### GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS



### SERVICE DELIVERY STRATEGY

FOR McDUFFIE

COUNTY

PAGE 1A

#### I. GENERAL INSTRUCTIONS

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

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

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

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

## II. LOCAL GOVERNMENTS INCLUDED IN THE SERVICE DELIVERY STRATEGY:

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

McDUFFIE COUNTY CITY OF THOMSON TOWN OF DEARING

Verified

## III. SERVICES INCLUDED IN THE SERVICE DELIVERY STRATEGY:

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

SERVICE DELIV	ERYINCLUD	ED SERVICES	1				
	General Gov.	General Gov.	General Gov.	General Gov.	V		
	Tax Collection			Voter Registration	Economic Development	Land Use Planning &	
JURISDICTION		, P. P				Code Enforcement	
McDuffie County	Shared	Shared	Shared	Shared	Shared	Shared	
City of Thomson	Shared	Shared	Shared	Shared	Shared .	Shared	
Town of Dearing	Shared	Shared	***	Shared	***	/ ***	
	Public Works	Public Works	Solid Waste	Solid Waste	/ Solid Waste	Solid Waste	
	Roads	Streets	Disposal	Pit Burner	Collection	Recycling	
JURISDICTION				10			
McDuffie County	County	***	County	Shared	Private	Shared	
City of Thomson	***	City	***	Shared	City	Shared	
Town of Dearing	County	***	***	Shared	Private	Shared	
	Water/Sewer	Recreation &	Law Enforcement	Law Enforcement	Law Enforcement	Law Enforcement	
		Leisure Service	Sheriff	City Police	Jail Operations	School Patrol	
JURISDICTION				/			
McDuffie County	Shared	Shared	County	***	Shared	Shared	
City of Thomson	Shared	Shared	County	City	Shared	Shared	
Town of Dearing	Shared	Shared	County	***	Shared	***	
	Fire Protection	Éire Protection	Fire Protection	Emer. Services	Emer. Services	Emer. Srviçes	
	County	City of Thomson	Town of Dearing	E911 /	EMS/Ambulance	EMA	
JURISDICTION							
McDuffie County	County	***	***	County	County	Shared	
City of Thomson	***	City	***	***	***	Shared	
Town of Dearing	***	***	Town	***	***	Shared	

#### GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS

#### SERVICE DELIVERY STRATEGY

FOR MCDUFFIE

#### \_COUNTY

PAGE IB

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#### II. LOCAL GOVERNMENTS INCLUDED IN THE SERVICE DELIVERY STRATEGY:

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

McDUFFIE COUNTY CITY OF THOMSON TOWN OF DEARING

#### III. SERVICES INCLUDED IN THE SERVICE DELIVERY STRATEGY:

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

(Cont.)	/					
	Hannikal	Thomson/	Librani	Complem	Capial Capilana	Casial Camilana
	Hospital	McDuffie County	Library	Cemetery	Social Services	Social Services
JURISDICTION		Airport			Family & Children	Health
	County	Shared	Shared	***	County	County
McDuffie County		7.000.00			County	County
City of Thomson	***	Shared	Shared	City	***	***
Town of Dearing	***	***	/ ***	***	***	***
	Social Service	/ - /	CSRA/RDC			
	Human Relat	/				
JURISDICTION		•				
McDuffie County	County	County	Shared			
	City	***	Shared			
City of Thomson	City					

# SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

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

Count	ty:	McI	Duff	ie												1000	S	er	vi	ico	2:			T	ľā	ax		C	0	1	Le	ec.	ti	or													
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McD	uff	ie	Cour	ntv	G	ener	al		Fu	u	ar	n	d																																		
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4. Ho	ow wi	ll the	strates	gy chang	ge the	previo	us ar	rra	rang	ge	ge	n	ier	nts	f	fc	or	pı	ro	vi	din	ıg :	an	d	0	r f	un	di	ng	g t	his	s se	rvi	ce	wit	hir	n t	th	e co	unt	y?						
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8. Is	this t	he pe	rson w	ho shou	ıld be	contac	ted b	оу	y sta	tat	ate	e	ag	er	10	i	es	s v	vh	iei	ı e	val	ua	ati	in	g v	wh	etl	he	r	pre	opo	sec	lo	cal	g	οv	/ei	nm	ent	pro	oje	cts				
are co	onsist	ent w	ith the	service	deliv	ery stra	ategy	y?	?		[2	X	ye	es	-			no	0																												
If not	t, pro	vide o	designa	ited cont	tact pe	erson(s	s) and	d p	pho	or	on	ne	nı	un	nt	06	er	(s	) ł	be	lov	v:																									
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# SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS Instructions:

Ct		Service: Tax	Annaigar	
County: McDuffie  1. Check the box that best described.	ihes the agreed upon deliver		Appraiser	
Service will be provided of	1,4			ervice provider (If this box
is checked, identify the go	overnment, authority or organ	nization providing th	e service.)	arrice provider. (if this best
McDuffie County Service will be provided of identify the government, a	only in the unincorporated po authority or organization pro	ortion of the county by viding the service.)	by a single service provider	. (If this box is checked,
One or more cities will prounincorporated areas. (If t	ovide this service only withi his box is checked, identify	n their incorporated the government(s), a	boundaries, and the service uthority or organization pr	will not be provided in oviding the service.)
One or more cities will pr unincorporated areas. (If t	ovide this service only withi his box is checked, identify	n their incorporated the government(s), a	boundaries, and the county uthority or organization pr	will provide the service in oviding the service.)
	ked, <b>attach a legible map d</b> other organization that will			ovider, and identify the
2. In developing the strategy, w  ☐ yes ☒ no	ere overlapping service area	as, unnecessary comp	petition and/or duplication	of this service identified?
If these conditions will continue higher levels of service (See O. or competition cannot be elimin	C.G.A. 36-70-24(1)), overrie	an explanation for ding benefits of the d	continuing the arrangement duplication, or reasons that	ent (i.e., overlapping but overlapping service areas
If these conditions will be elimitaken to eliminate them, the res	nated under the strategy, att ponsible party and the agree	ach an implementa d upon deadline for o	tion schedule listing each completing it.	step or action that will be
3. List each government or auth funds, user fees, general funds,	nority that will help to pay for special service district rever	or this service and in- nues, hotel/motel tax	dicate how the service will es, franchise taxes, impact	be funded (e.g., enterprise fees, bonded indebtedness, et
Local Government or Authority:	Funding Method:			
McDuffie County	General Fund			
City of Thomson	General Fund			
			6 15 ALC 15 1412	
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 delive	aru agraements or intergover	mmantal contracts th	at will be used to impleme	nt the strategy for this service
Agreement Name:	Contracting		at will be used to impleme	Effective and Ending Dates:
Tax Assessment And	Collection			
Agreement		fie County/	City of Thomson	1/1/99 One Year
	Town	of Dearing		Automatic Renewal
6. What other mechanisms (if a	any) will be used to impleme	nt the strategy for th	is service (e.g., ordinances	resolutions, local acts of the
General Assembly, rate or fee c				•
·			- 2	
None				
				*
7. Person completing form: _	Ken Pittard			
Phone number: (706) 5	95-1781 Date	completed: 02-	26-99	
8. Is this the person who should are consistent with the service of	lelivery strategy? X yes	no	whether proposed local go	vernment projects
If not, provide designated conta	ct person(s) and phone num	der(s) delow:		

# SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Instructions:

County: McDuffie	Service: MIS/	Gis Services
1. Check the box that best des	cribes the agreed upon delivery arrangement for this s	pervice:
	countywide (i.e., including all cities and unincorpora government, authority or organization providing the se	
	only in the unincorporated portion of the county by a authority or organization providing the service.)	single service provider. (If this box is checked,
	provide this service only within their incorporated bout this box is checked, identify the government(s), authorized the service only within their incorporated bout this box is checked, identify the government(s), authorized the service only within their incorporated bout the service of the servi	
	provide this service only within their incorporated bou this box is checked, identify the government(s), author	
McDuffie Count		
	cked, attach a legible map delineating the service a or other organization that will provide service within e	
2. In developing the strategy,  ☐ yes ☑ no	were overlapping service areas, unnecessary competit	tion and/or duplication of this service identified?
	ue under the strategy, attach an explanation for cond. C.G.A. 36-70-24(1)), overriding benefits of the duplinated).	
	ninated under the strategy, attach an implementation sponsible party and the agreed upon deadline for com	
	thority that will help to pay for this service and indicas, special service district revenues, hotel/motel taxes, i	te how the service will be funded (e.g., enterprise franchise taxes, impact fees, bonded indebtedness, etc
Local Government or Authority:	Funding Method:	
McDuffie County	General Fund	
City of Thomson	General Fund	
4 How will the strategy char	ge the previous arrangements for providing and/or fun	oding this service within the county?
4. How will the strategy chair	se the previous arrangements for providing and/or run	dang and service within the county.
No Changa		
No Change		
5. List any formal service deli Agreement Name:	very agreements or intergovernmental contracts that w	vill be used to implement the strategy for this service:  Effective and Ending Dates:
MIS/GIS Agreement	McDuffie County/Cit	ty of Thomson 1/1/99 One Year
		Automatic Renewa
	any) will be used to implement the strategy for this so changes, etc.), and when will they take effect?	ervice (e.g., ordinances, resolutions, local acts of the
None		
FF		
7. Person completing form:	Ken Pittard	
Phone number: (706)	595-1781 Date completed: 02-26	-99
8. Is this the person who sho	ald be contacted by state agencies when evaluating wh	ether proposed local government projects
are consistent with the service If not, provide designated con	delivery strategy? \(\sum \) yes \(\sup \) no tact person(s) and phone number(s) below:	

# SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Instructions:

Count	ty: McDuffie		Service:	Voter	Registrati	on
1. Che	eck the box that best desc	ribes the agreed up	pon delivery arrangeme	COLUMN THE CHILDREN	The state of the s	
	Service will be provided is checked, identify the g McDuffie Count	overnment, author	ncluding all cities and tity or organization prov	inincorporate riding the serv	d areas) by a single vice.)	service provider. (If this box
		only in the uninco			ingle service provid	er. (If this box is checked,
	One or more cities will p unincorporated areas. (If					ce will not be provided in providing the service.)
	One or more cities will p unincorporated areas. (If					ty will provide the service in providing the service.)
	Other. (If this box is chec government, authority, o					rovider, and identify the
	developing the strategy,  yes X no	were overlapping s	service areas, unnecessa	ry competition	on and/or duplication	n of this service identified?
higher		.C.G.A. 36-70-24(				nent (i.e., overlapping but at overlapping service areas
	se conditions will be elim to eliminate them, the re					h step or action that will be
						II be funded (e.g., enterprise et fees, bonded indebtedness, etc.)
Local C	Government or Authority:	Funding Method:	. No.			
McD	uffie County	General	Fund			
Cit	y of Thomson	General	Fund			
	-					
4. Ho	ow will the strategy chan	ge the previous arra	angements for providin	g and/or fund	ing this service with	nin the county?
N	o Change				74.	
5. Lis	st any formal service deli	very agreements or		tracts that wi	ll be used to implen	nent the strategy for this service:
Agreer	ment Name:		Contracting Parties:			Effective and Ending Dates:
					· · · · · · · · · · · · · · · · · · ·	
6. W	/hat other mechanisms (if	any) will be used	to implement the strate when will they take ef	gy for this ser	rvice (e.g., ordinanc	es, resolutions, local acts of the
	ity of Thomson own of Dearing					
	erson completing form:		n Pittard	02-26	0.0	
	ne number: (706)		Date completed:			
are c	s this the person who show consistent with the service of, provide designated con	delivery strategy?	? X yes $\square$ no		ther proposed local	government projects

## SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Instructions:

County:	McDuffie		Service:	Economic	Develop	ment
1. Check th	e box that best descr	ribes the agreed up	on delivery arrangement fo	or this service:		
X Service	e will be provided o	countywide (i.e., in	cluding all cities and uninc y or organization providin	corporated areas) b	y a single ser	vice provider. (If this box
☐ Service	oint (McDuf	fie County,	City of Thomson porated portion of the count cation providing the service	n ) ity by a single serv	vice provider.	(If this box is checked,
One of uninc	or more cities will pr orporated areas. (If t	ovide this service of this box is checked	only within their incorpora , identify the government(s	ted boundaries, an s), authority or org	d the service ganization pro	will not be provided in viding the service.)
One of uninc	or more cities will proprorated areas. (If	ovide this service of this box is checked	only within their incorpora , identify the government(	ted boundaries, an s), authority or org	d the county ganization pro	will provide the service in viding the service.)
Other gover	: (If this box is chec nment, authority, or	ked, attach a legil other organization	ole map delineating the se that will provide service v	ervice area of each	h service pro e area.)	vider, and identify the
☐ yes	X no		ervice areas, unnecessary c			
higher leve	ditions will continuls of service (See O. tion cannot be elimin	.C.G.A. 36-70-24(1	y, attach an explanation ()), overriding benefits of t	for continuing the he duplication, or	e arrangeme reasons that o	nt (i.e., overlapping but overlapping service areas
If these cor taken to eli	nditions will be elim minate them, the res	inated under the str ponsible party and	rategy, attach an impleme the agreed upon deadline	entation schedule for completing it.	listing each s	tep or action that will be
3. List each	n government or aut	hority that will help , special service dis	p to pay for this service an strict revenues, hotel/motel	d indicate how the taxes, franchise to	service will axes, impact	be funded (e.g., enterprise ees, bonded indebtedness, e
Local Govern	ment or Authority:	Funding Method:				
McDuff	ie County	General F	und			
City o	f Thomson	General F	rund			
-						
4. How wi	ll the strategy chang	ge the previous arra	ngements for providing an	d/or funding this s	service within	the county?
Separ	ate Units h	ave been co	ombined under o	ne head		
5. List any Agreement N	formal service deliv	ery agreements or	intergovernmental contrac Contracting Parties:	ts that will be used		t the strategy for this servic
	ic Developme					
Interg	overnmental	Agreement	McDuffie County	y/City of '	Thomson	9-1-97/9-1-2047
6. What of General As	her mechanisms (if a sembly, rate or fee o	any) will be used to changes, etc.), and	o implement the strategy for when will they take effect?	or this service (e.g.	, ordinances,	resolutions, local acts of the
Joint	Development	Resolution	April 21, 199	98		
7. Person c	ompleting form:	Ken Pitta	ard			
			Date completed:	02-26-99		
8. Is this th	e person who should nt with the service of	d be contacted by s delivery strategy?	tate agencies when evaluat		osed local gov	ernment projects
	-		**			

# SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

Instructions:

<ol> <li>Check the box that best describes the agreed upon delivery arrangement for this service:</li> <li>Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)</li> </ol>	
Joint (McDuffie County/City of Thomson)  Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)	
One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)	
One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)	
Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)	
2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?  yes No	
If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (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, <b>attach an implementation schedule</b> 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:	
McDuffie County General Fund	
City of Thomson General Fund	4
	-
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?	
The new conflict resolution Agreement will curtail any future	
disagreements concerning land use.	
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this serv	ice:
Agreement Name: Contracting Parties: Effective and Ending Dates:	
Land Use/Code Enforcement/ McDuffie County/City of Thomson	
Zoning and Inspection 1-10-99 One Ye	ar
Agreement Automatic Renew	al
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?	ne
Land Use Conflict Agreement March 26,1998	
7. Person completing form: Ken Pittard	
Phone number: (706) 595-1781 Date completed: 02-26-99	
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? \( \times \) pes \( \times \) no  If not, provide designated contact person(s) and phone number(s) below:	

## SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



County: McDuffie	Service:	Roads	
Check the box that best describes the agreed upo	n delivery arrangemer	nt for this service:	
Service will be provided countywide (i.e., inc is checked, identify the government, authority	luding all cities and u	nincorporated areas) by a	single service provider. (If this box
Service will be provided only in the unincorp identify the government, authority or organiz	orated portion of the c	county by a single service	provider. (If this box is checked,
McDuffie County  One or more cities will provide this service of unincorporated areas. (If this box is checked,	only within their incorr	porated boundaries, and the	ne service will not be provided in ization providing the service.)
One or more cities will provide this service of unincorporated areas. (If this box is checked,	only within their incorp , identify the governm	porated boundaries, and tent(s), authority or organ	he county will provide the service in ization providing the service.)
Other. (If this box is checked, attach a legib government, authority, or other organization	le map delineating the that will provide serv	he service area of each s ice within each service ar	ervice provider, and identify the rea.)
<ol> <li>In developing the strategy, were overlapping se</li></ol>			
If these conditions will continue under the strategy higher levels of service (See O.C.G.A. 36-70-24(1 or competition cannot be eliminated).	l)), overriding benefits	s of the duplication, or rea	asons that overlapping service areas
If these conditions will be eliminated under the str taken to eliminate them, the responsible party and	rategy, attach an imp the agreed upon dead	lementation schedule lis lline for completing it.	iting each step or action that will be
3. List each government or authority that will helpfunds, user fees, general funds, special service dis	p to pay for this servic strict revenues, hotel/n	ce and indicate how the se notel taxes, franchise taxe	ervice will be funded (e.g., enterprise es, impact fees, bonded indebtedness, etc
Local Government or Authority: Funding Method:			
McDuffie County General	Fund	†;	
4 How will the strategy shapes the	ingements for	ag and/on from 1	vice within the
4. How will the strategy change the previous arra	angements for providit	ing antwor funding this ser	vice within the county?
The City and County mutual	ly agree to	aid one anothe	r when needed.
5. List any formal service delivery agreements or	intergovernmental co-	ntracts that will be used to	implement the state of Continue
Agreement Name:	Contracting Parties:		o implement the strategy for this service: Effective and Ending Dates:
Roads and Streets Mutual	McDuffie C	ountv	
Agreement	City of Th		04-22-99
	Town of De		
6 What is			
6. What other mechanisms (if any) will be used to General Assembly, rate or fee changes, etc.), and	o implement the strate	gy for this service (e.g., o	ordinances, resolutions, local acts of the
order at resolution, rate of fee changes, etc.), and	when will they take ef	nect?	
None			
7. Danes			
7. Person completing form: Ken Pi			
Phone number: (706) 595–1781	Date completed:	02-26-99	
8. Is this the person who should be contacted by s are consistent with the service delivery strategy? If not, provide designated contact person(s) and phone.	ves   no		d local government projects
			The state of the s



# SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

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

		<u> </u>
County: McDuffie	Service: Streets	
	eed upon delivery arrangement for this service:	
	i.e., including all cities and unincorporated areas) buthority or organization providing the service.)	y a single service provider. (If this box
Service will be provided only in the unidentify the government, authority or o	nincorporated portion of the county by a single serv organization providing the service.)	ice provider. (If this box is checked,
	rvice only within their incorporated boundaries, and ecked, identify the government(s), authority or organization.	
	rvice only within their incorporated boundaries, and ecked, identify the government(s), authority or organization.	
City of Thomson		
	a legible map delineating the service area of each zation that will provide service within each service	
2. In developing the strategy, were overlapp  ☐ yes ☒ no	oing service areas, unnecessary competition and/or of	duplication of this service identified?
If these conditions will continue under the st higher levels of service (See O.C.G.A. 36-70 or competition cannot be eliminated).	trategy, attach an explanation for continuing the 0-24(1)), overriding benefits of the duplication, or r	earrangement (i.e., overlapping but easons that overlapping service areas
	the strategy, <b>attach an implementation schedule</b> l y and the agreed upon deadline for completing it.	isting each step or action that will be
3. List each government or authority that wi funds, user fees, general funds, special servi	ill help to pay for this service and indicate how the ice district revenues, hotel/motel taxes, franchise ta	service will be funded (e.g., enterprise xes, impact fees, bonded indebtedness, etc
Local Government or Authority: Funding Method	d:	
City of Thomson Genera	al Fund	
4. How will the strategy change the previous	is arrangements for providing and/or funding this se	ervice within the county?
4. How will the strategy change the previous	is arrangements for provious and or randing and of	
No Chango		
No Change		
5. List any formal service delivery agreemen	nts or intergovernmental contracts that will be used	to implement the strategy for this service
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
Roads And Streets Mutual	McDuffie County	04-22-99
Agreement	City of Thomson	
	Town of Dearing	
	l i l a d a serie faction amine (a a	andinances resolutions local agts of the
6. What other mechanisms (if any) will be a General Assembly, rate or fee changes, etc.)	used to implement the strategy for this service (e.g.,	ordinances, resolutions, local acts of the
Golden Plasemory, rate or recommendation	,	
None		
		,
T. D. Von	Dittard	
	Pittard Date completed: 02-26-99	
	ed by state agencies when evaluating whether propo	sed local government projects
are consistent with the service delivery strat  If not, provide designated contact person(s)	egy? 🗓 yes 🗌 no	

### SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Instructions:

			•			
County:	McDuffie		Service:	Solid Waste	Disposal	
		149	pon delivery arrangeme			
is chec	ked, identify the	government, author	including all cities and rity or organization pro	unincorporated areas) lividing the service.)	by a single servi	ce provider. (If this box
☐ Service	uffie Cour e will be provide by the governmen	d only in the uninco	orporated portion of the nization providing the se	county by a single ser- ervice.)	vice provider. (I	f this box is checked,
One o uninco	r more cities will orporated areas. (	provide this service If this box is checke	e only within their incored, identify the government	porated boundaries, an ent(s), authority or org	nd the service wi	Il not be provided in ding the service.)
One o	r more cities will orporated areas. ()	provide this service If this box is checke	e only within their incored, identify the government	porated boundaries, ar nent(s), authority or org	nd the county wi ganization provid	Il provide the service in ding the service.)
			ible map delineating to on that will provide serv			ler, and identify the
2. In develo	The state of the s	, were overlapping	service areas, unnecess	ary competition and/or	duplication of t	his service identified?
higher level	ditions will conting s of service (See on cannot be elin	O.C.G.A. 36-70-24	gy, attach an explana (1)), overriding benefits	tion for continuing the sof the duplication, or	e arrangement reasons that ove	(i.e., overlapping but rlapping service areas
			strategy, attach an imp d the agreed upon dead		listing each step	or action that will be
3. List each funds, user	government or a fees, general fund	uthority that will he	elp to pay for this servic listrict revenues, hotel/n	e and indicate how the notel taxes, franchise to	service will be axes, impact fee	funded (e.g., enterprise s, bonded indebtedness, etc
Local Governn	nent or Authority:	Funding Method:				
McDuffi	e County	Enterpris	e Fund & Gene	ral Fund		
		-				
4 How wil	I the strategy cha	nge the previous ar	rangements for providing	g and/or funding this s	service within th	e county?
No Ch	nange Formal service de				d to implement t	he strategy for this service:
Agreement Na				or Solid Was		04-22-99
Town of	Dearing			ansportation		14-22-99
	V		Disposal Se	rvices		
City of	EThomson		Same as abo			
6. What otl	ner mechanisms (	if any) will be used e changes, etc.), and	to implement the strate d when will they take e	gy for this service (e.g fect?	., ordinances, re	solutions, local acts of the
None				*		
					•	
<b>a</b> D	1-+: F	Von Di	++ > rd			
		<u>Ken Pi</u> 595-1781	Date completed:	02-26-99		
8. Is this th	e person who sho		state agencies when ev		osed local gover	nment projects
If not, prov	ide designated co	ontact person(s) and	phone number(s) below	r:		

SERVICE DELIVERY STRATEGY CERTIFICATIONS PAGE 4 Item 3

A multijurisdictional water supply and waste water system, jointly owned and operated by the City of Thomson and McDuffie County, was formed in 1990 through adoption of a fifty-year contract. The city and county combined resources in a joint strategy to acquire additional sources of potable water, expand water services to the county and establish financing that would prevent long-term debt. A joint Water Commission was established to guide the development of the multijurisdiction system's infrastructure and expanding water services.

A Commission which is advisory to the elected bodies was selected rather than an Authority to maintain local governmental control. Composition of the Commission includes: the Mayor and a Councilman from the City of Thomson; the Chairman and a Commissioner from McDuffie County; the Mayor of the Town of Dearing; and two citizens, one selected by the city and one by the county.

The City of Thomson has managerial oversight of operation and maintenance to maximize the efficiency of a single department providing this service and to take advantage of its existing managerial and operational capabilities. The initial contractual arrangements required that the rate differential in the county and the city be levelized. Since 1990, the water rates have twice increased with each increase moving toward equalized rates. One more increase should equalize rates to all customers.

The establishment of the multijurisdiction water supply/waste water system and the expansion of services county-wide has occurred. The success of the joint system has been based on the personal commitment of the elected officials to remain dedicated and determined to serve the collective needs of their constituents.

# SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

Instructions:

		*
County: McDuffie County	Service: Solid Waste	Pit Burner
1. Check the box that best describes the a	greed upon delivery arrangement for this service:	
is checked, identify the government  City of Thomson	e (i.e., including all cities and unincorporated areas) b, authority or organization providing the service.)	
	unincorporated portion of the county by a single server organization providing the service.)	ice provider. (If this box is checked,
	service only within their incorporated boundaries, and checked, identify the government(s), authority or organization.	
	service only within their incorporated boundaries, and checked, identify the government(s), authority or organization.	
	h a legible map delineating the service area of each anization that will provide service within each service	
<ol> <li>In developing the strategy, were overlaged in the strategy in the strategy.</li> </ol>	apping service areas, unnecessary competition and/or of	duplication of this service identified?
	e strategy, attach an explanation for continuing the -70-24(1)), overriding benefits of the duplication, or r	
	er the strategy, attach an implementation schedule larty and the agreed upon deadline for completing it.	isting each step or action that will be
	will help to pay for this service and indicate how the rvice district revenues, hotel/motel taxes, franchise tax	
Local Government or Authority: Funding Met	hod:	
McDuffie County Provi	ided part of initial funds for	capital requirements
City of Thomson Gener	ral Fund + User Fees	
4. How will the strategy change the previ	ous arrangements for providing and/or funding this se	ervice within the county?
No Change		
	the many that will be used	to implement the strategy for this service:
5. List any formal service delivery agreem Agreement Name:	nents or intergovernmental contracts that will be used Contracting Parties:	Effective and Ending Dates:
Pit Burner Agreement	City of Thomson	04-22-99
Pit Burner Agreement	McDuffie County	Spool along
6. What other mechanisms (if any) will be General Assembly, rate or fee changes, et	be used to implement the strategy for this service (e.g., tc.), and when will they take effect?	, ordinances, resolutions, local acts of the
•		
		,
		*
7. Person completing form: Ken	Pittard	
	Date completed: 02-26-99	osed local government projects
8. Is this the person who should be conta are consistent with the service delivery st If not, provide designated contact person	ncted by state agencies when evaluating whether proportrategy?  ves no (s) and phone number(s) below:	osca iocai government projects
It not, provide designated contact person	(o) and phone manuscript and a	

# SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Instructions:

		***************************************		3 . 3			
County:	McDuffie		Service:			Collec	tion
		(1)	oon delivery arrangeme				
			ncluding all cities and u ity or organization prov			y a single s	ervice provider. (If this box
			rporated portion of the ization providing the se		single servi	ce provide	r. (If this box is checked,
			only within their incord, identify the governm				e will not be provided in coviding the service.)
	•		only within their incor				will provide the service in roviding the service.)
	fie County						
			ble map delineating the n that will provide servi				ovider, and identify the
2. In develo		were overlapping s	ervice areas, unnecessa	ry competition	on and/or d	luplication	of this service identified?
higher level		.C.G.A. 36-70-24(					ent (i.e., overlapping but overlapping service areas
			rategy, <b>attach an impl</b> I the agreed upon deadl			sting each	step or action that will be
							be funded (e.g., enterprise fees, bonded indebtedness, etc
Local Governn	nent or Authority:	Funding Method:			-		
McDuff	ie County		allows colle	ection b	y Comm	nercial	L haulers
		paid by	the user				
	×						
4. How wil	I the strategy chang	ge the previous arra	angements for providing	g and/or fund	ling this ser	rvice within	n the county?
No Ch	ange						
5. List any f	formal service deliv	very agreements or	intergovernmental con	tracts that wi	ll be used t	to impleme	nt the strategy for this service:
Agreement Na			Contracting Parties:				Effective and Ending Dates:
6. What oth	ner mechanisms (if sembly, rate or fee	any) will be used t changes, etc.), and	o implement the strateg when will they take eff	y for this ser	vice (e.g.,	ordinances	resolutions, local acts of the
	-						
	completing form:			02-26-	99		-
			Date completed: state agencies when ev			sed local as	— overnment projects
are consiste	ent with the service	delivery strategy?	state agencies when ev		ther propos	sed local go	vernment projects



## SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

Instructions:

Coun	ty: McDuffie County Service: Solid Waste Collection
1. Ch	eck the box that best describes the agreed upon delivery arrangement for this service:
	Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
	Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
	One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
	City of Thomson
	One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
	Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)
	developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?  ] yes [X] no
higher	se conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but r levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas in petition cannot be eliminated).
	se conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be to eliminate them, the responsible party and the agreed upon deadline for completing it.
	at each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise , user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.
Local C	Government or Authority: Funding Method:
Cit	y of Thomson General Fund
4. Ho	www.ill the strategy change the previous arrangements for providing and/or funding this service within the county?
	No Change
	t any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:  Contracting Parties: Effective and Ending Dates:
6 W	hat other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the
Gener	ral Assembly, rate or fee changes, etc.), and when will they take effect?
7. Pe	erson completing form: Ken Pittard
	e number: (706) 595-1781 Date completed: 02-26-99
are co	this the person who should be contacted by state agencies when evaluating whether proposed local government projects onsistent with the service delivery strategy? 🛛 yes 🔲 no t, provide designated contact person(s) and phone number(s) below:

## SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Instructions:

County:	McDuffie	S	Service:	Solid	Waste Collec	ction
1. Checl	k the box that best descr	ribes the agreed upon delivery a	arrangeme	nt for this se	ervice:	
☐ Se	ervice will be provided on checked, identify the go	countywide (i.e., including all covernment, authority or organiz	ities and u ation prov	nincorporat iding the se	ed areas) by a single rvice.)	service provider. (If this box
		only in the unincorporated porti authority or organization provide			single service provid	er. (If this box is checked,
un		ovide this service only within this box is checked, identify the				
		ovide this service only within this box is checked, identify the				
		ked, attach a legible map deli other organization that will pro				provider, and identify the
	eveloping the strategy, were X no	vere overlapping service areas,	unnecessa	ry competit	ion and/or duplicatio	n of this service identified?
higher l	conditions will continuevels of service (See O. petition cannot be elimin	e under the strategy, attach an C.G.A. 36-70-24(1)), overridinated).	explanating benefits	on for con of the dupl	tinuing the arranger cation, or reasons tha	ment (i.e., overlapping but at overlapping service areas
		inated under the strategy, <b>attac</b> ponsible party and the agreed t				h step or action that will be
		hority that will help to pay for a special service district revenue				ill be funded (e.g., enterprise ct fees, bonded indebtedness, etc.)
Local Go	vernment or Authority:	Funding Method:				
Town	of Dearing	General Fund				
4. How	will the strategy chang	e the previous arrangements fo	or providing	g and/or fur	ding this service with	hin the county?
No	Change					
				tracts that v	vill be used to implen	nent the strategy for this service:
Agreeme	nt Name:	Contracting Pa	arties:			Effective and Ending Dates:
					-y	
					ervice (e.g., ordinanc	es, resolutions, local acts of the
Genera	l Assembly, rate or fee	changes, etc.), and when will the	ney take ef	fect?		
	The state of the s	Ken Pittard				
	number: (706) 5					
are con	sistent with the service	Id be contacted by state agencied delivery strategy? X yes act person(s) and phone number	no		ether proposed local	government projects

# SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Instructions:

County:	McDuffie	County	Service:	Recycling
1. Check the b	oox that best desc	ribes the agreed upo	n delivery arrangemen	for this service:
is check	ed, identify the go	overnment, authority	luding all cities and un or organization provi	incorporated areas) by a single service provider. (If this box ling the service.)
☐ Service		only in the unincorp	orated portion of the co	ounty by a single service provider. (If this box is checked, vice.)
				orated boundaries, and the service will not be provided in at(s), authority or organization providing the service.)
				orated boundaries, and the county will provide the service in at(s), authority or organization providing the service.)
				service area of each service provider, and identify the e within each service area.)
2. In develop	and the second s	vere overlapping ser	vice areas, unnecessar	competition and/or duplication of this service identified?
higher levels		C.G.A. 36-70-24(1)		n for continuing the arrangement (i.e., overlapping but f the duplication, or reasons that overlapping service areas
			tegy, <b>attach an imple</b> he agreed upon deadlir	nentation schedule listing each step or action that will be e for completing it.
				and indicate how the service will be funded (e.g., enterprise tel taxes, franchise taxes, impact fees, bonded indebtedness, etc
Local Governmen	t or Authority:	Funding Method:		
City of	Thomson	General Fu	nd	
The state of the s	e County	General Fu	nd	
4 TY	ha stastani shana	a tha arasiasa aman	gamants for providing	and/or funding this service within the county?
4. How will t	ne strategy chang	e the previous arran	gements for providing	and/of funding this service within the county:
	21			
No (	Change			
5 List any for	mal service deliv	ery agreements or in	tergovernmental contr	acts that will be used to implement the strategy for this service:
Agreement Name		7. E	Contracting Parties:	Effective and Ending Dates:
Recycle	Agreement		McDuffie Cou	nty 04-22-99
			City of Thom	ison
			Town of Dear	ing
6. What other	mechanisms (if	any) will be used to changes, etc.), and w	implement the strategy hen will they take effe	for this service (e.g., ordinances, resolutions, local acts of the
: General Plase.	nory, rate or ree	manges, etc.), and n	nen wan mey tame sare	*
None				
7 Person cor	nnlating form:	Ken Pitt	ard	
			Date completed:	02-26-99
				uating whether proposed local government projects
are consistent	with the service	delivery strategy?		

## SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

Instructions:

County: McDuffie Co	inty	Service:	Water/Sewer	
1. Check the box that best descri	oes the agreed	upon delivery arrangement fo	r this service:	
Service will be provided consist checked, identify the government of the service of the service of the service will be provided consistency.	ernment, auth	ority or organization providing		ervice provider. (If this box
☐ Service will be provided or	ly in the uninc	corporated portion of the coun anization providing the service		. (If this box is checked,
		ce only within their incorporated, identify the government(s		
		ce only within their incorporated, identify the government(s	The state of the s	
		gible map delineating the se ion that will provide service w		ovider, and identify the
<ol> <li>In developing the strategy, we</li> <li>   ☐ yes  ☐ no  </li> </ol>	re overlapping	g service areas, unnecessary co	ompetition and/or duplication	of this service identified?
If these conditions will continue higher levels of service (See O.C or competition cannot be elimina	.G.A. 36-70-2			
If these conditions will be elimin taken to eliminate them, the response				step or action that will be
3. List each government or author funds, user fees, general funds, s				
Local Government or Authority: Fu	nding Method:			
	Enterpri SPLOST	se Fund		
4. How will the strategy change	the previous a	rrangements for providing and	or funding this service within	the county?
No Change				
5. List any formal service deliver	y agreements	or intergovernmental contract	s that will be used to impleme	nt the strategy for this service: Effective and Ending Dates:
Thomson/McDuffie C		MaDuffieCounty	-City of Thomson	10-27-87/10-27-3
Water/Sewer Agreem Water District #1A			-City of Thomson	3-26-98/3-26-38
			WOMEN AND AND ADDRESS OF THE ADDRESS	
6. What other mechanisms (if ar General Assembly, rate or fee characteristics) Resolution providi	anges, etc.), ar	nd when will they take effect?		resolutions, local acts of the
Agreement concerni	ng Sewer	service in the	Town of Dearing .	
7. Person completing form:				
Phone number: (706) 59	5-1781	Date completed:0		
8. Is this the person who should are consistent with the service de	livery strategy	y? ⊠ yes □ no	ing whether proposed local go	vernment projects

## SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Instructions:

County: McDuffie C					isure Service	.s
1. Check the box that best desc	ribes the agreed up	on delivery arrangem	ent for this service:			
Service will be provided is checked, identify the g	overnment, authorit				le service provider. (If	this box
McDuffie Cou  Service will be provided identify the government,	only in the unincorp			service prov	ider. (If this box is che	cked,
One or more cities will prunincorporated areas. (If						
One or more cities will pu unincorporated areas. (If						
Other. (If this box is chec government, authority, or					provider, and identif	y the
2. In developing the strategy, v  ☐ yes ☒ no	were overlapping se	ervice areas, unnecess	ary competition and	d/or duplicati	ion of this service iden	tified?
If these conditions will continu higher levels of service (See O. or competition cannot be elimin	C.G.A. 36-70-24(1	y, attach an explana )), overriding benefits	tion for continuing s of the duplication	g the arrang , or reasons t	ement (i.e., overlappir hat overlapping service	ng but e areas
If these conditions will be elim taken to eliminate them, the res					ich step or action that v	vill be
3. List each government or aut funds, user fees, general funds,						
Local Government or Authority:	Funding Method:					
McDuffie County	General	Fund - SPLOS	T			
City of Thomson	General	Fund				
Town of Dearing	General	Fund				
4. How will the strategy change No Change	e the previous arrai	ngements for providir	ng and/or funding th	nis service wi	ithin the county?	
5. List any formal service deliv			ntracts that will be u	used to imple		
Agreement Name:		Contracting Parties:			Effective and Ending I	Jates:
Recreation and Le		McDuffie C			C 4 00 / C 4	4.0
Services Agreemen	t	Town of De			6-4-90/6-4	-40
6. What other mechanisms (if	ann) will be used to		oard of Edu		res resolutions local	acts of the
General Assembly, rate or fee	changes, etc.), and	when will they take et	ffect?	. O.g., ordinan	4	
None						,
3.1 #						
7. Person completing form: Phone number: (706) 5			02-26-99			
8. Is this the person who should				roposed loca	al government projects	
are consistent with the service  If not, provide designated cont	delivery strategy?	🛛 yes 🗌 no				

# SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Instructions:

County:	McDuffie		Service:	Sheriff	
		ribes the agreed unc	on delivery arrangeme		
∑ Service	e will be provided	countywide (i.e., inc		nincorporated areas) by a	single service provider. (If this box
☐ Service		only in the unincorp	orated portion of the cation providing the se		provider. (If this box is checked,
					e service will not be provided in zation providing the service.)
					e county will provide the service in zation providing the service.)
				e service area of each ser ce within each service are	rvice provider, and identify the a.)
2. In develo  ☐ yes [		were overlapping se	vice areas, unnecessa	ry competition and/or dup	lication of this service identified?
If these cond	litions will continu	C.G.A. 36-70-24(1)			rangement (i.e., overlapping but ons that overlapping service areas
			itegy, <b>attach an imple</b> he agreed upon deadli		ng each step or action that will be
					vice will be funded (e.g., enterprise , impact fees, bonded indebtedness, etc
Local Governm	ent or Authority:	Funding Method:			
McDuffi	e County	General Fu	and		
Town of	Dearing	Provides su	ub-station sr	ace	
10111101					
No C	hange			and/or funding this services and a service a	mplement the strategy for this service:
Agreement Nar	ne:		Contracting Parties:		Effective and Ending Dates:
	orcement M		McDuffie Co		
	nce Agreem		City of The		12-6-95
Contrac	t for Police	ce services	Town of Dea	IT ING	12-0-93
General Ass	embly, rate or fee	changes, etc.), and w	hen will they take eff	ect?	The Corps of Eng.
f f	or law enfo	orcement ser	rvices at Str	om Thurman Lak	e ,
	ompleting form:	Ken Pitta 95-1781	rd Date completed: _	02-26-99	
8. Is this the	e person who shoul	d be contacted by st delivery strategy?	ate agencies when eva yes no one number(s) below:		local government projects

# SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

Make copies of this form and complete one for each service liste	d on page 1, Section III	. Use exactly the same serv	ice names listed on page 1
Answer each question below, attaching additional pages as necessary.	If the contact person for th	nis service (listed at the botto	m of the page) changes, this
should be reported to the Department of Community Affairs.			1.0.,

County: McDuffie Service: City of Thomson Police
1. Check the box that best describes the agreed upon delivery arrangement for this service:
Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
City of Thomson
Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)
2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?  yes no
If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).
If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.
3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, enterprise funds, and the fees for the fees fees for the fees fees fees fees fees fees fees fe
Local Government or Authority: Funding Method:
City of Thomson General Fund
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?
No Change
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service Agreement Name:  Contracting Parties:  Effective and Ending Dates:
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
T. D
7. Person completing form: Ken Pittard  Phone number: (706) 595-1781 Date completed: 02-26-99
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? $\boxtimes$ yes $\square$ no  If not, provide designated contact person(s) and phone number(s) below:

# SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Make copies of this form and 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
hould be reported to the Department of Community Affairs

County: McDuffie		Service:	Jail	Operations	
1. Check the box that best desc	ribes the agreed u	oon delivery arrangemen	t for this service:		
is checked, identify the grant McDuffie Cour	overnment, author	ity or organization provi	ding the service.)	by a single service provider. (If	
Service will be provided identify the government,				vice provider. (If this box is che	cked,
				nd the service will not be provide ganization providing the service.	
				nd the county will provide the se ganization providing the service.	
Other. (If this box is chec government, authority, or				ch service provider, and identify e area.)	y the
2. In developing the strategy, v  ☐ yes ☒ no	vere overlapping s	ervice areas, unnecessar	y competition and/o	r duplication of this service ident	iified?
	C.G.A. 36-70-24(			e arrangement (i.e., overlappin reasons that overlapping service	
If these conditions will be elim taken to eliminate them, the res				listing each step or action that w	vill be
				e service will be funded (e.g., ent axes, impact fees, bonded indebt	
Local Government or Authority:	Funding Method:				
McDuffie County	General	Fund			
City of Thomson	General	Fund			
			***************************************		
4. How will the strategy change	e the previous arra	angements for providing	and/or funding this	service within the county?	
No Change					
				***	
5. List any formal service deliv	ery agreements or	intergovernmental contr	acts that will be use	d to implement the strategy for th	nis service:
Agreement Name:		Contracting Parties:		Effective and Ending I	
Jail Construction	and	McDuffie Cou	inty & City	of	
Staffing Agreemen	t	Thomson		1-2-90/Ope	n
1					
				., ordinances, resolutions, local a	icts of the
General Assembly, rate or fee	changes, etc.), and	when will they take effe	ect?	•	
Various Agree	ments to H	ouse Prisoners			
7. Person completing form:	Ken Pitts	ard			
Phone number: (706) 5			02-26-99	and the second s	
				osed local government projects	
are consistent with the service  If not, provide designated cont	delivery strategy?	yes no	·		



## SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

Instructions:

		and the same of th		
County: McDuffie Cou	unty	Service: S	School Patrol	
1. Check the box that best descri	ibes the agreed upon de	elivery arrangement f	or this service:	
Service will be provided or is checked, identify the go			corporated areas) by a single ng the service.)	service provider. (If this box
Service will be provided of identify the government, a			nty by a single service provid	er. (If this box is checked,
			ated boundaries, and the servi s), authority or organization p	
			ated boundaries, and the counts), authority or organization p	
Other. (If this box is check government, authority, or o				rovider, and identify the
City of Thomson Elementary Scho 2. In developing the strategy, we yes Ano	ools		nson Middle Schoo	
If these conditions will continue higher levels of service (See O.C or competition cannot be eliminated)	C.G.A. 36-70-24(1)), o	tach an explanation verriding benefits of	for continuing the arrangenthe duplication, or reasons that	nent (i.e., overlapping but it overlapping service areas
If these conditions will be elimin taken to eliminate them, the resp				n step or action that will be
3. List each government or authorized funds, user fees, general funds,	ority that will help to p special service district	pay for this service an revenues, hotel/mote	d indicate how the service wi I taxes, franchise taxes, impac	II be funded (e.g., enterprise et fees, bonded indebtedness, etc
Local Government or Authority: F	unding Method:			
City of Thomson	General Fund			
McDuffie County	General Fund			
	*			
<ul><li>4. How will the strategy change</li><li>No Change</li><li>5. List any formal service delive</li><li>Agreement Name:</li></ul>	ery agreements or interg			
			nty & City of	04-22-99 for
School Patrol Agre		homson	ity a city or	one year
		22		Auto Renewal
6. What other mechanisms (if a General Assembly, rate or fee cl	ny) will be used to imp	plement the strategy f	or this service (e.g., ordinance	es, resolutions, local acts of the
None	langes, etc.), and when	will they take effect		
2.11. FL				
7. Person completing form: _	Ken Pittar	Бn		
Phone number: (706) 5			02-26-99	
8. Is this the person who should	d be contacted by state	agencies when evalua		government projects
are consistent with the service d If not, provide designated conta	lelivery strategy?	yes no		

# SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

Instructions:

			WW		
County: McDuffie		Service:	McDuffie Count	y Fire Pro	tection
1. Check the box that best descri	ribes the agreed upo	on delivery arrangemen	t for this service:		
Service will be provided of is checked, identify the go McDuffie Count	vernment, authorit			single service pro	vider. (If this box
Service will be provided of identify the government, a	only in the unincorp			provider. (If this	box is checked,
One or more cities will pr unincorporated areas. (If					
One or more cities will pr unincorporated areas. (If					
Other. (If this box is chec government, authority, or					nd identify the
2. In developing the strategy, v  ☐ yes ☒ no	vere overlapping se	ervice areas, unnecessa	ry competition and/or dup	plication of this se	rvice identified?
If these conditions will continu higher levels of service (See O. or competition cannot be elimin	C.G.A. 36-70-24(1				
If these conditions will be elim taken to eliminate them, the res				ing each step or ac	ction that will be
3. List each government or aut funds, user fees, general funds.					
Local Government or Authority:	Funding Method:				
McDuffie County	Insuranc	ce Premiums T	ax		
4. How will the strategy chang	the provious area	ngaments for providing	and/or funding this serv	ice within the cou	ntv?
4. How will the strategy chang	e the previous arra	ngements for providing	and/or funding this serv	ice within the cou	mty:
No Change					
5. List any formal service deliv	ery agreements or	intergovernmental con	tracts that will be used to	implement the str	ategy for this service:
Agreement Name:	, ,	Contracting Parties:	*		and Ending Dates:
Mutual Assistance	Agreement	McDuffie Cou	nty/City of Th	omson 04-	22-99
6. What other mechanisms (if General Assembly, rate or fee				rdinances, resoluti	ons, local acts of the
City of Thomson O			* 10	e city lim	uits)
7. Person completing form: Phone number: (706) 5		ittard Date completed:	02-26-99		
8. Is this the person who shou				d local governmen	nt projects
are consistent with the service  If not, provide designated cont	delivery strategy?	☑ yes □ no		d local governmen	n projects
***************************************					

## SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Instructions:

County: _	McDuffie Co	ounty	Service: Cit	y of Thomson Fire	Protection
			n delivery arrangement fo		
☐ Serv	ice will be provided c ecked, identify the go	ountywide (i.e., inc vernment, authority	luding all cities and uninc or organization providing	orporated areas) by a single ser g the service.)	vice provider. (If this box
☐ Serv	rice will be provided of tify the government, a	nly in the unincorp authority or organiz	orated portion of the coun ation providing the service	ty by a single service provider. e.)	(If this box is checked,
unin	or more cities will proceed or more cities will proceed areas. (If the tynof Thomson	his box is checked,	nly within their incorpora identify the government(s	ted boundaries, and the service s), authority or organization pro	will not be provided in viding the service.)
	-				90 11 4
One unin	or more cities will pr acorporated areas. (If t	ovide this service on this box is checked,	identify the government(	ted boundaries, and the county s), authority or organization pro	will provide the service in widing the service.)
Othe	er. (If this box is chec ernment, authority, or	ked, attach a legib other organization	le map delineating the set that will provide service v	ervice area of each service pro within each service area.)	vider, and identify the
	eloping the strategy, v	vere overlapping se	rvice areas, unnecessary o	competition and/or duplication of	of this service identified?
higher lev	onditions will continuvels of service (See O. tition cannot be eliminated)	C.G.A. 36-70-24(1	, attach an explanation )), overriding benefits of t	for continuing the arrangeme he duplication, or reasons that of	nt (i.e., overlapping but overlapping service areas
			ategy, attach an impleme the agreed upon deadline	entation schedule listing each s for completing it.	tep or action that will be
3. List ea funds, us	ch government or aut er fees, general funds	hority that will help , special service dis	to pay for this service an trict revenues, hotel/mote	d indicate how the service will taxes, franchise taxes, impact	be funded (e.g., enterprise fees, bonded indebtedness, etc.
Local Gover	rnment or Authority:	Funding Method:			
City	of Thomson	General	Find		
			NAME OF THE OWNER OWNER OF THE OWNER OWNE		
4. How v	will the strategy chang	e the previous arra	ngements for providing ar	nd/or funding this service within	the county?
No C	hange				
5. List an Agreement	y formal service deliv	ery agreements or	intergovernmental contrac	ts that will be used to implemen	
			Contracting Parties:		Effective and Ending Dates:
Mutua.	l Assistance	Agreement	City of Thoms	on/McDuffie County	04-22-99
6. What a	other mechanisms (if Assembly, rate or fee	any) will be used to changes, etc.), and	implement the strategy for when will they take effect	or this service (e.g., ordinances,	resolutions, local acts of the
Ordin	nance #369 (1	Fire Protec	tion outside c	ity limits)	
7. Person	completing form:	Ken Pitta	rd		
	mber: <u>(706)</u> 59		Date completed: _02	2-21-99	
8. Is this are consis	the person who should tent with the service of	d be contacted by s lelivery strategy?	tate agencies when evalua	ting whether proposed local gov	vernment projects

# SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

Instructions:

County: McDuffie	Service:	Town of	Dearing	Fire 1	Protection
1. Check the box that best describes the agreed up	on delivery arrangemen	t for this service	e:		
Service will be provided countywide (i.e., in is checked, identify the government, authority				service p	rovider. (If this box
Service will be provided only in the unincorridentify the government, authority or organization			le service provid	er. (If this	s box is checked,
∑ One or more cities will provide this service of unincorporated areas. (If this box is checked)					
Town of Dearing					
One or more cities will provide this service of unincorporated areas. (If this box is checked					
Other. (If this box is checked, attach a legible government, authority, or other organization				rovider,	and identify the
<ol> <li>In developing the strategy, were overlapping se</li></ol>	ervice areas, unnecessar	y competition	and/or duplication	n of this s	ervice identified?
If these conditions will continue under the strategy higher levels of service (See O.C.G.A. 36-70-24(1 or competition cannot be eliminated).					
If these conditions will be eliminated under the str taken to eliminate them, the responsible party and				step or a	action that will be
3. List each government or authority that will help funds, user fees, general funds, special service dis	to pay for this service trict revenues, hotel/mo	and indicate hotel taxes, franc	ow the service wi hise taxes, impac	ll be fund et fees, bo	ed (e.g., enterprise nded indebtedness, et
Local Government or Authority: Funding Method:					
Town of Dearing General Fu	nd				
	***************************************				
How will the strategy change the previous arrange the previous arrange.	ngements for providing	and/or funding	this service with	in the co	unty?
4. How will the strategy change the previous arta-	ingenients for providing	and or randing	, 1110 001 1100		,
No Change					
no enange					
5. List any formal service delivery agreements or	intergovernmental conti	acts that will b	e used to implem	ent the st	rategy for this service
Agreement Name:	Contracting Parties:				and Ending Dates:
Mutual Assistance Agreement	Town of Dear McDuffie Cou		of Thomso	on 04	-22-99
		c .11 1	,		iona local acts of the
6. What other mechanisms (if any) will be used to General Assembly, rate or fee changes, etc.), and	o implement the strategy when will they take effe	for this servicect?	e (e.g., ordinance	es, resolut	ions, local acts of the
None	· ·				
7. Person completing form: Ken Pitt	ard				27
Phone number: (706) 595-1781		02-24-	99		
8. Is this the person who should be contacted by are consistent with the service delivery strategy?	🛛 yes 🗌 no	luating whethe	r proposed local	governme	nt projects
If not, provide designated contact person(s) and p	hone number(s) below:				

# SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

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

County: McDuffie Service: E911	
1. Check the box that best describes the agreed upon delivery arrangement for this service:	
Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this is checked, identify the government, authority or organization providing the service.)  McDuffie County	юх
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 unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)	in
Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)	
<ol> <li>In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified</li></ol>	?
If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping bu higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service area 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.	e
3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterpr funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness.	
Local Government or Authority: Funding Method:	
McDuffie County General Fund/Enterprise Fund	
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?	
No Change	
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service.	ervice:
Agreement Name:  Contracting Parties:  Effective and Ending Dates:	
Control of the contro	of the
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts General Assembly, rate or fee changes, etc.), and when will they take effect?	of the
Resolutions of July 1, 1998 May 6, 1992	
7. Person completing form: Ken Pittard	
Phone number: (706) 595-1781 Date completed: 02-24-99	- 20
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy?  yes  no  If not, provide designated contact person(s) and phone number(s) below:	

# SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Instructions:

County: McDuffie		Service: EM	IS/Ambulance	
1. Check the box that best des	cribes the agreed u	pon delivery arrangement for th	is service:	
		including all cities and unincorprity or organization providing th		service provider. (If this box
	only in the uninco	orporated portion of the county buization providing the service.)	oy a single service provide	er. (If this box is checked,
		only within their incorporated d, identify the government(s), a		
		only within their incorporated d, identify the government(s), a		
		ible map delineating the service with		rovider, and identify the
<ol> <li>In developing the strategy,</li> <li></li></ol>	were overlapping	service areas, unnecessary comp	petition and/or duplication	of this service identified?
If these conditions will continu higher levels of service (See C or competition cannot be elim	D.C.G.A. 36-70-24	gy, attach an explanation for ((1)), overriding benefits of the d	continuing the arrangen luplication, or reasons tha	nent (i.e., overlapping but t overlapping service areas
		trategy <b>, attach an implementa</b> d the agreed upon deadline for c		step or action that will be
		elp to pay for this service and incistrict revenues, hotel/motel tax		
Local Government or Authority:	Funding Method:			
	General	Fund		
McDuffie County Town of Dearing		rovides a building	for the ambul	ance at no charge
TOWN OF Dearing	to the Co		, Tor the amount	<u>u</u>
4. How will the strategy chan  No Change	ge the previous arr	angements for providing and/or	funding this service with	in the county?
5. List any formal service deli	very agreements o	r intergovernmental contracts th	at will be used to implem	ent the strategy for this service
Agreement Name:		Contracting Parties:		Effective and Ending Dates:
EMS Agreement		McDuffie County Dearing	& Town of	04-22-99
6. What other mechanisms (in General Assembly, rate or fee	f any) will be used changes, etc.), and	to implement the strategy for the distribution will they take effect?	is service (e.g., ordinance	s, resolutions, local acts of the
Ambulance Servi	ce Managem	ent Agreement Ja	anuary 8,1987	
				ř.
7. Person completing form:	Ken	Pittard		
Phone number: (706)	95-1781	Date completed:02-	-24-99	
		state agencies when evaluating		government projects
are consistent with the service	e delivery strategy:	? ⊠ yes ☐ no		

# SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Make copies of this form and complete one for each service list	ed on page 1, Section III. Use exactly the same service names listed on page 1.
	If the contact person for this service (listed at the bottom of the page) changes, this
1 111 1 1 1 D 1 1 CO 1 1 1 CC 1	

<ol> <li>Check the box that best describes the agreed upon deliver.</li> <li>Service will be provided countywide (i.e., including al is checked, identify the government, authority or organ McDuffie County</li> <li>Service will be provided only in the unincorporated posidentify the government, authority or organization providentify the government, authority or organization providentify the government of this service only within unincorporated areas. (If this box is checked, identify the unincorporated areas. (If this box is checked, identify the unincorporated areas.)</li> <li>Other. (If this box is checked, attach a legible map degovernment, authority, or other organization that will provide the unincorporated areas.</li> </ol>	Il cities and un nization provide ortion of the co- viding the serventhe incorporate the governmenth of the	incorporated areas) by a sin ling the service.)  ounty by a single service provice.)  orated boundaries, and the sent(s), authority or organization	ervice will not be provided in on providing the service.)
is checked, identify the government, authority or organ McDuffie County  Service will be provided only in the unincorporated por identify the government, authority or organization providentify the government g	nization providention of the coviding the serventhe government their incorporate governmenthe go	ding the service.)  bunty by a single service provice.)  brated boundaries, and the sent(s), authority or organization or ated boundaries, and the cont(s), authority or organization or ated boundaries, and the cont(s), authority or organization	ervice will not be provided in on providing the service.)
<ul> <li>□ Service will be provided only in the unincorporated polidentify the government, authority or organization provided only in the unincorporated provided this service only within unincorporated areas. (If this box is checked, identify the unincorporated areas. (If this box is checked, identify the unincorporated areas. (If this box is checked, identify the unincorporated areas.)</li> <li>□ Other. (If this box is checked, attach a legible map detection of the unincorporated areas.)</li> </ul>	n their incorporate government the government the incorporate government the government	orated boundaries, and the sent(s), authority or organization or attention or authority or organization or attention or organization or organization.	ervice will not be provided in on providing the service.)  ounty will provide the service in
<ul> <li>unincorporated areas. (If this box is checked, identify to the control of the contr</li></ul>	the government their incorporate government the government	ort(s), authority or organization	on providing the service.)  ounty will provide the service in
unincorporated areas. (If this box is checked, identify t  Other. (If this box is checked, attach a legible map de	the government	at(s), authority or organization	
		1.1.	
<b>6</b>			ce provider, and identify the
<ol> <li>In developing the strategy, were overlapping service area</li> <li>yes ☒ no</li> </ol>	s, unnecessary	competition and/or duplica	ation of this service identified?
If these conditions will continue under the strategy, attach a higher levels of service (See O.C.G.A. 36-70-24(1)), overrid or competition cannot be eliminated).			
If these conditions will be eliminated under the strategy, atta taken to eliminate them, the responsible party and the agreed			each step or action that will be
3. List each government or authority that will help to pay fo funds, user fees, general funds, special service district reven			
Local Government or Authority: Funding Method:			
McDuffie County General Fund			
City of Thomson General Fund			
Town of Dearing General Fund			
4. How will the strategy change the previous arrangements to	for providing	and/or funding this service v	within the county?
No Change			
5. List any formal service delivery agreements or intergovern	nmental contra	acts that will be used to imp	lement the strategy for this service:
Agreement Name: Contracting	Parties:		Effective and Ending Dates:
EMA Resolution McDu	ffie Cou	nty	
	of Thom		Sept. 10,1992
Town	of Dear	ing	
6. What other mechanisms (if any) will be used to implement	nt the strategy	for this service (e.g., ordina	ances, resolutions, local acts of the
General Assembly, rate or fee changes, etc.), and when will	iney take effect	at:	•
None			
None			
7. Person completing form: Ken Pitte			
Phone number: (706) 595-1781 Date of			
8. Is this the person who should be contacted by state agenc are consistent with the service delivery strategy?	ies when eval	uating whether proposed loc	cal government projects
If not, provide designated contact person(s) and phone number	per(s) below:	1	

## SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Instructions:

1. Check the box that beat describes the agreed upon delivery arrangement for this service:  Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)  Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)  One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)  One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)  I developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service.)  I developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service in unincorporated according to the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.O.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be climinated.  If these conditions will continue under the strategy, attach an implementation schedule listing each ste	County:	McDuffie	Service: Hospital	
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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 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. acad Government or Authority  Funding Method:  Hospital Authority  General Fund  4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?  No Change  5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service. Agreement Name:  Contracting Parties:  Resolution  McDuffie County & Hospital  Authority  Hospital Agreement  McDuffie County/City of Thomson  O4-22-99  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?  7. Person completing form:  Ken Pittard  Phone number: (706) 595-1781  Date completed:  8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects			ere overlapping service areas, unnecessary competition and/or duplication	of this service identified?
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7. Person completing form:  Ken Pittard  Phone number: (706) 595-1781  Date completed:  8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects				
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Phone number: (706) 595-1781 Date completed:  8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects	General As	sembly, rate or fee	nanges, etc.), and when will they take effect?	
Phone number: (706) 595-1781 Date completed:  8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects				
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Phone number: (706) 595-1781 Date completed:  8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects	7 Damon o	ompleting form:	Ken Pittard	
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects				
				overnment projects
are consistent with the service delivery strategy?  ves  no If not, provide designated contact person(s) and phone number(s) below:	are consiste	ent with the service	lelivery strategy? Types no	

# SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, the should be reported to the Department of Community Affairs.
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County: _	McDuffie		Service: Thomson/McDuffie Co	unty Airport				
1. Check t	he box that best descri	ibes the agreed up	on delivery arrangement for this service:					
is ch	Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)  Joint Operation City of Thomson & McDuffie County							
□ Serv	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.)							
			ble map delineating the service area of each service pro that will provide service within each service area.)	ovider, and identify the				
	loping the strategy, w	ere overlapping s	ervice areas, unnecessary competition and/or duplication of	of this service identified?				
higher leve		C.G.A. 36-70-24(	y, attach an explanation for continuing the arrangement)), overriding benefits of the duplication, or reasons that					
			rategy, attach an implementation schedule listing each so the agreed upon deadline for completing it.	step or action that will be				
funds, use	er fees, general funds,	special service di	p to pay for this service and indicate how the service will strict revenues, hotel/motel taxes, franchise taxes, impact					
		funding Method:						
	ie County	General						
City	of Thomson	General	Fund					
4. How w	vill the strategy change	the previous arra	angements for providing and/or funding this service within	the county?				
No C	Change							
5 List on	y formal service delive	ary agreements or	intergovernmental contracts that will be used to impleme	nt the strategy for this service:				
Agreement		cry agreements or	Contracting Parties:	Effective and Ending Dates:				
Airpor	t Agreement		McDuffieCounty/City of Thomson	04-22-99				
6 What	other mechanisms (if	ny) will be used t	to implement the strategy for this service (e.g., ordinances	resolutions, local acts of the				
General A	Assembly, rate or fee of	changes, etc.), and	when will they take effect?	, resolutions, result as a silver				
None								
	completing form:		tard Date completed: 02-25-99	-				
8. Is this	the person who shoul	d be contacted by	state agencies when evaluating whether proposed local go	overnment projects				
	stent with the service ovide designated conta		yes no phone number(s) below:					

# SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS Instructions:

mati uctions.
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: McDuffie Co	unty	Service:	Libra	rv	
1. Check the box that best descri	_	on delivery arrangem		-	
Service will be provided of is checked, identify the go					ervice provider. (If this box
Library Boards  Service will be provided of identify the government,				ngle service provider	r. (If this box is checked,
One or more cities will prunincorporated areas. (If					
One or more cities will pr unincorporated areas. (If					will provide the service in coviding the service.)
Other. (If this box is chec government, authority, or					ovider, and identify the
<ol> <li>In developing the strategy, v</li> <li>yes ₹ no</li> </ol>	were overlapping se	rvice areas, unneces	sary competition	on and/or duplication	of this service identified?
If these conditions will continu higher levels of service (See O. or competition cannot be elimin	.C.G.A. 36-70-24(1				
If these conditions will be elim taken to eliminate them, the res					step or action that will be
3. List each government or aut funds, user fees, general funds					
ocal Government or Authority:	Funding Method:	1.			
McDuffie County	General	Fund			
City of Thomson	General	Fund	<del></del>		
4. How will the strategy chang	e the previous arra	ngements for provid	ing and/or fund	ing this service withi	n the county?
	go ino provious una	ingomento for provide			,
No Change					
5. List any formal service deliv	very agreements or	intergovernmental co	ontracts that wi	Il be used to impleme	ent the strategy for this service
Agreement Name:		Contracting Parties:			Effective and Ending Dates:
Thomson/McDuffie	County	McDuffie C	County		04-22-99 for
Library Agreement	93	City of Th	omson		one year
		McDuffie B	soard of	Education	Auto Renewal
6. What other mechanisms (if General Assembly, rate or fee				vice (e.g., ordinance	s, resolutions, local acts of the
Bartram Trail R	Regional Lib	orary Agreem	ent		
7. Person completing form:					
Phone number: (706) 59	5-1781	Date completed	:03-02	-99	
8. Is this the person who shou are consistent with the service If not, provide designated cont	delivery strategy?	🛚 yes 🗌 no		ther proposed local g	overnment projects
, [					

# SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Instructions:

County: McDuffie C	ounty	Service:	Cemetery					
1. Check the box that best desc	ribes the agreed upon deli	very arrangement for this	service:					
Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)  City of Thomson								
☐ Service will be provided	Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)							
		thin their incorporated bor fy the government(s), auth						
		thin their incorporated bor fy the government(s), auth		will provide the service in oviding the service.)				
		delineating the service a		ovider, and identify the				
2. In developing the strategy, v	were overlapping service a	reas, unnecessary competi	ition and/or duplication	of this service identified?				
If these conditions will continu higher levels of service (See O. or competition cannot be elimin	.C.G.A. 36-70-24(1)), ove							
If these conditions will be elim taken to eliminate them, the res				step or action that will be				
3. List each government or aut funds, user fees, general funds	hority that will help to pay, special service district re	y for this service and indic venues, hotel/motel taxes,	ate how the service will franchise taxes, impact	be funded (e.g., enterprise fees, bonded indebtedness, etc.				
Local Government or Authority:	Funding Method:							
City of Thomson	General Fund	Sales of Grave	Sites					
	*							
4. How will the strategy chang No Change	te the previous arrangemen	nts for providing and/or fu	nding this service within	the county?				
5. List any formal service deliv Agreement Name:		vernmental contracts that		nt the strategy for this service: Effective and Ending Dates:				
6. What other mechanisms (if General Assembly, rate or fee	changes, etc.), and when w	vill they take effect?	service (e.g., ordinances,	resolutions, local acts of the				
Ordinance Setting	Rules and Regu	itations						
7. Person completing form:	Ken Pittard							
Phone number: (706) 5								
8. Is this the person who shou are consistent with the service If not, provide designated cont	Id be contacted by state ag delivery strategy? X ye	encies when evaluating weets \( \subseteq \text{no} \)		vernment projects				

# SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

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

County: McDuff	ie County	Service:	Family an	nd Childre	n Services			
1. Check the box that best de								
Service will be provide is checked, identify the	Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)  McDuffie County							
	d only in the unincor	porated portion of the zation providing the se	county by a single rvice.)	e service provider	r. (If this box is checked,			
	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 ch government, authority,					ovider, and identify the			
<ol> <li>In developing the strategy</li> <li>yes ∑ no</li> </ol>	, were overlapping so	ervice areas, unnecessa	ry competition an	d/or duplication	of this service identified?			
If these conditions will continuing higher levels of service (See or competition cannot be elim	O.C.G.A. 36-70-24(1							
If these conditions will be eli taken to eliminate them, the r					step or action that will be			
3. List each government or a funds, user fees, general fund	uthority that will help ls, special service dis	p to pay for this service strict revenues, hotel/m	e and indicate how otel taxes, franch	the service will ise taxes, impact	be funded (e.g., enterprise fees, bonded indebtedness, etc.			
Local Government or Authority:	Funding Method:							
McDuffie County	General I	Fund						
4. How will the strategy cha	nge the previous arra	ngements for providing	g and/or funding t	his service within	the county?			
	iigo tiio provious uiru		,					
No Change								
5. List any formal service de	ivery agreements or		tracts that will be	used to implement	nt the strategy for this service:			
Agreement Name:		Contracting Parties:			Effective and Ending Dates:			
Dept. of Family		McDuffie Co			04-22-99			
Children Service	s Agreement	City of Tho	201					
1,		Town of Dea	LING					
6. What other mechanisms ( General Assembly, rate or fe	if any) will be used t e changes, etc.), and	o implement the strates when will they take ef	gy for this service fect?	(e.g., ordinances	, resolutions, local acts of the			
Applicable State	Laws							
7. Person completing form:					-1			
Phone number: (706) 5		Date completed:						
8. Is this the person who she are consistent with the service If not, provide designated contains the service of the service o	ce delivery strategy?	X yes □ no	4.	proposed local go	overnment projects			

# SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Instructions:

County: _	McDuffie C	County	Service:	Health Dept.	
1. Check tl	he box that best desc	cribes the agreed up	oon delivery arrangement	for this service:	
			ncluding all cities and uni ity or organization provid		single service provider. (If this box
Servi		only in the unincor	rporated portion of the co ization providing the serv		provider. (If this box is checked,
					service will not be provided in ation providing the service.)
					county will provide the service in ation providing the service.)
The second secon			ble map delineating the n that will provide service		vice provider, and identify the
2. In devel  ☐ yes		were overlapping so	ervice areas, unnecessary	competition and/or dupl	ication of this service identified?
higher leve	nditions will continu ls of service (See O tion cannot be elimi	.C.G.A. 36-70-24(1	y, attach an explanation  1)), overriding benefits of	n for continuing the arr the duplication, or reaso	angement (i.e., overlapping but ons that overlapping service areas
			rategy, <b>attach an implen</b> I the agreed upon deadlin		g each step or action that will be
3. List each	h government or au r fees, general funds	thority that will hel s, special service dis	p to pay for this service a strict revenues, hotel/mot	nd indicate how the servi el taxes, franchise taxes,	ice will be funded (e.g., enterprise impact fees, bonded indebtedness, etc
Local Govern	ment or Authority:	Funding Method:			
McDuf	fie County	General Fu	ınd		
-				-	
4. How wi	ill the strategy chang	ge the previous arra	angements for providing a	and/or funding this servic	e within the county?
No C	hange				
5 T !	farmal samias deli	von agreements or	intergovernmental contra	acts that will be used to in	inplement the strategy for this service:
Agreement N		very agreements of	Contracting Parties:		Effective and Ending Dates:
6. What o	ther mechanisms (if	f any) will be used to	to implement the strategy when will they take effect	for this service (e.g., ord	inances, resolutions, local acts of the
:	cable State				
7	completing form:	Kan Di	ttard		
Phone nu	mber: (706) 5	95-1781	Date completed:	3-8-00	
8. Is this	the person who show	uld be contacted by e delivery strategy?	state agencies when eval	uating whether proposed	local government projects

# SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



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

County: McDuffie Co	ounty	Service:	Human Relat	ions
1. Check the box that best desc	ribes the agreed	upon delivery arrangement	for this service:	
		including all cities and uni		a single service provider. (If this box
Service will be provided of	only in the uninc	uffie County & Corporated portion of the co anization providing the serv	unty by a single service	son ce provider. (If this box is checked,
				the service will not be provided in nization providing the service.)
				the county will provide the service in nization providing the service.)
		gible map delineating the ion that will provide service		service provider, and identify the area.)
<ol> <li>In developing the strategy, v</li> <li>yes ⊠ no</li> </ol>	vere overlapping	g service areas, unnecessary	competition and/or d	uplication of this service identified?
	C.G.A. 36-70-24			arrangement (i.e., overlapping but asons that overlapping service areas
If these conditions will be elimitaken to eliminate them, the res				sting each step or action that will be
				ervice will be funded (e.g., enterprise es, impact fees, bonded indebtedness, etc
Local Government or Authority:	Funding Method:			
McDuffie County	General			
City of Thomson	General	Fund		
4. How will the strategy chang No Change	e the previous ar	rrangements for providing a	and/or funding this ser	vice within the county?
			ate that will be used t	implement the strategy for this service
Agreement Name:	ery agreements o	Contracting Parties:	ets that will be used b	Effective and Ending Dates:
6. What other mechanisms (if a General Assembly, rate or fee of	any) will be used changes, etc.), ar	d to implement the strategy and when will they take effect	for this service (e.g., o	ordinances, resolutions, local acts of the
		sion Ordinance		1990
7. Person completing form:	Ken P	ittard		
Phone number: (706) 59			3-8-99	
8. Is this the person who shoul are consistent with the service. If not, provide designated contracts	d be contacted b	oy state agencies when evalu		ed local government projects

## SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

Instructions:

County:	_McDu:	ffie	Cou	nty		Service:	7	Agricultu	re	
1. Check	the box th	at best	describ	oes the agre	ed upon o	delivery arrangem	ent fo	r this service:		
						ding all cities and r organization pro			by a single	service provider. (If this box
						ated portion of the on providing the s			rvice provid	er. (If this box is checked,
										ce will not be provided in providing the service.)
☐ One	e or more of incorporate	cities w	vill prov s. (If thi	vide this se is box is ch	rvice only ecked, ide	within their incomentify the government	rporat nent(s	ed boundaries, a	nd the countrganization p	ty will provide the service in providing the service.)
						nap delineating t at will provide serv				rovider, and identify the
	veloping thes	e strate	egy, we	re overlapp	oing servi	ce areas, unnecess	sary co	ompetition and/o	r duplication	n of this service identified?
higher le	conditions vels of servettion cann	vice (So	ce O.C.	.G.A. 36-70	trategy, a 0-24(1)), (	ttach an explana overriding benefit	tion f	or continuing the duplication, o	he arrangen r reasons tha	nent (i.e., overlapping but at overlapping service areas
If these c	conditions veliminate the	will be hem, th	elimina ne respo	ated under onsible part	the strates	gy, <b>attach an imp</b> agreed upon dead	olemen dline f	ntation scheduler for completing it	e listing each	n step or action that will be
3. List ea funds, us	ach govern ser fees, ge	ment o	r authounds, s	rity that wi	ill help to ice distric	pay for this service t revenues, hotel/r	ce and	l indicate how th taxes, franchise	e service wi taxes, impac	ll be funded (e.g., enterprise et fees, bonded indebtedness, e
Local Gove	ernment or A	uthority:	Fu	nding Method	d:					
McDuf	ffie Co	ount	у	Gener	al Fur	nd				
				•						
						**************************************			-	
										·
4. How	will the str	ategy c	hange	the previou	is arrange	ments for providir	ng and	l/or funding this	service with	in the county?
No	Change	е								
	Server	ervice	deliver	y agreemei			ntract	s that will be use	ed to implem	nent the strategy for this servic Effective and Ending Dates:
Agreement	t Name:					ntracting Parties:				
	cultur	e Se	rvic	e	The second secon	McDuffie C				04-22-99
Agree	ement					City of Th Town of De		The state of the s		
						TOWIT OF DE	атт	ng		
C What		haniam	o (if on	w) will be	used to im	polement the strate	egy fo	r this service (e	g ordinance	es, resolutions, local acts of the
General	Assembly,	rate or	fee ch	anges, etc.	, and whe	en will they take e	effect?	i tilis sei vice (e.	5., Ordinano	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	, ,									
						*				
					D:					
	on completi				Pitt		2	0.00		
	umber: ( <u>7</u>					Date completed:				
are cons	istent with	the ser	rvice de	elivery strat	tegy? X	e agencies when e yes  no e number(s) belov		ting whether pro	posed local į	government projects

### SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



Country N-D-55i- C		Service:	CSRA/RDC	
County: McDuffie C  1. Check the box that best descr				
Service will be provided c is checked, identify the go	ountywide (i.e.	including all cities and	unincorporated areas) by	a single service provider. (If this box
CSRA/RDC  Service will be provided of identify the government, a	only in the uning authority or orga	corporated portion of the sanization providing the s	e county by a single service service.)	e provider. (If this box is checked,
One or more cities will pro- unincorporated areas. (If t	ovide this servion his box is check	ce only within their inco ted, identify the government	rporated boundaries, and t nent(s), authority or organ	he service will not be provided in ization providing the service.)
One or more cities will prounincorporated areas. (If t	ovide this servion his box is check	ce only within their inco ted, identify the govern	rporated boundaries, and t nent(s), authority or organ	he county will provide the service in ization providing the service.)
			the service area of each so vice within each service ar	ervice provider, and identify the ea.)
2. In developing the strategy, w  ☐ yes ☑ no	vere overlapping	g service areas, unnecess	sary competition and/or du	plication of this service identified?
If these conditions will continue higher levels of service (See O. or competition cannot be elimin	C.G.A. 36-70-2	egy, attach an explana 4(1)), overriding benefit	ation for continuing the a ts of the duplication, or rea	rrangement (i.e., overlapping but sons that overlapping service areas
If these conditions will be elimitaken to eliminate them, the res				ting each step or action that will be
3. List each government or auth funds, user fees, general funds,	nority that will be special service	nelp to pay for this servi district revenues, hotel/	ce and indicate how the se motel taxes, franchise taxe	rvice will be funded (e.g., enterprise s, impact fees, bonded indebtedness, etc
Local Government or Authority:	Funding Method:			
McDuffie County	General			
City of Thomson	General			
Town of Dearing	General	Fund		
			H	
4. How will the strategy change  No Change	e the previous a	rrangements for providi	ng and/or funding this serv	vice within the county?
5. List any formal service deliveragement Name:	ery agreements	or intergovernmental co	entracts that will be used to	Effective and Ending Dates:
6. What other mechanisms (if a General Assembly, rate or fee of Standard Agree	changes, etc.), a	d to implement the stratend when will they take e	egy for this service (e.g., o	rdinances, resolutions, local acts of the
7. Person completing form: _		Pittard	2.6.22	
Phone number: (706)				11-1
8. Is this the person who shoul are consistent with the service of If not, provide designated contains	delivery strategy	y? ⊠ yes □ no		a local government projects

County: McDuffie

## SERVICE DELIVERY STRATEGY SUMMARY OF LAND USE AGREEMENTS

Instructions:

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

1. What incompatibilities or conflicts between the land use plans of the service delivery strategy?  McDuffie County has only two incorporated jurisdictions of Dearing. A review of the land use plans of each of the a formal zoning plan in place since June of 1986. McDuffie ordinance on March 23, 1999. The Town of Dearing (pop. 50)	within the county; the City of Thomson and the Town of jurisdictions reveals that the City of Thomson has had fie County (unincorporated) has recently adopted a zoning
The land use plans for the City of Thomson and McDuffie Cithe fact that there was no formal land use plan in the unto conflict with. This remains true for the Town of Dear regulations. However, due to the recent passage of zonin possibility, albeit remote, of a conflict between the Cit	ring since it continues to have no formal land use
	y some country s zoning regulations may now all se.
2. Check the boxes indicating how these incompatibilities or conflic	ds were addressed.
amendments to existing comprehensive plans adoption of a joint comprehensive plan	
other measures (amend zoning ordinances, add environmental regulations, etc.)	Note: If the necessary plan amendments, regulations, ordinances, etc. have not yet been formally adopted, indicate when each of the affected local governments will adopt them.
If "other measures" was checked, describe these measures:	affected local governments witt daopt them.
	cations reveals that they are nearly identical. In addition, the existing City zoning district designations. It is there
3. Summarize the process that will be used to resolve disputes when areas to be annexed into a city. If the conflict resolution process will Should any zoning or zoning/annexation disputes arise bet City of Thomson, or Town of Dearing) the dispute shall be Resolution Agreement.	Il vary for different cities in the county, summarize each process.  ween any of the three jurisdictions (McDuffie County,
4. What policies, procedures and/or processes have been established ensure that new extraterritorial water and sewer service will be consumptional for extensions of water and sewer lines are and county representatives. In addition, water and sewer subdivisions, shopping centers, industrial developments, commissions.	reviewed by a water and sewer commission composed of city improvements in planned developments (residential
35,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
5. Person completing form: Fred W. Guerrant	
	pleted: April 6, 1999
6. Is this the person who should be contacted by state agencies who consistent with land use plans of applicable jurisdictions?	no
If not, provide designated contact person(s) and phone number(s) b	elow:

#### \*\*NOTE\*\*

The McDuffie County/City of Thomson/Town of Dearing Land Use Conflict Resolution Agreement was originally passed on March 26, 1998. At that time McDuffie County did not have a Zoning Ordinance in place, but since that date a McDuffie County Zoning Ordinance has been passed.

The new McDuffie County/City of Thomson/Town of Dearing Land Use Conflict Resolution has been changed to reflect the passage of the Zoning Ordinance by McDuffie County. The new Resolution is, therefore, dated April 22, 1999.

Burton DeWayne Patrick City Administrator

Date: 04-22-99

### McDuffie County/City Of Thomson/Town Of Dearing Land Use Conflict Resolution Agreement

McDuffie County and the City of Thomson currently have zoning regulations in effect. The Town of Dearing has no land use or zoning regulations in force. In order to resolve any conflict between these three jurisdictions over the designation of incompatible adjacent land uses, the following procedures are agreed upon for resolving such conflict.

Note: The following procedures are applicable only in those cases where, within 1,000 feet of a jurisdictional boundary (other than an adjacent non-McDuffie County boundary), there will be a consideration of a designation or change in zoning either by annexation or application.

- 1.) The jurisdiction where the zoning change parcel is located, hereafter referenced as "parcel jurisdiction" shall, at least seven (7) days prior to any required public zoning hearing, notify in writing the adjacent jurisdiction, hereafter referenced as "responding jurisdiction", of its, or the applicants intent or request to change or vary from the parcels zoning designation. Said notice shall be coordinated between the jurisdictions through its Planning Commission and shall contain the name of the applicant(s), a brief description of the property and location, current zoning designation, the proposed zoning designation, and instructions for responding to such notice.
- 2.) Should the responding jurisdiction object to the proposed change it shall, at least three (3) business days prior to any required public hearing, notify in writing the parcel jurisdiction of its objection by forwarding same to the Planning Commission.
- 3.) The required public hearing(s) shall proceed as scheduled according to the requirements of the jurisdiction's zoning regulations. At such hearing any objection of the responding jurisdiction shall be presented in person by a representative of that jurisdiction (other than the Director of the Planning Commission).
- 4.) As a result of the public hearing, should the decision of the Planning Commission remain objectionable to the responding jurisdiction, the decision of the Planning Commission shall be suspended for a period of not greater than thirty (30) days. A joint meeting shall, within ten (10) days following the public hearing, be held between both jurisdictions consisting of three (3) appointees from each.
- 5.) It shall be the purpose of the joint resolution committee to come to a mutually agreed upon settlement of the issue of the compatibility of the land uses. Should the committee come to an agreement on the issue, the agreement shall be forwarded as a <u>recommendation</u> to the Planning Commission and considered at the following meeting date.
- 6.) Should the joint resolution committee fail to come to a mutually agreed upon settlement of the issue, minutes of the public hearing and joint resolution committee meeting shall, within three (3) days, be forwarded to the CSRA

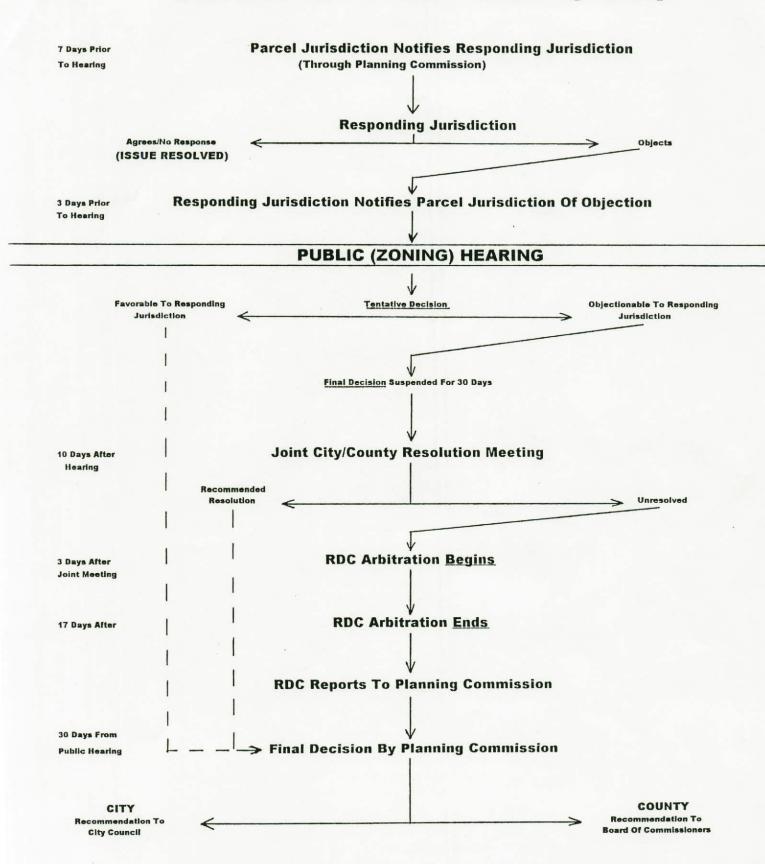
Regional Development Commission for arbitration within fourteen (14) days. The results of such arbitration shall then be presented to the Planning Commission at their following meeting.

7.) Within thirty (30) days of the first public hearing, and subsequent to the receipt of a recommendation by the joint resolution committee, or arbitration by the RDC, the City of Thomson or McDuffie County Planning Commission shall make a final decision on the issue and forward their recommendation to the City Council or Board of Commissioners respectively for final approval or denial.

		NFLICT RESOLUTION AGREEMENT is agreed upon this the <u>22nd</u>	day
of	April	, 1999.	
		Joya SBlowing	
		(Joyce R. Blevins, Chairman, McDuffie County Board of Commissioners)	
		Polit Fills	
		(Robert E. Knox, Mayor, City of Thomson)	
		Raph L. Men	
		(Ralph Menees, Mayor, Town of Dearing)	

m/s/agreemnt (Revised 4/99)

#### [Flow Chart - Land Use Conflict Resolution Agreement]





#### SERVICE DELIVERY STRATEGY CERTIFICATIONS

Instructions:

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

SERVICE DELIVERY STRATEGY FOR	McDuffie	COUNTY

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

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

SIGNATURE:	NAME: (Please print or type)	TITLE:	JURISDICTION:	DATE:
Jegg & Se	Joyce Blevins	Chairman	McDuffie Cou	nty 4-22-99
12 th	Robert E. Kno	ox, Jr. Mayor	City of Thom	son 4-22-9
Ranh L. N.	Her Ralph L. Mene	es Mayor	Town of Dear	ing4-22-99