## GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS



### SERVICE DELIVERY STRATEGY

FOR EFFINGHAM

COUNTY

PAGE 1

### I. GENERAL INSTRUCTIONS:

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

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.

Effingham County City of Guyton City of Rincon City of Springfield Effingham County Development Authority Effingham 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.

Animal Control, Building Inspection, Building Permits, Code Enforcement, Courts, Drainage Maintenance, E911, Economic Development, Emergency Management, Emergency Medical, Engineering, Extension Service, Fire Protection and Rescue, Forestry, GIS, Hospital, Indigent Defense, Jail, Landfill, Law Enforcement, Mapping, Parks and Recreation, Planning, Public Health Services, Public Works, Registrar, Road / Street Construction, Road / Street Maintenance, Senior Citizens Programs, Social Services, Solid Waste Collection, Solid Waste Management, Storm Water Collection, Subdivision Review, Tax Assessment, Tax Collection, Wastewater Collection and Treatment, Water Supply and Distribution, Zoning



PAGE 2

Instructions:

County: Effingham	Service: Animal Control
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.)
	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, 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:
ffingham County	General Fund Revenues and Fines
	e previous arrangements for providing and/or funding this service within the county?  ue to provide services within the unincorporated and incorporated areas.
No change from previous arra	angements

<ol><li>List any formal service delivery ag service:</li></ol>	reements or intergovernmental contracts that will be	e used to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
N/A		
	ill be used to implement the strategy for this service nges, etc.), and when will they take effect?	(e.g., ordinances, resolutions, local acts of the
7. Person completing form: John B Phone number: (912) 754-2105	. Karrh, Jr.  Date completed: March	24, 1999
	ontacted by state agencies when evaluating whether	
If not, provide designated contact p	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: Effingham	Service: Building Inspection, Building Permits, Planning,
1. Check the box that best describe	Subdivision Review, and Zoning es the agreed upon delivery arrangement for this service:
	atywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is nent, authority or organization providing the service.)
<ul> <li>Service will be provided only identify the government, auth</li> </ul>	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 provide unincorporated areas. (If this	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.)
One or more cities will provide unincorporated areas. (If this	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.)
<ol> <li>In developing the strategy, were</li> <li>Yes   No</li> </ol>	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.C competition cannot be eliminated).	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
If these conditions will be eliminal taken to eliminate them, the respon	ed 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.
<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:
Effingham County	User Fees
City of Guyton	User Fees
City of Rincon	User Fees
City of Springfield	User Fees
	e previous arrangements for providing and/or funding this service within the county?  gements each municipality and the county provided services within their respective

The new arrangement would create a single service provider organization to provide inspection, permitting, subdivision review and zoning services for Effingham County, City of Guyton and the City of Springfield. The City of Rincon would continue to provide services within its corporate limits. Planning services will be provided countywide.

These services will be funded by user fees.

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
TBD (To Be Developed)	(see #6 below)	(see #6 below)
	be created on or before January 1, 2001. T intergovernmental agreements, policies, prot of this plan.	
July 1, 1999 - First meeting of organ	nization team; August 15, 1999 - Draft orga s and Procedures; October 1, 1999 - Submi	
July 1, 1999 - First meeting of organ Preparation of Agreements, Policies	nization team; August 15, 1999 - Draft organs and Procedures; October 1, 1999 - Submi Implement new organization.	
July 1, 1999 - First meeting of organ Preparation of Agreements, Policies City Councils; December 1, 1999 - 17. Person completing form: John B. K	nization team; August 15, 1999 - Draft organs and Procedures; October 1, 1999 - Submi Implement new organization.	it for approval by County Commission and



PAGE 2

### Instructions:

County: Effingham	Service: Code Enforcement
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.)
	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 service organization that will provide service within each service area.)
<ol> <li>In developing the strategy, were</li> <li>Yes ✓ 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.
	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:
Effingham County	Fines, Fees, and General Fund Revenues
City of Guyton	Fines, Fees, and General Fund Revenues
City of Rincon	Fines, Fees, and General Fund Revenues
City of Springfield	Fines, Fees, and General Fund Revenues
Effingham County will continu	e previous arrangements for providing and/or funding this service within the county?  The to provide services within the unincorporated areas and for the City of Guyton. The seld will provide services within their corporate limits.
No change from previous arra	angements.

A argament Name.	C	
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
N/A		
<ol><li>What other mechanisms (if any) will be General Assembly, rate or fee changes,</li></ol>	used to implement the strategy for this service	e (e.g., ordinances, resolutions, local acts of the
N/A	etc.), and when will they take effect?	
	etc.), and when will they take effect?	
N/A	Date completed: March	24, 1999
7. Person completing form: John Karrh Phone number: (912) 754-2105	Date completed: March	

# SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

Instructions:

County: Effingham	Service: Courts
1. Check the box that best describ	es the agreed upon delivery arrangement for this service:
<ul> <li>Service will be provided cou checked, identify the govern</li> </ul>	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.)
	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.)
	, 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, 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 i.
	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:
Effingham County	Fines, fees, forfeitures supplemented by General Fund Revenues
City of Guyton	Fines, fees, forfeitures supplemented by General Fund Revenues
City of Rincon	Fines, fees, forfeitures supplemented by General Fund Revenues
City of Springfild	Fines, fees, forfeitures supplemented by General Fund Revenues
Cities will continue to provide	e previous arrangements for providing and/or funding this service within the county?  municipal court services within their respective jurisdictions only. The County will vices within the entire County (except for municipal court).
The Cities will continue to pro	ovide a higher level of service.
No change from previous arm	angements.
{City services do not overlap	or duplicate services provided by the County}

<ol> <li>List any formal service delivery agree service:</li> </ol>	ements or intergovernmental contracts that will be	be used to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
N/A		
6. What other mechanisms (if any) will General Assembly, rate or fee change	be used to implement the strategy for this services, etc.), and when will they take effect?	e (e.g., ordinances, resolutions, local acts of the
7. Person completing form: John B. K	Karrh, Jr.	
Phone number: (912) 754-2105	Date completed: March	24, 1999
8. Is this the person who should be cont consistent with the service delivery st	acted by state agencies when evaluating whether trategy?  Yes No	proposed local government projects are
If not, provide designated contact per	son(s) and phone number(s) below:	



PAGE 2

Instructions:

respective jurisdictions)

County: Effingham	Service: Drainage Maintenance
1. Check the box that best de	scribes the agreed upon delivery arrangement for this service:
<ul> <li>Service will be provided checked, identify the go</li> </ul>	d countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is evernment, authority or organization providing the service.)
<ul> <li>Service will be provided identify the government</li> </ul>	only in the unincorporated portion of the county by a single service provider. (If this box is checked, authority or organization providing the service.)
<ul> <li>One or more cities will punincorporated areas. (I</li> </ul>	provide this service only within their incorporated boundaries, and the service will not be provided in f this box is checked, identify the government(s), authority or organization providing the service.)
One or more cities will punincorporated areas. (I	provide this service only within their incorporated boundaries, and the county will provide the service in f this box is checked, identify the government(s), authority or organization providing the service.)
Other. (If this box is che government, authority, o	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?
If these conditions will continuing higher levels of service (See competition cannot be elimin	nue 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 ated).
If these conditions will be eli taken to eliminate them, the r	minated under the strategy, attach an implementation schedule listing each step or action that will be esponsible party and the agreed upon deadline for completing it.
3. List each government or au funds, user fees, general fu indebtedness, etc.).	thority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise ands, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Author	ity: Funding Method:
Effingham County	Sales Tax, General Fund
City of Guyton	Sales Tax, General Fund
City of Rincon	Sales Tax, General Fund
City of Sringfield	Sales Tax, General Fund
	ge the previous arrangements for providing and/or funding this service within the county? el will coordinate maintenance and improvements to ensure proper drainage and flow. rrangements.
{Effingham County will pr	rovide services within the unincorporated area and the Cities will provide services within their

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
N/A		
General Assembly, rate or fee changes	etc.), and when will they take effect?	
N/A		
N/A	ırrh, JR.	 24, 1999
7. Person completing form: John B. Ka Phone number: (912) 754-2105	orrh, JR.  Date completed: March  sted by state agencies when evaluating whether	

# SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



### Instructions:

County: Effingham	Service: E911 / Communication
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 iment, 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.)
	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.)
<ol> <li>In developing the strategy, were ☐ Yes ☑ No</li> </ol>	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)	under 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 of the duplication.
If these conditions will be elimina taken to eliminate them, the respo	ated under the strategy, attach an implementation schedule listing each step or action that will be onsible 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>	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:
Effingham County	User Fees, General Fund Revenues ;Fines, Fees,
	Forfeitures; Sales Tax; Grants; Impact Fees:
4. How will the strategy change th	ne previous arrangements for providing and/or funding this service within the county?
The Effingham County Sheriff all municipalities. A Commun operation and will conduct a s	it's Department will continue to provide E911 / Communication services for the County and nications Commission will provide operational feedback and long-range oversight on the study beginning on or before January 1, 2000 through July 1, 2000 to determine his strategy will be reconsidered on or before July 1, 2000.

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
rigitality i mile.		
N/A		
General Assembly, rate or fee changes, e	c.), and when will they take effect?	
N/A		
N/A 7. Person completing form: John B. Karrh	n, Jr.	
	n, JrDate completed: March:	24, 1999
7. Person completing form: John B. Karrl Phone number: (912) 754-2105	Date completed: March	

# SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Instructions:

County: Effingham	Service: Economic Development
	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 tent, 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.)
	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 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?
If these conditions will continue un higher levels of service (See O.C.G competition cannot be eliminated).	der the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but i.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or
If these conditions will be eliminate taken to eliminate them, the respons	ed 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.
<ol> <li>List each government or authority funds, user fees, general funds, s indebtedness, etc.).</li> </ol>	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:
ndustrial Development Authority	Assistance from County and municipalities General Fund, CIP, and G.O. Bonds
Dev. Auth. of Effingham County	Assistance from County and municipalities General Fund, CIP, and G.O. Bonds
4. How will the street and have the	
The Development Authorities v development services through	previous arrangements for providing and/or funding this service within the county?  vill continue to provide commercial and industrial recruiting services and economic out the entire County. The County and municipalities will continue to support the sand continue providing funding assistance.
No change to existing service s	strategy.

<ol><li>List any formal service delivery agreem service:</li></ol>	ents or intergovernmental contracts that will be	be used to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
N/A		
6. What other mechanisms (if any) will be General Assembly, rate or fee changes,		ce (e.g., ordinances, resolutions, local acts of the
7. Person completing form: John B. Ka		
Phone number: (912) 754-2105	Date completed: March	n 24, 1999
8. Is this the person who should be contact consistent with the service delivery stra	eted by state agencies when evaluating whethe ategy?	r proposed local government projects are
If not, provide designated contact person	on(s) and phone number(s) below:	

# SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Instructions:

County: Effingham County	Service: Emergency Management
1. Check the box that best descri	bes the agreed upon delivery arrangement for this service:
Service will be provided co checked, identify the gover	untywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box nment, authority or organization providing the service.)
	ly in the unincorporated portion of the county by a single service provider. (If this box is checked, thority or organization providing the service.)
	ride this service only within their incorporated boundaries, and the service will not be provided in is box is checked, identify the government(s), authority or organization providing the service.)
Carrier and an activities and a series and a	vide this service only within their incorporated boundaries, and the county will provide the service in is 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 ther organization that will provide service within each service area.)
<ol> <li>In developing the strategy, we</li> <li>☐ Yes ☑ No</li> </ol>	re overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will continue higher levels of service (See O.C competition cannot be eliminated	under the strategy, <b>attach an explanation for continuing the arrangement</b> (i.e., overlapping but C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas 1).
If these conditions will be eliminated them, the resp	nated under the strategy, attach an implementation schedule listing each step or action that will be onsible 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>	ority that will help to pay for this service and indicate how the service will be funded (e.g., enterprises, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
Effingham County	General Fund, Grants, Fine Ad-ons, taxes, assessments, impact fees, SPLOST,
	Excise taxes, Governors Discretionary Fund, Contributions
	he previous arrangements for providing and/or funding this service within the county? be provided by Effingham County.
No change to previous arran	gements.

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
	Conducting 1 across	
N/A		
	I be used to implement the strategy for this service ges, etc.), and when will they take effect?	ee (e.g., ordinances, resolutions, local acts of the
N/A		
N/A 7. Person completing form: John B.	Karrh Jr.	
	Karrh Jr.  Date completed: March	n 24, 1999

# SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Instructions:

County: Effingham	Service: Emergency Medical Service
•	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, tority 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.)
<ol> <li>In developing the strategy, were</li> <li>Yes ✓ No</li> </ol>	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.C competition cannot be eliminated).	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
If these conditions will be eliminat taken to eliminate them, the respon	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:
Effingham County	User Fees; Insurance; Federal / State Assistance; General Fund
How will the strategy change the Effingham County will continue	e previous arrangements for providing and/or funding this service within the county?  e to provide EMS services throughout the entire County.
No change from previous arra	ngements.

	Contracting Parties:	Effective and Ending Dates:
Agreement Name:	Contracting Parties.	Effective and Ending Dates.
N/A		
		ce (e.g., ordinances, resolutions, local acts of the
General Assembly, rate or fee changes, on N/A	etc.), and when will they take elect?	
N/A		1 24, 1999
7. Person completing form: John B. Karn Phone number: (912) 754-2105	h Jr.  Date completed: Marched by state agencies when evaluating whether	

# SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

### Instructions:

- Effingham County	Service: Engineering (Design)
County: Effingham County	
	es the agreed upon delivery arrangement for this service:
checked, identify the government	itywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is ment, authority or organization providing the service.)
<ul> <li>Service will be provided only identify the government, auth</li> </ul>	in the unincorporated portion of the county by a single service provider. (If this box is checked, ority or organization providing the service.)
<ul> <li>One or more cities will provide unincorporated areas. (If this</li> </ul>	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.)
✓ One or more cities will provide unincorporated areas. (If this	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.)
<ol> <li>In developing the strategy, were</li> <li>Yes ✓ 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, <b>attach an implementation schedule</b> 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:
Effingham County	Sales Tax, General Fund
City of Guyton	Sales Tax, General Fund
City of Rincon	Sales Tax, General Fund
ity of Springfield	Sales Tax, General Fund
	e previous arrangements for providing and/or funding this service within the county?  nunicipality will continue to provide Engineering services within their respective gements.

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
N/A		
General Assembly, rate or fee changes, e		ce (e.g., ordinances, resolutions, local acts of the
N/A		
N/A		n 24, 1999
N/A 7. Person completing form: John B. Karr	n Jr.  Date completed: March d by state agencies when evaluating whethe	

### SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Instructions:

County: Effingham	Service: Extension Service
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.)
	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.)
<ol> <li>In developing the strategy, were Yes ✓ No</li> </ol>	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)	under 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 ).
If these conditions will be elimina taken to eliminate them, the respo	ated under the strategy, attach an implementation schedule listing each step or action that will be unsible 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:
JGA Extension Service	State funding supplemented by County General Fund
4. How will the strategy change th	e previous arrangements for providing and/or funding this service within the county?
This service will continue to b	re provided by the University of Georgia Extension Service. The County will provide not through General Fund Revenues. Programs of the Extension Service are available to
No change from existing serv	ice delivery.

· None	Contracting Parties:	Effective and Ending Dates:
Agreement Name:	Contracting 1 actes.	
N/A		
	1	ca (a.g. ordinances resolutions local acts of t
6. What other mechanisms (if any) will be t	ised to implement the strategy for this service	ce (e.g., ordinances, resolutions, local acts of
General Assembly, rate or fee changes, e	ic.), and when will they take effect:	
<b></b>		
N/A		
<b></b>		
N/A		h 24, 1999
N/A  7. Person completing form: John B. Karr	h, JrDate completed: Marcl	
7. Person completing form: John B. Karr Phone number: (912) 754-2105	h, Jr.  Date completed: Marched by state agencies when evaluating whether	

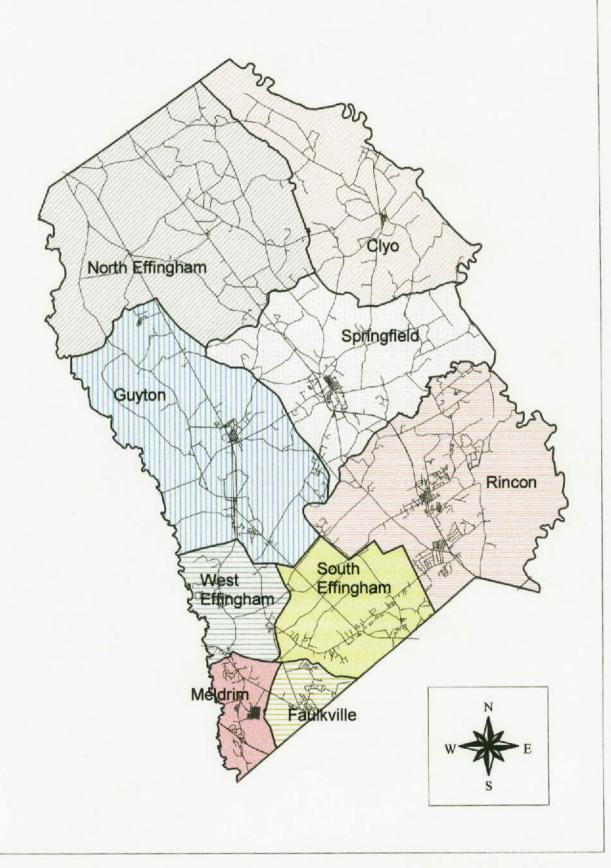
# SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

### Instructions:

County: Effingham	Service: Fire Protection
	es the agreed upon delivery arrangement for this service:
☐ Service will be provided coun	itywide (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	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.)
	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 ✓ 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:
City of Guyton	User Fees, General Fund, State & federal funds, contracts, contributions, other fees
City of Rincon	User Fees, General Fund, State & federal funds, contracts, contributions, other fees
City of Springfield	User Fees, General Fund, State & federal funds, contracts, contributions, other fees
ffingham County (ind.)	User Fees, General Fund, State & federal funds, contracts, contributions, other fees
above entities)	sales tax, bonds, impact fees, exactions, excise tax, subsciptions, inmate labor
	e previous arrangements for providing and/or funding this service within the county?  e provided by each municipality and by independent Fire Departments within the County.
No change from previous stru	cture or arrangements. (See attached map for service boundaries.)

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
N/A		
WA		
N/A	c.), and when will they take effect?	
7 Person completing form: John B. Karri		
7. Person completing form: John B. Karri Phone number: (912) 754-2105		24, 1999
7. Person completing form: John B. Karr	n Jr.  Date completed: March d by state agencies when evaluating whether	

# Fire Districts of Effingham County



### SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



### Instructions:

County: Effingham	Service: Forestry
1. Check the box that best describ	es the agreed upon delivery arrangement for this service:
Service will be provided cou checked, identify the govern	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.)
	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.)
	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.)
2. In developing the strategy, were ☐ Yes ☑ No	e overlapping service areas, unnecessary competition and/or duplication of this service identified?
	ander 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 ).
	ated under the strategy, attach an implementation schedule listing each step or action that will be ensible 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:
Georgia Forestry Service	State / Federal Funding with supplemental assistance from County General Fund
111111111111111111111111111111111111111	
4. How will the strategy change th	ne previous arrangements for providing and/or funding this service within the county?
	provided by the Forestry Service. The County will continue to provide funding assistance to
No change from previous ser	vice delivery arrangements.

Agraamant Name:	Contracting Parties:	Effective and Ending Dates:
Agreement Name:	Contracting 1 artics.	Interior and Enting Dates.
N/A		
		e (e.g., ordinances, resolutions, local acts of the
N/A	tc.), and when will they take effect?	
N/A		24, 1999
7. Person completing form: John B. Karr Phone number: (912) 754-2105	h, Jr.  Date completed: March d by state agencies when evaluating whethe	



PAGE 2

### Instructions:

County: Effingham	Service: GIS / Mapping
1. Check the box that best describ	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 is ament, authority or organization providing the service.)
	y in the unincorporated portion of the county by a single service provider. (If this box is checked, thority 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.)
One or more cities will prov unincorporated areas. (If thi	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.)
	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.)
<ol> <li>In developing the strategy, wer</li> <li>Yes ☑ No</li> </ol>	re overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will continue unhigher levels of service (See O.C. competition cannot be eliminated	under 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 ).
If these conditions will be eliminate taken to eliminate them, the response	ated under the strategy, attach an implementation schedule listing each step or action that will be onsible 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>	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:
Effingham County	General Fund; User Fees; Grants
Effingham County will provide	ne previous arrangements for providing and/or funding this service within the county?  e GIS / Mapping services to the municipalities as part of the existing County functions.  lo not provide mapping services.

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
N/A		
<ol><li>What other mechanisms (if any) will General Assembly, rate or fee change</li></ol>	be used to implement the strategy for this service	e (e.g., ordinances, resolutions, local acts of the
N/A	es, etc.), and when will they take effect?	
N/A		24, 1999
7. Person completing form: John B. Phone number: (912) 754-2105	Karrh Jr.  Date completed: March tacted by state agencies when evaluating whether	



PAGE 2

### Instructions:

County: Effingham	Service: Hospital
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.)
	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.)
	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.)
<ol> <li>In developing the strategy, were ☐ Yes ☑ No</li> </ol>	e overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will continue unhigher levels of service (See O.C. competition cannot be eliminated)	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 ).
If these conditions will be eliminataken to eliminate them, the respo	nted under the strategy, attach an implementation schedule listing each step or action that will be insible 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:
Hospital Authority	User Fees, Insurance supplemented by Tax Revenues and G.O. Bonds
	tal Authority will continue to provide hospital services for all residents of the County.
No change from previous arra	angements.

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
N/A		
<ol><li>What other mechanisms (if any) will be u General Assembly, rate or fee changes, e</li></ol>		ee (e.g., ordinances, resolutions, local acts of t
	reight mile in men in mile y mile entreet.	
N/A		
N/A		
N/A		
	n, Jr.	
	n, Jr Date completed: March	1 24, 1999
7. Person completing form: John B. Karrl	Date completed: March d by state agencies when evaluating whether	



PAGE 2

### Instructions:

County: Effingham	Service: Indigent Defense
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.)
	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 ner organization that will provide service within each service area.)
<ol> <li>In developing the strategy, were ☐ Yes ☑ No</li> </ol>	e overlapping service areas, unnecessary competition and/or duplication of this service identified?
	ander 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 it.
	atted under the strategy, attach an implementation schedule listing each step or action that will be unsible 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:
Effingham County	General Fund Revenues
The County will continue to p the Effingham County Superi	re previous arrangements for providing and/or funding this service within the county?  rovide indigent defense services to all residents (that qualify) of Effingham County within or Court and Effingham County State Court.
No change to existing arrang	ements.

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
N/A		
<ol> <li>What other mechanisms (if any) will be General Assembly, rate or fee changes, or</li> </ol>	used to implement the strategy for this service etc.), and when will they take effect?	e (e.g., ordinances, resolutions, local acts of the
N/A		
N/A  7. Person completing form: John B. Karr	h, Jr.	
	h, JrDate completed: March	24, 1999
7. Person completing form: John B. Karr Phone number: (912) 754-2105	Date completed: March	



PAGE 2

### Instructions:

County: Effingham	Service: Jail
1. Check the box that best des	cribes the agreed upon delivery arrangement for this service:
Service will be provided checked, identify the gov	countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is rernment, authority or organization providing the service.)
	only in the unincorporated portion of the county by a single service provider. (If this box is checked, authority or organization providing the service.)
	rovide this service only within their incorporated boundaries, and the service will not be provided in this box is checked, identify the government(s), authority or organization providing the service.)
	rovide this service only within their incorporated boundaries, and the county will provide the service in this box is checked, identify the government(s), authority or organization providing the service.)
	ked, 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, v ☐ Yes ☑ No	were overlapping service areas, unnecessary competition and/or duplication of this service identified?
	the under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but 0.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or ted).
	ninated under the strategy, attach an implementation schedule listing each step or action that will be sponsible party and the agreed upon deadline for completing it.
<ol><li>List each government or aut funds, user fees, general fur indebtedness, etc.).</li></ol>	hority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise ads, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authorit	cy: Funding Method:
Effingham County	User Fees (State and Cities), General Fund Revenues; Fine; Fine Ad-ons
	te the previous arrangements for providing and/or funding this service within the county?  Iterriff's Department will continue to provide jail services for the County and all municipalities.
No change to existing arra	angements.

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
N/A		
<ol> <li>What other mechanisms (if any) will be General Assembly, rate or fee changes,</li> </ol>	e used to implement the strategy for this service	e (e.g., ordinances, resolutions, local acts of the
N/A	, etc.), and when will they take effect?	
N/A		24, 1999
7. Person completing form: John B. Ka Phone number: (912) 754-2105	rrh, Jr.  Date completed: Marcheted by state agencies when evaluating whether	



PAGE 2

Instructions:

County: Effingham	Service: Landfill
1. Check the box that best describ	es the agreed upon delivery arrangement for this service:
Service will be provided cour checked, identify the govern	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, nority or organization providing the service.)
☐ One or more cities will proviounincorporated 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 ter organization that will provide service within each service area.)
<ol> <li>In developing the strategy, were</li> <li>Yes ✓ No</li> </ol>	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 assible 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>	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:
ffingham County	Sales Tax, User Fees, General Fund; Grants
4. How will the strategy change th	e previous arrangements for providing and/or funding this service within the county?
The County will provide coun future.	ty-wide services through an inert landfill. Other landfill services will be determined in the
No change from previous arra	angements.

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
N/A		Dates.
General Assembly, rate or fee cha	will be used to implement the strategy for this service anges, etc.), and when will they take effect?	(v.g., oranialees, resolutions, rocal acts of the
N/A		
N/A  7. Person completing form: John I	B. Karrh, Jr.	
		24, 1999
7. Person completing form: <u>John I</u> Phone number: <u>(912)</u> 754-2105	Date completed: March	



PAGE 2

Instructions:

County: Effingham	Service: Law Enforcement
1. Check the box that best describ	es the agreed upon delivery arrangement for this service:
Service will be provided cou checked, identify the govern	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.)
<ul> <li>Service will be provided only identify the government, aut</li> </ul>	y in the unincorporated portion of the county by a single service provider. (If this box is checked, hority or organization providing the service.)
One or more cities will provi unincorporated areas. (If this	de this service only within their incorporated boundaries, and the service will not be provided in a box is checked, identify the government(s), authority or organization providing the service.)
One or more cities will provi unincorporated areas. (If this	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, 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 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:
Effingham County	Advalorem; Fines, Fees, Forfeitures; Sales Tax; Grants; Asset Forfeitures
City of Rincon	Advalorem; Fines, Fees, Forfeitures; Sales Tax; Grants; Asset Forfeitures
City of Springfield	Advalorem; Fines, Fees, Forfeitures; Sales Tax; Grants; Asset Forfeitures
The Effingham County Sherif unincorporated areas and wit operating law enforcement se	e previous arrangements for providing and/or funding this service within the county?  It's Department will continue to provide law enforcement services within the chin the municipal boundaries. The municipalities of Rincon and Springfield will continue ervices as a higher level of service. Overlapping services areas are due to the State of the Sheriff law enforcement jurisdiction throughout the entire County.
No change to existing arrang	

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
N/A		
6. What other mechanisms (if any) General Assembly, rate or fee c	will be used to implement the strategy for this service hanges, etc.), and when will they take effect?	e (e.g., ordinances, resolutions, local acts of t
N/A		
7. Person completing form: John Phone number: (912) 754-210		24, 1999



PAGE 2

Instructions:

County: Effingham	Service: Parks and Recreation
1. Check the box that best describe	es the agreed upon delivery arrangement for this service:
☐ Service will be provided cour	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 identify the government, author	in the unincorporated portion of the county by a single service provider. (If this box is checked, pority or organization providing the service.)
☐ One or more cities will provide 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.)
☐ One or more cities will provide unincorporated areas. (If this	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.)
<ol> <li>In developing the strategy, were</li> <li>Yes □ No</li> </ol>	overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will continue un nigher levels of service (See O.C.Competition cannot be eliminated)	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
If these conditions will be eliminal aken to eliminate them, the respon	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:
ffingham County (ind.)	General Fund; Grants; Sales Tax; Impact Fees; User Fees; Private Sources;
ity of Guyton	General Fund; Grants; Sales Tax; Impact Fees; User Fees; Private Sources;
ity of Rincon	General Fund; Grants; Sales Tax; Impact Fees; User Fees; Private Sources;
ity of Springfield	General Fund; Grants; Sales Tax; Impact Fees; User Fees; Private Sources;
The County will continue to p Cities of Guyton, Rincon and	e previous arrangements for providing and/or funding this service within the county? rovide service to the unincorporated area as well as within all municipal boundaries. The Springfield will provide services within their boundaries and the unincorporated area as a ervice will be provided countywide by all entities.
No change to previous arrange	pements.

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
N/A		
6. What other mechanisms (if any)	will be used to implement the strategy for this service	(e.g., ordinances, resolutions, local acts of
N/A	anges, etc.), and when will they take effect?	
N/A		
	B. Karrh, Jr.	24, 1999



PAGE 2

#### Instructions:

County: Effingham	Service: Public Health Services
1. Check the box that best describ	bes the agreed upon delivery arrangement for this service:
Service will be provided cou	intywide (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 identify the government, aut	y in the unincorporated portion of the county by a single service provider. (If this box is checked, hority or organization providing the service.)
☐ One or more cities will provi unincorporated areas. (If this	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.)
☐ One or more cities will provi unincorporated areas. (If this	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.)
<ol> <li>In developing the strategy, were ☐ Yes  No</li> </ol>	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 ).
If these conditions will be elimina taken to eliminate them, the respo	atted under the strategy, attach an implementation schedule listing each step or action that will be insible 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:
Health Department	State Funding supplemented by County General Fund
	ne previous arrangements for providing and/or funding this service within the county?
No change from previous arr	angements.

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
N/A		Ducis.
General Assembly, rate or fee cha	vill be used to implement the strategy for this service inges, etc.), and when will they take effect?	(e.g., ordinances, resolutions, local acts of t
N/A		
	3. Karrh, Jr.	
N/A  7. Person completing form: John E  Phone number: (912) 754-2105		24, 1999



PAGE 2

Instructions:

changes, this should	be reported to the Department of Community Affairs.
County: Effingham	Service: Public Works (Administrative Functions)
I. Check the box that best describe	es the agreed upon delivery arrangement for this service:
☐ Service will be provided cour checked, identify the government	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 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.)
	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.)
	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.)
<ol> <li>In developing the strategy, were</li> <li>Yes ✓ No</li> </ol>	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, 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
If these conditions will be eliminate them, the responsible.	ed 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:
ffingham County	General Fund
ity of Guyton	General Fund
ity of Rincon	General Fund
ity of Springfield	General Fund
The County and municipalitie	e previous arrangements for providing and/or funding this service within the county?  s will continue to provide services within their respective boundaries. The municipalities  Works (administrative functions) as a higher level of service to the residents. Effingham ain Public Works services for the benefit of all residents.
No change from existing arra	ngements.

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
N/A		- Table Dates.
N/A	c.), and when will they take effect?	
N/A		24, 1999
N/A  7. Person completing form: John B. Karrh	n, Jr.  Date completed: March I by state agencies when evaluating whether	



PAGE 2

#### Instructions:

AT CHICA PRODUCTION OF A SECURITION OF A SECUR
Service: Registrar
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, 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.)
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.
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
General Fund
General Fund
General Fund
e previous arrangements for providing and/or funding this service within the county?  ue to provide registration forms within their respective boundaries. Effingham County will houghout the entire County for County-wide election purposes. All records will continue to ar.  ements.

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
N/A		
6. What other mechanisms (if any) w	vill be used to implement the strategy for this service	e (e.g., ordinances, resolutions, local acts of t
General Assembly, rate or fee cha	nges, etc.), and when will they take effect?	
N/A		
N/A		
N/A		
N/A 7. Person completing form: John E	3. Karrh, Jr.	
		24, 1999
7. Person completing form: John E Phone number: (912) 754-2105	Date completed: March	



PAGE 2

Instructions:

County: Effingham	Service: Road / Street Maintenance
1. Check the box that best describe	es the agreed upon delivery arrangement for this service:
<ul> <li>Service will be provided counchecked, identify the government</li> </ul>	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.)
	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 ✓ No</li> </ol>	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.C competition cannot be eliminated).	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
If these conditions will be eliminat taken to eliminate them, the respor	ed 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:
Effingham County	Federal, State, Sales Tax, and General Fund
City of Guyton	Federal, State, Sales Tax, and General Fund
City of Rincon	Federal, State, Sales Tax, and General Fund
City of Springfield	Federal, State, Sales Tax, and General Fund
4. How will the strategy change th	e previous arrangements for providing and/or funding this service within the county?
Effingham County and all mui	nicipalities will continue to provide services within their respective jurisdictions. Effingham all municipalities with road/street projects as needed and resources will allow.
No change from previous arra	angements.

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
N/A		
General Assembly, rate or fee cha	vill be used to implement the strategy for this service anges, etc.), and when will they take effect?	e (e.g., ordinances, resolutions, local acts of
N/A		
N/A  7. Person completing form: John E	3. Karrh, Jr.	
		24, 1999
7. Person completing form: <u>John E</u> Phone number: (912) 754-2105	Date completed: March ontacted by state agencies when evaluating whether	



PAGE 2

#### Instructions:

County: Effingham	Service: Road / Street Construction
1. Check the box that best describe	s the agreed upon delivery arrangement for this service:
☐ Service will be provided coun	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	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.)
One or more cities will provid unincorporated areas. (If this	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 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?
	der the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but i.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 sible party and the agreed upon deadline for completing it.
<ol> <li>List each government or authorit funds, user fees, general funds, s indebtedness, etc.).</li> </ol>	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:
ffingham County	Federal, State, Sales Tax and General Fund Revenues; Grants
tity of Guyton	Federal, State, Sales Tax and General Fund Revenues; Grants
ity of Rincon	Federal, State, Sales Tax and General Fund Revenues; Grants
ity of Springfield	Federal, State, Sales Tax and General Fund Revenues; Grants
4. How will the strategy change the Effingham County and each no No change from previous arra	previous arrangements for providing and/or funding this service within the county?  nunicipality will continue to provide services within their jurisdiction.  ngements.

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
N/A		
6. What other mechanisms (if any) w General Assembly, rate or fee cha	vill be used to implement the strategy for this service nges, etc.), and when will they take effect?	(e.g., ordinances, resolutions, local acts of the
N/A		
7. Person completing form: John B Phone number: (912) 754-2105		24, 1999
7. Person completing form: John B Phone number: (912) 754-2105	Date completed: March ontacted by state agencies when evaluating whether	



PAGE 2

Instructions:

the agreed upon delivery arrangement for this service:  wide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is not, authority or organization providing the service.)  the unincorporated portion of the county by a single service provider. (If this box is checked, ity 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 in the county of the service i
the unincorporated portion of the county by a single service provider. (If this box is checked, ity or organization providing the service.)  this service only within their incorporated boundaries, and the service will not be provided in ox 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 ox is checked, identify the government(s), authority or organization providing the service in ox is checked, identify the government(s), authority or organization providing the service.)  ttach a legible map delineating the service area of each service provider, and identify the
this service only within their incorporated boundaries, and the service will not be provided in ox 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 ox is checked, identify the government(s), authority or organization providing the service.) ttach a legible map delineating the service area of each service provider, and identify the
this service only within their incorporated boundaries, and the county will provide the service in ox is checked, identify the government(s), authority or organization providing the service in the track a legible map delineating the service area of each service provider, and identify the
ox is checked, identify the government(s), authority or organization providing the service.)  ttach a legible map delineating the service area of each service provider, and identify the
ttach a legible map delineating the service area of each service provider, and identify the
organization that will provide service within each service area.)
verlapping service areas, unnecessary competition and/or duplication of this service identified?
er 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 o
d under the strategy, attach an implementation schedule listing each step or action that will be ible party and the agreed upon deadline for completing it.
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
Funding Method:
State, Federal and County General Fund
General Fund
previous arrangements for providing and/or funding this service within the county?  to provide Senior Citizens services to all residents of the County. The City of Rincon program within the incorporated limits of Rincon as a higher level of service.

service:	ents of intergovernmental conducts that will t	be used to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
N/A		
		e (e.g., ordinances, resolutions, local acts of the
General Assembly, rate or fee changes,  N/A	etc.), and when will they take effect?	
N/A	rh, Jr.	
		n 24, 1999
7. Person completing form: John B. Kar Phone number: (912) 754-2105	rh, Jr.  Date completed: Marched by state agencies when evaluating whethe	



PAGE 2

Instructions:

County: Effingham	Service: Social 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 government	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.)
<ul> <li>Service will be provided only identify the government, auth</li> </ul>	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	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	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.)
<ul> <li>Other. (If this box is checked, government, authority, or oth</li> </ul>	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?
If these conditions will continue un higher levels of service (See O.C.C competition cannot be eliminated)	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 .
taken to eliminate them, the respon	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 authori 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:
DFCS	State, supplemented by County General Fund
4. How will the strategy change th	ne previous arrangements for providing and/or funding this service within the county?
This service will be provided	countywide by the Department of Family and Children Services.
No change to previous arran-	gements.

service:	rections of mergo terminate continues that was	be used to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
N/A		
General Assembly, rate or fee cha	vill be used to implement the strategy for this service inges, etc.), and when will they take effect?	~ (v.g., o.u
N/A		
	3. Karrh, Jr.	
7. Person completing form: John E Phone number: (912) 754-2105		n 24, 1999



PAGE 2

Instructions:

No change to previous arrangements.

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: Effingham	Service: Solid Waste Collection
1. Check the box that best describe	es the agreed upon delivery arrangement for this service:
<ul> <li>Service will be provided cour checked, identify the government</li> </ul>	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.)
<ul> <li>Service will be provided only identify the government, auth</li> </ul>	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	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.)
One or more cities will provid unincorporated areas. (If this	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.)
Other. (If this box is checked, government, authority, or oth	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   No</li> </ol>	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 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 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:
Effingham County	User Fees, Insurance Premium Rollback
City of Guyton	User Fees
City of Rincon	User Fees
City of Springfield	User Fees
	previous arrangements for providing and/or funding this service within the county? unty contract the collection services to private collector. All costs are covered by user (County).

{Effingham County will provide services within the unincorporated area and the Cities will provide services within their respective jurisdictions}

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
N/A		
General Assembly rate or fee changes	etc.), and when will they take effect?	
	, otc.), and when will diey take effect:	
N/A  7. Person completing form: John B. Ka		
N/A 7. Person completing form: John B. Ka		24, 1999
N/A  7. Person completing form: John B. Ka  Phone number: (912) 754-2105	rrh, Jr.  Date completed: March  ted by state agencies when evaluating whether	



PAGE 2

Instructions:

changes, this should	ne reported to the Department of Community Affairs.
County: Effingham	Service: Solid Waste Management
1. Check the box that best describ	es the agreed upon delivery arrangement for this service:
Service will be provided cour	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 identify the government, auth	in the unincorporated portion of the county by a single service provider. (If this box is checked, nority or organization providing the service.)
One or more cities will provious 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.)
One or more cities will provie unincorporated areas. (If this	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.)
Other. (If this box is checked government, authority, or oth	, 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 ✓ 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.
	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:
Effingham County	Solid Waste Fees, General Fund
City of Guyton	User Fees, General Fund
City of Rincon	User Fees, General Fund
City of Springfield	User Fees, General Fund
Under previous service arrangiurisdictions only.  The new arrangement would	e previous arrangements for providing and/or funding this service within the county? gements each municipality and the county provided services within their respective create a single service provider organization to provide solid waste management services Guyton, City of Rincon and the City of Springfield.

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
N/A		
	will be used to implement the strategy for this service	
General Assembly, rate or fee cha	anges, etc.), and when will they take effect?	
N/A		
N/A 7. Person completing form: John I	3. Karrh Jr.	24,1999
7. Person completing form: John I Phone number: (912) 754-2105	B. Karrh Jr.  Date completed: March contacted by state agencies when evaluating whether	
7. Person completing form: John I Phone number: (912) 754-2105  8. Is this the person who should be consistent with the service deliver	B. Karrh Jr.  Date completed: March contacted by state agencies when evaluating whether	



PAGE 2

Instructions:

County: Effingham	Service: Storm Water Collection
1. Check the box that best de	escribes the agreed upon delivery arrangement for this service:
☐ Service will be provide	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 provide identify the governmen	d only in the unincorporated portion of the county by a single service provider. (If this box is checked, at, authority or organization providing the service.)
One or more cities will unincorporated areas. (	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.)
One or more cities will unincorporated areas. (	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.)
Other. (If this box is che government, authority,	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?
f these conditions will continigher levels of service (See competition cannot be elimin	nue 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.
	uthority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise unds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Author	rity: Funding Method:
ity of Guyton	General Fund
ity of Rincon	General Fund
ity of Springfield	General Fund
	nge the previous arrangements for providing and/or funding this service within the county? ue to provide services to residents. (Future possible use of sales tax revenues as a revenue.)
No change to previous a	irrangements.
{The Cities of Guyton, R not provided by Effingha	lincon, and Springfield will continue to provide services within their jurisdiction. This service is

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
N/A		
	e used to implement the strategy for this service, etc.), and when will they take effect?	ce (e.g., ordinances, resolutions, local acts of the
N/A		
N/A		
N/A  7. Person completing form: John B. Ka	arrh, Jr.	
7. Person completing form: John B. Ka	arrh, Jr Date completed: March	n 24, 1999
7. Person completing form: <u>John B. Ka</u> Phone number: <u>(</u> 912) 754-2105	Date completed: March	



PAGE 2

#### Instructions:

County: Effingham	Service: Tax Assessment
1. Check the box that best describe	es the agreed upon delivery arrangement for this service:
	itywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box 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.)
☐ One or more cities will provid unincorporated areas. (If this	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.)
☐ One or more cities will provid unincorporated areas. (If this	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.)
<ul> <li>Other. (If this box is checked, government, authority, or oth</li> </ul>	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.)
□ Yes <b>☑</b> No	overlapping service areas, unnecessary competition and/or duplication of this service identified?
higher levels of service (See O.C.C competition cannot be eliminated).	
If these conditions will be eliminate taken to eliminate them, the respon	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>	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:
Effingham County	General Fund
The Effingham County Board	ne previous arrangements for providing and/or funding this service within the county?  I of Assessors and Tax Assessors Department will continue to provide the service of ad personal property within Effingham County.  gements.
- A	

5. List any formal service delivery agreeservice:	eements or intergovernmental contracts that will be	be used to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
N/A		
General Assembly, rate or fee chang	be used to implement the strategy for this services, etc.), and when will they take effect?	e (e.g., ordinances, resolutions, rocar acts of the
N/A		
7. Person completing form: John B.	Karrh, Jr.	
Phone number: (912) 754-2105	Date completed: March	1 24, 1999
8. Is this the person who should be conconsistent with the service delivery	ntacted by state agencies when evaluating whether strategy?  ves  No	r proposed local government projects are
If not, provide designated contact pe	erson(s) and phone number(s) below:	



PAGE 2

Instructions:

County: Effingham	Service: Tax Collection
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.)
	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, 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.
<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:
Effingham County	General Fund
ity of Guyton	General Fund
city of Rincon	General Fund
city of Springfield	General Fund
Currently the County bills and municipalities. The County bi	de previous arrangements for providing and/or funding this service within the county?  de collects timber, automobile and manufactured home taxes for the County and all list and collects real property taxes for the County and the City of Guyton. All real property and the City of Springfield are billed and collected by the respective municipality.
No change from previous arra	angements.
{The Cities of Rincon and So	ringfield will provide Tax Collection as a higher level of service.}

<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:
N/A		
General Assembly, rate or fee changes, e	sed to implement the strategy for this service tc.), and when will they take effect?	ce (e.g., ordinances, resolutions, local acts of the
7. Person completing form: John B. Karri	n, Jr.	
Phone number: (912) 754-2105	Date completed: March	24, 1999
8. Is this the person who should be contacted consistent with the service delivery strate	d by state agencies when evaluating whether gy? ✓ Yes □ No	r proposed local government projects are
If not, provide designated contact person(	s) and phone number(s) below:	



PAGE 2

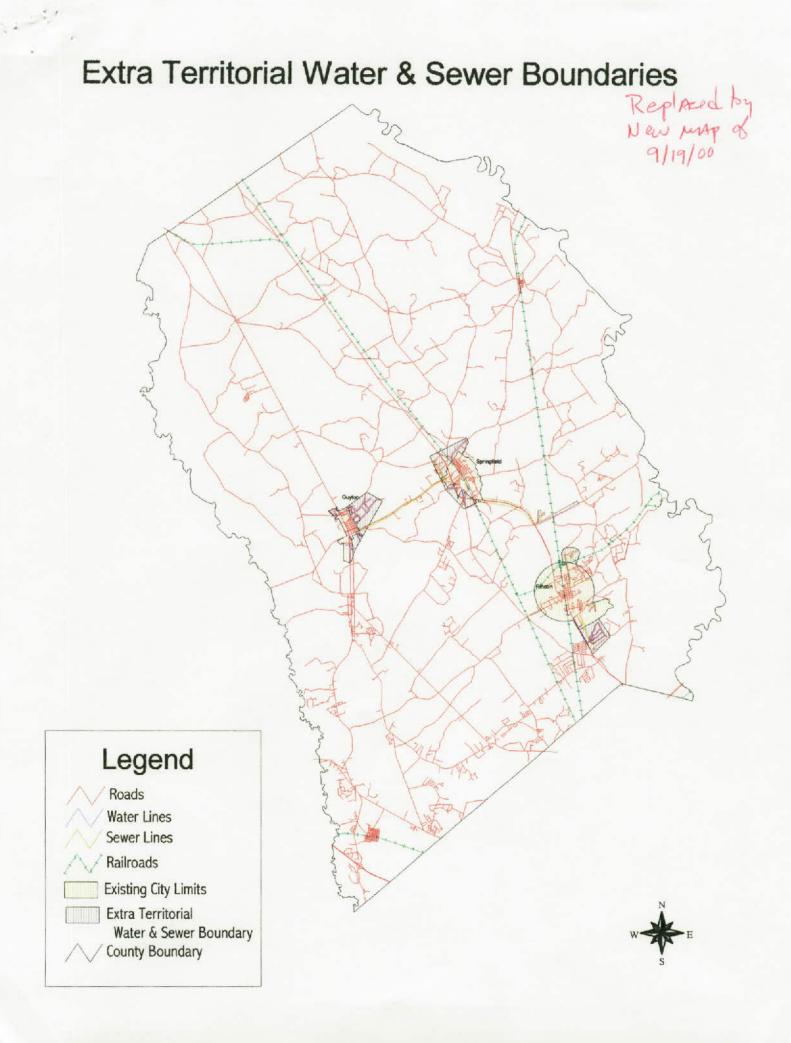
Instructions:

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

County: Effingham	Service: Wastewater Collection and Treatment
l. Check the box that best describ	es the agreed upon delivery arrangement for this service:
<ul> <li>Service will be provided counchecked, identify the govern</li> </ul>	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.)
<ul> <li>Service will be provided only identify the government, auth</li> </ul>	in the unincorporated portion of the county by a single service provider. (If this box is checked, nority or organization providing the service.)
One or more cities will provi- 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 service 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
f these conditions will be elimina aken to eliminate them, the respon	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
ocal Government or Authority:	Funding Method:
ity of Guyton	Impact Fees, User Fees, Sales Tax, General Fund
ity of Rincon	Impact Fees, User Fees, Sales Tax, General Fund
ity of Springfield	Impact Fees, User Fees, Sales Tax, General Fund
. How will the strategy change the	e previous arrangements for providing and/or funding this service within the county?
	te to provide services within their jurisdictions and may extend services beyond their
No change to previous arrang	ements.

Revised 9/19/00 And Replied with Amanded 19/19/00 And Replied With Amanded

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
N/A		
		/
N/A	etc.), and when will they take effect?	
N/A	noted during negotiations.	
N/A  No water or sewer rate discrepancies  7. Person completing form: John B. Kan	noted during negotiations.	24, 1999
N/A  No water or sewer rate discrepancies  7. Person completing form: John B. Kan Phone number: (912) 754-2105	h, Jr.  Date completed: Marched by state agencies when evaluating whether	





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: Effingham	Service	e: Water Supply and Distribution
1. Check the box that best describe	es the agreed upon delivery arrangem	ent for this service:
	tywide (i.e., including all cities and unent, authority or organization provide	inincorporated areas) by a single service provider. (If this box is ing the service.)
	in the unincorporated portion of the ority or organization providing the se	county by a single service provider. (If this box is checked, ervice.)
		orated boundaries, and the service will not be provided in ent(s), authority or organization providing the service.)
		orated boundaries, and the county will provide the service in ent(s), authority or organization providing the service.)
Other. (If this box is checked, government, authority, or oth	attach a legible map delineating the er organization that will provide serv	te service area of each service provider, and identify the ice within each service area.)
<ol> <li>In developing the strategy, were</li> <li>☐ Yes ✓ No</li> </ol>	overlapping service areas, unnecessa	ry competition and/or duplication of this service identified?
	i.A. 36-70-24(1)), overriding benefits	ion for continuing the arrangement (i.e., overlapping but s of the duplication, or reasons that overlapping service areas or
	ed under the strategy, attach an impossible party and the agreed upon dead	dementation schedule listing each step or action that will be line 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 pecial service district revenues, hote	e and indicate how the service will be funded (e.g., enterprise l/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:	
City of Guyton	User Fees; Sales Tax; Grants; 0	General Fund*; Revenue Bonds
City of Rincon	User Fees; Sales Tax; Grants; (	General Fund*; Revenue Bonds
City of Springfield	User Fees; Sales Tax; Grants; (	General Fund*; Revenue Bonds
Effingham County	User Fees; Sales Tax; Grants; (	General Fund*; Revenue Bonds
	* General Fund with repayment	of funds through user fees
4. How will the strategy change the	previous arrangements for providing	and/or funding this service within the county?
one-half (1/2) mile of their mu	e to provide services within their of icipal boundary* when requested.  If the one-half (1/2) mile boundar	corporate boundaries and will extend services within Effingham County will provide water services to the y* listed above.
Establishment of rates, within	the 1/2 mile boundary, for all prov	riders shall be based on ajustified rate study. All

\* Sorvings for parcels only partially within the 1/2 mile houndary area shall be availed by the injurial state.

Cities will provide water and sewer outside their jurisdictional limits as a higher level of service.

municipal providers shall not require annexation as a requirement of receiving water and sewer services.

\*-Services for parcels only partially within the 1/2 mile boundary area shall be provided by the jurisdiction with the larger percentage area based on total acres.

A average None	O	Canada Villa Co., Dollar Vall III a comment
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
N/A		
<ol> <li>What other mechanisms (if any) will be u General Assembly, rate or fee changes, e</li> </ol>	sed to implement the strategy for this service.), and when will they take effect?	e (e.g., ordinances, resolutions, local acts of the
N/A No water or sewer rate discrepancies n	oted during negotiations.	
	oted during negotiations.	
No water or sewer rate discrepancies no notation of the sewer rate	oted during negotiations.	 
No water or sewer rate discrepancies no notation of the sewer rate	oted during negotiations.  y, County Administrator  Date completed: 09/19/	



PAGE 2

Instructions:

sewer outside their jurisdictional limits as a higher level of service.}

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: Effingham	Service: Water Supply and Distribution
I. Check the box that best describe	es the agreed upon delivery arrangement for this service:
☐ Service will be provided cour checked, identify the government	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 identify the government, auth	in the unincorporated portion of the county by a single service provider. (If this box is checked, nority or organization providing the service.)
One or more cities will provide 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.)
One or more cities will provide unincorporated areas. (If this	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.)
Other. (If this box is checked government, authority, or oth	, 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?
f these conditions will continue un tigher levels of service (See O.C.C ompetition cannot be eliminated).	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
f these conditions will be eliminate aken to eliminate them, the respon	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.
. List each government or authori funds, user fees, general funds, indebtedness, etc.).	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:
ity of Guyton	User Fees; Sales Tax
ity of Rincon	User Fees; Sales Tax
ity of Springfield	User Fees; Sales Tax
	e previous arrangements for providing and/or funding this service within the county?  e to provide services within their corporate boundaries and may extend services within
No change from previous arra	ngements.

Revised 9/19/00 And Roplaced with Amended Agreement and Map {See attached map for extraterritorial water and sewer areas for each of the municipalities. Cities will provide water and

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
N/A		
		<del></del>
N/A	c.), and when will they take effect?	
N/A No water or sewer rate discrepancies n		
	oted during negotiations.	
No water or sewer rate discrepancies n	oted during negotiations.	24, 1999
No water or sewer rate discrepancies no 7. Person completing form: John B. Karrh	oted during negotiations.  The Jr.  Date completed: March  I by state agencies when evaluating whether	CLEATE PERMIT TO A SECURITIES S

PAGE 2 (continued)

Extra Territorial Water & Sewer Boundaries Replaced by Map of 9/19/00 Legend Roads Water Lines Sewer Lines Railroads **Existing City Limits** Extra Territorial Water & Sewer Boundary County Boundary

## 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.

Department of Community Affairs.	
County: EFFINGHAM	
1. What incompatibilities or conflicts between the land use plans of local government service delivery strategy?	ts were identified in the process of developing the
Municipalities and County have a joint Comprehensive Growth Managemexist.	ent Plan - no incompatibilities or conflicts
2. Check the boxes indicating how these incompatibilities or conflicts were addressed	d:
<ul> <li>□ amendments to existing comprehensive plans</li> <li>☑ adoption of a joint comprehensive plan</li> <li>□ other measures (amend zoning ordinances, add environmental regulations, etc.</li> </ul>	Note: If the necessary plan amendments, regulations, ordinances, etc. have not yet been formally adopted, indicate when each of the affected local governments will adopt them.
If "other measures" was checked, describe these measures:	
<ol> <li>Summarize the process that will be used to resolve disputes when a county disagre areas to be annexed into a city. If the conflict resolution process will vary for different See attached documents (intergovernmental agreement)</li> </ol>	es with the proposed land use classification(s) for erent cities in the county, summarize each process.
4. What policies, procedures and/or processes have been established by local govern that new extraterritorial water and sewer service will be consistent with all applicable.	
Joint Comprehensive Growth Management Plan (See attached documents	- intergovernmental agreement)
John B. Karrh Jr	
5. Person completing form: John B. Karrh, Jr.  Phone number: (912) 754-2105  Date completed: Ma	rch 24, 1999
6. Is this the person who should be contacted by state agencies when evaluating whet consistent with land use plans of applicable jurisdictions?   ✓ Yes ☐ No  If not, provide designated contact person(s) and phone number(s) below:	

# ANNEXATION LAND USE DISPUTE RESOLUTION AGREEMENT

EFFINGHAM COUNTY
CITY OF GUYTON
CITY OF RINCON
CITY OF SPRINGFIELD

WE AGREE THE PROCESS FOR ANY LAND USE CLASSIFICATION DISPUTE INVOLVING ANNEXATION WILL BE AS FOLLOWS:

I: THE CITY WILL NOTIFY THE COUNTY OF ITS INTENTION TO ANNEX PROPERTY, WITHIN FIVE WORKING DAYS OF THE DECISION TO ANNEX PROPERTY. THIS NOTIFICATION WILL INCLUDE THE LAND USE CLASSIFICATION THAT THE CITY WILL PLACE ON THE PROPERTY.

II: THE COUNTY WILL NOTIFY THE CITY OF ANY BONA FIDE LAND USE CLASSIFICATION OBJECTION CONCERNING THE PROPERTY TO BE ANNEXED. THIS NOTICE WILL BE ISSUED WITHIN FIFTEEN WORKING DAYS OF NOTIFICATION BY THE CITY.

III: IF A CONCERN OVER THE PROPOSED LAND USE OF THE PROPERTY TO BE ANNEXED EXISTS, THE CHIEF APPOINTED OFFICIALS WILL MEET TO DISCUSS THE ISSUE. IF A UNANIMOUS CONSENSUS OF ALL THE CAO'S IS REACHED THE AGREEMENTS WILL BE PRESENTED TO THE RESPECTIVE CITY COUNCIL AND THE COUNTY COMMISSION FOR APPROVAL OR DENIAL.

IV: IF A SUITABLE RESOLUTION IS NOT REACHED, THE COUNTY COMMISSION MAY EITHER (1) DROP THE LAND USE CLASSIFICATION OBJECTIONS OR (2) THE CITY COUNCIL OR COUNTY COMMISSION MAY REQUEST THAT THE CONCERN BE SENT THROUGH A MEDIATION PROCESS. IF MEDIATION IS REQUESTED THE CITY AND COUNTY WILL JOINTLY CHOOSE A MEDIATOR. THIS MEDIATOR MAY BE A TRAINED MEMBER OF THE CGRDC OR ANY OTHER QUALIFIED / TRAINED INDIVIDUAL(S). ANY DECISION / FINDING / OR MEDIATED SOLUTION WILL BE PRESENTED TO THE CITY COUNCIL AND COUNTY COMMISSION FOR APPROVAL OR DENIAL.

V: IF THE MEDIATION PROPOSAL IS NOT ACCEPTED BY BOTH THE CITY COUNCIL AND COUNTY COMMISSION, THE COUNTY COMMISSION MAY EITHER (1) DROP THE LAND USE CLASSIFICATION OBJECTION OR (2) THE CITY COUNCIL OR COUNTY COMMISSION MAY ELEVATE THE CONCERN TO A COURT OF COMPETENT JURISDICTION.

COST TO CONDUCT THE MEDIATION PROCESS WILL BE SPLIT EQUALLY BETWEEN THE CITY AND COUNTY. EACH JURISDICTION WILL PREPARE ITS OWN CASE AND WILL BE RESPONSIBLE FOR ALL COSTS IN PREPARING ITS CASE.

MEDIATION WILL NOT BE BINDING AND WILL ONLY SERVE AS A RECOMMENDATION TO THE RESPECTIVE CITY COUNCIL AND COUNTY COMMISSION.

THE CHIEF APPOINTED OFFICIALS WILL CONSIST OF THE CITY ADMINISTRATORS / MANAGERS / CLERKS AND THE COUNTY ADMINISTRATOR / MANAGER.

EFFECTIVE THIS FIRST	DAY OF JUNE 1998.
EFFINGHAM COUNTY:	Lerry S. Smith
CITY OF GUYTON:	
CITY OF RINCON:	
CITY OF SPRINGFIELD.	, , , , , , , , , , , , , , , , , , ,

# ANNEXATION LAND USE DISPUTE RESOLUTION AGREEMENT

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EFFECTIVE THIS FIRST DAY OF JUNE 1998.

EFFII	NGH/	AM COUNTY:	
CITY	OF	GUYTON:	Childrean fr
CITY	OF	RINCON:	/
CITY	OF	SPRINGFIE	AD:

# ANNEXATION LAND USE DISPUTE RESOLUTION AGREEMENT

# EFFINGHAM COUNTY CITY OF GUYTON CITY OF RINCON CITY OF SPRINGFIELD

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MEDIATION WILL NOT BE BINDING AND WILL ONLY SERVE AS A RECOMMENDATION TO THE RESPECTIVE CITY COUNCIL AND COUNTY COMMISSION.

THE CHIEF APPOINTED OFFICIALS WILL CONSIST OF THE CITY ADMINISTRATOR / MANAGERS / CLERKS AND THE COUNTY ADMINISTRATOR / MANAGER.

EFFECTIVE THIS FIRST DAY OF JUNE 1998.

EFFINGHAM COUNTY:

CITY OF GUYTON:

A AL

CITY OF RINCON:

CITY OF SPRINGFIELD:\_

MEDIATION WILL NOT BE BINDING AND WILL ONLY SERVE AS A

## ANNEXATION LAND USE DISPUTE RESOLUTION AGREEMENT

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- IV: IF A SUITABLE RESOLUTION IS NOT REACHED, THE COUNTY COMMISSION MAY EITHER (1) DROP THE LAND USE CLASSIFICATION OBJECTIONS OR (2) THE CITY COUNCIL OR COUNTY COMMISSION MAY REQUEST THAT THE CONCERN BE SENT THROUGH A MEDIATION PROCESS. IF MEDIATION IS REQUESTED THE CITY AND COUNTY WILL JOINTLY CHOOSE A MEDIATOR. THIS MEDIATOR MAY BE A TRAINED MEMBER OF THE CGRDC OR ANY OTHER QUALIFIED / TRAINED INDIVIDUAL(S). ANY DECISION / FINDING / OR MEDIATED SOLUTION WILL BE PRESENTED TO THE CITY COUNCIL AND COUNTY COMMISSION FOR APPROVAL OR DENIAL.
- V: IF THE MEDIATION PROPOSAL IS NOT ACCEPTED BY BOTH THE CITY COUNCIL AND COUNTY COMMISSION, THE COUNTY COMMISSION MAY EITHER (1) DROP THE LAND USE CLASSIFICATION OBJECTION OR (2) THE CITY COUNCIL OR COUNTY COMMISSION MAY ELEVATE THE CONCERN TO A COURT OF COMPETENT JURISDICTION.

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EFFECTIVE THIS FIRST DAY OF JUNE 1998.

EFFINGHAM COUNTY:	
CITY OF GUYTON:	
CITY OF RINCON:	
CITY OF SPRINGFIELD:	in 1. Slitte

A Resolution Establishing a

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

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

WHEREAS, the Effingham County Board of Commissioners and its municipal jurisdictions have determined a process to insure land use compatibility as it relates to the provision of new extraterritorial water and sewer services and land use plans/ordinances, and

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

BE IT THEREFORE RESOLVED by the Effingham County Board of Commissioners of Effingham County, Georgia and the governing bodies of the cities of Rincon, Springfield, and Guyton and, IT IS HEREBY RESOLVED by the Authority of same:

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

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

use plan, said local government may respond in writing with 14 days of receiving the notification of land use inconsistency by: (a) requesting a meeting to discuss a formal change to the land use plan; requesting with the content of the notification and stopping action on the proposed service extension.

- 4. In the event the respective jurisdictions seek mediation, the governments will agree on a mediator and mediation schedule and determine participants in the mediation. Any costs associated with the mediation will be shared equally between the participating mediation will be shared equally between the costs of governments. Each jurisdiction shall be responsible for the costs of preparing its own case.
  - A proposal to extend extraterritorial water and sewer service shall not be implemented until any bona fide land use plan or land use ordinance inconsistencies are resolved pursuant to the dispute resolution process.
  - However, the final determination of the land use plan or land use ordinances will be accorded to the governing body receiving the proposed service extension.

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

repear		
	Effingham County Board of C	Commissioners
TIEST:	D1918 El	1/25/99 Date
County Clerk	Chairman	1
	City of Rincon	14-29-9.
ATTEST:	Seong No	Date
Clerk	Mayor  City of Springfield	
ATTEST:	City of Spinor	Date
	Mayor	Dun
Clerk	City of Guyton	
ATTEST:		Date
	Mayor	Date
Clerk		

A Resolution Establishing a

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

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

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BE IT THEREFORE RESOLVED by the Effingham County Board of Commissioners of Effingham County, Georgia and the governing bodies of the cities of Rincon, Springfield, and Guyton and, IT IS HEREBY RESOLVED by the Authority of same:

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

- Prior to initiating the development of extraterritorial water and sewer services, the local government proposing the new service will notify the adjacent government of the proposed new service by providing information on location of property, size of area, and existing proposed land use associated with the property.
- 2. Within 10 working days following receipt of the above information, the local government receiving the notice of water/sewer extension will forward to the local government proposing the extension either:

  (a) a statement indicating that the proposal is compatible with that community's land use plan and all applicable ordinances:
  (b) or a description of why the proposal is inconsistent with the land use plan or ordinances providing supporting evidence. If the community proposing the service extension does not receive a response in writing within the deadline, the proposal shall be determined to be consistent with the community's land use plan or land use ordinances.
- If the local government desiring to extend the water or sewer services
  receives a notification that the proposal is incompatible with the land

use plan, said local government may respond in writing with 14 days of receiving the notification of land use inconsistency by: (a) requesting a meeting to discuss a formal change to the land use plan; (b) agreeing with the content of the notification and stopping action on the proposed service extension.

- 4. In the event the respective jurisdictions seek mediation, the governments will agree on a mediator and mediation schedule and determine participants in the mediation. Any costs associated with the mediation will be shared equally between the participating governments. Each jurisdiction shall be responsible for the costs of preparing its own case.
- A proposal to extend extraterritorial water and sewer service shall not be implemented until any bona fide land use plan or land use ordinance inconsistencies are resolved pursuant to the dispute resolution process.
- However, the final determination of the land use plan or land use ordinances will be accorded to the governing body receiving the proposed service extension.

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

ATTEST:	Effingham County Boar	Effingham County Board of Commissioners		
County Clerk	Chairman	Date		
ATTEST:	City of Rincon			
Clerk .	Mayor	Date		
ATTEST:	City of Springfield			
Clerk	Mayor	Date		
ATTEST:	City of Govion	1 000		
Allea m. Street	Mayor Mayor	Jail 21-199		

A Resolution Establishing a

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

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

WHEREAS, the Effingham County Board of Commissioners and its municipal jurisdictions have determined a process to insure land use compatibility as it relates to the provision of new extraterritorial water and sewer services and land use plans/ordinances, and

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

BE IT THEREFORE RESOLVED by the Effingham County Board of Commissioners of Effingham County, Georgia and the governing bodies of the cities of Rincon, Springfield, and Guyton and, IT IS HEREBY RESOLVED by the Authority of same:

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

- Prior to initiating the development of extraterritorial water and sewer services, the local government proposing the new service will notify the adjacent government of the proposed new service by providing information on location of property, size of area, and existing proposed land use associated with the property.
- 2. Within 10 working days following receipt of the above information, the local government receiving the notice of water/sewer extension will forward to the local government proposing the extension either:

  (a) a statement indicating that the proposal is compatible with that community's land use plan and all applicable ordinances:
  (b) or a description of why the proposal is inconsistent with the land use plan or ordinances providing supporting evidence. If the community proposing the service extension does not receive a response in writing within the deadline, the proposal shall be determined to be consistent with the community's land use plan or land use ordinances.
- 3. If the local government desiring to extend the water or sewer services receives a notification that the proposal is incompatible with the land

use plan, said local government may respond in writing with 14 days of receiving the notification of land use inconsistency by: (a) requesting a meeting to discuss a formal change to the land use plan; (b) agreeing with the content of the notification and stopping action on the proposed service extension.

- 4. In the event the respective jurisdictions seek mediation, the governments will agree on a mediator and mediation schedule and determine participants in the mediation. Any costs associated with the mediation will be shared equally between the participating governments. Each jurisdiction shall be responsible for the costs of preparing its own case.
- A proposal to extend extraterritorial water and sewer service shall not be implemented until any bona fide land use plan or land use ordinance inconsistencies are resolved pursuant to the dispute resolution process.
- However, the final determination of the land use plan or land use ordinances will be accorded to the governing body receiving the proposed service extension.

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

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County Clerk	Chairman	Date
ATTEST:	City of Rincon	6
Clerk	Mayor J.	Date
ATTEST:	City of Springfield	
Clerk	Mayor	Date
ATTEST:	City of Guyton	
Clerk	Mayor	Date

### PAGE 4



## 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.

### SERVICE DELIVERY STRATEGY FOR EFFINGHAM

COUNTY

- 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 borne 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:
Shuthp E. Hs	Phillip E. King	Chairman	Effingham County	4-20-99
omes L. Wall	Homer L. Wallace	Vice Chairman	Effingham County	4-20-99
Sabut C. For	Hubert C. Sapp	Commissioner	Effingham County	4-20-99
Explusived Hayon	Stephen Mack Thompson	Commissioner	Effingham County	4-20-99
June Det	Larry D. Weddle	Commissioner	Effingham County	4-20-99
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SIGNATURE:	NAME: (Please print or type)	TITLE:	JURISDICTION:	DATE:
Means	C. D. Dean, Jr.	Mayor	Guyton	4-18-99
Rehesse RE	Secky Long	Council Member	Guyton	4-18-99
<u> </u>	Edward Bazemore	Council Member	Guyton	4-18-99
Mihall Fo	Michael Garvin	Council Member	Guyton	4-18-99
William ME	William McCall	Council Member	Guyton	4-18-99
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SIGNATURE:	NAME: (Please print or type)	TITLE:	JURISDICTION:	DATE:
Dario 4. Sh	The Doris Y. Flythe	Mayor	Springfield	4-13-99
Corum y Ent	Lug Darwin H. Exley	Council Member	Springfield	4-13-99
sea that below	Keith Johnson	Council Member	Springfield	4-13-99
L/AnDh	L. Stephen Mobley	Council Member	Springfield	4-13-99
Hard Sto	Randy Shearouse	Council Member	Springfield	4-13-99
Homoxo Snoo	Thomas W. Snooks	Council Member	Springfield	4-13-99
H- Dean The	H. Dean Wooten	Council Member	Springfield	4-13-99



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SIGNATURE:	NAME: (Please print or type)	TITLE:	JURISDICTION:	DATE:
Pagneord H Gr	Raymond H. Baer	Chairman	Hospital Authority	4-06-99
				,

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SIGNATURE:	NAME: (Please print or type)	TITLE:	JURISDICTION:	DATE:
Kyn I	Ruth LCE therbert Jones, Jr.	Charpersin	DAE	4-12-99
Herlifonet.	Herbert Jones, Jr.	Chairman	TDH	4/26/99
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