecessary competition and/or duplication of this service identified?
nder the strategy, <b>attach an explanation for continuing the arrangement</b> (i.e., overlapping but G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or
ed under the strategy, attach an implementation schedule listing each step or action that will be usible party and the agreed upon deadline for completing it.
ty that will help to pay for this service and indicate how the service will be funded (e.g., enterprise special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Funding Method:
General Fund
e previous arrangements for providing and/or funding this service within the county?

PAGE 2

<ol> <li>List any formal service delivery agreements or is service:</li> </ol>	ntergovernmental contracts that will be used to impl	ement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
· · · · · · · · · · · · · · · · · · ·		
6. What other mechanisms (if any) will be used to General Assembly, rate or fee changes, etc.), an None	implement the strategy for this service (e.g., ordinar d when will they take effect?	ices, resolutions, local acts of the
7. Person completing form: George W. Bird, III,	Chairman	
Phone number: 912-685-2835	Date completed: 8-18-99	_
8. Is this the person who should be contacted by sta consistent with the service delivery strategy?	ate agencies when evaluating whether proposed loca Yes D No	il government projects are
If not, provide designated contact person(s) and or Billy Trapnell, Mayor, City of Metter - 912		· · · ·
or Dary Traphen, Mayor, Oily Or Metter - 912	-003-2327	

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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: Candler	Service:	Tax Collection
1. Check the box that best describes the agreed upon delivery arr	rangement	for this service:
Service will be provided countywide (i.e., including all citie checked, identify the government, authority or organization candler County		
Service will be provided only in the unincorporated portion identify the government, authority or organization providin		
One or more cities will provide this service only within their unincorporated areas. (If this box is checked, identify the g		
One or more cities will provide this service only within their unincorporated areas. (If this box is checked, identify the generation)		
Other. (If this box is checked, attach a legible map delines government, authority, or other organization that will provi	-	the second se
2. In developing the strategy, were overlapping service areas, un □ Yes ⊠ No	necessary	competition and/or duplication of this service identified?
If these conditions will continue under the strategy, <b>attach an ex</b> higher levels of service (See O.C.G.A. 36-70-24(1)), overriding competition cannot be eliminated).	-	
If these conditions will be eliminated under the strategy, attach	an implei	nentation schedule listing each step or action that will be

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:

Candler County	General Fund & Contract Fees	
City of Metter	General Fund	

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county? The City of Metter has an agreement with Candler County for the provision of this service.

<ol> <li>List any formal service delivery ag service:</li> </ol>	greements or intergovernmental contracts that will be used	to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
	ill be used to implement the strategy for this service (e.g., nges, etc.), and when will they take effect?	, ordinances, resolutions, rocar acts of the
7. Person completing form: George	e W. Bird, III, Chairman	
Phone number: 912-685-2835	Date completed: 8-18-99	
<ol> <li>Is this the person who should be consistent with the service deliver.</li> </ol>	ontacted by state agencies when evaluating whether proportion of the state of the s	osed local government projects are
If not, provide designated contact por Billy Trapnell, Mayor, City of	person(s) and phone number(s) below: Metter - 912-685-2527	

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: Candler	Service: Tourism
1. Check the box that best describe	es the agreed upon delivery arrangement for this service:
checked, identify the governme Metter-Candler County Chamber of Cor	ntywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is nent, authority or organization providing the service.)
	in the unincorporated portion of the county by a single service provider. (If this box is checked, nority or organization providing the service.)
	de this service only within their incorporated houndaries, and the service will not be provided in box is checked, identify the government(s), authority or organization providing the service.)
	de this service only within their incorporated boundaries, and the county will provide the service in box is checked, identify the government(s), authority or organization providing the service.)
	, attach a legible map delineating the service area of each service provider, and identify the er organization that will provide service within each service area.)
2. In developing the strategy, were □ Yes ☑ No	e overlapping service areas, unnecessary competition and/or duplication of this service identified?
	nder the strategy, <b>attach an explanation for continuing the arrangement</b> (i.e., overlapping but G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or .
	ted under the strategy, attach an implementation schedule listing each step or action that will be nsible party and the agreed upon deadline for completing it.
	ity that will help to pay for this service and indicate how the service will be funded (e.g., enterprise special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
City of Metter	General Fund, Hotel/Motel Tax, Private & State
4. How will the strategy change the No change is anticipated.	e previous arrangements for providing and/or funding this service within the county?

<ol> <li>List any formal service delivery agreem service:</li> </ol>	ents or intergovernmental contracts that will be used	d to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
None		
7. Person completing form: George W.	Bird, III, Chairman	
Phone number: 912-685-2835	Date completed: 8-18-99	
<ol> <li>Is this the person who should be contact consistent with the service delivery strated</li> </ol>	ted by state agencies when evaluating whether propo ategy? 2 Yes I No	osed local government projects are
If not, provide designated contact perso	on(s) and phone number(s) below:	
or Billy Trapnell, Mayor, City of Meth	ter - 912-685-2527	

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

<ol> <li>List any formal service de service:</li> </ol>	livery agreements or	intergovernmental contracts that will be used	to implement the strategy for this
Agreement Name:		Contracting Parties:	Effective and Ending Dates:
7. Person completing form:	George W. Bird, I	II, Chairman	
Phone number: 912-685		Date completed: 8-18-99	
8. Is this the person who sho consistent with the service		state agencies when evaluating whether propo	sed local government projects are
If not, provide designated	contact person(s) an	d phone number(s) below:	
or Billy Trapnell, Mayor	, City of Metter - 9	12-685-2527	

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: Candler	Service: Water
1. Check the box that best describe	es the agreed upon delivery arrangement for this service:
	ntywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is nent, authority or organization providing the service.)
	in the unincorporated portion of the county by a single service provider. (If this box is checked, nority or organization providing the service.)
unincorporated areas. (If this City of Metter, Town of Pulaski One or more cities will provid	de this service only within their incorporated boundaries, and the service will not be provided in box is checked, identify the government(s), authority or organization providing the service.) de this service only within their incorporated boundaries, and the county will provide the service in box is checked, identify the government(s), authority or organization providing the service.)
	, attach a legible map delineating the service area of each service provider, and identify the service organization that will provide service within each service area.)
2. In developing the strategy, were □ Yes ☑ No	e overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will continue un higher levels of service (See O.C.) competition cannot be eliminated)	nder the strategy, <b>attach an explanation for continuing the arrangement</b> (i.e., overlapping but G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or
	ted under the strategy, attach an implementation schedule listing each step or action that will be nsible party and the agreed upon deadline for completing it.
<ol> <li>List each government or author funds, user fees, general funds, indebtedness, etc.).</li> </ol>	ity that will help to pay for this service and indicate how the service will be funded (e.g., enterprise special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
City of Metter	Water Fund Fee
Town of Pulaski	Water Fund Fee
4. How will the strategy change the No change is anticipated.	e previous arrangements for providing and/or funding this service within the county?

	reements or intergovernmental contracts that will be	used to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
None		
0		
7. Person completing form: George		
7. Person completing form: <u>George</u> Phone number: <u>912-685-2835</u>	e W. Bird, III, Chairman Date completed: 8-18-99	)



# SERVICE DELIVERY STRATEGY SUMMARY OF LAND USE AGREEMENTS

PAGE 3

#### Instructions:

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

# County: Candler

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

None

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

amendments to existing comprehensive plans

adoption of a joint comprehensive plan

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

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

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

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.

A joint resolution has been signed by Candler County, Metter, and Pulaski that establishes a process for handling disputes concerning property annexation and land use. (Copy attached)

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? Candler County and the cities of Metter and Pulaski have adopted a joint resolution to make certain that any proposed extraterritorial water and sewer service is compatible with the land use plans and ordinances of the territory of the adjoining local government in which the new service is to be extended. (Copy attached)

5. Person completing form: George W. Bird, III, Chairman

Phone number: 912-685-2835

Date completed: 8-18-99

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? **W**Yes **D** No

If not, provide designated contact person(s) and phone number(s) below: or Billy Trapnell, Mayor, City of Metter - 912-685-2527

### SERVICE DELIVERY STRATEGY CERTIFICATIONS

PAGE 4

#### Instructions:

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

# SERVICE DELIVERY STRATEGY FOR Candler

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));
- 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 horne by the unincorporated area residents, individuals, and property owners who receive such service (O.C.G.A. 36-70-24 (3)); and
- 5. The process(es) for resolving land use disputes arising over annexation were established by the July 1, 1998 deadline (O.C.G.A. 36-70-24(4)).

SIGNATURE:	NAME: (Please print or type)	TITLE:	JURISDICTION:	DATE:
Deo. W. t	George W. Bird, III	Chairman	Candler County	9-14-99
Billy Ju	Any Billy Trapnell	Mayor	City of Metter	5-14-99
Montellet	Monte Tillman	Mayor	Town of Pulaski	9-1499



# GEORGIA DEPARTMENT OF **COMMUNITY AFFAIRS**

Jim Higdon COMMISSIONER	2	
	MEMORANDU	UM .
TO:	Honorable George W. Bird, III Candler County Commission	Honorable Billy Trapnell Mayor, City of Mette
	Honorable Monte Tillman Mayor, Town of Pulaski	
FROM:	Jim Higdon AH Commissioner	
DATE:	October 14, 1999	
SUBJECT:	Verification of Service Delivery Strategy	

In accordance with the provisions of the Service Delivery Strategy law, we have determined that your strategy includes the necessary components and addresses the mandatory criteria identified in the law; and therefore, we are pleased to verify your strategy as meeting the requirements of the law.

It is our belief that preparing and implementing a service delivery strategy will assist communities in providing services to their citizens more effectively and efficiently. The benefits of your efforts can be maximized by using your strategy as a reference and management tool as you and other local governments make decisions concerning the provision of local services.

Please remember that the Service Delivery Strategy law states that "projects which are inconsistent with a strategy will be ineligible for state funding and permits." Therefore, prior to seeking future state grant, loan or permit assistance for local service improvements, you should ensure that such requests for assistance are consistent with the locally agreed upon service delivery strategy

Also, keep in mind that local governments are required to revise their approved strategy when any one of the following conditions are met:

- 1. In conjunction with the update of your local government's comprehensive plan;
- 2. Whenever the service delivery or revenue distribution arrangements are changed (e.g., whenever the local governments within the County decide to change how a service is provided or funded); or
- 3. In the event of the creation, abolition or consolidation of local governments.





Roy E. Barnes GOVERNOR

October 14, 1999 Page 2

With local governments such as Candler County and the City of Metter and the Town of Pulaski preparing and carrying out rational service delivery strategies, Georgia's citizens can look forward to effective and efficient delivery of local services in the future. We commend you for your hard work and dedication and look forward to working with you in the future.

### JH/kdm

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cc: Senator Hugh M. Gillis, Sr. Representative James L. Martin Jerry Griffin, ACCG Jim Calvin, GMA Alan Mazza, Executive Director Heart of Georgia Altamaha RDC



# GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS

Jim Higdon COMMISSIONER Roy E. Barnes GOVERNOR

# MEMORANDUM

TO: Honorable George W. Bird, III -Chairman, Candler County Commission

> Honorable Monte Tillman Mayor, City of Pulaski

Honorable Billy Trapnell Mayor, City of Metter Jim Higdon Commissione

FROM:

DATE: June 10, 1999

SUBJECT: 120-Day Extension of Deadline for receiving Candler County's Service Delivery Strategy

In accordance with the provisions of the Service Delivery Strategy law (O.C.G.A. 36-70-24 et seq.), we acknowledge that your request for a 120-day extension of the deadline for submitting a Service Delivery Strategy meets the requirements of the law. The purpose of extending the July 1, 1999 deadline is to allow local governments additional time to reach agreement on a Strategy. With the extension, Candler County must have an adopted Strategy by October 29, 1999 to be in compliance with the law.

It is important to note that the Service Delivery Strategy law (O.C.G.A. 36-70-26 et seq.) allows DCA up to 30 days to review the Strategy to verify that it meets the requirements of the law. Therefore, we advise Candler County and the Cities of Metter and Pulaski to submit a strategy at least 30 days prior to October 29, 1999 to avoid any temporary penalties for noncompliance.

If you would like, our Department can provide you with examples of verified Strategies and answer any Service Delivery questions you may have. Please contact Mike Gleaton at (404) 679-3107 or Kevin DuBose at (404) 679-5242 for assistance.

cc: Jerry Griffin, ACCG Jim Calvin, GMA Alan Mazza, Executive Director Heart of Georgia Altamaha RDC



