Service Deliv	ERY STRATECY
FORMADISON	
GENERAL INSTRUCTIONS	COUNTY PAGE 1
1. Only one set of these forms should be submitted per county. agreement reached by all cities and counties that were party	The completed forms should clearly present the collective to the service delivery strategy.
2. List each local government and/or authority that provides set	rvices included in the service delivery strategy in Section II below.
 List all services provided or primarily funded by each general Section III below. It is acceptable to break a service into sepadelivery strategy. 	al purpose local government and authority within the county in arate components if this will facilitate description of the service
 For each service or service component listed in Section III, of form (page 2). 	complete a separate Summary of Service Delivery Arrangements
5. Complete one copy of the Summary of Land Use Agreements	s form (page 3).
6. Have the <i>Certifications</i> form (page 4) signed by the authorize that DCA cannot validate the strategy unless it is signed by t	ed representatives of participating local governments. Please note 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 service delivery strategy and submittal of revised forms and att	described on these forms will require an official update of the tachments to the Georgia Department of Community Affairs.
Note: Any future changes to the service delivery arrangements service delivery strategy and submittal of revised forms and att LOCAL GOVERNMENTS INCLUDED IN THE SERVICE this section, list all local governments (including cities located partially within the of elivery strategy.	E DELIVERY STRATEGY.
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	Instructions:	SUMMARY OF SE	RVICE D	ELIVERY ARRANGEMENTS	PAGE 2
		6			
1776	each question belo	s form and complete one for each service w, attaching additional pages as necessary Department of Community Affairs.	Iisted on pagy. If the conta	ge 1, Section III. Use exactly the same service names lis act person for this service (listed at the bottom of the pag	sted on page 1. Answe e) changes, this should
County:	Madison	Ser	vice:	Animal Control	
I. Check the boy	that best descrif	es the agreed upon delivery arran	ngement fo	or this service:	
Service v is checke	will be provided ed, identify the g	county-wide (i.e., including all ci overnment, authority or organized	ties and un d providing	nincorporated areas) by a single service provi- g the service.)	der. (If this box
Service v identify f	will be provided the government,	only in the unincorporated portion authority or organization providing	n of the co ng the serv	unty by a single service provider. (If this box ice.)	is checked,
X One or m unincorp Roysto	orated areas. (If	ovide this service only within the his box is checked, identify the g	ir incorpo jovernmen	rated boundaries, and the service will not be t(s), authority or organization providing the s	provided in service.)
One or m	nore cities will pr	ovide this service only within the his box is checked, identify the g	ir incorpo jovernmen	rated boundaries, and the county will provide t(s), authority or organization providing the s	e the service in service.)
Other. (If governm	f this box is chec ent, authority, or	ked, attach a legible map deline other organization that will prov	ating the side service	service area of each service provide, and id within each service area.)	entify the
2. In developing	the strategy, wer	e overlapping service areas, unne	cessary co	mpetition and/or duplication of this service i	dentified?
If these condition levels of service (competition cann	(See O.C.G.A. 36	-70-24(1)), overriding benefits o	anation fo f the dupli	or continuing the arrangement (i.e., overlap cation, or reasons that overlapping service ar	ping but higher eas or
If these condition to eliminate them	s will be elimina , the responsible	ted under the strategy, attach an party and the agreed upon deadli	implemen ne for corr	itation schedule listing each step or action th upleting it.	at will be taken
3. List each gove funds, user fees, §	rnment or author general funds, sp	ity that will help to pay for this s cial service district revenues, ho	ervice and tel/motel t	indicate how the service will be funded (e.g. axes, franchise taxes, impact fees, bonded inc	, enterprise lebtedness, etc.)
Local Government		Funding Method:			1151 A
City of Roy	vston	General Funds	12		

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

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

Master Service Delivery Strate	gy	

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: Wesley Nash, Commission Chair

c Phone number: (706) 795-2770 Date completed: 4/1/99

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? \Box yes \mathbf{X} no

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

Susan Brooks Royston City Manager (706) 245-7232

OFCA		SERVICE DELIVERY STRATEGY	
		SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PA	GE 2
L'S		Instructions:	
	1776	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. each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this be reported to the Department of Community Affairs.	Answer should
County	/: Ma	dison Service: Building Inspection/Code Enforcement	
I. Che	ck the box	that best describes the agreed upon delivery arrangement for this service:	5.6
	Service w is checked	vill be provided county-wide (i.e., including all cities and unincorporated areas) by a single service provider. (If this l d, identify the government, authority or organized providing the service.)	box
	Service w identify th	ill be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, be government, authority or organization providing the service.)	
	One or me unincorpo	ore cities will provide this service only within their incorporated boundaries, and the service will not be provided in brated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)	
x	unincorpo	ore cities will provide this service only within their incorporated boundaries, and the county will provide the service or ated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)	in
	Other. (If	on County, Colbert, Comer, Danielsville, Ila, Royston this box is checked, attach a legible map delineating the service area of each service provide, and identify the ont, authority, or other organization that will provide service within each service area.)	
		he strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?	
If these	conditions	will continue under the structure of the hand and hand the first of the state of the state of the structure	

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

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

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

Local Government or Authority:	Funding Method:
Madison County	General Funds, User Fees
City of Colbert	General Funds
<u>City of Comer</u>	General Funds
City of Danielsville	General Funds
City of Ila	General Funds
City of Royston	General Funds

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

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

Master Service Delive	ery Agreement	

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: Wesley Nash, Commission Chairman

Phone number: (706) 795-2770 Date completed: 4/1/99

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

consistent with the service delivery strategy? yes x no

If not provide designated contact person(s) and phone number(s) below: John Waggoner, Mayor of Colbert, (706) 543-4391; Cliff Yarbrough, Mayor of Comer, (706) 783-4552; Glen Cross, Mayor of Danielsville (706) 795-2189; Dexter Calhoun, Mayor of Ila, (706) 789-2244; Susan Brooks, Royston City Manager, (706) 245-7232

UF C CO		SERVIC	E DELIVERY STI	RATEGY
H APRIL	Instructions:	SUMMARY OF SP	ERVICE DELIVERY A	RRANGEMENTS PAGE 2
TYTE	Make copics of this f each question below, be reported to the De	form and convertex on the	and the second second	Use exactly the same service names listed on page 1. Answe service (listed at the bottom of the page) changes, this shoul
County: Mad	ison			
Check the box	that best describe	s the agreed upon delivery arra	upgement for this services	velopment Services
X Service w	ill be provided co	untvavide (i.e. instation a		
ACTIO	N. IDC.			areas) by a single service provider. (If this box
			0	gle service provider. (1f this box is checked,
			a automics), automicy	ies, and the service will not be provided in or organization providing the service.)
			o autionity	ies, and the county will provide the service in or organization providing the service.)
governme	this box is checke int, authority, or o the strategy were	ed, attach a legible map delin other organization that will pro-	eating the service area o vide service within each s	of each service provide, and identify the service area.)
				service area.) d/or duplication of this service identified?
these conditions vels of service (ompetition canne	s will continue une See O.C.G.A. 36- ot be eliminated).	der the strategy, attach an exp 70-24(1)), overriding benefits	lanation for continuing of the duplication, or reas	the arrangement (i.e., overlapping but higher sons that overlapping service areas or
f these conditions	will be eliminate	d under the strategy, attach ar arty and the agreed upon dead		ule listing each step or action that will be taken
List each gover . Inds, user fees, g	mment or authorit eneral funds, spec		ter completing it.	the service will be funded (e.g., enterprise e taxes, impact fees, bonded indebtedness, etc.)
		Funding Method:		er implet tees, bonded indebiedness, elc.)
Madison Cour	nty	General Funds		
-				
How will the st	rategy change the	Drevious arrangements for		
No Change		previous arrangements for pro	oviding and/or funding th	is service within the county?
List any formal	service delivery a	agreements or intergovernmen	al contracts that will t	used to implement the strategy for this service:
Agreement Name:		Contacting Parties:	ar contracts that will be t	ised to implement the strategy for this service:
<u>Master Serv</u>	<u>ice Delivery</u>	Agreement		Effective and Ending Dates:
What other med eneral Assembly None	chanisms (if any) , rate or fee chang	will be used to implement the ges, etc.), and when will they ta	strategy for this service (ike effect?	e.g., ordinances, resolutions, local acts of the
Person complet	ing form: We	sley Nash, Commission	n Chair	
	706) 795–277	0 Date complete de	/1/00	
hone number:(/1/99	
hone number: <u>(</u> Is this the personal states that the personal states the personal sta	on who should be service delivery		en evaluating whether pr	roposed local government projects are

OF CAO			SERVICE	DELIVERY S	TRATEGY	1	
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County: Madi			Serv				
I. Check the box	that best describes	s the agreed up		gement for this serv	erative E	ttension Se	rvice
X Service w is checke	ill be provided co	untv-wide (i e	including all aid			single service	provider. (If this box
Service w identify t	vill be provided on he government, au		in protion.				1. S. S. M.
			, and the second s	r incorporated boun overnment(s), autho	rity or organiz	ation providing	the service.)
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Madison Cou	inty	General	Funds				
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4. How will the s No Cl	trategy change the	previous arrar	ngements for prov	viding and/or fundin	g this service	within the coun	ty?
5. List any forma Ágreement Name:	l service delivery	agreements or	intergovernmenta	I contracts that will	be used to imp	plement the stra	tegy for this service:
	vice Delivery		smacting Parties:			Effective and End	
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6. What other m General Assembl None	echanisms (if any) y, rate or fee chan	will be used to ges, etc.), and y	o implement the s when will they tal	trategy for this servi ce effect?	ice (e.g., ordin	ances, resolutio	ns, local acts of the
7. Person comple	eting form:	eslev Nach	, Commission				
	(706) 795–277		completed: 4/				
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consistent with th	ne service delivery signated contact pe	Strategy?	es Lino		er proposed lo	cal government	projects are
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	1716	Make copies of this t each question below, be reported to the De	orm and compl altaching addit parlment of Co	ele one for each service ional pages as necessary mmunity Affairs.	listed on page 1, Section 111. U . If the contact person for this s	ise exactly the same service names ervice (listed at the bottom of the pa	
County	': Mad	ison					
I. Che	ck the box	that best describe	s the agreed	upon delivery arra	ngement for this service:	her	
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						f each service provide, and ervice area.)	
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				-		le listing each step or action	
3. List funds, t	each gove iser fees, g	rnment or authori general funds, spec	ty that will b	alm ta un C ut		the service will be funded (c taxes, impact fees, bonded i	.g., enterprise
		or reality.	Funding Mcl	hod:			
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4. How	will the s No	trategy change the Change	previous ar	rangements for pro	viding and/or funding this	s service within the county?	
F T 1.4	<u>,</u>						
J. LIS	any lorma	I service delivery	agreements	or intergovernment	al contracts that will be u	sed to implement the strateg	v for this service:
		the second s		connacting rattics.		Effective and Ending	Dales:
mast	er Serv	ice Delivery	Agreemer	<u>it</u>			
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6. Wha Geneta	at other me I Assembly None		will be used ges, etc.), an	to implement the s d when will they ta	strategy for this service (e ke effect?	.g., ordinances, resolutions,	local acts of the
7. Pers	on comple	ting form: <u>We</u>	sley Nasl	1. Commission	_Chair		
Phone	number: (706) 795-277	<u>0 .</u> Da	te completed: 4/1	/00		
8. Is th	is the pers	on who should be	contacted by	y state agencies wh	en evaluating whether pro	oposed local government pro	lasta
			Shalerv/ 12	yes no phone number(s) b		eronoa iocai governinent pro	ijecis are
-							

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PACE: Instructions: Make copies of this form and complete one for each service listed on page 1, Section 111. Use exactly the same service names listed on page 1. Answer be reported to the Department of Community Affairs. County: Madison Service: Department of Family and Children Services 1. Check the box that best describes the agreed upon delivery arrangement for this service: Service: Department of Family and Children Services Service will be provided county-wide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organized providing the service)
Make copies of this form and complete one for each service listed on page 1, Section 111. Use exactly the same service names listed on page 1. Answer be reported to the Department of Community Affairs. County: Madison Service: Department of Family and Children Services 1. Check the box that best describes the agreed upon delivery arrangement for this service: Service will be provided county-wide (i.e., including all cities and unions)
County: Madison Service: Department of Community Affairs. I. Check the box that best describes the agreed upon delivery arrangement for this service: Service will be provided county-wide (i.e. including all cities and union of the boltom of the page) changes, this show Service the box that best describes the agreed upon delivery arrangement for this service:
 Check the box that best describes the agreed upon delivery arrangement for this service: Service will be provided county-wide (i.e. including all cities and uning and children service)
 I. Check the box that best describes the agreed upon delivery arrangement for this service: Service will be provided county-wide (i.e. including all cities and uning and uning and uning all cities and uning all cit
Service will be provided county-wide (i.e., including all cities and unincorporated areas) by a single service provider (16 this have
Madison County
Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
Other. (If this box is checked, attach a legible map delineating the service area of each service provide, and identify the government, authority, or other organization that will provide service within each service area.)
 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 taker to eliminate them, the responsible party and the agreed upon deadline for completing it.
3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.
Local Government or Authority: Funding Method:
Madison County General Funds
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?

No Change

5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service: <u>Agreement Name:</u>
<u>Contacting Parties:</u>
<u>Effective on the strategy for this service</u>

	Effective and Ending Dates:
Master Service Delivery Agreement	

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: ____ Wesley Nash, Commission Chair____

Phone number: (706) 795-2770 Date completed: 4/1/99

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

consistent with the service delivery strategy? Yes no

	ST CLOR		SERVICE DEI	LIVERY STRATEGY	
ES ST	PIRAS	Instructions:	SUMMARY OF SERVICE	DELIVERY ARRANGEMENTS	PAGE 2
	<u>HY15</u> 1775	Make copies of this each question below be reported to the D	form and name to a	page 1, Section 111. Use exactly the same service names ontact person for this service (listed at the bottom of the p	
County		ison	Service: E-		
I. Che	ck the box	that best describe	s the agreed upon delivery arrangement	ergency Management Services t for this service:	
	Service w is checke Mac Service w	will be provided co ed, identify the go dison County will be provided ou	ounty-wide (i.e., including all cities and vernment, authority or organized provid	unincorporated areas) by a single service pro- ling the service.)	
	One or m	nore cities will pro	wide this convice and the task of the		
لیے				porated boundaries, and the service will not but the service will not but the service will not but the service will not the service will not be service will not be service with the service will not be service with the service will not be service with the service will not be service will not b	A convince)
	unincorp	orated areas. (If the	wide this service only within their incorn his box is checked, identify the governm	porated boundaries, and the county will provi- ent(s), authority or organization providing the	ide the service in
2 In de	governme	ent, authority, or o	ed, attach a legible map delineating the other organization that will provide service the service serv	te service area of each service provide, and	identify the
	veloping yes	the strategy, were	overlapping service areas, unnecessary	ce within each service area.) competition and/or duplication of this service	e identified?
If these to elimit	conditions nate them,	s will be eliminated). s will be eliminate , the responsible p	ed under the strategy, attach an implem arty and the agreed upon deadline for co	for continuing the arrangement (i.e., overlap plication, or reasons that overlapping service mentation schedule listing each step or action ompleting it. nd indicate how the service will be funded (e. el taxes, franchise taxes, impact fees, bonded i	areas or that will be taken
Local	Governmeni	or Authority:	Funding Method:	Ttaxes, franchise taxes, impact fees, bonded i	indebtedness, etc.)
Madis	son Cour	aty	General Funds		
1. How	will the st	rategy change the	previous arrangements for providing ar	nd/or funding this service within the county?]
5. List a	any forma	No Change	agreements or intergovernmental contra	cts that will be used to implement the strategy	
				Effective is a strategy	/ for this service:
Maste	r Servi	Lce Delivery	Agreement	Effective and Ending D	Dales:
					Second Second
6. What	t other me	chanisma (if any)			
General	Assembly	, rate or fee chang	ges, etc.), and when will they take effect	or this service (e.g., ordinances, resolutions, le ?	ocal acts of the

None

7. Person completing form: Wesley Nash, Commission Chair

Phone number: (706) 795-2770 Date completed: 4/1/99

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? Xyes no

UFGA		Service Delivery Strategy
T The second second		SUMMARY OF SERVICE DELIVERY ARRANGEMENTS
	Instructions:	PAGE 2
1776	Make copies of this form and each question below, attachir be reported to the Departmen	I complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. Answering additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should of Community Affairs.
County: Madi		Service
I. Check the box	that best describes the a	greed upon delivery arrangement for this service:
is checke	vill be provided county-v d, identify the governme on County	vide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box ant, authority or organized providing the service.)
Service w	vill be provided only in the	he unincomposed at the state of the
		he unincorporated portion of the county by a single service provider. (If this box is checked, y or organization providing the service.)
One or m unincorpo	ore cities will provide th orated areas. (If this box	is service only within their incorporated boundaries, and the service will not be provided in is checked, identify the government(s), authority or organization providing the service.)
One or m unincorpo	ore cities will provide th orated areas. (If this box	is service only within their incorporated boundaries, and the county will provide the service in is checked, identify the government(s), authority or organization providing the service.)
Other. (If governme	f this box is checked, att ent, authority, or other o	ach a legible map delineating the service area of each service provide, and identify the
2. In developing	the strategy, were overla	apping service areas, unnecessary competition and/or duplication of this service identified?
If these condition levels of service (competition canne	s will continue under the See O.C.G.A. 36-70-24(ot be eliminated).	e strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher (1)), overriding benefits of the duplication, or reasons that overlapping service areas or
		er the strategy, attach an implementation schedule listing each step or action that will be taken ad the agreed upon deadline for completing it.
3. List each gove funds, user fees, g	rnment or authority that general funds, special ser	will help to pay for this service and indicate how the service will be funded (e.g., enterprise vice district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.)
	1 dildi	ing Method:
Madison Con	unty	General Funds, User Fees
1 Hourseller		
n. riow will the s	trategy change the previo	ous arrangements for providing and/or funding this service within the county?
No Cha	ange	
5. List any forma	l service delivery agreen	nents or intergovernmental contracts that will be used to implement the strategy for this service:
	the second se	
Master Serv	tice Delivery	Effective and Ending Dates:

Aberly Selvice Delivery Agreement

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: Wesley Nash, Commission Chair

Phone number: (706) 795-2770 Date completed: 4/1/99

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? \mathbf{X}_{yes} is no

OFGA	SERVICE DELIVERY STRATEGY
Instructions:	SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE 2
Make copies of the cach question bel	is form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. Answer, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should Department of Community Affairs.
County: Madison	Service: Fire Protection
I. Check the box that best descr	bes the agreed upon delivery arrangement for this service:
Service will be provided is checked, identify the g	county-wide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box overnment, authority or organized providing the service.)
Service will be provided identify the government,	only in the unincorporated portion of the county by a single service provider. (If this box is checked, authority or organization providing the service.)
One or more cities will p unincorporated areas. (If	rovide this service only within their incorporated boundaries, and the service will not be provided in this box is checked, identify the government(s), authority or organization providing the service.)
One or more cities will p unincorporated areas. (If	rovide this service only within their incorporated boundaries, and the county will provide the service in this box is checked, identify the government(s), authority or organization providing the service.)
 Other. (If this box is cherned authority, or the county and all the county fire de In developing the strategy, we yes no 	cked, attach a legible map delineating the service area of each service provide, and identify the other organization that will provide service within each service area.) municipalities provide this service to their residents through partments. re overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will continue r levels of service (See O.C.G.A. 3 competition cannot be eliminated	under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher 6-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or).
If these conditions will be eliminate them, the responsible	ated under the strategy, attach an implementation schedule listing each step or action that will be taken party and the agreed upon deadline for completing it.
3. List each government or author funds, user fees, general funds, sp	rity that will help to pay for this service and indicate how the service will be funded (e.g., enterprise secial service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.)
Local Government or Authority:	Funding Method:
Madison County	General Funds, Fund Raisers

Madison County	General Funds, Fund Raisers	-
City of Carlton	General Funds, Fund Raisers	
City of Colbert	General Funds, Fund Raisers	
City of Comer	General Funds, Fund Raisers	
City of Danielsville	General Funds, Fund Raisers	23
Town of Hull	General Funds, Fund Raisers	
City of Ila	General Funds, Fund Raisers	
City of Royston	General Funds, Fund Raisers, Subscription Fees	

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

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

Master Service Delivery Agreement	

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: ____ Wesley Nash, Commission Chairman

Phone number: (706) 795-2770 Date completed: 4/1/99

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

consistent with the service delivery strategy? Xyes X no

If not provide designated contact person(s) and phone number(s) below: Rufus Kidd, Mayor of Carlton, (706) 283-9479; John Waggoner, Mayor of Colbert, (706) 543-4391; Cliff Yarbrough, Mayor of Comer, (706) 783-4552; Glen Cross, Mayor of Danielsville, (706) 795-2189; B.W. Hutchins, Mayor of Hull, (706) 543-9891; Dexter Calhoun, Mayor of Ila, (706) 789-2244; Susan Brooks, Royston City Manager (706) 245-7232



Fire Station Coverage Areas

- 1 Danielsville Volunteer Fire Dept. (VFD)
- 2 Carlton VFD
- 3 Comer VFD
- 4 Colbert VFD
- 5 Hull VFD
- 6 Neese-Sanford VFD, Station 1
- 7 Neese-Sanford VFD, Station 2
- 8 Ila VFD
- 9 Pocataligo VFD
- 10 Shiloh VFD
- 11 Harrison VFD
- 12 Collins VFD

Note: Outlines of coverage areas are approximate and in most cases show immediate area only. Actual coverage areas extend in a 5 mile radius from station (approx. 78 square miles).

> Source: Mr. Larry Bridges, Madison Co. EMS, June 1995.

> > 6-1

Madison County Georgia

Northeast Georgia Regional Development Center - 1995

OFGE	SERVICE DELIVERY STRATEGY
Instructions:	SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE
each question belo	is form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. Ans w, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this sho Department of Community Affairs.
County: Madison	Service: Jail Services
1. Check the box that best describ	bes the agreed upon delivery arrangement for this service:
Service will be provided is checked, identify the g	county-wide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box overnment, authority or organized providing the service.)
Service will be provided identify the government,	only in the unincorporated portion of the county by a single service provider. (If this box is checked, authority or organization providing the service.)
One or more cities will pr unincorporated areas. (If	rovide this service only within their incorporated boundaries, and the service will not be provided in this box is checked, identify the government(s), authority or organization providing the service.)
unincorporated areas. (If	rovide this service only within their incorporated boundaries, and the county will provide the service in this box is checked, identify the government(s), authority or organization providing the service.) County, Royston
Other. (If this box is chec	ked, attach a legible map delineating the service area of each service provide, and identify the other organization that will provide service within each service area.)
 In developing the strategy, wer yes x no 	re overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will continue u levels of service (See O.C.G.A. 36 competition cannot be eliminated)	nder the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher 5-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or).
If these conditions will be elimina to eliminate them, the responsible	ted under the strategy, attach an implementation schedule listing each step or action that will be taken party and the agreed upon deadline for completing it.
3. List each government or author funds, user fees, general funds, sp	rity that will help to pay for this service and indicate how the service will be funded (e.g., enterprise ecial service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.)
Local Government or Authority:	Funding Method:
Madison_County	General Funds, Reimbursement for those charged with violation of

Madison County	General Funds, Reimbursement for those charged with violation of
City of Royston	city ordinances. General Funds

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

No Change

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

Master Service Delivery Agreement	

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>Wesley Nash, Commission Chairman</u>

Phone number: (706) 795-2770 Date completed: 4/1/99

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? \mathbf{X} yes \mathbf{X} no

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

Susan Brooks Royston City Manager (706) 245-7232

OF CE	SERVICE DELIVERY STRATEGY	
THOMAN ?	SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAG	F 7
	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. An each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this start be reported to the Department of Community Affairs.	
County: Mad	dison Service: Judicial/Courts	
1. Check the box	that best describes the agreed upon delivery arrangement for this service:	
Service w	will be provided county-wide (i.e., including all cities and unincorporated areas) by a single service provider. (If this be ed, identify the government, authority or organized providing the service.)	x
Service w identify t	will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, the government, authority or organization providing the service.)	
	nore cities will provide this service only within their incorporated boundaries, and the service will not be provided in porated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)	
XOne or m unincorpMadisoIOther. (1)	nore cities will provide this service only within their incorporated boundaries, and the county will provide the service is porated areas. (If this box is checked, identify the government(s), authority or organization providing the service.) on County, Carlton, Colbert, Comer, Danielsville, Hull, Ila, Royston If this box is checked, attach a legible map delineating the service area of each service provide, and identify the nent, authority, or other organization that will provide service within each service area.)	ņ
2. In developing	the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?	
If these condition levels of service (competition cann	ns will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but high (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or not be eliminated).	ıcr
If these condition to eliminate them	ns will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be tak n, the responsible party and the agreed upon deadline for completing it.	en
3. List each gove funds, user fees, g	ernment or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees bounded indebtedues a	
Local Governmen	nt or Authority: Funding Method:	10.)
Madison Cou	unty General Funds	٦
<u>City of Car</u>	rlton General Funds	-
City of Col	lbert General Funds	
City of Com	ner General Funds	
City of Dan	nielsville General Funds	-
<u>fown of Hul</u>		-
City-of Ila		-
City of Roy	yston General Funds	-
4. How will the s	strategy change the previous arrangements for providing and/or funding this service within the county?	

No Change

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

	Effective and Ending Dates:
Master Service Delivery Agreement	

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: Wesley Nash, Commission Chair

Phone number: (706) 795-2770 Date completed: 4/1/99

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

consistent with the service delivery strategy? Xyes X no

If not provide designated contact person(s) and phone number(s) below: Rufus Kidd, Mayor of Carlton, (706) 283-9479 John Waggoner, Mayor of Colbert, (706) 543-4391; Cliff Yarbrough, Mayor of Comer, (706) 783-4552; Glen Cross, Mayor of Danielsville, (706) 795-2189; B.W. Hutchins, Mayor of Hull, (706) 543-9891; Dexter Calhoun, Mayor of Ila, (706) 789-2244; Susan Brooks, Royston City Manager, (706) 245-7232

APR S	OF GE			LIVERY STRATEGY	
T I		Instructions:	SUMMARY OF SERVICE	DELIVERY ARRANGEMENTS	PAGE 2
S MA	1776	Make copies of this form and co each question below, attaching a be reported to the Department of	dditional pages as necessary. If the co	page I, Section III. Use exactly the same service names lis ontact person for this service (listed at the bottom of the page	ted on page 1. Answer e) changes, this should
Count	y: Mad:	ison	Service:	Law Enforcement	a la serie
I. Che	ck the box	that best describes the agre	ed upon delivery arrangemen	t for this service:	
	Service w is checked	vill be provided county-wid d, identify the government,	e (i.e., including all cities and authority or organized provid	unincorporated areas) by a single service providing the service.)	der. (If this box
	Service w identify tl	vill be provided only in the ne government, authority or	unincorporated portion of the organization providing the se	county by a single service provider. (If this box ervice.)	is checked,
	One or m unincorpo	ore cities will provide this s prated areas. (If this box is o	service only within their incor checked, identify the governm	porated boundaries, and the service will not be p ent(s), authority or organization providing the s	provided in ervice.)
x	One or mount of the or mount of the original sector of the original	ore cities will provide this s prated areas. (If this box is o	ervice only within their incor checked, identify the governm	porated boundaries, and the county will provide ent(s), authority or organization providing the s	the service in ervice.)
	Ma Other. (If	dison County, Colb this box is checked, attach	ert, Comer, Daniels	ville, Royston he service area of each service provide, and ide	
2. In de		the strategy, were overlappi	ng service areas, unnecessary	competition and/or duplication of this service is	dentified?
levels o	of service (s will continue under the str See O.C.G.A. 36-70-24(1)) ot be eliminated).	ategy, attach an explanation , overriding benefits of the du	for continuing the arrangement (i.e., overlap plication, or reasons that overlapping service are	ping but higher eas or
If these to elimi	conditions	will be eliminated under the tesponsible party and t	ne strategy, attach a n implen he agreed upon deadline for c	entation schedule listing each step or action th ompleting it.	at will be taken

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

Local Government or Authority:	Funding Method:
Madison County	General Funds, Fees, Fines, Forfeitures
City of Colbert	General Funds, Fees, Fines, Forfeitures
City of Comer	General Funds, Fees, Fines, Forfeitures
City of Danielsville	General Funds, Fees, Fines, Forfeitures
City of Royston	General Funds, Fees, Fines, Forfeitures

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

No Change

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

Master Service Delivery Agreement					

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>Wesley Nash, Commission Chairman</u>

Phone number: (706) 795–2770 Date completed: 4/1/99

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? X_{yes} X_{no} John Waggoner, Mayor of Colbert, (706) 543-4391; If not provide designated contact person(s) and phone number(s) below: Cliff Yarbrough, Mayor of Comer, (706) 783-4552; Glenn Cross, Mayor of Danielsville, (706) 795-2189; Susan Brooks, Royston City Manager, 245-7232

		SERVICE DELIVERY STRATEGY	
THAN AND	Instructions:	SUMMARY OF SERVICE DELIVERY ARRANGEMENTS	PAGE
1776	Make copies of this f each question below,	form and complete one for each service listed on page 1, Section III. Use exactly the same service name attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the partment of Community Affairs.	s listed on page 1. Answ page) changes, this shou
County: Mad	lison	Service: Library Services	
. Check the box	that best describes	s the agreed upon delivery arrangement for this service:	
Service vis checke	will be provided co ed, identify the gov	ounty-wide (i.e., including all cities and unincorporated areas) by a single service provernment, authority or organized providing the service.)	ovider. (If this box
Service videntify	will be provided on the government, au	ly in the unincorporated portion of the county by a single service provider. (If this be thority or organization providing the service.)	oox is checked,
One or n unincorp	nore cities will prov orated areas. (If thi	vide this service only within their incorporated boundaries, and the service will not is box is checked, identify the government(s), authority or organization providing the	be provided in ne service.)
unincorp Madiso	orated areas. (If this on County, Roy		ne service.)
Other. (I governm	f this box is checke ent, authority, or o	ed, attach a legible map delineating the service area of each service provide, and ther organization that will provide service within each service area.)	l identify the
		overlapping service areas, unnecessary competition and/or duplication of this servic	e identified?
evels of service (s will continue und (See O.C.G.A. 36-7 ot be eliminated).	der the strategy, attach an explanation for continuing the arrangeme nt (i.e., over 70-24(1)), overriding benefits of the duplication, or reasons that overlapping service	lapping but higher areas or
f these condition			
eliminate them	, the responsible pa	d under the strategy, attach an implementation schedule listing each step or actior arty and the agreed upon deadline for completing it.	n that will be taken
 climinate them List each gove unds, user fees, g 	, the responsible pa ernment or authority general funds, spec	arty and the agreed upon deadline for completing it. y that will help to pay for this service and indicate how the service will be funded (e ial service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded	e.g., enterprise
 climinate them List each gove unds, user fees, g Local Governmen 	, the responsible pa ernment or authority general funds, spec t or Authority:	arty and the agreed upon deadline for completing it. y that will help to pay for this service and indicate how the service will be funded (e ial service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded Funding Method:	e.g., enterprise
 c eliminate them List each gove unds, user fees, g Local Governmen Madison Co 	, the responsible part ernment or authority general funds, spec t or Authority: unty	arty and the agreed upon deadline for completing it. y that will help to pay for this service and indicate how the service will be funded (e ial service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded Funding Method: Athens Regional Library System, General Funds	e.g., enterprise
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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: Wesley Nash, Commission Chairman

Phone number: (706) 795-2770 Date completed: 4/1/99

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

consistent with the service delivery strategy? Xyes X no Susan Brooks If not provide designated contact person(s) and phone number(s) below: Royston City Manager

(706) 245-7232

ß	OF GF				VERY STRATEGY	
A		Instructions:	SUMMARY	OF SERVICE D	ELIVERY ARRANGEMENTS	PAGE 2
S	ITTE I	Make copies of this fo each question below, a	orm and complete one for ea attaching additional pages as partment of Community Affa	necessary. If the contain	ge 1, Section III. Use exactly the same service names lis act person for this service (listed at the bottom of the pag	ted on page 1. Answe e) changes, this should
Coun	ty:	Madison	and the second	Service:	Planning	
I. Ch	eck the box	that best describes	the agreed upon delive	ery arrangement fo	or this service:	
	Service w is checke	vill be provided cou d, identify the gove	unty-wide (i.e., includin ernment, authority or o	ng all cities and un rganized providin	nincorporated areas) by a single service provio g the service.)	der. (If this box
	Service w identify t	vill be provided onl he government, aut	y in the unincorporated the interval of the second se	d portion of the co providing the serv	unty by a single service provider. (If this box ice.)	is checked,
	One or m unincorpo	ore cities will prove prated areas. (If this	ide this service only wi s box is checked, identi	ithin their incorpo ify the governmen	rated boundaries, and the service will not be particle to the service will not be particular to the service will not be service with the service will not be providing the service with the service will not be particular to	provided in ervice.)
X	unincorpo Madison	County, Carl	s box is checked, identi L ton,Colbert,D	ify the governmen anielsville,	rated boundaries, and the county will provide t(s), authority or organization providing the s 11a, Comer, Hull, Royston	ervice.)
	Other. (If governme	this box is checked ent, authority, or oth	d, attach a legible map her organization that w	o delineating the ill provide service	service area of each service provide, and id within each service area.)	entify the
		the strategy, were on \mathbf{x} no	overlapping service are	as, unnecessary co	mpetition and/or duplication of this service i	dentified?
levels	of service (s will continue unde See O.C.G.A. 36-7(ot be eliminated).	er the strategy, attach a 0-24(1)), overriding be	an explanation for enefits of the dupli	or continuing the arrangement (i.e., overlap cation, or reasons that overlapping service ar	ping but higher eas or
If thes to elim	e conditions ninate them,	will be eliminated the responsible pa	l under the strategy, att rty and the agreed upor	ach an implemer n deadline for con	tation schedule listing each step or action th appleting it.	at will be taken
3. Lis funds,	t each gover user fees, g	rnment or authority eneral funds, speci	v that will help to pay for al service district reven	or this service and ues, hotel/motel t	indicate how the service will be funded (e.g. axes, franchise taxes, impact fees, bonded inc	, enterprise lebtedness, etc.)
	l Government		Funding Method:			
Mad	dison Con	unty	General Funds,	User Fees		

Madison County	General Funds, User Fees
City of Carlton	General Funds
City of Colbert	General Funds
City of Comer	General Funds
City of Danielsville	General Funds
City of Ila	General Funds
Town of Hull	General Funds
City of Royston	General Funds

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

No Change

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

	Encentre and Ending Dates.
Master Service Delivery Agreement	

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>Wesley Nash, Commission Chair</u>

Phone number: (706) 795-2770 Date completed: 4/1/99

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

consistent with the service delivery strategy? X yes X no

If not provide designated contact person(s) and phone number(s) below: Rufus Kidd, Mayor of Carlton, (706) 283-9479; John Waggoner, Mayor of Colbert, (706) 543-4391; Cliff Yarbrough, Mayor of Comer, (706)783-4552; Glen Cross, Mayor of Danielsville, (706) 795-2189; B.W. Hutchins, Mayor of Hull, (706) 543-9891; Dexter Calhoun, Mayor of Ila, (706) 789-2244, Susan Brooks, Royston City Manager, (706) 245-7232

	OF CLOOP		SERVICE DELIVERY STRATEGY	
L'S L		Instructions:	SUMMARY OF SERVICE DELIVERY ARRANGEMENTS	PAGE 2
	1776	Make copies of this fi each question below, be reported to the Dep	orm and complete one for each service listed on page 1, Section III. Use exactly the same service mattaching additional pages as necessary. If the contact person for this service (listed at the bottom of partment of Community Affairs.	ames listed on page 1. Answer The page) changes, this should
Count		ison	Service: Public Health Services	
1. Che	ck the box	that best describes	s the agreed upon delivery arrangement for this service:	
	Service w is checke Mad	vill be provided co d, identify the gov	unty-wide (i.e., including all cities and unincorporated areas) by a single service ernment, authority or organized providing the service.)	
			ly in the unincorporated portion of the county by a single service provider. (If the the theorem of the service.)	and the second
			vide this service only within their incorporated boundaries, and the service will r is box is checked, identify the government(s), authority or organization providin	ig the service.)
			vide this service only within their incorporated boundaries, and the county will p is box is checked, identify the government(s), authority or organization providin	ig the service.)
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	<i>J</i> 00		overlapping service areas, unnecessary competition and/or duplication of this se	
compe	tition cann	ot be eliminated).	der the strategy, attach an explanation for continuing the arrangement (i.e., o 70-24(1)), overriding benefits of the duplication, or reasons that overlapping ser	vice areas or
			d under the strategy, attach an implementation schedule listing each step or ac arty and the agreed upon deadline for completing it.	
3. Lis	t each gove	ernment or authorit	y that will help to pay for this service and indicate how the service will be funde ial service district revenues, hotel/motel taxes, franchise taxes, impact fees, bon	ed (e.g., enterprise
Loca	I Governmen	l or Authority:	Funding Method:	ded indebledness, elc.)
Mad	ison Co	unty	General Funds	
	-			
	<u> </u>			
4. Ho	w will the s	strategy change the	previous arrangements for providing and/or funding this service within the cou	
		o Change	, and an and an and and a service within the cou	nty7
5. Lis Ágre	t any forma	al service delivery	agreements or intergovernmental contracts that will be used to implement the stu- Contacting Parties:	
Mas	ster Ser	vice Delivery	Blicclive and En	iding Dates:
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6. WI Gener	at other m al Assembl Non e		will be used to implement the strategy for this service (e.g., ordinances, resoluti ges, etc.), and when will they take effect?	ons, local acts of the
7. Pei	rson compl	eting form: We	sley Nash, Commission Chair	
Phone	number:	(706) 795–277	0 Date completed:	
8. Is (his the per	son who should be	contacted by state agencies when evaluating whether proposed local government	
1 0011012	Monte with th	he service delivery	strategy? Uyes X no erson(s) and phone number(s) below:	it projects are
	10 Aug. 10	-	(-) ma phone number(a) DCIOW:	

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PA Instructions: Make copies of his form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. be reported to the Department of Community Affairs. County: Madison Service: Public Housing 1. Check the box that best describes the agreed upon delivery arrangement for this service: Service will be provided county-wide (i.e., including all cities and unincorporated areas) by a single service provider. (If this is checked, identify the government, authority or organized 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.) Service will be provided only in the unincorporated portion of the county by a single service will not be provided in unincorporated areas. (If this box is checked, identify the government, so is checked, identify the government, so 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.) One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service.) One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service.) One o
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2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but hig 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 tak 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, e Local Government or Authority: Funding Method:
- A
seperation of housing and of ban bevelopment
City of DanielsvilleDepartment of Housing and Urban DevelopmentCity of RoystonDepartment of Housing and Urban Development

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

No Change

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

	Should blight Dates.
Master Service Delivery Agreement	

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>Wesley Nash, Commission Chair</u>

Phone number: (706) 795-2770 Date completed: 4/1/99

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

consistent with the service delivery strategy? Xyes X no

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

John Waggoner, Mayor of Colbert, (706) 543-4391; Cliff Yarbrough, Mayor of Comer, (706)783-4552; Glen Cross, Mayor of Danielsville, (706) 795-2189; Susan Brooks, Royston City Manager, (706) 245-7232

and the second se	SERVICE DELIVERY STRATEGY
	SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE 2
1 S TO	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	y: Madison Service: Public Sanitary Sewerage
I. Che	ck the box that best describes the agreed upon delivery arrangement for this service:
	Service will be provided county-wide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organized providing the service.)
	Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
	One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
	One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
X	Other. (If this box is checked, attach a legible map delineating the service area of each service provide, and identify the government, authority, or other organization that will provide service within each service area.)
2. In de	Comer, Danielsville, Royston eveloping the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified? yes X no
levels o	conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or ition cannot be eliminated).

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

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

Local Government or Authority:	Funding Method:
City_of Comer	Enterprise Funds, User Fees, General Funds
<u>City of Danielsville</u>	Enterprise Funds, User Fees General Funds
City of Royston	General Funds, User Fees

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

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

Master Service Delivery Agree	nent	

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: Wesley Nash, Commission Chair

Phone number: (706) 795–2770 Date completed: 4/1/99

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

consistent with the service delivery strategy? x yes x no

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

Cliff Yarbrough, Mayor of Comer, (706) 783-4552; Glen Cross, Mayor of Danielsville, (706) 795-2189; Susan Brooks, Royston City Manager, (706) 245-7232

and the second se	FGA		SERVICE DE	LIVERY STRATEGY	
				E DELIVERY ARRANGEMENTS	PAGE 2
L S	1776	Instructions: Make copies of this form an each question below, attach be reported to the Departme	ing additional pages as necessary. If the c	n page 1, Section III. Use exactly the same service names lis contact person for this service (listed at the bottom of the page	sted on page 1. Answer e) changes, this should
County	y: Ma	dison	Service:	Public Water Supply	
I. Che	ck the box	that best describes the	agreed upon delivery arrangemen		
	Service w is checked	ill be provided county- l, identify the governm	wide (i.e., including all cities and ent, authority or organized provid	d unincorporated areas) by a single service provided ing the service.)	der. (If this box
	Service w identify the	ill be provided only in te government, authorit	the unincorporated portion of the y or organization providing the s	e county by a single service provider. (If this box service.)	is checked,
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2. In de		he strategy, were overla	apping service areas, unnecessary	v competition and/or duplication of this service is	dentified?
levels of	f service (S	will continue under the See O.C.G.A. 36-70-24 t be eliminated).	e strategy, attach an explanatio (1)), overriding benefits of the du	n for continuing the arrangement (i.e., overlap uplication, or reasons that overlapping service are	ping but higher eas or
If these to elimi	conditions nate them,	will be eliminated und the responsible party a	er the strategy, attach an imple n nd the agreed upon deadline for c	nentation schedule listing each step or action th completing it.	at will be taken

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

Local Government or Authority:	Funding Method:
Madison County	General Funds, Enterprise Funds
City of Carlton	General Funds, Enterprise Funds
City of Colbert	General Funds, Enterprise Funds
City of Comer	General Funds, Enterprise Funds
City of Danelsville	General Funds, Enterprise Funds
City of Royston	General Funds, Enterprise Funds
City of Ila	General Funds, Enterprise Funds
Athens-Clarke County	General Funds, Enterprise Funds

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

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

Master Service Delivery Agreement	

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: Wesley Nash, Commission Chair

Phone number: (706) 795–2770 Date completed: 4/1/99

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

consistent with the service delivery strategy? X yes X no

If not provide designated contact person(s) and phone number(s) below: Rufus Kidd, Mayor of Carlton, (706) 283-9479 John Waggoner, Mayor of Colbert, (706) 543-4391; Cliff Yarbrough, Mayor of Comer, (706)783-4552 Glen Cross, Mayor of Danielsville, (706) 795-2189; Dexter Calhoun, Mayor of Ila, (706) 789-2244 Susan Brooks, Royston City Manager, (706) 245-7232; Ken Suddreth, Athens-Clarke Asst. Planning Director, (706) 613-3515



Madison County, Georgia Water Service Areas



Water Service Area Water Lines Sewer Lines





OFCE	SERVICE DELIVERY STRATEGY
	SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE 2
	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. Answ below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this shoul the Department of Community Affairs.
County: Madison	Service: Recreation
I. Check the box that best de	scribes the agreed upon delivery arrangement for this service:
Service will be provid	ded county-wide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box ne government, authority or organized providing the service.)
Service will be provide identify the governme	led only in the unincorporated portion of the county by a single service provider. (If this box is checked, ent, authority or organization providing the service.)
One or more cities wi unincorporated areas.	Il provide this service only within their incorporated boundaries, and the service will not be provided in (If this box is checked, identify the government(s), authority or organization providing the service.)
Madison County, Other. (If this box is c	Il provide this service only within their incorporated boundaries, and the county will provide the service in (If this box is checked, identify the government(s), authority or organization providing the service.) Colbert, Comer, Royston hecked, attach a legible map delineating the service area of each service provide, and identify the y, or other organization that will provide service within each service area.)
	were overlapping service areas, unnecessary competition and/or duplication of this service identified?
f these conditions will continue evels of service (See O.C.G.A ompetition cannot be elimina	the under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or ted).
f these conditions will be elim o eliminate them, the responsi	inated under the strategy, attach an implementation schedule listing each step or action that will be taken ble party and the agreed upon deadline for completing it.
. List each government or au unds, user fees, general funds	thority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise , special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.)
Local Government or Authority:	Funding Method:
Madison County	General Funds, User Fees
City of Colbert	General Funds, User Fees
City of Comer	General Funds, User Fees
City of Royston	General Funds, User Fees

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

General Funds, User Fees

No Change

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

	Enterne and Ending Dates.
Master Service Delivery Agreement	

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: Wesley Nash, Commission Chairman

Phone number: (706) 795–2770 Date completed: 4/1/99

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? Xyes X no

If not provide designated contact person(s) and phone number(s) below: John Waggoner, Mayor of Colbert, (706) 543-4391; Cliff Yarbrough, Mayor of Comer, (706) 783-4552; Susan Brooks, Royston City Manager, (706) 245-7232

OF.G	SERVICE DELIVERY STRATEGY
- Instructions:	SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE 2
Make copies of t each question be	his form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. Answe low, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be Department of Community Affairs.
County: Madison	Service: Road and Bridge Maintenance
1. Check the box that best descr	ibes the agreed upon delivery arrangement for this service:
Madison Co	only in the unincorporated portion of the county by a single service provider (16.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.
in Bereining	authority or organization providing the service.)
unincorporated areas. (If	this box is checked, identify the government(s), authority or organization providing the service.)
Madison County, C Other. (If this box is cher	provide this service only within their incorporated boundaries, and the county will provide the service in this box is checked, identify the government(s), authority or organization providing the service.) Carlton, Colbert, Comer, Danielsville, Hull, Ila, Royston cked, attach a legible map delineating the service area of each service provide, and identify the r other organization that will provide service within each service area.)
 In developing the strategy, we yes x no 	re overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will continue to levels of service (See O.C.G.A. 3 competition cannot be eliminated	under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher 6-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or).
f these conditions will be eliminate of the eliminate them, the responsible	ated under the strategy, attach an implementation schedule listing each step or action that will be taken party and the agreed upon deadline for completing it.
, and the seed, general runds, sp	rity that will help to pay for this service and indicate how the service will be funded (e.g., enterprise becial service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.)
Local Government or Authority:	Funding Method:
Madison County	General Funds, LARP
City of Carlton	LARP

City of Colbert	LARP	
City of Comer	LARP	
City of Danielsville	LARP	
City of Ila	LARP	
Town of Hull	LARP	
City of Royston	LARP	
4 How will the strategy change the		

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

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

Master Service Delivery Agreement	Effective and Ending Dates:

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

None

7. Person completing form: <u>Wesley Nash, Commission Chairman</u>

Phone number: (706) 795-2770 Date completed: 4/1/99

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? \mathbf{X}_{yes} \mathbf{X}_{no}

If not provide designated contact person(s) and phone number(s) below: John Waggoner, Mayor of Colbert, (706) 543-4391; Cliff Yarbrough, Mayor of Comer, (706) 283-9479; Glen Cross, Mayor of Danielsville, (706) 795-2189; B.W. Hutchins, Mayor of Hull, (706) 543-9891; Dexter Calhoun, Mayor of Ila, (706) 789-2244; Susan Brooks, Royston City Manager, (706) 245-7232

		Cr.	DUIGE DEX X	(777) - C		
T COLOR		SUMMARY	OF SERVICE DELIV	ERY STRATEG	Y	
	Instructions:					PAGE 2
1776	Make copies of this fo each question below, a be reported to the Dep	rm and complete one for ea illaching additional pages a artment of Community Aft	ach service lisled on pag as necessary. If the contac fairs.	e 1, Section III. Use exactly (ct person for this service (liste	the same service names listed o ed at the bottom of the page) cha	n page 1. Answe anges, this should
County: Madi			Service:	Senior Citiz	ens Center	
1. Check the box	that best describes	the agreed upon deliv	very arrangement fo	r this service:		
Madis	on County vill be provided onl	v in the unincorporate			a single service provider. provider. (If this box is c	
One or m	ore cities will prov	ide this service only a				194
One or m	ore cities will prov	ide this service only		(s), autionly or organi	zation providing the servi	ice.)
			, and Be retrained	(3), autionity of organit	ne county will provide the zation providing the servi	ice.)
					rvice provide, and identi ca.)	
	- 110				cation of this service ident	
levels of service (competition canno	s will continue und See O.C.G.A. 36-7 ot be eliminated).	er the strategy, attacl 0-24(1)), overriding l	h an explanation fo benefits of the dupli	or continuing the arran cation, or reasons that c	ngement (i.e., overlappin overlapping service areas	g but higher or
If these condition	s will be eliminated		441		each step or action that w	
3. List each gove	mment or authority	that will hale to see		ipicting it.	ce will be funded (e.g., en npact fees, bonded indebt	
Local Government		Funding Method:		axes, franchise laxes, in	npact fees, bonded indebt	edness, etc.)
Madison Cou	nty	General Fund	ds			·
·	2		A PROPERTY.			
			1			
4. How will the s No Cha	trategy change the	previous arrangemen	ls for providing and,	or funding this service	within the county?	
6 1 L						
5. List any forma Ágreemeni Name:	l service delivery a	greements or intergov Contacting	vernmental contracts Parties:	s that will be used to im	plement the strategy for t Effective and Ending Dates:	his service:
<u>Master Serv</u>	vice Delivery	Agreement				
6. What other me	echanisms (if anv)	will be used to implem	nent the start of C			
General Assembly None	y, rate or fee chang	es, etc.), and when wi	ill they take effect?	this service (e.g., ordin	l nances, resolutions, local a	acts of the
7. Person comple	eting form: Wes1	ey Nash, Commis	seion Chei-			
	706) 795–2770					
8 Is this the new		Date complet	led:			

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? Xyes no

SERVICE DELIVERY STRATEGY Summary of Service Delivery Arrangements

		Instructions:	SUMMARY OF SEI	RVICE	E DELIVERY ARRANGEMENTS	PAGE 2
L'S	1776	Make copies of this form each question below, atta	and complete one for each service ching additional pages as necessary ment of Community Affairs.	listed or y. If the c	n page 1, Section III. Use exactly the same service names listed on pa contact person for this service (listed at the bottom of the page) change	ge 1. Answer s, this should
County	: Ma	dison	Serv	vice:	Solid Waste Collection	
1. Cheo	ck the box	that best describes th	e agreed upon delivery arrar	ngemer	nt for this service:	
	Service v is checke	vill be provided count d, identify the govern	y-wide (i.e., including all cit ment, authority or organized	ties and I provi	d unincorporated areas) by a single service provider. (If ding the service.)	this box
	Service w identify t	vill be provided only i he government, autho	n the unincorporated portior rity or organization providin	n of the ng the s	e county by a single service provider. (If this box is cheoservice.)	ked,
	One or m unincorpo	ore cities will provide orated areas. (If this b	this service only within the ox is checked, identify the g	ir inco overnn	rporated boundaries, and the service will not be provide nent(s), authority or organization providing the service.	d in)
M	unincorpe (adison Other. (1f	orated areas. (If this b County, Carlto This box is checked, a	ox is checked, identify the g n, Colbert, Comer, attach a legible map deline	overnr Danio ating t	rporated boundaries, and the county will provide the ser nent(s), authority or organization providing the service. elsville, Ila, Royston the service area of each service provide, and identify t vice within each service area.)	
2. In de		the strategy, were ove I no	rlapping service areas, unne	cessar	y competition and/or duplication of this service identifie	d?
levels of	f service (s will continue under See O.C.G.A. 36-70-2 ot be eliminated).	the strategy, attach an exp la 24(1)), overriding benefits o	anatio f the di	n for continuing the arrangement (i.e., overlapping bu uplication, or reasons that overlapping service areas or	ıt higher
If these to elimi	condition nate them	s will be eliminated u , the responsible party	nder the strategy, attach an and the agreed upon deadline	implei ne for	mentation schedule listing each step or action that will completing it.	be taken
3. List (funds, u	each gove ser fees, g	rnment or authority th general funds, special	at will help to pay for this so service district revenues, how	ervice tel/mot	and indicate how the service will be funded (e.g., enterp tel taxes, franchise taxes, impact fees, bonded indebtedn	orise ess, etc.)

Local Government or Authority:	Funding Method:
Madison County	General Funds, User Fees
City of Carlton	General Funds, User Fees
City of Colbert	General Funds, User Fees
City of Comer	General Funds, User Fees
<u>City of Danielsville</u>	General Funds. User Fees
City of Ila	General Funds, User Fees
City of Royston	General Funds, User Fees

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

No Change

G

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

ster Service Delivery Agro		

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>Wesley Nash, Commission Chair</u>

Phone number: (706) 795-2770 Date completed: 4/1/99

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? Xyes Ino

If not provide designated contact person(s) and phone number(s) below: Rufus Kidd, Mayor of Colbert, (706) 283-9479; John Waggoner, Mayor of Colbert, (706) 543-4391; Cliff Yarbrough, Mayor of Comer, (706) 783-4552; <u>Glen Cross, Mayor of Danielsville, (706) 795-2189; Dexter Calhoun, Mayor of Ila, (7060 789-2244;</u> Susan Brooks, Royston City Manager, (706) 245-7232

SERVICE DELIVERY STRATEGY Summary of Service Delivery Arrangements

		Instructions:	SUMMARY OF SERVICE D	ELIVERY AR	RANGEMENTS	PAGE 2
S. H.	76	Make copies of this form and c	omplete one for each service listed on pag additional pages as necessary. If the conta of Community Affairs.	e 1, Section III. U ct person for this s	se exactly the same service names list ervice (listed at the bottom of the page)	ed on page 1. Answer) changes, this should
County:	M	adison	Service:	Street	Lights	
1. Check	the box	that best describes the agr	reed upon delivery arrangement for	r this service:		
S Is	ervice v s checke	will be provided county-wiled, identify the government	de (i.e., including all cities and un t, authority or organized providing	incorporated and the service.)	reas) by a single service provid	ler. (If this box
S S	ervice v lentify t	will be provided only in the the government, authority of	e unincorporated portion of the co or organization providing the serv	unty by a single ice.)	e service provider. (If this box	is checked,
X O u)ne or m nincorp	nore cities will provide this porated areas. (If this box is	service only within their incorpor checked, identify the governmen	rated boundarie t(s), authority o	es, and the service will not be p or organization providing the se	provided in ervice.)
[] O u	one or m	nore cities will provide this	omer, Danielsville, Hul service only within their incorpor checked, identify the governmen	ated boundarie	es, and the county will provide	the service in ervice.)
			th a legible map delineating the sanization that will provide service			entify the
2. In deve ye		the strategy, were overlapp	ping service areas, unnecessary co	mpetition and/	or duplication of this service id	lentified?
levels of s	service (is will continue under the s (See O.C.G.A. 36-70-24(1) ot be eliminated).	trategy, attach an explanation fo)), overriding benefits of the dupli	r continuing t cation, or rease	he arrangement (i.e., overlapp ons that overlapping service are	ping but higher as or
If these co to elimina	ondition ate them	is will be eliminated under a, the responsible party and	the strategy, attach an implement the agreed upon deadline for com-	tation schedu	le listing each step or action the	at will be taken
 List ea funds, use 	ch gove er fees, g	ernment or authority that w general funds, special servi	ill help to pay for this service and ce district revenues, hotel/motel t	indicate how taxes, franchise	he service will be funded (e.g., taxes, impact fees, bonded ind	, enterprise lebtedness, etc.)
Local Co		t on Authoritan Tourding	M-4h - 4.			100 C 1 2 A

Local Government or Authority:	Funding Method:	-
City of Carlton	General Funds	
City of Colbert	General Funds	
City of Comer	General Funds	
City of Danielsville	General Funds	
City of Ila	General Funds	
Town of Hull	General Funds	
City of Royston	General Funds	

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

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

Master Service Delive	ry Agreement	

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

OFGA

7. Person completing form: <u>Wesley Nash, Commission Chair</u>

Phone number: (706) 795-2770 Date completed: 4/1/99

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

consistent with the service delivery strategy? Uyes X no

If not provide designated contact person(s) and phone number(s) below: Rufus Kidd, Mayor of Carlton, (706)283-9479; John Waggoner, Mayor of Colbert, (706) 543-4391; Cliff Yarbrough, Mayor of Comer, (706)783-4552 Glen Cross, Mayor of Danielsville, (706) 795-2189, B.W. Hutchins, Mayor of Hull, (706) 543-9891 Dexter Calhoun, Mayor of Ila, (706) 789-2244, Susan Brooks, Royston City Manager, (706) 245-723

OF CHO		SERV	ICE DELIVERY STRA	ATEGY	
E STOTE	Instructions:	SUMMARY OF	SERVICE DELIVERY ARI	RANGEMENTS	PAGE 2
THE EVEN	Make copies of this fo each question below, a be reported to the Dep	rm and complete one for each se Ilaching additional pages as nec arlment of Community Affairs.	crvice listed on page 1, Section III. Us essary. If the contact person for this se	e exactly the same service names list rvice (listed at the bottom of the page	led on page 1. Answ :) changes, this shoul
1.4.1.4.1	dison		Service: Tax Appra	aisal/Assessment	
Check the box	that best describes	the agreed upon delivery	arrangement for this service:		
Madis	on County vill be provided on	v in the unincorporated p	artice of the second line in the	reas) by a single service provid e service provider. (If this box	
identify t	he government, au	hority or organization pro	oviding the service.)	s service provider. (It mis box	is checked,
			the government(s), authority o	es, and the service will not be or organization providing the s	service.)
		,	the Bovernmenn(s), authority of	es, and the county will provide or organization providing the s	service.)
	••	Bernouton unter with	provide service within each se	f each service provide, and id ervice area.)	
L yes	LA 110			for duplication of this service	
If these condition levels of service competition cann	ns will continue un (See O.C.G.A. 36- not be eliminated).	ler the strategy, attach an 70-24(1)), overriding bene	explanation for continuing t fits of the duplication, or reaso	the arrangement (i.e., overla ons that overlapping service a	pping but higher reas or
to eliminate them	, the responsible p	arty and the agreed upon a	ch an implementation schedu leadline for completing it.	le listing each step or action t	hat will be taken
3. List each gov	ernment or authori	v that will belo to pay for	this security of the second	the service will be funded (e.g	
	1	ial service district revenu	es, hotel/motel taxes, franchise	the service will be funded (e.g taxes, impact fees, bonded in	g., enterprise idebtedness, etc.
	at or Authority:	Funding Method:			1.4
<u>Madison Co</u>	unty	General Funds			A
					and the second
· · · ·					
L					
No Chang	strategy change th ge	e previous arrangements f	or providing and/or funding th	is service within the county?	
					10.1
5. List any form	al service delivery	agreements or intergover	nmental contracts that will be a	used to implement the strategy	· for this sound
Ágreement Name		Contacting Part	ies:		
Master Ser	vice Delivery	Agreement		Effective and Ending D	Jales:
					1. Carlos 1. C
6. What other n General Assemt	nechanisms (if any oly, rate or fee chai) will be used to implemen iges, etc.), and when will	nt the strategy for this service (they take effect?	e.g., ordinances, resolutions, l	ocal acts of the
None					
7. Person comp	leting form	Wesley Nash, Commi	and a state of the		
	TENDE IVIIII.	TESTEV NACH ('Ammi			

7. Person completing form: <u>Wesley Nash, Commission Chair</u>

Phone number: (706) 795-2770 Date completed:

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

consistent with the service delivery strategy? Xyes no

ASS ST	OF CL	SERVICE DELIVERY STRATEGY
E.	Allary - Instructions:	SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE 2
S.F.	Make copies of this fo 2735 Cach question below, a	prim and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. Answe allaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be the same service and the bottom of the page) changes, this should be the same service (listed at the bottom of the page) changes, this should be the same service (listed at the bottom of the page) changes, this should be the same service (listed at the bottom of the page) changes, this should be the same service (listed at the bottom of the page) changes, this should be the same service (listed at the bottom of the page) changes at the same service (listed at the bottom of the page) changes at the same service (listed at the bottom of the page) changes at the same service (listed at the bottom of the page) changes at the same service (listed at the bottom of the page) changes at the same service (listed at the bottom of the page) changes at the same service (listed at the bottom of the page) changes at the same service (listed at the bottom of the page) changes at the same service (listed at the bottom of the page) (listed at the bottom of the bottom of the bottom of the bottom of the page) (l
Coun	Madison	Service: Tax Collection
I. Ch	eck the box that best describes	the agreed upon delivery arrangement for this service:
	Service will be provided cou	unty-wide (i.e., including all cities and unincorporated areas) by a single service provider. (if this box ernment, authority or organized providing the service.)
	Service will be provided onl identify the government, and	ly in the unincorporated portion of the county by a single service provider. (If this box is checked, thority or organization providing the service.)
	One or more cities will prov unincorporated areas. (If thi	vide this service only within their incorporated boundarics, and the service will not be provided in is box is checked, identify the government(s), authority or organization providing the service.)
	One or more cities will prov unincorporated areas. (If thi Madison County, Car Other. (If this box is checke	vide this service only within their incorporated boundaries, and the county will provide the service in is box is checked, identify the government(s), authority or organization providing the service.) 1ton, Colbert, Comer, Danielsville, Hull, Ila, Royston
2. In	developing the strategy, were	overlapping service areas, unnecessary competition and/or duplication of this service identified?
If the levels comp	se conditions will continue und of service (See O.C.G.A. 36-7 etition cannot be eliminated).	der the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher 70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or
		ed under the strategy, attach an Implementation schedule listing each step or action that will be taken arty and the agreed upon deadline for completing it.
3. Li funds	st each government or authorit , user fees, general funds, spec	ty that will help to pay for this service and indicate how the service will be funded (e.g., enterprise cial service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.)
	al Government or Authority:	Funding Method:
Ma	dison County	General Funds

Madison County	General Funds
City of Carlton	General Funds
City of Colbert	General Funds
City of Comer	General Funds
City of Danielsville	General Funds
Town of Hull	General Funds
City of Ila	General Funds
City of Royston	General Funds

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

No Change

5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service: <u>Agreement Name:</u>
<u>Contacting Parties:</u>
<u>Effective and 5. tillion</u>

B s minut	Effective and Ending Dates:
Master Service Delivery Agreement	
•	

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: Wesley Nash, Commission Chair

Phone number: (706) 795-2770 Date completed:

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? yes and

If not provide designated contact person(s) and phone number(s) below: Rufus Kidd, Mayor of Carlton, (706) 283-9479; John Waggoner, Mayor of Colbert, (706) 543-4391; Cliff Yarbrough, Mayor of Comer, (706) 783-4552 Glen Cross, Mayor of Danielsville, (706) 795-2189; B.W. Hutchins, Mayor of Hull, (706) 543-9891 Dexter Calhoun, Mayor of Ila, (706) 789-2244; Susan Brooks, Royston City Manager, (706) 245-7232

ADD STORE C	F C F		Sr	ERVICE DI	ELIVEI	RY STRATEG	v	
	S.W. ALL	Instructions:	SUMMARY	OFSERVIC	E DELIV	VERY ARRANGE	MENTS	Diona
Make copies of this form and complete one for each service listed on page 1, Section 111. Use exactly the same service names listed on each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) characteristics.				PAGE 2 listed on page 1. Answe				
County	/: M	adison		Service:				
1. Cheo	ck the box	that best describe	s the agreed upon deliv	very arrangeme	ent for thi	Registration		
X	Service w is checke	ill be provided co d, identify the gov	unty-wide (i.e., includ ernment, authority or e				a single service prov	vider. (If this box
	Service w	ill be provided on	ly in the unincorporate thority or organization				provider. (If this be	ox is checked,
	One or m	ore cities will pro-	vide this service only v is box is checked, iden				he service will not b zation providing the	e provided in e service)
	One or m unincorpo	ore cities will pro prated areas. (If th	vide this service only v is box is checked, iden	within their inc ntify the govern	orporated nment(s),	boundaries, and th authority or organi	ne county will providing the	de the service in e service)
2 In d	Other. (II governme	this box is checke ent, authority, or o	ed, attach a legible ma other organization that	ap delineating will provide se	the serv	ice area of each se	rvice provide, and	identify the
	yes	X no	overlapping service ar	reas, unnecessa	iry compe	tition and/or duplic	cation of this service	e identified?
lf these levels c compet	condition of service (ition cann	s will continue un See O.C.G.A. 36- ot be eliminated).	der the strategy, attacl 70-24(1)), overriding l	h an explanati benefits of the	on for co duplicatio	ontinuing the arran on, or reasons that o	ngement (i.e., overl overlapping service	apping but higher areas or
If these	condition	s will be eliminate	ed under the strategy, a party and the agreed up					
3. List funds, 1	each gove user fees, g	rnment or authori general funds, spec	ty that will help to pay cial service district rev				ce will be funded (e	.g., enterprise
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4. How N	will the s O Chang	trategy change the e	e previous arrangemen	ts for providin	g aud/or f	unding this service	within the county?	
5. List	any forma	l service delivery	agreements or intergo	verumental cou	utracte the	at will be used to '		19 A
Ágree	ment Name:	100	Contacting	Parties:	indets the	it will be used to lin	iplement the strateg	y for this service:
Maste	er Serv:	ice Delivery	Agreement		-		Effective and Ending	Dales:
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6. Wh	at other m				ä			
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7. Pers	son comple	ting form: <u>Wes</u>	ley Nash, Commis	ssion Chai	r			
Phone	number:	(706) 795-27	70 Date comple	ted:		-		
			contacted by state age	encies when ev	aluating			1 200
consist	ent with the	e service delivery	strategy? Xives			memer proposed lo	scal government pro	jects are

consistent with the service delivery strategy? \mathbf{X} yes \Box no If not provide designated contact person(s) and phone number(s) below:

SERVICE DELIVERY STRATEGY SUMMARY OF LAND USE AGREEMENTS

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 boltom of this page) changes, this should be reported to the Department of Community Affairs.

County: MADISON

Instructions:

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

There were no incompatibilities or conflicts between the land use plans of local governments identified during development of the service delivery strategy. Madison County and each municipality were included in preparation of a Joint City/County Comprehensive Plan in 1991 and again in 1996. Any incompatibilities or conflicts were addressed at that time.

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

 amendments to existing comprehensive plans
 adoption of a joint comprehensive plan
 other measures (amend zoning ordinances, add environmental regulations, etc.)

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

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

N/A

3. Summarize the process that will be used to resolve disputes when a county disagrees with the proposed land use classification(s) for areas to be annexed into a city. If the conflict resolution process will vary for different cities in the county, summarize each process. The county and each city adopted the same process. To summarize: A) Municipality will notify county of proposed annexation, B) County will be notified of proposed rezoning, C) County must notify of objection in writing within 45 days (or lose right to object), D) Committee appointed to informally negotiate, E) Should resolution not occur, formal mediation takes place, F) Report made to governing bodies.

4. What policies, procedures and/or processes have been established by local governments (and water and sewer authorities) to ensure that new extraterritorial water and sewer service will be consistent with all applicable land use plans and ordinances? Service delivery areas for water and sewerage providers have been agreed upon to include current systems and areas within 1000 feet of existing lines. These areas are consistent with existing land use plans and ordinances. Service delivery areas may not be changed unless agreed to by all providers. Providers plan to meet and determine changes to those areas as appropriate by December 31, 1999. Any changes would be in consonance with existing plans prior to approval. The governments certifying this Service Delivery Strategy hereby adopt the following policy: all requests for water or sewer line extensions must be accepted by the jurisdiction where the extension or improvement will be located, must be reviewed by appropriate staff, and must receive approval from the governing body of the jurisdiction where the extention or improvement will be located prior to any extensions being authorized. This review includes compatibility with future land use plans and ordinances.

Phone number: (706) 795-2770

_____ Date completed: <u>4/1/99</u>

6. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with land use plans of applicable jurisdictions? 🕱 yes 🗌 no

Instructions:

Madison

the service delivery strategy?

County:

Madison Co Govt

202 PAGE 3 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 1. What incompatibilities or conflicts between the land use plans of local governments were identified in the process of developing

There were no incompatibilities or conflicts between the land use plans of local governments identified during development of the service delivery strategy. Madison County and each municipality were included in preparation of a Joint City/County Comprehensive Plan in 1991 and again in 1996. Any incompatibilities or conflicts were addressed at that time.

SERVICE DELIVERY STRATEGY SUMMARY OF LAND USE AGREEMENTS

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

amendments to existing comprehensive plans

adoption of a joint comprehensive plan [] other measures (amend zoning ordinances,

add environmental regulations, etc.)

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

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

Revised

N/A

1

When the Extertion on improvement will be located,

3. Summarize the process that will be used to resolve disputes when a county disagrees with the proposed land use classification(s) for areas to be annexed into a city. If the conflict resolution process will vary for different cities in the county, summarize each process.

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		The selection and ordinances.
5. Person completing form: Wesley Nash, C	Commission Chair	
Phone number: (706) 795-2770	Date completed:	4/1/99
6. Is this the person who should be contacted by state age consistent with land use plans of applicable jurisdictions?	encies when evaluating v	liether proposed local government projects are
If not, provide designated contact person(s) and phone nu	imber(s) below	of the jupos duction where the
		Extention or imposurent will

be located





NORTHEAST GEORGIA REGIONAL DEVELOPMENT CENTER 305 Research Drive Athens, Georgia 30605-2795 (706) 369-5650 • Fax (706) 369-5792

	April 26, 1999	Andres	James R. Dove Executive Director
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irs		•	APR 28 P.M.

Mr. Kevin DuBose Georgia Department of Community Affair 60 Executive Park South, NE Atlanta, Georgia 30329-2231

Dear Kevin:

Please find enclosed the completed Service Delivery Strategy for Madison County and the Cities of Carlton, Colbert, Comer, Danielsville, Hull, IIa, and Royston. We previously discussed with you, and you verbally approved, the section on page three regarding the extraterritorial water and sewer service and the applicability to land use plans.

The City of Royston, which according to the 1990 Census, included three Madison County residents, declined to participate in the Service Delivery Strategy. However, the city does plan to adopt in the immediate future the land use/annexation dispute resolution process adopted previously by other municipalities within Madison County.

Thank you for the assistance you provided in answering staff questions relative to this matter. We look forward to working with you in the future as appropriate.

Sinderely,

James R. Dove Executive Director

JRD:mjb

c: <u>With Enclosures</u>

Chairman Wesley Nash Mayor Rufus Kidd Mayor John Waggoner Mayor Cliff Yarbrough Mayor Glenn Cross Mayor B.W. Hutchins Mayor Dexter Calhoun

NARRATIVE OF SERVICES

NOTE: The City of Royston has a very small part of its jurisdiction in Madison County. The services provided by Royston are included in the Madison County Service Delivery Agreement. However, the majority of services in Royston are included in the Franklin County and Hart County Service Delivery Agreements.

ANIMAL CONTROL

A non-profit organization has been formed to raise money for construction of an animal shelter. The organization hopes construction of the facility will be complete within two years. Exploratory discussions with interested parties in Oglethorpe County will be held regarding the possibility of a shared facility. The City of Royston transports animals to the Hart-Franklin animal control shelter, but does not provide animal control officers. Costs are borne by the City General Funds.

BUILDING INSPECTION/CODE ENFORCEMENT

The Madison County Board of Commissioners provides building inspection and code enforcement in unincorporated portions of the county, and by non-financial contract, to the City of Colbert. Funding is derived from the General Funds and user fees, and the department is staffed by county employees. Building inspection/code enforcement services are available to any city that wishes to contract with the county and adopt similar codes as those enforced elsewhere in the county. Danielsville, Comer, and Ila perform their own building inspection and code enforcement, while Carlton contracts for the service with Comer. The cities derive funding from their General Funds and efforts are staffed by city employees. The City of Hull does not have any building code or other code enforcement. The City of Royston enforces building codes within the city limits.

CHILD DEVELOPMENT SERVICES

Child development services in Madison County are provided through ACTION, Inc. The program offers day care and two meals per day for children pre-school age who have parents of low income. The program is staffed by state employees and the service area is county wide. The program is partially funded from the County General Funds, assisting with maintenance and utilities. Other aspects of the program are funded by federal and state grants and the United Way.

COOPERATIVE EXTENSION SERVICE

The Madison County office of the Cooperative Extension Service provides assistance in four distinct areas: Agriculture, Home Economics, 4-H, and Food and Nutrition. The University of Georgia employs staff and the geographic service area is county wide. The State provides funding with supplements from the County General Funds.

COUNTY CORONER

The Madison County Coroner signs death certificates, is responsible for the body of the deceased until it is claimed, and initiates an investigation if foul play is suspected in a death. The Coroner is an elected position, thus the individual filling the position is a county employee. The service area of the Coroner is county wide and the position is funded from the County General Funds.

DEPARTMENT OF FAMILY AND CHILDREN SERVICES

The Madison County office of the Department of Family and Children Services reaches a significant portion of the county population. In addition to providing monthly support checks to those qualified, it assists applicants seeking assistance through Medicaid Insurance and the U.S.D.A. Food Stamp Program, assists low income persons with utility and medicine payments, makes food bank referrals, provides child protection services, provides a foster parents program, and assists in adoptions. Those working in the office are state employees and the service area is county wide. Funding for the office is derived from the State and from the County General Funds.

EMERGENCY MANAGEMENT SERVICES

The Madison County Emergency Management Agency (EMA) serves as the coordinating agency for all emergency/rescue services in the county. EMA works together with Madison County Emergency Services, the volunteer rescue squad, and volunteer fire departments to provide mitigation, preparedness, response and recovery for any natural or manmade disaster that may occur in the county. Coordinating efforts between these services provides public education, hazard analysis, planning, resource management, training, and exercises to ensure efficient response. The agency is staffed by county employees and the geographic service area is county wide. Funding for this agency is from County General Funds with some reimbursement from the Federal Emergency Management Agency through Georgia's Emergency Management Agency.

EMERGENCY MEDICAL SERVICES

Madison County Emergency Services (MCES) provides emergency medical service to all Madison County, twenty-four hours per day. EMS personnel include a Director, an Assistant Director, a Supervisor, full-time paramedics and EMTS, and several part-time EMTs and volunteers. EMS staff are employees of the county, and the service is funded from the County General Fund and user fees.

FIRE PROTECTION

Fire protection for Madison County is provided by eleven volunteer fire departments staffed by approximately 140 volunteer firefighters. The geographic service area is county wide. The primary coverage area for each department includes a five mile radius, and the secondary coverage area includes backing up all other departments. Funds for fire protection are derived from the County General Fund, City General Funds and various fund raisers. The City of Royston has a volunteer fire department that has a primary service area within the city limits. Services are provided within a five mile radius of the city in Madison County by subscription.

JAIL SERVICES

The local jail is operated by the Madison County Sheriff's Department. The jail is used to house male prisoners, and only those charged with crimes within Madison County are accepted. For those that are incarcerated due to violation of city ordinances, the department is reimbursed at the rage of \$30/day. Jail activities are primarily funded by the County General Funds and the geographic service are is county wide. The City of Royston operates holding cells for temporary custody but uses jail facilities in Franklin County for long-term housing of prisoners.

JUDICIAL/COURTS

Madison County supports through a financial supplement the Superior Court, Juvenile Court, Probate Court, and Magistrates Court. The county is part of the Northern Judicial Circuit which includes Hart, Franklin, Elbert, and Oglethorpe Counties. A portion of the expenses associated with these courts is derived from user fees. The County General Fund pays Madison County's portion of the District Attorney and Public Defender's salaries and provides bailiffs for the courts; the cities' portion comes from their General Funds. In addition, the County General Funds are used to provide court recorders on a per diem basis and on a per page basis for transcripts for criminal cases. The geographic service area is county wide. Each city has a Municipal Court or Recorder's Court which is funded by the General Funds of the cities. Municipal Courts hear only those cases based on charges brought from within their jurisdiction.

LAW ENFORCEMENT

Madison County residents are served by four local law enforcement agencies. The Madison County Sheriff's Department provides law enforcement to the unincorporated county and IIa, Hull, and Carlton. The cities of Colbert, Comer, and Danielsville wish to provide an enhanced level of service to their residents. The city of Colbert is negotiating a contract with the Sheriff's Department to provide deputies in that city twelve hours a day. The cities of Comer, Danielsville, and Royston staff police departments to provide additional law enforcement in those cities. Funding for the Sheriff's Department is largely derived from the County General Funds; however, some funding is derived from fees, fines, and forfeitures. Funding for the enhanced service in Colbert, Comer, Danielsville, and Royston is derived from the General Funds in those cities with some funding from fees, fines, and forfeitures. The Sheriff's Department is manned by county employees; the Police Departments in Comer, Danielsville, and Royston are manned by city employees.

LIBRARY SERVICES

The Madison County Library is part of the Athens Regional Library System. The library seeks to serve the entire county population. Funding is derived from the County General Funds and the Athens Regional Library System. Staff is employed by the Athens Regional Library System.

The library in Royston is also part of the Athens Regional Library System. It is funded by the regional library. The City of Royston provides funding to the regional library and owns and maintains the building. The Royston Library is considered an enhanced service.

PLANNING

The Madison County Board of Commissioners and the governing authority of each municipality are committed to a quality planning effort. The county and the cities coordinated efforts to prepare and adopt a Joint City/County Comprehensive Plan in 1991, and updated the plan in 1996. Costs associated with the plan were borne by the county and each city.

The Madison County Planning Commission is comprised of seven members and acts as an advisory board on land use planning, zoning, subdivision regulations, and related matters concerning unincorporated Madison County and each city. The Madison County Planning/Zoning Department coordinates the functions of the Planning Commission and assists the Board of Commissioners with administration of various land use tools. The Planning/Zoning Department is staffed by county employees and is funded by the County General Fund and user fees. The geographic service area is county wide. Each city performs its own planning, but may call upon the county department at any time for advice and information.

PUBLIC HEALTH SERVICES

The Madison County Health Department provides care and treatment for the ill, engages in preventive medicine and conducts an active immunization program in the school system while assisting in the control of contagious childhood infections. In addition, the County Sanitarian monitors the placement of septic systems and investigates complaints related to the quality of drinking water from wells. The Health Department is staffed by State employees, and funding is provided by the State with assistance from the County General Funds. The geographic service area is county wide.

PUBLIC HOUSING

Public housing is provided in the cities of Colbert, Comer, Danielsville, and Royston. In Colbert and Danielsville housing is provided through the Danielsville Housing Authority, and in Comer by the Comer Housing Authority, and in Royston by the Royston Housing Authority. Public housing in each of the four cities is funded by the Department of Housing and Urban Development. Staff members are employed by the housing authorities and the geographic service area is county wide.

PUBLIC SANITARY SEWERAGE

The cities of Comer, Danielsville, and Royston have public sewerage systems and serve areas shown on the enclosed map. The cities use oxidation ponds to treat sewage. The systems are operated by employees of those cities and costs are offset by General Funds, enterprise funds, and user fees.

PUBLIC WATER SUPPLY

Madison County (in consonance with its Industrial Development Authority) and the cities of Carlton, Colbert, Comer, Danielsville, Royston, and Ila operate public water systems. Some residents in the Hull area receive water from Athens-Clarke County; however, the Athens-Clarke government has acted to divest itself of lines outside its boundaries as feasible. The county system and the system in Carlton, Colbert, Comer, Danielsville, and Ila utilize wells and water is treated at the well sites. A map is enclosed indicating the current service area of each system (current system and areas within 1,000 feet of existing lines). Water providers will participate in negotiations and modify the service

delivery areas as appropriate no later than December 31, 1999. Costs of operating the various systems are offset by enterprise funds and user fees. The city of Colbert contracts with a private firm to operate its system; other systems are operated by public employees.

RECREATION

Madison County has a fully staffed Recreation Department which works closely with a Recreation Board appointed by the Board of Commissioners. The department maintains facilities and operates programs at three parks. The geographic service area of the facilities is county wide and they are staffed by county employees. Funding is derived from County General Funds and user fees. The City of Colbert has a gymnasium and athletic park that is managed by a committee of volunteers from the city. The service area for those facilities is city wide and funding is derived from the Colbert General Funds. The City of Comer has one park which is maintained by city staff and funded by the Comer General Funds. The geographic service area is city wide. Royston has a civic center and a city gymnasium but does not operate a recreation program (citizens participate in Franklin County's recreation program).

Future plans are for the county to operate a recreation department as at present. The county will also maintain all park and recreation facilities in the cities as well as the unincorporated county. The county will provide the same level of service for parks in the cities as for those in the unincorporated county. A formal agreement will be worked out during 1999 to specify the details. The agreement will incorporate local control of scheduling of facilities located in the cities and there will be assurance of "free time" at city facilities for the public to use them for unscheduled and informal recreation. Royston will continue to participate in Franklin County's recreation program.

ROAD/BRIDGE MAINTENANCE

The Madison County Board of Commissioners maintains all non-state or non-federal highways in the county, along with bridges and rights-of-way along same. In addition, the county repairs streets within each municipality upon request. The Roads and Bridges Department is staffed by county employees and funding is derived from the County General Funds and State sources such as the Local Assistance Road Program. (LARP) The geographic service area is county wide. In addition, each city identifies projects which are submitted to the Georgia Department of Transportation for LARP assistance. Upon receipt of funds, the cities contract to undertake those improvements.

The Senior Citizens Center provides a gathering place for those individuals aged 60 or over. In addition to providing opportunities for participation in arts and crafts activities, health screenings, and information and referral programs, transportation is also provided to participants along with congregate meals (served at the center) and home-delivered meals (for the homebound). The Senior Citizens Center is staffed by county employees and its service area is county wide. Senior Citizens Center services are funded by federal and state monies made available through the Northeast Georgia Regional Development Center, County General Funds, and contributions from participants.

SOLID WASTE COLLECTION

Madison County does not provide collection services and no public green boxes are located in the county. However, the county operates a transfer station, utilizing county employees, at the site of the former county landfill and collects recyclables by citizen drop-off. Waste collected is hauled to a private landfill. The effort is funded from the County General Fund and user fees. Residential and commercial collection is provided by the cities of Carlton, Colbert, Comer, Danielsville, Ila, and Royston. In Carlton, Colbert, and Ila private firms are contracted to collect waste; in Comer, Danielsville, and Royston waste is collected by city staff. The geographic service area in those cities is city-wide; however, residences/businesses on the Colbert water system receive the same service as those in the Colbert city limits. Funds for the service in the municipalities are derived from the General Fund of those cities and user fees. Madison County joined the Northeast Georgia Solid Waste Authority for solid waste planning purposes. The Authority, which includes ten counties, is primarily concerned with waste disposal, collection, recycling, and mulching and composting. Efforts of the Authority are coordinated by a Board of Directors which includes two representatives from each participating county.

STREET LIGHTS

Street lights are not provided in unincorporated portions of the county. However, each of the municipalities provides street lights within its jurisdiction. Funding for the service is derived from the General Funds of the respective cities and maintenance is provided by the utilities owning the lights.

TAX APPRAISAL/ASSESSMENT

The Tax Assessor's Office is responsible for appraisal of property, ensuring that new buildings are placed on the tax roll and a value is provided, preparing official tax maps for the county, sending tax assessments to property owners, and keeping track of all personal property (inventory and equipment). Functions of the office are undertaken by county employees and the service area is county wide. Funding for the office is provided from the County General Funds.

TAX COLLECTION

The Tax Commissioner is responsible for collecting all appropriate taxes in Madison County. In addition, the Tax commissioner is responsible for recording intangibles, issuing motor vehicle tag and titles, reporting timber sales, and issuing mobile home location permits. The Tax Commissioner's office is staffed by county employees and the service area is county wide. Funding for the department is provided from the County General Funds. The Cities of Carlton, Colbert, Comer, Danielsville, Hull, Royston, and Ila also collect taxes. Funding for their departments is provided from the General Funds of those cities.

VOTER REGISTRATION

The Voter Registration Department ensures that county voter registration is carried out in compliance with applicable laws and regulations. In addition to registering county citizens to vote, registration information is updated, registration lists are purged, monthly registration reports are forwarded to the Secretary of State, applications for absentee ballots are processed, absentee ballots are tallied, and voter data after primary and general elections are recorded. Efforts are carried out by county employees and the service area is county wide. Funding for the department is provided from the County General Funds with some assistance from the State.