GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS

SERVICE DELIVERY STRATEGY

FOR Jefferson

COUNTY

PAGE 1

I. GENERAL INSTRUCTIONS

- Only one set of these forms should be submitted per county. The completed forms should clearly present the collective agreement reached by all cities and counties that were party to the service delivery strategy.
- 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 3. delivery strategy.
- For each service or service component listed in Section III, complete a separate Summary of Service Delivery Arrangements 4. form (page 2).
- Complete one copy of the Summary of Land Use Agreements form (page 3). 5.
- 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.

Jefferson County

Avera

Stapleton

Bartow

Wadlev

Louisville

Wrens

Including Jefferson County citizens residing in Keysville

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.

Administration, Buildings and Grounds

Airports

Animal Control

Authorities

Cemeteries

Chamber of Commerce

Civil Defense

Clerk of Court

Code Enforcement

Coroner

Court House

DFACS

District Attorney

EMS-E-911

Extension Service

Family Connections

Fire Protection

Forestry

Health Department

Hospital

Indigent Care

Industrial Development

Landfill/ Garbage Collection

Library

Magistrate Court

Municipal Court

Nutrition

Parks and Recreation

Planning and Development

Planning and Zoning

Police

Probate Judge

Rescue Service Roads and Streets

Sheriff

Tax Commissioner

Traffic and Street Lights

Transportation

Water and Sewer

GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS

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Jefferson County

Avera

/Bartow

√Louisville

/Stapleton

Wadley

Wrens

Dee 6-24 update

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.

Administration, Buildings and Grounds

Airports

Animal Control

√/Authorities

 $\sqrt{\mathcal{L}}$ emeteries

√/Chamber of/Commerce

√/Civil Defense

√/Clerk of /Court

Code Enforcement

//Coroner

V/Court ⊭ouse

√DFACS

District Attorney

WMC EL 011

EMS-E-911

Extension Service Family Connections

Fire Protection

Forestry

Health Department

Hospital

//Indigent Care

JIndustrial Development:

Landfill/ Garbage Collection

Library

Magistrate Court

Municipal Court

/Nutrition

Parks and Recreation

Planning and Development

√Planning and Zoning

√Police

Probate Judge

Rescue Service

Roads and Streets

Sheriff

Tax Commissioner

Traffic and Street Lights

Transportation

Water and Sewer:

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



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

Compten						
County: Jefferson		Service: Admin	istration,	Building	d and Grounds	·
1. Check the box that best described	ribes the agreed upon delivery	arrangement for t	his service:			
is checked, identify the go	countywide (i.e., including all overnment, authority or organ	cities and unincor ization providing t	porated areas) he service.)	by a single se	ervice provider. (If th	nis box
Service will be provided of identify the government,	only in the unincorporated por authority or organization prov	rtion of the county riding the service.)	by a single ser	vice providei	r. (If this box is chec	ked,
One or more cities will pr unincorporated areas. (If	ovide this service only within this box is checked, identify the	their incorporated the government(s),	boundaries, as authority or or	nd the service ganization pr	e will not be provided oviding the service.)	d in
☑ One or more cities will pr unincorporated areas. (If the second of the second	ovide this service only within this box is checked, identify the	their incorporated the government(s),	boundaries, ar authority or or	nd the county ganization pro	will provide the ser- oviding the service.)	vice in
Other. (If this box is chec government, authority, or	ked, attach a legible map de other organization that will p	lineating the servi	ce area of eac	h service pro e area.)	ovider, and identify	the
2. In developing the strategy, v ☐ yes ☑ no	vere overlapping service areas	s, unnecessary com	petition and/or	duplication	of this service identi	fied?
If these conditions will continue higher levels of service (See O. or competition cannot be elimin	C.G.A. 36-70-24(1)), overridi	n explanation for ing benefits of the	continuing th duplication, or	e arrangeme reasons that	ent (i.e., overlapping overlapping service	g but areas
If these conditions will be elimitaken to eliminate them, the res	nated under the strategy, atta ponsible party and the agreed	ch an implementa upon deadline for	tion schedule completing it.	listing each	step or action that wi	ill be
3. List each government or authorized funds, user fees, general funds,	nority that will help to pay for special service district reven	this service and in ues, hotel/motel tax	dicate how the	service will axes, impact	be funded (e.g., ente fees, bonded indebte	erprise edness, etc.)
	Funding Method:		ے ہیں شاف			
Jefferson County	General Funds	Wadley	Genera1	Funds	31.31.1	1
Avera	General Funds	Wrens	General			
Bartow	General Funds					-
Louisville	General Funds					
Stapleton	General Funds			•		‡
4. How will the strategy chang	e the previous arrangements f	or providing and/o	r funding this	service within	n the county?	
NO CHANGE				·		it
,		•				1
5. List any formal service deliv	ery agreements or intergovern	nmental contracts t	hat will be use	d to impleme	nt the strategy for th	is service:
Agreement Name:	Contracting	Parties:			Effective and Ending D	ates:
Joint Resolution		rson County				
		,Bartow,Louis		<u>.</u>		!
	Stapi	eton,Wadley a	and wrens			
6. What other mechanisms (if General Assembly, rate or fee of			his service (e.g	g., ordinances	, resolutions, local a	cts of the
•						5
NONE	•					
	Iamaa I D					•
7. Person completing form: Phone number:912-625-	James L. Rogers 3332 Date 6	completed: May 2	25. 1999			
8. Is this the person who should		•		osed local or		
are consistent with the service If not, provide designated cont	delivery strategy? 🛛 yes 🛚	no	oemer brot	July Iodai go		i Î
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SERVICE DELIVERY STRATECY

	36 -30		OF CORPUS OF DELIVER		
	Instructions:	SUMMARY	OF SERVICE DELI	VERY ARRANGEME	NTS PAGE 2
	Make copies of the Answer each quest	nis form and complete of ion below, attaching addit to the Department of Con		on page 1, Section III. Use e the contact person for this servi	exactly the same service names listed on page 1, ice (listed at the bottom of the page) changes, this
County:	fferson		Service:	Airports	
•		cribes the agreed up	on delivery arrangeme		
☐ Service	will be provided	countywide (i.e., inc		inincorporated areas) by a	single service provider. (If this box
☐ Service identify	will be provided the government,	only in the unincorpauthority or organiz	porated portion of the cation providing the se	county by a single service rvice.)	provider. (If this box is checked,
One or number of the corp	nore cities will poorated areas. (If	rovide this service of this box is checked,	only within their incorp , identify the government	porated boundaries, and the ent(s), authority or organi	ne service will not be provided in zation providing the service.)
One or n	nore cities will porated areas. (If	rovide this service of this box is checked,	only within their incorp identify the governme	porated boundaries, and the ent(s), authority or organi	ne county will provide the service in zation providing the service.)
Other. (I governm	f this box is che ent, authority, o	cked, attach a legib r other organization	le map delineating th that will provide servi	e service area of each se ce within each service are	ervice provider, and identify the ea.)
2. In developi ☐ yes ☑	ng the strategy,	were overlapping se	rvice areas, unnecessa	ry competition and/or dup	plication of this service identified?
If these condit higher levels of	ions will continu	.C.G.A. 36-70-24(1)	, attach an explanati)), overriding benefits	on for continuing the ar of the duplication, or reas	rangement (i.e., overlapping but sons that overlapping service areas
taken to elimir	nate them, the re	sponsible party and	the agreed upon deadli	ine for completing it.	ng each step or action that will be
funds, user fee	es, general funds	s, special service dist	to pay for this service trict revenues, hotel/m	and indicate how the ser- otel taxes, franchise taxes	vice will be funded (e.g., enterprise s, impact fees, bonded indebtedness, etc
Local Governmen	t or Authority:	Funding Method:			
<u>Louisvil</u>	1e	General Fun	nd		
- Wrens-		General Fur	nds		
4. How will th	ne strategy chang	ge the previous arrar	gements for providing	and/or funding this servi	ce within the county?
		,		, with or running time bor ri	i
NONE					
5 List any for	mal service deli	very agreements or i	ntergovernmental cont	reats that will be used to	implement the strategy for this service:
Agreement Name			Contracting Parties:	racts that will be used to	Effective and Ending Dates:
_Joint Re	solution		Louisville , V	Vrens	
			·		
6. What other General Assen	mechanisms (if nbly, rate or fee	any) will be used to changes, etc.), and v	implement the strateg when will they take eff	y for this service (e.g., or ect?	dinances, resolutions, local acts of the
NONE					;
7. Person com	pleting form:	James L. Roge	ers		
	: <u>912–625–3</u>			May 25, 1999	
					· · · · · · · · · · · · · · · · · · ·

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

are consistent with the service delivery strategy?

yes

no If not, provide designated contact person(s) and phone number(s) below:

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 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.	page 1. ges, this
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County: <u>Jefferson</u>		Service: Anima	1 Control	
1. Check the box that best desc	ribes the agreed upon delivery	arrangement for this	service:	
☐ Service will be provided	countywide (i.e., including all covernment, authority or organiz	cities and unincorpor	ated areas) by a single	service provider. (If this box
 Service will be provided identify the government, 	only in the unincorporated porti authority or organization provid	ion of the county by ding the service.)	a single service provid	er. (If this box is checked,
∑ One or more cities will proper unincorporated areas. (If	rovide this service only within this box is checked, identify the	their incorporated bo e government(s), autl	undaries, and the servinority or organization p	ce will not be provided in providing the service.)
One or more cities will pr unincorporated areas. (If	ovide this service only within this box is checked, identify the	heir incorporated bo government(s), auth	undaries, and the count nority or organization p	ty will provide the service in providing the service.)
Other. (If this box is chec government, authority, or	ked, attach a legible map deli other organization that will pro	neating the service appropriate service within	area of each service p each service area.)	rovider, and identify the
 In developing the strategy, v yes	vere overlapping service areas,	unnecessary compet	ition and/or duplication	of this service identified?
If these conditions will continue higher levels of service (See O. or competition cannot be eliminated)	C.G.A. 36-70-24(1)), overridin	explanation for con g benefits of the dup	ntinuing the arrangen lication, or reasons tha	nent (i.e., overlapping but toverlapping service areas
If these conditions will be elimitaken to eliminate them, the res	inated under the strategy, attac l ponsible party and the agreed u	h an implementation opon deadline for con	n schedule listing each	step or action that will be
3. List each government or authorized funds, user fees, general funds,	nority that will help to pay for t special service district revenue	his service and indices, hotel/motel taxes,	ate how the service will franchise taxes, impac	ll be funded (e.g., enterprise t fees, bonded indebtedness, etc.)
Local Government or Authority:	Funding Method:			
Louisville	General Fund			
Bartow	General Fund			
		200000		
4 How will the strategy change	o the provious arrangements for		- 41 - 41 - 41	
4. How will the strategy chang	e the previous arrangements for	r providing and/or fu	nding this service with	in the county?
None				
none				
5. List any formal service delive	ery agreements or intergovernm	nental contracts that	will he used to implem	ent the strategy for this service:
Agreement Name:	Contracting Pa		.	Effective and Ending Dates:
Joint Resolution	Louisvi	lle , Bartow		
<u> </u>				
())				<u></u>
6. What other mechanisms (if a General Assembly, rate or fee of	any) will be used to implement changes, etc.), and when will the	the strategy for this sey take effect?	service (e.g., ordinance	s, resolutions, local acts of the
NONE				
7. Person completing form:	James L. Rogers			
Phone number: 912-625-3	222	mpleted: Mat 2	25, 1999	· ·
8. Is this the person who should are consistent with the service of		s when evaluating w	hether proposed local g	government projects
ii not, provide designated conta	delivery strategy? X yes Cate person(s) and phone number	no		
in not, provide designated conta	delivery strategy? 🛛 yes 🔲	no		



PAGE 2

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Make capies of this form and asset to	
Track copies of this form and complete one for each service listed on page 1. Section III. He executive the complete one for each service listed on page 1. Section III. He executive the complete one for each service listed on page 1. Section III. He executive the complete one for each service listed on page 1. Section III. He executive the complete one for each service listed on page 1. Section III. He executive the complete one for each service listed on page 1. Section III. He executive the complete one for each service listed on page 1. Section III. He executive the complete one for each service listed on page 1. Section III. He executive the complete one for each service listed on page 1. Section III. He executive the complete one for each service listed on page 1. Section III. He executive the complete one for each service listed on page 1. Section III. He executive the complete one for each service listed on page 1. Section III. He executive the complete one for each service listed on page 1. Section III. He executive the complete one for each service listed on the complete one for each service listed one for each service listed on the complete one for each service listed one for each	
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should be recorded at the bottom of the pages as necessary. If the contact person for this service (listed at the bottom of the pages) about	
should be reported to the Department of Community Affairs.	anges, this

County:	Jefferson	Service: Authorities	
1. Check	the box that best descri	ibes the agreed upon delivery arrangement for this service:	
Serv	vice will be provided o	ountywide (i.e., including all cities and unincorporated areas) by a single severnment, authority or organization providing the service.)	ervice provider. (If this box
☐ Serviden	vice will be provided on tify the government, a	only in the unincorporated portion of the county by a single service provider authority or organization providing the service.)	r. (If this box is checked,
One unin	or more cities will procorporated areas. (If	ovide this service only within their incorporated boundaries, and the service his box is checked, identify the government(s), authority or organization pro	e will not be provided in oviding the service.)
X One unin	or more cities will pracorporated areas. (If t	ovide this service only within their incorporated boundaries, and the county his box is checked, identify the government(s), authority or organization pro	will provide the service in oviding the service.)
Othe gove	er. (If this box is checiernment, authority, or	ted, attach a legible map delineating the service area of each service protection other organization that will provide service within each service area.)	ovider, and identify the
2. In deve	eloping the strategy, v	ere overlapping service areas, unnecessary competition and/or duplication of	of this service identified?
nigher lev	onditions will continue els of service (See O. tition cannot be elimin	under the strategy, attach an explanation for continuing the arrangement C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eated).	ent (i.e., overlapping but overlapping service areas
If these co	onditions will be elimi liminate them, the res	nated under the strategy, attach an implementation schedule listing each sponsible party and the agreed upon deadline for completing it.	step or action that will be
3. List ea	ch government or autler fees, general funds,	nority that will help to pay for this service and indicate how the service will special service district revenues, hotel/motel taxes, franchise taxes, impact	be funded (e.g., enterprise fees, bonded indebtedness, etc.)
Local Gover	mment or Authority:	Funding Method:	1
Jeffer	rson County	General Fund	
_Cities	of	General Fund	
Louisv	ville, Wadley		
and W	Vrens		
4. How v	will the strategy chang	e the previous arrangements for providing and/or funding this service within	n the county?
No (Change		i
5. List an		ery agreements or intergovernmental contracts that will be used to impleme Contracting Parties:	ent the strategy for this service: Effective and Ending Dates:
	Resolution	County and Cities	Literive and Linding Dates.
JOINE	Resolution	country and offices	
6. What General	other mechanisms (if Assembly, rate or fee	any) will be used to implement the strategy for this service (e.g., ordinances thanges, etc.), and when will they take effect?	s, resolutions, local acts of the
No	one		
7. Person	n completing form:	James L. Rogers	<u> </u>
	ımber: <u>912–625–33</u>	•	
are consi	istent with the service	d be contacted by state agencies when evaluating whether proposed local godelivery strategy? 区 yes 口 no act person(s) and phone number(s) below:	overnment projects

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

Make copies of this form and complete one for each service liste	ed 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	if the contact person for this service (listed at the bottom of the page) changes, this

					
County:Jefferson		Service:	Authorities		
1. Check the box that best desc	ribes the agreed up	on delivery arrangeme	nt for this service:		· · · · · · · · · · · · · · · · · · ·
 Service will be provided is checked, identify the g 	countywide (i.e., in	cluding all cities and u	nincorporated areas) by	a single service p	provider. (If this box
 Service will be provided identify the government, 	only in the unincor	porated portion of the cation providing the se	ounty by a single servi	ce provider. (If th	is box is checked,
One or more cities will p unincorporated areas. (If	rovide this service of this box is checked	only within their incorp , identify the government	orated boundaries, and ent(s), authority or orga	the service will n	ot be provided in g the service.)
One or more cities will prunincorporated areas. (If	rovide this service of this box is checked	only within their incorp , identify the governme	orated boundaries, and ent(s), authority or orga	the county will providing	ovide the service in the service.)
Other. (If this box is chec government, authority, or	eked, attach a legib other organization	ole map delineating the that will provide servi	e service area of each ce within each service a	service provider, area.)	and identify the
2. In developing the strategy, v ☐ yes □ no	/				
If these conditions will continu higher levels of service (See O. or competition cannot be eliminated to the competition cannot be eliminated to the contract of the contrac	.C.G.A. 36-70-24(1	y,/attach an explanati)), overriding benefits	on for continuing the of the duplication, or re	arrangement (i.e asons that overlap	., overlapping but pping service areas
If these conditions will be elim taken to eliminate them, the res	inated under the strapponsible party and	ategy, attach an imple the agreed upon deadli	mentation schedule line for completing it.	sting each step or	action that will be
3. List each government or aut funds, user fees, general funds	hority that will help , special service dis	o to pay for this service trict revenues, hotel/m	and indicate how the sortel taxes, franchise tax	ervice will be fund es, impact fees, be	ded (e.g., enterprise onded indebtedness, etc.)
ocal Government or Authority:	Funding Method:				
Jefferson County	General	Fund			
Cities	General	Fund			
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	/				
4. How will the strategy chang	e the previous arran	ngements for providing	and/or funding this ser	vice within the co	unty?
		.gomenis for providing	and of funding this ser		1
No Change				pol	6-29
No Change	/	\		10	,
		\			
5. List any formal service deliv	erv agreements or i	intergovernmental cont	racts that will be used t	o implement the s	trategy for this service:
Agreement Name:		Contracting Parties:			e and Ending Dates:
Joint Resolution		County and	Çities		
			<u> </u>		
6. What other mechanisms (if General Assembly, rate or fee of				ordinances, resolu	tions, local acts of the
None					
7. Person completing form:	James L. Roge	rs			;
Phone number: 912-625-33		Date completed:	May 26,1999		
8. Is this the person who shoul are consistent with the service If not, provide designated contains	delivery strategy?	🗓 yes 🗌 no		ed local governm	ent projects

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS Instructions:

	Make copies of thi Answer each question should be reported to	s form and complete on below, attaching addit the Department of Col	ne for each service listed on page 1, Sectional pages as necessary. If the contact personnunity Affairs.	tion III. Use exactly the so on for this service (listed at	ame service names listed on page I the bottom of the page) changes, thi
County:	efferson		Service:Cemeteri	ac	
		ribes the agreed up	on delivery arrangement for this ser	vice:	
□ Service	will be provided of	countywide (i.e., ir	cluding all cities and unincorporated y or organization providing the serv		rvice provider. (If this box
Service identify	will be provided of the government,	only in the unincor authority or organi	porated portion of the county by a si ation providing the service.)	ngle service provider.	(If this box is checked,
One or unincor	more cities will pr porated areas. (If	ovide this service this box is checked	only within their incorporated bound identify the government(s), authori	daries, and the service ity or organization pro	will not be provided in oviding the service.)
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2. In develop ☐ yes ☐	oing the strategy, v	vere overlapping so	rvice areas, unnecessary competitio	n and/or duplication o	of this service identified?
If these condi higher levels	tions will continu	C.G.A. 36-70-24()	, attach an explanation for continuous of the duplication of the dupli	nuing the arrangeme ation, or reasons that o	nt (i.e., overlapping but overlapping service areas
If these conditates to eliminate	tions will be elim	inated under the st ponsible party and	ategy, attach an implementation s the agreed upon deadline for compl	chedule listing each s	tep or action that will be
3. List each g funds, user fo	government or aut	hority that will hel , special service di	to pay for this service and indicate trict revenues, hotel/motel taxes, fra	how the service will anchise taxes, impact	be funded (e.g., enterprise fees, bonded indebtedness, e
Local Governme	ent or Authority:	Funding Method:			
County		General F			
Louisvil	of Bartow.	General F	ina		:
	and Church	lot sales	and fees		
4. How will	the strategy chang	ge the previous arra	ngements for providing and/or fund	ling this service withir	the county?
No (Change				•
5. List any fo		very agreements or	intergovernmental contracts that wi Contracting Parties:	ll be used to impleme	- ·
		· · · · · · · · · · · · · · · · · · ·	Cities, Churches and	d Private Assoc	Effective and Ending Dates:
Joint Re	solution		Cities, Charenes and	d IIIvace Assoc	

			o implement the strategy for this ser when will they take effect?	rvice (e.g., ordinances	, resolutions, local acts of the
NONE			•		
	ji.				
7. Person co	ompleting form:	James L. Roge	rs		<u> </u>
	per: <u>912-625-3</u>	_	Date completed: Mat 26,	1999	
are consiste	nt with the service	delivery strategy?	state agencies when evaluating whe X yes no ohone number(s) below:	ether proposed local g	overnment projects

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

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

County:		Service:		······································	
l. Check the box that best descri	ribes the agreed upon		Cemeteries		
Service will be provided of is checked, identify the go	overnment, authority	or organization pro-	unincorporated areas viding the service.)	s) by a single sof	vice provider. (If this box
Service will be provided of identify the government,	only in the unincorporauthority or organizat	rated portion of the tion providing the se	county by a single service.)	ervice provider.	(If this box is checked,
One or more cities will pr unincorporated areas. (If	ovide this service onl his box is checked, in	ly within their incor dentify the governm	porated boundaries, lent(s), authority or o	and the service organization pro-	will not be provided in viding the service.)
One or more cities will pr unincorporated areas. (If t	ovide this service onl his box is checked, ic	ly within their incor dentify the governm	porated boundaries, ent(s), authority or o	and the county vorganization pro-	will provide the service in viding the service.)
		, ,			in service.
Other. (If this box is check government, authority, or	ked, attach a legible other organization th	map delineating that will provide serv	ne service area of eacice within each servi	ach service provice area.)	vider, and identify the
		•			
 In developing the strategy, w yes ∑ no 	ere overlapping serv	ice areas, unnecessa	ary/competition and/	or duplication of	f this service identified?
If these conditions will continue higher levels of service (See O. or competition cannot be elimin	C.G.A. 36-70-24(1)),	attach an explanat overriding benefits	ion for continuing to of the duplication, c	the arrangement or reasons that o	nt (i.e., overlapping but verlapping service areas
If these conditions will be elimitaken to eliminate them, the res	nated under the strate ponsible party and th	egy, attach an impl e agreed upon dead	ementation schedu	le listing each st t.	ep or action that will be
3. List each government or auth funds, user fees, general funds,	nority that will help to special service distri	o pay for this servic ct revenues, hotel/n	e and indicate how the thick the thi	he service will be taxes, impact fo	e funded (e.g., enterprise ees, bonded indebtedness, e
	Funding Method:				
County	General Fun	d/			******
Cities .	General Fun	7			
_Private	lot sales/a	nd Churches			
	/				
4. How will the strategy change	e the previous arrang	ements for providin	g and/or funding this	s service within	the county?
			see M	exised n	ext page
No Change					
•					
			•		
5. List any formal service deliv Agreement Name:	/	ergovernmental cor ontracting Parties:	stracts that will be us		t the strategy for this service Effective and Ending Dates:
Joint Resolution	<u> </u>	Cities, Ch	urches and Pri	vate Associ	ations
6. What other mechanisms (if General Assembly, rate or fee	any) will be used to it changes, etc.), and wh	mplement the strate nen will they take et	gy for this service (e	e.g., ordinances,	resolutions, local acts of the
NONE		\			
		<u> </u>			ý
7. Person completing form:	Iames I. Rogers				
Phone number: 912-625-33	332	_ Date completed:	Mat 26, 1999		- -
8. Is this the person who shoul are consistent with the service	d be contacted by sta delivery strategy? [ite agencies when e ☑ yes ☐ no	valuating whether pr	oposed local go	vernment projects
If not, provide designated cont	act person(s) and pho	one number(s) below	v:		
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SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Instructions:

County: _	Jefferson		Service:	Chamber of	Commerce		•
1. Check th	he box that best descri	ribes the agreed upon delivery	– arrangemer	nt for this service			
🔯 Servi	ice will be provided of	countywide (i.e., including all overnment, authority or organ	cities and u	nincorporated are	eas) hy a single	service provider. (If the	is box
Servi	ce will be provided of ify the government,	only in the unincorporated por authority or organization prov	rtion of the criding the ser	ounty by a single vice.)	e service provid	er. (If this box is chec	ked,
One o	or more cities will precorporated areas. (If	ovide this service only within his box is checked, identify the	their incorp he governme	orated boundarient(s), authority o	es, and the servi	ce will not be provided providing the service.)	d in
One o	or more cities will preorporated areas. (If	ovide this service only within his box is checked, identify the	their incorp he governme	orated boundarient(s), authority o	es, and the coun or organization p	ty will provide the ser- providing the service.)	vice in
Other gover	r. (If this box is chec rnment, authority, or	ked, attach a legible map de other organization that will p	lineating the provide servi	e service area of ce within each se	each service prvice area.)	provider, and identify	the
2. In devel	loping the strategy, v	vere overlapping service areas	s, unnecessar	y competition ar	nd/or duplication	n of this service identi	fied?
higher leve	nditions will continued is of service (See O. tion cannot be elimin	e under the strategy, attach a C.G.A. 36-70-24(1)), overridicated).	n explanation of the contraction	on for continuing of the duplication	g the arranger	ment (i.e., overlapping at overlapping	but areas
If these con taken to eli	nditions will be elimi minate them, the res	nated under the strategy, atta ponsible party and the agreed	ch an imple upon deadli	mentation sche	dule listing eacl g it.	h step or action that wi	llbe
3. List each funds, user	h government or autl r fees, general funds,	nority that will help to pay for special service district revent	r this service ues, hotel/m	and indicate how otel taxes, franch	v the service wi	ill be funded (e.g., ente ct fees, bonded indebte	erprise edness, etc
Local Govern	ment or Authority:	Funding Method:					1
_Jeffer	son County	General Fund an	d Member	ship fees			
					- the transfer of the transfer		
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4 77	111 ab						
4. now wi	in the strategy chang	e the previous arrangements f	or providing	and/or funding	this service with	nin the county?	į.
No C	hange						
110 0	nange						
							7
5 List any	formal service deliv	ery agreements or intergover	nmental cont	racts that will be	used to implen	eant the strategy for th	ic carviaa:
Agreement N		Contracting		iacis uiai wili oc	used to implen	Effective and Ending D	
Joint	Resolution	Count	у				
6. What of	ther mechanisms (if	any) will be used to implement changes, etc.), and when will	nt the strateg	y for this service	(e.g., ordinanc	es, resolutions, local a	cts of the
Guiciai A:	ssembly, rate of fee t	manges, etc.), and when win	mey take en	ect:			ų.
	No Change						
							i
							4 1
	completing form: _ nber: 912-625-33	James L. Rogers		May 26,1999			
			-				
		d be contacted by state agence delivery strategy? 🙀 yes		aiuating whether	proposed local	government projects	
		act person(s) and phone number		:			J e
		+					

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 names listed on page 2, Section III. Use exactly the same service names listed on page 3, Section III. Use exactly the same service names listed on page 3, Section III. Use exactly the same service names listed on page 3, Section III. Use exactly the same service names listed on page 3, Section III. Use exactly the same service names listed on page 3, Section III. Use exactly the same service names listed on page 3, Section III. Use exactly the same service names listed on page 3, Section III. Use exactly the same service names listed on page 3, Section III. Use exactly the same service names listed on page 3, Section III. Use exactly the same service names listed on page 3, Section III. Use exactly the same service names listed on page 3, Section III. Use exactly the same service names listed on page 3, Section III. Use exactly the same service names listed on page 3, Section III. Use exactly the same service names listed on page 3, Section III. Use exactly the same service names listed on page 3, Section III. Use exactly the same service names listed on page 3, Section III. Use exactly the same service names listed on page 3, Section III. Use exactly the same service names listed on page 4, Section III. Use exactly the same service names listed on page 4, Section III. Use exactly the same service names listed on page 4, Section III. Use exactly the same service names listed on page 4, Section III. Use exactly the same service names listed on page 4, Section III. Use exactly the same service names listed on page 4, Section III. Use exactly the same service names listed on page 4, Section III. Use exactly the same service names listed on page 4, Section III. Use exactly the same service names listed on page 4, Section III. Use exactly the same service names listed on page 4, Section III. Use exactly the same service names listed on page 4, Section III. Use exactly the same servic				
County:	efferson Service: Civil Defence				
1. Check the I	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 proed, identify the government, authority or organization providing the service.)	vider. (If this box			
☐ Service identify	will be provided only in the unincorporated portion of the county by a single service provider. (If this the government, authority or organization providing the service.)	box is checked,			

1. Check the box that best desc	ribes the agreed up	on delivery arrangement for this service:				
Service will be provided	countywide (i.e., in	cluding all cities and unincorporated area by or organization providing the service.)	as) by a single service provider (If this	s box		
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 pu unincorporated areas. (If	rovide this service of this box is checked	only within their incorporated boundaries, identify the government(s), authority or	s, and the service will not be provided or organization providing the service.)	in		
One or more cities will prunincorporated areas. (If	ovide this service of this box is checked	only within their incorporated boundaries, identify the government(s), authority or	s, and the county will provide the servi organization providing the service.)	ce in		
Other. (If this box is check government, authority, or	ked, attach a legib other organization	le map delineating the service area of that will provide service within each ser	each service provider, and identify the vice area.)	ne		
 In developing the strategy, v yes ∑ no 	were overlapping se	ervice areas, unnecessary competition and	d/or duplication of this service identific	ed?		
If these conditions will continu higher levels of service (See O. or competition cannot be elimin	.C.G.A. 36-70-24(1	 attach an explanation for continuing)), overriding benefits of the duplication, 	g the arrangement (i.e., overlapping b, or reasons that overlapping service ar	out eas		
If these conditions will be elim taken to eliminate them, the res	inated under the str sponsible party and	ategy, attach an implementation sched the agreed upon deadline for completing	ule listing each step or action that will it.	be		
3. List each government or aut funds, user fees, general funds	hority that will help, special service dis	to pay for this service and indicate how trict revenues, hotel/motel taxes, franchi	the service will be funded (e.g., enterpse taxes, impact fees, bonded indebted	prise Iness, etc		
Local Government or Authority:	Funding Method:					
County	General Fund	d/Grants		·		
						
4. How will the strategy chang	ge the previous arra	ngements for providing and/or funding th	his service within the county?	-9-		
No Change						
				<u> </u>		
5. List any formal service deliv	ery agreements or	intergovernmental contracts that will be	used to implement the strategy for this	service:		
Agreement Name:		Contracting Parties:	Effective and Ending Date	es:		
Joint Resolution		County				
				:		
				· · · · · · · · · · · · · · · · · · ·		
6. What other mechanisms (if General Assembly, rate or fee		o implement the strategy for this service when will they take effect?	(e.g., ordinances, resolutions, local act	s of the		
				•		
NONE						
				j		
	James L. Ro	•				
Phone number: 912-625-3		Date completed: May 26, 1999				
8. Is this the person who shou are consistent with the service If not, provide designated contains	delivery strategy?		proposed local government projects	:		
- -		·		:		

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Instructions:

County: <u>lefferson</u>	Service:	Clerk of Court	
1. Check the box that best described	ribes the agreed upon delivery arrangement		
Service will be provided of	countywide (i.e., including all cities and overnment, authority or organization pro	unincorporated areas) by a single s	ervice provider. (If this box
Service will be provided of identify the government,	only in the unincorporated portion of the authority or organization providing the s	county by a single service provider ervice.)	r. (If this box is checked,
One or more cities will pr unincorporated areas. (If	rovide this service only within their incorthis box is checked, identify the governm	rporated boundaries, and the service nent(s), authority or organization pr	e will not be provided in oviding the service.)
One or more cities will pr unincorporated areas. (If	rovide this service only within their incorthis box is checked, identify the governm	rporated boundaries, and the county nent(s), authority or organization pr	will provide the service in oviding the service.)
Other. (If this box is check government, authority, or	ked, attach a legible map delineating to other organization that will provide serv	he service area of each service provice within each service area.)	ovider, and identify the
 In developing the strategy, v yes	were overlapping service areas, unnecess	. ary competition and/or duplication	of this service identified?
If these conditions will continue higher levels of service (See O. or competition cannot be elimin	e under the strategy, attach an explanate C.G.A. 36-70-24(1)), overriding benefits nated).	tion for continuing the arrangements of the duplication, or reasons that	ent (i.e., overlapping but overlapping service areas
If these conditions will be elimitaken to eliminate them, the res	inated under the strategy, attach an imple ponsible party and the agreed upon dead	lementation schedule listing each line for completing it.	step or action that will be
3. List each government or autifunds, user fees, general funds,	hority that will help to pay for this servic, special service district revenues, hotel/n	ee and indicate how the service will notel taxes, franchise taxes, impact	be funded (e.g., enterprise fees, bonded indebtedness, etc.)
Local Government or Authority:	Funding Method:		
County	General Fund and fees		
· ·			;
4. How will the strategy chang	e the previous arrangements for providing	ng and/or funding this service within	n the county?
No Change			
5. List any formal service deliv Agreement Name:	very agreements or intergovernmental con Contracting Parties:	ntracts that will be used to impleme	ent the strategy for this service: Effective and Ending Dates:
Joint Resolution	County		
6. What other mechanisms (if General Assembly, rate or fee of	any) will be used to implement the strate changes, etc.), and when will they take e	egy for this service (e.g., ordinances ffect?	, resolutions, local acts of the
NONE			
			,
7. Person completing form: 3 Phone number: 912-625-3		May 26, 1999	
are consistent with the service	ld be contacted by state agencies when e delivery strategy? 🙀 yes 🗌 no		overnment projects
ir not, provide designated cont	act person(s) and phone number(s) below	v: 	3

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Instructions:

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County:	Jefferson	······································	Service: _ Code Enforcement	
I. Check th	e box that best descr	ibes the agreed upon de	livery arrangement for this service:	
is che	ce will be provided on the good cked, identify the go	ountywide (i.e., includi vernment, authority or	ng all cities and unincorporated areas) by a single ser organization providing the service.)	rvice provider. (If this box
☐ Servio	ce will be provided of the government, a	nly in the unincorporat uthority or organization	ed portion of the county by a single service provider. n providing the service.)	(If this box is checked,
One of unince	or more cities will proorporated areas. (If t	ovide this service only which has box is checked, ider	within their incorporated boundaries, and the service atify the government(s), authority or organization pro	will not be provided in viding the service.)
○ One of unincomment unincomment value value	or more cities will pr orporated areas. (If t	ovide this service only which the his box is checked, iden	within their incorporated boundaries, and the county atify the government(s), authority or organization pro	will provide the service in viding the service.)
Other gover	. (If this box is check nment, authority, or	ked, attach a legible m other organization that	ap delineating the service area of each service pro will provide service within each service area.)	vider, and identify the
∐ yes	K ∫ uo		areas, unnecessary competition and/or duplication of	
migner level	ditions will continue ls of service (See O. ion cannot be elimin	J.G.A. 36-70-24(1)), or	each an explanation for continuing the arrangeme verriding benefits of the duplication, or reasons that continuing benefits of the duplication.	nt (i.e., overlapping but overlapping service areas
If these con taken to eli-	ditions will be elimi minate them, the res	nated under the strategy ponsible party and the a	y, attach an implementation schedule listing each sagreed upon deadline for completing it.	tep or action that will be
3. List each funds, user	h government or auti	nority that will help to p special service district	pay for this service and indicate how the service will revenues, hotel/motel taxes, franchise taxes, impact	be funded (e.g., enterprise fees, bonded indebtedness, e
		unding Method:		
County		General Fund		
Cities	of Avera,	General Fund		
Bartow,	Louisville,			
_	on.Wadley and			
Wrens				i
4. How wi	Il the strategy chang	e the previous arrangen	nents for providing and/or funding this service within	the county?
	No Change			
				!
5. List any Agreement N			governmental contracts that will be used to implementating Parties:	nt the strategy for this servic Effective and Ending Dates:
	Resolution		County and Cities	Effective and Ending Dates.
JOINE N	(esolucion		obane, and observe	
				<u> </u>
			plement the strategy for this service (e.g., ordinances n will they take effect?	, resolutions, local acts of the
No (Change			ĺ
				,
		James L. Rogers	Mov. 26 1000	
	mber: 912-625-		Date completed: May 26, 1999	
		ld be contacted by state delivery strategy?	agencies when evaluating whether proposed local go	overnment projects
		tact person(s) and phon		
ı				

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Instructions:

County:	Service: Code Enforcement	
1. Check the box that best desc	ribes the agreed upon delivery arrangement for this service:	
Service will be provided	countywide (i.e., including all cities and unincorporated areas) by a single overnment, authority or organization providing the service.)	ngle service provider. (If this box
Service will be provided identify the government,	only in the unincorporated portion of the county by a single service of authority or organization providing the service.)	ovider. (If this box is checked,
One or more cities will pr unincorporated areas. (If	rovide this service only within their incorporated boundaries, and the statistics this box is checked, identify the government(s), authority or organizate	service will not be provided in ion providing the service.)
One or more cities will pr unincorporated areas. (If	rovide this service only within their incorporated boundaries, and the of this box is checked, identify the government(s), authority or organizat	county will provide the service in ion providing the service.)
Other. (If this box is chec government, authority, or	ked, attach a legible map delineating the service area of each service other organization that will provide service within each service area.)	ice provider, and identify the
2. In developing the strategy, v ☐ yes ☑ no	were overlapping service areas, unnecessary competition and/or duplic	eation of this service identified?
If these conditions will continue higher levels of service (See O. or competition cannot be elimin	e under the strategy, attach an explanation for continuing the arrange C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reason nated).	ngement (i.e., overlapping but s that overlapping service areas
If these conditions will be elimitaken to eliminate them, the res	inated under the strategy, attach an implementation schedule listing ponsible party and the agreed upon deadline for completing it.	each step or action that will be
3. List each government or autifunds, user fees, general funds,	hority that will help to pay for this service and indicate how the service, special service district revenues, hotel/motel taxes, franchise taxes, in	ee will be funded (e.g., enterprise mpact fees, bonded indebtedness, etc.)
	Funding Method:	
County	General Fund	
Cities	General Fund	
	e the previous arrangements for providing and/or funding this service	within the county?
No Change		· ·
5. List any formal service deliv	ery agreements or intergovernmental contracts that will be used to im Contracting Parties:	plement the strategy for this service: Effective and Ending Dates:
Joint Resolution	County and Cities	
		·
6. What other mechanisms (if General Assembly, rate or fee of	any) will be used to implement the strategy for this service (e.g., ordin changes, etc.), and when will they take effect?	nances, resolutions, local acts of the
No Change		<u>:</u>
7. Person completing form: Phone number: 912-625-3		· ·
8. Is this the person who shoul are consistent with the service	d be contacted by state agencies when evaluating whether proposed to delivery strategy? yes no act person(s) and phone number(s) below:	ocal government projects

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Instructions:

County: _ Jefferson		Samina				
	describes the agreed u	Service: Cor	oner			
Service will be provide	ded countywide (i.e.	including all aids and	r this service:			
is checked, identify the	he government, author	rity or organization providing	orporated areas) by a single so the service.)	ervice provider. (If this box		
Service will be provide identify the government	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 wi unincorporated areas.	ill provide this service (If this box is checke	only within their incorporat d, identify the government(s	ed boundaries, and the service), authority or organization pr	e will not be provided in oviding the service.)		
One or more cities wi unincorporated areas.	ill provide this service (If this box is checke	only within their incorporated, identify the government(s	ed boundaries, and the county), authority or organization pr	will provide the service in oviding the service.)		
Other. (If this box is of government, authority	checked, attach a legi y, or other organizatio	ible map delineating the sen n that will provide service w	vice area of each service proiting the control of t	ovider, and identify the		
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2. In developing the strates ☐ yes ☐ no	gy, were overlapping	service areas, unnecessary co	mpetition and/or duplication	of this service identified?		
If these conditions will con higher levels of service (Se or competition cannot be el	e O.C.G.A. 36-70-24(gy, attach an explanation for 1)), overriding benefits of the	or continuing the arrangeme e duplication, or reasons that	ent (i.e., overlapping but overlapping service areas		
If these conditions will be e taken to eliminate them, the	eliminated under the se responsible party and	trategy, attach an implemer d the agreed upon deadline fo	station schedule listing each or completing it.	step or action that will be		
3. List each government or funds, user fees, general fu	authority that will he ands, special service d	lp to pay for this service and istrict revenues, hotel/motel	indicate how the service will axes, franchise taxes, impact	be funded (e.g., enterprise fees, bonded indebtedness, etc.		
Local Government or Authority:	Funding Method:					
County	General f	unds				
ţ						
ĥ	nange the previous arr	angements for providing and	or funding this service within	n the county?		
No change						
1						
Agreement Name:	delivery agreements of	r intergovernmental contract Contracting Parties:	s that will be used to impleme	ent the strategy for this service: Effective and Ending Dates:		
Joint Resolution		County	•	District and District		
,						
		to implement the strategy fo d when will they take effect?	r this service (e.g., ordinances	s, resolutions, local acts of the		
No Change						
Ą						
7. Person completing form	n: James I. Ro	gers				
Phone number: $\frac{912-62}{12}$		Date completed: Ma	y 26, 1999	· ·		
are consistent with the serv	vice delivery strategy	y state agencies when evalua ?	ing whether proposed local g	overnment projects		
If not, provide designated	contact person(s) and	phone number(s) below:				

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1 should be reported to the Department of Community Affairs.

County:Jefferson	Service: Court House					
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 identify the government, authori 	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 tunincorporated areas. (If this box	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 t unincorporated areas. (If this box	this service only within their incorporated boundaries, ax is checked, identify the government(s), authority or o	and the county will provide the service in organization providing the service.)				
Other. (If this box is checked, at government, authority, or other of	tach a legible map delineating the service area of eatorganization that will provide service within each servi	ach service provider, and identify the ice area.)				
2. In developing the strategy, were ov ☐ yes ☐ no	verlapping service areas, unnecessary competition and/o	or duplication of this service identified?				
If these conditions will continue under higher levels of service (See O.C.G.A. or competition cannot be eliminated).	the strategy, attach an explanation for continuing to 36-70-24(1)), overriding benefits of the duplication, or	the arrangement (i.e., overlapping but or reasons that overlapping service areas				
If these conditions will be eliminated taken to eliminate them, the responsible	under the strategy, attach an implementation schedul le party and the agreed upon deadline for completing it	le listing each step or action that will be t.				
3. List each government or authority t funds, user fees, general funds, specia	that will help to pay for this service and indicate how the service district revenues, hotel/motel taxes, franchise	he service will be funded (e.g., enterprise taxes, impact fees, bonded indebtedness, etc.				
Local Government or Authority: Funding	Method:					
County Ge	neral Fund	· · · · · · · · · · · · · · · · · · ·				
*						
4. How will the strategy change the p	revious arrangements for providing and/or funding this	s service within the county?				
i sie war die bautegy enunge die p	revious artangements for provious and or funding this	solvice within the county.				
7.						
No Change						
5. List any formal service delivery agr	reements or intergovernmental contracts that will be us	sed to implement the strategy for this service:				
Agreement Name:	Contracting Parties:	Effective and Ending Dates:				
Joint Resolution	County					
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?						
VOMB						
NONE						
·						
7. Person completing form: Lames	T. D					
Phone number: 912-625-3332	Date completed: May 26, 1999					
	ontacted by state agencies when evaluating whether prry strategy? yes no					
######################################						



PAGE 2

Instructions:

County: <u>Jefferson</u>	Service: DFACS					
**	cribes 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 identify the government, 	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.)					
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2. In developing the strategy, yes X no	were overlapping service areas, unnecessary competition and/or duplication of	of this service identified?				
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3. List each government or aut funds, user fees, general funds	hority that will help to pay for this service and indicate how the service will, special service district revenues, hotel/motel taxes, franchise taxes, impact	be funded (e.g., enterprise fees, bonded indebtedness, etc.)				
Local Government or Authority:	Funding Method:					
County	General Fund					
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4. How will the strategy chang	ge the previous arrangements for providing and/or funding this service within	the county?				
No Change						
4	very agreements or intergovernmental contracts that will be used to implement	'				
Agreement Name: Joint Resolution		Effective and Ending Dates:				
Joint Resolution	County	· ·				
4						
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>James L. Rogers</u>						
Phone number: 912-625-3332 Date completed: May 27, 1999 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? X yes no If not, provide designated contact person(s) and phone number(s) below:						

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

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

County: Jofforson		_		
- Jerrerson		Service:	District Attor	ney
1. Check the box that best desc	ribes the agreed upon delivery	y arrangemen	t for this service:	
X Service will be provided is checked, identify the g	countywide (i.e., including all overnment, authority or organ	l cities and un nization provid	incorporated areas) by ding the service.)	a single service provider. (If this box
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Local Government or Authority:	Funding Method:			
County	General Fund			
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4. How will the strategy chang	e the previous arrangements f	for providing	and/or funding this serv	vice within the county?
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6. What other mechanisms (if General Assembly, rate or fee				ordinances, resolutions, local acts of th
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7. Person completing form: Phone number: 912-625-3	James L. Rogers	completed. M	ay 27 , 1999	
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8. Is this the person who shou are consistent with the service If not, provide designated cont	delivery strategy?	no no	iuating whether propose	ed local government projects
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SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

Make copies of this form and complete one for each service lists	ed 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	If the contact person for this service (listed at the bottom of the page) changes, this

1. Check the box that best describes the agreed upon delivery arrangement for this service: ☑ Service will be provided countywide (i.e., including all critics 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(i), authority or organization providing the service in unincorporated areas. (If this box is checked, identify the government(i), authority or organization providing the service in unincorporated areas. (If this box is checked, identify the government(i), authority or organization providing the service in unincorporated areas. (If this box is checked, identify the government(i), authority or organization providing the service in unincorporated areas. (If this box is checked, identify the government(i), authority or organization providing the service in unincorporated areas. (If this box is checked, identify the government(i), authority or organization providing the service in unincorporated areas. (If this box is checked, identify the government(i), authority or organization providing the service areas or each service within each service area. ☐ Other. (If this box is checked, attach a legible map delineating the service areas or each service area.) ☐ Other. (If this box is checked, attach a legible map delineating the service area of each service area.) ☐ If the government, authority, or other organization that will provide area. (If this provide area.) ☐ If the conditions will continue under the strategy, attach an explanation for constituting each to very large area. ☐ If the conditions will	County:Jefferson	Service:	EMS-E-911
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are consistent with the service delivery strategy? yes no	7. Person completing form: Phone number: 912-6	<u>James L. Rogers</u> 25-3332 Date completed: 1	fay 27, 1999
	are consistent with the service	ould be contacted by state agencies when eva ce delivery strategy?yyes no	
			

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



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

County:lefferson	Service	Extension Service
1. Check the box that best described	ribes the agreed upon delivery arrange	ment for this service:
Service will be provided of	countywide (i.e., including all cities as overnment, authority or organization p	od unincorporated areas) burne's t
Service will be provided of identify the government,	only in the unincorporated portion of authority or organization providing th	he county by a single service provider. (If this box is checked, e service.)
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One or more cities will pr unincorporated areas. (If t	ovide this service only within their in his box is checked, identify the gover	corporated boundaries, and the county will provide the service in nment(s), authority or organization providing the service.)
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2. In developing the strategy, w	vere overlapping service areas, unnece	ssary competition and/or duplication of this service identified?
If these conditions will continue higher levels of service (See O. or competition cannot be elimin	C.G.A. 36-70-24(1)), overriding bene	nation for continuing the arrangement (i.e., overlapping but fits of the duplication, or reasons that overlapping service areas
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Local Government or Authority:	Funding Method:	
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State	State Extension Tunds	
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4. How will the strategy change	e the previous arrangements for provi	ding and/or funding this service within the county?
·	p	
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No Change		
5. List any formal service deliv	ery agreements or intergovernmental	contracts that will be used to implement the strategy for this service:
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
Joint Resolution	County	
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	any) will be used to implement the str changes, etc.), and when will they take	ategy for this service (e.g., ordinances, resolutions, local acts of the effect?
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7 Parson somelating forms	Iomaa I Dagaga	
7. Person completing form: Phone number: 912-625-33	James L. Rogers Date complete	d: May 27, 1999
are consistent with the service		n evaluating whether proposed local government projects



PAGE 2

Instructions:

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County: Jefferson		Somios		,
1. Check the box that best desc	ribes the agreed upo	on delivery errorgement	mily Connections	
X Service will be provided	countywide (i.e., inc	cluding all cities and uni	noomonated and M. I. I.	service provider (If this how
	and the second second	or organization provid	ing the service.)	
identify the government,	only in the unincorp authority or organiz	porated portion of the co- cation providing the serv	unty by a single service provid ice.)	er. (If this box is checked,
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Local Government or Authority:	Funding Method:			
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State/Federal	Grants			
4. How will the strategy chang	e the previous arran	gements for providing a	and/or funding this service with	nin the county?
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5. List any formal service deliv Agreement Name:		ntergovernmental contra Contracting Parties:	icts that will be used to implem	nent the strategy for this service: Effective and Ending Dates:
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Joint Resolution		General Tundo	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
A .				
6. What other mechanisms (if General Assembly, rate or fee				es, resolutions, local acts of the
None				
7. Person completing form: Phone number: 912-625-3	_	rs Date completed: Ma	ay 27, 1999	
8. Is this the person who shou are consistent with the service If not, provide designated cont	delivery strategy?	☑ yes ☐ no	uating whether proposed local	government projects
	mor person(s) and p			

PAGE 2

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

Count	y: <u>Jefferson</u>		Servic	e: Fire	Protectio	n	
1. Che	eck the box that best descr	ibes the agreed u			s samian	11	······································
إ لـا	Service will be provided on schecked, identify the go	ountywide (i.e.,	including all cities a	nd unincome	rested areas) h.	a single serv	vice provider. (If this box
	Service will be provided of dentify the government, a	only in the uninco	prporated portion of	the county b	•	ce provider. (If this box is checked,
	One or more cities will prunincorporated areas. (If t	ovide this service his box is checke	only within their indeduced the control of the control of the gove	ncorporated b rnment(s), au	ooundaries, and outhority or orga	the service v	vill not be provided in iding the service.)
	One or more cities will promine or more cities and cities will promine or more cities will be considered or more cities and cities will be considered or more cities and cities will be considered or more cities will be considered or more cities and	ovide this service his box is checke	only within their in d, identify the gove	scorporated b	oundaries, and athority or orga	the county w	vill provide the service in iding the service.)
[3] [4]	Other. (If this box is check government, authority, or	ked, attach a leg other organizatio	ible map delineatin on that will provide s	g the service service within	e area of each n each service a	service prov area.)	ider, and identify the
2. In a	developing the strategy, we ves very no	vere overlapping	service areas, unnec	essary comp	etition and/or d	uplication of	this service identified?
nigner	e conditions will continue levels of service (See O. apetition cannot be elimin	C.G.A. 36-70-24	gy, attach an expla (1)), overriding bend	mation for c efits of the di	ontinuing the uplication, or re	arrangemen easons that ov	t (i.e., overlapping but verlapping service areas
If thes taken	e conditions will be elimi to eliminate them, the res	nated under the s ponsible party an	trategy, attach an i d the agreed upon d	mplementat eadline for c	ion schedule li ompleting it.	sting each ste	ep or action that will be
3. Lis funds	t each government or auth user fees, general funds,	nority that will he special service of	elp to pay for this se listrict revenues, hot	rvice and ind el/motel taxe	licate how the ses, franchise tax	service will b	e funded (e.g., enterprise es, bonded indebtedness, etc.
Local C	overnment or Authority:	Funding Method:					
Co	unty	General	Funds W	adley	General	Funds	
Av	era :	General		rens	General		
	rtow	General	17.6	ysville	(as back u	support) General Funds
	uisville	General					
St	apleton	General	Funds				
4. Ho	No Change	e the previous ar	rangements for prov	iding and/or	funding this se	rvice within	the county?
	any formal service deliv	ery agreements o	Contracting Parties:		at will be used	-	t the strategy for this service: Effective and Ending Dates:
_ Jo	int Resolution		County and	Cities			
	1	· · · · · · · · · · · · · · · · · · ·			·		
	!						
	that other mechanisms (if				is service (e.g.	, ordinances,	resolutions, local acts of the
NO	ONE						
	•						
	erson completing form:		ogers	, Mass	27. 1999		-
	ne number: 912-625-		Date comple				
are o	s this the person who shou consistent with the service of, provide designated con	delivery strategy	/? ∐Yyes □ no		g whether prop	osed local go	vernment projects
		,					

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

Instructions:

County: <u>Jefferson</u>	Ser	vice: Fire	Protection	,
1. Check the box that best described	ribes the agreed upon delivery arra			
☐ Service will be provided of	countywide (i.e., including all citie overnment, authority or organization	s and unincorne	roted amount have at the	service provider. (If this box
Service will be provided of identify the government, a	only in the unincorporated portion authority or organization providing	of the county by the service.)	a single service provide	er. (If this box is checked,
One or more cities will pr unincorporated areas. (If t	ovide this service only within their this box is checked, identify the go	r incorporated be vernment(s), au	oundaries, and the service thority or organization p	e will not be provided in roviding the service.)
One or more cities will pr unincorporated areas. (If t	ovide this service only within their his box is checked, identify the go	incorporated be vernment(s), au	oundaries, and the county thority or organization p	y will provide the service in roviding the service.)
Other. (If this box is check government, authority, or	ked, attach a legible map delinea other organization that will provid	ting the service le service within	area of each service preach service area.)	ovider, and identify the
2. In developing the strategy, w ☐ yes ☑ no	vere overlapping service areas, unn	ecessary compe	tition and/or duplication	of this service identified?
If these conditions will continue	e under the strategy, attach an exp C.G.A. 36-70-24(1)), overriding be lated).	planation for co	ontinging the arrangem plication, or reasons that	ent (i.e., overlapping but overlapping service areas
If these conditions will be elimi	nated under the strategy, attach ar ponsible party and the agreed upon	n implementati n deadline for co	on schedule listing each mpleting it.	step or action that will be
3. List each government or auth funds, user fees, general funds,	nority that will help to pay for this special service district revenues, h	service and indinotel/motel taxes	N cate how the service will s, franchise taxes, impact	l be funded (e.g., enterprise fees, bonded indebtedness, etc.)
	Funding Method:	5		
County	General Funds	Wadley	General Funds	
Avera	General/Funds	Wrens	General Funds	
Bartow	General Funds			· ·
Louisville	General Funds	:		
Stapleton	General Funds			
4. How will the strategy chang	e the previous arrangements for pr	oviding and/or f	unding this service with	in the county?
į				
No Change				
_				
5 List any formal carvice delay	ery agreements or intergovernmen	tal contracts the	t will be used to implem	ent the strategy for this service:
Agreement Name:	Contracting Parties		t will be used to implem	Effective and Ending Dates:
Joint Resolution		nd Cities	, , , , , , , , , , , , , , , , , , , 	
JOINT RESULTION	Councy and			
 			WI 487 -	
	any) will be used to implement the changes, etc.), and when will they		s service (e.g., ordinance	es, resolutions, local acts of the
/				
NONE /	-			
7. Person completing form: Phone number: 912-625-		oleted: May 2	7, 1999	
8. Is this the person who shou are consistent with the service	Id be contacted by state agencies we delivery strategy? Yes not act person(s) and phone number(s)	vhen evaluating		government projects
ir not, provide designated cont	act person(s) and phone number(s)	, ociow.		
<u> </u>				

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Fig		3
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	Instructions:				FAGE 2
	Make copies of thi Answer each questic should be reported to	s form and complete on below, attaching add to the Department of Co	one for each service liste itional pages as necessary. mmunity Affairs.	d on page 1, Section III. Use exactly the if the contact person for this service (listed	e same service names listed on page 1. at the bottom of the page) changes, this
County:Je	fferson		Service:	Forestry	
1. Check the b	oox that best desc	ribes the agreed up	on delivery arrangem	ent for this service:	
X Service	will be provided	countywide (i.e., ir	ocluding all cities and ty or organization pro	Unincorporated areas) by a six-1	service provider. (If this box
☐ Service identify	will be provided on the government,	only in the unincor authority or organi	porated portion of the zation providing the s	county by a single service providervice.)	er. (If this box is checked,
One or nunincorp	nore cities will proporated areas. (If	ovide this service his box is checked	only within their income, identify the governm	porated boundaries, and the service nent(s), authority or organization p	ce will not be provided in providing the service.)
One or n	nore cities will proporated areas. (If t	ovide this service of this box is checked	only within their income, identify the government	porated boundaries, and the count nent(s), authority or organization p	ry will provide the service in providing the service.)
Other. (I governm	f this box is chec ent, authority, or	ked, attach a legil other organization	ole map delineating to that will provide serv	he service area of each service price within each service area.)	rovider, and identify the
2. In developi ☐ yes □ x	ng the strategy, w	vere overlapping so	ervice areas, unnecess	ary competition and/or duplication	of this service identified?
If these condit	ions will continue	C.G.A. 36-70-24(1	/, attach an explana)), overriding benefits	tion for continuing the arrangen s of the duplication, or reasons tha	nent (i.e., overlapping but t overlapping service areas
If these condit	ions will be elimi	nated under the str	ategy, attach an impi the agreed upon dead	lementation schedule listing each line for completing it.	step or action that will be
funds, user fee	es, general funds,	nority that will help special service dis	p to pay for this service trict revenues, hotel/r	ee and indicate how the service will notel taxes, franchise taxes, impac	ll be funded (e.g., enterprise et fees, bonded indebtedness, etc.
Local Governmen	it or Authority:	Funding Method: General Fu	ndo		
County					
State	· 4	State Fund	5		
4. How will the	he strategy chang	e the previous arra	ngements for providing	ng and/or funding this service with	in the county?
No Ch	ange				
5. List any for Agreement Name		ery agreements or	intergovernmental co Contracting Parties:	ntracts that will be used to implem	nent the strategy for this service: Effective and Ending Dates:
Joint Re	solution		County and S	state	
			o implement the strate when will they take e	egy for this service (e.g., ordinance ffect?	es, resolutions, local acts of the
NONE	, E	,			
7. Person con	mpleting form:	James L. R			
	er: <u>912-625-</u>		•	May 27, 1999	·
are consistent	t with the service	delivery strategy?		valuating whether proposed local w:	government projects

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

Instructions:

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County: Jefferson	Sei	rvice: H	ealth	Department	
1. Check the box that best desc	ribes the agreed upon delivery arr	angement for	this serv	vice.	
Service will be provided	countywide (i.e., including all citicovernment, authority or organizati	iec and unings			service provider. (If this box
Service will be provided	only in the unincorporated portion authority or organization providin	of the county	by a cir		er. (If this box is checked,
One or more cities will pu unincorporated areas. (If	rovide this service only within the this box is checked, identify the go	cir incorporated overnment(s),	d bounda authorit	aries, and the servic by or organization p	e will not be provided in roviding the service.)
One or more cities will pr unincorporated areas. (If	ovide this service only within thei this box is checked, identify the go	ir incorporated overnment(s),	l bounda authorit	aries, and the county y or organization pr	y will provide the service in roviding the service.)
Other. (If this box is chec government, authority, or	ked, attach a legible map delines other organization that will provi	ating the servide servide service wit	ice are a hin each	of each service pr service area.)	ovider, and identify the
2. In developing the strategy, v ☐ yes ☑ no	vere overlapping service areas, un	inecessary con	npetition	and/or duplication	of this service identified?
If these conditions will continue higher levels of service (See O. or competition cannot be eliminated)	e under the strategy, attach an ex C.G.A. 36-70-24(1)), overriding bated).	xplanation for benefits of the	continu duplicat	uing the arrangem tion, or reasons that	ent (i.e., overlapping but overlapping service areas
If these conditions will be elimitaken to eliminate them, the res	inated under the strategy, attach a ponsible party and the agreed upo	an implement on deadline for	ation sc	hedule listing each ting it.	step or action that will be
3. List each government or aut funds, user fees, general funds.	hority that will help to pay for this special service district revenues,	s service and i hotel/motel ta	ndicate l xes, frar	how the service will nethise taxes, impact	l be funded (e.g., enterprise fees, bonded indebtedness, etc.)
Local Government or Authority:	Funding Method:				
County	General Funds				
State	State Funds				
· · · · · · · · · · · · · · · · · · ·					
4. How will the strategy chang	e the previous arrangements for p	providing and/	or fundir	ng this service with	in the county?
No Changé					
5. List any formal service deliv	very agreements or intergovernmen	ntal contracts	that will	be used to impleme	ent the strategy for this service:
Agreement Name:	Contracting Partie			•	Effective and Ending Dates:
Joint Resolution	County	and state			
- JOHN WESSTREEN	3001129	and state			
	any) will be used to implement the changes, etc.), and when will they		this serv	vice (e.g., ordinance	es, resolutions, local acts of the
NONE					
7. Person completing form:		nnlatadı		1000	
8. Is this the person who shou are consistent with the service	Date com Id be contacted by state agencies of the delivery strategy? The delivery strategy? The delivery strategy? The delivery strategy? The delivery strategy?	when evaluati			government projects
Pro assiBuatea sou	L (-) Prima Prima	• • • • • • • • • • • • • • • • • • • •			
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SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page Answer each question below, attaching additional pages as necessary. If the copted pages of this copies is the copted page in the copted 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 A.S. in the contact person for this service (listed at the bottom of the page) changes, the

County:		Service:	Homital	·
1. Check the box that best desc	ribes the agreed upo		Hospital	
Service will be provided	countywide (i.e. inc	luding all aities and	:	gle service provider. (If this box
Comice will be seen to be			+ asott	goint resolution
identify the government,	only in the unincorp authority or organiz	orated portion of the coation providing the serv	ounty by a single service provice.)	ovider. (If this box is checked,
One or more cities will prunincorporated areas. (If	rovide this service o this box is checked,	nly within their incorpo identify the governmer	orated boundaries, and the seat(s), authority or organization	ervice will not be provided in on providing the service.)
One or more cities will pr unincorporated areas. (If	rovide this service of this box is checked,	nly within their incorpo identify the governmer	rated boundaries, and the coat(s), authority or organization	ounty will provide the service in on providing the service.)
Other. (If this box is chec government, authority, or	ked, attach a legibl other organization	e map delineating the that will provide service	service area of each service within each service area.)	ce provider, and identify the
2. In developing the strategy, v ☐ yes ☑ no	were overlapping ser	vice areas, unnecessary	competition and/or duplica	ation of this service identified?
If these conditions will continue higher levels of service (See O. or competition cannot be eliminated)	C.G.A. 36-70-24(1)	attach an explanatio), overriding benefits o	n for continuing the arran f the duplication, or reasons	gement (i.e., overlapping but that overlapping service areas
If these conditions will be elimitaken to eliminate them, the res	inated under the stra ponsible party and t	itegy, attach an imple r he agreed upon deadlin	nentation schedule listing of the for completing it.	each step or action that will be
3. List each government or autifunds, user fees, general funds.	hority that will help, special service dist	to pay for this service a	and indicate how the service tel taxes, franchise taxes, in	e will be funded (e.g., enterprise apact fees, bonded indebtedness, etc.)
Local Government or Authority:	Funding Method:			
County	General F	unds		
- Louisville	General F	unds		
				:
<u></u>				
4. How will the strategy chang	e the previous arran	gements for providing	and/or funding this service	within the county?
No Change				
ļ. ļi				
5. List any formal comics delic	vani agraamants or i	ntorgovornmental contr	eats that will be used to imm	plement the strategy for this service:
Agreement Name:	-	Contracting Parties:	acts that will be used to him	Effective and Ending Dates:
,				
Joint Resolution		County and Cit	y of Louisville	
				·
- !			***************************************	
6. What other mechanisms (if General Assembly, rate or fee				ances, resolutions, local acts of the
NONE				
7. Person completing form: Phone number: 912-625-3	<u>James L. Rog</u> 332	ers Date completed: _	May 27, 1999	·
8. Is this the person who shou				ocal government projects
are consistent with the service If not, provide designated con-	delivery strategy?	🔀 yes 🗌 no		
		r		

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

Make copies of this form and complete one for each service lists	ed 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, this
should be reported to the Department of Community Affairs	in the contact person for this service (listed at the bottom of the page) changes, this

County:	Service:	T 11	
1. Check the box that best describes the ag		Indigent Care	
Service will be provided countywide is checked, identify the government,	(i.e., including all cities and u	inincorporated areas) by a single com-	ice provider. (If this box
	unincorporated portion of the	County by a single service provider (If this box is checked,
One or more cities will provide this sunincorporated areas. (If this box is considered areas)	service only within their incorp checked, identify the government	porated boundaries, and the service we ent(s), authority or organization provi	ill not be provided in ding the service.)
One or more cities will provide this sunincorporated areas. (If this box is considered areas)	service only within their incorp checked, identify the government	porated boundaries, and the county wi ent(s), authority or organization provi	ill provide the service in ding the service.)
Other. (If this box is checked, attach government, authority, or other organ	a legible map delineating the nization that will provide servi	ne service area of each service province within each service area.)	der, and identify the
2. In developing the strategy, were overlapyes y no	oping service areas, unnecessa	ry competition and/or duplication of t	his service identified?
If these conditions will continue under the higher levels of service (See O.C.G.A. 36-or competition cannot be eliminated).	strategy, attach an explanati 70-24(1)), overriding benefits	ion for continuing the arrangement of the duplication, or reasons that over	(i.e., overlapping but erlapping service areas
If these conditions will be eliminated unde taken to eliminate them, the responsible pa	r the strategy, attach an implo trty and the agreed upon deadl	ementation schedule listing each step ine for completing it.	o or action that will be
3. List each government or authority that y funds, user fees, general funds, special ser	will help to pay for this service vice district revenues, hotel/m	e and indicate how the service will be notel taxes, franchise taxes, impact fee	funded (e.g., enterprise s, bonded indebtedness, etc.)
Local Government or Authority: Funding Meth	ood:		
<u>County</u> Gene	ral Funds		
			i
4. How will the strategy change the previous	ous arrangements for providing	g and/or funding this service within th	ne county?
No Change			
5. List any formal service delivery agreem Agreement Name:	ents or intergovernmental con Contracting Parties:		the strategy for this service: fective and Ending Dates:
Joint Resolution	County		·
6. What other mechanisms (if any) will be General Assembly, rate or fee changes, etc.			esolutions, local acts of the
None			
1,0110			
ì			
7. Person completing form:	. Rogers		
Phone number: 912-625-3332	· ·		
8. Is this the person who should be contact are consistent with the service delivery str. If not, provide designated contact person(rategy? 🛛 yes 🗌 no		ernment projects

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Instructions:

 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 in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing 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 (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 pa	County: Jefferson	Service:	Industrial Develpom	ent
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.) 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 will provide service area.	1. Check the box that best desc	cribes the agreed upon delivery arrangement		
One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If his 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 in unincorporated areas. (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 □ [in o] If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (Sec O.C.G.A. 36·70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot 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, hote/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.). County □ General Funds and Industrial Bonds County □ General Funds are funded to the strategy for this service (e.g., ordinances, resolutions, l	Service will be provided	countywide (i.e., including all cities and	inincorporated areas) by a sing	le service provider. (If this box
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(e), authority or organization providing the service in unincorporated areas. (If this box is checked, identify the government(e), 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 (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 of Authority. Funding Method: County □ General Funds and Industrial Bonds County □ General Funds and Industrial Bonds Local Government of Authority. Funding Method. County □ General Funds and Industrial Bonds County □ General Funds and Industrial Bonds County □ General Funds and Industrial Bonds County □ General Funds and Funding this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when	 Service will be provided identify the government, 	only in the unincorporated portion of the authority or organization providing the se	county by a single service provervice.)	ider. (If this box is checked,
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 (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: Finding Method: County □ General Funds and Industrial Bonds One Change 5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service. Agreement Name: Constanting Panter: Effective and Ending Dates: Joint Resolution □ County □ 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: James L. Rogers Phone number: 9,12-6,25-3332 Date completed: May 27, 1999 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? Mayes □	One or more cities will p unincorporated areas. (If	rovide this service only within their incor this box is checked, identify the governm	porated boundaries, and the ser lent(s), authority or organization	vice will not be provided in n providing the service.)
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NONE 7. Person completing form:	Joint Resolution	County		
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Phone number: 912-625-3332 Date completed: May 27, 1999 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? yes no	NONE			
Phone number: 912-625-3332 Date completed: May 27, 1999 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? yes no				
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?	7. Person completing form:	James L. Rogers		
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?			May 27, 1999	
	are consistent with the service	delivery strategy? 🛛 yes 🗌 no		al government projects

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	The contact person for this service (listed at the bottom of the page) changes, this

County:		Service: Landfill/Gar	bage Collection	
1. Check the box that best descr	ibes the agreed upo	n delivery arrangement for this service:		
Service will be provided o	countywide (i.e., inc	luding all cities and unincorporated areas or organization providing the service.)	s) by a single service provider. (If this box	
Service will be provided of identify the government, a	only in the unincorport authority or organization	orated portion of the county by a single sation providing the service.)	ervice provider. (If this box is checked,	
One or more cities will pro- unincorporated areas. (If t	ovide this service or his box is checked,	nly within their incorporated boundaries, identify the government(s), authority or	and the service will not be provided in organization providing the service.)	
One or more cities will prounincorporated areas. (If t	ovide this service or his box is checked,	nly within their incorporated boundaries, identify the government(s), authority or	and the county will provide the service in organization providing the service.)	
Other. (If this box is check government, authority, or	ked, attach a legibl other organization (e map delineating the service area of e that will provide service within each serv	ach service provider, and identify the ice area.)	
2. In developing the strategy, w	vere overlapping ser	vice areas, unnecessary competition and	or duplication of this service identified?	
If these conditions will continue higher levels of service (See O.c or competition cannot be elimin	C.G.A. 30-70-24(1)	attach an explanation for continuing), overriding benefits of the duplication,	the arrangement (i.e., overlapping but or reasons that overlapping service areas	
If these conditions will be elimitaken to eliminate them, the res	nated under the stra ponsible party and t	ntegy, attach an implementation schedu he agreed upon deadline for completing	tle listing each step or action that will be	
3. List each government or auth funds, user fees, general funds,	nority that will help special service dist	to pay for this service and indicate how rict revenues, hotel/motel taxes, franchis	the service will be funded (e.g., enterprise e taxes, impact fees, bonded indebtedness,	etc.
	Funding Method:		•	
County	General	Funds and Tipping Fees		\neg
Cities of Bartow,	General			ㅓ
Louisville, Stapleton)			\exists
Wadley Wrens				
4. How will the state of the				
4. How will the strategy chang	e the previous arran	gements for providing and/or funding th	is service within the county?	
Tipping Fees will	be charged at	the landfill		
!	:			
5 List any formal service deliv	en agreements or i	ntergovernmental contracts that will be	sed to implement the strategy for this servi	
Agreement Name:		Contracting Parties:	Effective and Ending Dates:	ce:
Joint Resolution		County and Cities		
DOTHE REDOTATION		occurry and ozozoo		ᅱ
6. What other mechanisms (if General Assembly, rate or fee	any) will be used to changes, etc.), and v	implement the strategy for this service (when will they take effect?	e.g., ordinances, resolutions, local acts of the	1e
NONE				
NONE				
7. Person completing form:	I I Doo			
Phone number: 912-625-33		ers Date completed: May 27, 1999		
		state agencies when evaluating whether p		
are consistent with the service If not, provide designated cont	delivery strategy?	yes no	roposoo rocar government projects	
•				

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Instructions:

County:	:	Service:	Landfill/Garba	ige Collection	
1. Check the box that best descri	ibes the agreed upon deliver				
Service will be provided of is checked, identify the go	ountywide (i.e., including al	l cities and ur nization provi	incorporated areas) ding the service.)	by a single service pro	yider. (If this box
Service will be provided of identify the government, a	only in the unincorporated po authority or organization pro-	ortion of the co	ounty by a single ser	vice provider. (If this l	oox is checked,
One or more cities will pr unincorporated areas. (If t	ovide this service only within his box is checked, identify t	n their incorpo	orated boundaries, and or or or	nd the service will not ganization providing th	be provided in ne service.)
One or more cities will pr unincorporated areas. (If t	ovide this service only within his box is checked, identify t	n their incorpe the governme	orated boundaries, and or	nd the county will prov ganization providing th	vide the service in ne service.)
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government, authority, or	ked, attach a legible map de other organization that will p	e lineating the provide servic	e service area of eac e within each servic	h service provider, a e क्षाह्रa.)	nd identify the
				N. D.	
2. In developing the strategy, w	vere overlapping service area	s, unnecessar	y competition and (a	duplication of this ser	vice identified?
yes 🙀 no				_	
If these conditions will continue higher levels of service (See O. or competition cannot be elimin	C.G.A. 36-70-24(1)), overrid	an explanation in graphs of the contract of th	on for/continuing the first the duplication, or	arrangement (i.e., oreasons that overlapping	overlapping but ng service areas
If these conditions will be elimitaken to eliminate them, the res	nated under the strategy, atta ponsible party and the agreed	ach an imple I upon deadli	mentation schedule ne for completing it.	listing each step or ac	tion that will be
3. List each government or auth funds, user fees, general funds,	nority that will help to pay fo special service district reven	or this service nues, hotel/mo	and indicate how the	e service will be funde axes, impact fees, bon	d (e.g., enterprise ded indebtedness, etc.
Local Government or Authority:	Funding Method:				
County	General Funds	and Tipp			
Cities	General Funds	and Tipp	ing Fees		7 -
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4 11-11-11-11-11-11-11-11-11-11-11-11-11-					
4. How will the strategy change	the previous arrangements	for providing	and/or funding this:	service within the cour	nty?
Tinning Fees will	be charged at the 1	andfill			:
Tipping rees will	be enarged de ene r	andriii		•	:
5 List any formal carriage deliver					
5. List any formal service delivened Agreement Name:	Contracting		acts that will be use		ntegy for this service: Ind Ending Dates:
Joint Resolution		nty and C	ities	Zilouve a	aid Litting Dates.
JOINE RESOLUTION	/ 000	ncy and o	10103		
					*
6. What other mechanisms (if General Assembly, rate or feed	iny) will be used to impleme hanges, etc.), and when will	nt the strategy they take effe	of for this service (e.g	g., ordinances, resolution	ons, local acts of the
NONE .	· · · · · · · · · · · · · · · · · · ·				
7. Person completing form:	Iamon I Dogges				
Phone number: 912-625-333		completed:	May 27, 1999	· · · · · · · · · · · · · · · · · · ·	Þ
8. Is this the person who shoul are consistent with the service of	d be contacted by state agenc	cies when eva		posed local governmen	t projects
If not, provide designated conta					

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS Instructions: Make copies of this form and anything of the context of the

County: <u>Jefferson</u>	Service:	Parks and Recre	ation
1. Check the box that best described	ribes the agreed upon delivery arranger	ment for this service:	:
Service will be provided of	countywide (i.e., including all cities and overnment, authority or organization pr	dunincorporated areas) by	/ a single service provider. (If this box
Service will be provided of identify the government,	only in the unincorporated portion of the authority or organization providing the	e county by a single servi service.)	ce provider. (If this box is checked,
One or more cities will pr unincorporated areas. (If t	ovide this service only within their incoming this box is checked, identify the govern	orporated boundaries, and ment(s), authority or orga	the service will not be provided in nization providing the service.)
One or more cities will pr unincorporated areas. (If t	ovide this service only within their inco his box is checked, identify the govern	orporated boundaries, and ment(s), authority or orga	the county will provide the service in nization providing the service.)
Other. (If this box is check government, authority, or	ked, attach a legible map delineating other organization that will provide ser	the service area of each	service provider, and identify the area.)
2. In developing the strategy, w ☐ yes ☐ no	vere overlapping service areas, unneces	sary competition and/or d	uplication of this service identified?
If these conditions will continue higher levels of service (See O.6 or competition cannot be elimin	e under the strategy, attach an explana C.G.A. 36-70-24(1)), overriding benefi ated).	ation for continuing the ts of the duplication, or re	arrangement (i.e., overlapping but asons that overlapping service areas
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ocal Government or Authority:	Funding Method:		
County	General Funds		
Wadley and Wrens	General Funds		
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			h
4. How will the strategy change	e the previous arrangements for providing	ing and/or funding this se	rvice within the county?
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No Change	A P		
5. List any formal service deliver	ery agreements or intergovernmental co	ontracts that will be used	to implement the strategy for this service:
Agreement Name:	Contracting Parties:		Effective and Ending Dates:
Joint Resolution	County and		
	Wadley and	Wrens	
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6. What other mechanisms (if a General Assembly, rate or fee c	any) will be used to implement the strate thanges, etc.), and when will they take	tegy for this service (e.g., effect?	ordinances, resolutions, local acts of the
NONE	:		
			er e
7. Person completing form:	James L. Rogers		
Phone number: 912-625-33		: May 27, 1999	
are consistent with the service of	d be contacted by state agencies when delivery strategy? \(\text{\tince{\text{\tex{\tex	evaluating whether propo	sed local government projects
	er person(s) and phone number(s) bein	т.	4

PAGE 2

Instructions:	PAGI
Make copies of this form and complete one for each comics list.	i

	Answer each question should be reported to	on below, attaching add the Department of Co	one for each service listed itional pages as necessary. It mmunity Affairs.	on page 1, Section III. Use exactly a f the contact person for this service (liste	the same service names listed on page 1. ed at the bottom of the page) changes, this
County:	efferson		Service:	Library	
1. Check the	box that best desci	ribes the agreed up	oon delivery arrangeme	ent for this service:	
	will be provided of	countywide (i.e., in	ncluding all cities and uity or organization prov	·m!m	e service provider. (If this box
Service identify	will be provided of the government, a	only in the unincor authority or organi	porated portion of the cization providing the se	county by a single service provi	der. (If this box is checked,
One or unincor	more cities will pr porated areas. (If t	ovide this service this box is checked	only within their incorp d, identify the governm	porated boundaries, and the servent(s), authority or organization	vice will not be provided in providing the service.)
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Other. (I	If this box is check ment, authority, or	ked, attach a legit other organization	ble map delineating the that will provide servi	ne service area of each service ce within each service area.)	provider, and identify the
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Local Governmen	nt or Authority:	Funding Method:			
County		General	funds		:
Louisvil	le	General General			i i i i i i i i i i i i i i i i i i i
Wrens					4
_Wadley		General	Tunds		
4. How will to		e the previous arra	angements for providin	g and/or funding this service wi	thin the county?
5. List any fo		ery agreements or	intergovernmental con Contracting Parties:	ntracts that will be used to imple	ement the strategy for this service: Effective and Ending Dates:
	solution		County and	l Cities of	
			Louisville	and Wrens	
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			to implement the strate I when will they take ef		nces, resolutions, local acts of the
7 Dames -	amalasia a farma	Iomaa I P	logors		
	ompleting form: per: 912-625-3	<u>James L. R</u> 3332	Date completed:	May 27, 1999	· · · · · · · · · · · · · · · · · · ·
8. Is this the	e person who shou nt with the service	ald be contacted by delivery strategy?	y state agencies when e	valuating whether proposed loc	al government projects
1					

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS Instructions:

Count	ty: <u>Jefferson</u>		Service:	Library		
1. Ch	eck the box that best desc	cribes the agreed upo	on delivery arrangement f	or this services		
	Service will be provided	countywide (i.e. inc	cluding all cities and uning or organization providir		single service provider. (I	f this box
	Service will be provided	only in the unincorn			provider. (If this box is ch	ecked,
	One or more cities will p unincorporated areas. (If	rovide this service of this box is checked,	nly within their incorpora identify the government(ted boundaries, and the	e service will not be provi ation providing the servic	ded in e.)
£ (One or more cities will punincorporated areas. (If	rovide this service or this box is checked,	nly within their incorpora identify the government(ted boundaries, and the	county will provide the sation providing the service	service in e.)
(Other. (If this box is chec government, authority, or	ked, attach a legibl e other organization t	e map delineating the se hat will provide service v	rvice area of each ser vithin each service area	vice provider, and identi a.)	fy the
2. In c	developing the strategy, v	vere overlapping ser	vice areas, unnecessary c	ompetition and/or dupl	ication of this service idea	ntified?
higher	e conditions will continue levels of service (See O. npetition cannot be elimin	.C.G.A. 36-70-24(1)	attach an explanation in the straight of the s	or continuing the arr	angement (i.e., overlappions that overlapping services	ing but ce areas
If these taken t	e conditions will be elimito eliminate them, the res	inated under the stra ponsible party and the	tegy, attach an impleme he agreed upon deadline	Atation schedule listin or completing it.	g each step or action that	will be
3. List funds,	t each government or aut , user fees, general funds	hority that will help , special service distr	to pay for this service and rict revenues, hotel/motel	indicate how the serv	ice will be funded (e.g., ei impact fees, bonded inde	nterprise btedness, etc.)
Local G	Sovernment or Authority:	Funding Method:	/			
Cou	nty	General f	unds			
_Lou	isville	General F	unds			
Wre	ns	General f				
	·					
4. Ho	w will the strategy chang	ge the previous arrang	gements for providing an	Vor funding this service	ce within the county?	
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NI.	o Change					
144	o change					. '
	:	/	/	•		•
6 T :	4 ann farmal armiae dalia		torgovernmental contract	a that will be used to in	mplement the strategy for	this service:
	nent Name:	· · · /	Contracting Parties:	s that will be used to h	Effective and Ending	
	nt resolution		County and Ci	ties of		
301	int resolution					
			Louisville ar	d wrens		
		/		· · · · · · · · · · · · · · · · · · ·		
			implement the strategy for when will they take effect		linances, resolutions, loca	l acts of the
N	IONE					å
		/			•	
7. Pe	erson completing form:	James L. Rog	gers			
	e number: 912-625-3		Date completed: Ma:	27, 1999		
8. Is	this the person who shou onsistent with the service	ald be contacted by s delivery strategy?	tate agencies when evaluate		l local government project	ts
If not	t, provide designated con	tact person(s) and ph	none number(s) below:			

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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:	Servi	i ce: <u>Magistrate</u>	Court		
1. Check the box that best describes the agreed upon delivery arrangement for this service:					
Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If the is checked, identify the government, authority or organization providing the service.)					
 Service will be provided identify the government, 	only in the unincorporated portion of authority or organization providing	f the county by a single so the service.)	ervice provider. (If th	is box is checked,	
One or more cities will p unincorporated areas. (If	rovide this service only within their this box is checked, identify the gov	incorporated boundaries, ernment(s), authority or o	and the service will norganization providing	ot be provided in g the service.)	
One or more cities will p unincorporated areas. (If	rovide this service only within their this box is checked, identify the gov	incorporated boundaries, ernment(s), authority or o	and the county will prorganization providing	rovide the service in g the service.)	
Other. (If this box is check government, authority, o	cked, attach a legible map delineat r other organization that will provide	ing the service area of eart service within each service	ach service provider, ice area.)	, and identify the	
 In developing the strategy, yes ∑ no 	were overlapping service areas, unne	cessary competition and/	or duplication of this	service identified?	
If these conditions will continuhigher levels of service (See O or competition cannot be elimi	ne under the strategy, attach an exp C.G.A. 36-70-24(1)), overriding be- nated).	lanation for continuing nefits of the duplication, o	the arrangement (i.e or reasons that overlap	., overlapping but oping service areas	
If these conditions will be elim taken to eliminate them, the re-	ninated under the strategy, attach an sponsible party and the agreed upon	implementation schedu deadline for completing i	le listing each step or t.	action that will be	
3. List each government or au funds, user fees, general funds	thority that will help to pay for this s s, special service district revenues, ho	ervice and indicate how to tel/motel taxes, franchise	he service will be fun taxes, impact fees, b	ded (e.g., enterprise onded indebtedness, etc.)	
Local Government or Authority:	Funding Method:				
County	General Funds and Fee	S			
	·				
	7				
4. How will the strategy change	ge the previous arrangements for pro	viding and/or funding thi	s service within the co	ounty?	
	:				
No Change	ń :			,	
				3	
5. List any formal service deliv	very agreements or intergovernments	al contracts that will be us	sed to implement the	ntento any for this associate	
Agreement Name:	Contracting Parties:			ve and Ending Dates:	
Joint Resolution	County				
6 3371-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1					
General Assembly, rate or fee	any) will be used to implement the schanges, etc.), and when will they to	strategy for this service (ealer the strategy for this service (ealer the strategy for this service (ealer the service (ealer t	e.g., ordinances, resolu	ations, local acts of the	
NONE					
7. Person completing form:	Tames I Rogers				
Phone number: 912-625-33		eted: May 27, 1999		; !	
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects					
are consistent with the service	delivery strategy? Yes no	-	<u> </u>		
n not, provide designated con	tact person(s) and phone number(s) l	pelow:		:	

SERVICE DELIVERY STRATEGY



Instructions:

SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

PAGE 2

	Make copies of the Answer each quest should be reported	his form and complete tion below, attaching ad- to the Department of C	e one for each service ditional pages as necessi ommunity Affairs.	listed on page 1, Sectionary. If the contact person	on III. Use exactly the for this service (listed	e same service names li I at the bottom of the pag	sted on page 1. e) changes, this
County:	Jefferson		Servi	20.			
		cribes the agreed u	pon delivery arrang	rement for this servi	al Court		
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 provide is checked, identify the government, authority or organization providing the service.)						service provider. (I	f this box
☐ 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.)					ecked,	
One or nunincorp	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.)					ded in e.)	
One or n	nore cities will p orated areas. (If	rovide this service this box is checked	only within their in d, identify the gove	scorporated boundar	ries, and the count or organization p	y will provide the s providing the service	ervice in
Other. (I governm	f this box is checent, authority, or	cked, attach a legi l r other organization	ble map delineating that will provide s	g the service area service within each	of each service poservice area.)	rovider, and identi	fy the
2. In developi	ng the strategy, v	were overlapping s	ervice areas, unnec	essary competition	and/or duplication	of this service ider	ntified?
maner levers o	ons will continu f service (See O cannot be elimin	.C.G.A. 30-70-24()	y, attach an expla l)), overriding bene	nation for continu	ing the arrangem on, or reasons that	nent (i.e., overlappi t overlapping servic	ng but e areas
If these conditi taken to elimin	ions will be elim ate them, the res	inated under the stape sponsible party and	rategy, attach an i the agreed upon d	nplementation sch eadline for completi	edule listing each	step or action that	will be
funds, user fee	es, general funds	s, special service di	p to pay for this ser strict revenues, hot	vice and indicate he el/motel taxes, franc	ow the service wil	l be funded (e.g., er t fees, bonded indeb	iterprise otedness, etc.)
Local Government		Funding Method:					
Avera, Ba Louisvill	rtow, e, Stapleto		eneral Funds				
Wadley an	_						
4. How will th	ne strategy chang	ge the previous arra	angements for provi	ding and/or funding	g this service with	in the county?	÷
No Cha	nge						
5. List any for Agreement Name		very agreements or	intergovernmental Contracting Parties:	contracts that will b	be used to implem	ent the strategy for Effective and Ending	
Joint Res	olution		Cities of	Jefferson Cou	unty		<u> </u>
			-				
	<u> </u>						
		any) will be used changes, etc.), and			ce (e.g., ordinance	es, resolutions, local	acts of the
NONE	<u>.</u>						1
•		5			•		
	-	James L. R	•		1000	·	
	Phone number: 912-625-3332 Date completed: May 27, 1999						
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? Yes no If not, provide designated contact person(s) and phone number(s) below:							

PAGE 2

Instructions:

County:	Service: Nutrition					
	ribes the agreed upon delivery arrangement for this service:	'				
Service will be provided	countywide (i.e., including all cities and unincorporated areas) by a single service provide overnment, authority or organization providing the service.)	er. (If this box				
Service will be provided	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 pr	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 prunincorporated areas. (If	ovide this service only within their incorporated boundaries, and the county will provide this box is checked, identify the government(s), authority or organization providing the se	the service in rvice.)				
Other. (If this box is chec government, authority, or	ked, attach a legible map delineating the service area of each service provider, and ic other organization that will provide service within each service area.)	lentify the				
2. In developing the strategy, v ☐ yes ☐ no	vere overlapping service areas, unnecessary competition and/or duplication of this service	identified?				
If these conditions will continue higher levels of service (See O. or competition cannot be elimin	e under the strategy, attach an explanation for continuing the arrangement (i.e., overlaction), overriding benefits of the duplication, or reasons that overlapping stated).	apping but ervice areas				
If these conditions will be elimitaken to eliminate them, the res	nated under the strategy, attach an implementation schedule listing each step or action ponsible party and the agreed upon deadline for completing it.	that will be				
3. List each government or authfunds, user fees, general funds,	nority that will help to pay for this service and indicate how the service will be funded (e.g. special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded in	g., enterprise indebtedness, etc.)				
Local Government or Authority:	Funding Method:					
County	General Fund	ŀ				
	·					
4. How will the strategy chang	e the previous arrangements for providing and/or funding this service within the county?					
No Change						
	μ.					
5. List any formal service deliv	ery agreements or intergovernmental contracts that will be used to implement the strategy	for this service:				
Agreement Name:	Contracting Parties: Effective and E					
Joint Resolution	County					
	b.					
	any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, changes, etc.), and when will they take effect?	local acts of the				
NONE		,				
7. Person completing form: Phone number: 912-625-33	James L. Rogers 32 Date completed: May 27,1999					
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects						
are consistent with the service	Id be contacted by state agencies when evaluating whether proposed local government production delivery strategy? \prod_X yes \prod no act person(s) and phone number(s) below:	ojecis <u> </u>				

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Instructions:

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

County:	Service:	Planning and Deve	lopment
1. Check the box that best describes the agree	eed upon delivery arrangement for	this service:	
Service will be provided countywide (is checked, identify the government, a	i.e., including all cities and unincouthority or organization providing	orporated areas) by a single the service.)	service provider. (If this box
Service will be provided only in the u identify the government, authority or	nincorporated portion of the count organization providing the service	y by a single service provid	der. (If this box is checked,
One or more cities will provide this se unincorporated areas. (If this box is ch	rvice only within their incorporate necked, identify the government(s)	ed boundaries, and the serv , authority or organization	ice will not be provided in providing the service.)
One or more cities will provide this se unincorporated areas. (If this box is ch	rvice only within their incorporate ecked, identify the government(s)	ed boundaries, and the cour , authority or organization	nty will provide the service in providing the service.)
Other. (If this box is checked, attach government, authority, or other organization)	a legible map delineating the ser ization that will provide service wi	vice area of each service path thin each service area.)	provider, and identify the
	ü ,		
2. In developing the strategy, were overlap ☐ yes ☐ no	ping service areas, unnecessary co	mpetition and/or duplication	on of this service identified?
If these conditions will continue under the shigher levels of service (See O.C.G.A. 36-7 or competition cannot be eliminated).	trategy, attach an explanation for 0-24(1)), overriding benefits of the	or continuing the arrange e duplication, or reasons th	ment (i.e., overlapping but at overlapping service areas
If these conditions will be eliminated under taken to eliminate them, the responsible par	the strategy, attach an implementy and the agreed upon deadline fo	tation schedule listing each	h step or action that will be
3. List each government or authority that w funds, user fees, general funds, special serv	ill help to pay for this service and ice district revenues, hotel/motel t	indicate how the service w axes, franchise taxes, impa	ill be funded (e.g., enterprise ct fees, bonded indebtedness, etc.)
Local Government or Authority: Funding Metho		•	
County, Louisville, Ger	eral Funds		
Wadley and Wrens Ger	eral Fund		
A Hammilton and the state of th			
4. How will the strategy change the previous	is arrangements for providing and	or funding this service wit	hin the county?
	ì		
No Change			
No onange			· ·
5. List any formal service delivery agreeme	nts or intergovernmental contracts	that will be used to imple	mant the stantage of Countries of
Agreement Name:	Contracting Parties:		Effective and Ending Dates:
Joint Resolution	County, Cities o	f Louisville,	
	Wadley and Wren		
			·
6. What other mechanisms (if any) will be General Assembly, rate or fee changes, etc.	used to implement the strategy for), and when will they take effect?	this service (e.g., ordinance	es, resolutions, local acts of the
NONE			
	ř		
7. Person completing form: <u>James L.</u>		27 1000	<u>:</u>
Phone number: 912-625-3332	Date completed: May		
8. Is this the person who should be contact are consistent with the service delivery stra. If not, provide designated contact person(s)	tegy? 🔼 yes 🗌 no	ng whether proposed local	government projects
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SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

PAGE 2

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

County:	Jefferson		Service	D1			
1. Check th		ribes the agreed upon	delivery arrangem	Planning a	nd Zoning		
□ Service	e will be provided	countywide (i.e., inclusivernment, authority	uding all aideas a l			ervice provider. (If th	is box
☐ Service	e will be provided	only in the unincorpo authority or organizat	rated portion of the	volume the service	e.)		
One o	r more cities will pr	rovide this service on this box is checked, ic	ly within their inco		ies, and the service or organization pro	will not be provided oviding the service.)	in
M One of uninco	r more cities will proprorated areas. (If	ovide this service onl this box is checked, ic	y within their inco dentify the governn	rporated boundar nent(s), authority	ies, and the county or organization pro	will provide the servoviding the service.)	rice in
Other.	(If this box is checomment, authority, or	ked, attach a legible other organization th	map delineating t at will provide serv	he service area within each s	of each service pro service area.)	ovider, and identify	the
2. In develo	pping the strategy, v	vere overlapping serv	ice areas, unnecess	ary competition	and/or duplication o	of this service identif	īed?
If these cond higher level	ditions will continue	e under the strategy, C.G.A. 36-70-24(1)),	attach an explana overriding benefit	tion for continus of the duplicati	ing the arrangeme	ent (i.e., overlapping overlapping service a	but reas
If these cone	ditions will be elim	inated under the strate ponsible party and th	egy, attach an imp e agreed upon dead	lementation sch	edule listing each sing it.	step or action that wi	ll be
3. List each funds, user	government or aut fees, general funds	hority that will help to special service distri	o pay for this service ct revenues, hotel/i	ce and indicate he motel taxes, frant	ow the service will hise taxes, impact	be funded (e.g., ente fees, bonded indebte	rprise dness, etc.
Local Governm	nent or Authority:	Funding Method:			····	·	
	and Cities	General Funds	and Permits				
of Louis	sville,Wadley,			·		:	i
and wier	15					· · · · · · · · · · · · · · · · · · ·	
					· · · · · · · · · · · · · · · · · · ·		
4. How wil	ll the strategy chang	e the previous arrang	ements for providi	ng and/or fundin	g this service within	n the county?	
No	Change					:	
		:	·	•		·.	
5. List any Agreement N		very agreements or in	tergovernmental co	ontracts that will	be used to impleme	ent the strategy for the Effective and Ending D	
Joint R	esolutions		County and	Cities			
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		ń					
		any) will be used to changes, etc.), and w			ice (e.g., ordinance	s, resolutions, local a	cts of the
NONE							
7 Parcon	completing form	James L. Ro	gers				: n
2		332		l: May 27 1	999		
8. Is this are consis	the person who sho tent with the service	uld be contacted by stee delivery strategy? ntact person(s) and ph	ate agencies when	evaluating wheth			

01.018	4, ~ ~ ~	SERVICE DELIVERY STRATEGY	:				
	Sun	MMARY 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 Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) should be reported to the Department of Community Affairs.						
County:	Jefferson	Service: Planning and Zoning	·				
1. Check the	box that best describes the	agreed upon delivery arrangement for this service:					
☐ Service	will be provided countyw:	ide (i.e., including all cities and unincorporated areas) by a single nt, authority or organization providing the service.)	service provider. (If this box				
☐ Service identify	will be provided only in the government, authority	he unincorporated portion of the county by a single service provious or organization providing the service.)	der. (If this box is checked,				
One or i	more cities will provide the porated areas. (If this box	is service only within their incorporated boundaries, and the serv is checked, identify the government(s), authority or organization	ice will not be provided in providing the service.)				
One or runincorp	more cities will provide the porated areas. (If this box	is service only within their incorporated boundaries, and the cour is checked, identify the government(s), authority or organization	nty will provide the service in providing the service.)				
Other. ()	If this box is checked, atta nent, authority, or other or	ach a legible map delineating the service area of each service properties area of each service properties area.)	provider, and identify the				
2. In develop	ing the strategy, were over	rlapping service areas, unnecessary competition and/or duplication	on of this service identified?				
nigher levels (tions will continue under to of service (See O.C.G.A. 3 or cannot be eliminated).	the strategy, attach an explanation for continuing the arrange 36-70-24(1)), overriding benefits of the duplication, or reasons the	ment (i.e., overlapping but at overlapping service areas				
If these conditation taken to eliminate	tions will be eliminated un nate them, the responsible	nder the strategy, attach an implementation schedule listing each party and the agreed upon deadline for completing it.	h step or action that will be				
3. List each g funds, user fe	overnment of authority the es, general funds, special	at will help to pay for this service and indicate how the service w service district revenues, hotel/motel taxes, franchise taxes, impa	ill be funded (e.g., enterprise act fees, bonded indebtedness, etc.				
Local Governmen	nt or Authority: Funding M	1ethod:					
- County ar	nd Cities Gener	al Funds and Permits					
	7						
-	/						
	/						
4. How will	he strategy change the pre	evious arrangements for providing and/or funding this service wit	hin the county?				
/			00.004				
No Ch	nange		sel 6'24 undata				
			upha				
/							
5. List any for	rmal service delivery agree	ements or intergovernmental contracts that will be used to impler	ment the strategy for this service:				
Agreement Nam		Contracting Parties:	Effective and Ending Dates:				
Voint Doc	~1	County and Cities	,				
Joint Rec	SOLUTIONS						
7		1					
		*					
		l be used to implement the strategy for this service (e.g., ordinand etc.), and when will they take effect?	ces, resolutions, local acts of the				
NONE							
			\				
	mpleting form:Jame						
Phone number	er: 912-625-3332	Date completed: May 27, 1999					

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

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

SERVICE DELIVERY STRATEGY PAGE 2

SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names should be reported to the Department of Community Affairs	listed on pa	ige
should be reported to the Department of Community Affairs.	age) changes	s, thi

County: Jefferson	Service: Police	
1. Check the box that best describes the agree	d upon delivery arrangement for this service:	
Service will be provided countywide (i.e is checked, identify the government, aut	e., including all cities and unincorporated areas) by a s hority or organization providing the service.)	ingle service provider. (If this box
Service will be provided only in the unit identify the government, authority or or	ncorporated portion of the county by a single service p ganization providing the service.)	provider. (If this box is checked,
One or more cities will provide this serve unincorporated areas. (If this box is checked)	rice only within their incorporated boundaries, and the cked, identify the government(s), authority or organization	service will not be provided in ation providing the service.)
One or more cities will provide this serv unincorporated areas. (If this box is chec	rice only within their incorporated boundaries, and the cked, identify the government(s), authority or organization	county will provide the service in ation providing the service.)
Other. (If this box is checked, attach a l government, authority, or other organiza	legible map delineating the service area of each service that will provide service within each service area	vice provider, and identify the
2. In developing the strategy, were overlappin ☐ yes ☑ no	ng service areas, unnecessary competition and/or dupli	ication of this service identified?
If these conditions will continue under the strahigher levels of service (See O.C.G.A. 36-70-or competition cannot be eliminated).	ategy, attach an explanation for continuing the arra 24(1)), overriding benefits of the duplication, or reaso	angement (i.e., overlapping but ons that overlapping service areas
If these conditions will be eliminated under the taken to eliminate them, the responsible party	e strategy, attach an implementation schedule listing and the agreed upon deadline for completing it.	g each step or action that will be
3. List each government or authority that will funds, user fees, general funds, special service	help to pay for this service and indicate how the service district revenues, hotel/motel taxes, franchise taxes,	ice will be funded (e.g., enterprise impact fees, bonded indebtedness, etc.
Local Government or Authority: Funding Method:		,
County and Cities General	Funds	
of Bartow,Louisville,		
Stapleton, Wadley and		
Wrens		
4. How will the strategy change the previous	arrangements for providing and/or funding this service	e within the county?
NO Change		p
5. List any formal service delivery agreement Agreement Name:	is or intergovernmental contracts that will be used to in Contracting Parties:	mplement the strategy for this service: Effective and Ending Dates:
Joint Resolution	County and Cities	
6. What other mechanisms (if any) will be un General Assembly, rate or fee changes, etc.),	sed to implement the strategy for this service (e.g., ord and when will they take effect?	linances, resolutions, local acts of the
NONE	· · · · · · · · · · · · · · · · · · ·	
NONE		
7. Person completing form: <u>James L. I</u> Phone number: 912-625-3332	Rogers Date completed: May 27, 1999	
	d by state agencies when evaluating whether proposed	Local government projects
are consistent with the service delivery strate If not, provide designated contact person(s)	egy? ☐ yes ☐ no	. Ioon government projects
1		

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Make copies of this form and complete one for each service lister	d on page 1, Section III. Use exactly the same service names listed on page 1
raiswer each question below, attaching auditional 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	the district and service (listed at the bottom of the page) changes, this

Count	y: <u>Jefferson</u>	·	Service:	Police		i
1. Che	eck the box that best desc	ribes the agreed upo	on delivery arrangemen			-i
		countywide (i.e., in	cluding all cities and u	nincorporated areas) by	a single service provider. (If this	s box
	Service will be provided identify the government,	only in the unincorp authority or organiz	porated portion of the cation providing the ser	ounty by a single service.)	e provider. (If this box is checke	ed,
	One or more cities will pu unincorporated areas. (If	rovide this service of this box is checked,	only within their incorp identify the governme	orated boundaries, and t nt(s), authority or organ	he service will not be provided i ization providing the service.)	in
<u>v</u>	unincorporated areas. (If	this box is checked.	identify the governme	nt(s), authority or organ	he county will provide the servicization providing the service.) The solution for the service is the service of the service.	
		ked, attach a legib	le map delineating the	e service area of each s	ervice provider, and identify th	
			/ .			
2. In	developing the strategy, v yes 😨 no	vere overlapping se	rvice areas, unnecessar	y competition and/or du	plication of this service identifie	ed?
mgner	e conditions will continue relevels of service (See O. on petition cannot be eliminated)	C.G.A. 36-70-24(1)	, attach an explanation (), overriding benefits (on for continuing the a of the duplication, or rea	rrangement (i.e., overlapping because that overlapping service are	but reas
If thes	se conditions will be elim to eliminate them, the res	inated under the straponsible party and	ategy, attach an imple the agreed upon deadli	mentation schedule list	ting each step or action that will	be
3. Lis	st each government or aut	hority that will help	to pay for this service	and indicate how the se	rvice will be funded (e.g., enterpes, impact fees, bonded indebted	prise ness, etc.)
		Funding Method:				
	nty and Cities	General Fu	nds			
	rtous, Louisville,					
Sta	pleton, Wadley,					
$-\infty$	rens	/				
L		L/	1,400			
4. Ho	w will the strategy chang	e the previous arrar	ngements for providing	and/or funding this serv	vice within the county?	; 1
N	O Change					
£ 11:-		/ .				
Agreen	nent Name:		ntergovernmental cont Contracting Parties:	racts that will be used to	implement the strategy for this	
	nt Resolution			i t i a a	Effective and Ending Date	es:
301	me Resolution/		County and C:	tties		
ļ	/	:		***************************************		-

6. Wi	hat other mechanisms (if ral Assembly, rate or fee	any) will be used to changes, etc.), and	l implement the strateg when will they take effo	y for this service (e.g., o	rdinances, resolutions, local act	s of the
N	ONE					
7. Pe	rson completing form:	James I. Roge	rs			
	e number: 912-625-3		Date completed: _	May 27, 1999		
are co	this the person who should consistent with the service provide designated cont	delivery strategy?	🛚 yes 🗌 no		ed local government projects	

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Make copies of this form and complete o	ne for each service listed on page 1, Section III. Use exactly the sai	
Answer each question below, attaching additi	ional pages as necessary. If the contact person for this service (listed at the immunity Affairs	me service names listed on page 1
should be reported to the Department of Corr	imunity Affairs	he bottom of the page) changes, thi

Count	-1					
County:		Serv	ice: <u>Probate</u> Jud	ige		
1. Check the box that best desc	ribes the agreed upor	delivery arra	gement for this servi	ce:	.1	
Service will be provided is checked, identify the g	countywide (i.e., inclovernment, authority	uding all cities or organizatio	and unincorporated and providing the service	areas) by a single so ce.)	ervice provider. (If th	is box
Service will be provided identify the government,	only in the unincorpo authority or organiza	orated portion of tion providing	of the county by a sing the service.)	gle service provide	r. (If this box is check	ked,
One or more cities will prunincorporated areas. (If	rovide this service on this box is checked, i	ly within their dentify the go	incorporated boundar vernment(s), authority	ries, and the service or organization pr	e will not be provided oviding the service.)	l in
One or more cities will pr unincorporated areas. (If	ovide this service on this box is checked, i	ly within their dentify the gov	incorporated boundar ernment(s), authority	ries, and the county or organization pr	will provide the servoviding the service.)	rice in
Other. (If this box is chec government, authority, or	ked, attach a legible other organization th	map delineat at will provide	ing the service area of service within each s	of each service pro service area.)	ovider, and identify t	the
 In developing the strategy, v yes ∑ no 						1
If these conditions will continue higher levels of service (See O. or competition cannot be eliminated)	C.G.A. 30-70-24(1)),	attach an exp overriding be	lanation for continuinefits of the duplication	ing the arrangeme on, or reasons that	ent (i.e., overlapping overlapping service a	but reas
If these conditions will be elimitaken to eliminate them, the res	nated under the strate ponsible party and th	gy, attach an e agreed upon	implementation sch deadline for completi	edule listing each sing it.	step or action that wil	l be
3. List each government or authfunds, user fees, general funds,	nority that will help to special service distri	pay for this s	ervice and indicate hotel/motel taxes, franc	ow the service will hise taxes, impact	be funded (e.g., enter fees, bonded indebted	rprise dness, etc.)
	Funding Method:					
County	General F	unds and H	ees			
	**					,
	<u> </u>					
4. How will the strategy chang	e the previous arrang	ements for pro	viding and/or funding	g this service within	the county?	
No Change						-
5. List any formal service deliv	ani paraamanta ar int	argava m mant	al controcts that will b	as used to impleme	nt the effected for this	
Agreement Name:		ontracting Parties:		be used to impleme	Effective and Ending Date	
Joint Resolution		County				
6. What other mechanisms (if General Assembly, rate or fee of				ce (e.g., ordinances	, resolutions, local ac	ts of the
NONE						
<u>.</u>						
7. Person completing form: Phone number: 912-625-33		Rogers	eted: May 27, 1	999		
Phone number: 912-625-33		1				
8. Is this the person who shou are consistent with the service If not, provide designated cont	delivery strategy?	🛚 yes 🗌 no		er proposed local g	overnment projects	

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

Instructions:

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

County: Jefferson		Service:	Rescue Service		
1. Check the box that best describes th	e agreed upon d	elivery arrangement			
Service will be provided county is checked, identify the government	wide (i.e., includ	ling all cities and un		single service provider	. (If this box
Service will be provided only in identify the government, authorities	the unincorpora ty or organizatio	ted portion of the co	unty by a single service pice.)	provider. (If this box is	s checked,
One or more cities will provide tunincorporated areas. (If this box	his service only x is checked, ide	within their incorporatify the government	rated boundaries, and the t(s), authority or organization	service will not be pration providing the ser	ovided in rvice.)
One or more cities will provide t unincorporated areas. (If this box	his service only x is checked, ide	within their incorpo	rated boundaries, and the t(s), authority or organization	county will provide t ation providing the se	he service in rvice.)
Other. (If this box is checked, at government, authority, or other of	tach a legible norganization that	nap delineating the	service area of each ser within each service area	vice provider, and id	entify the
2. In developing the strategy, were ov ☐ yes ☒ no	erlapping servic	e areas, unnecessary	competition and/or dupl	lication of this service	identified?
If these conditions will continue under higher levels of service (See O.C.G.A. or competition cannot be eliminated).	the strategy, at . 36-70-24(1)), o	ttach an explanatio overriding benefits o	n for continuing the arr f the duplication, or reaso	rangement (i.e., overlons that overlapping se	apping but
If these conditions will be eliminated taken to eliminate them, the responsib	under the strateg le party and the	gy, attach an imple r agreed upon deadlin	nentation schedule listing for completing it.	ng each step or action	that will be
3. List each government or authority to funds, user fees, general funds, special	that will help to al service district	pay for this service : t revenues, hotel/mo	and indicate how the serv	vice will be funded (e., , impact fees, bonded i	g., enterprise indebtedness, etc
Local Government or Authority: Funding	Method:				
County	General Fun	nd			
1	General Fun				
Louisville, Wadley and					
Wrens			· · · · · · · · · · · · · · · · · · ·		
Keysville (as	s back up su	ipport) Genera	l Fund		
4. How will the strategy change the p	previous arrange	ments for providing	and/or funding this servi	ce within the county?	
No Change					
5. List any formal service delivery ag		ergovernmental cont ntracting Parties:	racts that will be used to	implement the strategy Effective and E	
Joint Resolution		County and Cit	ies		
	1				
6. What other mechanisms (if any) v General Assembly, rate or fee change				dinances, resolutions,	local acts of the
NONE					
	mes L. Roge	i		*****	
Phone number: 912-625-33		1	MAY @7, 1999		
8. Is this the person who should be are consistent with the service delivered in the provide designated contact person who should be are consistent with the service delivered in the service delive	ery strategy? [∑yes □ no		d local government pr	ojects
1					·

Inst Mal

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

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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.

Coun	ty: _	Jefferson		Service:	Rescue Service		
I. Ch	eck t	he box that best desc	ribes the agreed upor	delivery arrangement	for this service:		
X	Serv	ice will be provided	countywide (i.e., incl		ncornorated areas) by a	single service provide	er. (If this box
	Servi	ice will be provided	only in the unincorpo		unty by a single service	provider. (If this box	is checked,
	One	or more cities will p	rovide this service on	ly within their incorpo	rated boundaries, and th t(s), authority or organiz	e service will not be praction providing the se	provided in ervice.)
	One o	or more cities will p corporated areas. (If	rovide this service on this box is checked, i	y within their incorportentify the government	rated boundaries, and th	e county will provide zation providing the se	the service in ervice.)
	Other gover	r. (If this box is chec rnment, authority, or	cked, attach a legible rother organization th	map delineating the at will provide service	service area of each se within each service are	rvice provider, and id	dentify the
2. In	devel	loping the strategy, v	were overlapping serv	ice areas, unnecessary	competition and/or dup	lication of this service	e identified?
If the	se cor r leve	nditions will continu	.C.G.A. 36-70-24(1)).	attach an explanation overriding benefits of	for continuing the ari	rangement (i.e., over ons that overlapping s	lapping but ervice areas
If the	se coi	nditions will be elim	inated under the strate	egy, attach an implem e agreed upon deadline	entation schedule listing for completing it.	ng each step or action	that will be
3. Li	st eac	h government or aut	hority that will help t	pay for this service a	nd indicate how the servel taxes, franchise taxes	vice will be funded (e.	g., enterprise indebtedness, etc.
			Funding Method:			•	•
Cou	nty		General Fi	nd	_/		
Ci	ties	(A11)	General Fu				7
	7e	Jour Agreent.			/		
				/			
<u> </u>							
4. Ho	ow wi	ill the strategy chang	ge the previous arrang	ements for providing a	nd/or funding this servi	ce within the county?	
	No (Change					
				/ /			i,
					cts that will be used to i		
Agreer	ment r	Name:	C	ontracting Parties:		Effective and E	Ending Dates:
-Joi	nt I	Resolution		County and Citi	es		
			:				
							· · ·
6. W Gene	hat o	ther mechanisms (if ssembly, rate or fee	any) will be used to i changes, etc.), and wl	mplement the strategy nen will they take effec	for this service (e.g., orest:	dinances, resolutions,	local acts of the
	NON	E					
7 D	ercon	completing form:	James L. Roge	ers			
			5-3332		IAY @7, 1999		
8. Is	this t	the person who shou		te agencies when evalu	nating whether proposed	d local government pro	ojects
			act person(s) and pho				

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

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

Count	y:		Service:	Roads and	Streets		
1. Che	eck the box that best descri	bes the agreed upon de	elivery arrangement	for this service:			,
	Service will be provided co is checked, identify the go	ountywide (i.e., includi	ing all cities and uni	ncorporated areas	s) by a single se	rvice provider. (If	this box
	Service will be provided o identify the government, a	nly in the unincorporat uthority or organizatio	ted portion of the co	unty by a single s	service provider	. (If this box is che	cked,
	One or more cities will pro unincorporated areas. (If the	ovide this service only nis box is checked, ide	within their incorpo ntify the governmen	rated boundaries, t(s), authority or	, and the service organization pro	will not be provide oviding the service	ed in
(X)	One or more cities will pro unincorporated areas. (If the	ovide this service only his box is checked, ide	within their incorpo	rated boundaries, t(s), authority or	, and the county organization pro	will provide the se	rvice in
	Other. (If this box is check government, authority, or	ed, attach a legible mother organization that	nap delineating the will provide service	service area of e within each serv	each service pro vice area.)	ovider, and identif	y the
2. In	developing the strategy, w	ere overlapping servic	e areas, unnecessary	competition and	Vor duplication	of this service iden	tified?
nigne	se conditions will continue or levels of service (See O.C mpetition cannot be elimin	C.G.A. 36-70-24(1)), o	tach an explanation explanation verriding benefits o	n for continuing f the duplication,	the arrangeme or reasons that	ent (i.e., overlapping overlapping service	ng but e areas
If the taken	se conditions will be elimi to eliminate them, the resp	nated under the strateg ponsible party and the	y, attach an impler agreed upon deadlin	nentation schedu	ule listing each s	step or action that	will be
3. Li fund	st each government or auth s, user fees, general funds,	ority that will help to special service district	pay for this service a	and indicate how tel taxes, franchis	the service will se taxes, impact	be funded (e.g., er fees, bonded indet	iterprise otedness, etc.
		funding Method:			•		
Co	unty and	General	Funds				
-Ci	ties of Avera,	General	Funds				
	tow,Louisville, pleton, Wadley and						
Wre	- 1						
4 77		.1					<u> </u>
4. П	ow will the strategy change	the previous arranger	ments for providing	and/or funding th	nis service within	n the county?	
	No Change						
						i	
5. Li	st any formal service deliv	ery agreements or inte	rgovernmental contr	acts that will be i	used to impleme	ent the strategy for	this service:
Agree	ment Name:		stracting Parties:			Effective and Ending	
Jo	int Resolution		General Fund	3			
DG)T/Larp		State DOT	·			
						<u> </u>	
6. W	What other mechanisms (if eral Assembly, rate or fee	any) will be used to im changes, etc.), and whe	aplement the strategy on will they take effe	y for this service ((e.g., ordinances	s, resolutions, loca	acts of the
	NONE						
7. P	erson completing form:	James L. Rogers	S				
Pho	ne number: 912-625-3	3332	Date completed: _	May 27, 1999)		
are o	s this the person who should consistent with the service ot, provide designated cont	delivery strategy?	yes 🗌 no	luating whether p	proposed local g	overnment project	s
۱							

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Make copies of this form and complete one for each service listed on page 1, 5	Section III. Use exactly the same service names listed on page 1
Answer each question below, attaching additional pages as necessary. If the contact p	erson for this service (listed at the bottom of the page) changes, this
should be reported to the Department of Community Affairs	the day of the (listed at the bottom of the page) changes, this

County:		Service:	Roads and	Streets		
1. Check the box that best described	ribes the agreed upon	delivery arrangemen	t for this service:			3
Service will be provided of is checked, identify the go	countywide (i.e., incl	uding all cities and ur	nincorporated areas	s) by a single servi	ce provider. (If th	is box
Service will be provided of identify the government,	only in the unincorpo authority or organiza	rated portion of the c	ounty by a single s	service provider. (I	f this box is checl	ked,
One or more cities will pr unincorporated areas (If	ovide this service on this box is checked, i	ly within their incorp dentify the governme	orated boundaries, nt(s), authority or	and the service w organization provi	ill not be provided ding the service.)	in
One or more cities will pr unincorporated areas. (If	ovide this service on this box is checked, i	ly within their incorp dentify the governme	orated boundaries, nt(s), authority or	and the county wi	Il provide the service.)	vice in
Other. (If this box is chec government, authority, or	ked, attach a legible other organization th	map delineating the at will provide service	e service area of e	ach service provi	der, and identify	the
2. In developing the strategy, v ☐ yes ☑ no	vere overlapping serv	rice areas, unnecessar	y competition and	or duplication of t	his service identi	fied?
If these conditions will continue higher levels of service (See O. or competition cannot be eliminated)	C.G.A. 30-70-24(1)),	attach an explanation overriding benefits of	on for continuing of the duplication,	the arrangement or reasons that ove	(i.e., overlapping	but areas
If these conditions will be elimitaken to eliminate them, the res	inated under the strate ponsible party and th	egy, attach an imple e agreed upon deadli	mentation schedu	ile listing each step it.	or action that wi	ll be
3. List each government or authorized funds, user fees, general funds,	hority that will help to special service distri	o pay for this service ct revenues, hotel/mo	and indicate how to	the service will be taxes, impact fee	funded (e.g., ente	rprise
	Funding Method:	\	,		a, somete meete	.d.1.033, 0.0.,
County and	Genera	1 Funds				,
Cities	/Genera	1 Funds				
	_/					
	/					
4. How will the strategy chang	e the previous arrang	ements for providing	and/or funding thi	s service within th	e county?	
No Change				see 6 6		
						4
5. List any formal service deliv	ery agreements or int	ergovernmental conti	racts that will be us		he strategy for thi ective and Ending Da	
Joint Resolution	:	General Fund	S			
DOT/Larp	- :0: -	State DOT				
	- Post-1				1	
6. What other mechanisms (if a General Assembly rate or fee of	any) will be used to in changes, etc.), and wh	mplement the strategy nen will they take effe	y for this service (ect?	e.g., ordinances, re	solutions, local ac	cts of the
NONE /		· ·	\			
NONE					:	
/	ii ii		\			
ĺ			\		:	
7. Person completing form:		S				
Phone number: 912-625-3		_ Date completed: _	\			
8. Is this the person who shoul are consistent with the service of	delivery strategy? [yes □ no	luating whether pr	oposed local gove	rnment projects	
If not, provide designated conta	ict person(s) and pho	ne number(s) below:	\		ii T	

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

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Count	y: <u>Jefferson</u>	Service:	Sheriff		
1. Che	ck the box that best desc	ribes the agreed upon delivery arrangeme	nt for this service:		1
∑ ;	Service will be provided is checked, identify the g	countywide (i.e., including all cities and u	nincorporated areas) viding the service.)	by a single service provide	r. (If this box
	Service will be provided identify the government,	only in the unincorporated portion of the authority or organization providing the se	county by a single service.)	rvice provider. (If this box i	s checked,
	One or more cities will punincorporated areas. (If	rovide this service only within their incorthis box is checked, identify the governm	porated boundaries, a ent(s), authority or or	and the service will not be programization providing the se	rovided in rvice.)
	One or more cities will prunincorporated areas. (If	rovide this service only within their incorp this box is checked, identify the governm	porated boundaries, a ent(s), authority or or	nd the county will provide a ganization providing the se	the service in rvice.)
	Other. (If this box is chec government, authority, or	cked, attach a legible map delineating the other organization that will provide serv	ne service area of eac ice within each servic	ch service provider, and idea area.)	lentify the
2. In (developing the strategy, v	were overlapping service areas, unnecessa	ry competition and/o	r duplication of this service	identified?
nigner	e conditions will continu levels of service (See On petition cannot be eliminated	e under the strategy, attach an explanate. C.G.A. 36-70-24(1)), overriding benefits nated).	ion for continuing the of the duplication, or	ne arrangement (i.e., overlar reasons that overlapping so	apping but ervice areas
If thes	e conditions will be elim to eliminate them, the res	inated under the strategy, attach an implesponsible party and the agreed upon deadle	ementation schedule ine for completing it.	e listing each step or action	that will be
3. List	t each government or aut, user fees, general funds	hority that will help to pay for this service, special service district revenues, hotel/m	e and indicate how the totel taxes, franchise	e service will be funded (e. taxes, impact fees, bonded i	g., enterprise indebtedness, etc.)
		Funding Method:			
Coun	ty	General Funds/ Fees			
					· · · · · · · · · · · · · · · · · · ·
4. Ho	w will the strategy chang	ge the previous arrangements for providing	g and/or funding this	service within the county?	
		•			
No	o Change				
5. List	any formal service delivent Name:	very agreements or intergovernmental con	tracts that will be use		
	t Resolution	Contracting Parties: County		Effective and E	nding Dates:
30111	resolution	Councy	·		
		:			:
6. Wh Gener	nat other mechanisms (if al Assembly, rate or fee	any) will be used to implement the strates changes, etc.), and when will they take ef	gy for this service (e.gfect?	g., ordinances, resolutions, l	local acts of the
NO	ONE				; ;
7. Per	rson completing form	James L. Rogers			
	number: 912-625-33		May 27, 1999		
are co	nsistent with the service	Id be contacted by state agencies when ev delivery strategy? yes no act person(s) and phone number(s) below	aluating whether prop	posed local government pro	jects ·
					

SERVICE DELIVERY STRATEGY

		SUMMARY (OF SERVICE DE	ELIVERY ARRANGE	MENTS	PAGE 2
	wei each daesti	is form and complete on below, attaching addit to the Department of Con	ionai pages as necessar	sted on page 1, Section III. y. If the contact person for this	Use exactly the same sets service (listed at the bot	rvice names listed on page I tom of the page) changes, this
ounty:	Jefferson	: } :	Service	Tax Commissi	oner	
. Check the l		ribes the agreed up	on delivery arrange	ement for this service:		
	will be provided	countywide (i.e., in	cluding all cities a	nd unincorporated areas) providing the service.)	by a single service	provider. (If this box
Service identify	will be provided the government,	only in the unincorp authority or organiz	porated portion of a zation providing th	the county by a single se e service.)	rvice provider. (If th	nis box is checked,
One or i	more cities will proporated areas. (If	rovide this service of this box is checked	only within their in , identify the gover	corporated boundaries, a mment(s), authority or or	and the service will r	not be provided in g the service.)
One or r	nore cities will proporated areas. (If	rovide this service of this box is checked,	only within their in , identify the gover	corporated boundaries, a	and the county will preganization providin	provide the service in g the service.)
Other. ()	If this box is chec nent, authority, or	ked, attach a legib other organization	le map delineatin that will provide s	g the service area of ea ervice within each service	ch service provider ce area.)	, and identify the
d. In develop	ing the strategy, v	were overlapping se	rvice areas, unnec	essary competition and/o	or duplication of this	service identified?
f these condi	tions will continu	.C.G.A. 36-70-24(1	y, attach an expla	nation for continuing the fits of the duplication, or	he arrangement (i.e r reasons that overla	e., overlapping but pping service areas
f these condi	tions will be elim	inated under the stra	ategy, attach an in the agreed upon de	nplementation schedule adline for completing it	e listing each step or	action that will be
3. List each g	overnment or aut	hority that will help	to pay for this ser	vice and indicate how the	e service will be fur	nded (e.g., enterprise conded indebtedness, et
		Funding Method:			•	,
County		General Fun	ıd ,			-
						į
77	•					
. How will t	he strategy chang	e the previous arrar	ngements for provi	ding and/or funding this	service within the c	ounty?
No Chan	ge			•		
. List any for	rmal service deliv	very agreements or i	ntergovernmental	contracts that will be use	ed to implement the	atana and for all in a survivo
greement Nam	e:		Contracting Parties:	·		ive and Ending Dates:
Ioint Res	olution		County			
	···	i				
What sales		· · · · · · ·	<u> </u>			
ieneral Asser	mbly, rate or fee	any) will be used to changes, etc.), and v	implement the str when will they take	ategy for this service (e. effect?	g., ordinances, resol	utions, local acts of the
			:			4 f
NONE						
			e e			;
			•			† :
		James L. Rog		26 05 155		
	r: <u>912–625–33</u>			d: <u>May 27, 1999</u>		
re consistent	with the service	Id be contacted by s delivery strategy?	🛚 yes 🗌 no	evaluating whether pro	posed local governn	nent projects



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	L 1
Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) cl	on page
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Company			
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Wadley and Wrens Traffic Lights			
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		MAY 27, 1999	-
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SERVICE DELIVERY STRATEGY

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County:	Jefferson\	Service:	Traffic and Street Lights	
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7. Person completing form:	James L. Rog	gers	MAY '27 1000		3
Phone number: $912-625-33$			MAY 27, 1999		
8. Is this the person who shoulare consistent with the service If not, provide designated cont	delivery strategy?	🛚 yes 🗌 no		osed local governmen	nt projects
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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	١
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Company		
County: <u>Jefferson</u>	Service: Transportation and DO	OT5311
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Phone number:912-625-:	•	· ·
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	SE	RVICE DELIVERY STRATEGY	· · · · · · · · · · · · · · · · · · ·
		OF SERVICE DELIVERY ARRANGEMENTS	PAGE 2
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County:	efferson	Service: Transportation and DOT53	11
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Cities	General Fu	nd\ and DOT funds	
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Agreement Nam			ective and Ending Dates:
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NONE			

7. Person completing form:		
8	Date completed: May 27, 1999	

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

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

SERVICE DELIVERY STRATEGY

are consistent with the service delivery strategy? X yes no If hot, provide designated contact person(s) and phone number(s) below: PAGE 2

SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

Instructions Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. Inswer 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: Jefferson Service: Water and Sewer 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? yes
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SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

PAGE 2

Instructions:

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County:	Service:	Water and Sewer	
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Local Government or Authority: Funding	Method:		
County and Cities G	eneral Funds and System	revenues	
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JEFFERSON COUNTY

Intergovernmental Agreement Process For Provision of Extraterritorial Water and Sewer Services

WHERE AS, the respective member governments of Jefferson County, which include the Jefferson County Board of Commissioners, and Mayors/Councils of Avera, Bartow, Louisville, Stapleton, Wadley and Wrens have, pussuant to Georgia Laws and Acts, prepared and adopted a joint countywide comprehensive plan and service strategy; and

WHERE AS, the plan was developed jointly and includes a single land use classification plan for the ununcorporated and incorporated areas of the county; and

WHERE AS, 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 consistant 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 cities of Avera, Bartow, Louisville, Stapleton, Wadley and Wrens and Jefferson County, hereby agree to implement the following process for the provision or extraterritoral water and sewer services effective 1999.

1. Prior to initiating the provisions of water or sewer services outside the boundaries of the respective local government the City will notify the county government of the services to be provided, the proposed service area and the anticipated impact on the future land use classification. The notification will include at a minimum information on location of property, size of the proposed service area, proposed purpose of the extension (i.e. proposed change in the land use) and the current and future land use 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 administrator.

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

- 2- Within fifteen days following receipt of the above information, the county will forward the city a statement:
- (a) indicating that the county has no objection to the proposed extraterritorial water or sewer service and its consistency with the land use; or
- (b) Describing its objection to the proposed water or sewer service or land use consistency, and providing support 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 service 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 service;
- (b) agreeing to impliment 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 service, or
 - (b) will notify the county that the city will seek a declaratory judgment in court.
- 6- If the city and county reach agreement as describe in step 4(b) or 4(c), the City is free to proceed with the extraterritorial water or sewer service.

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 and
In witness whereof the undersigned parties have hereunto affixed its named and seals on this day of
day of May, 1999
luma ()
Jefferson County Board of Commissiners
Somry Skepan C
City of Avera
Town Hardand
City of Bartow
Meant Catch
City of Louisville
Tongx. Kelley
City of Stapleton
B. F. Johnson
City of Wadley
City of Wrens
City of Wrens
Alter Coges
Attest
6-1-99
Date

Jefferson County, City of Avera, City of Bartow, City of Louisville, City of Stapleton, City of Wadley, City of Wrens City of Keysville

Joint Resolution of understanding and cooperation for HB-489 Guidelines.

The County of Jefferson will be responsible for providing the following service cost of which will be paid from the counties General Fund.

E-911, Roads, Tax Collection, National Guard, Registrar, Tax Assessor (Assessor will provide copy of digest to cities in order for the cities to bill for and collect taxes due them from city residents.), Tax Commissioner, Clerk of Court, Coroner, District Attorney, Magistrate Court, Probate Judges, Civil Defense, Sheriff, Family and Children Services, Health Department, Extension Service, Forestry, Indigent Care, Chamber of Commerce, Court House, Family Connections.

All governments in Jefferson County have already agreed to and submitted a plan to resolve land use classification and disputes as required by the act.

Fire Department

County wide fire protection is provided by the cities within the County and County participates by subsidizing cost of department maintenance and operation with cash contributions from General Fund Account. Subsidies are based on number of fire calls by each department.

of 24 to

Jefferson County, City of Avera, City of Bartow, City of Louisville, City of Stapleton, City of Wadley, City of Wrens

Joint Resolution of understanding and cooperation for HB-489 Guidelines.

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Fire Department

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Airport

Jefferson County has two general Aviation Airports. One in Wrens, one in Louisville. Cost of maintaining and operating these airports in the sole responsibility of each city.

Administration, Building, and Grounds

Jefferson County and each of its cities has their own Administration facilities including buildings and grounds. Each and all are responsible for the maintenance and operation is same.

Municipal Courts

Municipal Courts are a function of each city in Jefferson County. Costs of operating these Courts is the responsibility of each respective city.

Planning and Development

Services are provided by the CSRA Rural Development Commission. The County and each member city is assessed cost based on population of the respective entity. The County responsible for unincorporated population and cities responsible for each of its population..

Hospital

Jefferson Hospital is a joint funded venture between Jefferson County and the City of Louisville. Jefferson County contributes \$150,000 per year to the cost of maintenance

and operation while the City of Louisville contribute \$60,000 per year to the cost of maintenance and operation. These funds come from General Fund Account. The county and cities agree that this is the best method of providing their service to the citizens of Jefferson County.

Rescue Service

Rescue Service and First Responder Service is provided by the County thru the City Fire Departments. Jefferson County provides vehicles and equipment plus the maintenance and operation cost of their service. County cost is paid out of General Fund Accounts. Rescue vehicles are located in Wrens, Louisville and Wadley.

Roads and Streets

Jefferson County is responsible for maintenance of all County roads. County also makes available to the cities equipment and manpower when requested and is available.

Cost of roads is paid from General Fund Account.

Traffic Lights

Traffic Lights are the responsibility of the cities that have traffic lights. The State Department of Transportation determines where traffic lights are needed. Jefferson County has several caution lights in the unincorporated area of the County. County is responsible for the cost of electric power to operate these lights. General Account Funds are used to pay these cost.

Street Lights

All cities provide street lighting where deemed appropriate inside corporate city limits. These lights are usually provided by the power company and cost of maintenance and operation is based on a flat rate per light fixture.

The County does provide street lighting in the unincorporated area where population density warrants lighting for public safety and convenience. This service is paid from General Fund Account.

Cemeteries

Cities that provide cemetery space use General Fund monies to pay for the cost of operation and up keep. Usually a small fee is assessed to individuals and families who purchase lots in the cemetery.

The County does not own or operate a cemetery.

Police

All cities that operate a Police Department are responsible for the cost of maintaining and operating this service. Avera is the only city that does not provide Police services to its citizens. This service is provided to City of Avera and all other cities by the Jefferson County Sheriff's Department or an as needed basis. Sheriff's Department and all local Police Departments agree to assist and support each other when needed and/or as support is available.

Water/Sewer

All cities in Jefferson County have a public water system. Each is responsible for the maintenance and operation of these respective systems. All the cities except Avera and Stapleton own and operate a public sewer system. Costs for the maintenance and operation of these systems is the responsibility of each respective city. Jefferson County operates a County Water and Sewer Department. Water is purchased from the City of Louisville and distributed by County owned water main system outside the city limits of Louisville. County Sewer Service is provided to this same area with an agreement with the City of Louisville to utilize the cities waste treatment plant to dispose of County sewage. Cities and County charges user fees for water and sewer services and these fees go toward the maintenance and operational cost of these systems. In most cases, a subsidy is required from General Funds to cover the total cost of providing these services.

Industrial Development

Cost of operating Industrial Development in Jefferson County is paid by the County for General Funds. Any city participation in Industrial Development is at the pleasure of respective cities.

Parks and Recreation

Recreation and park facilities are provided by the County, cities of Wrens,
Louisville, and Wadley. Jefferson County equips and staffs a County recreation
department. The County participates with the City departments with inkind services and
program participation. The smaller communities provide small playgrounds and most have
walking tracks for public use.

Animal Control

Jefferson County has no animal control programs. The cities of Bartow and Louisville have agreements with local Veterinarian service for limited animal control services for their respective cities only.

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Transportation

Jefferson County operates a Transit system that provides County wide transportation for senior citizens and other qualifying individuals to the Senior Citizen Center. Transportation also provide for DFACS and mental health and some to job sites. Transportation is also provided for doctors appointments including the Augusta area.

Nutrition

Jefferson County provide a Countywide Nutrition program for eligible persons located in the Senior Citizens Center in Louisville. Transportation is furnished countywide transporting participants to and from this program. County participation is funded from the General Account Fund.

Library

Jefferson County is served by Libraries located in Louisville, Wadley, and Wrens. Headquarters library is in Louisville and branches in Wadley and Wrens. Jefferson County subsidizes the library system in the amount of \$110,000 annually. The cities own their buildings and participate in the operational cost of the library located in the respective cities. These funds come from General Fund Accounts.

Code Enforcement

Jefferson County has a County Marshal's Department as well as a Building Inspector. These agencies are responsible for code enforcement in Jefferson County and are paid from General Account Funds. Not all cities in Jefferson County have Code Enforcement Departments. County supports the cities on an as requested basis.

Planning and Zoning

Jefferson County has a Planning and Zoning Authority. This body administers the Planning and Zoning regulations in the unincorporated areas of Jefferson County. The larger cities have their own Planning and Zoning Authorities. Cost of these services are paid from General Funds.

EMS

Jefferson County provides Countywide emergency service including all cities at no cost to the cities. The county contracts with a private company to provide this service.

Cost of this service is paid from General Fund Account.

Landfill Garbage Collection and Trash Pickup

Jefferson County provides garbage collection for the unincorporated area of Jefferson County and for cities that do not have a collection system of their own. This service utilizes green boxes located at sites around the County for citizens to place their household garbage. County equipment picks up waste from these green boxes and transports to the County landfill for disposal. Cities that provide collection chargea fee to its citizens. The County does not charge a fee to its citizens served by the green box. Instead, cost for this service is paid from County General Fund.

Operational cost for Solid Waste Disposal or Landfill will come from tipping fees based on quanity of material across the scales. A subsidy maybe required and these funds will either come from a collection fee or General Fund Account. The County is exploring the possibility of privatizing it collection service with County operating Disposal Landfill service.

Commercial Industrial Accounts pay a pickup fee for their solid waste based on number of boxes and frequency of pickup service. There are at least two private solid collectors operating in the Industrial Commercial area. These charge a fee for service. A tipping fee is assessed by the County for receiving waste for private collections.

An inert landfill is operated to accept yard trimmings tree limbs and other yard debris. This waste is delivered to the landfill by individuals, cities and private citizens. Cost of this service is paid from County General Fund.

Authorities

Jefferson County has an Industrial Development Authority that is charged with Industrial Development countywide including the cities within the County.

Jefferson County Hospital Authority is made up of members sponsored by the County and City of Louisville.

Jefferson County Solid Waste Authority is made up of the Board of Commissioners plus two other members elected by the Board of Commissioners. Terms of Commissioners on authority run concurrent with other terms as Commissioners. Two appointed members terms are for four years.

We, the undersigned, have reviewed the list of services that are provided by the cities and County of Jefferson.

This strategy represents our best effort in providing these services in the most efficient and effective manner to meet the needs of the citizens of Jefferson County.

We hereby pledge by signing this document, that we will come to the aid of each other when needed or requested and we have the ability to do so.

Signed There Hola

Chairman, Gardner Hobbs/
Jefferson CountyCommissioners

Attest: Sammy Slyffen

Mayor City of Avera

Attest: Hurt Halsuf

Mayor City of Bartow

Attest:

Mayor City of Louisville

Attest: 10ny X, Kelley

Mayor City of Stapleton

Attest: B, A. Yoh

Mayor City of Wadley

Attest: J. Robins

Mayor City of Wrens

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.

All incorporated cities participated	re identified between the Land Use Plan of	c
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ck the boxes indicating how these incompatibilities or con- amendments to existing comprehensive plans	flicts were addressed: N/A	
adoption of a joint comprehensive plan other measures (amend zoning ordinances,	Note: If the necessary plan amendments, regulations, ordi	nanc
add environmental regulations, etc.)	etc. have not yet been formally adopted, indicate when each affected local governments will adopt them.	h of t
er measures" was checked, describe these measures:		ļ
		ģ
marize the process that will be used to resolve disputes who be annexed into a city. If the conflict resolution process v	hen a county disagrees with the proposed land use classification will vary for different cities in the county, summarize each pro	on(s) oces
The County and cities have adopted the	e same process. Cities will notify the cou	ınti
or any proposed annexation and/or rezo	Oning that affect the unincorporated areas	3.
County will respond to the city propos Any unresolved situations will be medi	iated via the proper mediation process.	
mai new extraterritorial water and sewer service will be con	ned by local governments (and water and sewer authorities) to nsistent with all applicable land use plans and ordinances?)
Jefferson County Intergovernmental Agr	reement, Process for Provision of ices has been adopted by the County and	
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SERVICE DELIVERY STRATEGY CERTIFICATIONS

Instructions:

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

SERVICE DELIVERY STRATEGY FOR	Jefferson	COUNTY
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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)); and
- 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)).

SIGNATURE:	NAME: (Please print or type)	TITLE:	JURISDICTION:	DATE:
Canbres	Gardner J. Hobbs	Chairman Commission	Jefferson County	
Sommy Ship,	Phu Tommy Sheppard	Mayor	City of Avera	5-28-99
Hubert for	Hubert Jordon	Mayor	City of Bartow	5-28-99
Telleon L. U.	Julian Veatch	Mayor	City of Louisvil	
Tony L. Ke	Cley Tony Kelly	Mayor	City of Stapleto	n 6-3-99
Br. A. John	Cley Tony Kelly B. A. Johnson	Mayor	City of Wadley	5/28/90
JJ. Role	J. J. Rabun	Mayor	City of Wrens	5/28/90



