GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS



FOR	ODITATIO	COUNTY	
TON_	SPALDING	COUNTI	

I. GENERAL INSTRUCTIONS:

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

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

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

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

II. LOCAL GOVERNMENTS INCLUDED IN THE SERVICE DELIVERY STRATEGY:

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

City of Griffin, City of Orchard Hill, City of Sunny Side and Spalding County

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.

County Administration, City Administration, City Police, Sheriff, Tax Appraisal and Assessment, Coroner, Courts, Adult & Juvenile Probation, Health & Human Services, Cooperative Extension, Emergency Management, City Garage, Board of Elections, Voter Registration, Parks and Recreation, Airport, Solid Waste, Planning, Zoning, Building Inspections, Code Enforcement, Tax Billing and Collections, Stormwater, Water, Wastewater, Animal Control, Animal Shelter, Correctional Institution, Fire, Public Works, Street Lighting, Griffin Downtown Development Authority, Griffin-Spalding Development Authority, Spalding County Water and Sewerage Facilities Authority, Butts, Henry, Lamar & Spalding Joint Development Authority, Griffin-Spalding Hospital Authority, Statutes, Fanal Sewer Communications (9)

PAGE 1



PAGE 2

Instructions:

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

County: Spalding	Service:	Adult & Juvenile Probation
1. Check the box that best describ	bes the agreed upon delivery arrangement f	for this service:
Service will be provided cou		corporated areas) by a single service provider (If this to a
□ Service will be provided only		nty by a single service provider. (If this how is shocked
One or more cities will provi unincorporated areas. (If this	ide this service only within their incorporates box is checked, identify the government(ated boundaries, and the service will not be provided in (s), authority or organization providing the service.)
One or more cities will provi	ide this service only within their incorporat	ated boundaries, and the county will provide the service in (s), authority or organization providing the service.)
Other. (If this box is checked		ervice area of each service provider and identify the
2. In developing the strategy, were □ Yes ☑ No	e overlapping service areas, unnecessary co	competition and/or duplication of this service identified?
If these conditions will continue un higher levels of service (See O.C. competition cannot be eliminated)	G.A. 30-70-24(1), overriding benefits of t	for continuing the arrangement (i.e., overlapping but the duplication, or reasons that overlapping service areas or
If these conditions will be eliminal taken to eliminate them, the respon	ted under the strategy, attach an implement nsible party and the agreed upon deadline f	entation schedule listing each step or action that will be for completing it.
 List each government or authori funds, user fees, general funds, indebtedness, etc.). 	ity that will help to pay for this service and special service district revenues, hotel/mot	d indicate how the service will be funded (e.g., enterprise tel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:	
Spalding	General Fund	

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

No changes will be made inasmuch as no violations of O.C.G.A. 36-70-1 et seq. were found.

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
Law and court orders.	tion services are provided in acc	cordance with Georgia
Law and court orders.	Michael M. Ruffin	
	Michael M. Ruffin	

PAGE 2

Instructions:

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

County:	Spalding	Servi	ice:	Airport
1. Check the	box that best describe	s the agreed upon delivery arranger	ment for t	his service:
Service	will be provided coun		unincorp	porated areas) by a single service provider. (If this how is
□ Service identify	will be provided only the government, auth	in the unincorporated portion of the ority or organization providing the	e county l service.)	by a single service provider. (If this box is checked,
One or unincom	more cities will provid porated areas. (If this	e this service only within their inco	rporated l ment(s), a	boundaries, and the service will not be provided in uthority or organization providing the service.)
One or unincom	more cities will provid porated areas. (If this	e this service only within their inco box is checked, identify the govern	rporated l ment(s), a	boundaries, and the county will provide the service in uthority or organization providing the service.)
Other. (If this box is checked,		the servic	ce area of each service provider, and identify the
2. In develop	ing the strategy, were	overlapping service areas, unnecess	sary comp	petition and/or duplication of this service identified?
nigner levels	itions will continue un of service (See O.C.G cannot be eliminated).	der the strategy, attach an explana .A. 36-70-24(1)), overriding benefi	tion for a ts of the d	continuing the arrangement (i.e., overlapping but huplication, or reasons that overlapping service areas or
If these cond taken to elim	itions will be eliminate inate them, the respon	d under the strategy, attach an imp sible party and the agreed upon dea	dline for d	tion schedule listing each step or action that will be completing it.
 List each g funds, use indebtedne 	r fees, general funds, s	y that will help to pay for this service pecial service district revenues, hot	ce and ind el/motel ta	licate how the service will be funded (e.g., enterprise axes, franchise taxes, impact fees, bonded
Local Govern	ament or Authority:	Funding Method:		
Spaldi	0	General Fund		
City o	f Griffin	General Fund		
4. How will t	he strategy change the	previous arrangements for providir	g and/or	funding this service within the county?

No changes will be made inasmuch as no violations of O.C.G.A. 36-70-1 et seq. were found.

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
5. What other mechanisms (if any) w General Assembly, rate or fee cha	vill be used to implement the strategy for this service nges, etc.), and when will they take effect?	e (e.g., ordinances, resolutions, local acts of th
	n-Spalding Airport are provided in , City Code, and federal rules and	
	, City Code, and federal rules and	
federal and state laws	, City Code, and federal rules and Michael M. Ruffin	d regulations.

PAGE 2

Instructions:

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

County: _____ Spalding

Service: _____ Animal Control

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

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

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

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

Local Government or Authority: Funding Method:

General Fund	City of Griffin	
General Fund	Spalding County	

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

No changes will be required inasmuch as no violations of 0.C.G.A. 36-70-1 et seq. were found.

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
General Assembly, rate or fee changes, etc.	and when will they take offect?	vice (e.g., ordinances, resolutions, local acts of
), and when will they take effect?	
	hael M. Ruffin	0-18-99
7. Person completing form: <u>Mic</u>	hael M. Ruffin Date completed: by state agencies when evaluating wheth	

Response to Question #2

Spalding County and the City of Griffin have separate animal control departments. However, the City of Griffin's Animal Control Department enforces a city-wide leash law. Spalding County only enforces rabies control laws and responds to calls regarding potentially dangerous animals or animals that are damaging private property in unincorporated Spalding County. Consequently, the City provides a higher level of service.

			SERVICE DELIVE	CRY STRATEGY	
		SUMMARY OF		ERY ARRANGEMENTS	PAGE 2
	Instructions:				
	ruswer each que	form and complete one for tion below, attaching additi be reported to the Departm	onal pages as necessary. If	age 1, Section III. Use exactly the same service the contact person for this service (listed at	vice names listed on page the bottom of the page)
County:	Spalding		Service:	Animal Control-Spale	ling
1. Check the bo	x that best describ	es the agreed upon del	ivery arrangement for		
Service will checked, id	ll be provided cou dentify the govern	ntywide (i.e., including ment, authority or orga	g all cities and unincor mization providing the	porated areas) by a single service p e service.)	rovider. (If this box is
Service will identify the	ll be provided only e government, aut	in the unincorporated	l portion of the county providing the service.)	by a single service provider. (If thi	s box is checked,
unincorpor	ated areas. (If this	box is checked, identi	fy the government(s),	boundaries, and the service will no authority or organization providing	the service.)
One or mor	re cities will provi	de this service only wi	thin their incorporated	boundaries, and the county will prauthority or organization providing	ovida the service in
Other. (If the government	his box is checked it, authority, or oth	, attach a legible map er organization that w	delineating the servi ill provide service with	ice area of each service provider, in each service area.)	and identify the
2. In developing	the strategy, were	overlapping service a	reas, unnecessary com	petition and/or duplication of this s	ervice identified?
ingher levels of a	ns will continue un service (See O.C.C not be eliminated)	J.A. 36-70-24(1)), ove	rriding benefits of the	continuing the arrangement (i.e. duplication, or reasons that overlap	, overlapping but pping service areas or
If these condition taken to eliminat	ns will be eliminate them, the respon		attach an implement:	ation schedule listing each step or completing it.	action that will be
 List each gove funds, user fee indebtedness, 	es, general funds, :	ty that will help to pay special service district	for this service and in revenues, hotel/motel	dicate how the service will be fund taxes, franchise taxes, impact fees,	ed (e.g., enterprise bonded
Local Governme	nt or Authority:	Funding Method:			
Spalding C	ounty	General Fu	ınd		
How will the a		./	· · · · · · · · ·		
. How will die s	dategy change the	previøus arrangemen	is for providing and/or	funding this service within the cou	inty?
No changes were found		e inasmuch as r	no violations of	f O.C.G.A. 36-70-1 et se	2 q .
	/				
	/				
				Revis	le d
	1			perio	nu

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
General Assembly, rate or fee ch	will be used to implement the strategy for this service (anges, etc.), and when will they take effect?	e.g., ordinances, resolutions, local acts of th
NONE		
NONE		
NONE		
	Michael M. Ruffin	
		i−99
7. Person completing form: Phone number: (770) 46	7-4233 Date completed: 9-24 contacted by state agencies when evaluating whether pr	

RESPONSE TO QUESTION #2.

Spalding County and the City of Griffin have separate Animal Control Departments. However, the City of Griffin's Animal Control Department enforces a city-wide leash law. Spalding County only enforces rabies control laws and responds to calls regarding potentially dangerous animals or animals that are damaging private property in unincorporated Spalding County. Consequently, the City desires and provides a higher level of service.

100	SERVICE					_	
	SUMMARY OF SERVICE	DELI	VERY A	RRAN	GEMENTS		PAGE 2
Instructions:	Instructions: Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. Answer each question below attaching additional pages as peressary. If the contact purper feaching in the same service names listed on page						
	his form and complete one for each service testion below, attaching additional pages as r ild be reported to the Department of Commun			ction III. act person	Use exactly the sa for this service (1	ume service isted at the l	names listed on page bottom of the page)
County: Spalding	Ser	vice:	Anima	1 She	lter-Spal	ding Co	ounty
1. Check the box that best descr	ibes the agreed upon delivery arrang	ement fo					
Service will be provided co	ountywide (i.e., including all cities ar mment, authority or organization pro	d uninco	orporated	areas)	by a single ser	vice prov	ider. (If this box is
Service will be provided or identify the government, and	aly in the unincorporated portion of t athority or organization providing the	ne count service	y by a sir .)	ngle ser	vice provider.	(If this bo	ox is checked,
One or more cities will pro unincorporated areas. (If the	vide this service only within their ind is box is checked, identify the gover	orporate iment(s)	d bounda , authorit	aries, an ty or org	d the service v	will not be	provided in
One or more cities will pro-	vide this service only within their inc is box is checked, identify the gover	omorate	d bounda		14.		
Other. (If this box is checked	ed, attach a legible map delineating ther organization that will provide se	the ser	vice area	ofeach	Service prov	ider, and	identify the
	re overlapping service areas, unnece					this servi	ce identified?
If these conditions will continue higher levels of service (See O.C competition cannot be eliminated	under the strategy, attach an explan G.A. 36-70-24(1)), overriding bene i).	ation for its of the	r continu e duplicat	uing the tion, or	e arrangemen reasons that o	t (i.e., ov verlappin	erlapping but g service areas or
If these conditions will be elimin taken to eliminate them, the resp	ated under the strategy, attach an in onsible party and the agreed upon de	plement dline fo	tation sci r comple	hedule it.	listing each st	ep or actio	on that will be
3. List each government or autho	rity that will help to pay for this serv , special service district revenues, ho	ce and in	ndicate h	ow the	service will be taxes, impact	funded (fees, bon	e.g., enterprise ded
Local Government or Authority:	Funding Method:						
Spalding County	General Fund						
			_				

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

The City of Griffin and Spalding County adopted an intergovernmental agreement in 1996 for the care and shelter of animals collected pursuant to the City of Griffin's Animal Control Ordinance. It has been determined that the Agreement is not in keeping with the provisions of O.C.G.A. 36-70-1 et seq. Accordingly, the County and the City of Griffin have agreed to terminate that agreement in December 31, 2001. The County will thereafter operate the shelter on a county-wide basis and the City of Griffin will amend its ordinances to conform to the County's impoundment regulations on or before January 1, 2002.

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
6. What other mechanisms (if any) will be used		
	, and when will they take effect?	
The City of Griffin will be rea with the County's ordinance for housed at the County Animal Sha	quired to amend its impound t the impoundment, adoption elter.	dment regulations to comply n and euthanasia of animals
with the County's ordinance for housed at the County Animal Sho	quired to amend its impound t the impoundment, adoption elter. Chael M. Ruffin	n and euthanasia of animals
with the County's ordinance for housed at the County Animal Sho 7. Person completing form:Mi	quired to amend its impound the impoundment, adoption elter. 	n and euthanasia of animals -24-99

PAGE 2

Instructions:

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

County:	Spalding	Service:	Appraisal and Assessment
1. Check the	box that best describes the agreed u	pon delivery arrangement	for this service:
Service		ncluding all cities and unin	corporated areas) by a single service provider. (If this box is
Service identify	will be provided only in the unincos the government, authority or organ	rporated portion of the counization providing the service	nty by a single service provider. (If this box is checked, e.)
One or unincor	more cities will provide this service porated areas. (If this box is checked	only within their incorpora d, identify the government(ted boundaries, and the service will not be provided in s), authority or organization providing the service.)
One or :	more cities will provide this service	only within their incorpora	ted boundaries, and the county will provide the service in s), authority or organization providing the service.)
Other. (ble map delineating the se	rvice area of each service provider and identify the
2. In develop	ing the strategy, were overlapping s Io	ervice areas, unnecessary c	ompetition and/or duplication of this service identified?
ingher levels	tions will continue under the strateg of service (See O.C.G.A. 36-70-24(annot be eliminated).	y, attach an explanation (1)), overriding benefits of	for continuing the arrangement (i.e., overlapping but the duplication, or reasons that overlapping service areas or
If these condition to elim	tions will be eliminated under the sinate them, the responsible party and	trategy, attach an impleme d the agreed upon deadline	entation schedule listing each step or action that will be for completing it.
 List each g funds, user indebtedne 	fees, general funds, special service	p to pay for this service and district revenues, hotel/mo	l indicate how the service will be funded (e.g., enterprise tel taxes, franchise taxes, impact fees, bonded
Local Govern	ment or Authority: Funding Met	hod:	
Spalding	County Genera	al Fund	

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

No changes will be made inasmuch as no violations of O.C.G.A. 36-70-1 et seq. were found.

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
		vice (e.g., ordinances, resolutions, local acts of the
	anges, etc.), and when will they take effect?	
Law.	assessment services are provided	in accordance with Georgia
Law.	Michael M. Ruffin	
Law.	Michael M. Ruffin	

PAGE 2

Instructions:

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

County: Spalding	Service: <u>Board of Elections</u>
1. Check the box that best describes the agreed upon de	elivery arrangement for this service:
Service will be provided countywide (i.e., including checked, identify the government, authority or org	ng all cities and unincorporated areas) by a single service provider. (If this box is ganization providing the service.)
Service will be provided only in the unincorporate identify the government, authority or organization	ed portion of the county by a single service provider. (If this box is checked, a providing the service.)
One or more cities will provide this service only w unincorporated areas. (If this box is checked, iden	within their incorporated boundaries, and the service will not be provided in attify the government(s), authority or organization providing the service.)
One or more cities will provide this service only w	within their incorporated boundaries, and the county will provide the service in tify the government(s), authority or organization providing the service.)
Other. (If this box is checked, attach a legible ma government, authority, or other organization that y	ap delineating the service area of each service provider, and identify the will provide service within each service area.)
2. In developing the strategy, were overlapping service □ Yes ☑ No	areas, unnecessary competition and/or duplication of this service identified?
If these conditions will continue under the strategy, atta	ach an explanation for continuing the arrangement (i.e., overlapping but verriding benefits of the duplication, or reasons that overlapping service areas or
If these conditions will be eliminated under the strategy taken to eliminate them, the responsible party and the ag	y, attach an implementation schedule listing each step or action that will be greed upon deadline for completing it.
 List each government or authority that will help to pa funds, user fees, general funds, special service distric indebtedness, etc.). 	ay for this service and indicate how the service will be funded (e.g., enterprise of revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority: Funding Method:	
Spalding General Fun	ıd
4 How will the strategy shapes the service service	
	nts for providing and/or funding this service within the county? no violations of O.C.G.A. 36-70-1 et seq.

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
General Assembly, rate or fee ch	will be used to implement the strategy for this servic anges, etc.), and when will they take effect? provided in accordance with Georg	
7. Person completing form:	Michael M. Ruffin	
7. Person completing form: Phone number: (770) 46		24-99

PAGE 2

Inst	ru	cti	0	ns

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:	Spalding	Service: Butts-Henry-Lamar-Spalding Joint Development Authority
1. Check the	box that best describes the agreed u	apon delivery arrangement for this service:
Service checked	will be provided countywide (i.e., in d, identify the government, authority	ncluding all cities and unincorporated areas) by a single service provider. (If this box is y or organization providing the service.)
□ Service identify	will be provided only in the unincon the government, authority or organ	rporated portion of the county by a single service provider. (If this box is checked, ization providing the service.)
One or unincor	more cities will provide this service porated areas. (If this box is checked	only within their incorporated boundaries, and the service will not be provided in d, identify the government(s), authority or organization providing the service.)
One or unincor	more cities will provide this service porated areas. (If this box is checked	only within their incorporated boundaries, and the county will provide the service in d, identify the government(s), authority or organization providing the service.)
Other. (governi	If this box is checked, attach a legil ment, authority, or other organization	ble map delineating the service area of each service provider, and identify the n that will provide service within each service area.)
2. In develop	ijng the strategy, were overlapping s No	ervice areas, unnecessary competition and/or duplication of this service identified?
higher levels	itions will continue under the strateg of service (See O.C.G.A. 36-70-24(cannot be eliminated).	gy, attach an explanation for continuing the arrangement (i.e., overlapping but (1)), overriding benefits of the duplication, or reasons that overlapping service areas or
If these cond taken to elim	itions will be eliminated under the st inate them, the responsible party and	trategy, attach an implementation schedule listing each step or action that will be d the agreed upon deadline for completing it.
3. List each g funds, user indebtedne	r fees, general funds, special service	p to pay for this service and indicate how the service will be funded (e.g., enterprise district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Govern	nment or Authority: Funding Met	hod:
Spalding	No funds	s are authorized or required. The Authority was
		ed to permit business enterprises in Spalding, Butts,
	Lamar &	Henry Counties to qualify for tax credits.

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

No changes will be made inasmuch as no violations of O.C.G.A. 36-70-1 et seq. were found.

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
Concurrent Resolution	Butts, Henry, Lamar &	
	Spalding Counties	
	used to implement the strategy for this service (e.g	
provisions for its management		. which sets forth the
provisions for its management 7. Person completing form:	t and operation.	. Which sets forth the
7. Person completing form: Phone number: (770) 467-4233	t and operation. Michael M. Ruffin	

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PAGE 2



Instructions:

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

County:	Spa1	ding
---------	------	------

Service: _____City/County Administration

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

One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)

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

If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (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.

 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:

neral Fund	
I	eneral Fund

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

No change will be made inasmuch as no violations of 0.C.G.A. 36-70-1 et seq. were found.

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
	ill be used to implement the strategy for this service (e.g nges, etc.), and when will they take effect?	., ordinances, resolutions, local acts of th
7. Person completing form: <u>M</u> Phone number: <u>770–467–4</u>	ichael M. Ruffin 233 Date completed: 10-18-	

1.

PAGE 2

Instructions:

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

County:	Spalding		Service:	City Administration
1. Check th	e box that best describe	es the agreed upon delivery a	arrangement for	this service:
□ Servic check	e will be provided cour ed, identify the governi	ntywide (i.e., including all ci ment, authority or organization	ties and unincor on providing the	porated areas) by a single service provider. (If this box is service.)
□ Servic identi	e will be provided only fy the government, auth	in the unincorporated portion pority or organization provid	on of the county ing the service.)	by a single service provider. (If this box is checked,
One o uninco	r more cities will provid orporated areas. (If this	de this service only within th box is checked, identify the	eir incorporated government(s),	boundaries, and the service will not be provided in authority or organization providing the service.)
One of uninco	r more cities will provid prporated areas. (If this	de this service only within th box is checked, identify the	eir incorporated government(s),	boundaries, and the county will provide the service in authority or organization providing the service.)
D Other. goven	(If this box is checked, ument, authority, or oth	, attach a legible map delin er organization that will prø	eating the servive with	ice area of each service provider, and identify the nin each service area.)
2. In develo	ping the strategy, were No	e overlapping service areas, u	nnecessary com	petition and/or duplication of this service identified?
nigner level	ditions will continue un s of service (See O.C.C cannot be eliminated).	G.A. 36-70-24(1)), overriding	explanation for g benefits of the	continuing the arrangement (i.e., overlapping but duplication, or reasons that overlapping service areas or
If these con taken to elin	ditions will be eliminat ninate them, the respon	ted under the strategy, attach sible party and the agreed up	an implement	ation schedule listing each step or action that will be completing it.
funds, us	government or authori er fees, general funds, s ness, etc.).	ty that will help to pay for th special service district reven	is service and in ues, hotel/motel	dicate how the service will be funded (e.g., enterprise taxes, franchise taxes, impact fees, bonded
Local Gove	rnment or Authority:	Funding Method:		
City o	f Griffin	General Fund		
	/	1		
	/			
4. How will	the strategy change the	previous arrangements for a	providing and/or	funding this service within the county?
	/			f O.C.G.A. 36-70-1 et seq.
were fo	/	The inasmuch as no VI	UTALIOUS 0	1 0.0.9.A. 30-70-1 et seq.

Revised

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
The City operates un	der a charter which prescribes how i	ts affairs are
administered.		ts affairs are
	Michael M. Ruffin	

PAGE 2

Instructions:

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

County:	Spalding		Service:	County Administration
1. Check the	box that best describes	s the agreed upon deliver	ry arrangement for	this service:
Service checked	will be provided count , identify the governm	tywide (i.e., including all ent, authority or organiz	cities and unincon ation providing the	rporated areas) by a single service provider. (If this box is e service.)
□ Service identify	will be provided only i the government, autho	in the unincorporated po prity or organization prov	rtion of the county viding the service.)	by a single service provider. (If this box is checked,
One or n unincorp	nore cities will provide porated areas. (If this b	e this service only within box is checked, identify t	their incorporated he government(s),	d boundaries, and the service will not be provided in authority or organization providing the service.)
One or n unincorp	nore cities will provide porated areas. (If this b	e this service only within box is checked, identify t	their incorporated he government(s),	boundaries, and the county will provide the service in authority or organization providing the service.)
Other. (I governm	f this box is checked, a nent, authority, or othe	attach a legible map de r organization that will p	lineating the service wit	fice area of each service provider, and identify the hin each service area.)
2. In developi □ Yes ♀ N	ng the strategy, were o	overlapping service areas	s, unnecessary con	npetition and/or duplication of this service identified?
competition c	of service (See O.C.G. annot be eliminated).	.A. 36-70-24(1)), overrid	ling benefits of the	r continuing the arrangement (i.e., overlapping but e duplication, or reasons that overlapping service areas or
If these condi taken to elimi	tions will be eliminate nate them, the respons	d under the strategy, atta sible party and the agreed	ach an implement l upon deadline for	tation schedule listing each step or action that will be r completing it.
3. List each go funds, user indebtedne	fees, general funds, sp	that will help to pay for pecial service district rev	this service and in enues, hotel/motel	ndicate how the service will be funded (e.g., enterprise taxes, franchise taxes, impact fees, bonded
Local Govern	ment or Authority:	Funding Method:		
Spaldin	g County	General Fund		
		/		
	/			
4. How will th	e strategy change the	previous arrangements fo	or providing and/o	r funding this service within the county?
No chang	es will be made	e inasmuch as no	violations o	of O.C.G.A. 36-70-1 et seq.
were fou				

Revised

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
 What other mechanisms (if any) will be General Assembly, rate or fee changes. 	e used to implement the strategy for this service (a, etc.), and when will they take effect?	e.g., ordinances, resolutions, local acts of th
7. Person completing form:	Michael M. Ruffin	
7. Person completing form: Phone number:(770) 467-42	Michael M. Ruffin	-99

PAGE 2

Instructions:

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

County:	Spalding	Service:	City Garage
1. Check the box	that best describes the agreed u	pon delivery arrangement for	this service:
□ Service will checked, id	be provided countywide (i.e., in entify the government, authority	ncluding all cities and unincor or organization providing the	porated areas) by a single service provider. (If this box is service.)
□ Service will identify the	be provided only in the unincom government, authority or organ	porated portion of the county ization providing the service.)	by a single service provider. (If this box is checked,
One or more unincorpora	e cities will provide this service ated areas. (If this box is checke	only within their incorporated d, identify the government(s),	boundaries, and the service will not be provided in authority or organization providing the service.)
One or more unincorpora	e cities will provide this service ated areas. (If this box is checked	only within their incorporated l, identify the government(s),	boundaries, and the county will provide the service in authority or organization providing the service.)
Other. (If th		ole map delineating the servi	ce area of each service provider, and identify the
2. In developing	the strategy, were overlapping s	ervice areas, unnecessary com	petition and/or duplication of this service identified?
higher levels of s	is will continue under the strategervice (See O.C.G.A. 36-70-24) ot be eliminated).	y, attach an explanation for 1)), overriding benefits of the	continuing the arrangement (i.e., overlapping but duplication, or reasons that overlapping service areas or
If these condition taken to eliminate	s will be eliminated under the s them, the responsible party and	rategy, attach an implementa I the agreed upon deadline for	ation schedule listing each step or action that will be completing it.
3. List each gover funds, user fee indebtedness, e	s, general funds, special service	p to pay for this service and in district revenues, hotel/motel	dicate how the service will be funded (e.g., enterprise taxes, franchise taxes, impact fees, bonded
Local Governmen	nt or Authority: Funding Met	hod:	
City of (Griffin	General Fund	
4. How will the st	rategy change the previous arra	ngements for providing and/or	funding this service within the county?

No changes will be made inasmuch as no violations of O.C.G.A. 36-70-1 et seq. were found.

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
. What other mechanisms (if any) General Assembly, rate or fee c	will be used to implement the strategy for this service (hanges, etc.), and when will they take effect?	e.g., ordinances, resolutions, local acts of th
NONE		
	Michael M. Ruffin	
		i-99
7. Person completing form: Phone number:(770) 4	67-4233 Date completed:9-24 contacted by state agencies when evaluating whether pr	

PAGE 2

Instructions:

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

County: Spalding	Service:	City Police
1. Check the box that best describ	bes the agreed upon delivery arrangement fo	or this service:
Service will be provided cou checked, identify the govern	intywide (i.e., including all cities and unincomment, authority or organization providing the	orporated areas) by a single service provider. (If this box is he service.)
Service will be provided onl identify the government, aut	y in the unincorporated portion of the count thority or organization providing the service	ty by a single service provider. (If this box is checked,
One or more cities will prov. unincorporated areas. (If this	ide this service only within their incorporate s box is checked, identify the government(s)	ed boundaries, and the service will not be provided in), authority or organization providing the service.)
One or more cities will provi	ide this service only within their incorporate	ed boundaries, and the county will provide the service in), authority or organization providing the service.)
Other. (If this box is checked		vice area of each service provider, and identify the
2. In developing the strategy, wer √ Yes □ No	e overlapping service areas, unnecessary con	mpetition and/or duplication of this service identified?
If these conditions will continue un higher levels of service (See O.C. competition cannot be eliminated)	G.A. 36-70-24(1)), overriding benefits of th	or continuing the arrangement (i.e., overlapping but de duplication, or reasons that overlapping service areas or
If these conditions will be eliminate taken to eliminate them, the respo	ated under the strategy, attach an implement ansible party and the agreed upon deadline for	ntation schedule listing each step or action that will be or completing it.
 List each government or author funds, user fees, general funds, indebtedness, etc.). 	ity that will help to pay for this service and special service district revenues, hotel/mote	indicate how the service will be funded (e.g., enterprise el taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:	•
<u>City of Griffin</u>	General Fund	

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

No changes will be made inasmuch as no violations of 0.C.G.A. 36-70-1 et seq. were found.

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
. What other mechanisms (if any) wi	l be used to implement the strategy for this service (e.g	Ordinances resolutions local acts of d
the standards for the	ity of Griffin, and the Griffin City provisions of this service. Michael M. Ruffin	Code, set forth
	provisions of this service. Michael M. Ruffin	

RESPONSE TO QUESTION #2.

CITY POLICE

The City of Griffin and Spalding County have found that some overlap of service areas between the Griffin Police Department and the Spalding County Sheriff's Department exist. However, the provision of law enforcement services by the Griffin Police Department represents a higher level of service by the City of Griffin, which is permitted by O.C.G.A. 36-70-1, et seq.

PAGE 2

Instructions:

Spalding County

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: Spalding		Service:	Code	Enforcement
1. Check the box that best describ	es the agreed upon delivery arr	angement for	this service	ce:
	ntywide (i.e., including all citie ment, authority or organization			reas) by a single service provider. (If this box is
	y in the unincorporated portion hority or organization providing			le service provider. (If this box is checked,
		•		ies, and the service will not be provided in or organization providing the service.)
				ies, and the county will provide the service in or organization providing the service.)
	l, attach a legible map delinea her organization that will provid	-		of each service provider, and identify the service area.)
2. In developing the strategy, wer ↓ Yes □ No	e overlapping service areas, unr	necessary com	petition a	and/or duplication of this service identified?
	G.A. 36-70-24(1)), overriding t			ing the arrangement (i.e., overlapping but on, or reasons that overlapping service areas or
If these conditions will be eliminate taken to eliminate them, the response				edule listing each step or action that will be ing it.
 List each government or author funds, user fees, general funds, indebtedness, etc.). 	ity that will help to pay for this special service district revenue	service and in s, hotel/motel	ndicate ho taxes, fra	ow the service will be funded (e.g., enterprise anchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:			
City of Griffin	Court fees are co.	llected t	o pay i	for the entire cost of the
	service.			

service.

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

Court fees generated from code violations will pay for the entire cost of the service.

Court fees are collected to pay for the entire cost of the

54

Agreement Name:	Contracting Parties:		Effective and Ending Dates:
General Assembly, rate or fee changes, et	c.), and when win they take effect?		
General Assembly, fate of fee changes, et	c.), and when whi they take effect?		
	chael M. Ruffin		
		10-18-99	

Response to Queston #2

1.

Spalding County enforces the Unsafe Building Abatement Code and the City of Griffin enforces the Standard Housing Code. Both Codes are published by the Southern Building Code Congress International. However, the Standard Housing Code imposes broader and more comprehensive standards for existing structures. Consequently, the City of Griffin provides a higher level of service.

-		SERV	ICE DELIV	ERY STRATEGY	
				VERY ARRANGEMENTS	PAGE 2
	Instructions:				
	and and a cach que	s form and complete one for each s stion below, attaching additional pag d be reported to the Department of Co	Co as necessary.	page 1, Section III. Use exactly the same servi If the contact person for this service (listed at the 5.	ce names listed on page he bottom of the page)
County:S	palding		Service:	Code Enforcement - Spal	ding County
1. Check the bo	x that best describ	bes the agreed upon delivery a	rrangement fo		
□ Service wi	ll be provided cou		ies and uninc	orporated areas) by a single service pro	ovider. (If this box is
Service wi	ll be provided onl		n of the count	ty by a single service provider (If this	box is checked,
One or mo unincorpor	re cities will prover ated areas. (If this	ide this service only within the s box is checked, identify the g	eir incorporate government(s)	ed boundaries, and the service will not), authority or organization providing t	be provided in the service)
One or mos unincorpor	re cities will provi rated areas. (If this	de this service only within the s box is checked, identify the g	eir incorporate government(s)	ed boundaries, and the county will prov , authority or organization providing t	vide the service in he service.)
Other. (If t	his box is checked	l, attach a legible map deline her organization that will prov	eating the ser	vice area of each service provider	nd identify the
2. In developing	the strategy, wer	e overlapping service areas, ur	nnecessary co	mpetition and/or duplication of this set	rvice identified?
mgner revers or	ns will continue u service (See O.C. not be eliminated)	U.A. 30-70-24(1)), overriding	xplanation fo benefits of th	or continuing the arrangement (i.e., or e duplication, or reasons that overlapp	overlapping but ing service areas or
If these condition taken to eliminat	ns will be elimina e them, the respo	ted under the strategy, attach nsible party and the agreed up	an implemen on deadline fo	tation schedule listing each step or ac	tion that will be
 List each gove funds, user fee indebtedness, 	es, general runds,	ity that will help to pay for this special service district revenue	s service and i es, hotel/mote	indicate how the service will be funded I taxes, franchise taxes, impact fees, b	l (e.g., enterprise onded
Local Governme	nt or Authority:	Funding Method:			
Spalding Co	ounty	Court fees will b the service.	e collect	ed to pay for the entire	cost of
4. How will the s	trategy change the	e previous arrangements for pr	oviding and/o	or funding this service within the coun	ty?
Court fee service.	s generated	from code violation	s will pa	y for the entire cost of	the
		/			

Revised

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
	anges, etc.), and when will they take effect?	
7. Person completing form:	Michael M. Ruffin	
7. Person completing form: Phone number: (770) 46		9-24-99

1000		SERVICE DELIVERY STRATEG	GY	
		SUMMARY OF SERVICE DELIVERY ARRANG	EMENTS	PAGE 2
	Instructions:			
	and a second second	form and complete one for each service listed on page 1, Section III. Usion below, attaching additional pages as necessary. If the contact person for reported to the Department of Community Affairs.	Ise exactly the same servic for this service (listed at the	e names listed on page e bottom of the page)
County:	Spalding	Service: Code Enfor	cement - City	of Griffin
1. Check the bo	ox that best describe	s the agreed upon delivery arrangement for this service:		
□ Service wi	ill be provided coun	tywide (i.e., including all cities and unincorporated areas) b nent, authority or organization providing the service.)	y a single service pro	wider. (If this box is
□ Service wi	ill be provided only	in the unincorporated portion of the county by a single serve prity or organization providing the service.)	ice provider. (If this I	box is checked,
One or mo unincorpo	re cities will provid rated areas. (If this	e this service only within their incorporated boundaries, and box is checked, identify the government(s), authority or orga	the service will not anization providing the	be provided in
One or mo	re cities will provid	e this service only within their incorporated boundaries, and box is checked, identify the government(s), authority or orga	the enveloped at	
Other. (If t	his box is checked,	attach a legible map delineating the service area of each r organization that will provide service within each service	service provider or	nd identify the
		overlapping service areas, unnecessary competition and/or d		vice identified?
moner revers of	ons will continue un service (See O.C.G not be eliminated).	der the strategy, attach an explanation for continuing the A. 36-70-24(1)), overriding benefits of the duplication, or r	arrangement (i.e., o reasons that overlappi	overlapping but ing service areas or
If these conditio taken to elimina	ns will be eliminate te them, the respons	d under the strategy, attach an implementation schedule li ible party and the agreed upon deadline for completing it.	isting each step or ac	tion that will be
 List each gove funds, user fei indebtedness, 	es, general runds, st	that will help to pay for this service and indicate how the special service district revenues, hotel/motel taxes, franchise	ervice will be funded taxes, impact fees, bo	l (e.g., enterprise onded
Local Governme	ent or Authority:	Funding Method:		
City of Gr	iffin	Court fees will be collected to pay	for the entire	e cost
		of the service.		
. How will the s	strategy change the	previous arrangements for providing and/or funding this ser-	vice within the count	y?
		com code violations will pay for the ent		\$7/

Revised

	anges, etc.), and when will they take effect?	
. Person completing form:	Michael M. Ruffin	

PAGE 2

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County: Spalding	5	Service:	Cooperative Extension
1. Check the box that best describ	bes the agreed upon delivery arra	ngement fo	or this service:
Service will be provided cou checked, identify the govern	intywide (i.e., including all cities ment, authority or organization p	and uninco providing th	orporated areas) by a single service provider. (If this box is he service.)
Service will be provided only identify the government, aut	y in the unincorporated portion of hority or organization providing	of the count the service	y by a single service provider. (If this box is checked,
One or more cities will provi unincorporated areas. (If this	ide this service only within their s box is checked, identify the gov	incorporate vernment(s)	ed boundaries, and the service will not be provided in), authority or organization providing the service.)
One or more cities will provi unincorporated areas. (If this	de this service only within their s box is checked, identify the gov	incorporate vernment(s)	ed boundaries, and the county will provide the service in), authority or organization providing the service.)
Other. (If this box is checked government, authority, or other government, authority, author	d, attach a legible map delineat her organization that will provide	ing the ser	vice area of each service provider, and identify the ithin each service area.)
2. In developing the strategy, were □ Yes □ No	e overlapping service areas, unne	ecessary co	mpetition and/or duplication of this service identified?
If these conditions will continue un higher levels of service (See O.C.) competition cannot be eliminated)	G.A. 36-70-24(1)), overriding be	lanation for enefits of the	or continuing the arrangement (i.e., overlapping but he duplication, or reasons that overlapping service areas or
If these conditions will be elimina taken to eliminate them, the respo	ted under the strategy, attach an nsible party and the agreed upon	implemen deadline fo	ntation schedule listing each step or action that will be or completing it.
 List each government or author funds, user fees, general funds, indebtedness, etc.). 	ity that will help to pay for this s special service district revenues,	ervice and , hotel/mote	indicate how the service will be funded (e.g., enterprise el taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:		
Spalding	General Fund		
4. How will the strategy change th	e previous arrangements for prov	viding and/	or funding this service within the county?
No changes will be mad were found.	de inasmuch as no viol	ations	of O.C.G.A. 36-70-1 et seq.

Agreement Name:	Contracting Parties:	Effective and Ending Dates:	
General Assembly, rate or fee ch	will be used to implement the strategy for this service (eanges, etc.), and when will they take effect?		
regulations promulga	ated by the University of Georgia.	e with rules and	
	ted by the University of Georgia.	e with rules and	
7. Person completing form:	ted by the University of Georgia.		

PAGE 2

Instructions:

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

County:Sp	alding		Service:	Coroner
1. Check the box the	at best describ	es the agreed upon delivery	arrangement for I	this service:
Service will be checked, identi	provided country the government	ntywide (i.e., including all c nent, authority or organizat	ities and unincorp ion providing the	porated areas) by a single service provider. (If this box is service.)
Service will be identify the go	provided only vernment, auth	in the unincorporated portionity or organization provide	ion of the county l ling the service.)	by a single service provider. (If this box is checked,
One or more ci unincorporated	ties will provid areas. (If this	le this service only within the box is checked, identify the	heir incorporated e government(s), a	boundaries, and the service will not be provided in authority or organization providing the service.)
One or more ci	ties will provid	le this service only within the	heir incorporated	boundaries, and the county will provide the service in authority or organization providing the service.)
Other. (If this b	ox is checked.		neating the servi	ce area of each service provider, and identify the
2. In developing the	strategy, were	overlapping service areas,	unnecessary comp	petition and/or duplication of this service identified?
If these conditions w higher levels of serv competition cannot b	ice (See O.C.C	i.A. 36-70-24(1)), overridir	explanation for one of the other of the othe	continuing the arrangement (i.e., overlapping but duplication, or reasons that overlapping service areas or
If these conditions w taken to eliminate th	vill be eliminat em, the respor	ed under the strategy, attac sible party and the agreed u	h an implementa	tion schedule listing each step or action that will be completing it.
 List each governm funds, user fees, g indebtedness, etc. 	eneral funds, s	ry that will help to pay for the provident of the special service district rever	his service and ind nues, hotel/motel t	dicate how the service will be funded (e.g., enterprise taxes, franchise taxes, impact fees, bonded
Local Government o	r Authority:	Funding Method:		
Spalding		General Fund		
4. How will the strate	gy change the	previous arrangements for	providing and/or	funding this service within the county?
				0.C.G.A. 36-70-1 et seq.
were found.	LIL DE MAU	e masmuch as no v	TOTACIONS OI	0.0.0.A. 30-70-1 et seq.

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
	es, etc.), and when will they take effect?	
	e Coroner are prescribed by State I	Law.
7. Person completing form:	Michael M. Ruffin	Law.
Services provided by the 7. Person completing form: Phone number:(770) 467-4	Michael M. Ruffin	

PAGE 2

9	Ins	tn	ıc	tio	ns

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:	Spalding

Service: Correctional Institution

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

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

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

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

Local Government or Authority: Funding Method:

Spalding	General Fund	

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county? The County is constructing a 384-bed facility and will provide inmates for the City of Griffin, which will reimburse the County for any per diem cost for inmates that exceed the current per-diem reimbursement of \$20 from the State of Georgia. Until that facility is completed on July 1, 2001, no inmate labor will be made available to the City of Griffin.

No other changes have been found to be required inasmuch as no violations of 0.C.G.A. 36-70-1 et. seq. are believed to exist.

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
Solicial Histombry, fait of fee ch	anges, etc.), and when will they take effect?	
1 Parson completing 6	Wishesl M. Puffin	
7. Person completing form: Phone number: (770) 46	Michael M. Ruffin 7-4233 Date completed: 9-24-	.99

PAGE 2

Instructions:

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

County:	Spalding	Service: Court (Superior, Juvenile, State & Probat
1. Check the	box that best describ	s the agreed upon delivery arrangement for this service:
Service	will be provided cou	ywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is ent, authority or organization providing the service.)
□ Service	will be provided only	n the unincorporated portion of the county by a single service provider. (If this box is checked, rity or organization providing the service.)
One or unincor	more cities will provi porated areas. (If this	e this service only within their incorporated boundaries, and the service will not be provided in nox is checked, identify the government(s), authority or organization providing the service.)
One or i	more cities will provi	e this service only within their incorporated boundaries, and the county will provide the service in ox is checked, identify the government(s), authority or organization providing the service.)
Other. (If this box is checked	attach a legible map delineating the service area of each service provider, and identify the rorganization that will provide service within each service area.)
2. In develop	ing the strategy, were lo	overlapping service areas, unnecessary competition and/or duplication of this service identified?
inglier levels	tions will continue u of service (See O.C. cannot be eliminated)	ler the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or
If these conditation to eliminate the second	tions will be elimina nate them, the respon	d under the strategy, attach an implementation schedule listing each step or action that will be ible party and the agreed upon deadline for completing it.
3. List each g	overnment or authori fees, general funds,	that will help to pay for this service and indicate how the service will be funded (e.g., enterprise ecial service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Govern	ment or Authority:	Funding Method:
Spaldi	ng	General Fund
4. How will th	e strategy change the	previous arrangements for providing and/or funding this service within the county?
No chang were fou		inasmuch as no violations of O.C.G.A. 36-70-1 et seq.
acre 100	inu .	

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
5. What other mechanisms (if any) will General Assembly, rate or fee change	be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, local acts of the
the of rec change	es, etc.), and when will they take effect?	
	es, etc.), and when will they take effect?	
	es, etc.), and when will they take effect?	
	es, etc.), and when will they take effect?	
Court services are pro	es, etc.), and when will they take effect? escribed by Georgia Law. Michael M. Ruffin	9-24-99
Court services are pro 7. Person completing form: Phone number:(770) 467-4	Michael M. Ruffin 233 Date completed:	9–24–99 her proposed local government projects are

PAGE 2

Instructions:

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

County: Spalding	Service:Curbside Solid Waste Collection
1. Check the box that best describe	es the agreed upon delivery arrangement for this service:
	tywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is nent, authority or organization providing the service.)
	in the unincorporated portion of the county by a single service provider. (If this box is checked, ority or organization providing the service.)
	the this service only within their incorporated boundaries, and the service will not be provided in box is checked, identify the government(s), authority or organization providing the service.)
One or more cities will provid unincorporated areas. (If this	le this service only within their incorporated boundaries, and the county will provide the service in box is checked, identify the government(s), authority or organization providing the service.)
	attach a legible map delineating the service area of each service provider, and identify the er organization that will provide service within each service area.)
2. In developing the strategy, were □ Yes ↓ No	overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will continue un higher levels of service (See O.C.C competition cannot be eliminated).	nder the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but 3.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or
	ed under the strategy, attach an implementation schedule listing each step or action that will be asible party and the agreed upon deadline for completing it.
	ty that will help to pay for this service and indicate how the service will be funded (e.g., enterprise special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
City of Griffin	General Fund
4. How will the strategy change the	e previous arrangements for providing and/or funding this service within the county?
No changes will be ma were found.	de inasmuch as no violations of O.C.G.A. 36-70-1 et seq.

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
	etc.), and when will they take effect?	
The County and the City of service in unincorporated and service is not yet ava	Griffin have agreed to provide Spalding County. No written agr ilable.	
The County and the City of service in unincorporated and service is not yet ava 7. Person completing form: <u>Mi</u>	Griffin have agreed to provide Spalding County. No written agr ilable.	eement has been signed
The County and the City of service in unincorporated and service is not yet ava 7. Person completing form: <u>Mi</u> Phone number: <u>770-467-4233</u>	Griffin have agreed to provide Spalding County. No written agr ilable. chael M. Ruffin Date completed:10-18 ed by state agencies when evaluating whether pro	eement has been signed

ž.

PAGE 2

Instructions:

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

County: Spalding	Service: <u>Solid Waste - City of Griffin</u>
1. Check the box that best describ	bes the agreed upon delivery arrangement for this service:
Service will be provided cou	intywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is ment, authority or organization providing the service.)
Service will be provided onl	y in the unincorporated portion of the county by a single service provider. (If this box is checked, hority or organization providing the service.)
One or more cities will prov. unincorporated areas. (If this	ide this service only within their incorporated boundaries, and the service will not be provided in s box is checked, identify the government(s), authority or organization providing the service.)
One or more cities will provi unincorporated areas. (If this	ide this service only within their incorporated boundaries, and the county will provide the service in s box is checked, identify the government(s), authority or organization providing the service.)
Other. (If this box is checked	a, attach a legible map delineating the service area of each service provider, and identify the her organization that will provide service within each service area.)
2. In developing the strategy, wer □ Yes Ø No	e overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will continue un higher levels of service (See O.C. competition cannot be eliminated)	inder the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or b.
If these conditions will be eliminate taken to eliminate them, the respo	ted under the strategy, attach an implementation schedule listing each step or action that will be nsible party and the agreed upon deadline for completing it.
 List each government or author funds, user fees, general funds, indebtedness, etc.). 	ity that will help to pay for this service and indicate how the service will be funded (e.g., enterprise special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
City of Griffin	General Fund
4. How will the strategy change th	e previous arrangements for providing and/or funding this service within the county?
No observe will be	
were found.	de inasmuch as no violations of 0.C.G.A. 36-70-1 et seq.
sere round.	
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	Revised

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
. What other mechanisms (if any) y	vill be used to implement the strategy for this service (e. unges, etc.), and when will they take effect?	g., ordinances, resolutions, local acts of the
provide curbside garba	y of Griffin have agreed to permit th ge collection services in unincorpora as been signed and service is not yet	ted Spalding County.
provide curbside garba	ge collection services in unincorpora as been signed and service is not yet	ted Spalding County.
provide curbside garba No written agreement h	ge collection services in unincorpora as been signed and service is not yet Michael M. Ruffin	ated Spalding County. available.



Instructions:

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

County: SPALDING	Service: Emergency Communications (91)
------------------	--

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service:

One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.):

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

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.

- OCT 1 3 2004
- 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:
Spalding County	User Fees, General Funds and Impact Fees.

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

Impact Fees added as funding source.

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?

- 7. Person completing form: <u>William P. Wilson, Jr.</u> Phone number: <u>770-467-4233</u> Date completed: <u>9/28/04</u>
- 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? XYes No

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



Instructions:

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

County: SPALDING

Service: Emergency Management

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

X Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service:

One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.):

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

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.

OCT 1 3 2004

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

ocal Government or Authority:	Funding Method:
Spalding County	General Funds and Impact Fees

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

Impact Fees added as funding source.

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.
9		
		1

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?

Emergency Management is provided in accordance with the County's Disaster Plan and rules and regulations as set forth by the Gerogia Emergency Management Agency.

7. Person completing form: <u>William P. Wilson, Jr</u> Phone number: <u>770-467-4233</u> Date completed: <u>9</u>

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

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

PAGE 2

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

	Service: Emergency Management
1. Check the box that best describ	es the agreed upon delivery arrangement for this service:
Service will be provided cou	ntywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is ment, authority or organization providing the service.)
Service will be provided only identify the government, aut	y in the unincorporated portion of the county by a single service provider. (If this box is checked, nority or organization providing the service.)
One or more cities will provi unincorporated areas. (If this	de this service only within their incorporated boundaries, and the service will not be provided in box is checked, identify the government(s), authority or organization providing the service.)
One or more cities will provi	de this service only within their incorporated boundaries, and the county will provide the service in box is checked, identify the government(s), authority or organization providing the service.)
Other. (If this box is checked	, attach a legible map delineating the service area of each service provider, and identify the ner organization that will provide service within each service area.)
 In developing the strategy, were □ Yes □ No 	e overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will continue un higher levels of service (See O.C. competition cannot be eliminated)	nder the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or
If these conditions will be eliminate taken to eliminate them, the respon	ted under the strategy, attach an implementation schedule listing each step or action that will be asible party and the agreed upon deadline for completing it.
3. List each government or authori	ty that will help to pay for this service and indicate how the service will be funded (e.g., enterprise
indebtedness, etc.).	special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
indebtedness, etc.). Local Government or Authority:	special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded Funding Method:
indebtedness, etc.).	special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Indebtedness, etc.). Local Government or Authority:	special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded Funding Method:
Indebtedness, etc.). Local Government or Authority:	special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded Funding Method:
Indebtedness, etc.). Local Government or Authority:	special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded Funding Method:
Indebtedness, etc.). Local Government or Authority: Spalding	special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded Funding Method: General Fund
Indebtedness, etc.). Local Government or Authority: Spalding	special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded Funding Method:
Indebtedness, etc.). Local Government or Authority: Spalding 4. How will the strategy change the	special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded Funding Method: General Fund e previous arrangements for providing and/or funding this service within the county?
A. How will the strategy change the No changes will be made	special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded Funding Method: General Fund e previous arrangements for providing and/or funding this service within the county? He inasmuch as no violations of 0.C.G.A. 36-70-1 et seq.
A. How will the strategy change the No changes will be made	special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded Funding Method: General Fund e previous arrangements for providing and/or funding this service within the county? He inasmuch as no violations of 0.C.G.A. 36-70-1 et seq.
Indebtedness, etc.). Local Government or Authority: Spalding 4. How will the strategy change the No changes will be mad	special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded Funding Method: General Fund e previous arrangements for providing and/or funding this service within the county? He inasmuch as no violations of 0.C.G.A. 36-70-1 et seq.

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
General Assembly, rate or fee ch	will be used to implement the strategy for this service anges, etc.), and when will they take effect?	
	s provided in accordance with the C ons as set forth by the Georgia Eme	
and rules and regulati	ons as set forth by the Georgia Eme	
	ons as set forth by the Georgia Eme Michael M. Ruffin	rgency Management Agency.

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

County: SPALDING

Service: Fire Protection

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:

[x] 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.): Spalding County and City of Griffin

11/3/04 for attreted letter. 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 X No

If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (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.

OCT 1 3 2004

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

ocal Government or Authority:	Funding Method:
Spalding County	General Funds and Impact Fees

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

Impact Fees added as funding source.

5. List 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:
	Contracting Parties:

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: <u>William P. Wilson, Jr</u> Phone number: <u>770-467-4233</u> Date completed: <u>9128/04</u>

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

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

M. Michael Kendall, CHAIRMAN Cecil L. Davis, VICE CHAIRMAN Edward Goss, Jr. Johnie A. McDaniel Dick Morrow



SPALDING COUNTY

COUNTY MANAGER William P. Wilson, Jr. COUNTY ATTORNEY James R. Fortune, Jr.

November 3, 2004

NOV 0 5 2004 BY:

Mr. Mike Gleaton, Director Office of Coordinated Planning Georgia Department of Community Affairs 60 Executive Park, NE Atlanta, Georgia 30329

RE: Clarification of Service Delivery Strategy

Dear Mr. Gleaton:

Per my conversation of November 2, 2004 with DCA Planning Consultant Stuart Dorfman, I am submitting the following additional information concerning the Amendment to the Service Delivery Strategy submitted to your office on October 5, 2004.

Service: Wastewater Treatment and Collection, Section 4.

The City of Griffin also provides wastewater treatment and collection in portions of unincorporated Spalding County.

Service: Fire Protection, Section 1.

Spalding County provides fire protection services to the Cities of Orchard Hill and Sunny Side on a contractual basis.

Should you need any additional information, please do not hesitate to contact me at 770-467-4224.

Sindere William P. Wilson,

County Manager

/taw

c: Board of Commissioners SDS File Kenny Smith, City Manager Stuart Dorfman, DCA Planning Consultant √

P. O. BOX 1087 .

15.50				ERY STRATEGY		/
633		SUMMARY OF SERV	ICE DELIV	ERY ARRANGEM	ENTS	PAGE 2
	Instructions:					/
	and and a cach que	form and complete one for each s stion below, attaching additional page be reported to the Department of Co	to as necessary. I	the contact person for the	actly the same service is service (listed at the	names listed on page bottom of the page)
County:	Spalding		Service:	Fire		/
1. Check the	box that best describ	es the agreed upon delivery a	rrangement for	this service:	/	
□ Service	will be provided cou	ntywide (i.e., including all cit ment, authority or organizatio	ies and unincon	rporated areas) by a	single service prov	vider. (If this box is
□ Service identify	will be provided only the government, aut	v in the unincorporated portion nority or organization providing	n of the county ng the service.)	by a single service I	provider. (If this b	ox is checked,
One or n unincorp	nore cities will provi porated areas. (If this	de this service only within the box is checked, identify the g	eir incorporated government(s),	l boundaries, and the authority or organiz:	service will not b ation providing the	e provided in e service.)
One or n	nore cities will provi	de this service only within the box is checked, identify the g	ir incorporated	boundaries and the	county will	
Other. (I	f this box is checked	, attach a legible map deline er organization that will provi	ating the serv	ice area of each ser	vice provider an	d identify the
2. In developi	ng the strategy, were o	overlapping service areas, un	inecessary com	petition and/or dupli	cation of this serv	ice identified?
ingher icycly (tions will continue un of service (See O.C.C annot be eliminated).	nder the strategy, attach an e : G.A. 36-70-24(1)), overriding	xplanation for benefits of the	continuing the arra duplication, or reaso	angement (i.e., ov ons that overlappin	verlapping but ng service areas or
If these condit taken to elimin	ions will be eliminat nate them, the respor	ed under the strategy, attach a sible party and the agreed up	an implement: on deadline for	ation schedule listin completing it.	g each step or acti	ion that will be
 List each go funds, user indebtednes 	rees, general runds, s	ty that will help to pay for this special service district revenue	s service and in es, hotel/motel	dicate how the servi- taxes, franchise taxe	ce will be funded s, impact fees, bor	(e.g., enterprise nded
Local Governi	ment or Authority:	Funding Method:				
Spalding		Insurance Premiums only in unincorpo			Property Ta	x levied
City of (Griffin	General Fund	opu	Joing Soundy.		
		1/				

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

No changes will be made inasmuch as no violations of O.C.G.A. 36-70-1 et seq. were found.

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
NONE		
7. Person completing form: Phone number: (770) 467		-99

PAGE 2

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

County:	Spalding	Service:	Griffin Downtown Development Authority
1. Check the	box that best describes the	agreed upon delivery arrangemen	t for this service:
□ Service checke	will be provided countywid d, identify the government,	le (i.e., including all cities and uni authority or organization providing	ncorporated areas) by a single service provider. (If this box is g the service.)
□ Service identify	will be provided only in the the government, authority	e unincorporated portion of the cor or organization providing the serv	unty by a single service provider. (If this box is checked, ice.)
One or uninco	more cities will provide this rporated areas. (If this box is	service only within their incorpor s checked, identify the governmen	rated boundaries, and the service will not be provided in t(s), authority or organization providing the service.)
• One or	more cities will provide this	service only within their incorpor	rated boundaries, and the county will provide the service in t(s), authority or organization providing the service.)
Other. (govern	If this box is checked, attac ment, authority, or other org	ch a legible map delineating the stanization that will provide service	service area of each service provider, and identify the within each service area.)
2. In develop	ing the strategy, were overland	apping service areas, unnecessary	competition and/or duplication of this service identified?
nigner levels	litions will continue under th of service (See O.C.G.A. 3 cannot be eliminated).	ne strategy, attach an explanation 6-70-24(1)), overriding benefits of	for continuing the arrangement (i.e., overlapping but f the duplication, or reasons that overlapping service areas or
If these cond taken to elim	itions will be eliminated und inate them, the responsible	der the strategy, attach an implen party and the agreed upon deadline	nentation schedule listing each step or action that will be e for completing it.
 List each g funds, use indebtedne 	r fees, general funds, special	will help to pay for this service and l service district revenues, hotel/m	nd indicate how the service will be funded (e.g., enterprise otel taxes, franchise taxes, impact fees, bonded
Local Govern	nment or Authority: Fund	ling Method:	
City of (thorized to levy up to 1 mill of
	A	d Valorem tax.	
4 11			
4. How will t	he strategy change the previ	ous arrangements for providing ar	nd/or funding this service within the county?
No chang were for		asmuch as no violations	s of 0.C.G.A. 36-70-1 et seq.

Agreement Name:	Contracting Parties:	Effective and Ending Date
The Downtown Development	A	
which sets forth the prov	isions for its operation	local act of the General Assemb
	isions for its operation Michael M. Ruffin	

PAGE 2

Instructions:

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

County:	Spalding	Service:	Griffin-Spalding Development Authority
1. Check the	e box that best describ	bes the agreed upon delivery arrangement	for this service:
Service checke	will be provided cou d, identify the govern	untywide (i.e., including all cities and unin ment, authority or organization providing	corporated areas) by a single service provider. (If this box is the service.)
□ Service identif	will be provided only the government, aut	ly in the unincorporated portion of the cou thority or organization providing the service	nty by a single service provider. (If this box is checked, ce.)
One or uninco	more cities will provi rporated areas. (If this	ide this service only within their incorpora s box is checked, identify the government	ated boundaries, and the service will not be provided in (s), authority or organization providing the service.)
One or unincon	more cities will provi porated areas. (If this	ide this service only within their incorpora s box is checked, identify the government	ted boundaries, and the county will provide the service in (s), authority or organization providing the service.)
Other. (governi	(If this box is checked ment, authority, or oth	d, attach a legible map delineating the so her organization that will provide service	ervice area of each service provider, and identify the within each service area.)
2. In develop Q Yes Q 1	ping the strategy, wen	e overlapping service areas, unnecessary c	competition and/or duplication of this service identified?
higher levels	litions will continue us of service (See O.C. cannot be eliminated)	.G.A. 36-70-24(1)), overriding benefits of	for continuing the arrangement (i.e., overlapping but the duplication, or reasons that overlapping service areas or
If these cond taken to elim	litions will be elimina inate them, the respo	ated under the strategy, attach an implementation of the strategy attach and the agreed upon deadline	entation schedule listing each step or action that will be for completing it.
 List each g funds, use indebtedn 	r fees, general funds,	ity that will help to pay for this service and special service district revenues, hotel/mo	d indicate how the service will be funded (e.g., enterprise otel taxes, franchise taxes, impact fees, bonded
Local Govern	nment or Authority:	Funding Method:	
Spalding	County	Effective July 1, 2000,	Spalding County will levy up to 1.0
			to pay for the operation of and any
		debt service associated	with the Authority.

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county? Currently, Spalding County pays 75% of the debt service and 50% of the operating costs associated with the Authority. The City of Griffin pays 25% of the debt service and 50% of the operating costs. Effective July 1, 2000 the County will levy up to 1 mill of tax pursuant to O.C.G.A. 48-5-220(20) to fund operations including any repayment of any future debt obligations issued.

Agreement Name: 0	Contracting Parties:	Effective and Ending Dates:
Contract for Development Authority	City of Griffin & Spalding County	12-1-91 - 7-1-00
	when will they take effect?	
A local act sets forth the provision Spalding Development Authority.	ons for the operation and n	management of the Griffin-
A local act sets forth the provision	ons for the operation and n	

PAGE 2

Instructions:

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

County: Spalding

Service: Griffin-Spalding Hospital Authority

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

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

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

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

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

Local Government or Authority: Funding Method:

Griffin-Spalding	Authority uses funds held in trust from the sale of the Hospital
Hospital Authority	to pay for health care cost for indigent residents of Spalding
	County.

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

No changes will be made inasmuch as no violations of O.C.G.A. 36-70-1 et seq. were found.

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
General Assembly, rate or fe The Griffin-Spalding laws of the State of	ny) will be used to implement the strategy for this service (e changes, etc.), and when will they take effect? Hospital Authority was created in 1945 Georgia. Michael M. Ruffin	

PAGE 2

Instructions:

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

County: Spalding Service: Health & Human Services
1. Check the box that best describes the agreed upon delivery arrangement for this service:
A Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box checked, identify the government, authority or organization providing the service.)
Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)
2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas o competition cannot be eliminated).
If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.
3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.).
Local Government or Authority: Funding Method:
Spalding General Fund

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

No changes will be made inasmuch as no violations of O.C.G.A. 36-70-1 et seq. were found.

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
	Il be used to implement the strategy for this service (e	
	ages, etc.), and when will they take effect?	
State Law.	rices are provided in accordance wit	h Federal and
State Law.	Michael M. Ruffin	h Federal and
	Michael M. Ruffin	



Instructions:

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

County: _____SPALDING

Service: Library Services

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):_____

One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service:

One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.):

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

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.

OCT 1 3 2004

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:
Spalding County	General Funds and Impact Fees

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

Impact Fees added as funding source.

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:
	1	
	the second s	

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: <u>William P. Wilson, Jr</u> Phone number: <u>770-467-4233</u> Date completed: <u>7/28/04</u>

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

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

OCT 1 3 2004



SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE 2

Instructions:

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

Service: Parks and Recreation

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service:

One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.):

In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
 Yes No

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

If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it. 3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.).

ocal Government or Authority:	Funding Method:
Spalding County	General Funds and Impact Fees

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

Impact Fees added as funding source.

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?

7. Person completing form: <u>William P. Wilson</u>, Jr Phone number: <u>770-467-4233</u> Date completed: _____

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

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

PAGE 2

Instructions:

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

County: Spalding	Service: Parks and Recreation
1. Check the box that best describ	es the agreed upon delivery arrangement for this service:
Service will be provided cou checked, identify the govern	ntywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is ment, authority or organization providing the service.)
Service will be provided only identify the government, auti	y in the unincorporated portion of the county by a single service provider. (If this box is checked, hority or organization providing the service.)
One or more cities will provi unincorporated areas. (If this	de this service only within their incorporated boundaries, and the service will not be provided in box is checked, identify the government(s), authority or organization providing the service.)
One or more cities will provi unincorporated areas. (If this	de this service only within their incorporated boundaries, and the county will provide the service in box is checked, identify the government(s), authority or organization providing the service.)
Other. (If this box is checked government, authority, or oth	, attach a legible map delineating the service area of each service provider, and identify the ner organization that will provide service within each service area.)
 In developing the strategy, were □ Yes ♥ No 	e overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will continue un higher levels of service (See O.C. competition cannot be eliminated)	nder the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or .
If these conditions will be eliminat taken to eliminate them, the respon	ted under the strategy, attach an implementation schedule listing each step or action that will be nsible party and the agreed upon deadline for completing it.
 List each government or authori funds, user fees, general funds, indebtedness, etc.). 	ty that will help to pay for this service and indicate how the service will be funded (e.g., enterprise special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
Spalding	General Fund
4. How will the strategy change the	e previous arrangements for providing and/or funding this service within the county?
No changes will be made were found. RAVISION	de inasmuch as no violations of 0.C.G.A. 36-70-1 et seq.
/	

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
General Assembly rate or fas al	will be used to implement the strategy for this servic	the statistices, resolutions, local acts of th
NONE	anges, etc.), and when will they take effect?	
	Michael M. Ruffin	24–99

PAGE 2

Instructions:

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

County:	Spalding	Service: Planning, Zoning & Building Inspections
1. Check the	box that best describes the agree	d upon delivery arrangement for this service:
		., including all cities and unincorporated areas) by a single service provider. (If this box is rity or organization providing the service.)
		corporated portion of the county by a single service provider. (If this box is checked, anization providing the service.)
		ice only within their incorporated boundaries, and the service will not be provided in ked, identify the government(s), authority or organization providing the service.)
		ice only within their incorporated boundaries, and the county will provide the service in ked, identify the government(s), authority or organization providing the service.)
		egible map delineating the service area of each service provider, and identify the tion that will provide service within each service area.)
2. In develop		g service areas, unnecessary competition and/or duplication of this service identified?
higher levels	of service (See O.C.G.A. 36-70-	ategy, attach an explanation for continuing the arrangement (i.e., overlapping but $24(1)$), overriding benefits of the duplication, or reasons that overlapping service areas or sponse to Question #6.
		e strategy, attach an implementation schedule listing each step or action that will be and the agreed upon deadline for completing it.
 List each g funds, user indebtedne 	fees, general funds, special serv	help to pay for this service and indicate how the service will be funded (e.g., enterprise rice district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Govern	ment or Authority: Funding N	Method:
City of	Griffin User serv	Fees will be implemented to pay for the entire cost of the ice.
Spalding	County User	Fees will be implemented to pay for the entire cost of the

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

User fees will be implemented to pay for the provision of the service.

service.

 List any formal service delivery a service: 	agreements or intergovernmental contracts that will be a	used to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
The additional 50% will user fees to cover the	has implemented a fee schedule for 50 be levied on July 1, 2000. The Cit entire cost of the service on July 1 Michael M. Ruffin	ty of Griffin will implement
7. Person completing form:	Michael H. Kullin	
Phone number: 770-46	Date completed: 10-1	18-99
consistent with the service delive	contacted by state agencies when evaluating whether pr ery strategy? Yes I No t person(s) and phone number(s) below:	oposed local government projects are

Response to Question #2.

1.

The City Griffin will increase its user fees to cover the entire cost of the service on July 1, 2000. Spalding County implemented a user fee schedule to recover 50% of the cost of the service on July 1, 1999. The additional 50% will be levied on July 1, 2000.

and the second second	SERVICE	DELIVERY STRATEGY	
	SUMMARY OF SERVICE	E DELIVERY ARRANGEMENTS	PAGE 2
	Instructions:		
	Make copies of this form and complete one for each servic 1. Answer each question below, attaching additional pages as changes, this should be reported to the Department of Commu	necessary. If the contact person for this service (listed at the	ce names listed on page ne bottom of the page)
County:Spa	lding Se	rvice:Planning, Zoning & Inspe	ction
1. Check the bo	that best describes the agreed upon delivery arrang	(Spalding Country)	/
□ Service wil	be provided countywide (i.e., including all cities a entify the government, authority or organization pr	and unincorporated areas) by a single service pr	ovider. (If this box is
	be provided only in the unincorporated portion of government, authority or organization providing the		box is checked,
One or mor	cities will provide this service only within their in ted areas. (If this box is checked, identify the gove	corporated boundaries and the service will not	ha anaridad in
One or mor	cities will provide this service only within their in ted areas. (If this box is checked, identify the gove	corporated boundaries and the county will pro-	
Other. (If th	s box is checked, attach a legible map delineatin authority, or other organization that will provide s	g the service area of each service provider, a	nd identify the
2. In developing ✓ Yes □ No	he strategy, were overlapping service areas, unnec	essary competition and/or duplication of this se	rvice identified?
competition cann	bee next page.	etits of the duplication, or reasons that overlapp	oing service areas or
If these condition taken to eliminate	s will be eliminated under the strategy, attach an in them, the responsible party and the agreed upon d	mplementation schedule listing each step or a eadline for completing it.	ction that will be
 List each gove funds, user fee indebtedness, e 	nment or authority that will help to pay for this ser , general funds, special service district revenues, h tc.).	vice and indicate how the service will be funde otel/motel taxes, franchise taxes, impact fees, b	d (e.g., enterprise onded
Local Governmen	t or Authority: Funding Method:		
Spalding	User fees will be i of the service.	mplemented to pay for the entir	re cost
4. How will the st	ategy change the previous arrangements for provid	ling and/or funding this service within the coun	ity?
User fees	will be implemented to pay for th	e provisions of the service.	

Revised

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
The County Commission ha	implemented a fee cohodule for	
	1 50% will be levied on July 1,	
services. The additiona	1 50% will be levied on July 1,	
services. The additiona	1 50% will be levied on July 1,	2000.

RESPONSE TO QUESTION #2.

PAGE 2 (continued)

The City of Griffin and Spalding County have agreed that all costs for the provisions of planning, zoning and inspection services will be recovered by the assessment of user fees.

	SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE 2					
	Instructions:		/			
	the cach question below, a	omplete one for each service listed on page 1, Section III. Use exactly the same service ttaching additional pages as necessary. If the contact person for this service (listed at the othe Department of Community Affairs.	ce names listed on page te bottom of the page)			
County:	Spalding	Service: Planning, Zoning & Inspect	ions			
1. Check the	box that best describes the agree	(City of Griffin) ed upon delivery arrangement for this service:				

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

If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (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). See next page.

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

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

Local Government or Authority: Funding Method:

City of Griffin	User fees will be collected to pay for the entire cost of
	the service.

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

User fees will be implemented to pay for the entire cost of the service.

Revised

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
What other mechanisms (if any) will	ha mad to implement the state of C	
General Assembly, rate or fee chang	be used to implement the strategy for this se	rvice (e.g., ordinances, resolutions, local acts of th
	s, etc.), and when win uncy take effect:	
		schedule to recover 100%
The Griffin City Commiss	ion will implement a user fee ce, effective July 1, 2000.	schedule to recover 100%
The Griffin City Commiss	ion will implement a user fee	schedule to recover 100%
The Griffin City Commiss	ion will implement a user fee	schedule to recover 100%
The Griffin City Commiss of the cost of the servi	ion will implement a user fee ce, effective July 1, 2000.	schedule to recover 100%
The Griffin City Commiss of the cost of the servi	ion will implement a user fee ce, effective July 1, 2000. Michael M. Ruffin	
The Griffin City Commiss of the cost of the servi- 7. Person completing form: Phone number: (770) 467-4	Michael M. Ruffin 233 Date completed:	

RESPONSE TO QUESTION #2.

The City of Griffin will increase its user fees to cover the entire cost of the services on July 1, 2000.

and the second sec		SE	ERVICE DELIVE	RY STRATEGY		
		SUMMARY OF S	ERVICE DELIVI	ERY ARRANGEMENTS	PAGE 2	
	and ano mer cach que	Instructions: Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.				
County:	Spalding		Service:	Public Works		
1. Check the b	box that best describ	bes the agreed upon delive	ry arrangement for	this service:		
□ Service v	vill be provided cou		l cities and unincor	porated areas) by a single service a	rovider. (If this box is	
Service v identify t	vill be provided onl he government, aut	y in the unincorporated po hority or organization pro	ortion of the county viding the service.)	by a single service provider. (If this	s box is checked,	
One or m Unincorp	ore cities will prov orated areas. (If thi	ide this service only within s box is checked, identify	their incorporated the government(s),	boundaries, and the service will no authority or organization providing	t be provided in the service)	
One or m	ore cities will provi	ide this service only within	their incorporated	boundaries, and the county will pro- authority or organization providing		
Other. (If	this box is checked	l, attach a legible map de her organization that will p	lineating the servi	ce area of each service provider	and identify the	
	ig the strategy, wer			petition and/or duplication of this s	ervice identified?	
mener icyclo 0	I SELVICE (SEE U.C.	nder the strategy, attach a G.A. 36-70-24(1)), overric See next page.	an explanation for ling benefits of the	continuing the arrangement (i.e., duplication, or reasons that overlap	, overlapping but ping service areas or	
If these conditi	ons will be elimina	ted under the strategy, atta nsible party and the agreed	ach an implementa l upon deadline for	tion schedule listing each step or a completing it.	action that will be	
3. List each go	vernment or author ees, general funds,	ity that will help to pay for	this service and in	dicate how the service will be fund- taxes, franchise taxes, impact fees,	ed (e.g., enterprise bonded	
Local Governn	nent or Authority:	Funding Method:				
City of Gr	iffin	General Fund				
Spalding C	ounty	General Fund				

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

No changes will be made inasmuch as no violations of 0.C.G.A. 36-70-1 et seq. were found.

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
General Assembly, rate or fee chang	be used to implement the strategy for this series, etc.), and when will they take effect?	rvice (e.g., ordinances, resolutions, local acts of the
NONE		
7. Person completing form:	Michael M. Ruffin	
		9-24-99

RESPONSE TO QUESTION #2

PAGE 2 (continued)

Public Works services for the City of Griffin have been reviewed and are deemed to be a higher level of service, which is consistent with the law. County Public Works services while principally offered in unincorporated Spalding County provide services which are for all citizens. Consequently, no violations of O.C.G.A. 36-70-1 et seq. exist.



Instructions:

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

County: ______ SPALDING ______ Service: Sheriff (including Jail)

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service:

One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.):

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.

Griffin Police and the Spalding County Sheriff's Department provide some overlapping services; however, O.C.G.A 36-70-1 et seq., has not been violated inasmuch as the Griffin Police Department provides a higher level of service. 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:
Spalding County	Insurance Premiums Tax & Fire District Tax
	levied only in Unincorporated Spalding Co.
	and Impact Fees.
City of Griffin	General Fund

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

Impact Fees added as funding source.

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?

7. Person completing form:	William P.	Wilson, Jr.	
Phone number: 770-4	67-4233	Date completed:	9/28/04

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

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

PAGE 2

Instructions:

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

12000					
County:	Spalding		Service:	Sheriff	(including Jail)
1. Check the box	that best describe	s the agreed upon delivery	y arrangement for th	nis service:	/
Service will checked, ide	be provided coun entify the governm	tywide (i.e., including all ent, authority or organiza	cities and unincorport tion providing the s	orated areas) b service.)	y a single service provider. (If this box is
□ Service will identify the	be provided only government, autho	in the unincorporated port prity or organization provi	tion of the county b iding the service.)	y a single serv	ice provider. (If this box is checked,
One or more unincorpora	cities will provid ted areas. (If this l	e this service only within box is checked, identify th	their incorporated b ne government(s), an	oundaries, and uthority or orga	the service will not be provided in anization providing the service.)
One or more unincorpora	cities will providented areas. (If this l	e this service only within to box is checked, identify th	their incorporated b e government(s), and	oundaries, and thority or orga	the county will provide the service in anization providing the service.)
Other. (If this government,	s box is checked, authority, or othe	attach a legible map deli r organization that will pr	ineating the servic ovide service within	e area of each n each service	service provider, and identify the area.)
2. In developing t	he strategy, were See next	overlapping service areas, page.	unnecessary comp	etition and/or d	huplication of this service identified?
If these condition higher levels of se competition canno	ervice (See O.C.G	ler the strategy, attach an A. 36-70-24(1)), overridi	n explanation for c ing benefits of the d	ontinuing the uplication, or 1	arrangement (i.e., overlapping but reasons that overlapping service areas or
If these conditions taken to eliminate	s will be eliminate them, the respons	d under the strategy, atta ible party and the agreed	ch an implementat upon deadline for c	ion schedule 1 ompleting it.	isting each step or action that will be
3. List each gover	nment or authority , general funds, sp	that will help to pay for t	this service and ind	icate how the s	ervice will be funded (e.g., enterprise taxes, impact fees, bonded
Local Governmen	t or Authority:	Funding Method:			
Spalding Co	ounty	General Fund			
	/				
4. How will the stu	ategy change the	previous arrangements for	r providing and/or f	unding this ser	vice within the county?
No changes were found.	will be made	e inasmuch as no v	violations of	0.C.G.A.	36-70-1 et seq.

 List any formal service delivery as service: 	greements or intergovernmental contracts that will h	be used to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
General Assembly, rate or fee cha	ill be used to implement the strategy for this service nges, etc.), and when will they take effect?	
7. Person completing form:	Michael M. Ruffin	
Phone number: (770) 467	-4233 Date completed: 9-	24-99
consistent with the service delivery	ontacted by state agencies when evaluating whether y strategy? Ves I No person(s) and phone number(s) below:	proposed local government projects are

RESPONSE TO QUESTION #2

PAGE 2 (continued)

Griffin Police and the Spalding County Sheriff's Department provide some over lapping services; however, O.C.G.A. 36-70-1, et seq., has not been violated inasmuch as the Griffin Police Department provides a higher level of service.

PAGE 2

Instructions:

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

County:	Spalding		Service:	Solid Waste & Recycling
1. Check th	e box that best describe	es the agreed upon delivery	y arrangement for	
Service checke	e will be provided coun ed, identify the governn	tywide (i.e., including all nent, authority or organiza	cities and unincontion providing the	rporated areas) by a single service provider. (If this box is e service.)
□ Service identif	e will be provided only by the government, auth	in the unincorporated port ority or organization provi	tion of the county iding the service.)	by a single service provider. (If this box is checked,
One or uninco	more cities will provid prporated areas. (If this	e this service only within box is checked, identify th	their incorporated the government(s),	d boundaries, and the service will not be provided in authority or organization providing the service.)
One or	more cities will provid	e this service only within	their incorporated	boundaries, and the county will provide the service in authority or organization providing the service.)
Other.	(If this box is checked,		ineating the serv	ice area of each service provider, and identify the
2. In develo	ping the strategy, were No	overlapping service areas,	unnecessary com	npetition and/or duplication of this service identified?
ingher level	ditions will continue un s of service (See O.C.G cannot be eliminated).	der the strategy, attach an A. 36-70-24(1)), overridi See next page.	n explanation for ng benefits of the	continuing the arrangement (i.e., overlapping but duplication, or reasons that overlapping service areas or
If these cond taken to elin	ditions will be eliminate ninate them, the respons	ed under the strategy, attac sible party and the agreed	ch an implement upon deadline for	ation schedule listing each step or action that will be completing it.
 List each funds, use indebtedn 	er fees, general funds, si	y that will help to pay for t pecial service district reve	this service and in nues, hotel/motel	ndicate how the service will be funded (e.g., enterprise taxes, franchise taxes, impact fees, bonded
Local Gover	mment or Authority:	Funding Method:		
S	palding	General Fund	I	
4. How will	the strategy change the	previous arrangements for	providing and/or	r funding this service within the county?
	nges will be made			f O.C.G.A. 36-70-1 et seq.

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
6. what other mechanisms (if any) w	ll be used to implement the strategy for this service (e.g.	, ordinances, resolutions, local acts of t
General Assembly, rate or fee char	ges, etc.), and when will they take effect?	

RESPONSE TO QUESTION #2.

The County and the City of Griffin provide different levels of services for Solid Waste. Griffin provides a curbside collection program while Spalding County provides collection centers throughout the County for household garbage and recyclables, e.g. glass, newspaper, corrugated cardboard, etc.

PAGE 2

Instructions:

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

County:	Spalding	Ser	rvice: Spalidng County Water and Sewerage
1. Check the	box that best describes th	e agreed upon delivery arrang	Facilities Authority gement for this service:
□ Service checked	will be provided countyw d, identify the government	ide (i.e., including all cities an , authority or organization pro	and unincorporated areas) by a single service provider. (If this box is oviding the service.)
Service D identify	will be provided only in t the government, authority	he unincorporated portion of t y or organization providing th	the county by a single service provider. (If this box is checked, he service.)
One or unincor	more cities will provide th porated areas. (If this box	is service only within their ind is checked, identify the gover	ncorporated boundaries, and the service will not be provided in ernment(s), authority or organization providing the service.)
One or unincor	more cities will provide th porated areas. (If this box	is service only within their ind is checked, identify the gover	acorporated boundaries, and the county will provide the service in ernment(s), authority or organization providing the service.)
Other. (governi	If this box is checked, atta ment, authority, or other or	ach a legible map delineating ganization that will provide s	ng the service area of each service provider, and identify the service within each service area.)
2. In develop		rlapping service areas, unnece	essary competition and/or duplication of this service identified?
higher levels	litions will continue under of service (See O.C.G.A. cannot be eliminated).	the strategy, attach an explan 36-70-24(1)), overriding bene	anation for continuing the arrangement (i.e., overlapping but nefits of the duplication, or reasons that overlapping service areas or
If these cond taken to elim	itions will be eliminated u inate them, the responsibl	nder the strategy, attach an in e party and the agreed upon de	implementation schedule listing each step or action that will be deadline for completing it.
	r fees, general funds, spec		rvice and indicate how the service will be funded (e.g., enterprise hotel/motel taxes, franchise taxes, impact fees, bonded
Local Govern	nment or Authority: Fu	nding Method:	
Spalding	County		100% of the cost of the Authority,
		including repayment	t of any debt and 50% of depreciation.
4. How will t	he strategy change the pre	vious arrangements for provid	iding and/or funding this service within the county?

No changes will be made inasmuch as no violations of 0.C.G.A. 36-70-1 et seq. were found.

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
Water Sales Agreement	Spalding County & The City	1-1-96 - 12-31-20
	of Griffin	
6. What other mechanisms (if any) will be a General Assembly, rate or fee changes, e	used to implement the strategy for this service (e.g. etc.), and when will they take effect?	, ordinances, resolutions, local acts of th
	Sewerage Facilities Authority was th sets forth the provisions for t	
of the General Assembly, whice operation.	ch sets forth the provisions for i	
of the General Assembly, which	th sets forth the provisions for in the best of the sets for the sets	its management and
of the General Assembly, whice operation. 7. Person completing form: Phone number: (770) 467-423	Michael M. Ruffin <u>3</u> Date completed: 9-24-9 d by state agencies when evaluating whether property	its management and

PAGE 2

Instructions:

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

County:	Spalding	Service:	Stormwater Collection
1. Check the	box that best describes the agreed upo		
□ Service checked	will be provided countywide (i.e., incl d, identify the government, authority of	uding all cities and unin r organization providing	corporated areas) by a single service provider. (If this box is the service.)
Service identify	will be provided only in the unincorport the government, authority or organization	orated portion of the countries the service tion providing the service	nty by a single service provider. (If this box is checked, ee.)
One or unincor	more cities will provide this service on porated areas. (If this box is checked,	ly within their incorpora identify the government(ted boundaries, and the service will not be provided in s), authority or organization providing the service.)
One or unincor	more cities will provide this service on porated areas. (If this box is checked, i	ly within their incorpora identify the government(ted boundaries, and the county will provide the service in s), authority or organization providing the service.)
Other. (map delineating the se	rvice area of each service provider, and identify the
2. In develop	ing the strategy, were overlapping serv	vice areas, unnecessary c	ompetition and/or duplication of this service identified?
ingher levels	itions will continue under the strategy, of service (See O.C.G.A. 36-70-24(1) cannot be eliminated).	attach an explanation), overriding benefits of	for continuing the arrangement (i.e., overlapping but the duplication, or reasons that overlapping service areas or
If these condi- taken to elimi	itions will be eliminated under the stra inate them, the responsible party and the	tegy, attach an impleme ne agreed upon deadline	entation schedule listing each step or action that will be for completing it.
 List each g funds, user indebtedne 	Tees, general funds, special service di	o pay for this service and strict revenues, hotel/mo	l indicate how the service will be funded (e.g., enterprise tel taxes, franchise taxes, impact fees, bonded
Local Govern	ment or Authority: Funding Metho	1:	
City of	Griffin Stormw	ater Utility Fee	S

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

No changes will be made inasmuch as no violations of 0.C.G.A. 36-70-1 et seq. were found.

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
General Assembly, rate or fee cha	ill be used to implement the strategy for this servic nges, etc.), and when will they take effect?	
tility.	secured special legislation to cre	eate and operate the Stormwater
7. Person completing form:	Michael M. Ruffin	
Jtility.	Michael M. Ruffin	

F%

PAGE 2

12 187						-
	Instructions:					
	1. Auswer each questi	orm and complete one for ea on below, attaching additional e reported to the Department of	pages as necessary. 1	t the contact pers	II. Use exactly the same service names list on for this service (listed at the bottom of	ed on page the page)
County:	Spalding		Service:	Street	Lighting	
1. Check the bo	x that best describes	the agreed upon deliver	ry arrangement for	r this service:		
Service wi checked, i	ll be provided count dentify the governm	ywide (i.e., including all ent, authority or organiz	cities and uninco ation providing th	prporated areas e service.)	s) by a single service provider. (If	this box i
Service wi identify th	ll be provided only i e government, autho	n the unincorporated po rity or organization prov	rtion of the countriding the service.	y by a single s)	ervice provider. (If this box is che	cked,
One or mo unincorpor	re cities will provide rated areas. (If this b	e this service only within ox is checked, identify t	their incorporate he government(s)	d boundaries, , authority or o	and the service will not be provide organization providing the service.	ed in
One or mo	re cities will provide	this service only within	their incorporate	d boundaries.	and the county will provide the se organization providing the service.	rvice in
Other. (If t	his box is checked,		lineating the serv	vice area of ea	ach service provider, and identify	
2. In developing □ Yes ↓ No	g the strategy, were o	overlapping service areas	s, unnecessary cor	npetition and/	or duplication of this service ident	ified?
ingher levels of	ns will continue und service (See O.C.G. not be eliminated).	ler the strategy, attach a A. 36-70-24(1)), overrid	n explanation for ling benefits of the	r continuing to duplication,	the arrangement (i.e., overlappin or reasons that overlapping servic	g but e areas oi
If these conditionation to elimination	ns will be eliminate te them, the respons	d under the strategy, atta ible party and the agreed	ach an implement l upon deadline fo	tation schedu r completing i	le listing each step or action that v	vill be
 List each gove funds, user fe indebtedness, 	es, general funds, sp	that will help to pay for ecial service district rev	this service and i enues, hotel/motel	ndicate how th l taxes, franch	ne service will be funded (e.g., ent ise taxes, impact fees, bonded	erprise
Local Governme	ent or Authority:	Funding Method:				
City of Gri	ffin	User Fees				
Spalding Co	ounty	User Fees				
. How will the	trategy change the	previous arrangements for	or providing and/o	r funding this	service within the county?	

No changes will be made inasmuch as no violations of 0.C.G.A. 36-70-1 et seq. were found.

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
Spalding County has en	acted an ordinance setting forth prov	iciona for the total
and payment of street	lighting services.	ISIONS FOR the installation
	lighting services.	
and payment of street 7. Person completing form: Phone number: (770) 46	lighting services. Michael M. Ruffin	

	SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE 2
L.	nstructions:
	Take 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) hanges, this should be reported to the Department of Community Affairs.
County: S	palding Service: <u>Tax Billing and Collections</u>
1. Check the box th	hat best describes the agreed upon delivery arrangement for this service:
Service will be	be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is a single service, authority or organization providing the service.)
□ Service will be	e provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, overnment, authority or organization providing the service.)
One or more c	cities will provide this service only within their incorporated boundaries, and the service will not be provided in and areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
One or more c	cities will provide this service only within their incorporated boundaries, and the county will provide the service in and areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
Other. (If this I	box is checked, attach a legible map delineating the service area of each service provider, and identify the authority, or other organization that will provide service within each service area.)
2. In developing the	e strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions whigher levels of serv competition cannot	will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but vice (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or be eliminated).
If these conditions w taken to eliminate th	will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be hem, the responsible party and the agreed upon deadline for completing it.
3. List each governm	ment or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact face, honded
Local Government o	or Authority: Funding Method:
Spalding	General Fund and Contract fees from contracts with the
	City of Griffin and the City of Sunny Side.

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

No changes will be made inasmuch as no violations of O.C.G.A. 36-70-1 et seq. were found.

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
	and collects ad valorem taxes for the	01. 5 0 1000
	le pursuant to approve contracts.	e City of Griffin and
. Person completing form:	le pursuant to approve contracts.	

PAGE 2

Instructions:

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

County:	Spalding		Service:	Voter Registration
1. Check th	e box that best describe	es the agreed upon deliver		
Servic check	e will be provided coun ed, identify the governm	ntywide (i.e., including all nent, authority or organiz	l cities and unincorp ation providing the s	orated areas) by a single service provider. (If this box is service.)
□ Servic identi	e will be provided only fy the government, auth	in the unincorporated po ority or organization prov	rtion of the county b viding the service.)	y a single service provider. (If this box is checked,
One o unince	r more cities will provid orporated areas. (If this	le this service only within box is checked, identify t	their incorporated the government(s), and	ooundaries, and the service will not be provided in uthority or organization providing the service.)
One o	r more cities will provid	le this service only within	their incorporated b	boundaries, and the county will provide the service in authority or organization providing the service.)
Other.	(If this box is checked,		lineating the servic	e area of each service provider, and identify the
2. In develo	ping the strategy, were No	overlapping service areas	s, unnecessary comp	etition and/or duplication of this service identified?
nigner leve	ditions will continue un ls of service (See O.C.G a cannot be eliminated).	G.A. 36-70-24(1)), overric	in explanation for c ling benefits of the d	continuing the arrangement (i.e., overlapping but uplication, or reasons that overlapping service areas or
If these con taken to elin	ditions will be eliminate minate them, the respon	ed under the strategy, atta sible party and the agreed	ach an implementat l upon deadline for c	tion schedule listing each step or action that will be completing it.
runds, us	government or authorit er fees, general funds, s ness, etc.).	y that will help to pay for pecial service district rev	this service and ind enues, hotel/motel ta	icate how the service will be funded (e.g., enterprise axes, franchise taxes, impact fees, bonded
Local Gove	rnment or Authority:	Funding Method:		
Spald	ing	General Fund		
4. How will	the strategy change the	previous arrangements for	or providing and/or f	unding this service within the county?
No char were fo		e inasmuch as no	violations of	0.C.G.A. 36-70-1 et seq.

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
General Assembly, rate or fee char	Ill be used to implement the strategy for this service (ages, etc.), and when will they take effect?	e.g., ordinances, resolutions, local acts of th
City and County Codes.	cvices are provided in accordance w	ith Georgia Law and
	•	ith Georgia Law and
City and County Codes	Michael M. Ruffin	

OCT 1 3 2004



SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE 2

Instructions:

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

Service: Wastewater Treatment & Collection

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service:

One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.):

In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
 Yes No

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

If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it. 3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.).

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OCT 1 3 2004

Local Government or Authority:	Funding Method:	
City of Griffin	Wastewater Fund Revenues	
Spalding County	Water & Sewer Fund Revenues	
Henry Co. Water Auth.	Wastewater Fund Revenues	

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

The Cities of Griffin, Orchard Hill & Sunny Side & Spalding County have adopted a comprehensive wastewater management plan. Representatives are currently developing an implementation strategy. The County owns & operates the Highland Mill WWTP providing service to that area. Wastewater Treatment to other areas may be provided by Spalding County or other third parties, including, but not limited to the Henry County Water & Sewerage Facilities Authority.

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

Agreement Name:	Contracting Parties:	Effective and Ending Dates:

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: <u>William P. Wilson, Jr.</u> Phone number: <u>770-467-4233</u> Date completed: _____

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

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

M. Michael Kendall, CHAIRMAN Cecil L. Davis, VICE CHAIRMAN Edward Goss, Jr. Johnie A. McDaniel Dick Morrow



SPALDING COUNTY

COUNTY MANAGER William P. Wilson, Jr. COUNTY ATTORNEY James R. Fortune, Jr.

November	3,	2004
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NOV 0 5 7004

Mr. Mike Gleaton, Director Office of Coordinated Planning Georgia Department of Community Affairs 60 Executive Park, NE Atlanta, Georgia 30329

RE: Clarification of Service Delivery Strategy

Dear Mr. Gleaton:

Per my conversation of November 2, 2004 with DCA Planning Consultant Stuart Dorfman, I am submitting the following additional information concerning the Amendment to the Service Delivery Strategy submitted to your office on October 5, 2004.

Service: Wastewater Treatment and Collection, Section 4. The City of Griffin also provides wastewater treatment and collection in portions of unincorporated Spalding County.

Service: Fire Protection, Section 1.

Spalding County provides fire protection services to the Cities of Orchard Hill and Sunny Side on a contractual basis.

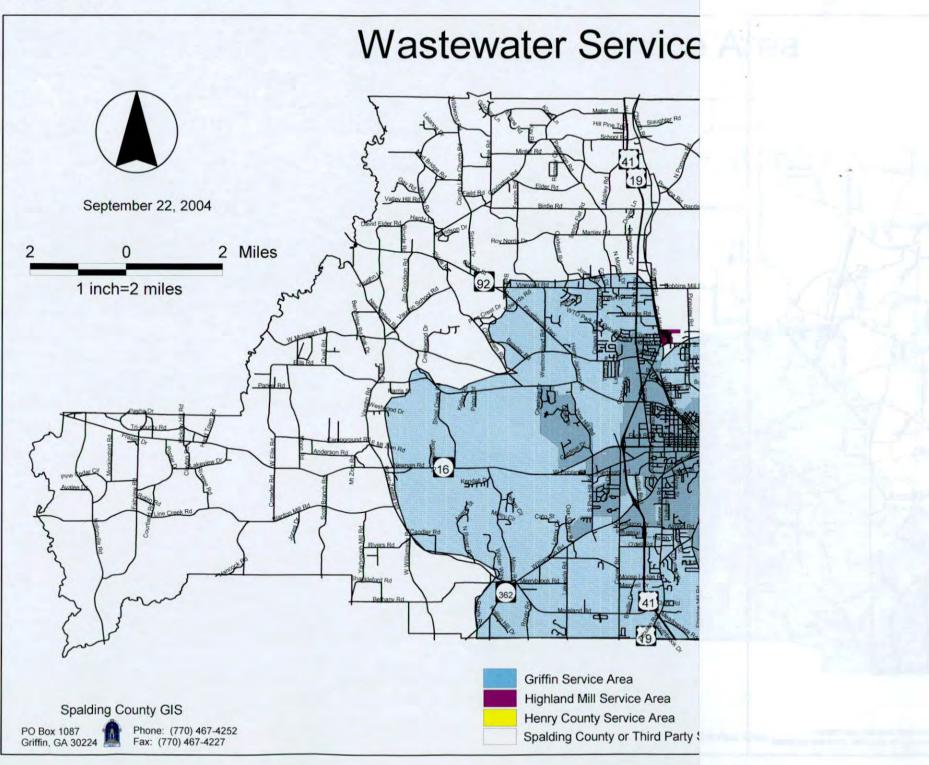
Should you need any additional information, please do not hesitate to contact me at 770-467-4224.

Sinder William P. Wilson.

William P. Wilson, Jr

/taw

 c: Board of Commissioners SDS File Kenny Smith, City Manager Stuart Dorfman, DCA Planning Consultant √ OCT 1 3 2004



Instructions:

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

County: _____ Spalding ______ Service: ____ Wastewater Treatment & Collection

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

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

If these conditions will continue under the strategy, **attach an explanation for continuing the arrangement** (i.e., overlapping but higher levels of service (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.

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

Local Government or Authority: Funding Method:

City of Griffin	Wastewater Fund
Spalding County	(Operation and maintenance of package treatment plant
	serving Crompton-Highland Mills Area) Water & Sewer Fund

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

The City of Griffin, The City or Orchard Hill, The City of Sunny Side and Spalding County have adopted a comprehensive Wastewater Management Plan. Representatives are currently developing a strategy for the implementation. The City of Griffin will be the sole provider of wastewater treatment and collection services with one exception: The County has executed an agreement with the owner of WWTP, Inc., a package treatment plant serving the Crompton-Highland Mills area, to take over ownership, maintenance and operation of the plant provided \$500,000 in Community Development Block Grant funding is received to rehabilitate the collection system serving the adjacent neighborhood. The County and the City have agreed to permit the County to operate and maintain the plant and associated collection system until the plant has served its useful life, at which time the County will connect the system to the City of Griffin's Sanitary Sewer Collection System and abandon operation and maintenance of the plant.

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
	vill be used to implement the strategy for this service inges, etc.), and when will they take effect?	e (e.g., ordinances, resolutions, local acts of th
	ingeo, etc.), and mich with may have encert	
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	lichael M. Ruffin	0-2000
7. Person completing form: Phone number:770-467-42	Lichael M. Ruffin 233 Date completed: 10-9 ontacted by state agencies when evaluating whether	

SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE 2 Instructions Make opties of this form and complete one for each service lated on page 1. Section III. Use exactly the same service names, fixed on page 1. Answer end opties on biols service (lated at the bottom of the page) charges, this should be reported to the Department of Community Affair. County:			SE	RVICE DELL	VERY STRATEGY	Y	1
Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names, Mixed on page 1. Answer each question below, stacking additional pages as necessary. If the contact person for this service (listed at the botty of of the page) County: Spalding Service: Wastewater Treatment & Collection 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.) 0 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.) 0 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.) 0 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.) 0 One. or more cities will provide this service areas or each service within each service areas) 2. In developing 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			SUMMARY OF SI	ERVICE DELI	VERY ARRANGE	EMENTS	PAGE 2
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changes in the provision thereof will require an amendment to this strategy.							oposed. Any
	changes in	the provision	thereof will re	quire an am	endment to th	is strategy.	
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greement Name:		Contracting Parties:	Effective and Ending Dates:
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General Assembly,	nsms (if any) will be u rate or fee changes, et	sed to implement the strategy for this service tc.), and when will they take effect?	e (e.g., ordinances, resolutions, local acts of t
	form: (770) 467–4233	Michael M. Ruffin B Date completed:9-2	24-99
f not, provide desig	gnated contact person(s	s) and phone number(s) below:	
			PAGE 2 (continued)



Instructions:

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

County: _____SPALDING

Service: Water Distribution

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.):

X Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.):

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

 Yes XNo

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.

Unless otherwise provided by contract between the County and City, provision of services by the designated provider shall be exclusive within the assigned service area shown. 3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.).

Local Government or Authority:	Funding Method:	
City of Griffin	Water Fund Revenues	
Spalding County Water Auth.	Water Fund Revenues	
Henry County Water Auth.	Water Fund Revenues	

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

Services provided by entities as outlined on the attached map.

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

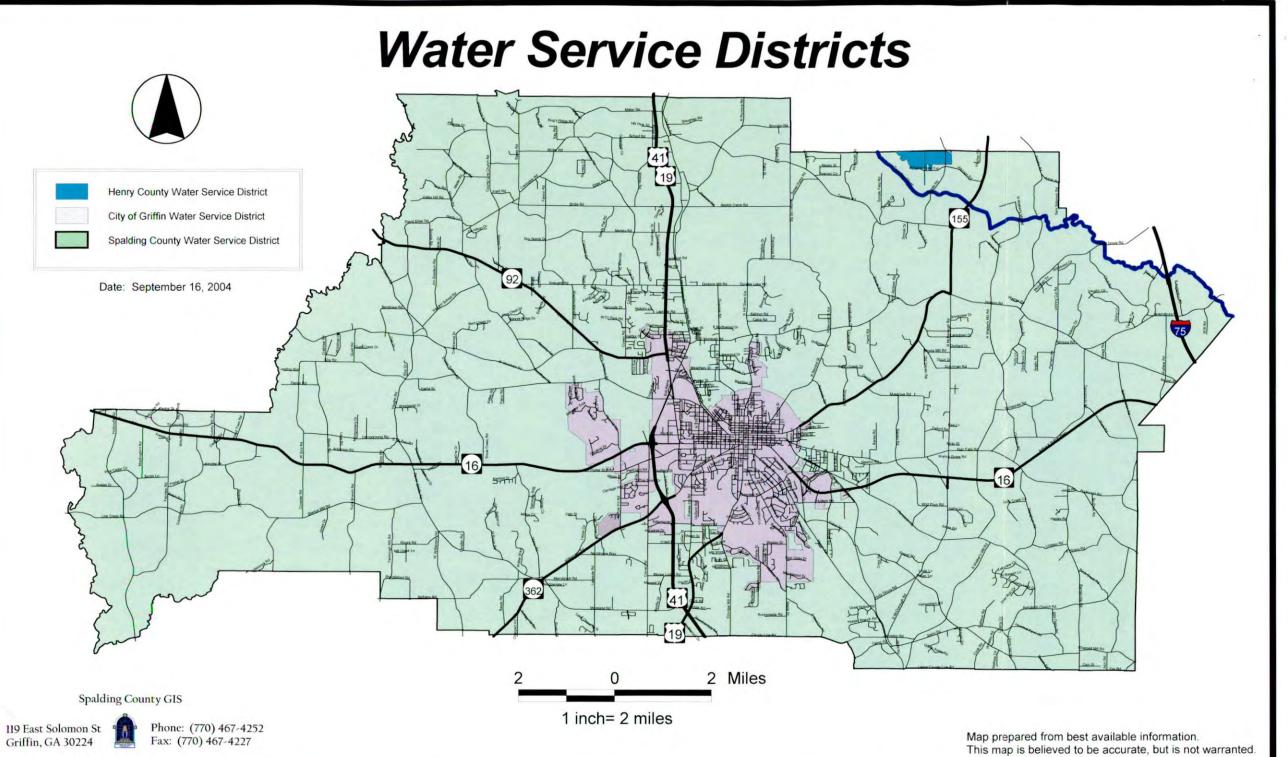
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
Water Sales Contract	City of Griffin and Spalding County	1/1/96 - 12/31/2020

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?

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:





01.73	SERVICE DELIVERY STRATEGY
	SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE 2
Instructions:	
date and date	s form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page stion below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) is be reported to the Department of Community Affairs.
County: Spalding	Service: Water Treatment
1. Check the box that best descri	bes the agreed upon delivery arrangement for this service:
Service will be provided con	intywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is ument, authority or organization providing the service.)
Service will be provided onl identify the government, auto	y in the unincorporated portion of the county by a single service provider. (If this box is checked, hority or organization providing the service.)
One or more cities will prov unincorporated areas. (If thi	ide this service only within their incorporated boundaries, and the service will not be provided in s box is checked, identify the government(s), authority or organization providing the service.)
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2. In developing the strategy, wer □ Yes ☑ No	e overlapping service areas, unnecessary competition and/or duplication of this service identified?
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If these conditions will be elimina taken to eliminate them, the respo	ted under the strategy, attach an implementation schedule listing each step or action that will be nsible party and the agreed upon deadline for completing it.
3. List each government or author	ty that will help to pay for this service and indicate how the service will be funded (e.g., enterprise special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
City of Griffin	Water Fund Revenues

.

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

No changes will be made inasmuch as no violations of 0.C.G.A. 36-70-1 et seq. were found.

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
Water Sales Contract	City of Griffin & Spalding	1/1/96 - 12/31/20
	County	
General Assembly, rate or fee changes NONE	e used to implement the strategy for this service (e.g., ordi , etc.), and when will they take effect?	nances, resolutions, local acts of th
7. Person completing form:	Michael M. Ruffin	
7. Person completing form: Phone number:(770) 467-42		

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SERVICE DELIVERY STRATEGY SUMMARY OF LAND USE AGREEMENTS

PAGE 3

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.

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.

County: Spalding

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

The land use classification systems that the City of Griffin and Spalding County use in the administration of its zoning ordinances poses the greatest conflict.

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

amendments to existing comprehensive plans

adoption of a joint comprehensive plan

A other measures (amend zoning ordinances, add environmental regulations, etc.

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

The City of Griffin, the City of Orchard Hill, the City of Sunny Side and Spalding County have jointly adopted a resolution agreeing to the establishment of formal procedures to resolve land use classification disputes that occur when newly annexed areas are rezoned. Since Orchard Hill and Sunny Side do not yet enforce zoning, only Griffin and Spalding County have enacted these procedures.

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

The agreed-upon provisions provides standing to object to land use classifications resulting from rezonings of newly annexed areas or areas contiguous to incorporated areas. If the dispute cannot be resolved, either jurisdiction can file a formal objection, which requires the employment of a mediator.

4. What policies, procedures and/or processes have been established by local governments (and water and sewer authorities) to ensure that new extraterritorial water and sewer service will be consistent with all applicable land use plans and ordinances?

The City of Griffin and Spalding County have a 50-year contract for the City of Griffin to provide treated water to Spalding County for its water customers. The County has agreed to enact water use ordinances that will insure that county water service is in accordance with applicable land use plans and ordinances. In addition, any water and sewer extensions into unincorporated Spalding County requires the issuance of an encroachment permit by Spalding County, to use county right-of-way.

5. Person completing form:	Michael M. Ruffin
Phone number:	4233 Date completed:8/10/99
. Is this the person who should be	contacted by state agencies when evaluating whether proposed local government projects

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

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SERVICE DELIVERY STRATEGY SUMMARY OF LAND USE AGREEMENTS

PAGE 3

Instructions:

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

County: Spalding

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

The land use classification systems that the City of Griffin and Spalding County use in the administration of its zoning ordinances poses the greatest conflict.

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

amendments to existing comprehensive plans

- adoption of a joint comprehensive plan
- other measures (amend zoning ordinances, add environmental regulations, etc.

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

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

The City of Griffin, the City of Orchard Hill, the City of Sunny Side, and Spalding County have jointly adopted a resolution agreeing to the establishment of formal procedures to resolve land use classification disputes that occur when newly annexed areas are rezoned. Since Orchard Hill and Sunny Side do not yet enforce zoning, only Griffin and Spalding County have enacted these procedures.

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

The agreed-upon provisions provides standing to object to land use classifications reulting from rezonings of newly annexed areas or areas contiguous to incorporated areas. If the dispute cannot be resolved, either jurisdiction can file a formal objection, which requires the employment of a mediator.

4. What policies, procedures and/or processes have been established by local governments (and water and sewer authorities) to ensure that new extraterritorial water and sewer service will be consistent with all applicable land use plans and ordinances?

The City of Griffin and Spalding County have a 50-year contract for the City of Griffin to provide treated water to Spalding County for its water customers. The County has agreed to enact water use ordinances that will insure that county water service is in accordance with applicable land use plans and ordinances.

Revised

5. Person completing form: Michael M. Ruffin

Phone number: 770-467-4233

_ Date completed: 8/10/99

6. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with land use plans of applicable jurisdictions? **W**Yes **D** No

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



SERVICE DELIVERY STRATEGY UPDATE CERTIFICATIONS

Instructions:

This two page form 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 a 2000 population of over 9,000 residing within the county; and 4) no less than 50% of all other cities with a 2000 population of between 500 and 9,000 residing within the county. Cities with a 2000 population below 500 and local authorities providing services under the strategy are not required to sign this form, but are encouraged to do so.

UPDATED SERVICE DELIVERY STRATEGY FOR _____ SPALDING

_COUNTY

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

- We have reviewed our existing Service Delivery Strategy and have determined that: (Check only one box for question #1)
 - A. Our Strategy continues to accurately reflect our preferred arrangements for providing local services throughout our county and no changes in our Strategy are needed at this time; or
 - B. Our Strategy has been revised to reflect our preferred arrangements for providing local services.

If Option A is selected, only this form, signed by the appropriate local government representatives must be provided to DCA.

If Option B is selected, this form, signed by the appropriate local government representatives, must be submitted to DCA along with:

- an updated "Summary of Service Arrangements" form (page 2) for each local service that has been revised/updated;
- · any supporting local agreements pertaining to each of these services that has been revised/updated; and
- an updated service area map depicting the agreed upon service area for each provider if there is more than one service
 provider for each service that has been revised/updated within the county, and if the agreed upon service areas do not
 coincide with local political boundaries.
- Each of our governing bodies (County Commission and City Councils) that are a party to this strategy have adopted resolutions agreeing to the Service Delivery arrangements identified in our strategy and have executed agreements for implementation of our service delivery strategy (O.C.G.A. 36-70-21);
- 3. Our service delivery strategy continues to promote the delivery of local government services in the most efficient, effective, and responsive manner for all residents, individuals and property owners throughout the county (O.C.G.A. 36-70-24(1));
- 4. Our service delivery strategy continues to provide 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));
- Our service delivery strategy continues to ensure 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));

- Our Service Delivery Strategy continues to ensure that the officially adopted County and City land use plans of all local governments located in the County are compatible and nonconflicting (O.C.G.A. 36-70-24 (4)(A));
- 7. Our Service Delivery Strategy continues to ensure that the provision of extraterritorial water and sewer services by any jurisdiction is consistent with all County and City land use plans and ordinances (O.C.G.A. 36-70-24 (4)(B)); and
- Our Service Delivery Strategy continues to contain an agreed upon process between the county government and each city located in the county to resolve land use classification disputes when the county objects to the proposed land use of an area to be annexed into a city within the county (O.C.G.A. 36-70-24 (4)(C))¹ and;
- 9. DCA has been provided a copy of this certification and copies of all forms, maps and supporting agreements needed to accurately depict our agreed upon strategy (O.C.G.A. 36-70-27).

'If the County does not have an Annexation/Land Use dispute resolution process with each of its cities, list the cities where no agreed upon process exists:

SIGNATURE:	NAME: (Please print or type)	TITLE:	JURISDICTION:	DATE:	
Cynthe RWa	Cynthia Reid Ward	Chairman	City of Griffin	9/28/04	
10-A	M. Michael Kendal	l Chairman	Spalding County	9/28/04 10/04/04	

SERVICE DELIVERY STRATEGY CERTIFICATIONS

PAGE 4

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

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

NAME: (Please print or type)	TITLE:	JURISDICTION:	DATE:
Earle Childres	Chairman, Spalding County Board of Commissioners	Spalding County	9–29–99
Om Krdue Tom Perdue	Chairman, City of Griffin Board of Commissioners	City of Griffin	9–29–99
	(Please print or type) Earle Childres hildres	(Please print or type) Earle Childres Chairman, Spalding County Board of Commissioners Demotecture Tom Perdue Chairman, City of Griffin Board of	(Please print or type) Earle Childres Chairman, Spalding County Board of Commissioners Spalding County Board of Commissioners Demoty Demoty Tom Perdue Chairman, Chairman, City of Griffin Board of City of Griffin Board of



A RESOLUTION RELATIVE TO THE ADOPTION AND MAINTENANCE OF AN AMENDED SERVICE DELIVERY STRATEGY PURSUANT TO HOUSE BILL 489

WHEREAS, House Bill 489 of the General Assembly of Georgia, codified as O.C.G.A. 36-70-20, et seq. requires each county and qualifying municipalities within Georgia to adopt and maintain a Service Delivery Strategy; and

WHEREAS, the existing Service Delivery Strategy between the City of Griffin and Spalding County is scheduled to expire on October 31, 2004; and

WHEREAS, the Board of Commissioners for the City of Griffin and the Board of Commissioners for Spalding County mutually desire to amend the Service Delivery Strategy between Griffin and Spalding County in order to reflect changes in certain service areas;

NOW THEREFORE BE IT RESOLVED by the Board of Commissioners for the City of Griffin and the Board of Commissioners for Spalding County that the Service Delivery Strategy adopted by the governing boards of Griffin and Spalding County in 1999, as amended in September 2000, October 2001 and December 2002, shall be amended to reflect changes in service areas for water distribution to provide for service within Spalding County by the Henry County Water and Sewerage Facilities Authority and Spalding County;

NOW THEREFORE BE IT FURTHER RESOLVED by the Board of Commissioners for the City of Griffin and the Board of Commissioners for Spalding County that the Service Delivery Strategy adopted by the governing boards of Griffin and Spalding County in 1999, as amended in September 2000, October 2001, and December 2002 shall be amended to reflect changes in service areas for wastewater treatment and collection to provide for service within Spalding County by the Henry County Water and Sewerage Facilities Authority, Spalding County or other third parties, including, but not limited to, the Henry County Water and Sewerage Facilities Authority.

NOW THEREFORE BE IT RESOLVED by the Board of Commissioners for the City of Griffin and the Board of Commissioners for Spalding County that the Service Delivery Strategy adopted by the governing boards of Griffin and Spalding County in 1999, as amended in September 2000, October 2001 and December 2002, shall be amended to reflect the use of impact fees as a funding source for several County Services.

BE IT FURTHER RESOLVED that the Service Delivery Strategy for the City of Griffin and Spalding County shall be reviewed, pursuant to O.C.G.A. 36-70-28(b), upon occurrence of the following events:

- (1) In conjunction with updates of the comprehensive plan as required by O.C.G.A 36-70-1, et seq.;
- (2) Whenever necessary due to changes in service delivery arrangements;
- (3) Whenever necessary due to changes in revenue distribution arrangements;
- In the event of the creation, abolition, or consolidation of local governments;
- (5) Whenever the county and affected municipalities agree to revise the strategy.

BE IT FURTHER RESOLVED that in the event that either the City of Griffin or Spalding County refuses to review and revise, if necessary, a strategy in accordance with events (2) and (3) as stated immediately above, then either party may use the alternative dispute resolution and appeal procedures set forth in subsection (d) of O.C.G.A. 36-70-25.1.

RESOLVED this the $28^{\frac{14}{2}}$ day of September, 2004

RESOLVED this the $\underline{\mathcal{Y}^{\mu}}$ day of October, 2004

Clerk to the Board of Commissioners

Spalding County, Georgia

By the City of Griffin

YNTHIA REID WARD CHAIRMAN

Attest

Secretary to the Board of Commissioners City of Griffin, Georgia By Spalding County

M. MICHAE

Attest:

A RESOLUTION RELATIVE TO THE ADOPTION AND MAINTENANCE OF A SERVICE DELIVERY STRATEGY PURSUANT TO HOUSE BILL 489

WHEREAS, House Bill 489 of the General Assembly of Georgia, codified as O.C.G.A. 36-70-20, et seq. requires each county and qualifying municipalities within Georgia to adopt and maintain a Service Delivery Strategy; and

WHEREAS, the existing Service Delivery Strategy between the City of Griffin and Spalding County is scheduled to expire on December 31, 2002; and

WHEREAS, the Board of Commissioners for the City of Griffin and the Board of Commissioners for Spalding County mutually desire to renew the Service Delivery Strategy between Griffin and Spalding County in order to satisfy State of Georgia mandates relative to the maintenance of an approved Strategy;

NOW THEREFORE BE IT RESOLVED by the Board of Commissioners for the City of Griffin and the Board of Commissioners for Spalding County that the Service Delivery Strategy adopted by the governing boards of Griffin and Spalding County in 1999, as amended in September 2000 and October 2001, shall be ratified and maintained until 12:00 midnight December 31, 2004, subject to any and all future amendments mutually agreed upon.

BE IT FURTHER RESOLVED that the Service Delivery Strategy for the City of Griffin and Spalding County shall be reviewed, pursuant to O.C.G.A. 36-70-28(b), upon occurrence of the following events:

- (1) In conjunction with updates of the comprehensive plan as required by O.C.G.A 36-70-1, et seq.;
- (2) Whenever necessary due to changes in service delivery arrangements;
- (3) Whenever necessary due to changes in revenue distribution arrangements;
- In the event of the creation, abolition, or consolidation of local governments;
- (5) Whenever the county and affected municipalities agree to revise the strategy.

BE IT FURTHER RESOLVED that in the event that either the City of Griffin or Spalding County refuses to review and revise, if necessary, a strategy in accordance with events (2) and (3) as stated immediately above, then either party may use the alternative dispute resolution and appeal procedures set forth in subsection (d) of O.C.G.A. 36-70-25.1.

RESOLVED this the 10^{th} day of December, 2002

RESOLVED this the 16th day of December, 2002

By the City of Griffin

TODD, CHAIRMAN

Attest

Secretary to the Board of Commissioners City of Griffin, Georgia

By Spalding County

OHNIE A. MCDANIEL, CHAIRMAN

Attest:

han

Clerk to the Board of Commissioners Spalding County, Georgia

A RESOLUTION RELATIVE TO THE ADOPTION AND MAINTENANCE OF A SERVICE DELIVERY STRATEGY PURSUANT TO HOUSE BILL 489

WHEREAS, House Bill 489 of the General Assembly of Georgia, codified as O.C.G.A. 36-70-20, et seq. requires each county and qualifying municipalities within Georgia to adopt and maintain a Service Delivery Strategy; and

WHEREAS, the existing Service Delivery Strategy between the City of Griffin and Spalding County requires renewal prior to October 31, 2001; and

WHEREAS, the Board of Commissioners for the City of Griffin and the Board of Commissioners for Spalding County mutually desire to renew the Service Delivery Strategy between Griffin and Spalding County in order to satisfy state of Georgia mandates relative to the maintenance of an approved Strategy;

NOW THEREFORE BE IT RESOLVED by the Board of Commissioners for the City of Griffin and the Board of Commissioners for Spalding County that the Service Delivery Strategy adopted by the governing boards of Griffin and Spalding County in 1999, and as amended in September 2000, shall be retained and maintained until 12:00 midnight December 31, 2002, subject to any and all future amendments mutually agreed upon.

BE IT FURTHER RESOLVED that the Service Delivery Strategy for the City of Griffin and Spalding County shall be reviewed, pursuant to O.C.G.A. 36-70-28(b), upon the following events:

- (1) In conjunction with updates of the comprehensive plan as required by O.C.G.A 36-70-1, et seq;
- (2) Whenever necessary to change service delivery or revenue distribution arrangements;
- (3) Whenever necessary due to changes in revenue distribution arrangements;
- In the event of the creation, abolition, or consolidation of local governments;
- (5) Whenever the county and affected municipalities agree to revise the strategy.

BE IT FURTHER RESOLVED that in the event that either the City of Griffin or Spalding County refuses to review and revise, if necessary, a strategy in accordance with events (2) and (3) as stated immediately above, then either party may use the alternative dispute resolution and appeal procedures set forth in subsection (d) of O.C.G.A. 36-70-25.1.

RESOLVED this the <u>9</u>th day of October 2001

By the City of Griffin

Attest:

Clerk to the Board of Commissioners City of Griffin, Georgia

RESOLVED this the 22 nd day of October 2001

By Spalding County

Massengah

H. MERRILL MASSENGALE, CHAIRMAN

Attest;

Ex-Officio Clerk to the Board of Commissioners Spalding County, Georgia

A RESOLUTION AMENDING THE SERVICE DELIVERY STRATEGY FOR SPALDING COUNTY

WHEREAS, Spalding County desires to apply for Community Development Block Grant Funds in order to rehabilitate a private wastewater treatment and collection system serving a low-tomoderate income neighborhood generally known as Highland Mills; and

WHEREAS, the owner of the private wastewater treatment and collection system, otherwise referred to as WWTP, has agreed to donate the treatment and collection system to Spalding County if said grant is approved by the Georgia Department of Community Affairs; and

WHEREAS, Spalding County submitted an application to said department in 1999 for \$500,000 to rehabilitate said treatment and collection system; and

WHEREAS, said department advised the County that funding was not approved because the County's Service Delivery Strategy adopted pursuant to Chapter 70 of Title 36 of the Official Code of Georgia Annotated did not address the County's desire to own and operate WWTP; and

WHEREAS, the County and the City of Griffin desire to amend said Service Delivery Strategy in order to enable the County to pursue funding for rehabilitation of the treatment and collection system.

NOW, THEREFORE BE IT RESOLVED by the Board of Commissioners of the City of Griffin and Spalding County that the adopted Service Delivery Strategy, as submitted to the Georgia Department of Community Affairs on September 29, 1999, is hereby amended to include the following:

Ownership and maintenance of WWTP and the sanitary sewer collection system serving the Highland Mills Area: The Spalding County Commission has agreed to apply for Community Development Block Grant Funds to rehabilitate a privately-owned treatment and collection system serving an unincorporated neighborhood generally known as Highland Mills. If the grant is approved, the owner of the treatment and collection system has agreed to transfer ownership of the system to Spalding County so that the improvements can be undertaken. Spalding County will rehabilitate the sanitary sewer collection system in accordance with standards promulgated by the City of Griffin and operate the system until such a time as the treatment plant has served its useful life, at which time the County and the City have agreed that the County will connect the system into the sanitary sewer collection system owned by the City of Griffin subject to the following conditions:

 The developer will bear all costs associated with the extension(s), which are to be installed to the City's specifications with a two-year warranty period. This would include all associated structures, such as lift station, force main and emergency generator;

- 2. If the project is not commenced within one year, re-submission for approval would be required;
- 3. As sanitary sewer line extension(s) could possibly provide future service to contingent areas, a twenty-foot permanent easement will be required on the sanitary sewer lines to the property limits and/or within areas whereby sanitary sewerage could be provided to contingent areas;
- 4. The Sanitary Sewer Extension(s) are to be dedicated to the City for ownership, operation and maintenance with granting of necessary twenty (20) foot permanent easements;
- 5. Each lot requires a separate tap (a separate service lateral to the extension). Backflow valves are to be installed on any service connection subject to back up and overflow;
- 6. Plans are to be submitted to EPD for approval. In addition, any approvals needed from other agencies are to be obtained.
- 7. Developer to pay all costs associated with the City's Policy on Sanitary Sewer Connection.
- Contingent on developer to place restrictive covenants on property running with land to annex at such time as property becomes contiguous to city limits and otherwise meets the requirement for annexation using the 100% method.

Adopted this the 22nd day of August by the City of Griffin and the 11th day of September by Spalding County

G. Carlton Imes, Mayor City of Griffin

Lisa Hutcheson, Clerk to the Board City of Griffin



hael Kend Chairma

Spalding County

Michael M. Ruffin, Clerk to the Board Spalding County

A RESOLUTION RELATIVE TO THE ADOPTION OF A SERVICE DELIVERY STRATEGY PURSUANT TO HOUSE BILL 489

WHEREAS, HB 489, O.C.G.A. §36-70-1, et seq., requires every Georgia County, and the cities within each county, to adopt by July 1, 1999, a Service Delivery Strategy; and

WHEREAS, the joint staffs of Spalding County and the City of Griffin presented to their respective boards of commissioners a report entitled, "A SERVICE DELIVERY STRATEGY FOR THE CITY OF GRIFFIN AND SPALDING COUNTY", dated March 1, 1999; and

WHEREAS, this board of commissioners has studied the report and considered modifications thereto, which have been further negotiated through staff with the Board of Commissioners of the City of Griffin; and

WHEREAS, this Commission deems it in the best interest of the County and its citizens and taxpayers to enter into an agreement with the City and other municipalities within the County by the statutory deadline in order to assure continued entitlement of all governments to receive State-administered benefits, including but not limited to grants, loans, permits, and licenses; and

NOW THEREFORE BE IT RESOLVED that the staff report dated March 1, 1999 be approved in principle by this Board of Commissioners, subject to the following modifications to be agreed to by the City of Griffin and reflected in the final document before submission to the Georgia Department of Community Affairs, to wit:

- ANIMAL CONTROL: The existing Intergovernmental Contract between the City and the County for boarding of animals in the County Animal Shelter will expire December 31, 2001. The County will thereafter operate the shelter as a countywide service, without additional cost or charge to the City. The City will revise its ordinances to conform to the County's impoundment regulations on or before January 1, 2002.
- ELIMINATION OF ARBITRARY WATER & SEWER RATES BY THE CITY: The City will complete its engineering study and place in effect a new rate structure by January 1, 2000. Current rates shall remain in effect until the new rate structure is adopted.
- SEWER EXPANSION INTO UNINCORPORATED SPALDING COUNTY: Since issuance of the Staff Report, the County has recommended that the Sewer Task Force, formed in 1995, be reconstituted to study the extension of sewer service into unincorporated Spalding County. The City has serious reservations about changing the direction that past negotiations have taken, leading to approval of the 1995 Wastewater Management Plan and an intergovernmental contract to implement the policies set forth in such plan. In fact, the City has taken steps to engineer extensions into the service districts that were earlier agreed upon with the County and is hesitant

to rethink its past position on these issues. Despite these reservations, the City Commission has agreed to meet with the Task Force and appointed representatives for the purpose of possibly rethinking its position. To finalize negotiations under HB489 on this issue, the Task Force needs to meet and seek an early resolution as to the direction that best serves the interest of the community.

SUNSET ON INITIAL APPROVAL OF SERVICE DELIVERY STRATEGY:

Approval of the Service Delivery Strategy will be effective until October 31, 2001, the date on which the City's Comprehensive Plan expires under the Georgia Planning Act. Under O.C.G.A. §36-70-28, this event shall trigger a review by all parties of the Strategy, and revision, as necessary. In conjunction with changing state growth, the City intends to begin in FY2000 the updating of its Comprehensive Plan. This process should be completed over approximately a 2-year period, or about July, 2001.

BE IT FURTHER RESOLVED that pursuant to O.C.G.A. §36-70-25(e), the County hereby agrees with the City to apply in writing to DCA, on or before July 1, 1999, for an extension through and to include October 31, 1999 in order that the sanctions specified in O.C.G.A. §36-70-27 shall not apply prior to that date. As soon as the City and County finalize and approve the Service Delivery Strategy and complete the required documentation for submission to DCA, the Strategy shall be submitted.

Adopted this the 18th day of May, 1999.

Earle Childres, Chairman

Michael M. Ruffin County Manager and Clerk to the Board

SPALDING COUNTY

A. Earle Childres, CHAIRMAN Merrill Massengale, VICE CHAIRMAN M. Michael Kendall Johnie A. McDaniel Martha W. McDaniel



COUNTY MANAGER Michael M. Ruffin DEPUTY COUNTY MANAGER William P. Wilson, Jr. COUNTY ATTORNEY James R. Fortune, Jr.

CERTIFICATION

I, Michael M. Ruffin, do hereby certify that I am the County Manager of Spalding County and in that capacity serve as Clerk to the Board of Commissioners and custodian of the official documents of said Board.

I do hereby further certify that the attached is a true and correct copy of a Resolution that was passed by a majority of the vote by the Board of County Commissioners at their Extraordinary Session Meeting held Tuesday, May 18, 1999.

This the 27th day of May 1999.

SIGNED:

Michael M. Ruffin, County Manager

Sworn and subscribed before me This the 27th day of May 1999.

Phyllis P. Doane, Notary Public Pike County, Georgia My Commission Expires: 3/18/2002

A RESOLUTION

A RESOLUTION AMENDING THAT CERTAIN RESOLUTION ENACTED MAY 18, 1999 CONDITIONALLY APPROVING A SERVICE DELIVERY STRATEGY FOR THE CITY OF GRIFFIN AND SPALDING COUNTY MODIFYING THE JOINT STAFF REPORT, DATED MARCH 1, 1999, BY AMENDING THE AGREED LANGUAGE ON DELIVERY OF SEWER SERVICES IN UNINCORPORATED SPALDING COUNTY, AND FOR OTHER PURPOSES.

BE IT RESOLVED BY THE SPALDING COUNTY BOARD OF COMMISSIONERS as follows:

That certain Resolution, enacted May 18, 1999 approving a Service Delivery Strategy for the City of Griffin and Spalding County, dated March 1, 1999, is hereby amended by deleting the language in the paragraph headed "Sewer Expansion Into Unincorporated County" and substituting in lieu thereof the following:

"The City of Griffin is the sole provider of sewer within Spalding County. Under its Charter and general laws, the City is authorized to extend sewer both within and without its municipal boundaries. Currently, most of the City is accessible to sewer as well as a substantial unincorporated area in proximity thereto. The City has written policies pursuant to which it has committed to treat sewer collected within the unincorporated area, within those basins served, to the extent capacity is available. Sewer collector line extensions within these areas is funded solely at developers' expense. Users accessible to existing sewer lines may connect onto the sewer system upon payment of capacity recovery and connection fees to the City, collectible at the time of connection. Compatibility of future sewer extensions into the unincorporated area with the County's future land use plan is assured by the County's review and permitting of plans under its zoning and development regulations. Negotiations are currently on-going between Spalding County and the municipalities therein on the issue of sewer. Any future agreements will be reflected in an amendment to the Service Delivery Strategy."

Subject only to this modification, the Resolution enacted May 18, 1999 is hereby restated and ratified in its entirety, and constitutes the approval of Spalding County to the Service Delivery Strategy for the City of Griffin and Spalding County.

This 25th day of May, 1999.

Michael M. Ruffin County Manager and Clerk to the Board

Earle Childres, Chairman

SPALDING COUNTY

A. Earle Childres, CHAIRMAN Merrill Massengale, VICE CHAIRMAN M. Michael Kendall Johnie A. McDaniel Martha W. McDaniel



COUNTY MANAGER Michael M. Ruffin DEPUTY COUNTY MANAGER William P. Wilson, Jr. COUNTY ATTORNEY James R. Fortune, Jr.

CERTIFICATION

I, Michael M. Ruffin, do hereby certify that I am the County Manager of Spalding County and in that capacity serve as Clerk to the Board of Commissioners and custodian of the official documents of said Board.

I do hereby further certify that the attached is a true and correct copy of a Resolution that was unanimously passed by the Board of County Commissioners at a Special Called Meeting held Tuesday, May 25, 1999.

This the 27th day of May 1999.

SIGNED:

ael M. Ruffin, County Manager

Sworn and subscribed before me This the 27th day of May 1999.

Phyllis P. Doane, Notary Public Pike County, Georgia My Commission Expires: 3/18/2002

No. 99 -

A RESOLUTION

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A RESOLUTION AMENDING THAT CERTAIN RESOLUTION ENACTED MAY 13, 1999 CONDITIONALLY APPROVING A SERVICE DELIVERY STRATEGY FOR SPALDING COUNTY, GEORGIA AND THE CITIES THEREIN, MODIFYING THE JOINT STAFF REPORT, DATED MARCH 1, 1999, BY AMENDING THE AGREED LANGUAGE ON DELIVERY OF SEWER SERVICES IN UNINCORPORATED SPALDING COUNTY, AND FOR OTHER PURPOSES.

BE IT RESOLVED BY THE BOARD OF COMMISSIONERS OF THE CITY OF GRIFFIN, GEORGIA, as follows:

That certain Resolution, enacted May 13, 1999 approving a Service Delivery Strategy for Spalding County, based upon the Staff Report, dated March 1, 1999, is hereby amended by deleting the language in the paragraph headed "Sewer Expansion Into Unincorporated County" and substituting in lieu thereof the following:

"The City of Griffin is the sole provider of sewer within Spalding County. Under its Charter and general laws, the City is authorized to extend sewer both within and without its municipal boundaries. Currently, most of the City is accessible to sewer as well as a substantial unincorporated area in proximity thereto. The City has written policies pursuant to which it has committed to treat sewer collected within the unincorporated area, within those basins served, to the extent capacity is available. Sewer collector line extensions within these areas is funded solely at developers' expense. Users accessible to existing sewer lines may connect onto the sewer system upon payment of capacity recovery and connection fees to the City, collectible at the time of connection. Compatibility of future sewer extensions into the unincorporated area with the County's future land use plan is assured by the County's review and permitting of plans under its zoning and development regulations. Negotiations are currently on-going between Spalding County and the municipalities therein on the issue of sewer. Any future agreements will be reflected in an amendment to the Service Delivery Strategy."

Subject only to this modification, the Resolution enacted May 13, 1999 is hereby restated and ratified in its entirety, and constitutes the approval of the City of Griffin to the Service Delivery Strategy for Spalding County, Georgia, and the cities therein.

This 25th day of May, 1999.



CITY of GRIFFIN Rick Chaffin, City Manager BOARD OF COMMISSIONERS TOM PERDUE, CHAIRMAN DR. GERALDINE JACKSON, CHAIRMAN PRO-TEM RAYMOND HEAD, JR., JUDY BERRY JACK SUTTON, RODNEY MCCORD CARLTON IMES

CERTIFICATION

I, Rick Chaffin, do hereby certify that I am the City Manager of the City of Griffin and in that capacity serve as Secretary to the Board of Commissioners and custodian of the official documents of said Board.

I do hereby further certify that the attached is a true and correct copy of a Resolution that was unanimously passed by the Board of City Commissioners at their Special Called Meeting held Thursday, May 13, 1999.

This, the 27th day of May 1999.

SIGNED:

Rick Chaffin, City M anager

Sworn and subscribed before me This, the 27th day of May 1999.

. Autchie

Lisa C. Hutcheson, Notary Public Spalding County, Georgia My Commission Expires: 4/20/2001

No. 99 -

A RESOLUTION

WHEREAS, HB 489, O.C.G.A. §36-70-1, et seq., requires every Georgia county, and the cities within each county, to adopt by July 1, 1999 a Service Delivery Strategy;

WHEREAS, the joint staffs of Spalding County and the City of Griffin presented to their respective board of commissioners a report entitled "A SERVICE DELIVERY STRATEGY FOR THE CITY OF GRIFFIN AND SPALDING COUNTY", dated March 1, 1999;

WHEREAS, this Board of Commissioners has studied the report and considered modifications thereto, which have been further negotiated through staff with the Board of County Commissioners; and

WHEREAS, this Commission deems it in the best interest of the City and its citizens and taxpayers to enter into agreement with the County and the other municipalities within the County by the statutory deadline in order to assure continued entitlement of all governments to receive State-administered benefits, including but not limited to grants, loans, permits and licenses;

NOW THEREFORE BE IT RESOLVED that the Staff report, dated March 1, 1999 be approved in principle by this board of commissioners, subject to the following modifications to be agreed to by the County and reflected in the final document before submission to the Department of Community Affairs, to-wit:

ANIMAL CONTROL – The existing Intergovernmental Contract between the City and County for boarding of animals in the County Animal Shelter will expire December 31, 2001. The County will thereafter operate the shelter as a countywide service, without additional cost or charge to the City. The City will revise its ordinances to conform to the County's impoundment regulations on or before January 1, 2002.

ELIMINATION OF ARBITRARY WATER & SEWER RATES BY CITY – The City will complete its engineering study and place in effect a new rate structure by January 1, 2000. Current rates shall remain in effect until the new rate structure is adopted.

SEWER EXPANSION INTO UNINCORPORATED COUNTY – Since issuance of the Staff Report, the County has recommended the Sewer Taskforce be reconstituted. The City has serious reservations about changing the direction that past negotiations have taken, leading to approval of the 1995 Wastewater Management Plan and an intergovernmental contract to implement the policies set forth in such plan. In fact, the City has taken steps to engineer extensions into the service districts that were earlier agreed upon with the County and is hesitant to rethink its past position on these issues. However, in a spirit of cooperation with the County, the City Commission has agreed to meet with the taskforce and appointed representatives for this purpose. To finalize negotiations under HB 489 on this issue, the Taskforce needs to meet and seek an early resolution as to the direction that best serves the interest of the community. The ultimate decision may depend on currently changing State growth policy which advocates Smart Growth and infill as opposed to continued horizontal sprawl.

SUNSET ON INITIAL APPROVAL OF SERVICE DELIVERY STRATEGY -Approval of the Service Delivery Strategy will be effective until October 31, 2001, the date on which the City's Comprehensive Plan expires under The Georgia Planning Act. Under O.C.G.A. §36-70-28, this event shall trigger a review by all parties of the Strategy, and revision, as necessary. In conjunction with changing state growth policies, the City intends to begin in FY2000 the updating of its Comprehensive Plan. This process should be completed over approximately a 2 year period, or about July 1, 2001.

FURTHER RESOLVED, that pursuant to O.C.G.A. §36-70-25(e), the City hereby agrees with the County to apply in writing to DCA, on or before July 1, 1999 for an extension through and to include October 31, 1999 in order that the sanctions specified in O.C.G.A. §36-70-27 shall not apply prior to that date. As soon as the City and County finalize and approve the Service Delivery Strategy and complete the required documentation for submission to DCA, the Strategy shall be submitted.

This 13th day of May, 1999.