

GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS

SERVICE DELIVERY STRATEGY

	FORIrwin	COUNTY	PAGE 1
GENERAL]	INSTRUCTIONS		

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

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

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

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

II. LOCAL GOVERNMENTS INCLUDED IN THE SERVICE DELIVERY STRATEGY:

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

Irwin County City of Ocilla Ocilla-Irwin County Industrial Development Authority Housing Authority of the City of Ocilla

III. SERVICES INCLUDED IN THE SERVICE DELIVERY STRATEGY:

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

See attached inventory of existing services for Irwin County and DCA summary of service delivery arrangements for each service.

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Inventory of Existing Services Service Delivery Strategy for Irwin County

SERVICE	GOVERNMENT OR AUTHORITY			
	Irwin	Ocilla	Authority	
Aging	x	x		
Airport 🧹	x			
Animal Control 🗸		x		
Building Inspections 🖉	x	x		
Cemetary ~		x		
Chamber of Commerce			x	
Comm. House & Neigborhood Center		x		
Cultural Programs 🏒	x	x		
Emergency Mgnt. 🗸	x			
EMS 🗸	x			
Fire Protection /	x	x		
Garbage Coll.& Dispos.	x	x		
Gas 🗸		x		
Industrial Dev. /			x	
Jail 🗸	x	x		
Library 🗸	x	x		
Police 🖌		x		

SERVICE		GOVER	NMENT OR AUTI	AUTHORITY	
	Irwin	Ocilla	Authority		
Public Housing			x		
Recreation ~	x	x			
Sheriff /	x				
Street/Road Maint.	x	x			
Water and Sewer 🧹	x	x			

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County:

Instructions:

Irwin

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

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.

Aging Program

PAGE 2

Service will be provided	cribes the agreed upon delivery arrangement for this s	Service:
is checked, identify the p Southeast Georgi	countywide (i.e., including all cities and unincorpora government, authority or organization providing the s	ited areas) by a single service provider (If this have
Service will be provided	only in the unincorporated portion of the county by a authority or organization providing the service.)	a single service provider. (If this box is checked,
One or more cities will p unincorporated areas. (If	provide this service only within their incorporated bout this box is checked, identify the government(s), auth	undaries, and the service will not be provided in ority or organization providing the service.)
One or more cities will g unincorporated areas. (If	provide this service only within their incorporated bout this box is checked, identify the government(s), auth	undaries, and the county will provide the service in cority or organization providing the service.)
Other. (If this box is che government, authority, c	cked, attach a legible map delineating the service a or other organization that will provide service within e	area of each service provider, and identify the each service area.)
 In developing the strategy, yes x no 	were overlapping service areas, unnecessary competi	ition and/or duplication of this service identified?
If these conditions will contin higher levels of service (Sce (or competition cannot be elim	ue under the strategy, attach an explanation for cor D.C.G.A. 36-70-24(1)), overriding benefits of the dup inated).	ntinuing the arrangement (i.e., overlapping but lication, or reasons that overlapping service areas
If these conditions will be elin	ninated under the strategy, attach an implementation esponsible party and the agreed upon deadline for con	n schedule listing each step or action that will be npleting it.
3. List each government or au funds, user fees, general fund	thority that will help to pay for this service and indicas, special service district revenues, hotel/motel taxes,	ate how the service will be funded (e.g., enterprise franchise taxes, impact fees, bonded indebtedness, etc.
ocal Government or Authority:	Funding Method:	
City of Ocilla	General Funds	
Irwin County	General Funds	
A		
No change	ge the previous arrangements for providing and/or fu ivery agreements or intergovernmental contracts that Contracting Parties:	will be used to implement the strategy for this service:
No change 5. List any formal service del	ivery agreements or intergovernmental contracts that	
No change 5. List any formal service del	ivery agreements or intergovernmental contracts that	will be used to implement the strategy for this service
No change 5. List any formal service del	ivery agreements or intergovernmental contracts that	will be used to implement the strategy for this service:
No change 5. List any formal service dell Agreement Name: 6. What other mechanisms (i	very agreements or intergovernmental contracts that Contracting Parties:	will be used to implement the strategy for this service:
No change 5. List any formal service deli Agreement Name: 6. What other mechanisms (i General Assembly, rate or fee None 7. Person completing form:	ivery agreements or intergovernmental contracts that Contracting Parties:	will be used to implement the strategy for this service: Effective and Ending Dates: service (e.g., ordinances, resolutions, local acts of the
No change 5. List any formal service deli Agreement Name: 6. What other mechanisms (i General Assembly, rate or fee None 7. Person completing form: Phone number:	Ivery agreements or intergovernmental contracts that for the strategy for this sector implement the strategy for this sector for the strategy for this sector for the strategy for this sector for the strategy for the sector for the strategy for the sector for the strategy for the sector for	will be used to implement the strategy for this service: Effective and Ending Dates: service (e.g., ordinances, resolutions, local acts of the
No change 5. List any formal service deli Agreement Name: 6. What other mechanisms (i General Assembly, rate or fee None 7. Person completing form: Phone number: (912) 3: 8. Is this the person who show are consistent with the service If not, provide designated cor	ivery agreements or intergovernmental contracts that Contracting Parties:	will be used to implement the strategy for this service Effective and Ending Dates: service (e.g., ordinances, resolutions, local acts of the 22/99 hether proposed local government projects

	SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE 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 Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes should be reported to the Department of Community Affairs.					
County:	rwin	Service:	Airport			
_	box that best describes the agreed upon delivery arrangement for this service:					

- ovided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.) Irwin County
- Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)
- 2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified? 🗌 yes 🔽 no

If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (Sce O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.)

ocal Government or Authority:	Funding Method:	
Irwin County	General Funds	

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

No Change

5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service: Agreement Name: **Contracting Parties:** Effective and Ending Dates:

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6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?

None

7. Person completing form: <u>Marty LeFiles</u>

Phone number: (912) 333-5277 _ Date completed: __

3/22/99

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? 🗌 yes 🖾 no If not, provide designated contact person(s) and phone number(s) below:

Armond Morris, County Commission Chairman - 912-468-9441

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Instructions:

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

PAGE 2

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

Irwin

Service: Animal Control

1. Check the box that best describes the agreed upon delivery arrangement for this service:

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

If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (Sce O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.)

Local Government or Authority:	Funding Method:
<u>City of Ocilla</u>	General Funds

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

No change

5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service: Agreement Name: Contracting Parties: Effective and Ending Dates:

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6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?

3/22/99

None

7. Person completing form: <u>Marty LeFiles</u>

 Phone number:
 (912)
 333-5277
 Date completed:

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? yes no If not, provide designated contact person(s) and phone number(s) below:

<u>Mayor Freeman Jones - 912-468-5141</u>

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74		SUMMARY OF SERVICE DEL	LIVE	RY ARRA	NGEMENTS	PAGE 2
	D)	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 Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, the should be reported to the Department of Community Affairs.				
Coun	i ty: _]	Irwin County Service:		Building	g Inspection	
1. Cł	neck the	box that best describes the agreed upon delivery arrangen	ment fo	or this servi	ice:	
x	is check	will be provided countywide (i.e., including all cities and ked, identify the government, authority or organization pro- City of Ocilla	d unin rovidin	corporated g the service	areas) by a single servic ce.)	e provider. (If this box
	Service identify	will be provided only in the unincorporated portion of the the government, authority or organization providing the	ne cour servic	ity by a sin e.)	gle service provider. (If	this box is checked,
	One or a unincor	more cities will provide this service only within their inco porated areas. (If this box is checked, identify the govern	orpora iment(ted bounda s), authority	ries, and the service wil y or organization provid	l not be provided in ing the service.)
	One or a unincor	more cities will provide this service only within their inco porated areas. (If this box is checked, identify the govern	orpora iment(ted bounda s), authority	ries, and the county will y or organization provid	l provide the service in ling the service.)
	Other. (governi	(If this box is checked, attach a legible map delineating ment, authority, or other organization that will provide set	the second	rvice area vithin each	o f each service provid service area.)	er, and identify the
2. Iı	n develop	ping the strategy, were overlapping service areas, unneces	ssary o	ompetition	and/or duplication of th	nis service identified?

If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.)

Local Government or Authority:	Funding Method:
City of Ocilla	General Funds
Irwin_County	General Funds
L	

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

No change

🗌 yes 🖾 no

5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service: Agreement Name: Contracting Parties: Effective and Ending Dates:

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	6 What other machanisms (if and) will be	

6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?

Ocilla Mayor/Council has agreed to provide building inspection service to Irwin County at a cost of \$300/month.

7. Person completing form:	Marty Lefiles	
Phone number:(912)	333-5277 Date completed: 3/22/99	

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? yes no If not, provide designated contact person(s) and phone number(s) below:

Leroy Peavy - 912-468-9835



PAGE 2

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

Service: Cemetery

1. Check the box that best describes the agreed upon delivery arrangement for this service:

- Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.) City of 0cilla
- Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)
- 2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (Sce O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.)

Local Government of Authority:	Funding Method:
City of Ocilla	Special Revenue Fund

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

5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service: Agreement Name: Contracting Parties: Effective and Ending Dates:

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6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?

None

7. Person completing form: <u>Marty LeFiles</u>

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? \Box yes \Box no If not, provide designated contact person(s) and phone number(s) below:

Mayor Freeman Jones - 912-468-5141 / Pat Hodnett (Sexton) - 912-468-5923

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

County: <u>Irwin</u>

Instructions:

Service: _____Chamber of Commerce

1. Check the box that best describes the agreed upon delivery arrangement for this service:

- Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.) Ocilla/Irwin County Chamber of Commerce
- Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)
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3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.)

Local Government of Authonity:	runding Method:	
Chamber of Commerce	Membership Fees	
Development Authority	Authority Revenues	

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

No Change

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5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service: Agreement Name: Contracting Parties: Effective and Ending Dates:

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6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?

None

7. Person completing form: <u>Marty LeFiles</u>

_ Date completed: _____ 3/22/99

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? yes on the provide designated contact person(s) and phone number(s) below:

Hazel McCranie, Director - 912-468-9114

PAGE 2

(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE 2
目前打	Instructions: Make copies of this form and complete one for each complex listed on more to 0, starting the starting of this form
	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:	Irwin Service: Community House/Neighborhood Center
1. Check the	box that best describes the agreed upon delivery arrangement for this service:
Service is check	will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box acd, identify the government, authority or organization providing the service.)
Service	ty of Ocilla will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, the government, authority or organization providing the service.)
One or a unincor	more cities will provide this service only within their incorporated boundaries, and the service will not be provided in porated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
One or a unincor	more cities will provide this service only within their incorporated boundaries, and the county will provide the service in porated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
Other. (governi	If this box is checked, attach a legible map delineating the service area of each service provider, and identify the nent, authority, or other organization that will provide service within each service area.)

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

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3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.)

Containing of Audionay.	runung method:	
City of Ocilla	General Funds and Fees	
Irwin County	General Funds	
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4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?

No change

al Government or Authority

5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service: Agreement Name: Contracting Parties: Effective and Ending Dates:

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6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?

None

7. Person completing form: <u>Marty LeFiles</u>

Phone number: (912) 333-5277

Date completed: _____3/22/99

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? yes no If not, provide designated contact person(s) and phone number(s) below:

Mayor Freeman Jones - 912-468-5141

PAGE 2

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

County: _____Irwin

Service: <u>Cultural Programs</u>

1. Check the box that best describes the agreed upon delivery arrangement for this service:

- Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.) Arts Experiment Station
- Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)
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3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.)

Funding Method:	
General Funds	
General Funds	
	General Funds

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

No change

5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service: Agreement Name: Contracting Parties: Effective and Ending Dates:

6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?

None

7. Person completing form: <u>Marty LeFiles</u>

 Phone number:
 (912)
 333-5277
 Date completed:
 3/22/99

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? yes no If not, provide designated contact person(s) and phone number(s) below:

Mayor Freeman Jones - 912-468-5141 / Armond Morris, County Commission Chairman -

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468-9441

SERVICE DELIVERY STRATEGY

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A CON		SUMMARY OF SERVICE DELIVERY ARRANGEMENTS	PAGE 2		
	Instructions: Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on p Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) change should be reported to the Department of Community Affairs.				
County:	Irwin	Service: EMS			
1. Check the	box that best desci	ribes the agreed upon delivery arrangement for this service:			
is check In Service	ked, identify the go win County EN will be provided of	countywide (i.e., including all cities and unincorporated areas) by a single service overnment, authority or organization providing the service.) MS, Inc. only in the unincorporated portion of the county by a single service provider. (If the authority or organization providing the service.)			
		ovide this service only within their incorporated boundaries, and the service will r this box is checked, identify the government(s), authority or organization providin			
		ovide this service only within their incorporated boundaries, and the county will p this box is checked, identify the government(s), authority or organization providin			
		ked, attach a legible map delineating the service area of each service provider other organization that will provide service within each service area.)	, and identify the		
☐ yes If these cond	x no litions will continu	were overlapping service areas, unnecessary competition and/or duplication of this the under the strategy, attach an explanation for continuing the arrangement (i.	e., overlapping but		
higher levels or competiti	s of service (Sce O on cannot be elimi	.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overla nated).	pping service areas		
taken to elin	ninate them, the res	inated under the strategy, attach an implementation schedule listing each step or sponsible party and the agreed upon deadline for completing it.			
		hority that will help to pay for this service and indicate how the service will be fun , special service district revenues, hotel/motel taxes, franchise taxes, impact fees, l			
Local Governm	ent or Authority:	Funding Method:			
Irwin C	ounty	<u>General Funds (Contract for services)</u>			
	<u></u>				
4. How will	the strategy chang	ge the previous arrangements for providing and/or funding this service within the c	ounty?		
No	change				
5 Listany f	formal service deliv	very agreements or intergovernmental contracts that will be used to implement the	strategy for this service.		
Agreement Na			ive and Ending Dates:		
		any) will be used to implement the strategy for this service (e.g., ordinances, resol changes, etc.), and when will they take effect?	utions, local acts of the		
No	ne				
	ompleting form: ber: <u>(912) 33</u>	Marty LeFiles 3-5277 Date completed: 3/22/99			
		3-5277 Date completed: <u>3/22/99</u> Id be contacted by state agencies when evaluating whether proposed local governme			
are consiste	ent with the service	delivery strategy? yes no tact person(s) and phone number(s) below:	ient projects		

Armond Morris, County Commission Chairman - 912-468-9441

SERVICE DELIVERY STRATEGY

A DA	SUMMARY OF	F SERVICE DELIV	VERY ARRANGEMENTS	PAGE 2
	Instructions:			
	Make copies of this form and complete one Answer each question below, attaching addition should be reported to the Department of Comm	nal dages as necessary. If	on page 1, Section III. Use exactly the same service na the contact person for this service (listed at the bottom of t	mes listed on page 1. he page) changes, this
County:	Irwin	Service:	Emergency Management Service	
1. Check the	box that best describes the agreed upor	n delivery arrangeme	nt for this service:	
is check	e will be provided countywide (i.e., incl ked, identify the government, authority EMA	uding all cities and u or organization prov	nincorporated areas) by a single service provid iding the service.)	er. (If this box
Service identify	will be provided only in the unincorport the government, authority or organiza	brated portion of the ortion providing the se	county by a single service provider. (If this box rvice.)	is checked,
One or unincom	more cities will provide this service on porated areas. (If this box is checked, i	ly within their incorr dentify the governme	porated boundaries, and the service will not be ent(s), authority or organization providing the s	provided in vervice.)
One or uninco	more cities will provide this service on porated areas. (If this box is checked, i	ly within their incorpidentify the governme	porated boundaries, and the county will provide ent(s), authority or organization providing the s	e the service in service.)
Other. govern	(If this box is checked, attach a legible ment, authority, or other organization t	e map delineating the hat will provide serve	e service area of each service provider, and ce within each service area.)	identify the

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified? 🗌 yes 🖾 no

If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (Sce O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.)

Funding Method:
General Funds

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

No Change

5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service: Agreement Name: **Contracting Parties:** Effective and Ending Dates:

6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?

None

7. Person completing form: Marty LeFiles

Phone number: _ <u>(912)</u> 333–5277 _ Date completed: _____3/22/99

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? 🗌 yes 🔊 no If not, provide designated contact person(s) and phone number(s) below:

Jerry Edwards, Director - 912-468-9594

		SERVICE DELIVERY STRATEGY	
101010		SUMMARY OF SERVICE DELIVERY ARRANGEMENTS	DACES
	Instructions:	DOMINIAN OF DERVICE DELIVERT ARRANGEMENTS	PAGE 2
	miswer cara questio	form and complete one for each service listed on page 1, Section III. Use exactly below, attaching additional pages as necessary. If the contact person for this service (list the Department of Community Affairs.	the same service names listed on page 1. and at the bottom of the page) changes, this
County:	Irwin	, Service: Fire Protection	
1. Check the	box that best desc	bes the agreed upon delivery arrangement for this service:	
Service is check	will be provided a ed, identify the go	ountywide (i.e., including all cities and unincorporated areas) by a sing vernment, authority or organization providing the service.)	le service provider. (If this box
Service identify	will be provided of the government, a	nly in the unincorporated portion of the county by a single service prov uthority or organization providing the service.)	ider. (If this box is checked,
One or a unincor	more cities will pr porated areas. (If t	ovide this service only within their incorporated boundaries, and the ser his box is checked, identify the government(s), authority or organization	vice will not be provided in n providing the service.)
unincor	more cities will pr porated areas. (If of Ocilla/Ir	ovide this service only within their incorporated boundaries, and the country box is checked, identify the government(s), authority or organization	unty will provide the service in providing the service.)
🗋 Other. (If this box is chec	the councy area of each service area of each service other organization that will provide service within each service area.)	e provider, and identify the
2. In develop		ere overlapping service areas, unnecessary competition and/or duplicat	ion of this service identified?
higher levels	itions will continu of service (Sce O on cannot be elimi	e under the strategy, attach an explanation for continuing the arrange C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons nated)	gement (i.e., overlapping but that overlapping service areas
If these conditated taken to eliminate	itions will be elim inate them, the res	nated under the strategy, attach an implementation schedule listing exponsible party and the agreed upon deadline for completing it.	ach step or action that will be
3. List each g funds, user fo	government or au ees, general funds	nority that will help to pay for this service and indicate how the service special service district revenues, hotel/motel taxes, franchise taxes, imp	will be funded (e.g., enterprise pact fees, bonded indebtedness, etc.
Local Governme	ent or Authority:	Funding Method:	
City of	Ocilla	General Funds	
Irwin Co	unty	General Funds	
	· · · · · · · · · · · · · · · · · · ·		
L			
4. How will	the strategy chang	e the previous arrangements for providing and/or funding this service w	ithin the county?
Irwin	County will	fund services from unincorporated area funds.	
	·····		
5. List any fo	ormal service deliv	ery agreements or intergovernmental contracts that will be used to impl	ement the strategy for this service:
Agreement Nar	ne:	Contracting Parties:	Effective and Ending Dates:
6 What oth	er mechanisme //		
General Ass	embly, rate or fee	any) will be used to implement the strategy for this service (e.g., ordina changes, etc.), and when will they take effect?	nces, resolutions, local acts of the
		and the state when which have block!	
None			
		3	

7. Person completing form: <u>Marty LeFiles</u>

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? \Box yes \boxtimes no If not, provide designated contact person(s) and phone number(s) below:

Chief Al Dean Towson - 912-468-5141 / Chief Jerry Edwards - 912-468-9441

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

County: <u>Irwin</u>

Instructions:

Service: Garbage Collection & Disposal

PAGE 2

1. Check the box that best describes the agreed upon delivery arrangement for this service:

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

If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (Sce O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.)

local Government or Authority:	Funding Method:
<u>City of Ocilla</u>	Enterprise Funds-User Fees
Irwin County	General Funds

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

Irwin County will fund services from unincorporated area funds.

5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service: Agreement Name: Contracting Parties:

•	Elicitive and Eliding Dates:		

6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?

None

7. Person completing form: <u>Marty LeFiles</u>

Phone number: ______ Date completed: _____

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? \Box yes \Box no If not, provide designated contact person(s) and phone number(s) below:

<u>Leroy Peavy - 912-468-9835</u>	/ Armond	Morris, County	Commission	Chairman	- 93	12-468-9441
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3/22/99



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: Irwin

Instructions:

Service: Industrial Development

PAGE 2

1. Check the box that best describes the agreed upon delivery arrangement for this service:

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

If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (Sce O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.)

cal Government or Authority:	Funding Method:
Authority	SPLOST/Property Tax Mil

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

No change

5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service: Agreement Name: Contracting Parties: Effective and Ending Dates:

	and the second sec

6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?

None

7. Person completing form: <u>Marty LeFiles</u>

 Phone number:
 (912)
 333-5277
 Date completed:
 3/22/99

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? yes no If not, provide designated contact person(s) and phone number(s) below:

Mayor Freeman Jones - 912-468-5141 / Armond Morris, County Commission Chairman -

100	SERVICE DELIVERY STRATEGY	
	SUMMARY OF SERVICE DELIVERY ARRANGEMENTS	PAGE 2
	Instructions:	
	Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service name Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the should be reported to the Department of Community Affairs.	es listed on page 1. page) changes, this
County:	Irwin Service: Jail	
1. Check the	e box that best describes the agreed upon delivery arrangement for this service:	
Is check Irwin Service	the will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider cked, identify the government, authority or organization providing the service.) n County Sheriff e will be provided only in the unincorporated portion of the county by a single service provider. (If this box is by the government, authority or organization providing the service.)	
One or unincor	r more cities will provide this service only within their incorporated boundaries, and the service will not be pro prporated areas. (If this box is checked, identify the government(s), authority or organization providing the ser	ovided in vice.)
One or unincom	r more cities will provide this service only within their incorporated boundaries, and the county will provide th prporated areas. (If this box is checked, identify the government(s), authority or organization providing the ser	ne service in vice.)
Other.	(If this box is checked, attach a legible map delineating the service area of each service provider, and ide ment, authority, or other organization that will provide service within each service area.)	entify the

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

If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (Sce O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.)

Local Government or Authority:	Funding Method:	
Irwin County	General Funds	

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

No change

5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service: Agreement Name: Contracting Parties: Effective and Ending Dates:

6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?

None

7. Person completing form: <u>Marty LeFiles</u>

Phone number: (912) 333-5277 Date comp

_ Date completed: _____3/22/99

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? \Box yes \overline{x} no If not, provide designated contact person(s) and phone number(s) below:

Sheriff Donnie Youghn - 912-468-7459 / Chief Billy Hancock---- 912-468-7459

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PAGE 2

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

County: <u>Irwin</u>

Instructions:

Service: Library

1. Check the box that best describes the agreed upon delivery arrangement for this service:

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

If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (Sce O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.)

ocal Government or Authority:	Funding Method:	
<u>City of Ocilla</u>	General Funds	2005
Irwin County	General Funds	
······································		

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

No change

5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service: Agreement Name: Contracting Parties: Effective and Ending Dates:

Enterte und Enting Dates.

6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?

None

7. Person completing form: <u>Marty LeFiles</u>

 Phone number:
 (912)
 333-5277
 Date completed:
 3/22/99

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? yes no If not, provide designated contact person(s) and phone number(s) below:

Murphy Rogers, Board President - 912-468-9441

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	Answer each question	s form and complete on below, attaching addi o the Department of Com	tional pages as necessary. If the contra	1, Section III. Use exactly the s act person for this service (listed at	same service names listed on page 1. t the bottom of the page) changes, this
County:	Irwin		Service: Na	tural Gas	
1. Check the l	box that best desc	ribes the agreed up	on delivery arrangement for the	his service:	
	•	•	ncluding all cities and unincor ty or organization providing the		ervice provider. (If this box
	•	-	porated portion of the county zation providing the service.)	by a single service provider	r. (If this box is checked,
unincor	porated areas. (If		only within their incorporated l, identify the government(s), a		
One or r			only within their incorporated , identify the government(s), a		
			ble map delineating the servi that will provide service with		ovider, and identify the
2. In develop		were overlapping s	ervice areas, unnecessary com	petition and/or duplication	of this service identified?
higher levels	tions will continu of service (See O a cannot be elimi	.C.G.A. 36-70-24(1	y, attach an explanation for ()), overriding benefits of the o	continuing the arrangeme fuplication, or reasons that	ent (i.e., overlapping but overlapping service areas
			rategy, attach an implementa the agreed upon deadline for		step or action that will be
			p to pay for this service and in strict revenues, hotel/motel tax		be funded (e.g., enterprise fees, bonded indebtedness, etc.
Local Governmer		Funding Method:			
City of	Ocilla	Enterprise	Funds-User Fees		
	·				
4. How will the No ch		e the previous arra	ngements for providing and/or	funding this service within	the county?
5. List any for Agreement Name		ery agreements or i	ntergovernmental contracts th Contracting Parties:		nt the strategy for this service: Effective and Ending Dates:
×.		<u></u>			
	· _ ·				
6. What other General Asser	mechanisms (if a nbly, rate or fee o	any) will be used to changes, etc.), and w	implement the strategy for th when will they take effect?	is service (e.g., ordinances,	resolutions, local acts of the
None				*	
			÷		
	pleting form:	Marty LeFi 33-5277		/22/99	-
are consistent	with the service of	lelivery strategy?	tate agencies when evaluating		- vernment projects
		ct person(s) and ph ones - 912-4	one number(s) below:		
IIG y	Loomail o	712-4			

(TOTO	SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS			
	SUMM	ARY OF SERVICE DELIVE	RY ARRANGEMENTS	PAGE 2
	Instructions: Make copies of this form and co Answer each question below, attach should be reported to the Departmen	mplete one for each service listed on ing additional pages as necessary. If the at of Community Affairs.	page 1, Section III. Use exactly the same service names li contact person for this service (listed at the bottom of the pag	sted on page 1. (e) changes, this
County:	Irwin	Service:	Police	
1. Check the	e box that best describes the agr	eed upon delivery arrangement f	or this service:	
Servic Servic	e will be provided countywide ((i.e., including all cities and unin uthority or organization providing	corporated erene) have simple and it is the	f this box
Service identif	e will be provided only in the un y the government, authority or o	nincorporated portion of the cour organization providing the servic	nty by a single service provider. (If this box is chee.)	ecked,
	·porticed meas. (If this box is cli	rvice only within their incorporate the second	ted boundaries, and the service will not be provid s), authority or organization providing the service	Jed in e.)
	City of Ocilla			
One or uninco	more cities will provide this se rporated areas. (If this box is ch	rvice only within their incorpora necked, identify the government(ted boundaries, and the county will provide the s s), authority or organization providing the service	ervice in e.)
Other. govern	(If this box is checked, attach a ment, authority, or other organi	a legible map delineating the se zation that will provide service w	rvice area of each service provider, and identity within each service area.)	fy the
2. In develo	ping the strategy, were overlap	ping service areas, unnecessary c	ompetition and/or duplication of this service ider	ntified?
	litions will continue under the s s of service (Sce O.C.G.A. 36-7 on cannot be eliminated).	trategy, attach an explanation 0-24(1)), overriding benefits of t	for continuing the arrangement (i.e., overlappi he duplication, or reasons that overlapping servic	ng but e areas
If these cond	litions will be eliminated under	the strategy, attach an impleme	ntation schedule listing each step or action that	will be

taken to eliminate them, the responsible party and the agreed upon deadline for completing it.

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.)

Local Government or Authority:	Funding Method:	
City of Ocilla	General Funds	

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

No change

5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service: Agreement Name: Contracting Parties: Effective and Ending Dates:

Encedve and Ending Dates:

6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?

None

7. Person completing form: <u>Marty LeFiles</u>

___ Date completed: _____ 3/22/99

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? \Box yes \boxed{x} no If not, provide designated contact person(s) and phone number(s) below:

Chief Billy Hancock---- 912-468-7459



PAGE 2

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

Recreation

County: <u>Irwin</u>

Instructions:

Service:

1. Check the box that best describes the agreed upon delivery arrangement for this service:

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

If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (Sce O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.)

Local Oovernment of Authority:	Funding Method:	
City of Ocilla	General Funds	
Irwin County	General Funds	

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

No change

5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service: Agreement Name: Contracting Parties: Effective and Ending Dates:

6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?

None

7. Person completing form: <u>Marty LeFiles</u>

 Phone number:
 (912)
 333-5277
 Date completed:
 3/22/99

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? \Box yes \Box no If not, provide designated contact person(s) and phone number(s) below:

Bobby Conner, Board Chairman - 912-468-9441

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PAGE 2

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

Instructions:

Service: Sheriff

1. Check the box that best describes the agreed upon delivery arrangement for this service:

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

If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (Sce O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.)

Local Government or Authority:	Funding Method:
Irwin County	General Funds
· · · · · · · · · · · · · · · · · · ·	

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

No change

5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service: Agreement Name: Contracting Parties: Effective and Ending Dates:

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6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?

3/22/99

None

7. Person completing form: _____ Marty LeFiles

Phone number: (912) 333-5277 Date completed: __

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? \Box yes \Box no If not, provide designated contact person(s) and phone number(s) below:

Sheriff Donnie Youghn - 912-468-7459

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

County: Irwin

Instructions:

Service: Street Maintenance

1. Check the box that best describes the agreed upon delivery arrangement for this service:

- Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)

City of Ocilla/Irwin County

- Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)
- 2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.)

Local Government or Authority:	Funding Method:
<u>City of Ocilla</u>	General Funds
Irwin County	General Funds

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

No change

5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service: Agreement Name: Contracting Parties: Effective and Ending Dates:

6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?

None

7. Person completing form: <u>Marty LeFiles</u>

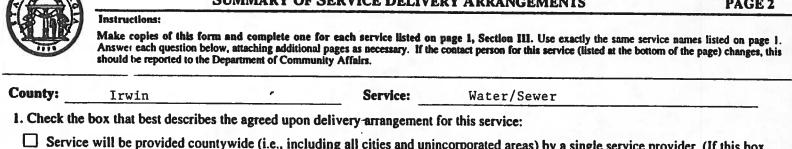
Phone number: ________ Date completed: _______ 3/22/99

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? \Box yes \boxtimes no If not, provide designated contact person(s) and phone number(s) below:

Mayor Freeman Jones - 912-468-5141 / Armond Morris, County Commission Chairman -

912-468-9441

PAGE 2



- Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- x Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)

See existing water/sewer service area maps attached

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified? yes x no

If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (Sce O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.)

Local Government of Authonity: Funding Method:				
City of Ocilla	Enterprise FundsUser Funds			
Irwin County	Enterprise FundsUser Funds			

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

No change

Covernment on Authority

5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service: Agreement Name: **Contracting Parties:** Effective and Ending Dates:

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6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?

The City of Ocilla and Irwin County have adopted by resolution a process to govern the provision of extraterritorial water and sewer system. See copies of resolutions attached.

7. Person completing form:	<u>Marty LeFiles</u>	28
Phone number:(912)	333-5277	_ Date completed:3/22/99
If not, provide designated co	ntact person(s) and phone	one number(s) below:
Mayor Freeman Jones	- 912-468-5141 /	/ Armond Morris, County Commission Chairman - 912-468-9441

IRWIN COUNTY INTERGOVERNMENTAL AGREEMENT Process For Provision of Extraterritorial Water and Sewer Services

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WHEREAS, the respective member governments of Irwin County, which includes the Irwin County Board of Commissioners and the Mayor/Council of the City of Ocilla, have pursuant to Georgia Laws and Acts, prepared and adopted a joint countywide comprehensive plan and service delivery strategy; and

WHEREAS, the 2010 Greater Irwin County Comprehensive Plan, as duly amended, was developed jointly and includes a single land use classification plan for the unincorporated and incorporated areas of the county; and

WHEREAS, these governments have formed a joint countywide Planning Advisory Commission to assist the respective member governments in their local planning, plan implementation, and land use regulatory programs; and

WHEREAS, it is the intent of the respective governments party to this agreement to establish a process whereby the provision of extraterritorial water and sewer services by any jurisdiction shall be consistent with all applicable land use plans and ordinances so as to meet both the requirements of law and spirit of cooperation and coordination outlined in the Georgia Service Delivery Act.

NOW THEREFORE BE IT RESOLVED THAT: The City of Ocilla and Irwin County hereby agree to implement the following process for the provision or extraterritorial water and sewer services effective April 1, 1999:

1. **Prior to initiating any extension** of water or sewer services outside the boundaries of the City of Ocilla, the **city will notify the county** government of the proposed extension. The notification will include, at a minimum, information on location of property, size of the proposed extension, proposed purpose of the extension (i.e. proposed change in land use) and the current land use and zoning classification. For the purposes of official notification of the county as required by this agreement, notification of the county shall be achieved by delivery of the required information to the county clerk.

Concurrent with the notification to the county, the city will forward the proposed extraterritorial extension data required above to the countywide planning commission for its review and recommendation. Irwin County and the City of Ocilla recognize that the role of the "plan caretakers" rests with their planning commission, and agree that the planning commission's recommendation will be given full and complete consideration in the extraterritorial water and sewer services extension process.

2. Within fifteen working days following receipt of the above information, the county will forward to the city a statement:

(a) Indicating that the county has **no objection** to the proposed extraterritorial water or sewer extension and its consistency with land use; **or**

EXTRATERRITORIAL AGREEMENT

(b) Describing its objection to the proposed water or sewer extension or land use consistency, and providing supporting information including a listing of any possible stipulations or conditions that would alleviate the county's objections;

3. If the county has no objection, or fails to respond within the aforementioned timeframe, to the city's proposed extraterritorial water or sewer extension or land use consistency, the city is free to proceed with the provision of the service.

4. If the county notifies the city that it has an objection, the city will respond to the county in writing within fifteen working days by either:

- (a) agreeing with the county and stopping action on the proposed extraterritorial water or sewer extension:
- (b) agreeing to implement the county's stipulations and conditions and thereby resolving the county's objection;
- (c) initiating a 30-day (maximum) Mediation process to discuss possible compromises; or
- (d) Disagreeing that the county's objection is bona fide and notifying the county that the city will seek a declaratory judgment.

If the city initiates 4(c) Mediation, the city and county will agree on a mediator, a mediation schedule and participants in the mediation. The city and county shall agree to share equally any costs associated with mediation.

- 5. If no resolution of the county's objection results from the mediation, the city:
 - (a) Will abandon and not proceed with the proposed extension, or
 - (b) Will notify the county that the city will seek a declaratory judgement in court.
- 6. If the city and county reach agreement as described in step 4(b) or 4(c), the City is free to proceed with the extraterritorial service.
- 7. This extraterritorial process for water and sewer services shall remain in force and effect until amended by agreement of each party or unless otherwise terminated by operation of law.

IN WITNESS WHEREOF the undersigned parties have hereunto affixed its names and seals on this 5th day of anil , 1999.

ether 1999

Authorized Representative of Irwin County Board of Commissioners

Authorized Representative of City of Ocilla

SERVICE DELIVERY STRATEGY SUMMARY OF LAND USE AGREEMENTS



Instructions:

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

PAGE 3

None - Gonsistent land use plans were developed by the South Georgia RDC on behalf of Irvin County and the City of Ocilla as part of the Growth Strategies Planning commission. . Check the boxes indicating how these incompatibilities or conflicts were addressed:	County: Irwin	
of Irwin County and the City of Ocilla as part of the Growth Strategies Planning commission. Check the boxes indicating how these incompatibilities or coefficts were addressed:	1. What incompatibilities or conflicts between the land use plans the service delivery strategy?	s of local governments were identified in the process of developing
Planning Process. Irwin County and Ocilla have also established a joint planning commission. Check the boxes indicating how these incompatibilities or conflicts were addressed:	of Irwin County and the City of	f Ocilla as part of the Growth Strategies
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Mayor Freeman Jones - 912-468-5141 / Armond Morris, County Commission Chairman -912-468-9441

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.

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

- 1. We have executed agreements for implementation of our service delivery strategy and the attached forms provide an accurate depiction of our agreed upon strategy (O.C.G.A. 36-70-21);
- 2. Our service delivery strategy promotes the delivery of local government services in the most efficient, effective, and responsive manner (O.C.G.A. 36-70-24 (1));
- 3. Our service delivery strategy provides that water or sewer fees charged to customers located outside the geographic boundaries of a service provider are reasonable and are not arbitrarily higher than the fees charged to customers located within the geographic boundaries of the service provider (O.C.G.A. 36-70-24 (2));
- 4. Our service delivery strategy ensures that the cost of any services the county government provides (including those jointly funded by the county and one or more municipalities) primarily for the benefit of the unincorporated area of the county are borne by the unincorporated area residents, individuals, and property owners who receive such service (O.C.G.A. 36-70-24 (3)); 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:
Franka S	Freeman Jones	Mayor	City of Ocilla	5/11/99
Friend Morn	Armond Morris	_ Chairman	Irwin County	5/11/99
				·

RESOLUTION FOR ADOPTION OF IRWIN COUNTY SERVICE DELIVERY STRATEGY

Pursuant to the Official Code of Georgia, Title 36, Chapter 70, the local governments of Irwin County have completed their service delivery strategy process. This process included a review of all existing services currently provided throughout the county and their funding mechanisms, and developed a strategy for the provision of these services that is efficient, equitable, and responsive to citizens of the county.

The Irwin County Service Delivery Strategy includes: (1) an identification of all services provided and a description of the geographic service area, (2) an assignment as to the provider of the service, (3) a description of the funding sources, and (4) an identification of the mechanisms to be used to facilitate the implementation. The aforementioned is evidenced on the Georgia Department of Community Affairs Service Delivery Strategy. For Irwin County pages 1-4, herein after referred to as the Irwin County Service Delivery Strategy.

By Adoption of this resolution the City of Ocilla hereby adopts the Irwin County Service Delivery Strategy and authorizes the Mayor to sign the Irwin County Service Delivery Strategy and submit the strategy to the Georgia Department of Community Affairs for verification. The adoption of this resolution further authorizes the Mayor to certify that the Irwin County Service Delivery Strategy: (1) provides an accurate depiction of the agreed upon strategy, (2) promotes the most efficient, effective, and responsive delivery of services, (3) provides that water and sewer fees for extraterritorial services are reasonable and not arbitrarily higher, (4) provides that extraterritorial water and sewer extensions will be consistent with all applicable land use plans and ordinances, (5) ensures that cost of services provided primarily for the benefit of unincorporated area residents are paid for by unincorporated area revenues, and (6) provides a process for resolving land use disputes arising over annexation.

This resolution duly adopted this <u>11</u> day of <u>May</u>, 1999.

Truma

Mayor, City of Ocilla

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RESOLUTION FOR ADOPTION OF IRWIN COUNTY SERVICE DELIVERY STRATEGY

Pursuant to the Official Code of Georgia, Title 36, Chapter 70, the local governments of Irwin County have completed the service delivery strategy process. This process included a review of all existing services currently provided throughout the county and their funding mechanisms, and developed a strategy for the provision of these services that is efficient, equitable and responsive to citizens of the county.

The Irwin County Service Delivery Strategy includes: (1) an identification of all services provided and a description of the geographic service area, (2) an assignment as to the provider of the service, (3) a description of the funding sources and (4) an identification of the mechanisms to be used to facilitate the implementation. The aforementioned is evidenced on the Georgia Department of Community Affairs Service Delivery Strategy for Irwin County pages 1-4, herein after referred to as the Irwin County Service Delivery Strategy.

By Adoption of this resolution the Board of Commissioners for Irwin County, Georgia, hereby adopts the Irwin County Service Delivery Strategy and authorizes the chairman to sign the Irwin County Service Delivery Strategy and submit the strategy to the Georgia Department of Community Affairs for verification. The adoption of this resolution further authorizes the chairman to certify that the Irwin County Service Delivery Strategy: 1) provides an accurate depiction of the agreed upon strategy, (2) promotes the most efficient, effective and responsive delivery of services, (3) provides that water and sewer fees for extraterritorial services are reasonable and not arbitrarily higher, (4) provides that extraterritorial water and sewer extensions will be consistent with all applicable land use plans and ordinances, (5) ensures that cost of services provided area revenues and (6) provides a process for resolving land use disputes arising over annexation.

This resolution duly adopted this 3rd day of May, 1999.

ARMOND MORRIS, CHAIRMAN BOARD OF COMMISSIONERS FOR IRWIN COUNTY, GEORGIA.

COUNTY CLERK

