GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS

SERVICE DELIVERY STRATEGY

FOR _____ Echols ____ COUNTY

PAGE 1

I. GENERAL INSTRUCTIONS

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

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

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

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

II. LOCAL GOVERNMENTS INCLUDED IN THE SERVICE DELIVERY STRATEGY:

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

Echols County Lowndes, Lanier, Berrien, and Echols Development 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.

See attached Inventory of Existing Services.

Inventory of Existing Services Service Delivery Strategy for Echols County

| Aging | Water/Sewer Inspections | Cemetery | Emergency Mgnt. | E911 | Fire Protection | Garbage Coll.& Dispos. | Industrial Dev. | Jail | Library | Recreation | Sheriff | |
|--------------------|-------------------------|----------|-----------------|------|-----------------|------------------------|-----------------|------|---------|------------|---------|---|
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| Echole Authority / | | | | | | 1 | × | | | | | |

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Instructions

| County: Echols | Service: Aging | |
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| 1. Check the box that best des | cribes the agreed upon delivery arrangement for this service: | |
| | I countywide (i.e., including all cities and unincorporated areas) by government, authority or organization providing the service.) | y a single service provider. (If this box |
| ☐ Service will be provided | only in the unincorporated portion of the county by a single servit, authority or organization providing the service.) | ce provider. (If this box is checked, |
| | provide this service only within their incorporated boundaries, and f this box is checked, identify the government(s), authority or organized | |
| | provide this service only within their incorporated boundaries, and f this box is checked, identify the government(s), authority or organized | |
| | cked, attach a legible map delineating the service area of each or other organization that will provide service within each service | |
| 2. In developing the strategy, ☐ yes ☒ no | were overlapping service areas, unnecessary competition and/or d | luplication of this service identified? |
| | ue under the strategy, attach an explanation for continuing the D.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reinated). | |
| | ninated under the strategy, attach an implementation schedule liesponsible party and the agreed upon deadline for completing it. | sting each step or action that will be |
| • | thority that will help to pay for this service and indicate how the s s, special service district revenues, hotel/motel taxes, franchise tax | |
| Local Government or Authority: | Funding Method: | |
| Echols County | General Fund | |
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| 4. How will the strategy change No Change | ge the previous arrangements for providing and/or funding this ser | vice within the county? |
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| 5. List any formal service deliv | very agreements or intergovernmental contracts that will be used to Contracting Parties: | o implement the strategy for this service Effective and Ending Dates: |
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| 6 William orthogonal action (18 | | |
| o. What other mechanisms (if General Assembly, rate or fee of None | any) will be used to implement the strategy for this service (e.g., ochanges, etc.), and when will they take effect? | ordinances, resolutions, local acts of the |
| None | | |
| | | |
| 7. Person completing form: | Marty LeFiles | |
| Phone number: (912)333- | -5277 Date completed: 5/17/99 | |
| | d be contacted by state agencies when evaluating whether propose | ed local government periods |
| are consistent with the service (| delivery strategy? \(\square\) yes \(\square\) no act person(s) and phone number(s) below: | zo rocar government projects |
| | | Carlo Daniel Company |



Instructions:

| County:Ec | hols | | Service: Water/Sewer I | nspections |
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| 1. Check the bo | x that best desc | cribes the agreed upon | delivery arrangement for this service: | |
| | l, identify the g | | ding all cities and unincorporated are r organization providing the service.) | as) by a single service provider. (If this box |
| ☐ Service w | ill be provided | | ated portion of the county by a single on providing the service.) | service provider. (If this box is checked, |
| One or mounincorpo | ore cities will p rated areas. (If | rovide this service only this box is checked, id | within their incorporated boundaries entify the government(s), authority or | , and the service will not be provided in organization providing the service.) |
| | | | within their incorporated boundaries entify the government(s), authority or | , and the county will provide the service in organization providing the service.) |
| | | | map delineating the service area of at will provide service within each ser | each service provider, and identify the vice area.) |
| 2. In developing ☐ yes ☒ 1 | | were overlapping servi | ce areas, unnecessary competition and | Nor duplication of this service identified? |
| | service (See O | .C.G.A. 36-70-24(1)), | | the arrangement (i.e., overlapping but or reasons that overlapping service areas |
| | | | gy, attach an implementation sched agreed upon deadline for completing | ule listing each step or action that will be it. |
| 3. List each gov funds, user fees | ernment or au , general funds | thority that will help to s, special service distric | pay for this service and indicate how t revenues, hotel/motel taxes, franchis | the service will be funded (e.g., enterprise se taxes, impact fees, bonded indebtedness, et |
| Local Government | or Authority: | Punding Method: | | |
| Echols Cour | nty | General Fund | | |
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| | - | ge the previous arrange | ments for providing and/or funding the | is service within the county? |
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| o. List any form Agreement Name: | ai service deliv | | rgovernmental contracts that will be t atracting Parties: | used to implement the strategy for this service Effective and Ending Dates: |
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| | | | plement the strategy for this service (n will they take effect? | e.g., ordinances, resolutions, local acts of the |
| None | | | | |
| 110110 | | | | |
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| 7 Dames | letina fe | Marty LeFiles | | |
| 7. Person comple Phone number: | _ | | Date completed: 5/17/00 | |
| | | | Date completed: 5/17/99 | |
| ere consistent wi | th the service of | d be contacted by state delivery strategy? [X] act person(s) and phone | | oposed local government projects |



Instructions

| County: Echols | | Service: Cemeter | y | |
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| 1. Check the box that best desc | ribes the agreed upo | on delivery arrangement for this | service: | |
| | | cluding all cities and unincorpor y or organization providing the | rated areas) by a single service provider. (I service.) | if this box |
| | | porated portion of the county by cation providing the service.) | a single service provider. (If this box is ch | necked, |
| | | | oundaries, and the service will not be provi hority or organization providing the service | |
| | | | oundaries, and the county will provide the shority or organization providing the service | |
| | | le map delineating the service that will provide service within | area of each service provider, and identicate each service area.) | ify the |
| ☐ yes 🎇 no | | | tition and/or duplication of this service ide | |
| | .C.G.A. 36-70-24(1) | | ntinuing the arrangement (i.e., overlappolication, or reasons that overlapping services) | |
| If these conditions will be elim | ninated under the stra | ategy, attach an implementation the agreed upon deadline for con | on schedule listing each step or action that impleting it. | will be |
| | | | eate how the service will be funded (e.g., e, franchise taxes, impact fees, bonded inde | |
| Local Government or Authority: | Funding Method: | | | |
| Echols County | General Fur | nd | | |
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| 4. How will the strategy chang No Change | e the previous arran | gements for providing and/or fu | anding this service within the county? | |
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| 5. List any formal service deliv | ery agreements or in | ntergovernmental contracts that | will be used to implement the strategy for | this service: |
| Agreement Name: | (| Contracting Parties: | Effective and Ending | Dates: |
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| 6. What other mechanisms (if a General Assembly, rate or fee of None | uny) will be used to in the hanges, etc.), and with the hanges in the ha | implement the strategy for this s hen will they take effect? | service (e.g., ordinances, resolutions, local | acts of the |
| | | | | |
| 7. Person completing form: | Marty LeFiles | | | |
| Phone number: 912-333-52 | | _ Date completed: 5/17/99 | | |
| are consistent with the service d | elivery strategy? [| ate agencies when evaluating what yes no | nether proposed local government projects | |
| if not, provide designated conta | ct person(s) and pho | ne number(s) below: | | |

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Instructions:

| County | y:Echols | | Service: En | nergency Management | |
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| 1. Che | eck the box that best de | scribes the agreed upor | n delivery arrangemen | t for this service: | |
| i | is checked, identify the | government, authority | or organization provi | nincorporated areas) by a single s ding the service.) | ervice provider. (If this box |
| | Service will be provide | cy Management Ag d only in the unincorpo t, authority or organiza | orated portion of the co | ounty by a single service provide vice.) | r. (If this box is checked, |
| | | | | orated boundaries, and the service nt(s), authority or organization p | |
| | | | | orated boundaries, and the count nt(s), authority or organization p | |
| | | | | e service area of each service proper within each service area.) | rovider, and identify the |
| | developing the strategy | , were overlapping ser | vice areas, unnecessar | y competition and/or duplication | of this service identified? |
| higher | e conditions will conti- levels of service (See apetition cannot be elin | O.C.G.A. 36-70-24(1)) | attach an explanation, overriding benefits o | on for continuing the arrangem of the duplication, or reasons that | nent (i.e., overlapping but overlapping service areas |
| | | minated under the stratesponsible party and the | | mentation schedule listing each ne for completing it. | step or action that will be |
| | | | | and indicate how the service will taxes, franchise taxes, impact | |
| Local G | overnment or Authority: | Funding Method: | | | |
| Echo | ls County | General Fund | | | |
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| | w will the strategy char Change | nge the previous arrang | ements for providing | and/or funding this service within | n the county? |
| 5. List | any formal service del | ivery agreements or inf | tergovernmental contr | acts that will be used to impleme | ent the strategy for this service- |
| | ent Name: | | ontracting Parties: | | Effective and Ending Dates: |
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| | | f any) will be used to it changes, etc.), and wh | | for this service (e.g., ordinances ct? | s, resolutions, local acts of the |
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| 7. Pers | on completing form: | Marty LeFiles | | | _ |
| | number: 912-333- | | _ Date completed: | 5/17/99 | |
| are con | sistent with the service | ald be contacted by state delivery strategy? [stact person(s) and phose | Ŋ yes □ no | uating whether proposed local go | overnment projects |
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Instructions

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| County: Echols | | Service: E911 | | |
| 1. Check the box that best desc | ribes the agreed up | on delivery arrangement for the | nis service: | |
| | | ncluding all cities and unincorr ty or organization providing th | | ervice provider. (If this box |
| | | porated portion of the county l zation providing the service.) | by a single service provider | r. (If this box is checked, |
| | | only within their incorporated , identify the government(s), a | | |
| | | only within their incorporated l, identify the government(s), a | | |
| | | ble map delineating the service with | | ovider, and identify the |
| 2. In developing the strategy, ☐ yes ☑ no | were overlapping se | ervice areas, unnecessary comp | petition and/or duplication | of this service identified? |
| If these conditions will continu higher levels of service (See O or competition cannot be elimi | .C.G.A. 36-70-24(1 | | | |
| If these conditions will be elim taken to eliminate them, the res | | • | • | step or action that will be |
| 3. List each government or aut funds, user fees, general funds | | | | |
| Local Government or Authority: | Funding Method: | | | |
| Echols County | Special Reve | nue Fund- 911 Fees | | |
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| 4. How will the strategy chang No Change | e the previous arrar | ngements for providing and/or | funding this service within | the county? |
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| 5. List any formal service deliv | erv agreements or i | intergovernmental contracts the | at will be used to impleme | nt the strategy for this service: |
| Agreement Name: | • | Contracting Parties: | | Effective and Ending Dates: |
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| 6. What other mechanisms (if a General Assembly, rate or fee c | | | is service (e.g., ordinances, | resolutions, local acts of the |
| None | amingos, cic.), and v | and will usly take circut: | | |
| none | | | | |
| | | | | |
| 7. Person completing form: M | larty LeFiles | | | |
| Phone number:912-333-5 | | Date completed: _5/17/ | 99 | |
| 8. Is this the person who should are consistent with the service d If not, provide designated conta | lelivery strategy? | ate agencies when evaluating X yes no | | vernment projects |
| m nor, provide designated conta | er person(s) and ph | one number(s) below: | | |

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Instructions

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

| County | : Echols | Service: | Fire Protection | |
|-----------------------|--|--|--|--|
| 1. Chec | k the box that b | est describes the agreed upon delivery arrangement | ent for this service: | |
| ₩ S | ervice will be prochecked, identi | rovided countywide (i.e., including all cities and a fy the government, authority or organization pro- nty Volunteer Fire Department | unincorporated areas) by a single semi- | ce provider. (If this box |
| □ se id | ervice will be pr | covided only in the unincorporated portion of the mment, authority or organization providing the se | county by a single service provider. (I ervice.) | f this box is checked, |
| (O | me or more citie nincorporated ar | s will provide this service only within their incoreas. (If this box is checked, identify the government | porated boundaries, and the service we ent(s), authority or organization provi | ill not be provided in ding the service.) |
| O O | ne or more citie | s will provide this service only within their incoreas. (If this box is checked, identify the government | porated boundaries, and the county winent(s), authority or organization provi | If provide the service in ding the service.) |
| O go | ther. (If this box overnment, auth | k is checked, attach a legible map delineating to cority, or other organization that will provide serv | he service area of each service provi vice within each service area.) | der, and identify the |
| LJ: | Acs (V) UO | rategy, were overlapping service areas, unnecess | | |
| · | conditions will levels of service petition cannot l | continue under the strategy, attach an explanate (Sce O.C.G.A. 36-70-24(1)), overriding benefitable eliminated). | tion for continuing the arrangements of the duplication, or reasons that ov | (i.e., overlapping but erlapping service areas |
| If these taken to | conditions will eliminate them | be eliminated under the strategy, attach an imp n, the responsible party and the agreed upon dead | lementation schedule listing each ste line for completing it. | p or action that will be |
| | most roos, Belief | nt or authority that will help to pay for this servic al funds, special service district revenues, hotel/n | e and indicate how the service will be notel taxes, franchise taxes, impact fee | funded (e.g., enterprise es, bonded indebtedness, etc |
| Local Go | vernment or Author | rity: Funding Method: | | |
| Echo | 1s County | General Fund | | |
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| 4. How No | will the strateg | y change the previous arrangements for providing | g and/or funding this service within the | e county? |
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| 5. List | any formal servi at Name: | ice delivery agreements or intergovernmental cor | ntracts that will be used to implement | the strategy for this service: |
| Agreeme | at Name: | Contracting Parties: | | fective and Ending Dates: |
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| | | isms (if any) will be used to implement the strate or fee changes, etc.), and when will they take e | gy for this service (e.g., ordinances, reffect? | esolutions, local acts of the |
| Non | 1e | | | |
| 7 n. | | | | |
| Phone n | on completing for the complete of the complete | orm: Marty LeFiles | | |
| | | Date commercia | 5/17/99 . | |
| are cons If not, p | e die person wh sistent with the s provide designat | so should be contacted by state agencies when every service delivery strategy? X yes no ed contact person(s) and phone number(s) below | raluating whether proposed local gove | rnment projects |
| | | | | |



PAGE 2

Instructions:

| whate cupies of this form and complete one for each service field on many 4 Court and at | |
|--|-----------------|
| Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names, its should be reported to the Department of Community Affairs. | ted on page 1 |
| should be reported to the Department of Community Affairs. |) changes, thir |

| County: Echo | | Service: Garbage Coll | lection & Disposal |
|--|--|--|---|
| 1. Check the box the | at best describes the agreed up | on delivery arrangement for this service | |
| △ Service will be | e provided countywide (i.e., i | ncluding all cities and unincorporated are ity or organization providing the service. | |
| Service will be identify the go | provided only in the uninconvernment, authority or organ | rporated portion of the county by a single ization providing the service.) | e service provider. (If this box is checked, |
| One or more c | ities will provide this service | 253 | es, and the service will not be provided in or organization providing the service.) |
| One or more ci | ties will provide this service areas. (If this box is checked | only within their incorporated boundaried, identify the government(s), authority of | es, and the county will provide the service in or organization providing the service.) |
| Other. (If this government, a | box is checked, attach a legi uthority, or other organization | ble map delineating the service area of that will provide service within each se | feach service provider, and identify the crvice area.) |
| | | () () | |
| 2. In developing the ☐ yes ☑ no | strategy, were overlapping s | ervice areas, unnecessary competition ar | nd/or duplication of this service identified? |
| If these conditions whigher levels of service or competition cannot be a serviced by the service of the service | | y, attach/an explanation for continuir 1)), overriding benefits of the duplication | gate arrangement (i.e., overlapping but or reasons that overlapping service areas |
| If these conditions w | ill be eliminated under the st | | |
| 3. List each government | nent or authority that will hel | n to pay for this service and in the state of | w the service will be funded (e.g., enterprise ise taxes, impact fees, bonded indebtedness, etc |
| Local Government or Au | thority: Funding Method: | and the second s | ise taxes, impact tees, bonded indebtedness, etc |
| Echols County | Enterprise : | Fund - User Fees | |
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| 4. How will the strat | egy change the previous arra | ngements for providing and/or funding t | his service within the county? |
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| 5 List ony formal as | | | |
| Agreement Name: | rvice delivery agreements or | intergovernmental contracts that will be | used to implement the strategy for this service: |
| / | | Contracting Parties: | Effective and Ending Dates: |
| / | | | |
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| / | | | |
| 6. What other mech | anisms (if any) will be used a | | |
| General Assembly, r | ate or fee changes, etc.), and | Implement the strategy for this service | (e.g., ordinances, resolutions, local acts of the |
| None | | will uncy take effect? | |
| / | | | |
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| 7. Person completing | form: Marty LeFile | S | |
| rnone number: 9 | 12-333-5277 | Date completed. 5 /17 /00 | |
| y: ag una me imitan i | With the second the second | | |
| are consistent with the lf not, provide design | e service delivery strategy? ated contact person(s) and pl | yes no no no no no no no n | proposed local government projects |
| | | | |



| 1. Check the box that best describes the agreed upon delivery arrangement for this service: 2. Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this is checked, identify the government, authority or organization providing the service.) 3. Lovades, Lanter, Berrien, and Echola Development Authority 4. 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) detentify the government submorporated areas. (If this box is checked, identify the government(i), suthority or organization providing the service.) 4. One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service unincorporated areas. (If this box is checked, identify the government(i), authority or organization providing the service.) 4. Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify government, authority, or other organization that will provide service within each service area.) 5. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identify larges [not have conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping higher levels of service (See O.C.O.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service or competition cannot be eliminated. 5. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterfunds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebte centred overments or authority. Pandag Method: 6. What other mechanisms (if any) will be used to implement the strategy for this service (| PAGE 2 |
|--|-----------------------------|
| 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 is checked, identify the government, authority or organization providing the service.) Lowrides, Lamier, Berrian, and Echols Bevelopment Authority 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 unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.) One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.) One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service. (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. (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. (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 areas. (If this box is checked, identify the government(s), authority or organization providing the service. Other. (If this box is checked, identify the government(s), auth | d on page 1 changes, thi |
| Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this to checked, identify the government, authority or organization providing the service.) Downdess, Lamiers, Berrien, and Echols Bevelogment Authority Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is check identify the government, authority or organization providing the service.) One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.) One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.) Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify 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 identify yes so no if these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping service is or competition cannot be eliminated.) If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that witakes 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 within the county? No change Scholz County General Fund 4. How will the strategy change the previous arrangements for providing and/or funding this service within the county? No change Sch | |
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| General Assembly, rate or fee changes, etc.), and when will they take effect? | |
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| None | |
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| 7. Person completing form: Marty LeFiles Phone number: 912-333-5277 Date completed: 5/17/99 | |

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects

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

SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Instructions

一一方式 中立 こうかい 南北の京中川 子子本山田中南京 かっ

| | Make copies of this Answer each question should be reported to | s form and complete a below, attaching add the Department of Co | eas for each service listed itional pages as necessary. If mmunity Affairs. | en page 1, Section III. Use exact the contact person for this service (i | y the same service names listed on page 1 isted at the bottom of the page) changes, this |
|---------------------------------|--|---|---|--|--|
| County: Ecl | hols | | Service: | Jail | |
| 1. Check the | box that best desc | ribes the agreed up | on delivery arrangeme | nt for this service: | |
| is check | will be provided of the goal o | overnment, authori | ncluding all cities and u ity or organization prov | nincorporated areas) by a sin iding the service.) | gle service provider. (If this box |
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| 2. In develop ☐ yes ② | | were overlapping s | service areas, unnecessa | ry competition and/or duplication | ation of this service identified? |
| If these condi higher levels | itions will continu | .C.G.A. 36-70-24(| gy, attach an explanat (1)), overriding benefits | ion for continuing the array of the duplication, or reasons | ngement (i.e., overlapping but s that overlapping service areas |
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| 3 List each o | povernment or sui | hority that will he | In to pay for this service | e and indicate how the service | e will be funded (e.g., enterprise npact fees, bonded indebtedness, et |
| E MAILTON TO SALISMAN | - TOTAL | Punding Method: | | | |
| Echols | County | General | Fund | | |
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| 4. How will No Cha | | e the previous arr | angements for providing | g and/or funding this service | within the county? |
| 5. List any fo | ormal service deliv | very agreements of | r intergovernmental con | tracts that will be used to imp | plement the strategy for this service |
| Agreement Nan | ne: | | Contracting Parties: | | Effective and Ending Dates: |
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| 6. What other General Asso | er mechanisms (if embly, rate or fee | any) will be used changes, etc.), and | to implement the strate; I when will they take eff | gy for this service (e.g., ordin fect? | ances, resolutions, local acts of the |
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| 7. Person co | mpleting form: | Marty LeFile | es | * A | |
| Phone number | 912-333 | -5277 | Date completed: | 5/17/99 | |
| 8. Is this the | person who shou | ld be contacted by | state agencies when ev | aluating whether proposed lo | cal government projects |
| re consistent if not, provid | t with the service le designated cont | act person(s) and | phone number(s) below: | | |

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| County: Echols | | | ibrary | |
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| 1. Check the box that best desc | | | | |
| Service will be provided is checked, identify the g | countywide (i.e., include overnment, authority or | fing all cities and uni r organization provid | ncorporated areas) by a single soing the service.) | ervice provider. (If this box |
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| Local Government or Authority: | Funding Method: | | | |
| Echols County | General Fund | | | |
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| 4. How will the strategy change | ge the previous arrange | ments for providing a | nd/or runding this service withi | n the county? |
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| | | | ate that will be used to impleme | at the strategy for this comice. |
| 5. List any formal service deliv Agreement Name: | | rgovernmental contra atracting Parties: | icts that whi be used to impleme | Effective and Ending Dates: |
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| | | A FELL CONTRACTOR | | |
| 6. What other mechanisms (if General Assembly, rate or fee None | any) will be used to im changes, etc.), and who | plement the strategy in will they take effec | for this service (e.g., ordinances 1? | , resolutions, local acts of the |
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| | Marty Tabilas | | | |
| 7. Person completing form: Phone number: 912-333-5 | 5277 | Date completed: _5 | /17/99 | - 1 |
| 8. Is this the person who shou | | | • | overnment projects |
| are consistent with the service If not, provide designated conf | delivery strategy? | yes □ no | ming winding proposed total S | projeva |
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| 1. Check the box that best descr | ibes the agreed upon delivery arrangement for the | his service: |
| is checked, identify the go | overnment, authority or organization providing the | |
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| One or more cities will prunincorporated areas. (If t | ovide this service only within their incorporated his box is checked, identify the government(s), | boundaries, and the county will provide the service in authority or organization providing the service.) |
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| Local Government or Authority: | Funding Method: | |
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| 5. List any formal service deliv | | that will be used to implement the strategy for this service: |
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| 6. What other mechanisms (if a General Assembly, rate or fee of None | any) will be used to implement the strategy for the changes, etc.), and when will they take effect? | this service (e.g., ordinances, resolutions, local acts of the |
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| 7. Person completing form: | Marty LeFiles | |
| Phone number: 912-333-5 | | 7/99 |
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| are consistent with the service | d be contacted by state agencies when evaluatin delivery strategy? [X] yes [] no act person(s) and phone number(s) below: | R with the hologen to an Reveriment broless |
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SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



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|---------------------------------|---|-----------------------------------|------------------------------------|------------------------|
| Make copies of this form and | complete one for each service list | ed on page 1, Section III. Use | exactly the same service nor | mes listed on page 1. |
| Answer each question below, att | aching additional pages as necessary. | If the contact person for this se | rvice (listed at the bottom of the | he page) changes, this |
| hould be reported to the Depart | ment of Community Affairs. | | | |

| County: Echols | Service: Sheriff |
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| | ribes 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 overnment, authority or organization providing the service.) |
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| higher levels of service (See O or competition cannot be eliminated) | |
| If these conditions will be elim taken to eliminate them, the res | inated 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. |
| 3. List each government or aut funds, user fees, general funds | hority 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 indebtedness, etc. |
| Local Government or Authority: | Funding Method: |
| Echols County | General Fund |
| | |
| | |
| | |
| 4. How will the strategy change No Change | the previous arrangements for providing and/or funding this service within the county? |
| 5. List any formal service deliv | ery agreements or intergovernmental contracts that will be used to implement the strategy for this service: Contracting Parties: Effective and Ending Dates: |
| | |
| | |
| | |
| 6. What other mechanisms (if General Assembly, rate or fee | any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the changes, etc.), and when will they take effect? |
| None | |
| | |
| 7. Person completing form: | Marty LeFiles |
| Phone number: 912-333- | - 4 4 |
| are consistent with the service | d be contacted by state agencies when evaluating whether proposed local government projects delivery strategy? yes no act person(s) and phone number(s) below: |
| | |



| OLEGO. | | | Vaki sikaidgi Delivery Arrangements | PAGE |
|---------------------------|--|---|---|--|
| E S | Instructions | | La Company of the second of the | 100 1 100 1 100 1 100 100 100 100 100 1 |
| | Make copies of this | form and complete one for each services a below, staching additional pages as necess the Department of Community Affairs. | listed on page 1, Section III. Use exactly lary. If the contact person for this service (list | the same service names listed on page and at the bottom of the page) changes, the |
| unty: E | chols | Servi | ke: Street / Road Mainter | nance |
| Check the | box that best desc | ibes the agreed upon delivery arran | gement for this service: | |
| is check Echol | ked, identify the go | vernment, authority or organization | | |
| Service identify | will be provided the government, | only in the unincorporated portion of authority or organization providing t | f the county by a single service prov the service.) | ider. (If this box is checked, |
| One or unincor | more cities will pr porated areas. (If | ovide this service only within their is his box is checked, identify the gov | incorporated boundaries, and the ser vernment(s), authority or organization | vice will not be provided in n providing the service.) |
| One or unincor | more cities will pr porated areas. (If | ovide this service only within their in the box is checked, identify the gov | incorporated boundaries, and the covernment(s), authority or organization | unty will provide the service in n providing the service.) |
| Other. (| If this box is chec ment, authority, or | ked, attach a legible map delineati other organization that will provide | ing the service area of each service eservice within each service area.) | e provider, and identify the |
| In develop | | ere overlapping service areas, unne | ecessary competition and/or duplicat | tion of this service identified? |
| these cond | itions will continu | C.G.A. 36-70-24(1)), overriding be | lanation for continuing the arrang nefits of the duplication, or reasons t | gement (i.e., overlapping but that overlapping service areas |
| • | | | implementation schedule listing ea | ach step or action that will be |
| tnese cond ken to elim | inate them the re | ponsible party and the agreed upon | deadline for completing it. | and stop of abundant alan will be |
| | | | | |
| List each | government or au | nority that will help to pay for this s | service and indicate how the service of the service of the service taxes, important taxes, | will be funded (e.g., enterprise |
| | | | Revinoici iaxes, italicilise iaxes, imp | April 1000; Dollado Illadotodiado, |
| al Governme | ent or Authority: | Runding Method: | | |
| chols C | ounty | General Fund | | |
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| 77 | the state of the state of | the annieus arrangements for pro | viding and/or funding this service w | within the county? |
| | | the previous arrangements for pro- | viding and of idiating and service w | · |
| No Chan | ge | | | |
| | | | | |
| | | • | | |
| | | | al contracts that will be used to imple | ament the strategy for this servi |
| | | ery agreements or intergovernments Contracting Parties: | | Effective and Ending Dates: |
| reement Nar | 25. | Company Faces. | | |
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| What ask | a machanisma (if | and will be used to implement the | strategy for this service (e.g., ordinar | nces resolutions local acts of the |
| wnat other | r mecnanisms (ii embly, rate or fee | thanges, etc.), and when will they ta | ake effect? | nces, resolutions, local acts of the |
| | | | | |
| None | | | | |
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7. Person completing form: Marty LeFiles Phone number: 912-333-5277 5/17/99 _ Date completed: _ 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? A yes ao If not, provide designated contact person(s) and phone number(s) below:

SERVICE DELIVERY STRATEGY **SUMMARY OF LAND USE AGREEMENTS**



County: _

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: | Echols |
|-----------------------------------|--|
| 1. What incom the service deli | patibilities or conflicts between the land use plans of local governments were identified in the process of developing very strategy? |
| NoneT | hereare no incorporated communities in Echols County. |
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| | oxes indicating how these incompatibilities or conflicts were addressed: |
| | nents to existing comprehensive plans n of a joint comprehensive plan Note: If the necessary plan amendments, regulations, ordinance |
| other me | easures (amend zoning ordinances; etc. have not yet been formally adopted, indicate when each of the |
| | vironmental regulations, etc.) affected local governments will adopt them. affected local governments will adopt them. |
| n Outer measu | 163 Was Checked, describe aless measures. |
| | |
| | |
| | |
| Summariza (| the process that will be used to resolve disputes when a county disagrees with the proposed land use classification(s) |
| reas to be anne | exed into a city. If the conflict resolution process will vary for different cities in the county, summarize each process |
| Not appl | licableNo cities in Echols County. |
| | |
| | |
| | |
| . What policie | es, procedures and/or processes have been established by local governments (and water and sewer authorities) to |
| nsure that new | extraterritorial water and sewer service will be consistent with all applicable land use plans and ordinances? |
| Not and | diable New Addition on water and cover authorities in Echela County |
| Not appi | licableNo cities or water and sewer authorities in Echols County. |
| | |
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| | |
| | |
| . Person comp | pleting form: Marty LeFiles |
| hone number: | |
| . Is this the pe | erson who should be contacted by state agencies when evaluating whether proposed local government projects are land use plans of applicable jurisdictions? The state agencies when evaluating whether proposed local government projects are land use plans of applicable jurisdictions? |
| | designated contact person(s) and phone number(s) below: |

SERVICE DELIVERY STRATEGY **CERTIFICATIONS**

Instructions:

This page must, at a minimum, be signed by an authorized representative of the following governments: 1) the county; 2) the city serving as the county seat; 3) all cities having 1990 populations of over 9,000 residing within the county; and 4) no less than 50% of all other cities with a 1990 population of between 500 and 9,000 residing within the county. Cities with 1990 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.

| Control Day Harry Can Amory Bon | Echols | COUNTY |
|---------------------------------|--------|--------|
| SERVICE DELIVERY STRATEGY FOR | U.2* | COUNTY |

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

- We have executed agreements for implementation of our service delivery strategy and the attached forms provide an 1. accurate depiction of our agreed upon strategy (O.C.G.A. 36-70-21);
- Our service delivery strategy promotes the delivery of local government services in the most efficient, effective, and 2. 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 3. 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)); and
- Our service delivery strategy ensures that the cost of any services the county government provides (including those jointly funded by the county and one or more municipalities) primarily for the benefit of the unincorporated area of the county are borne by the unincorporated area residents, individuals, and property owners who receive such service (O.C.G.A. 36-70-24 (3)).

| SIGNATURE: | NAME: (Please print or type) | TITLE: | JURISDICTION: | DATE: |
|--------------|---------------------------------|----------|---------------|---------|
| Water Burner | Walter Permenter | Chairman | Echols County | 5/27/99 |
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