GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS SERVICE DELIVERY STRATEGY

FOR THOMAS COUNTY

PAGE 1

I. GENERAL INSTRUCTIONS

- Only one set of these forms should be submitted per county. The completed forms should clearly present the collective agreement reached by all cities and counties that were party to the service delivery strategy.
- List each local government and/or authority that provides services included in the service delivery strategy in Section II below.
- List all services provided or primarily funded by each general purpose local government and authority within the county in Section III below. It is acceptable to break a service into separate components if this will facilitate description of the service 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 Powerell Development (including cities located partially within the county) and authorities that provide services included in

Payroll Development Authority, Emergency Services Authority, City of Barwick, City of Pavo, City of Meigs, City of Ochlocknee, City of Thomasville, City of Boston, City of Coolidge, Thomas 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.

- Animal Control Building & Grounds Maintenance Building Inspection Cemetery Community Improvements Coroner County Buildings County Prison & Jail County Roads County Roads County Shop Court System - State Mandated Courts/Municipal County Management County Sheriff Drug Task Force
- Economic Development Emergency Services Extension Service Engineering (Civil) Fleet Maintenance Geographic Information Service Health Services Human Resources Library Services Main Street & Better Hometown Municipal Elections Municipal Streets/Public Works
- Municipal Tax Collection Planning & Zoning Records Management Recreation/Parks Risk Management Sanitation/Collection Sanitation/Landfill Street Sweeping Tax Administration Tourism Utilities Voter Registration Welfare

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 liste on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the botton of the page) changes, this should be reported to the Department of Community Affairs.
County: Thomas Service: Animal Control
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 checked, identify the government, authority or organization providing the service.) Thomasville - Thomas County Humane Society
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 unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
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 X no
If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but high
levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas a 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 take 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., enterpri- funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, et
Local Government or Authority Funding Method:
Thomas County General Funds Humane Society Private Funds
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?
N/A
5 List any formal car in dati
 List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service: Agreement Name:
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?
Animal Control Agreement
7. 8
7. Person completing form: <u>Mike Stephenson</u>
Phone Number: (912) 225-4100 Date completed: April 30, 1999
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? X yes \Box no If not, provide designated contact person(s) and phone number(s) below:

	RY OF SERVICE	DELIVERY	PAGE 2
	below, attaching additional pag	ges as necessary. If t	tion III. Use exactly the same service names listed the contact person for this service (listed at the bottom rs.
County:Thomas		Service:	Building & Grounds Maintenance
1. Check the box that best descri	bes the agreed upon delivery ar	rangement for this s	ervice:
Service will be provided co checked, identify the govern	untywide (i.e., including all cition intent, authority or organization	es and unincorporate providing the servi	ed areas) by a single service provider. (If this box is ce.)
Service will be provided o identify the government, aut	nly in the unincorporated porti thority or organization providing	ion of the county by g the service.)	y a single service provider. (If this box is checked,
X One or more cities will pr unincorporated areas. (If thi Thomasville	ovide this service only within s box is checked, identify the g	their incorporated t overnment(s), autho	boundaries, and the service will not be provided in writy or organization providing the service.)
One or more cities will pro unincorporated areas. (If thi	vide this service only within th s box is checked, identify the g	neir incorporated be overnment(s), autho	oundaries, and the county will provide the service in rity or organization providing the service.)
Other. (If this box is checked government, authority, or of	ed, attach a legible map delir ther organization that will provi	neating the service de service within ea	e area of each service provider, and identify the ach service area.)
 In developing the strategy, we □ yes X no 	re overlapping service areas, ur	nnecessary competiti	ion and/or duplication of this service identified?
If these conditions will continue u	10- (U-24(1)) Overriding ben	lanation for contin efits of the duplics	nuing the arrangement (i.e., overlapping but higher ation, or reasons that overlapping service areas or
competition cannot be eminimated,	Ied under the strategy attach a	n implementation s	chadala liming and star as sub-
3. List each government or author	rity that will help to pay for th	is service and india	cate how the service will be funded (e.g., enterprise ranchise taxes, impact fees, bonded indebtedness, etc.
Local Government or Authority	Funding M		
N/A	ie previous arrangements for pr	oviding and/or hind	ing this service within the county?
5. List any formal service deliver	Agreements or intergovernmen	tal contracts that wi	ill be used to implement the strategy for this service:
Agreement Name:	Contracting Parties :		Effective and Ending Dates:
What other mechanisms (if any General Assembly, rate or fee cha) will be used to implement the nges, etc.) and when will they	strategy for this serv take effect?	vice, (e.g., ordinances, resolutions, local acts of the
N/A			
7. Person completing form: <u>Mike</u>	Stephenson		
Phone Number:(912) 225-4100		pleted:April	130, 1999
 Is this the person who should be consistent with the service delivery If not, provide designated contact p 	e contacted by state agencies while strategy? X yes 1 no	hen evaluating whet	her proposed local government projects are

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Instructions:				
	tion below, attaching additi	onal pages as necessa	a, Section III. Use exactly the same service nearly. If the contact person for this service (listed at ty Affairs.	
County:Thor	nas	Service:	Building Inspection	
1. Check the box that best de	scribes the agreed upon de	livery arrangement fo	or this service:	
	l countywide (i.e., including vernment, authority or orga		corporated areas) by a single service provider. (If he service.)	this box is
	ed only in the unincorporat , authority or organization p		ounty by a single service provider. (If this box i	s checked,
One or more cities will unincorporated areas. (If	provide this service only this box is checked, identi	within their incorpor ify the government(s)	prated boundaries, and the service will not be p s), authority or organization providing the service.)	provided in
Unincorporated areas. (If Thomasville, Boston)	this box is checked, ident Thomas Count	ify the government(s) ty (contracts	rated boundaries, and the county will provide the s), authority or organization providing the service.) S SERVICE for Meigs, Ochlo service area of each service provider, and i within each service area.)	ocknee,
 In developing the strategy, yes X no 	were overlapping service	areas, unnecessary co	competition and/or duplication of this service identi	ified?
If these conditions will continu	J.A. 30-70-24(1)), overrid	h an explanation for ling benefits of the	or continuing the arrangement (i.e., overlapping e duplication, or reasons that overlapping service	but higher e areas or
	ninated under the strategy	attach an implement	tation schedule listing each step or action that wi	ill be taken
3. List each government or au	thority that will help to pa	w for this service an	nd indicate how the service will be funded (e.g., taxes, franchise taxes, impact fees, bonded indebte	enterprise
Local Government or Authorit	yFu	unding Method:	and a finite and a finite of a second second	suncas, e.e.
Thomasville	General Funds User Fees			
4. How will the strategy chan	ge the previous arrangemer	its for providing and/	/or funding this service within the county?	
5. List any formal service deli	ivery agreements or intergo	vernmental contracts	s that will be used to implement the strategy for thi	- deat
Agreement Name:	Contracting		Effective and Ending Dates:	s service.
6. What other mechanisms (if General Assembly, rate or fee	any) will be used to impler changes, etc.) and when w	nent the strategy for t fill they take effect?	this service, (e.g., ordinances, resolutions, local ac	ts of the
N/A				
7. Person completing form: <u>M</u>	like Stephenson			
Phone Number: 225-4		Date completed:	April 30, 1999	
 Is this the person who shoul consistent with the service deliv If not, provide designated contained 	ld be contacted by state age very strategy? X yes	encies when evaluatin	ng whether proposed local government projects are	8
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Instructions: Make copies of this form an on page 1. Answer each ques of the page) changes, this sho	tion below, attaching additi	onal pages as necessary. If	PAGE 1 tion III. Use exactly the same service names liste the contact person for this service (listed at the botton rs.
County:Thom		Service:	
1. Check the box that best de	escribes the agreed upon de	livery arrangement for this	service:
Service will be provided checked, identify the go	d countywide (i.e., including overnment, authority or orga	g all cities and unincorporat inization providing the serv	ed areas) by a single service provider. (If this box ice.)
Service will be provide identify the government	ed only in the unincorporal t, authority or organization	ted portion of the county b providing the service.)	y a single service provider. (If this box is checked
unincorporated areas. (1	Il provide this service only f this box is checked, identi gs, Ochlocknee,	ify the government(s), authority	boundaries, and the service will not be provided rity or organization providing the service.)
One or more cities will unincorporated areas. (1	provide this service only f this box is checked, ident	within their incorporated bify the government(s), authority	oundaries, and the county will provide the service ority or organization providing the service.)
Other. (If this box is ch government, authority, or an authority).	ecked, attach a legible m or other organization that w	ap delineating the service ill provide service within e	e area of each service provider, and identify the ach service area.)
	, were overlapping service	areas, unnecessary competit	ion and/or duplication of this service identified?
If these conditions will contin	ue under the strategy, attac	an explanation for conti	nuing the arrangement (i.e., overlapping but high-
competition cannot be elimina	ated).	ing benefits of the duplic	ation, or reasons that overlapping service areas
the response	sione party and the agreed up	oon deadline for completing	
 List each government or au funds, user fees, general fund 	athority that will help to pa s, special service district re	y for this service and india venues, hotel/motel taxes, f	cate how the service will be funded (e.g., enterpris
Local Government or Authorit		nding Method:	
the second se	General Funds User Funds		
	General Funds		
How will the strategy chan	ing the mention		
	ge me previous arrangemen	its for providing and/or fund	ling this service within the county?
N/A			
List any formal service del	ivery agreements or intergo	vernmental contracts that wi	ill be used to implement the strategy for this service:
Agreement Name:	Contracting		Effective and Ending Dates:
What other mechanisms (if	any) will be used to implem	pant the strategy for di	
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	any) will be used to implen changes, etc.) and when w	nent the strategy for this ser ill they take effect?	vice, (e.g., ordinances, resolutions, local acts of the
√/A	analysis, exc.) and when w	nent the strategy for this ser ill they take effect?	vice, (e.g., ordinances, resolutions, local acts of the
V/A Person completing form: <u>M</u>	fike Stephenson	in they take effect?	
V/A Person completing form: <u>M</u> hone Number: <u>(912) 225-4</u>	fike Stephenson	ate completed:Apri	

SUMMARY OF SERVICE DELIVERY ARRA	PAGE 2
Instructions:	
Make copies of this form and complete one for each service listed on page 1, Section III. Use on page 1. Answer each question below, attaching additional pages as necessary. If the contact pe of the page) changes, this should be reported to the Department of Community Affairs.	
County: <u>Thomas</u> Service: <u>Commu</u>	nity Improvement
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 checked, identify the government, authority or organization providing the service.) Thomas County	a single service provider. (If this box is
Service will be provided only in the unincorporated portion of the county by a single service identify the government, authority or organization providing the service.)	rvice provider. (If this box is checked,
One or more cities will provide this service only within their incorporated boundaries, an unincorporated areas. (If this box is checked, identify the government(s), authority or organized areas.	nd the service will not be provided in ization providing the service.)
One or more cities will provide this service only within their incorporated boundaries, an unincorporated areas. (If this box is checked, identify the government(s), authority or organization.)	ization providing the service.)
Other. (If this box is checked, attach a legible map delineating the service area of ear government, authority, or other organization that will provide service within each service area	ich service provider, and identify the ea.)
 In developing the strategy, were overlapping service areas, unnecessary competition and/or du yes X no 	plication of this service identified?
If these conditions will continue under the strategy, attach an explanation for continuing the art levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reas competition cannot be eliminated).	sons that overlapping service areas or
If these conditions will be eliminated under the strategy, attach an implementation schedule listir 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 funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes	service will be funded (e.g., enterprise
Local Government or Authority Funding Method: Thomas County General Funds	s, impact lees, bonded indebtedness, etc.
4. How will the strategy change the previous arrangements for providing and/or funding this serving	
	ce within the county?
N/A	
5. List any formal service delivery agreements or intergovernmental contracts that will be used to	implement the strategy for this service:
A manual Manual	ctive and Ending Dates:
6. What other mechanisms (if any) will be used to implement the strategy for this service, (e.g., or General Assembly, rate or fee changes, etc.) and when will they take effect?	dinances, resolutions, local acts of the
Otherar Assembly, rate of ree changes, etc.) and when will they take effect?	
N/A	
N/A	
7. Person completing form: <u>Mike Stephenson</u>	
Phone Number:(912) 225-4100 Date completed: April 30, 1999	
8. Is this the person who should be contacted by state agencies when evaluating whether proposed consistent with the service delivery strategy? X yes D no If not, provide designated contact person(s) and phone number(s) below:	local government projects are

	Sommer St	obit, ioz	DELL' LICE	PAGE 2
Instructions:				little
on page I. Answe	this form and complete one er each question below, attac ages, this should be reported	ching additional page	es as necessary. If th	ion III. Use exactly the same service names listed he contact person for this service (listed at the bottom rs.
County:	Thomas		Service:	Coroner
1. Check the box	x that best describes the agre	eed upon delivery arra	angement for this se	ervice:
checked, ide	Il be provided countywide (i. lentify the government, autho as County	.e., including all cities ority or organization j	s and unincorporate providing the servic	ed areas) by a single service provider. (If this box is cc.)
Service wi identify the	ill be provided only in the u government, authority or or	unincorporated portio rganization providing	in of the county by the service.)	y a single service provider. (If this box is checked,
One or mor unincorpora	re cities will provide this se ated areas. (If this box is che	rvice only within the ecked, identify the go	cir incorporated be overnment(s), author	oundaries, and the service will not be provided in rity or organization providing the service.)
unincorpora	ated areas. (If this box is che	ecked, identify the go	overnment(s), author	oundaries, and the county will provide the service in rity or organization providing the service.)
Other. (If the government	his box is checked, attach a t, authority, or other organize	a legible map deline tation that will provid	eating the service le service within ea	e area of each service provider, and identify the ach service area.)
	g the strategy, were overlappi X no	ing service areas, unr	necessary competiti	ion and/or duplication of this service identified?
If these condition levels of service	is will continue under the stra	ategy, attach an expl (1)), overriding bene	anation for contin fits of the duplice	nuing the arrangement (i.e., overlapping but higher ation, or reasons that overlapping service areas or
If these condition	ior de enminated).	he strategy attach an	implementation sc	shadula listing and star as easier days. It is a t
3. List each gove	ernment or authority that will	ll help to pay for this	e carvice and india	tota how the comise will be 6 at 1
Local Governmen	nt or Authority	Funding Me	notel/motel taxes, fra	ranchise taxes, impact fees, bonded indebtedness, etc.
4. How will the s N/A	strategy change the previous	arrangements for pro	widing and/or fundi	ing this service within the county?
				ill be used to implement the strategy for this service:
Agreement Na	ime: 4	Contracting Parties :		Effective and Ending Dates:
What other me General Assembly	echanisms (if any) will be use y, rate or fee changes, etc.) a	ed to implement the s and when will they b	strategy for this serv ake effect?	vice, (e.g., ordinances, resolutions, local acts of the
N/A				
1.1.1.1				
7. Person complet	ting form: <u>Mike Stephenson</u>	a		
Phone Number:			pleted:April	1 30, 1999
consistent with the	on who should be contacted service delivery strategy? signated contact person(s) an	by state agencies who	en evaluating wheth	her proposed local government projects are
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on page 1. Answer	is form and complete o r each question below, at es, this should be reporte	taching additional pag	ges as necessary. If	tion III. Use exactly the same service names listed the contact person for this service (listed at the bottom
County:		ed to the Department of		County Buildings
1. Check the box	that best describes the ag	greed upon delivery a	rangement for this	service:
checked, ide	be provided countywide ntify the government, au s County	(i.e., including all citi thority or organization	es and unincorporat providing the servi	ed areas) by a single service provider. (If this box i ice.)
Service will identify the g	be provided only in the overnment, authority or	e unincorporated port organization providin	ion of the county b g the service.)	y a single service provider. (If this box is checked
One or more unincorporate	cities will provide this ed areas. (If this box is c	service only within the service only within the service only within the service of the service o	heir incorporated b overnment(s), author	ooundaries, and the service will not be provided in ority or organization providing the service.)
One or more unincorporat	cities will provide this ed areas. (If this box is c	service only within the g	heir incorporated be	oundaries, and the county will provide the service in ority or organization providing the service.)
O Other, (If this		a legible man delu	neating the service	area of each service provider and identify the
2. In developing t	he strategy, were overlag	pping service areas, u	nnecessary competit	ion and/or duplication of this service identified?
🗇 yes	X no			
If these conditions levels of service competition canno	1000 U.L.U.A. 30-10-2	strategy, attach an exp 4(1)), overriding ben	efits of the duplic	nuing the arrangement (i.e., overlapping but highe ation, or reasons that overlapping service areas o
If these conditions		the strategy, attach a	n implementation s	chedule listing each step or action that will be taken
3. List each gover	nment or authority that w	vill help to pay for th	is carving and indi	n. cate how the service will be funded (e.g., enterprise ranchise taxes, impact fees, bonded indebtedness, etc.
Local Government	or Authority	Funding N		anomise taxes, impact rees, bonded indebtedness, etc.
4. How will the str	rategy change the previou	us arrangements for pr	oviding and/or fund	ling this service within the county?
N/A			•	S and the county .
5. List any formal	service delivery agreeme	ents or intergovernmer	ital contracts that w	ill be used to implement the strategy for this service:
Agreement Nan		Contracting Parties :		Effective and Ending Dates:
5. What other meet	nanisms (if any) will be u	used to implement the	strategy for this ser	vice, (e.g., ordinances, resolutions, local acts of the
Jeneral Assembly,	rate or fee changes, etc.) and when will they	take effect?	
N/A				
. Person completin	or form: Mike Stanker	OP.		
	g form: <u>Mike Stephense</u>			
hone Number; <u>(</u>	212) 225-4100	Date com		L30, 1999 her proposed local government projects are

County: Tho			ity Affairs.
	mas	Service:	County Management
1. Check the box that best of	lescribes the agreed upon de	elivery arrangement	for this service:
X Service will be provide checked, identify the g Thomas Cou	government, authority or org	ig all cities and uning anization providing	corporated areas) by a single service provider. (If this box i the service.)
Service will be provid identify the government	ded only in the unincorpora nt, authority or organization	ited portion of the c providing the servic	county by a single service provider. (If this box is checked e.)
One or more cities will unincorporated areas.	Il provide this service only If this box is checked, iden	within their incorport tify the government(orated boundaries, and the service will not be provided in (s), authority or organization providing the service.)
One or more cities with unincorporated areas.	Il provide this service only (If this box is checked, iden	within their incorpo tify the government(prated boundaries, and the county will provide the service is (s), authority or organization providing the service.)
O Other. (If this box is cl		nap delineating the	service area of each service provider and identify th
	y, were overlapping service	areas, unnecessary (competition and/or duplication of this service identified?
🖸 yes X по			
If these conditions will contin levels of service (See O.C. competition cannot be elimin	.J.A. 30-70-24(1)). OVEITIC	th an explanation for ding benefits of the	or continuing the arrangement (i.e., overlapping but highe e duplication, or reasons that overlapping service areas o
If these conditions will be eli to eliminate them, the respon	iminated under the strategy, asible party and the agreed u	attach an implemer	ntation schedule listing each step or action that will be taken mpleting it.
3. List each government or a	authority that will help to p	ay for this corvice a	and indicate how the service will be funded (e.g., enterprise taxes, franchise taxes, impact fees, bonded indebtedness, etc
Local Government or Author Thomas County		unding Method:	
4. How will the strategy cha	inge the previous arrangeme	ents for providing and	f/or funding this service within the county?
N/A		10 Ma	of forming the secret manner in county i
5. List any formal service de	livery agreements or interge	overnmental contract	is that will be used to implement the strategy for this service:
Agreement Name:	Contracting		Effective and Ending Dates:
6. What other mechanisms (i	f any) will be used to imple	ment the strategy for	this service, (e.g., ordinances, resolutions, local acts of the
General Assembly, rate or fe	e changes, etc.) and when v	vill they take effect?	
N/A			
N/A			
N/A 7. Person completing form: _]	Mike Stephenson		

Instructions:		and the second se	PAGE 2
on page 1. Answer each q	and complete one for each s question below, attaching addit should be reported to the Dep	ional pages as necessary. If	ction III. Use exactly the same service names listed the contact person for this service (listed at the bottom airs.
County:Th	omas	Service:	County Prison & Jail
1. Check the box that bes	st describes the agreed upon de	elivery arrangement for this	service:
X Service will be prov checked, identify the Thomas Co	e government, authority or org	ng all cities and unincorpora anization providing the serv	ated areas) by a single service provider. (If this box is vice.)
Service will be pro identify the governm	wided only in the unincorpora nent, authority or organization	ated portion of the county l providing the service.)	by a single service provider. (If this box is checked,
One or more cities unincorporated areas	will provide this service only s. (If this box is checked, iden	within their incorporated tify the government(s), auth	boundaries, and the service will not be provided in nority or organization providing the service.)
One or more cities unincorporated areas	will provide this service only s. (If this box is checked, iden	within their incorporated b tify the government(s), auth	boundaries, and the county will provide the service in sority or organization providing the service.)
Other. (If this box is government, authorit	s checked, attach a legible n ty, or other organization that v	nap delineating the servic will provide service within e	ce area of each service provider, and identify the each service area.)
	egy, were overlapping service	areas, unnecessary competi	ition and/or duplication of this service identified?
🗇 yes X no			
If these conditions will cor levels of service (See O, competition cannot be elin	U.U.A. 30-70-241111 Overna	th an explanation for cont ding benefits of the duplic	inuing the arrangement (i.e., overlapping but higher cation, or reasons that overlapping service areas or
If these conditions will be to eliminate them, the resp	eliminated under the strategy, consible party and the agreed u	attach an implementation pon deadline for completing	schedule listing each step or action that will be taken g it.
 List each government o funds, user fees, general funds. 	or authority that will help to pa unds, special service district re	ay for this service and indi evenues, hotel/motel taxes,	icate how the service will be funded (e.g., enterprise franchise taxes, impact fees, bonded indebtedness, etc.
Local Government or Auth Thomas County	nority Fi General Funds	unding Method:	
L			
	hange the previous arrangement	nts for providing and/or fun	ding this service within the county?
N/A			
	delivery agreements or intergo	overnmental contracts that w	vill be used to implement the strategy for this service:
 List any formal service Agreement Name: 	delivery agreements or intergo Contracting		vill be used to implement the strategy for this service: Effective and Ending Dates:
Agreement Name:	Contracting	Parties :	
Agreement Name:	Contracting	Parties :	Effective and Ending Dates:
Agreement Name: 6. What other mechanisms General Assembly, rate or	Contracting (if any) will be used to imple fee changes, etc.) and when v	Parties :	Effective and Ending Dates:
Agreement Name: 6. What other mechanisms General Assembly, rate or Jail Agreement	Contracting (if any) will be used to imple fee changes, etc.) and when v	ment the strategy for this servill they take effect?	Effective and Ending Dates:
Agreement Name: Agreement Name: Agreement Name: Agreement Name: Agreement Name: Agreement Agr	Contracting (if any) will be used to imple fee changes, etc.) and when v Mike Stephenson 5-4100	Date completed:Apr encies when evaluating whe	Effective and Ending Dates:

Instructions:			
Make copies of this form and co on page 1. Answer each question of the page) changes, this should	below, attaching additional page	s as necessary. If	tion III. Use exactly the same service names listed the contact person for this service (listed at the botton tirs.
County: <u>Thomas</u>		Service:	County Roads
1. Check the box that best descri	bes the agreed upon delivery arra	ingement for this	service:
X Service will be provided con checked, identify the govern Thomas County	ment, authority or organization	and unincorpora providing the serv	ted areas) by a single service provider. (If this box is rice.)
Service will be provided o identify the government, aut	nly in the unincorporated portio hority or organization providing	n of the county l the service.)	by a single service provider. (If this box is checked
One or more cities will pro unincorporated areas. (If thi	vide this service only within the s box is checked, identify the go	ir incorporated vernment(s), auth	boundaries, and the service will not be provided in ority or organization providing the service.)
One or more cities will pro unincorporated areas. (If thi	vide this service only within the so is checked, identify the go	ir incorporated by vernment(s), auth	poundaries, and the county will provide the service in ority or organization providing the service.)
Other. (If this box is checke government, authority, or ot	ed, attach a legible map deline there organization that will provid	ating the service e service within e	e area of each service provider, and identify the each service area.)
	re overlapping service areas, unn	ecessary competi	tion and/or duplication of this service identified?
🗇 yes X no			
levels of service (See O.C.G.A. competition cannot be eliminated)	30-70-24(1)). Overriging bene	ination for cont its of the duplic	inuing the arrangement (i.e., overlapping but highe sation, or reasons that overlapping service areas o
If these conditions will be elimina to eliminate them, the responsible	ted under the strategy, attach an party and the agreed upon deadli	implementation ne for completing	schedule listing each step or action that will be taken g it.
 List each government or author funds, user fees, general funds, sr 	rity that will help to pay for this becial service district revenues be	service and indi	icate how the service will be funded (e.g., enterprise franchise taxes, impact fees, bonded indebtedness, etc.
Local Government or Authority	Funding Me		manchise taxes, impact fees, bonded indebtedness, etc.
Thomas County Gen	eral Funds		
How will the strategy shares of			
	he previous arrangements for pro	viding and/or fun	ding this service within the county?
How will the strategy change the N/A	he previous arrangements for pro	viding and/or fun	ding this service within the county?
	he previous arrangements for pro	viding and/or fun	ding this service within the county?
	he previous arrangements for pro	viding and/or fun-	ding this service within the county?
	he previous arrangements for pro	viding and/or fun	ding this service within the county?
	he previous arrangements for pro	viding and/or fun	ding this service within the county?
N/A			
N/A			vill be used to implement the strategy for this service:
N/A . List any formal service delivery	agreements or intergovernments		
N/A . List any formal service delivery	agreements or intergovernments		vill be used to implement the strategy for this service:
N/A List any formal service delivery Agreement Name:	/ agreements or intergovernments	I contracts that w	vill be used to implement the strategy for this service: Effective and Ending Dates:
N/A . List any formal service delivery Agreement Name:	/ agreements or intergovernments	I contracts that w	vill be used to implement the strategy for this service:
N/A List any formal service delivery Agreement Name: What other mechanisms (if any) ieneral Assembly, rate or fee char	/ agreements or intergovernments	I contracts that w	vill be used to implement the strategy for this service: Effective and Ending Dates:
N/A List any formal service delivery Agreement Name:	/ agreements or intergovernments	I contracts that w	vill be used to implement the strategy for this service: Effective and Ending Dates:
N/A List any formal service delivery Agreement Name: What other mechanisms (if any) ieneral Assembly, rate or fee char	/ agreements or intergovernments	I contracts that w	vill be used to implement the strategy for this service: Effective and Ending Dates:
N/A List any formal service delivery Agreement Name: What other mechanisms (if any, ieneral Assembly, rate or fee chai	agreements or intergovernments Contracting Parties :) will be used to implement the singes, etc.) and when will they ta	I contracts that w	vill be used to implement the strategy for this service: Effective and Ending Dates:
N/A List any formal service delivery Agreement Name: What other mechanisms (if any) ieneral Assembly, rate or fee cha V/A Person completing form: _Mike	Agreements or intergovernments Contracting Parties : Contracting Parties : will be used to implement the st nges, etc.) and when will they ta	I contracts that w	Aill be used to implement the strategy for this service: Effective and Ending Dates: rvice, (e.g., ordinances, resolutions, local acts of the
N/A List any formal service delivery Agreement Name: What other mechanisms (if any) Seneral Assembly, rate or fee chat N/A Person completing form: _Mike hone Number:(912) 225-4100	Agreements or intergovernments Contracting Parties : Contracting Parties :) will be used to implement the singes, etc.) and when will they ta Stephenson Contacted by state agencies when	I contracts that w	vill be used to implement the strategy for this service: Effective and Ending Dates:

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Instructions: Make copies of this form and compon page 1. Answer each question be of the page) changes, this should be	low, attaching additional page	es as necessary. If th	on III. Use exactly the same service names listene contact person for this service (listed at the bottor s.
County:Thomas		Service:	County Sheriff
1. Check the box that best describes	the agreed upon delivery arr	angement for this se	ervice:
X Service will be provided count checked, identify the governme Thomas County	ywide (i.e., including all citie ent, authority or organization	s and unincorporated providing the servic	d areas) by a single service provider. (If this box i e.)
Service will be provided only identify the government, author	in the unincorporated portion rity or organization providing	on of the county by the service.)	a single service provider. (If this box is checked
One or more cities will provid unincorporated areas. (If this b	e this service only within the ox is checked, identify the go	eir incorporated bo vernment(s), author	oundaries, and the service will not be provided in ity or organization providing the service.)
One or more cities will provid unincorporated areas. (If this b	e this service only within the ox is checked, identify the go	eir incorporated bouvernment(s), author	undaries, and the county will provide the service in ity or organization providing the service.)
Other. (If this box is checked, government, authority, or other	attach a legible map deline organization that will provid	eating the service le service within eac	area of each service provider, and identify the ch service area.)
	overlapping service areas, un	necessary competition	on and/or duplication of this service identified?
If these conditions will continue unde levels of service (See O.C.G.A. 30 competition cannot be eliminated).	er the strategy, attach an expl 5-70-24(1)), overriding bene	anation for continu fits of the duplicat	uing the arrangement (i.e., overlapping but highe ion, or reasons that overlapping service areas o
If these conditions will be eliminated to eliminate them, the responsible particular	under the strategy, attach an rty and the agreed upon deadl	implementation sc ine for completing in	hedule listing each step or action that will be taker t.
 List each government or authority funds, user fees, general funds, speci 	that will help to pay for this al service district revenues h	s service and indica	te how the service will be funded (e.g., enterprise inchise taxes, impact fees, bonded indebtedness, etc.
Local Government or Authority	Funding Me		menise lines, impact rees, bonded indebtedness, etc.
Thomas County Genera	I Funds		
How will the strategy change the particular strategy change the particular strategy change the particular strategy strate	previous arrangements for pro	viding and/or fundir	ng this service within the county?
N/A			
- 1 i.e P - 1			
		al contracts that will	be used to implement the strategy for this service:
Agreement Name:	Contracting Parties :		Effective and Ending Dates:
 What other mechanisms (if any) w General Assembly, rate or fee change 	ill be used to implement the s	trategy for this serv	ice, (e.g., ordinances, resolutions, local acts of the
the charge	is, etc.) and when whit they a	ake enect?	
N/A			
N/A			
. Person completing form: <u>Mike Ste</u>	phenson		
thone Number: 225-4100		oleted: April	30 1000
A STATE OF A STATE AND A STATE			er proposed local government projects are
consistent with the service delivery str f not, provide designated contact pers	ategy? X yes no		er proposed local government projects are
			the state of the s

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: Thomas Service: County Shop 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.) Thomas County Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.) One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.) One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.) Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.) 2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified? D 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. 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: Thomas County General Funds 4. How will the strategy change the previous arrangements for providing and/or funding this service within the county? N/A 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? N/A 7. Person completing form: Mike Stephenson Phone Number: (912) 225-4100 _ Date completed: ____ April 30, 1999 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? X yes \Box no If not, provide designated contact person(s) and phone number(s) below:

Instructions:		COMPANY STREET, SPECIAL STREET, SPECIAL SPECIAL				PAGE 2
on page 1. Answ	wer each question below, attaching	r each service listed on page 1, Se ng additional pages as necessary. I the Department of Community Aff	f the contact	Use exactly person for t	the same s his service	service names liste (listed at the bottor
County:	Thomas	Service:	Court	System	- State	Mandated
1. Check the bo	ox that best describes the agreed	upon delivery arrangement for this	s service:			
checked, is	ill be provided countywide (i.e., dentify the government, authority IAS County	including all cities and unincorpora y or organization providing the ser	ated areas) b vice.)	y a single s	ervice prov	vider. (If this box i
Service w identify th	vill be provided only in the unin e government, authority or organ	ncorporated portion of the county nization providing the service.)	by a single	service prov	ider. (If th	nis box is checked
One or me unincorpor	ore cities will provide this servic rated areas. (If this box is checke	ce only within their incorporated ed, identify the government(s), auth	boundaries, hority or org	and the se anization pro	rvice will widing the	not be provided in service.)
One or mo unincorpor	ore cities will provide this servic rated areas. (If this box is checke	ce only within their incorporated ed, identify the government(s), auth	boundaries, hority or org	and the cou anization pro	nty will providing the	ovide the service i service.)
Other. (If t governmen	this box is checked, attach a le nt, authority, or other organizatio	gible map delineating the servi on that will provide service within	ce area of cach service	each servie area.)	e provide	er, and identify th
2. In developin	g the strategy, were overlapping	service areas, unnecessary compet	ition and/or	duplication (of this serv	ice identified?
🗇 yes	X no					
101010 01 0011101	ns will continue under the strateg e (See O.C.G.A. 36-70-24(1)), not be eliminated).	gy, attach an explanation for com overriding benefits of the dupli	tinuing the site in the site of the site o	arrangemen easons that	t (i.e., ove overlappin	rlapping but highe g service areas o
If these condition	ns will be eliminated under the st	trategy, attach an implementation agreed upon deadline for completin	schedule lis	ting each ste	p or action	n that will be taker
 List each gov 	emment or authority that will be	all to pay for this service and ind	ig it.			
	Beneral rends, special service a	listrict revenues, hotel/motel taxes,	franchise ta	kes, impact f	ees, bonde	d indebtedness, etc
Local Governme	nt or Authority nty General Funds	Funding Method:	-			
				_		
4. How will the	strategy change the previous arra	angements for providing and/or fur	iding this ser	vice within	he county?	
N/A						
5. List any form	al service delivery annual					
Agreement N		r intergovernmental contracts that v				
	Con	ntracting Parties :	Ef	fective and E	nding Date	s:
L						
 What other me General Assembl 	echanisms (if any) will be used to y, rate or fee changes, etc.) and	o implement the strategy for this se when will they take effect?	ervice, (e.g.,	ordinances, r	esolutions,	local acts of the
T/ A						
N/A						
. Person comple	ting form: <u>Mike Stephenson</u>					
	(012) 225 1166					
hone Number:	(912) 225-4100	Date completed: Ap	ril 30, 1999			

				PAGE 2
Instructions:				
Make copies of this form on page 1. Answer each qu of the page) changes, this	uestion below, attaching	additional pages as neco	essary. If	tion III. Use exactly the same service names listed the contact person for this service (listed at the bottom rs.
County:Th	omas	Serv	ice:	Courts/Municipal
1. Check the box that bes	t describes the agreed up	oon delivery arrangemen	t for this :	service:
Service will be prov checked, identify the	ided countywide (i.e., in government, authority o	cluding all cities and un or organization providing	incorporal g the servi	ted areas) by a single service provider. (If this box is ice.)
Service will be providentify the governme	vided only in the uninco ent, authority or organiza	prporated portion of the ation providing the servi	county b ice.)	y a single service provider. (If this box is checked,
unincorporated areas.	. (If this box is checked,	identify the governmen	t(s), autho	boundaries, and the service will not be provided in ority or organization providing the service.) nee, Pavo, Thomasville
One or more cities v unincorporated areas.	vill provide this service . (If this box is checked,	only within their incorp identify the governmen	porated be t(s), author	oundaries, and the county will provide the service in rity or organization providing the service.)
Other. (If this box is		ble man delineating th	e service	a way of each complex and the state of the state
2. In developing the strate	gy, were overlapping se	rvice areas, unnecessary	competit	ion and/or duplication of this service identified?
🗇 yes X no				
If these conditions will con levels of service (See O, competition cannot be elim		attach an explanation overriding benefits of the	for continue to the duplication of the duplication	using the arrangement (i.e., overlapping but higher ation, or reasons that overlapping service areas or
in the search and the search	ensione party and the age	ced upon deadline for co	ompleting	
 List each government or funds, user fees, general funds, 	authority that will help inds, special service dist	to pay for this service rict revenues, hotel/mote	and indic el taxes, fi	ate how the service will be funded (e.g., enterprise ranchise taxes, impact fees, bonded indebtedness, etc.
Local Government or Author	ority	Funding Method:		
Barwick, Boston Coolidge, Meigs	General Funds General Funds			
Ochlocknee Pavo	General Funds			
Thomasville	General Funds General Funds			
N/A	ange ne previous arrang	gements for providing ar	id/or fund	ing this service within the county?
5. List any formal service of	lelivery agreements or ir	ntergovernmental contrac	ets that wi	Il be used to implement the strategy for this service:
Agreement Name:		acting Parties :		Effective and Ending Dates:
6. What other mechanisms	(if any) will be used to i	mplement the strategy for	r this com	vice, (e.g., ordinances, resolutions, local acts of the
General Assembly, rate or I	ee changes, etc.) and w	hen will they take effect	i?	vice, (e.g., ordinances, resolutions, local acts of the
N/A				
. Person completing form:	Mike Stephenson			
Phone Number: <u>(912) 225</u>	-4100	Date completed:	April	30, 1999
Is this the person who should be a service do not provide designated control of not.	elivery strategy? A u	te agencies when evalua		her proposed local government projects are

Instructions:	, DELIVER	Y ARKANGEMENTS PAGE 2
Make copies of this form and complete one for each service li on page 1. Answer each question below, attaching additional pa of the page) changes, this should be reported to the Department	ages as necessary. If	the contact person for this service (listed at the bottom
County:Thomas	_ Service:	Drug Task Force
I. Check the box that best describes the agreed upon delivery a	arrangement for this	service:
X Service will be provided countywide (i.e., including all cit checked, identify the government, authority or organization Thomas County	ies and unincorpora n providing the serv	ted areas) by a single service provider. (If this box is vice.)
Service will be provided only in the unincorporated por identify the government, authority or organization providir	tion of the county lag the service.)	by a single service provider. (If this box is checked,
One or more cities will provide this service only within t unincorporated areas. (If this box is checked, identify the p	their incorporated l government(s), auth	boundaries, and the service will not be provided in ority or organization providing the service.)
One or more cities will provide this service only within t unincorporated areas. (If this box is checked, identify the	their incorporated b government(s), auth	coundaries, and the county will provide the service in originization providing the service.)
Other. (If this box is checked, attach a legible map deli government, authority, or other organization that will prov	ineating the servic vide service within e	e area of each service provider, and identify the each service area.)
2. In developing the strategy, were overlapping service areas, u	innecessary competi	ition and/or duplication of this service identified?
🗇 yes X no		
If these conditions will continue under the strategy, attach an explevels of service (See O.C.G.A. 36-70-24(1)), overriding ber competition cannot be eliminated).	planation for conti nefits of the duplic	inuing the arrangement (i.e., overlapping but higher eation, or reasons that overlapping service areas or
If these conditions will be eliminated under the strategy, attach a to eliminate them, the responsible party and the agreed upon dea	in implementation idline for completing	schedule listing each step or action that will be taken git.
3. List each government or authority that will help to pay for th funds, user fees, general funds, special service district revenues,	his service and indi	icate how the service will be funded (e.g., enterprise
Local Government or Authority Funding N		tranchise taxes, impact lees, bonded indebtedness, etc.
Thomas County General Funds		
4. How will do state to the state of the sta		
4. How will the strategy change the previous arrangements for p	roviding and/or fund	ding this service within the county?
N/A		
5 List and formal and in 11		
5. List any formal service delivery agreements or intergovernme Agreement Name: Contracting Parties		
Contacting Farity		Effective and Ending Dates:
 What other mechanisms (if any) will be used to implement the General Assembly, rate or fee changes, etc.) and when will they 	e strategy for this set	rvice, (e.g., ordinances, resolutions, local acts of the
y, and the stanges, etc.) and when with incy	lake enect?	
Agreement with the City of Thomasv	ille	
7. Person completing form: <u>Mike Stephenson</u>		
	mplated	1.20.1000
	mpleted: <u>Apr</u>	
8. Is this the person who should be contacted by state agencies we consistent with the service delivery strategy? X yes \Box no If not, provide designated contact person(s) and phone number(s)		uner proposed local government projects are

Instructions				PAGE 2
Instructions: Make copies of	this form and comple	to one for each corvine listed on	nage 1 Section III	. Use exactly the same service names listed
on page 1. Answ	ver each question below	w, attaching additional pages as n ported to the Department of Com	ecessary. If the con	tact person for this service (listed at the bottom
County:	Thomas	Service:	Economic	Development
1. Check the bo	x that best describes th	he agreed upon delivery arranger	nent for this service:	
checked, ic	lentify the government	vide (i.e., including all cities and i , authority or organization provid ent Authority	unincorporated areas ling the service.)	s) by a single service provider. (If this box is
Service w identify the	ill be provided only in e government, authority	n the unincorporated portion of t y or organization providing the se	the county by a sin; ervice.)	gle service provider. (If this box is checked,
One or mo unincorpor	re cities will provide ated areas. (If this box	this service only within their ind is checked, identify the governm	corporated boundar tent(s), authority or	ies, and the service will not be provided in organization providing the service.)
One or mo unincorpor	re cities will provide ated areas. (If this box	this service only within their inc is checked, identify the governm	corporated boundari tent(s), authority or	es, and the county will provide the service in organization providing the service.)
🗇 Other. (If t	his box is checked, at		the service area	of each service provider and identify the
		erlapping service areas, unnecess	ary competition and	/or duplication of this service identified?
🗇 yes	X no			
	is will continue under t (See O.C.G.A. 36-7 tot be eliminated).	he strategy, attach an explanation 0-24(1)), overriding benefits of	on for continuing the first of the duplication, of	he arrangement (i.e., overlapping but higher or reasons that overlapping service areas or
If these condition to eliminate them	is will be eliminated un the responsible party	nder the strategy, attach an imple and the agreed upon deadline for	ementation schedul	e listing each step or action that will be taken
3. List each gove	ernment or authority th	at will help to pay for this sarvi	ica and indicate her	w the service will be funded (e.g., enterprise e taxes, impact fees, bonded indebtedness, etc.
Local Governmen		Funding Method: General Funds, Thomasville an		
4. How will the	strategy change the pre	vious arrangements for providing	g and/or funding this	service within the county?
N/A				
5. List any forma	al service delivery agre	ements or intergovernmental con	tracts that will be us	ed to implement the strategy for this service:
Agreement Na		Contracting Parties :	tracts that will be us	Effective and Ending Dates:
		g runnes .		Effective and Ending Dates:
6. What other me General Assembly	chanisms (if any) will y, rate or fee changes,	be used to implement the strategy etc.) and when will they take eff	y for this service, (e. fect?	.g., ordinances, resolutions, local acts of the
N/A				
7. Person complet	ing form: <u>Mike Steph</u>	enson		
Phone Number:			April 30, 19	99
consistent with the	service delivery strate	acted by state agencies when eva		posed local government projects are
				225

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SUMMARI	OF SERVICE D		PAGE 2
Instructions:			
Make copies of this form and complete on page 1. Answer each question below, of the page) changes, this should be repo	, attaching additional pages a	s necessary. If t	tion III. Use exactly the same service names listed the contact person for this service (listed at the bottom rs.
County: <u>Thomas</u>	\$	Service:	Emergency Services
1. Check the box that best describes the	e agreed upon delivery arrang	ement for this s	service:
X Service will be provided countywichecked, identify the government, Emergency Service	authority or organization pro	nd unincorporate viding the servi	ed areas) by a single service provider. (If this box is ice.)
Service will be provided only in identify the government, authority	the unincorporated portion or organization providing the	of the county by service.)	y a single service provider. (If this box is checked,
One or more cities will provide th unincorporated areas. (If this box i	is service only within their schecked, identify the gover	incorporated b nment(s), autho	oundaries, and the service will not be provided in ority or organization providing the service.)
One or more cities will provide the unincorporated areas. (If this box is	is service only within their schecked, identify the gover	incorporated bo nment(s), autho	oundaries, and the county will provide the service in ority or organization providing the service.)
Other. (If this box is checked, atta government, authority, or other or	ach a legible map delineati ganization that will provide s	ng the service ervice within ea	e area of each service provider, and identify the ach service area.)
	rlapping service areas, unnec	essary competit	ion and/or duplication of this service identified?
🗇 yes X no		100	
If these conditions will continue under th levels of service (See O.C.G.A. 36-70 competition cannot be eliminated).	e strategy, attach an explana -24(1)), overriding benefits	tion for contin of the duplica	auing the arrangement (i.e., overlapping but higher ation, or reasons that overlapping service areas or
If these conditions will be eliminated und to eliminate them, the responsible party a	ler the strategy, attach an im and the agreed upon deadline	plementation s for completing	chedule listing each step or action that will be taken it.
3. List each government or authority tha funds, user fees, general funds, special s	t will help to pay for this se ervice district revenues, hote	rvice and indic	cate how the service will be funded (e.g., enterprise ranchise taxes, impact fees, bonded indebtedness, etc.
Local Government or Authority	Funding Metho		anonse taxes, impact rees, bonded indebiedness, etc.
Emergency Services Authority	General Funds		
4. How will the strategy change the prev	ious arrangements for provid	ing and/or fund	ing this service within the county?
N/A			ing and service while the county?
IN/A			
5. List any formal service delivery agree	ments or intergovernmental of	contracts that wi	ill be used to implement the strategy for this service:
Agreement Name:	The second s	onitiacts that wi	CONTRACT OF CONTRACT.
	Contracting Parties :		Effective and Ending Dates:
6. What other mechanisms (if any) will b	be used to implement the strat	tegy for this ser	vice, (e.g., ordinances, resolutions, local acts of the
General Assembly, rate or fee changes, e	etc.) and when will they take	effect?	
1999 HB 692 (LC 10 27	757)		
		lanageme	ent and Dispatching E911
Senior Consolidated Co	unty-wide	Gene	and Dispatching E711
7. Person completing form: <u>Mike Stephe</u>	inson		
Phone Number:(912) 225-4100	Date complete	ed: Apri	130, 1999
8. Is this the person who should be conta	cted by state agencies when		her proposed local government projects are
consistent with the service delivery strateg if not, provide designated contact person(IV? X ves I no		nor proposed total 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: <u>Thomas</u> Service: <u>Engineering (Civil)</u>
1. Check the box that best describes the agreed upon delivery arrangement for this service:
Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
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.) Thomasville (refer to utilities map)
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.
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:
Thomasville Enterprise
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?
N/A
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?
N/A
7. Person completing form: <u>Mike Stephenson</u>
Phone Number:(912) 225-4100 Date completed: April 30, 1999
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? X yes no no If not, provide designated contact person(s) and phone number(s) below:

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Instructions:				1975) 1975)	
on page 1. Answe		ttaching additional page	es as necessary. If	the contact person	actly the same service names listed for this service (listed at the bottom
County:	Thomas		Service:	Extension	Service
1. Check the box	that best describes the a	greed upon delivery arr	angement for this	service:	
checked, ide	be provided countywide ntify the government, au s County	(i.e., including all citie athority or organization	s and unincorporat providing the serv	ed areas) by a sin ice.)	gle service provider. (If this box is
Service will identify the g	be provided only in th government, authority or	e unincorporated portion organization providing	on of the county b the service.)	y a single service	provider. (If this box is checked,
One or more unincorporat	cities will provide this ed areas. (If this box is	service only within the checked, identify the go	eir incorporated b overnment(s), autho	ooundaries, and the original structure of th	ne service will not be provided in an providing the service.)
One or more unincorporat	cities will provide this ed areas. (If this box is	service only within the checked, identify the go	eir incorporated b overnment(s), autho	oundaries, and the ority or organizatio	e county will provide the service in on providing the service.)
Other. (If thi government,	s box is checked, attac authority, or other orga	h a legible map delin nization that will provid	eating the service le service within e	e area of each s ach service area.)	service provider, and identify the
	the strategy, were overla X no	pping service areas, un	necessary competit	tion and/or duplica	tion of this service identified?
If these conditions	will continue under the	strategy, attach an expl	anation for conti	nuing the orrang	ement (i.e., overlapping but higher
competition canno	(be eliminated).	(1)), overriding bene	tits of the duplic	ation, or reasons	that overlapping service areas or
If these conditions to eliminate them,	will be eliminated under the responsible party an	r the strategy, attach an d the agreed upon deadl	implementation : ine for completing	schedule listing ea it.	ch step or action that will be taken
 List each gover funds, user fees, g 	nment or authority that eneral funds, special ser	will help to pay for this vice district revenues, h	s service and indi- otel/motel taxes, f	cate how the servi ranchise taxes, imp	ice will be funded (e.g., enterprise pact fees, bonded indebtedness, etc.
Local Government	or Authority General Fun	Funding Me	ethod:		
					and the second
4 How will the st	rategy change the previo			r	
	integy enange the previe	is all angements for pro	oviding and/or fund	ling this service wi	thin the county?
N/A					
5. List any formal	service delivery agreem	ents or intergovernment	al contracts that w	ill be used to impl	ement the strategy for this service:
Agreement Nar		Contracting Parties :			and Ending Dates:
6. What other mec	hanisms (if any) will be	used to implement the	stratagy for this pa	nina (a a sullars	nces, resolutions, local acts of the
General Assembly,	rate or fee changes, etc	and when will they t	ake effect?	rvice, (e.g., ordinar	ices, resolutions, local acts of the
N/A					
7. Person completing	ng form: <u>Mike Stephen</u>	son			
Phone Number:(912) 225-4100	Date com	pleted: Apr	il 30, 1999	
consistent with the :	n who should be contact service delivery strategy gnated contact person(s)	2 X ves no		ther proposed loca	I government projects are
provide desi	prated connect person(s)	and phone number(s) t	ciow:		

	PAGE 2
Instructions:	
Make copies of this form and complete one for each service listed on page 1. Answer each question below, attaching additional pages of the page) changes, this should be reported to the Department of C	d on page 1, Section III. Use exactly the same service names listed as necessary. If the contact person for this service (listed at the bottom community Affairs.
County: <u>Thomas</u>	Service: Fleet Maintenance
1. Check the box that best describes the agreed upon delivery arran	gement for this service:
Service will be provided countywide (i.e., including all cities a checked, identify the government, authority or organization pro-	and unincorporated areas) by a single service provider. (If this box is oviding the service.)
Service will be provided only in the unincorporated portion identify the government, authority or organization providing the	of the county by a single service provider. (If this box is checked, le service.)
X One or more cities will provide this service only within their unincorporated areas. (If this box is checked, identify the gove Thomasville	incorporated boundaries, and the service will not be provided in ernment(s), authority or organization providing the service.)
unincorporated areas. (If this box is checked, identify the gove	
Other. (If this box is checked, attach a legible map delinear government, authority, or other organization that will provide	ting the service area of each service provider, and identify the service within each service area.)
2. In developing the strategy, were overlapping service areas, unner \Box yes X no	cessary competition and/or duplication of this service identified?
If these conditions will continue under the strategy attach an explan	nation for continuing the arrangement (i.e., overlapping but higher ts of the duplication, or reasons that overlapping service areas or
	nplementation schedule listing each step or action that will be taken e for completing it.
3. List each government or authority that will help to pay for this s funds, user fees, general funds, special service district revenues, hot	service and indicate how the service will be funded (e.g., enterprise lel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.
Local Government or Authority Funding Meth Thomasville General Funds	
 How will the strategy change the previous arrangements for provi 	iding and/or funding this service within the county?
N/A	aing and/or funding this service within the county?
19/74	
	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 stra General Assembly, rate or fee changes, etc.) and when will they take	ategy for this service, (e.g., ordinances, resolutions, local acts of the e effect?
N/A	
7. Person completing form: <u>Mike Stephenson</u>	
	eted: April 30, 1999
8. Is this the person who should be contacted by state agencies when consistent with the service delivery strategy? X yes \Box no If not, provide designated contact person(s) and phone number(s) bel	evaluating whether proposed local government projects are

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Instructions:			
Make copies of this form and comple on page 1. Answer each question below of the page) changes, this should be re	w. attaching additional page	es as necessary If t	tion III. Use exactly the same service names listed the contact person for this service (listed at the bottom rs.
County: <u>Thomas</u>		Service:	Geographic Information Service
1. Check the box that best describes the	he agreed upon delivery arr	angement for this s	ervice:
Service will be provided countyw checked, identify the government	vide (i.e., including all citie: , authority or organization	s and unincorporate providing the service	ed areas) by a single service provider. (If this box is ce.)
Service will be provided only in identify the government, authority	n the unincorporated portion y or organization providing	on of the county by the service.)	y a single service provider. (If this box is checked,
X One or more cities will provide unincorporated areas. (If this box Thomasville	this service only within the is checked, identify the go	heir incorporated b vernment(s), author	ooundaries, and the service will not be provided in rity or organization providing the service.)
One or more cities will provide unincorporated areas. (If this box	this service only within the is checked, identify the go	eir incorporated bo vernment(s), autho	oundaries, and the county will provide the service in rity or organization providing the service.)
Other. (If this box is checked, at government, authority, or other o	tach a legible map deline rganization that will provid	eating the service le service within ea	area of each service provider, and identify the ch service area.)
	erlapping service areas, unr	necessary competiti	on and/or duplication of this service identified?
🗇 yes X no			
If these conditions will continue under the levels of service (See O.C.G.A. 36-7 competition cannot be eliminated).	the strategy, attach an expl 70-24(1)), overriding bene	anation for contin fits of the duplica	uing the arrangement (i.e., overlapping but higher tion, or reasons that overlapping service areas or
If these conditions will be eliminated un to eliminate them, the responsible party	nder the strategy, attach an and the agreed upon deadl	implementation so ine for completing	chedule listing each step or action that will be taken it.
3. List each government or authority th funds, user fees, general funds, special	at will help to pay for this service district revenues, h	s service and indic	ate how the service will be funded (e.g., enterprise anchise taxes, impact fees, bonded indebtedness, etc.
Local Government or Authority Thomasville Enterpris	Funding Me		
	10		
4. How will the strategy change the pro-	evious arrangements for pro	widing and/or fund	ing this service within the county?
N/A			design and a
			1
5. List any formal service delivery agree	eements or intergovernment	tal contracts that wi	ill be used to implement the strategy for this service:
Agreement Name:	Contracting Parties :		Effective and Ending Dates:
6. What other mechanisms (if any) wil	be used to implement the	strategy for this ser	vice, (e.g., ordinances, resolutions, local acts of the
General Assembly, rate or fee changes	, etc.) and when will they t	ake effect?	rise, (e.g., oraniances, resolutions, rocal acts of the
N/A			
7. Person completing form: <u>Mike Step</u>	henson		
Phone Number:(912) 225-4100	Date com	pleted:Apri	1 30, 1999
 Is this the person who should be con- consistent with the service delivery strai If not, provide designated contact person 	tegy? X ves 🗆 no		ther proposed local government projects are

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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: Thomas Service: Health Services 1. Check the box that best describes the agreed upon delivery arrangement for this service:
of the 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: Thomas Service: Health
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.) Thomas County
Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)
2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
🗇 yes 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 ligting each strategy attach an implementation
 List each government or authority that will help to pay for this service and indicate how the service will be funded (and the service).
runds, user rees, general runds, special service district revenues, notel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.
Local Government or Authority Funding Method: Thomas County General Funds
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?
N/A
C. Lint and formula and in a delivery second s
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:
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?
N/A
7. Person completing form: <u>Mike Stephenson</u>
Phone Number: (912) 225-4100 Date completed: April 30, 1999
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? X yes \Box no If not, provide designated contact person(s) and phone number(s) below:

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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 liste 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:ThomasService:Human Resources
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 i 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.)
X 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.) Thomasville
One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)
2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
🗇 yes X no
If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but highe 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: Thomasville Enterprise Funds
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?
N/A
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?
N/A
7. Person completing form: <u>Mike Stephenson</u>
Phone Number: (912) 225-4100 Date completed: April 30, 1999
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? X yes in no If not, provide designated contact person(s) and phone number(s) below:

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Instructions: PAGE 2
Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.
County: <u>Thomas</u> Service: <u>Library Services</u>
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.) Thomas County
Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)
2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
□ yes 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).
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3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.
Local Government or Authority Funding Method:
Thomas County General Funds
 How will the strategy change the previous arrangements for providing and/or funding this service within the county?
N/A
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:
Agreenent 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?
Sales Tax Resolution
7. Person completing form: <u>Mike Stephenson</u>
Phone Number:(912) 225-4100 Date completed: April 30, 1999
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? X yes \Box 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 liste on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the botton of the page) changes, this should be reported to the Department of Community Affairs. County: <u>Thomas</u> Service: <u>Main Street & Better Hometown</u>
of the page) changes, this should be reported to the Department of Community Affairs.
County: Thomas Service: Main Street & Better Hometown
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 i 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.)
X 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.) Thomasville, Boston
One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service is unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)
2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
🗇 yes X no
If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but highe 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:
Thomasville General Funds Boston General Funds
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county? N/A
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?
N/A
7. Person completing form: <u>Mike Stephenson</u>
Phone Number: (912) 225-4100 Date completed: April 30, 1999
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? X yes \Box no If not, provide designated contact person(s) and phone number(s) below:

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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: Thomas Service: Municipal_Elections
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.)
X 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.) Barwick, Thomasville, Pavo, Boston, Meigs, Ochlocknee, Coolidge
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 delincating 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 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.
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: Barwick General Funds
Thomasville General Funds
Pavo General Funds Boston General Funds
Meigs General Funds
Ochlocknee General Funds Coolidge General Funds
General Funds
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?
N/A
5. List any formal against delivery approximate as interactions and a start the traditional start of the star
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?
N/A
7. Person completing form: <u>Mike Stephenson</u>
Phone Number: (912) 225-4100 Date completed: April 30, 1999
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? X yes \Box no If not, provide designated contact person(s) and phone number(s) below:

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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:Tho	mas	Service:	Municipal 1	Police
1. Check the box that best of	describes the agreed upon delivery arra	ingement for this se	ervice:	
Service will be provide checked, identify the g	ed countywide (i.e., including all cities overnment, authority or organization p	and unincorporate roviding the servic	d areas) by a single e.)	service provider. (If this box is
Service will be provid identify the governmen	ded only in the unincorporated portion t, authority or organization providing t	n of the county by the service.)	a single service p	rovider. (If this box is checked,
Barwick, Bos	ill provide this service only within the If this box is checked, identify the gov ston, Coolidge, Meigs,	Ochlockne	ity or organization e, Pavo, Tl	providing the service.) 10masville
unincorporated areas. (I provide this service only within thei If this box is checked, identify the gov	ernment(s), author	ity or organization	providing the service.)
Other. (If this box is ch government, authority,	necked, attach a legible map delines or other organization that will provide	ating the service service within eac	area of each ser th service area.)	vice provider, and identify the
	y, were overlapping service areas, unne	ecessary competitio	on and/or duplication	n of this service identified?
🗇 yes 🛛 X no				
If these conditions will contin levels of service (See O.C. competition cannot be elimin	nue under the strategy, attach an expla G.A. 36-70-24(1)), overriding benefinated).	nation for continuits of the duplication	uing the arrangen tion, or reasons th	ent (i.e., overlapping but higher at overlapping service areas or
If these conditions will be eli to eliminate them, the respon	minated under the strategy, attach an i sible party and the agreed upon deadlin	implementation sc ne for completing i	hedule listing each t.	step or action that will be taken
3. List each government or a funds, user fees, general fund	authority that will help to pay for this ds, special service district revenues, ho	service and indicated to the service of the service and indicated to the service of the service	ate how the service anchise taxes, impa	will be funded (e.g., enterprise ct fees, bonded indebtedness, etc.
Local Government or Author		thod:		
Barwick Boston	General Funds General Funds			
Coolidge	General Funds			
Meigs Ochlocknee	General Funds General Funds			
Thomasville	General Funds			
Pavo	General Funds			
4. How will the strategy cha N/A	nge the previous arrangements for prov	viding and/or fundi	ng this service with	in the county?
5 Liston formal anning d				ant da statun fa dis aming
	elivery agreements or intergovernmenta	al contracts that wi		
Agreement Name:	Contracting Parties :		Effective a	nd 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?				
N/A				
7. Person completing form:	Mike Stephenson			
Phone Number:(912) 225-4100 Date completed: April 30, 1999				
consistent with the service de	ould be contacted by state agencies wh elivery strategy? X yes D no ontact person(s) and phone number(s) b		ther proposed local	government projects are

	PAGE 2
Instructions:	and the second
Make copies of this form and complete one for each service listed on page 1, Section III. Us on page 1. Answer each question below, attaching additional pages as necessary. If the contact p of the page) changes, this should be reported to the Department of Community Affairs.	se exactly the same service names listed erson for this service (listed at the bottom
County: Thomas Service: Munici	pal Streets/Public Works
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 checked, identify the government, authority or organization providing the service.)	a single service provider. (If this box is
Service will be provided only in the unincorporated portion of the county by a single se identify the government, authority or organization providing the service.)	rvice provider. (If this box is checked,
X One or more cities will provide this service only within their incorporated boundaries, a unincorporated areas. (If this box is checked, identify the government(s), authority or organ Boston, Meigs, Ochlocknee, Pavo, Thomasville, Bar	nization providing the service.)
One or more cities will provide this service only within their incorporated boundaries, an unincorporated areas. (If this box is checked, identify the government(s), authority or organ	nd the county will provide the service in nization providing the service.)
Other. (If this box is checked, attach a legible map delineating the service area of e government, authority, or other organization that will provide service within each service a	ach service provider, and identify the rea.)
2. In developing the strategy, were overlapping service areas, unnecessary competition and/or du	uplication of this service identified?
🗇 yes X no	
If these conditions will continue under the strategy, attach an explanation for continuing the ar levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or rea- competition cannot be eliminated).	rangement (i.e., overlapping but higher isons that overlapping service areas or
If these conditions will be eliminated under the strategy, attach an implementation schedule listi to eliminate them, the responsible party and the agreed upon deadline for completing it.	ng each step or action that will be taken
3. List each government or authority that will help to pay for this service and indicate how the funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes	es, impact fees, bonded indebtedness, etc.
Local Government or Authority Funding Method:	
Boston General Funds Meigs General Funds	
Ochlocknee General Funds Pavo General Funds	
Thomasville General Funds Barwick General Funds	
4. How will the strategy change the previous arrangements for providing and/or funding this serv	rice within the county?
N/A	
5. List any formal service delivery agreements or intergovernmental contracts that will be used to	o implement the strategy for this service:
	ective and Ending Dates:
	ective and Ending Dates.
6. What other mechanisms (if any) will be used to implement the strategy for this service, (e.g., or General Assembly, rate or fee changes, etc.) and when will they take effect?	ordinances, resolutions, local acts of the
General Assembly, rate of ree enanges, etc. <i>j</i> and when will mey take enceri-	
N/A	
7. Person completing form: <u>Mike Stephenson</u>	
Phone Number: Date completed: April 30, 1999	
8. Is this the person who should be contacted by state agencies when evaluating whether propose consistent with the service delivery strategy? X yes \Box no	ed local government projects are
If not, provide designated contact person(s) and phone number(s) below:	

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				PAGE 2
Instructions:				
on page 1. Answer each ques	nd complete one for each service lis stion below, attaching additional pag ould be reported to the Department o	es as necessary. If	the contact person fo	tly the same service names listed or this service (listed at the bottom
County:Tho	mas	Service:	Municipal T	fax Collection
1. Check the box that best d	lescribes the agreed upon delivery an	rangement for this	service:	
Service will be provide checked, identify the ge	ed countywide (i.e., including all citi overnment, authority or organization	es and unincorpora providing the serv	ted areas) by a single ice.)	e service provider. (If this box is
Service will be provid identify the government	led only in the unincorporated porti t, authority or organization providing	on of the county b g the service.)	y a single service p	rovider. (If this box is checked,
unincorporated areas. (I	ill provide this service only within t If this box is checked, identify the go ston, Coolidge, Meigs	overnment(s), authorized	ority or organization	providing the service.)
One or more cities will unincorporated areas. (I	I provide this service only within th If this box is checked, identify the go	eir incorporated bovernment(s), autho	oundaries, and the c ority or organization	ounty will provide the service in providing the service.)
Other. (If this box is ch government, authority,	necked, attach a legible map delin or other organization that will provide	eating the service de service within ea	e area of each ser ach service area.)	rvice provider, and identify the
1000 M 1000	y, were overlapping service areas, un	necessary competit	tion and/or duplicatio	on of this service identified?
🗇 yes X no				
If these conditions will contin levels of service (See O.C. competition cannot be elimin	ue under the strategy, attach an exp G.A. 36-70-24(1)), overriding bene ated).	lanation for conti efits of the duplic	nuing the arrangen ation, or reasons th	aent (i.e., overlapping but higher at overlapping service areas or
If these conditions will be elin to eliminate them, the response	minated under the strategy, attach an sible party and the agreed upon dead	implementation s line for completing	schedule listing each ; it.	step or action that will be taken
3. List each government or a funds, user fees, general fund	uthority that will help to pay for thi ds, special service district revenues, l	is service and indi hotel/motel taxes, f	cate how the service franchise taxes, impa	will be funded (e.g., enterprise et fees, bonded indebtedness, etc.
Local Government or Authori		lethod:		
Barwick Boston	General Funds General Funds			
Coolidge	General Funds			
Meigs Ochlocknee	General Funds General Funds			
Pavo	General Funds			
Thomasville	General Funds			
 How will the strategy char N/A 	nge the previous arrangements for pr	oviding and/or fund	ling this service with	in the county?
5. List any formal service de	livery agreements or intergovernmen	tal continues that w		
Agreement Name:	Contracting Parties :		Effective ar	nd Ending Dates:
 6. What other mechanisms (i General Assembly, rate or feeting 	if any) will be used to implement the e changes, etc.) and when will they	strategy for this se take effect?	rvice, (e.g., ordinanc	es, resolutions, local acts of the
N/A				
7. Person completing form: _	Mike Stephenson			
Phone Number: (912) 225		npleted: Apr	ril 30, 1999	
	ould be contacted by state agencies w			novamment
consistent with the service del	livery strategy? X yes \Box no ntact person(s) and phone number(s)		and proposed local	government projects are

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	PAGE 2
Instructions:	
Make copies of this form and complete one for each service listed o on page 1. Answer each question below, attaching additional pages as of the page) changes, this should be reported to the Department of Com	necessary. If the contact person for this service (listed at the bottom
County: Thomas So	ervice: Planning & Zoning
1. Check the box that best describes the agreed upon delivery arrange	ment for this service:
Service will be provided countywide (i.e., including all cities and checked, identify the government, authority or organization provi	unincorporated areas) by a single service provider. (If this box is iding the service.)
Service will be provided only in the unincorporated portion of identify the government, authority or organization providing the s	the county by a single service provider. (If this box is checked, service.)
One or more cities will provide this service only within their in unincorporated areas. (If this box is checked, identify the government)	neorporated boundaries, and the service will not be provided in ment(s), authority or organization providing the service.)
 X One or more cities will provide this service only within their in unincorporated areas. (If this box is checked, identify the government Boston, Coolidge, Ochlocknee, Thom Other. (If this box is checked, attach a legible map delineatin government, authority, or other organization that will provide service of the service	ment(s), authority or organization providing the service.) nasville, Thomas County, Meigs
2. In developing the strategy, were overlapping service areas, unneces	sary competition and/or duplication of this service identified?
🗇 yes X no	
If these conditions will continue under the strategy, attach an explanat levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits competition cannot be eliminated).	ion for continuing the arrangement (i.e., overlapping but higher of the duplication, or reasons that overlapping service areas or
If these conditions will be eliminated under the strategy, attach an imp to eliminate them, the responsible party and the agreed upon deadline f	lementation schedule listing each step or action that will be taken or completing it.
3. List each government or authority that will help to pay for this ser- funds, user fees, general funds, special service district revenues, hotel/	vice and indicate how the service will be funded (e.g., enterprise motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.
Local Government or Authority Funding Method	:
Thomas County User Fees Boston General Funds & User Fees	
Coolidge General Funds & User Fees	
Ochlocknee General Funds & User Fees Thomasville General Funds & User Fees	
Meigs General Funds & User Fees	
4. How will the strategy change the previous arrangements for providing	ng and/or funding this service within the county?
N/A	
IN/A	
5. List any formal service delivery agreements or intergovernmental co	ontracts 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 strate General Assembly, rate or fee changes, etc.) and when will they take	gy for this service, (e.g., ordinances, resolutions, local acts of the effect?
NUA	
N/A	
7. Person completing form: <u>Mike Stephenson</u>	
Phone Number: (912) 225-4100 Date complete	ed: April 30, 1999
8. Is this the person who should be contacted by state agencies when a	
consistent with the service delivery strategy? X yes \Box no If not, provide designated contact person(s) and phone number(s) below	

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	SUMMARY	OF SERVICE DEL	VERY	Y ARRANGEMENTS PAGI	E 2
Instruction					
on page 1.	Answer each question below.	one for each service listed on pa attaching additional pages as nec rted to the Department of Commu-	essary If	tion III. Use exactly the same service names the contact person for this service (listed at the bo irs.	listed ottom
County:	Thomas	Serv	ice:	Records Management	
I. Check th	e box that best describes the	agreed upon delivery arrangemen	t for this s	service:	
Servic checke	e will be provided countywid d, identify the government, a	e (i.e., including all cities and un uthority or organization providin	ncorporate the servi	ed areas) by a single service provider. (If this bice.)	ox is
Service identif	e will be provided only in the government, authority of	he unincorporated portion of the r organization providing the servi	county b ce.)	y a single service provider. (If this box is chee	ked,
uninco	or more cities will provide th rporated areas. (If this box is omasville	is service only within their inco checked, identify the governmen	rporated t t(s), autho	boundaries, and the service will not be provide ority or organization providing the service.)	d in
One o uninco	r more cities will provide thi rporated areas. (If this box is	s service only within their incor- checked, identify the governmen	orated bo t(s), autho	oundaries, and the county will provide the servic ority or organization providing the service.)	e in:
Other. govern	(If this box is checked, atta- iment, authority, or other orga	ch a legible map delineating the anization that will provide service	e service within ca	e area of each service provider, and identify ach service area.)	the
2. In develo	oping the strategy, were overl \mathbf{X} no	apping service areas, unnecessary	competit	ion and/or duplication of this service identified?	
	100 m (10 m)	strategy attach an evaluation	fan aanti		
competition	cannot be eliminated).	24(1)), overriding benefits of t	he duplic:	nuing the arrangement (i.e., overlapping but hi ation, or reasons that overlapping service area	s or
If these cont to eliminate	fitions will be eliminated under them, the responsible party and	er the strategy, attach an implem nd the agreed upon deadline for c	entation s ompleting	chedule listing each step or action that will be t. it.	aken
3. List each funds, user	government or authority that fees, general funds, special se	will help to pay for this service rvice district revenues, hotel/mot	and indicel taxes, fi	cate how the service will be funded (e.g., enterpranchise taxes, impact fees, bonded indebtedness,	prise etc.
Local Gover	nment or Authority ville General Fu	Funding Method: nds			1
					1
			-		
4. How wil	the strategy change the previ	ious arrangements for providing a	nd/or func	ling this service within the county?	
N/A					
5 Listany	formal service delivery surres	mente or internovermental contra	ote that w	ill be used to implement the strategy for this serve	iaat
	ent Name:	Contracting Parties :	cts that w	Effective and Ending Dates:	ice:
		conducting ratios.		Encentre and Encome Dates.	1
6. What oth	er mechanisms (if any) will b	e used to implement the strategy	for this se	rvice, (e.g., ordinances, resolutions, local acts of t] he
General Ass	embly, rate or fee changes, e	tc.) and when will they take effe	ct?		
N/A					
7 Person c	ompleting form: <u>Mike Stephe</u>	encon.			
	ber:(912) 225-4100	Date completed: _	An	ril 30, 1999	
				ether proposed local government projects are	
consistent w	ith the service delivery strates			e e e e e e e e e e e e e e e e e e e	

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	TARY OF SERVICE	DELIVERY	Y ARRANGEMENTS PAGE 2		
on page 1. Answer each quest	I complete one for each service lis ion below, attaching additional pag- ild be reported to the Department o	es as necessary. If	tion III. Use exactly the same service names listed the contact person for this service (listed at the bottom irs.		
County: <u>Thom</u>	as	Service:	Recreation/Parks		
1. Check the box that best des	scribes the agreed upon delivery arr	angement 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.) 					
identity the government,	authority or organization providing	the service.)			
One or more cities will p unincorporated areas. (If	provide this service only within the this box is checked, identify the go	eir incorporated b overnment(s), autho	boundaries, and the service will not be provided in ority or organization providing the service.)		
Barwick, Pay Thomas Count	this box is checked, identify the go 70, Boston, Ochlo Ty cked, attach a legible map delin.	eating the service	oundaries, and the county will provide the service in ority or organization providing the service.) eigs, Thomasville, Coolidge, e area of each service provider, and identify the		
government, authority, or	r other organization that will provid	le service within ea	ach service area.)		
	were overlapping service areas, uni	necessary competit	ion and/or duplication of this service identified?		
🗇 yes X no					
If these conditions will continue levels of service (See O.C.G. competition cannot be eliminat	.A. 36-70-24(1)), overriding bene	anation for contin fits of the duplica	nuing the arrangement (i.e., overlapping but higher ation, or reasons that overlapping service areas or		
If these conditions will be elimito eliminate them, the responsil	inated under the strategy, attach an ble party and the agreed upon deadl	implementation s	chedule listing each step or action that will be taken		
3. List each government or aut	hority that will help to pay for this	s service and indic	cate how the service will be funded (e.g. enterprise		
and the second			ranchise taxes, impact fees, bonded indebtedness, etc.		
	Sales Tax	ethod:			
	Sales Tax Sales Tax				
	Sales Tax Sales Tax				
Thomasville	Sales Tax				
and the second se	Sales Tax Sales Tax				
N/A	e the previous arrangements for pro		ting this service within the county?		
Agreement Name:	Contracting Parties :		Effective and Ending Dates:		
Agreement Hame.	Contracting Parties .		Effective and Ending Dates.		
6. What other mechanisms (if General Assembly, rate or fee	any) will be used to implement the changes, etc.) and when will they	strategy for this ser take effect?	rvice, (e.g., ordinances, resolutions, local acts of the		
Sales Tax Resolut	ion Adopted Novem	ber, 1992			
7. Person completing form: <u>M</u>	like Stephenson				
Phone Number:(912) 225-4	100 Date com	pleted:Apr	ril 30, 1999		
consistent with the service deliv	Id be contacted by state agencies w very strategy? X yes no act person(s) and phone number(s)		ether proposed local government projects are		

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SUMMART OF SERVICE DELIVERY ARRANGEMENTS	E 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 I on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the be of the page) changes, this should be reported to the Department of Community Affairs.	listed ottom
County: Thomas Service: Risk Management	
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 be checked, identify the government, authority or organization providing the service.)	ox is
Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is check identify the government, authority or organization providing the service.)	ked,
X One or more cities will provide this service only within their incorporated boundaries, and the service will not be provide unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.) Thomasville	d in
One or more cities will provide this service only within their incorporated boundaries, and the county will provide the servic unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)	e in
Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify government, authority, or other organization that will provide service within each service area.)	the
 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 his levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication or reasons that overlapping service areas	gher s 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 ta 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., enterp funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, 	orise etc.
Local Government or Authority Funding Method: Thomasville General Funds	
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?	
N/A	
	and the
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this servi Agreement Name: Contracting Parties : Effective and Ending Dates:	ce:
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?	ie
N/A	
7. Person completing form: <u>Mike Stephenson</u>	
Phone Number: (912) 225-4100 Date completed: April 30, 1999	
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are	
consistent with the service delivery strategy? X yes \Box no If not, provide designated contact person(s) and phone number(s) below:	

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Joint	MART OF SERVIC	E DELIVERI	PAGE 2
Instructions:			
on page 1. Answer each que	nd complete one for each servic estion below, attaching additional hould be reported to the Departme	nages as necessary If th	ion III. Use exactly the same service names listed he contact person for this service (listed at the bottom s.
County:	mas	Service:	Sanitation/Collection
I. Check the box that best	describes the agreed upon deliver	y arrangement for this so	ervice:
Service will be provid checked, identify the g	ed countywide (i.e., including all government, authority or organizat	cities and unincorporate tion providing the servic	d areas) by a single service provider. (If this box is e.)
Service will be provided identify the government	ded only in the unincorporated p it, authority or organization provid	ortion of the county by ding the service.)	a single service provider. (If this box is checked,
One or more cities wi unincorporated areas. (Il provide this service only withi (If this box is checked, identify th	n their incorporated bo e government(s), author	oundaries, and the service will not be provided in ity or organization providing the service.)
Barwick, Bo Coolidge □ Other. (If this box is c	If this box is checked, identify the ostion, Meigs, Ochlo	e government(s), author cknee, Pavo,	undaries, and the county will provide the service in ity or organization providing the service.) Thomasville, Thomas County, area of each service provider, and identify the ch service area.)
2. In developing the strateg	y, were overlapping service areas	, unnecessary competitie	on and/or duplication of this service identified?
🗇 yes 🛛 X no			
If these conditions will conti levels of service (See O.C competition cannot be elimit	.G.A. 36-70-24(1)), overriding 1	explanation for continu benefits of the duplicat	uing the arrangement (i.e., overlapping but higher tion, or reasons that overlapping service areas or
If these conditions will be el to eliminate them, the respor	iminated under the strategy, attacl sible party and the agreed upon d	h an implementation sc eadline for completing i	hedule listing each step or action that will be taken t.
3. List each government or a funds, user fees, general fun	authority that will help to pay for ds, special service district revenu	this service and indicates, hotel/motel taxes, fra	ate how the service will be funded (e.g., enterprise anchise taxes, impact fees, bonded indebtedness, etc.
Local Government or Author		g Method:	
Barwick Boston	User Fees User Fees		
Meigs	User Fees		
Ochlocknee Pavo	User Fees User Fees		
Thomasville	User Fees		
Thomas County Coolidge	User Fees User Fees		
		r providing and/or fundi	ing this service within the county?
N/A			
 List any formal service d Agreement Name: 	elivery agreements or intergovern Contracting Part		Il be used to implement the strategy for this service: Effective and Ending Dates:
		tanin mana	
6. What other mechanisms (General Assembly, rate or f	(if any) will be used to implement ee changes, etc.) and when will the	the strategy for this serv hey take effect?	vice, (e.g., ordinances, resolutions, local acts of the
N/A			
7. Person completing form:	Mike Stephenson		
Phone Number: (912) 225		completed: <u>Apri</u>	
consistent with the service de	ould be contacted by state agencie elivery strategy? X yes \square ontact person(s) and phone numbe	no	ther proposed local government projects are

	INT OF SERVICE	DELIVER	PAGE 2
Instructions:			
on page 1. Answer each question of the page) changes, this should	below, attaching additional page	les as necessary. If	tion III. Use exactly the same service names listed the contact person for this service (listed at the bottom irs.
County:Thomas	s	Service:	Sanitation/Landfill
1. Check the box that best descri	ibes the agreed upon delivery ar	rangement for this	service:
checked, identify the govern	puntywide (i.e., including all citie nment, authority or organization service for all by c	providing the servi	ed areas) by a single service provider. (If this box is ice.)
Service will be provided c identify the government, au	only in the unincorporated porti thority or organization providing	ion of the county b g the service.)	y a single service provider. (If this box is checked,
One or more cities will pro unincorporated areas. (If this	wide this service only within the source only within the service only within the generation of the service of t	neir incorporated b overnment(s), autho	ooundaries, and the service will not be provided in ority or organization providing the service.)
One or more cities will pro unincorporated areas. (If thi	wide this service only within this box is checked, identify the g	neir incorporated be overnment(s), author	oundaries, and the county will provide the service in ority or organization providing the service.)
Other. (If this box is checked government, authority, or o	ed, attach a legible map delir ther organization that will provi	neating the service de service within en	e area of each service provider, and identify the ach service area.)
2. In developing the strategy, we	ere overlapping service areas, ur	necessary competit	ion and/or duplication of this service identified?
🗇 yes 🛛 X no			
If these conditions will continue u levels of service (See O.C.G.A. competition cannot be eliminated	. 36-70-24(1)), overriding ben	efits of the duplic	nuing the arrangement (i.e., overlapping but higher ation, or reasons that overlapping service areas or
If these conditions will be elimina to eliminate them, the responsible	ated under the strategy, attach and party and the agreed upon dead	n implementation s lline for completing	schedule listing each step or action that will be taken it.
3. List each government or author funds, user fees, general funds, si	rity that will help to pay for th pecial service district revenues	is service and indi- hotel/motel taxes f	cate how the service will be funded (e.g., enterprise ranchise taxes, impact fees, bonded indebtedness, etc.
Local Government or Authority	Funding M		tanende taxes, impact rees, bonaed indebtedness, etc.
	er Fees er Fees		
4. How will the strategy change	the previous arrangements for pr	roviding and/or fund	ding this service within the county?
N/A			
			vill be used to implement the strategy for this service:
Agreement Name:	Contracting Parties	;	Effective and Ending Dates:
6. What other mechanisms (if an General Assembly, rate or fee ch	y) will be used to implement the anges, etc.) and when will they	e strategy for this se take effect?	rvice, (e.g., ordinances, resolutions, local acts of the
Solid Waste Agreer	ment		
7. Person completing form: <u>Mik</u>	e Stephenson		
Phone Number:(912) 225-410		mpleted: <u>Ap</u>	ril 30, 1999

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? X yes \Box no If not, provide designated contact person(s) and phone number(s) below:
| PAGE |
|---|
| Instructions: |
| Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names liste
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: Thomas Service: Street Sweeping |
| 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 i 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.) |
| X 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.) Thomasville |
| 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 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 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. |
| rands, user rees, general rands, special service district revenues, notermore taxes, manemise taxes, impact rees, bonded indebtedness, etc. |
| Local Government or Authority Funding Method:
Thomasville General Funds |
| Local Government or Authority Funding Method: |
| Local Government or Authority Funding Method: |
| Local Government or Authority Funding Method: Thomasville General Funds |
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| Local Government or Authority Funding Method: Thomasville General Funds Local Government or Authority General Funds 4. How will the strategy change the previous arrangements for providing and/or funding this service within the county? N/A 5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service: |
| Local Government or Authority Funding Method: Thomasville General Funds Local Government or Authority General Funds 4. How will the strategy change the previous arrangements for providing and/or funding this service within the county? N/A 5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service: |
| Local Government or Authority Funding Method: Thomasville General Funds Local Government or Authority General Funds 4. How will the strategy change the previous arrangements for providing and/or funding this service within the county? N/A 5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service: |
| Local Government or Authority Funding Method: Thomasville General Funds Image: Contracting Parties : Effective and Ending Dates: Agreement Name: Contracting Parties : Effective and Ending Dates: Effective and Ending Dates: Image: Contracting Parties : Effective and Ending Dates: |
| Local Government or Authority Funding Method: Thomasville General Funds Image: Contracting Parties : Effective and Ending Dates: Agreement Name: Contracting Parties : Effective and Ending Dates: Effective and Ending Dates: Image: Contracting Parties : Effective and Ending Dates: |
| Local Government or Authority Funding Method: Thomasville General Funds General Funds General Funds Local Government or Authority General Funds General Funds General Funds How will the strategy change the previous arrangements for providing and/or funding this service within the county? N/A S. 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: General Assembly, rate or fee changes, etc.) and when will they take effect? |
| Local Government or Authority Funding Method: Thomasville General Funds i i i |
| Local Government or Authority Funding Method: Thomasville General Funds |

Instructions:	PAGE 2
Make copies of this form and complete one for each service listed	on page 1, Section III. Use exactly the same service names listed s necessary. If the contact person for this service (listed at the bottom ommunity Affairs.
County: <u>Thomas</u>	Service: Tax Administration
I. Check the box that best describes the agreed upon delivery arrang	ement for this service:
X Service will be provided countywide (i.e., including all cities and checked, identify the government, authority or organization pro Thomas County	id unincorporated areas) by a single service provider. (If this box is viding the service.)
Service will be provided only in the unincorporated portion of identify the government, authority or organization providing the	of the county by a single service provider. (If this box is checked, service.)
One or more cities will provide this service only within their unincorporated areas. (If this box is checked, identify the gover	incorporated boundaries, and the service will not be provided in nment(s), authority or organization providing the service.)
One or more cities will provide this service only within their unincorporated areas. (If this box is checked, identify the gover	incorporated boundaries, and the county will provide the service in nment(s), authority or organization providing the service.)
Other. (If this box is checked, attach a legible map delineati government, authority, or other organization that will provide s	ng the service area of each service provider, and identify the ervice within each service area.)
 In developing the strategy, were overlapping service areas, unnect yes X no 	ssary competition and/or duplication of this service identified?
If these conditions will continue under the strategy, attach an explana-	tion for continuing the arrangement (i.e., overlapping but higher
competition cannot be eliminated).	of the duplication, or reasons that overlapping service areas or
to eliminate them, the responsible party and the agreed upon deadline	
 List each government or authority that will help to pay for this se funds, user fees, general funds, special service district revenues, hote 	rvice and indicate how the service will be funded (e.g., enterprise l/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.
Local Government or Authority Funding Methor Thomas County General Funds	d:
4. How will the strategy change the previous arrangements for provid-	ing and/or funding this service within the county?
N/A	
5. List any formal service delivery agreements or intergovernmental Agreement Name: Contracting Parties :	
Agreement value: Contracting rantes :	Effective and Ending Dates:
6. What other mechanisms (if any) will be used to implement the stra General Assembly, rate or fee changes, etc.) and when will they take	tegy for this service, (e.g., ordinances, resolutions, local acts of the effect?
N/A	
7. Person completing form: <u>Mike Stephenson</u>	
Phone Number: Date comple	ted:April 30, 1999
8. Is this the person who should be contacted by state agencies when consistent with the service delivery strategy? X yes \Box no If not, provide designated contact person(s) and phone number(s) below	

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T	SER SER	VICE DELIV	LKI	PAGE
Instructions:				
Make copies of this form an on page 1. Answer each que of the page) changes, this sho				a III. Use exactly the same service names lis contact person for this service (listed at the bott
County:Tho	nas	Service	:	Tourism
1. Check the box that best d	escribes the agreed upon d	elivery arrangement for	r this serv	rice:
Service will be provide checked, identify the go	d countywide (i.e., includir overnment, authority or org	ng all cities and uninco ganization providing the	rporated a service.)	areas) by a single service provider. (If this box)
Service will be provid identify the government	ed only in the unincorpora t, authority or organization	ated portion of the couproviding the service.)	inty by a	single service provider. (If this box is checke
X One or more cities wi unincorporated areas. (I Thomasville	Il provide this service only f this box is checked, iden	y within their incorpor tify the government(s),	ated bour authority	ndaries, and the service will not be provided or organization providing the service.)
One or more cities will unincorporated areas. (I	provide this service only f this box is checked, iden	within their incorporatify the government(s),	ted bound authority	daries, and the county will provide the service or organization providing the service.)
Other. (If this box is ch government, authority, o	ecked, attach a legible n or other organization that v	nap delineating the so will provide service wit	ervice an hin each	rea of each service provider, and identify t service area.)
2. In developing the strategy	, were overlapping service	areas, unnecessary cor	npetition	and/or duplication of this service identified?
🗇 yes 🛛 X no				
If these conditions will contin levels of service (See O.C. competition cannot be elimina	J.A. $30-70-24(1)$, overright	ch an explanation for ding benefits of the d	continuin luplication	ing the arrangement (i.e., overlapping but high n, or reasons that overlapping service areas
	ninated under the strategy.	attach an implementa pon deadline for compl	tion sche leting it.	dule listing each step or action that will be take
3. List each government or au funds, user fees, general fund	athority that will help to pa s, special service district re	ay for this service and evenues, hotel/motel ta	indicate xes, franc	how the service will be funded (e.g., enterpri- thise taxes, impact fees, bonded indebtedness, et
Local Government or Authorit	ty Fi Hotel/Motel Exise Tax	unding Method:		
4. How will the strategy chan	ge the previous arrangeme	nts for providing and/o	r funding	this service within the county?
N/A				
5. List any formal service del	ivery agreements or intera	overnmentel contracts t	hat will b	be used to implement the strategy for this service
Agreement Name:	Contracting		nat witt b	Effective and Ending Dates:
		5141105.	_	Encerve and Ending Dates.
			-	
6. What other mechanisms (i General Assembly, rate or fee	f any) will be used to imple changes, etc.) and when	ement the strategy for the will they take effect?	his service	e, (e.g., ordinances, resolutions, local acts of the
N/A				
7. Person completing form: _]	Mike Stephenson			
Phone Number:(912) 225-0		Date completed:	April 30	0. 1999
 Is this the person who shot consistent with the service del lf not, provide designated con 	ivery strategy? X yes	🗇 no	g whether	r proposed local government projects are

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	SUMM	IANI OF S	ERVICE DELI	IVERY A	REANGEMENTS PAGE 2
Instruction					
on page 1.	Answer each quest	ion below, attaching	each service listed on pa additional pages as nece e Department of Commu	essary If the cor	I. Use exactly the same service names listed ntact person for this service (listed at the bottom
County:	Thom	nas		Service:	Utilities
1. Check t	he box that best des	scribes the agreed up	pon delivery arrangemen	t for this service	8
Servi check	ce will be provided ed, identify the gov	countywide (i.e., ind ernment, authority of	cluding all cities and uni or organization providing	ncorporated area g the service.)	as) by a single service provider. (If this box is
Servi identi	ce will be provided fy the government,	d only in the unince authority or organiz	proprated portion of the ation providing the servi	county by a sin ice.)	ngle service provider. (If this box is checked,
Bai	orporated areas. (If	this box is checked,	, identify the governmen	t(s), authority or	ries, and the service will not be provided in organization providing the service.) ee, Pavo (water, electric,
One c uninc	or more cities will porporated areas. (If	provide this service this box is checked,	only within their incorp , identify the governmen	porated boundari t(s), authority or	ies, and the county will provide the service in r organization providing the service.)
Other gover	. (If this box is che nment, authority, or	ecked, attach a leg r other organization	the map delineating the that will provide service	ie service area within each ser	of each service provider, and identify the vice area.)
2. In devel	oping the strategy,	were overlapping se	ervice areas, unnecessary	competition and	d/or duplication of this service identified?
🗖 yes	X no				
levels of se	ditions will continu ervice (See O.C.G cannot be eliminat	.A. 30-70-24(1)), o	attach an explanation overriding benefits of t	for continuing t he duplication,	the arrangement (i.e., overlapping but higher or reasons that overlapping service areas or
If these con to eliminate	ditions will be elim them, the responsi	inated under the stra ble party and the agr	tegy, attach an impleme reed upon deadline for co	entation schedul	le listing each step or action that will be taken
3. List each	n government or aut	thority that will help	to pay for this service	and indicate ho	ow the service will be funded (e.g., enterprise
funds, user	rnment or Authority	, special service dist	trict revenues, hotel/mote	el taxes, franchis	se taxes, impact fees, bonded indebtedness, etc.
Barwick	<u>د</u> ا آ	User Fees	Funding Method:		
Boston Coolidg		User Fees User Fees			
Meigs Ochloci		User Fees User Fees			
Pavo		User Fees			
4. Harring			·····		
4. now wi	i the strategy chang	le the previous arran	gements for providing a	nd/or funding thi	is service within the county?
N/A					
5. List any	formal service deliv	very agreements or i	intergovernmental contra	ets that will be u	used to implement the strategy for this service:
	ent Name:		racting Parties :		
	ent Hame.	Cond	acting rarties :		Effective and Ending Dates:
6. What oth General Ass	ner mechanisms (if a sembly, rate or fee	any) will be used to changes, etc.) and v	implement the strategy f when will they take effect	for this service, (ct?	(e.g., ordinances, resolutions, local acts of the
N/A					
7. Person c	ompleting form: <u>M</u>	like Stephenson			
Phone Num	ber: <u>(912) 225-41</u>	100	Date completed:	April 30, 1	999
consistent w	ith the service deliv	very strategy? X	tate agencies when evalu yes 🗍 no		roposed local government projects are
II not, provi	ide designated conta	act person(s) and ph	ione number(s) below:		

	ICE DELI	VERY ARRANGEMENTS PAGE 2
Instructions: Make copies of this form and complete one for each ser on page 1. Answer each question below, attaching additio of the page) changes, this should be reported to the Depart	nal pages as neces	ge 1, Section III. Use exactly the same service names listed ssary. If the contact person for this service (listed at the bottom nity Affairs.
County:Thomas	Service:	Utilities - Electricity
1. Check the box that best describes the agreed upon deli	very arrangement	t for this service:
Service will be provided countywide (i.e., including checked, identify the government, authority or organ	all citics and unin ization providing	ncorporated areas) by a single service provider. (If this box is the service.)
Service will be provided only in the unincorporate identify the government, authority or organization pr	d portion of the o oviding the servic	county by a single service provider. (If this box is checked, ce.)
One or more cities will provide this service only w unincorporated areas. (If this box is checked, identify	ithin their incorpo y the government(porated 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 w unincorporated areas. (If this box is checked, identify	ithin their incorpo y the government(porated boundaries, and the county will provide the service in t(s), authority or organization providing the service.)
X Other. (If this box is checked, attach a legible ma government, authority, or other organization that will Thomasville	p delineating the l provide service	e service area of each service provider, and identify the within each service area.)
2. In developing the strategy, were overlapping service an	eas, unnecessary	competition and/or duplication of this service identified?
🗇 yes X no		
If these conditions will continue under the strategy, attach levels of service (See O.C.G.A. 36-70-24(1)), overridin competition cannot be eliminated).	an explanation for ig benefits of the	for continuing the arrangement (i.e., overlapping but higher he duplication, or reasons that overlapping service areas or
If these conditions will be eliminated under the strategy, at to eliminate them, the responsible party and the agreed upo	tach an implement	entation schedule listing each step or action that will be taken ompleting it.
3. List each government or authority that will help to pay funds, user fees, general funds, special service district rev	for this service a enues, hotel/motel	and indicate how the service will be funded (e.g., enterprise el taxes, franchise taxes, impact fees, bonded indebtedness, etc.
Local Government or Authority Fun Thomasville Enterprise Fund	iding Method:	
4. How will the strategy change the previous arrangement	s for providing an	nd/or funding this service within the county?
N/A		
5. List any formal service delivery agreements or intergov	ernmental contrac	ects 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 implem General Assembly, rate or fee changes, etc.) and when wi	ent the strategy fo ill they take effect	for this service, (e.g., ordinances, resolutions, local acts of the ct?
N/A		
7. Person completing form: <u>Mike Stephenson</u>		
Phone Number:(912) 225-4100 D	ate completed:	April 30, 1999
8. Is this the person who should be contacted by state age consistent with the service delivery strategy? X yes [If not, provide designated contact person(s) and phone numbers $M_{\rm eff}$ and $M_{\rm eff}$ a	🗇 no	nating whether proposed local government projects are

PA PA	GE 2
Instructions: Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service na on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at to of the page) changes, this should be reported to the Department of Community Affairs.	mes listed he bottom
County: <u>Thomas</u> Service: <u>Utilities</u> - Information Syst	ems
1. Check the box that best describes the agreed upon delivery arrangement for this service:	
Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If the checked, identify the government, authority or organization providing the service.)	his box is
Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is identify the government, authority or organization providing the service.)	checked,
One or more cities will provide this service only within their incorporated boundaries, and the service will not be pr unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)	ovided in
One or more cities will provide this service only within their incorporated boundaries, and the county will provide the unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)	service in
X Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and ide government, authority, or other organization that will provide service within each service area.) Thomasville (refer to internet service provider map)	entify the
2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identifi	ed?
🗇 yes X no	
If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping t levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service competition cannot be eliminated).	ut higher areas or
If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will to eliminate them, the responsible party and the agreed upon deadline for completing it.	be taken
3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebted	nterprise ness, etc.
Local Government or Authority Funding Method: Thomasville Enterprise Funds	
	_
	_
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?	
N/A	
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 General Assembly, rate or fee changes, etc.) and when will they take effect?	of the
N/A	
7. Person completing form: <u>Mike Stephenson</u>	
Phone Number:(912) 225-4100 Date completed: April 30, 1999	

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Instructions:						
Make copies of on page 1. Answ of the page) cha						. Use exactly the same service names listed act person for this service (listed at the bottom
County:	The	mas		Service:_	Utilities -	Natural Gas
1. Check the bo	x that best (describes the ag	reed upon deliv	ery arrangemen	t for this service:	
Service wi checked, ic	II be provide lentify the g	ed countywide (overnment, auth	i.e., including a nority or organi	all cities and uni ization providing	ncorporated areas the service.)) by a single service provider. (If this box is
Service w identify the	ill be provid governmen	ded only in the it, authority or o	unincorporated organization pro	I portion of the oviding the servi	county by a sing ce.)	de service provider. (If this box is checked,
One or mo unincorpor	re cities wil ated areas. (ll provide this s If this box is ch	ervice only wi ecked, identify	thin their incorr the government	oorated boundaries (s), authority or o	es, and the service will not be provided in organization providing the service.)
One or mo unincorport	re cities wil ated areas. (ll provide this s If this box is ch	ervice only wit ecked, identify	thin their incorp the government	orated boundarie (s), authority or o	s, and the county will provide the service in organization providing the service.)
X Other. (If governmen Thoma	it, authority,	checked, attach or other organiz	a legible map zation that will	o delineating th provide service	e service area within each servi	of each service provider, and identify the ice area.)
2. In developing	the strateg	y, were overlap;	oing service are	as, unnecessary	competition and/	or duplication of this service identified?
🗇 yes	X no					
If these condition levels of service competition cann	: (See U.C.	.G.A. 36-70-240	rategy, attach a (1)), overriding	n explanation t g benefits of th	for continuing the duplication, or	e arrangement (i.e., overlapping but higher r reasons that overlapping service areas or
If these condition to eliminate then	ns will be eli n, the respor	minated under to sible party and	he strategy, atta the agreed upor	ach an impleme n deadline for co	ntation schedule mpleting it.	listing each step or action that will be taken
3. List each gove funds, user fees,	ernment or a general fun	uthority that wi ds, special servi	Il help to pay ce district reve	for this service nues, hotel/mote	and indicate how I taxes, franchise	v the service will be funded (e.g., enterprise taxes, impact fees, bonded indebtedness, etc.
Local Governme	nt or Author	rity Enterprise Fur		ling Method:		
4. How will the	etestaau aha	nes the secolar		e	11 C P 41	
	strategy cha	inge me previou	s arrangements	for providing an	id/or funding this	service within the county?
N/A						
		livery agreeme	nts or intergove	rnmental contra-	ets that will be us	ed to implement the strategy for this service:
Agreement N	ame:		Contracting Pa	arties :		Effective and Ending Dates:
6. What other m General Assembl	echanisms (ly, rate or fe	if any) will be u ee changes, etc.)	sed to impleme and when wil	ent the strategy f I they take effec	or this service, (e t?	g., ordinances, resolutions, local acts of the
N/A						
7. Person comple	eting form:	Mike Stephenso	20			
Phone Number: _	(912) 225-	-4100	Da	ite completed:	April 30, 19	999
 Is this the per consistent with th If not, provide do 	he service de	elivery strategy?	X yes	J no	ating whether pro	pposed local government projects are
				-		

Instructions:					PAGE 2
Make copies of this form on page 1. Answer each q	and complete one for each ser juestion below, attaching additio should be reported to the Depart	nal napes as nece	corv If the cont	Use exactly the same act person for this service	service names listed (listed at the bottom
County:Th	nomas	Service:	Utilities -	Rose Net (Intern	net Provider)
1. Check the box that bes	t describes the agreed upon deli				
Service will be provichecked, identify the	ided countywide (i.e., including government, authority or organ	all cities and unin ization providing	corporated areas the service.)) by a single service pro-	vider. (If this box is
Service will be providentify the governme	vided only in the unincorporated ent, authority or organization pro-	d portion of the o oviding the servic	county by a sing e.)	le service provider. (If th	his box is checked,
One or more cities w unincorporated areas	will provide this service only w . (If this box is checked, identify	ithin their incorport the government(orated boundaries), authority or c	es, and the service will organization providing the	not be provided in service.)
One or more cities w unincorporated areas	will provide this service only w . (If this box is checked, identify	ithin their incorpo the government(orated boundarie s), authority or c	s, and the county will providing the	ovide the service in service.)
X Other. (If this box is government, authorit Thomasville	s checked, attach a legible ma y, or other organization that wil	p delineating the l provide service	service area within each servi	of each service provide ce area.)	r, and identify the
2. In developing the strate	egy, were overlapping service ar	eas, unnecessary o	competition and/	or duplication of this serv	ice identified?
🗇 yes 🛛 X no					
If these conditions will con levels of service (See O. competition cannot be elim	ntinue under the strategy, attach a C.G.A. 36-70-24(1)), overridin ninated).	an explanation for ig benefits of the	or continuing the duplication, or	e arrangement (i.e., ove reasons that overlappin	rlapping but higher g service areas or
If these conditions will be a to eliminate them, the resp	eliminated under the strategy, att onsible party and the agreed upo	tach an implement on deadline for con	itation schedule	listing each step or action	n that will be taken
3. List each government of	r authority that will help to pay inds, special service district reve	for this service	and indicate how	the service will be fund	led (e.g., enterprise
Local Government or Auth	1	ding Method:		tures, impact rees, bonde	a indepicaness, etc.
Thomasvine	Emerprise Fund				
4 How will the strategy of	hange the previous arrangements	for providing on			
N/A	nange the previous arrangements	for providing and	Vor funding this	service within the county'	
N/A					
	delivery agreements or intergove	ernmental contrac	ts that will be us	ed to implement the strate	gy for this service:
Agreement Name:	Contracting P	arties :		Effective and Ending Dat	es:
6. What other mechanisms General Assembly, rate or	(if any) will be used to impleme fee changes, etc.) and when wil	ent the strategy fo Il they take effect	r this service, (e. ?	g., ordinances, resolutions	, local acts of the
N/A					
7. Person completing form:	Mike Stephenson				
Phone Number:(912) 22	. <u>5-4100</u> Da	ate completed:	April 30, 19	99	
consistent with the service of	hould be contacted by state ager delivery strategy? X yes C contact person(s) and phone num	no	ting whether pro	posed local government p	rojects are
			Contractory of the local day		The second second

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Instru	ictions:						PAGE 2
on pa	ge L. Ansi	ver each que	nd complete one estion below, atta hould be reported	ching additional	pages as neces	sary If the contain	Use exactly the same service names listed et person for this service (listed at the bottom
Cou	nty: _	The	mas		Service:	Utilities -	Sewer
1. Ch	eck the bo	ox that best	describes the agr	eed upon deliver	y arrangement	for this service:	
	Service w checked, id	ill be provid dentify the g	ed countywide (i overnment, auth	.e., including all ority or organiza	cities and unin tion providing	corporated areas) the service.)	by a single service provider. (If this box is
0,	Service w dentify the	vill be provid e governmer	ded only in the u it, authority or or	unincorporated provi	oortion of the o ding the servic	county by a single c.)	e service provider. (If this box is checked,
	One or mo inincorpor	ore cities wi rated areas. (ll provide this se If this box is che	ervice only within the contract of the contrac	in their incorp ne government(orated boundaries s), authority or or	s, and the service will not be provided in ganization providing the service.)
	One or me mincorpor	ore cities wi ated areas. (ll provide this se If this box is che	rvice only withi cked, identify th	in their incorpo	orated boundaries s), authority or or	, and the county will provide the service in ganization providing the service.)
E	governmer	this box is on t, authority, asville	checked, attach or other organiz	a legible map of ation that will p	delineating the rovide service	service area o within each servic	f each service provider, and identify the se area.)
2. In	developin	g the strateg	y, were overlapp	ing service areas	, unnecessary	competition and/o	r duplication of this service identified?
🛛 ус	s	X no					
levels	of service	ns will conti e (See O.C not be elimii	.G.A. 36-70-24(ategy, attach an 1)), overriding	explanation for the benefits of the	or continuing the duplication, or	e arrangement (i.e., overlapping but higher reasons that overlapping service areas or
If these to elim	e condition	ns will be el	iminated under th sible party and t	ie strategy, attac	h an impleme	ntation schedule	listing each step or action that will be taken
3. Lis	t each gov	ernment or a	authority that wil	help to pay for	r this service :	and indicate how	the service will be funded (e.g., enterprise
funds,	user fees,	general fun	ds, special servic	e district revenu	ies, hotel/motel	taxes, franchise t	taxes, impact fees, bonded indebtedness, etc.
The	omasville	nt or Author	Enterprise Fund		g Method:		
4. Ho	w will the	strategy cha	ange the previous	arrangements fo	or providing an	d/or funding this s	service within the county?
N/A							
5. List	t any form	al service de	elivery agreemen	ts or intergovern	mental contrac	ts that will be use	d to implement the strategy for this service:
	reement N			Contracting Part			Effective and Ending Dates:
6. Wh Genera	at other m il Assemb	echanisms (ly, rate or fe	if any) will be us ee changes, etc.)	ed to implement and when will t	the strategy fo hey take effect	or this service, (e.g ?	g., ordinances, resolutions, local acts of the
N/A							a ,
7. Pers	son compl	eting form: _	Mike Stephenso	n			
Phone	Number:	(912) 225	-4100	Date	completed:	April 30, 199	9
consist	ent with th	he service de	ould be contacted elivery strategy? entact person(s) a	X ves	no	ting whether prop	oosed local government projects are
		-					

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on pa	age 1. Answer	each que	nd complete one estion below, attac would be reported t	hing additional	napes as nece	ssary If the conta	Use exa ct person	ictly the same ser for this service (li	rvice names listed isted at the bottom
Cou	inty:	The	mas		Service:	Utilities -	Şolid	Waste	
1. C	heck the box t	hat best	describes the agree	ed upon delive	ry arrangement	for this service:			
٥	Service will t checked, iden	be provid tify the g	ed countywide (i.e overnment, author	., including all rity or organize	cities and unit ation providing	corporated areas) the service.)	by a sing	gle service provid	ler. (If this box is
٥	Service will identify the go	be provi overnmer	ded only in the ur nt, authority or org	nincorporated anization prov	portion of the iding the servio	county by a single ce.)	e service	provider. (If this	box is checked,
0	One or more unincorporate	cities wi d areas. (Il provide this ser If this box is chee	vice only with ked, identify t	in their incorr he government	orated boundaries (s), authority or or	s, and th rganizatio	e service will no n providing the se	ot be provided in rvice.)
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	Other. (If this government, a Thomas	uthority,	checked, attach a or other organiza	legible map tion that will p	delineating th provide service	e service area o within each servic	f each s ce area.)	ervice provider,	and identify the
2. In	developing th	ne strateg	y, were overlappir	ng service area	s, unnecessary	competition and/o	or duplicat	tion of this service	e identified?
Οy		Cno							
levels	se conditions v s of service (etition cannot	See O.C	.G.A. 36-70-24(1)	egy, attach an)), overriding	explanation to benefits of the	or continuing the e duplication, or	e arrange reasons	ement (i.e., overla that overlapping	apping but higher service areas or
If the to elin	se conditions v minate them, t	will be el he respor	iminated under the sible party and the	strategy, attac e agreed upon	ch an impleme deadline for co	ntation schedule	listing eac	th step or action	that will be taken
3. Li funds	st each govern , user fees, ge	ment or a neral fun	authority that will ds, special service	help to pay for district reven	or this service ues, hotel/mote	and indicate how I taxes, franchise	the servi taxes, imp	ce will be funded	I (e.g., enterprise indebtedness, etc.
Local	Government o				ng Method:				
_									
4 H	w will the str	ateou obr	inge the previous a	mon gom onto F		1/ C 1' 11'			
		ategy chi	inge the previous a	inangements i	or providing ar	d/or runding this s	service wi	thin the county?	
N/A	<i>+</i>								
5. Li	st any formal :	service d	elivery agreements	or intergover	nmental contra	ts that will be use	d to imple	ement the strategy	for this service:
A	greement Nam	ne:		Contracting Par	ties :		Effective	and Ending Dates	:
					-				
6. W Gener	hat other meel ral Assembly,	hanisms (rate or fe	if any) will be use ee changes, etc.) a	d to implemen nd when will	t the strategy f they take effec	or this service, (e.g	g., ordinar	nces, resolutions, l	ocal acts of the
N/A	4								
			Mike Steel						
			Mike Stephenson						
	Number:(182	April 30, 199			
consis	stent with the s	service de	ould be contacted elivery strategy? intact person(s) an	X ves	no	ating whether prop	oosed loca	il government proj	jects are

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Inst	ructions:					
onp	bage 1. Answer each	question below, at	ne for each service listed of ttaching additional pages as ed to the Department of Co	necessary. If the con	 Use exactly the santact person for this ser 	me service names listed vice (listed at the bottom
Co	unty:]	Thomas	Servic	e: <u>Utilities</u>	- Storm Water	Management
1. 0	Check the box that t	best describes the ap	greed upon delivery arrange	ment for this service	n.	
٥	Service will be pr checked, identify	ovided countywide the government, au	(i.e., including all cities an thority or organization prov	d unincorporated area iding the service.)	as) by a single service	provider. (If this box is
0	berrive min ve p	rovided only in the ument, authority or	e unincorporated portion o organization providing the	the county by a sinservice.)	ngle service provider.	(If this box is checked,
Х		eas. (If this box is c	service only within their i shecked, identify the govern	ncorporated bounda ment(s), authority or	ries, and the service rorganization providing	will not be provided in g the service.)
٥	One or more citie unincorporated are	s will provide this cas. (If this box is c	service only within their i checked, identify the govern	ncorporated boundar ment(s), authority or	ies, and the county wi r organization providing	Il provide the service in the service.)
0	Other. (If this box government, author	k is checked, attac ority, or other organ	th a legible map delineating the second seco	ng the service area rvice within each ser	of each service provide area.)	ovider, and identify the
2. 1	n developing the str	rategy, were overlag	pping service areas, unnece	ssary competition an	d/or duplication of this	service identified?
٥						
leve	ese conditions will on the service (See specific petition cannot be e	O.C.G.A. 36-70-2	strategy, attach an explana 4(1)), overriding benefits	tion for continuing of the duplication,	the arrangement (i.e. or reasons that overla	, overlapping but higher opping service areas or
If th to el	ese conditions will l liminate them, the re	be eliminated under esponsible party and	the strategy, attach an imp d the agreed upon deadline	dementation schedu	le listing each step or a	action that will be taken
3. L fund	list each governmen	t or authority that y	will help to pay for this service district revenues, hotel	vice and indicate h	ow the service will be	funded (e.g., enterprise
	al Government or A		Funding Metho		se anes, impact ices, b	onden miteoreentess, etc.
F	Thomasville	Enterprise Fi	ind			
E						
4. ł	low will the strateg	y change the previo	ous arrangements for provid	ing and/or funding th	is service within the co	unty?
N/	A					
5. L	ist any formal servi	ce delivery agreem	ents or intergovernmental c	ontracts that will be	used to implement the s	strategy for this service:
_	Agreement Name:		Contracting Parties :	-	Effective and Ending	g Dates:
E						
F						
6. V Gen	What other mechanis eral Assembly, rate	sms (if any) will be or fee changes, etc	used to implement the strate.) and when will they take	egy for this service, effect?	(e.g., ordinances, resolu	tions, local acts of the
NT/						
N/	A					
7. P	erson completing fo	rm: <u>Mike Stephen</u>	son			
Pho	ne Number: <u>(912)</u>	225-4100	Date complet	ed: April 30,	1999	
cons	istent with the servi	ce delivery strategy	ted by state agencies when ? X yes 🗖 no		proposed local governme	ent projects are
	A, provide designation	ed contact person(s)) and phone number(s) belo	w:		
	, provide designad	ed contact person(s)) and phone number(s) belo	w:		

the second s					PAGE 2
Instructions:					
Make copies of this form on page 1. Answer each qu of the page) changes, this s	uestion below, att	aching additional pages a	as necessary. If	the contact person	ctly the same service names listed for this service (listed at the bottom
County:Th	omas Se	ervice: Utilities -	- System (Operation (E	nergy Control System)
1. Check the box that bes	t describes the ag	reed upon delivery arran	gement for this	service:	
Service will be provi checked, identify the	ded countywide (government, auth	i.e., including all citics a nority or organization pro	nd unincorporat oviding the serv	ted areas) by a sing ice.)	le service provider. (If this box is
Service will be providentify the governme	vided only in the ent, authority or c	unincorporated portion organization providing th	of the county t e service.)	by a single service	provider. (If this box is checked,
One or more cities w unincorporated areas	vill provide this s . (If this box is ch	ervice only within their necked, identify the gove	incorporated 1 mment(s), auth	ooundaries, and the ority or organization	e service will not be provided in a providing the service.)
One or more cities w unincorporated areas	vill provide this s . (If this box is ch	ervice only within their tecked, identify the gove	incorporated b mment(s), authors	oundaries, and the ority or organization	county will provide the service in providing the service.)
government, authorit	y, or other organi	a legible map delinear zation that will provide the utilities m	service within e	e area of each so ach service area.)	ervice provider, and identify the
2. In developing the strate	gy, were overlap	ping service areas, unner	cessary competi	tion and/or duplicat	ion of this service identified?
🗇 yes 🛛 X no					
If these conditions will con levels of service (See O, competition cannot be elin	C.G.A. 36-70-24	rategy, attach an explan (1)), overriding benefit	ation for conti s of the duplic	nuing the arrange ation, or reasons	ment (i.e., overlapping but higher that overlapping service areas or
If these conditions will be to eliminate them, the resp	eliminated under t onsible party and	the strategy, attach an in the agreed upon deadline	nplementation e for completing	schedule listing eac g it.	h step or action that will be taken
2 List anoh anyomment of	r authority that w	ill halp to pay for this s			
funds, user fees, general fi	inds, special servi	ice district revenues, hot	ervice and indi el/motel taxes,	cate how the servi- franchise taxes, imp	ce will be funded (e.g., enterprise act fees, bonded indebtedness, etc.
tunds, user fees, general fi Local Government or Auth	unds, special servi ority	ice district revenues, hot Funding Meth	el/motel taxes,	cate how the servin franchise taxes, imp	ce will be funded (e.g., enterprise act fees, bonded indebtedness, etc.
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tunds, user fees, general fi Local Government or Auth	unds, special servi ority	ice district revenues, hot Funding Meth	el/motel taxes,	cate how the servi franchise taxes, imp	ce will be funded (e.g., enterprise act fees, bonded indebtedness, etc.
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Local Government or Auth Thomasville 4. How will the strategy c	ority Enterprise Fur	ice district revenues, hot Funding Meth nd	el/motel taxes, i iod:	franchise taxes, imp	act fees, bonded indebtedness, etc.
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					PAGE 2				
	uctions:								
		and complete one for each service setion below, attaching additional hould be reported to the Departme			actly the same service names listed a for this service (listed at the bottom				
Cou	inty: <u> </u>	omas	Service:	Utilities -	Telecom				
1. C	heck the box that best	describes the agreed upon deliver	y arrangement for this						
0	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.)								
Ο	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 wi unincorporated areas.	ill provide this service only withi (If this box is checked, identify th	n their incorporated b the government(s), authors	oundaries, and the	e county will provide the service in on 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.) Thomasville								
2. In	developing the strateg	gy, were overlapping service areas	, unnecessary competi	tion and/or duplica	tion of this service identified?				
🗖 у	es X no								
levels	se conditions will conti of service (See O.C etition cannot be elimi	.U.A. 30-70-24(1)), overriding	explanation for conti benefits of the duplic	nuing the arrang ation, or reasons	ement (i.e., overlapping but higher that overlapping service areas or				
If thes	e conditions will be el	iminated under the strategy, attac	h an implementation :	schedule listing ea	ch step or action that will be taken				
to em	ninate them, the respon	nsible party and the agreed upon c	leadline for completing	; it.					
funds,	user fees, general fur	ids, special service district revenu	es, hotel/motel taxes, i	franchise taxes, im	ice will be funded (e.g., enterprise pact fees, bonded indebtedness, etc.				
	Government or Author		g Method:						
	iomasvine	Enterprise Fund							
4. Ho	w will the strategy cha	ange the previous arrangements fo	r providing and/or fun	ding this service w	ithin the county?				
N/A	1								
5. Lis	at any formal service d	elivery agreements or intergovern	mental contracts that w	vill be used to imp	lement the strategy for this service:				
A	greement Name:	Contracting Part	ies :	Effective	and Ending Dates:				
-									
6 11/1		(P							
Gener	al Assembly, rate or f	ee changes, etc.) and when will t	the strategy for this se hey take effect?	rvice, (e.g., ordina	nces, resolutions, local acts of the				
N/A	x								
7. Per	Person completing form: <u>Mike Stephenson</u>								
Phone	Number:(912) 225	-4100 Date	completed:Ap	ril 30, 1999					
consis	tent with the service d	ould be contacted by state agenci- elivery strategy? X yes \Box ontact person(s) and phone numbe	no	ether proposed loc	al government projects are				

×.

x.

Instructions: PAGE 2						
Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.						
County: Thomas Service: Utilities - Water						
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.) Thomasville						
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.						
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:						
Thomasville Enterprise Fund						
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?						
N/A						
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?						
N/A						
7. Person completing form: <u>Mike Stephenson</u>						
Phone Number:(912) 225-4100 Date completed: April 30, 1999						
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? X yes \Box no If not, provide designated contact person(s) and phone number(s) below:						

Intervenies: Nates copies of this form and complete one for each service listed on page 1. Section III. Use staally the same service answer listed of page 1. Answer each quark on below, staahing additional page a necessary. If the count person for this service (listed at the balance of the page) alternation below, staahing additional page a necessary. If the count person for this service (listed at the balance of the page) alternation below, staahing additional page a necessary. If the count person for this service (listed at the balance of the page) alternation below, staahing additional page a necessary. If the count person for this service (listed at the balance of the page) alternation below, stabiling additional page an excessary and the service. We count person of the page is alternative of the person of the service of the person of the person of the service of the person of the service of the person of the service of the person of the person of the service of the person of the service of the person of the person of the service of the service of the service of the person of the service of the			PAGE 2						
op page 1, Assert each question below, attaching additional pages an encessory. If the constep person for this service (listed at the battom of the page) characterise of Commany Prints. County:	Instructions:								
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7

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: <u>Thomas</u> Service: <u>Welfare</u>							
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.) Thomas County							
Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)							
One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)							
One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)							
Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)							
2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?							
🗇 yes 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).							
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Local Government or Authority Funding Method:							
Thomas County General Funds							
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?							
N/A							
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:							
Agreement Name: Contracting Parties : Effective and Ending Dates:							
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6. What other mechanisms (if any) will be used to implement the strategy for this service, (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.) and when will they take effect?							
N/A							
7. Person completing form: <u>Mike Stephenson</u>							
Phone Number: (912) 225-4100 Date completed: April 30, 1999							
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? X yes \Box no If not, provide designated contact person(s) and phone number(s) below:							

SERVICE DELIVERY STRATEGY SUMMARY OF LAND USE AGREEMENTS

Instructions:

PAGE 3

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

County: __Thomas County

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

Thomas County and the County's municipal Governments have reviewed the respective communities land use plans for incompatibilities and or conflicts and no major plan incompatibilities or conflicts were identified pursuant to the respective land use plans.

Moreover, Thomas County and its municipal governments formally adopted a consolidated comprehensive plan in 1997 where land use issues were jointly considered and appropriately addressed

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

amendments to existing comprehensive plans

X adoption of a joint comprehensive plan

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

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

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

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. Thomas County and its municipal governments have jointly adopted a land dispute resolution to address land use disputes arising from annexation proposals. The dispute resolution provides for inter-jurisdictional notification, mediation, and a forum for resolution of land use conflicts.

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 County and the County Municipal Governments have all adopted a joint resolution which established a formal process to insure that new extra territorial water and sewer service extensions are consistent with applicable land use plans.

5. Person completing form: Mike Stephenson, County Manager

Phone number: _______ (912) 225-4100 ______ Date completed: __April 30, 1999

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? X yes \square no

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

SERVICE DELIVERY STRATEGY CERTIFICATIONS

PAGE 4

Instructions

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 population 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 Thomas COUNTY

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

- We have executed agreements for implementation of our service delivery strategy and the attached 1. forms provide an accurate depiction of our agreed upon strategy (O.C.G.A. 36-70-21);
- 2. Our service delivery strategy promotes the delivery of local government services in the most efficient, effective, and responsive manner (O.C.G.A. 36-70-24 (1));
- 3. Our service delivery strategy provides that water or sewer fees charged to customers located outside the geographic boundaries of a service provider are reasonable and are not arbitrarily higher than the fees charged to customers located within the geographic boundaries of the service provider (O.C.G.A. 36-70-24 (2));
- 4. Our service delivery strategy ensures that the cost of any services the county government provides (including those jointly funded by the county and one or more municipalities) primarily for the benefit of the unincorporated area of the county are borne by the unincorporated area residents, individuals, and property owners who receive such service (O.C.G.A. 36-70-24 (3));
- The process(es) for resolving land use disputes arising over annexation were established by the July 5. 1, 1998 deadline (O.C.G.A. 36-70-24-(4)).

	SIGNATURE:	NAME: (Please print or type)	TITLE:	JURISDICTION:	DATE:
0	forlier	Josh Herring	Chairman	Thomas County	5/27/99
/	Thad Safria	Thad Selman	Mayor	Barwick	5/27/99
	Aniland Xey web	RICHARD REWORD S Danny Groover	Mayor PROTEN	Boston	5/27/99
	-e16-0	David Dawson	Mayor	Coolidge	5/27/99
	Hundel 3 loof	Harold Cook	Mayor Pro Tem	Meigs	5/27/99
	Raiford Long	Raiford Long	Mayor	Ochlocknee	5/27/99
0	LM Joyli	L. M. Taylor	Mayor	Pavo	5/28/99
	Kay Campbell	Roy Campbell	Mayor	Thomasville	5/27/99
			10.		

AGREEMENT

This Agreement entered into this <u>8</u> day of February, 1993, by and between THOMAS COUNTY, GEORGIA, hereinforth known as "County", and THE CITY OF THOMASVILLE, hereinforth known as "City".

WHEREAS, Thomas County has completed construction of a new Jail/Justice Center which houses both City and County police functions;

WHEREAS, the new Jail/Justice Center contains a centralized dispatch center;

WHEREAS, the citizens of Thomas County have approved installation of an Enhanced 911 system; and

WHEREAS, the parties desire to consolidate all dispatch functions of the City and County in one location in order to implement E911;

THE PARTIES AGREE AS FOLLOWS:

1. The County will assume all dispatch functions for City and County public service functions, such as police, fire, EMS and other functions which require dispatching. In performing such functions the County will not be an agent or partner or joint venturer with the City but will be an independent contractor over which the City neither exercises nor retains the right to exercise control over the times, means or methods which dispatch activities are carried out.

2. The Cicy will discontinue its dispatch activities.

3. The City will pay to the County on an annual basis a sum equal to three (3) times the average cost for each dispatcher.

WHITEHURST, COHEN & BLACKBURN ATTORNEYS AND COUNSELORS AT LAW POST OFFICE DRAWER 47 THOMASVILLE, GEORGIA 31799 The average will be derived by determining the total personnel cost for the E911 functions, excluding the director and supervisor, and divided by the total number of dispatchers.

4. County agrees to hire two (2) dispatchers from the City pool of dispatchers at the same yearly compensation rate they are currently being paid.

5. County agrees that any employee of the City who is hired as a result of this Agreement shall immediately be eligible to participate in the County health insurance program. Any such employee shall be immediately eligible to participate in the County's retirement program on the same basis as a newly hired County employee. Any such employee shall receive credit for longevity purposes based upon the employee's years of service with the City insofar as sick leave and vacation time are concerned; provided, however, that pay for all accrued vacation time shall be paid to the employee at the time the employee leaves City employment.

 County agrees to maintain liability insurance covering the dispatch functions that it performs.

7. This Agreement shall terminate on December 31, 1993. However, prior to that date the parties agree to enter into good faith negotiations to continue the program contemplated by this agreement and as it may be modified pursuant to experience derived during the term of this agreement. The parties contemplate that a new agreement will be prepared in this connection which will be effective January 1, 1994.

WHITEHURST, COHEN & BLACKBURN ATTORNEYS AND COUNSELORS AT LAW POST OFFICE DRAWER 47 THOMASVILLE, GEORGIA 31799 IN WITNESS WHEREOF, the parties have executed this Agreement on the date first above written in duplicate original.

THOMAS COUNTY, GEORGIA

Tehn BY: allerta JOHN BULLOCH,

Chairman, Thomas County Board of Commissioners

ATTEST: dutom RUTH JONES, Clerk

CITY OF THOMASVILLE, GEORGIA BY LEN POWELL Mayor

ciel M. Heero ATTEST

(SEAL)

(SEAL)

WHITEHURST, COHEN & BLACKBURN ATTORNEYS AND COUNSELORS AT LAW OST OFFICE DRAWER 47 THOMASVILLE, GEORGIA 31799

PRISONER HOUSING AGREEMENT

This agreement entered into this the <u>nineth</u> day of <u>May</u>, 1995, by and between the THOMAS COUNTY BOARD OF COMMISSIONERS and the City of <u>Barwick</u>.

WHEREAS the Thomas County Jail was constructed to provide housing for all prisoners held in Thomas County, whether held by County law enforcement personnel or City law enforcement personnel pending disposition of charges pending against them or as a result of a sentence imposed by a lawful authority within the County or City; and

WHEREAS the Sheriff of Thomas County is charged by state law with the responsibility of administering the County Jail and has legal responsibility for the custody and care of persons incarcerated in the jail; and

WHEREAS the Thomas County Commission is charged by state law with the responsibility of insuring that there are sufficient funds for the operation of the jail; and

WHEREAS this agreement is authorized pursuant to the provisions of O.C.G.A. Section 15-21-90, et seq.

NOW WHEREFORE, for and in consideration of the mutual promises and covenants contained herein, the receipt and adequacy of which is hereby acknowledged by the parties, it is agreed as follows:

1. The Thomas County Sheriff's Department will provide housing for persons arrested in the City of <u>Barwick</u> pursuant to the terms and conditions agreed upon by the City and the Sheriff's Department except as provided herein. 2. The charge for booking a prisoner will be \$5.00

3. The charge for housing persons arrested by the City and held in jail shall be \$22.00 per day.

4. For purposes of calculating costs, a day shall be defined as beginning at 12:01 a.m. and ending at 12:00 midnight. In order to incur a charge for the second day, a prisoner must be confined for a minimum of twelve hours.

5. Prisoners who are arrested by the City of <u>Barwick</u> Police Department and for whom a warrant is issued for offenses adjudicated in State or Superior Court will be confined totally at the cost of Thomas County.

6. The governing authority who caused a person to be housed in the Thomas County Jail shall be responsible for the payment of all medical, dental, and prescription costs incurred by their prisoners and will cause the health care provider to bill the governing authority directly for services rendered.

All bills will be paid promptly by the party billed. Disputes between governing authorities regarding medical bills will be resolved by the Sheriff and Police Chief. Those disputes not settled will be arbitrated by the City Manager of Thomasville and the County Manager, and for city governments where there is no manager, the mayor and the County Manager.

7. Governing authorities, who have, pursuant to the provisions of O.C.G.A. Section 15-21-90 et seq., agreed to impose and collect in their courts an additional sum equal to ten percent (10%) of any fine or of the original amount of any bail or bond forfeiture in any case involving a violation of the criminal or

traffic laws of this state or violation of an ordinance of their governing authority, and such sums are paid over to the County as required by law, shall have the sums paid over to the County applied to the sums payable under Paragraphs 2 and 3 above. In the event the funds generated by the 10% add-on are insufficient to pay the cost for housing prisoners, then the County will bill the governing authority for any difference on a monthly basis. All funds generated by this paragraph shall be remitted by the tenth day of each month following the month in which sums are collected. Bills for charges exceeding the amount guaranteed by this paragraph are payable on the 10th day of the month following the bill.

This agreement shall continue from year to year unless 8. terminated by either party. Notice of termination shall be by registered or certified mail, return receipt requested, and must be given six months prior to the effective date of termination.

IN WITNESS WHEREOF, the parties have hereunto set their hands and seals on the date written above.

THOMAS COUNTY COMMISSION

CITY OF BARWICK

By: John Bulloch Attest: Autom. Jones

By: Med a Summer

PRISONER HOUSING AGREEMENT

WHEREAS the Thomas County Jail was constructed to provide housing for all prisoners held in Thomas County, whether held by County law enforcement personnel or City law enforcement personnel pending disposition of charges pending against them or as a result of a sentence imposed by a lawful authority within the County or City; and

WHEREAS the Sheriff of Thomas County is charged by state law with the responsibility of administering the County Jail and has legal responsibility for the custody and care of persons incarcerated in the jail; and

WHEREAS the Thomas County Commission is charged by state law with the responsibility of insuring that there are sufficient funds for the operation of the jail; and

WHEREAS this agreement is authorized pursuant to the provisions of O.C.G.A. Section 15-21-90, et seq.

NOW WHEREFORE, for and in consideration of the mutual promises and covenants contained herein, the receipt and adequacy of which is hereby acknowledged by the parties, it is agreed as follows:

1. The Thomas County Sheriff's Department will provide housing for persons arrested in the City of <u>Hully</u> pursuant to the terms and conditions agreed upon by the City and the Sheriff's Department except as provided herein. 2. The charge for booking a prisoner will be \$5.00

3. The charge for housing persons arrested by the City and held in jail shall be \$22.00 per day.

4. For purposes of calculating costs, a day shall be defined as beginning at 12:01 a.m. and ending at 12:00 midnight. In order to incur a charge for the second day, a prisoner must be confined for a minimum of twelve hours.

5. Prisoners who are arrested by the City of Police Department and for whom a warrant is issued for offenses adjudicated in State or Superior Court will be confined totally at the cost of Thomas County.

6. The governing authority who caused a person to be housed in the Thomas County Jail shall be responsible for the payment of all medical, dental, and prescription costs incurred by their prisoners and will cause the health care provider to bill the governing authority directly for services rendered.

All bills will be paid promptly by the party billed. Disputes between governing authorities regarding medical bills will be resolved by the Sheriff and Police Chief. Those disputes not settled will be arbitrated by the City Manager of Thomasville and the County Manager, and for city governments where there is no manager, the mayor and the County Manager.

7. Governing authorities, who have, pursuant to the provisions of O.C.G.A. Section 15-21-90 et seq., agreed to impose and collect in their courts an additional sum equal to ten percent (10%) of any fine or of the original amount of any bail or bond forfeiture in any case involving a violation of the criminal or

traffic laws of this state or violation of an ordinance of their governing authority, and such sums are paid over to the County as required by law, shall have the sums paid over to the County applied to the sums payable under Paragraphs 2 and 3 above. In the event the funds generated by the 10% add-on are insufficient to pay the cost for housing prisoners, then the County will bill the governing authority for any difference on a monthly basis. A11 funds generated by this paragraph shall be remitted by the tenth day of each month following the month in which sums are collected. Bills for charges exceeding the amount guaranteed by this paragraph are payable on the 10th day of the month following the bill.

This agreement shall continue from year to year unless 8. terminated by either party. Notice of termination shall be by registered or certified mail, return receipt requested, and must be given six months prior to the effective date of termination.

IN WITNESS WHEREOF, the parties have hereunto set their hands and seals on the date written above.

THOMAS COUNTY COMMISSION

CITY OF COOLIDGE

By: John Bulloch Attest: Autom. Jones

By: Eanie Dob Attest Marily

PRISONER HOUSING AGREEMENT

This agreement entered into this the <u>10TH</u> day of <u>APRIL</u>, 199%, by and between the THOMAS COUNTY BOARD OF COMMISSIONERS and the City of MEIGS

WHEREAS the Thomas County Jail was constructed to provide housing for all prisoners held in Thomas County, whether held by County law enforcement personnel or City law enforcement personnel pending disposition of charges pending against them or as a result of a sentence imposed by a lawful authority within the County or City; and

WHEREAS the Sheriff of Thomas County is charged by state law with the responsibility of administering the County Jail and has legal responsibility for the custody and care of persons incarcerated in the jail; and

WHEREAS the Thomas County Commission is charged by state law with the responsibility of insuring that there are sufficient funds for the operation of the jail; and

WHEREAS this agreement is authorized pursuant to the provisions of O.C.G.A. Section 15-21-90, et seq.

NOW WHEREFORE, for and in consideration of the mutual promises and covenants contained herein, the receipt and adequacy of which is hereby acknowledged by the parties, it is agreed as follows:

1. The Thomas County Sheriff's Department will provide housing for persons arrested in the City of <u>MEIGS</u> pursuant to the terms and conditions agreed upon by the City and the Sheriff's Department except as provided herein. 2. The charge for booking a prisoner will be \$5.00

3. The charge for housing persons arrested by the City and held in jail shall be \$22.00 per day.

4. For purposes of calculating costs, a day shall be defined as beginning at 12:01 a.m. and ending at 12:00 midnight. In order to incur a charge for the second day, a prisoner must be confined for a minimum of twelve hours.

5. Prisoners who are arrested by the City of <u>MEIGS</u> Police Department and for whom a warrant is issued for offenses adjudicated in State or Superior Court will be confined totally at the cost of Thomas County.

6. The governing authority who caused a person to be housed in the Thomas County Jail shall be responsible for the payment of all medical, dental, and prescription costs incurred by their prisoners and will cause the health care provider to bill the governing authority directly for services rendered.

All bills will be paid promptly by the party billed. Disputes between governing authorities regarding medical bills will be resolved by the Sheriff and Police Chief. Those disputes not settled will be arbitrated by the City Manager of Thomasville and the County Manager, and for city governments where there is no manager, the mayor and the County Manager.

7. Governing authorities, who have, pursuant to the provisions of O.C.G.A. Section 15-21-90 et seq., agreed to impose and collect in their courts an additional sum equal to ten percent (10%) of any fine or of the original amount of any bail or bond forfeiture in any case involving a violation of the criminal or

traffic laws of this state or violation of an ordinance of their governing authority, and such sums are paid over to the County as required by law, shall have the sums paid over to the County applied to the sums payable under Paragraphs 2 and 3 above. In the event the funds generated by the 10% add-on are insufficient to pay the cost for housing prisoners, then the County will bill the governing authority for any difference on a monthly basis. A11 funds generated by this paragraph shall be remitted by the tenth day of each month following the month in which sums are collected. Bills for charges exceeding the amount guaranteed by this paragraph are payable on the 10th day of the month following the bill.

This agreement shall continue from year to year unless 8. terminated by either party. Notice of termination shall be by registered or certified mail, return receipt requested, and must be given six months prior to the effective date of termination.

IN WITNESS WHEREOF, the parties have hereunto set their hands and seals on the date written above.

THOMAS COUNTY COMMISSION

By: John Sullace Attest: Rutom. Jones

CITY OF MEIGS

PRISONER HOUSING AGREEMENT

This agreement entered into this the <u>1st</u> day of <u>Dec.</u>, 1994, by and between the THOMAS COUNTY BOARD OF COMMISSIONERS and the City of <u>PAVO</u>.

WHEREAS the Thomas County Jail was constructed to provide housing for all prisoners held in Thomas County, whether held by County law enforcement personnel or City law enforcement personnel pending disposition of charges pending against them or as a result of a sentence imposed by a lawful authority within the County or City; and

WHEREAS the Sheriff of Thomas County is charged by state law with the responsibility of administering the County Jail and has legal responsibility for the custody and care of persons incarcerated in the jail; and

WHEREAS the Thomas County Commission is charged by state law with the responsibility of insuring that there are sufficient funds for the operation of the jail; and

WHEREAS this agreement is authorized pursuant to the provisions of O.C.G.A. Section 15-21-90, et seq.

NOW WHEREFORE, for and in consideration of the mutual promises and covenants contained herein, the receipt and adequacy of which is hereby acknowledged by the parties, it is agreed as follows:

1. The Thomas County Sheriff's Department will provide housing for persons arrested in the City of <u>PAVO</u> pursuant to the terms and conditions agreed upon by the City and the Sheriff's Department except as provided herein. 2. The charge for booking a prisoner will be \$5.00

3. The charge for housing persons arrested by the City and held in jail shall be \$22.00 per day.

4. For purposes of calculating costs, a day shall be defined as beginning at 12:01 a.m. and ending at 12:00 midnight. In order to incur a charge for the second day, a prisoner must be confined for a minimum of twelve hours.

5. Prisoners who are arrested by the City of <u>PAVO</u> Police Department and for whom a warrant is issued for offenses adjudicated in State or Superior Court will be confined totally at the cost of Thomas County.

6. The governing authority who caused a person to be housed in the Thomas County Jail shall be responsible for the payment of all medical, dental, and prescription costs incurred by their prisoners and will cause the health care provider to bill the governing authority directly for services rendered.

All bills will be paid promptly by the party billed. Disputes between governing authorities regarding medical bills will be resolved by the Sheriff and Police Chief. Those disputes not settled will be arbitrated by the City Manager of Thomasville and the County Manager, and for city governments where there is no manager, the mayor and the County Manager.

7. Governing authorities, who have, pursuant to the provisions of O.C.G.A. Section 15-21-90 et seq., agreed to impose and collect in their courts an additional sum equal to ten percent (10%) of any fine or of the original amount of any bail or bond forfeiture in any case involving a violation of the criminal or

traffic laws of this state or violation of an ordinance of their governing authority, and such sums are paid over to the County as required by law, shall have the sums paid over to the County applied to the sums payable under Paragraphs 2 and 3 above. In the event the funds generated by the 10% add-on are insufficient to pay the cost for housing prisoners, then the County will bill the governing authority for any difference on a monthly basis. A11 funds generated by this paragraph shall be remitted by the tenth day of each month following the month in which sums are collected. Bills for charges exceeding the amount guaranteed by this paragraph are payable on the 10th day of the month following the bill.

This agreement shall continue from year to year unless 8. terminated by either party. Notice of termination shall be by registered or certified mail, return receipt requested, and must be given six months prior to the effective date of termination.

IN WITNESS WHEREOF, the parties have hereunto set their hands and seals on the date written above.

THOMAS COUNTY COMMISSION

By: John Bulloch Attest: Autom. Jones

Luglar By:_ Attest

CITY OF PAVO

PRISONER HOUSING AGREEMENT

WHEREAS the Thomas County Jail was constructed to provide housing for all prisoners held in Thomas County, whether held by County law enforcement personnel or City law enforcement personnel pending disposition of charges pending against them or as a result of a sentence imposed by a lawful authority within the County or City; and

WHEREAS the Sheriff of Thomas County is charged by state law with the responsibility of administering the County Jail and has legal responsibility for the custody and care of persons incarcerated in the jail; and

WHEREAS the Thomas County Commission is charged by state law with the responsibility of insuring that there are sufficient funds for the operation of the jail; and

WHEREAS this agreement is authorized pursuant to the provisions of O.C.G.A. Section 15-21-90, et seq.

NOW WHEREFORE, for and in consideration of the mutual promises and covenants contained herein, the receipt and adequacy of which is hereby acknowledged by the parties, it is agreed as follows:

 The Thomas County Sheriff's Department will provide housing for persons arrested in the City of <u>BOSTON</u> pursuant to the terms and conditions agreed upon by the City and the Sheriff's Department except as provided herein. 2. The charge for booking a prisoner will be \$5.00

3. The charge for housing persons arrested by the City and held in jail shall be \$22.00 per day.

4. For purposes of calculating costs, a day shall be defined as beginning at 12:01 a.m. and ending at 12:00 midnight. In order to incur a charge for the second day, a prisoner must be confined for a minimum of twelve hours.

5. Prisoners who are arrested by the City of <u>BOSTON</u> Police Department and for whom a warrant is issued for offenses adjudicated in State or Superior Court will be confined totally at the cost of Thomas County.

6. The governing authority who caused a person to be housed in the Thomas County Jail shall be responsible for the payment of all medical, dental, and prescription costs incurred by their prisoners and will cause the health care provider to bill the governing authority directly for services rendered.

All bills will be paid promptly by the party billed. Disputes between governing authorities regarding medical bills will be resolved by the Sheriff and Police Chief. Those disputes not settled will be arbitrated by the City Manager of Thomasville and the County Manager, and for city governments where there is no manager, the mayor and the County Manager.

7. Governing authorities, who have, pursuant to the provisions of O.C.G.A. Section 15-21-90 et seq., agreed to impose and collect in their courts an additional sum equal to ten percent (10%) of any fine or of the original amount of any bail or bond forfeiture in any case involving a violation of the criminal or

traffic laws of this state or violation of an ordinance of their governing authority, and such sums are paid over to the County as required by law, shall have the sums paid over to the County applied to the sums payable under Paragraphs 2 and 3 above. In the event the funds generated by the 10% add-on are insufficient to pay the cost for housing prisoners, then the County will bill the governing authority for any difference on a monthly basis. All funds generated by this paragraph shall be remitted by the tenth day of each month following the month in which sums are collected. Bills for charges exceeding the amount guaranteed by this paragraph are payable on the 10th day of the month following the bill.

This agreement shall continue from year to year unless 8. terminated by either party. Notice of termination shall be by registered or certified mail, return receipt requested, and must be given six months prior to the effective date of termination.

IN WITNESS WHEREOF, the parties have hereunto set their hands and seals on the date written above.

THOMAS COUNTY COMMISSION

By: John Bulling Attest: Cutom. Jones

CITY OF BOSTON

By: North

Attest
CONTRACT FOR GARBAGE AND SOLID WASTE DISPOSAL

THIS AGREEMENT, made and entered into this the 9th day of October, 1973, by and between the City of Thomasville, Georgia (hereinafter called Party of the First Part) and Thomas County, Georgia acting by and through its Board of Commissioners, for and in behalf of said County and said Board, (hereinafter called Party of the Second Part) to be effective as of the date first above written.

$\underline{W} \perp \underline{T} \underline{N} \underline{E} \underline{S} \underline{S} \underline{E} \underline{T} \underline{H}$:

WHEREAS, Thomas County, Georgia has this date leased to the City of Thomasville, a tract of land located on what is known as the 'County Farm' property for the purpose of allowing the City of Thomasville to operate and own a solid waste landfill operation; and

WHEREAS, it was intended by both parties to that lease that the operation be made available, for a specified charge, not only to Thomas County in its own rights but to the other incorporated municipalities lying within or on the perimeter of the County; and

WHEREAS, it is the purpose of this contract for solid waste disposal, to make available to the County and all cities therein a solid waste landfill operation; and

WHEREAS, the Party of the First Part will be in a position to allow the Party of the Second Part to bring and deposit solid waste by the truck load to an area designated by the Party of the First Part for deposit and treatment;

NOW, THEREFORE, in consideration of the sum of One Dollar (\$1.00) by each of the Parties to the other in hand paid, the receipt whereof is hereby acknowledged, the mutual benefits to be derived by each of the Parties hereto, and the mutual covenants herein contained, the Parties hereto agree as follows:

-1-

The Party of the First Part shall furnish a designated

area of land, within its control, upon which it will operate a landfill operation for solid waste disposal, and which may be made available to the various parties interested but not limited to the Party of the Second Part, and Party of the First Part shall furnish all other necessary facilities as provided hereinafter.

Thomasville shall provide the Landfill Operation with scales, fending, building, paving within the site, all other capital improvements and adequate machinery and personnel to operate the same. Any capital equipment investment required originally or subsequently in connection with the operation of this landfill shall be advanced by the City of Thomasville with the cost recovered on the basis of expected useful life of the equipment amortized annually.

-3-

(a) Thomasville shall maintain separate books - open to examination by properly elected officials of the Party of the Second Part or its appointed auditors. The per to: ______ to parties of the Second Part shall be revised annually, as of July 1, on a proper cost accounting basis for the previous calendar, year including proper depreciation schedules and overhead items. Annually, by June 30th, the City of Thomasville will furnish each user of the landfill a copy of the fund's annual report for the prior calendar year.

(b) It is agreed that the Landfill Department will charge monthly for solid waste brought to the landfill at an initial rate of \$3.00 a ton until properly revised in accordance with the provisions of paragraph 3 (a) above.

(c) The charge shall be adjusted on an annual basis as of July 1 of each year in order to accomplish the payment of all expense in connection with the City of Thomasville's operation of a lancfill project and shall be a figure sufficient to amortize all expenses including personnel costs, proper equipment depreciation, and land payments for future sanitary landfill acquisition.

-2-

The City shall realize no profit from the operation of this landfill but shall recover all expanses properly accounted for.

(d) In the event of default in payment Thomasville may refuse use of the landfill to the defaulting party. A party shall be considered in default when debts accrued to them are 60 days in arrears.

Any funds or equipment received as a grant from the State or Federal Government or private sources shall not be included in computing the cost of this operation when arriving at the adjusted per ton cost basis by the Party of the First Part.

-- 5--

- 4-

The City of Thomasville reserves the right to exercise, entiraly within its discretion, all matters relating to how and there and under what conditions each load may be deposited by Party of the Second Part, and during what hours of each day the Landfill Operation will be made available for use and deposit by the Party of the Second Part. Thomas County recognizes that it has police jurisdiction over the landfill area and agrees to exercise such authority through its Sheriff and duly constituted officers in controlling the rules and regulations promulgated in connection with this landfill operation.

IN WITNESS WHEREOF, this instrument has been and is executed on behalf of the City of Thomasville (Party of the First Part) causing the same to be signed by the Mayor and with his signature attested thereto by the Clerk of said City, and on behalf of Thomas County, Georgia by the Chairman with his signature attested thereto by the Clerk, who have been authorized as a Commission to execute same for and in behalf of Thomas County, Georgia and the Board of Commissioners of Thomas County, Georgia, (Party of the Second Part.) So done, the day and year first above written.

CITY OF THOMASVILLE, GEORGIA By: (L.S.) Mayor Attest -0 (L.S.) erk

Witnesses as to execution in behalf of the City of Thomasville:

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TOTA 11 wer ani 0

NOTARY PUBLIC, THOMAS COUNTY, GEORGIA MY COMMISSION EXPIRES MAY 2, 1976

> THOMAS COUNTY, GEORGIA Acting by and through its governing authority,

BOARD OF COMMISSIONERS OF THOMAS

COUNTY, (EgRGI] marte 8.) By: 1111 Chai 5. madda Attest: 6 (L.S.)

Witnesses as to execution in behalf of Thomas County, Georgia:

10 l 0

NOTARY PUBLIC, GEORGIA RESIDER IN THOMAS COUNTY MY COMMISSION EXPIRES JUNE 14, 1974

RESOLUTION

WHEREAS, on November 3, 1992, the voters of Thomas County approved by referendum a joint county and municipal sales and use tax in the amount of one percent (1%); and

WHEREAS, the elected officials of the Thomas County Board of Commissioners and the Council of the City of Thomasville made certain verbal commitments to the voters of Thomas County prior to the approval of said sales tax; and

WHEREAS, it is recognized that these commitments have been made based upon current needs of Thomas County and Thomasville at the time the commitments were made and that said needs may change as the social, economic, and demographic characteristics of Thomas County change; and

WHEREAS, it is the intent of this resolution to reiterate these commitments and not to bind subsequent governing authorities as the needs of Thomas County and Thomasville differ from those needs at the passage of said sales tax; and

NOW, THEREFORE, BE IT RESOLVED by the Board of Commissioners of Thomas County, and the City Council of Thomasville, Georgia, that the following commitments were agreed upon jointly by both Boards.

Purpose	Estimated Funding	Administration	Comment
Library	\$400,000	Thomas County	Maximum 12.000% annually of total sales tax collected. This represents 100% of funds.
Recreation	\$700,000	City of Thomasville	Maximum 21.000% annually of total sales tax collected. This represents 100% of funds.
Economic (jobs) Development	\$100,000	City of Thomasville	Represents 50% of funds allocated for economic development. The City of Thomasville will provide the other 50% of economic development funds.
Animal Control	\$170,000	Thomas County	
Emergency Mgmt.	\$ 60,000	City of Thomasville	
Jail Justice Center	\$100,000	Thomas County	
Roads	\$300,000	Thomas County	
Drug Squad	\$175,000	Thomas County City of Thomasville	
Ad Valorem Tax Relief	\$700,000	Thomas County	
Total	\$2,705,000		

Funded through Thomas County Commission Funded through City of Thomasville Balance remaining \$630,000 52.625% 28.425% 18.950% **BE IT FURTHER RESOLVED,** that the above stated sales tax uses are to benefit all residents of the County, whether in municipalities or in unincorporated areas, and will be administered county-wide, either by the Thomas County Board of Commissioners or the Thomasville City Council; and

BE IT FURTHER RESOLVED, that the remaining amount will be divided among the municipalities, for their internal use, based on percentage of population and each governmental unit will be expected to address their own property tax rollback plans.

Municipality	% of Municipalities	Est. Funding	% of County-wide
Barwick	1.2%	\$ 9,396	.282%
Boston	6.39%	50,033	1.500%
Coolidge	2.79%	21,845	.655%
Meigs	4.89%	38,288	1.150%
Pavo	2.11%	16,521	.495%
Ochlocknee	2.69%	21,062	.632%
Thomasville	79.93%	472,855	14.236%
Total	100.00%	\$630,000	18.950%
Total County-wide		\$3,335.000	100.000%

BE IT FURTHER RESOLVED, that the State act enabling the sales tax states that "its intent is that no government should be enriched beyond what would be raised by taxes or other sources."

SO DONE, this the 12th day of July, 1993.

Cháinnan John Bulloch Thomas County Board of Commissioners

Attest, Ruth Jone

Attest, Ruth Jones County Clerk

Mayor Len Powell

City of Thomasville

Attest, Carl Royland

Attest, Carl Royla City Clerk Board of Commissioners of Thomas County

esolution

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WHEREAS, the elected officials of the Thomas County Board of Commissioners and the Council of the City of Thomasville made certain verbal commitments to the voters of Thomas County prior to the approval of said sales tax; and

WHEREAS, it is recognized that these commitments have been made based upon current needs of Thomas County and Thomasville at the time the commitments were made and that said needs may change as the social, economic, and demographic characteristics of Thomas County change; and

WHEREAS, it is the intent of this resolution to reiterate these commitments and not to bind subsequent governing authorities as the needs of Thomas County and Thomasville differ from those needs at the passage of said sales tax; and

NOW, THEREFORE, BE IT RESOLVED by the Board of Commissioners of Thomas County, and the City Council of Thomasville, Georgia, that the following commitments were agreed upon jointly by both Boards.

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Library	\$400,000	Thomas County	Maximum 12.000% annually of total sales tax collected. This represents 100% of funds.
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Animal Control	\$170,000	Thomas County	

Purpose	Estimated Funding	Administration
Emergency Mgmt.	\$60,000	City of Thomasville
Jail Justice Center	\$100,000	Thomas County
Roads	\$300,000	Thomas County
Drug Squad	\$175,000	Thomas County City of Thomasville
Ad Valorem Tax Relief	\$700,000	Thomas County
Total	\$2,705,000	

Funded through Thomas County Commission Funded through City of Thomasville Balance remaining \$630,000 52.625% 28.425% 18.950%

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BE IT FURTHER RESOLVED, that the remaining amount will be divided among the municipalities, for their internal use, based on percentage of population and each governmental unit will be expected to address their own property tax rollback plans.

Municipality	% of Municipalities	Est. Funding	% of County-wide
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Boston	6.39%	50,033	1.500%
Coolidge	2.79%	21,845	655%
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Pavo	2.11%	16,521	.495%
Ochlocknee	2.69%	21,062	.632%
Thomasville	79.93%	472,855	14.236%
Total	100.00%	630,000	18.950%
Total County-w	ide	3,335,000	100.000%

BE IT FURTHER RESOLVED, that the State act enabling the sales tax states that "its intent is that no government should be enriched beyond what would be raised by taxes or other sources."

SO DONE, this the

Chairman John Bulloch Thomas County Board of Commissioners

m mo Attest, Ruth Jones County Clerk

day of July, 1993. 0 CR Mayor Len Powell **City of Thomasville**

et Carl Rowland

\ Attest, Carl Rowland City Clerk

BYLAWS/REGULATIONS OF THOMAS COUNTY EMERGENCY SERVICES BOARD A MUTUAL AID RESOURCE PACT

PREAMBLE

The governing bodies of Thomas County, Georgia, and the City of Thomasville, Georgia, have determined that emergency services, consisting of fire protection services, emergency medical services, emergency management and 911 services, for the citizens of Thomas County and the City of Thomasville can best be provided by the consolidation of such services, all as set forth in certain resolutions passed by the Board of Commissioners of Thomas County and the City Council for the City of Thomasville, copies of which are attached as Exhibits A and B, respectively. It has been further determined by both governing bodies that the goal of consolidating such emergency services can best be accomplished at present by the establishment of an emergency services mutual aid pact pursuant to the provisions of O.C.G.A. §25-6-1 et seq. Both governing bodies also anticipate that ultimately the emergency services mutual aid pact established herewith will be replaced by an authority especially established by the Georgia legislature for the furnishing of the same functions to be carried out by the emergency services mutual aid pact.

ARTICLE I

NAME

The name of the Mutual Aid Pact shall be "Thomas County Emergency Services Board," hereinafter referred to as "the Pact."

ARTICLE II

POWERS

The Pact shall have all powers authorized under Georgia law, specifically including, but not necessarily limited to, those set forth in O.C.G.A.§25-6-1 et seq.

ARTICLE III

DIRECTORS

Section 1. <u>Board of Directors and Powers Thereof</u>. The Pact shall be governed by a Board of Directors (also referred to from time to time as "the Board") which shall set the policies of the Pact, manage the business of the Pact and may exercise all the powers of the Pact without interference from any other body or entity.

Section 2. <u>Composition and Election of the Board of Directors</u>. The initial Board of Directors of the Pact shall consist of five (5) natural persons. Two (2) members of the Board of Directors shall be members of the Thomas County Board of Commissioners and shall be appointed by that body. Two (2) members of the Board of Directors shall be members of the Thomasville City Council and shall be appointed by that body. These members of the Board of Directors shall be known as the "elected members." One (1) member of the Board of Directors shall be known as the "elected members." One (1) member of the Board of Directors shall be a Thomas County citizen appointed unanimously by the four (4) elected officials previously described in this section. The nomination shall be considered by both the Thomas County Commission and the Thomasville City Council at their respective earliest meetings after notification in writing is received from the Board of Directors of the Pact. The nomination shall be confirmed with a majority vote of the Commission and the Council. This member of the

Board of Directors shall be known as the "appointed member" of the Board of Directors.

Section 3. <u>Term of Directors: Vacancies</u>. Each elected member of the Board of Directors shall serve until replaced by that member's respective governing body. The appointed member shall serve for a term of two (2) fiscal years or, if earlier, until such director dies, resigns, or is no longer eligible to serve in such capacity as provided in Article III, Section 2 of these bylaws; provided further, however, that the appointed member may be removed by a vote of at least two elected members, with or without cause. In such event the Board of Directors will immediately thereafter appoint a new appointed member under the procedure previously described. Any vacancy in an elected member's position occurring on the board may be filled by the respective governing body represented by the member whose position is vacant. If at the end of any term of office of any director or successor thereto shall not have been elected, then the director whose term of office has expired shall continue to hold office until his¹ successor shall be so elected (provided such director remains eligible under Article III, Section 2 of these bylaws).

Section 4. <u>Meetings of the Board of Directors.</u> The annual meeting of the Board of Directors for the purpose of electing officers and transacting such other business as may be brought before the meeting shall be held each year at a date, time and place as shall be provided for by the Board of Directors. The Board of Directors shall also by resolution provide for the time and place of regular meetings at least monthly and notice of such regular meetings need not be given. Special meetings of the Board of Directors may be called by the chairman or by any

¹ The use of the masculine gender shall be construed to include the feminine gender.

two directors, and written notice of the time and place of such meetings shall be given to each director by first class mail or by telephone, facsimile, telegraph, cablegram or in person at least five (5) days before the meeting. Notice of all meetings shall also be given in accordance with the Georgia Open Meetings Act (O.C.G.A. §§ 50-14-1, et seq.). Any director may execute a waiver of notice, either before or after any meeting, and shall be deemed to have waived notice if he is present at such meeting. Neither the business to be transacted at, nor the purpose of, any meeting of the Board of Directors need be stated in the notice or waiver of notice of such meeting. All meetings must be held within the state of Georgia.

Section 5. <u>Quorum and Vote Requirement</u>. A majority of the directors in office shall constitute a quorum for the transaction of business at any meeting. Except as otherwise provided in these bylaws, no action may be taken by the Board without the affirmative vote of a majority of the full membership of the Board.

Section 6. <u>Action by Directors Without a Meeting</u>. Any action required or permitted to be taken at a meeting of the Board of Directors may be taken without a meeting if a consent in writing, setting forth the action so taken, is signed by all of the members of the Board of Directors. Such consent shall have the same force and effect as an affirmative vote of a meeting duly called.

Section 7. <u>Telephone and Similar Meetings</u>. Directors may participate in and hold a meeting by means of conference telephone or similar communications equipment by means of which all persons participating in the meeting can hear each other. Participation in such a meeting shall constitute presence in person at the meeting, except where a person participates

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in the meeting for the express purpose of objecting to the transaction of any business on the ground that the meeting is not lawfully called or convened.

Section 8. <u>Adjournments</u>. A meeting of the Board of Directors, whether or not a quorum is present, may be adjourned by a majority of the directors present to reconvene at a specific time and place. It shall not be necessary to give notice of the reconvened meeting or of the business to be transacted, other than by announcement at the meeting which was adjourned. At any such reconvened meeting at which a quorum is present, any business may be transacted which could have been transacted at the meeting which was adjourned.

Section 9. <u>Funding</u>. The Board of Directors shall utilize all funds made available to it from any lawful source, including but not limited to, all tax proceeds provided to the Pact and all revenues received from billed and non-billed operations to provide emergency services to the citizens of Thomas County, including citizens of the City of Thomasville.

Section 10. <u>Compensation</u>. The directors shall receive no compensation for their services as directors of the Pact, but shall be reimbursed for their actual reasonable expenses incurred in the performance of their duties.

ARTICLE V

OFFICERS

Section 1. <u>Executive Structure of the Pact.</u> The officers of the Pact shall consist of a chairman, and a vice chairman, who shall be elected from the directors of the Pact. There shall also be a secretary/treasurer for the Pact who shall be an employee of the Pact and who shall be appointed by the Board of Directors.

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Section 2. <u>Election of Officers</u>. The officers of the Pact shall be elected by the Board of Directors at the annual meeting for a term of one (1) year or, if earlier, until such officer dies, resigns, or is no longer eligible to serve as a director as provided in Article III, Section 2 of these Bylaws. Except for an officer who is no longer a director, the officers shall continue to hold office until their successors are elected and qualified. An officer shall be eligible to succeed himself in office. Any vacant office may be filled by the Board of Directors at any regular or special meeting.

Section 3. <u>Chairman</u>. The chairman shall preside at all meetings of the Board of Directors.

Section 4. <u>Vice Chairman</u>. The vice chairman shall act in the case of the absence or disability of the chairman.

Section 5. <u>Secretary/Treasurer</u>. The secretary/treasurer shall keep the minutes of the proceedings of the Board of Directors and shall be responsible for the maintenance of proper financial books and records of the Pact.

Section 6. <u>Other Duties and Authority</u>. Each officer, employee and agent of the Pact shall have such other duties and authority as may be conferred upon him by the Board of Directors.

Section 7. <u>Removal of Officers</u>. Any officer may be removed at any time by the Board of Directors.

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ARTICLE VI

EXECUTIVE DIRECTOR

Section 1. <u>Executive Director: appointment: qualifications, compensation</u>. The Board of Directors shall appoint an Executive Director for an indefinite term and he shall hold office at the pleasure of the Board. The compensation of the Executive Director shall be fixed by the board.

Section 2. <u>Powers and duties of the Executive Director</u>. The Executive Director shall be the chief administrative officer for the Pact. He shall be responsible to the Board for the implementation of the policies set by the board and the administration of all affairs of the Pact placed in his charge by or under these bylaws. The Executive Director shall devote his entire time to the duties of his office. He shall have the following powers and duties:

- Exercise control over all of the departments and divisions of the Pact now created, or that may hereafter be created.
- (b) Attend all meetings of the Board of Directors, with the right to take part in the discussions, but he shall have no right to vote on propositions under consideration.
- (c) Recommend to the Board for adoption such matters as he may deem necessary and expedient.
- (d) Prepare and submit to the Board an annual opening budget and budget of all departments of the Pact setting forth the probable needed expenditures and estimated revenue for such year.

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- (e) Keep the Board advised as to the financial condition and needs of the Pact.
- (f) Supervise the performance of all contracts and to make all purchases under such rules and regulations as the Board may adopt.
- (g) As personnel manager, he shall appoint, discharge and fix the salaries of employees in all departments and divisions of the Pact, provided, however that all such terms of employment shall be made only at the pleasure of the Executive Director in accordance with duly established personnel policy. All such appointments shall be made upon merit and fitness for the performance of the duties required.
- (h) Perform additional duties as the Board by resolution may prescribe.

The Board may require the Executive Director to go before the Board at any time and answer questions, either orally or in writing, and may require of the Executive Director, at any time the Board sees fit, any reports on any matter involving the Pact that the Board deems proper.

The Executive Director shall be purchasing agent for the Pact, and by him all purchases or contracts shall be made in accordance with rules and regulations adopted by the Board by resolution in any official meeting of the Pact. In the capacity of purchasing agent for the Pact he shall conduct all sales of personal property of the Pact which the Board may authorize to be sold and which may have become unnecessary or unfit for the Pact use. The Board may by resolution prescribe who shall sign vouchers for the payment out of the Pact funds and under what rules and regulations.

Section 3. <u>Board of Directors interference with administration</u>. Except for the purpose of inquiries and investigations, the Board of Directors shall deal with Pact employees who are subject to the direction and supervision of the Executive Director solely through the Executive Director, and no member of the board shall give orders, directly or indirectly, to any such employee, either publicly or privately.

ARTICLE VII

DEPOSITORIES, SIGNATURES AND SEAL

Section 1. <u>Depositories</u>. All funds of the Pact shall be deposited in the name of the Pact in such bank or other financial institution(s) as the Board of Directors may from time to time designate and shall be drawn out on checks, drafts or other orders signed on behalf of the Pact by such person or persons as the Board of Directors may from time to time designate.

Section 2. <u>Contracts and Deeds</u>. All contracts, deeds and other instruments shall be signed on behalf of the Pact by the chairman.

ARTICLE VIII

FISCAL YEAR

The fiscal year of the Pact shall be January 1 through December 31..

ARTICLE IX

DISSOLUTION OF THE PACT

Section 1. <u>Dissolution</u>. The Pact shall be dissolved and terminated upon the affirmative vote of four of the five members of the Board of Directors. Upon such dissolution, the officers shall liquidate the Pact by paying or making provisions for all debts and liabilities of the Pact and distributing any remaining assets and taking other actions as required by or in accordance with any contracts and other applicable Georgia law.

Section 2. <u>Disposition of pact assets in the event of dissolution</u>. In the event of the dissolution of the Pact pursuant to these by-laws, property, real and personal, shall be disposed of under the following terms and methods.

- (1) Any real property acquired directly by and in the name of the Pact shall be sold under one of the methods specified by O.C.G.A. §36-17-6 and the net proceeds of the sale shall be distributed to Thomas County and the City of Thomasville in equal shares.
- (2) Any personal property transferred to the pact by the City of Thomasville or Thomas County shall be listed on a master inventory prepared and maintained by the Executive Director. The inventory shall include the name of the transferring entity, the date of transfer, a detailed description of each item of property transferred and any serial number, vehicle identification number or other permanent identification information which accompanies each item of property. Any such property still remaining in

the Pact at the time of dissolution shall be returned to the transferring entity.

Any other personal property or equipment acquired directly by the Pact (3)shall be distributed according to a schedule as to which the entire board shall agree. In the event there is any debt attached to any item or system of property or equipment, the debt shall follow the property or equipment to the receiving entity. In the event there is any disagreement as to the disposition of any item or property or equipment pursuant to this subsection, the dispute shall be resolved by independent arbitrator, who shall not be a resident of Thomas County, Georgia, who shall be appointed by the Chief Judge of the Southern Judicial Circuit. Any decision by the arbitrator pursuant to the provisions of this subsection shall be binding on the Pact, Thomas County and the City of Thomasville. The arbitrator shall determine the methods, conditions and procedures by which he arrives at his decisions regarding the disposition of property pursuant to this subsection. Any fee charged by the arbitrator shall be paid by the Pact. In the event the Pact has no funds with which to pay the arbitrator's fee or any other fee, cost or expense generated by the dissolution of the Pact, any such fee, cost or expense shall be paid by Thomas County and the City of Thomasville in equal shares.

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(4) In the event a legislatively created authority is created to perform the same functions performed by the Pact, and the Pact is dissolved upon the creation and implementation of the authority, all assets of the Pact shall be transferred to the authority.

ARTICLE X

AMENDMENTS OF BYLAWS

The Board of Directors shall have the power to alter, amend or repeal the bylaws or adopt new bylaws. Action by the Board of Directors with respect to the bylaws shall be taken by an affirmative vote of seventy-five(75%)

F:\Suzann\CITY\Emergency Services Mutual Aid Pact\By-laws Revision 4 - 1-12-99.wpd

Thomas County Board of Commissioners

O. Box 920 Thomasville, Georgia 31799

COMMISSIONERS TIM SHERROD, District 8, Chairman I. L. MULLINS, District 1, Vice Chairman MOSES L. GROSS, District 2 JOHN BULLOCH, District 3

RESOLUTION

COMMISSIONERS

FAX: (912) 226-3430

Phone: (912) 225-4100

RICHARD R. SMITH, District 4 JOSH HERRING, District 5 JIM MILLER, District 6 KARL ABRAMS, District 7

WHEREAS Thomas County, Georgia, provides fire protection services throughout the unincorporated areas of Thomas County and the small municipalities within Thomas

County;

WHEREAS Thomas County, Georgia, has been requested to provide fire and other emergency services within the municipal limits of Thomasville, Georgia;

NOW THEREFORE, be it resolved that Thomas County authorizes its Fire Department and other emergency departments to render aid and assistance in the extinguishment of fires or other immediate response emergencies outside its jurisdiction and within the jurisdiction of the City of Thomasville.

FURTHER RESOLVED that upon receipt of a resolution for the City of Thomasville authorizing their Fire Department and other emergency departments to render aid and assistance within the jurisdiction of Thomas County that the resolutions be forwarded to the State Fire Marshall as provided in O.C.G.A. 25-6-3.

FURTHER RESOLVED that Thomas County intends to form a pact as defined and provided in O.C.G.A. 25-6, eq seq. and that Veon Williams is authorized to act for Thomas County in all matters relating to the activities and functions of the pact, once it has been established.

FURTHER RESOLVED that all other provisions of O.C.G.A. 25-6, et sec. be implemented as provided therein.

Adopted this the _	14-12	day of <u>Olilier</u>	
Hout	Moralo		
ATTEST	2 (1.1.2.1)	CHAIRMAN	SVHIRT

EXHIBIT B

City of Thomasville P. O. Box 1540 Thomasville, Georgia 31799

RESOLUTION

WHEREAS, on March 23, 1998, the City Council for the City of Thomasville, Georgia, passed a resolution supporting the goal of consolidating with Thomas County, Georgia, emergency services, including fire services, emergency medical services, emergency management and E911 services; and

WHEREAS, progress has been made and continues to be made toward the realization of this goal; and

WHEREAS, after due study and consideration, it has been determined that a methodology for effecting this goal is, at least on a temporary basis, the formation of a mutual aid pact pursuant to the provisions of O.C.G.A. §25-6-1 et seq.; and

WHEREAS, at the current time the City of Thomasville, Georgia, provides fire protection services in certain unincorporated areas of Thomas County, Georgia, and the City of Thomasville, Georgia, has been requested by Thomas County, Georgia, to provide fire and other emergency services within other areas of Thomas County, Georgia, not previously serviced by the City of Thomasville.

NOW THEREFORE, BE IT RESOLVED, AND IT IS HEREBY RESOLVED, by the City Council for the City of Thomasville, that the City of Thomasville Fire Department is authorized to render aid and assistance to Thomas County, Georgia, in the extinguishment of fires or in connection with other immediate response emergencies outside the jurisdiction of the City of Thomasville and within Thomas County, Georgia.

BE IT FURTHER RESOLVED that this resolution and a resolution of the Board of Commissioners of Thomas County, Georgia, authorizing its fire department and other emergency departments to render aid and assistance inside the corporate limits of the City of Thomasville, Georgia, shall be forwarded to the state fire marshal as provided in O.C.G.A. §25-6-3.

BE IT FURTHER RESOLVED that pursuant to the resolution dated March 23, 1998, the City of Thomasville, Georgia, intends to proceed with the formation of a mutual aid pact with Thomas County, Georgia, as provided in O.C.G.A. §25-6-1 et seq., and the City of Thomasville's city manager, William T. Berry, who is ultimately in charge of its fire department, shall be the designated person from the City of Thomasville, Georgia.



to represent the City of Thomasville at the organizational meeting of the pact, all as contemplated by O.C.G.A. §25-6-3.

BE IT FURTHER RESOLVED that all other provisions of O.C.G.A. §25-6-1 et seq. Be implemented so as to achieve the goals set forth in the March 23, 1998, resolution referred to above.

SO RESOLVED, this 13th day of July 1998.

CITY OF THOMASVILLE, GEORGIA

1 Lou

Madlines. City Clerk



ARTICLES OF ASSOCIATION

ARTICLE I NAME

The name of the Public Corporation is THOMAS COUNTY EMERGENCY SERVICES BOARD (hereinafter "the Pact").

ARTICLE II ORGANIZATION

The Pact is organized pursuant to Official Code of Georgia Annotated Sections 25-6-1 through 25-6-11, captioned "Mutual Aid Resource Pacts."

ARTICLE III PURPOSES

The purposes for which the Pact is formed include those set forth in O.C.G.A. §§ 25-6-2, 25-6-4, 25-6-5, 25-6-6, 25-6-7, and 25-6-8, as amended. The primary purpose of the Pact is to coordinate the emergency fire services and other immediate response emergencies within the municipalities and unincorporated areas of Thomas County, Georgia, which are all to be served by the Pact.

ARTICLE IV JURISDICTION MEMBERSHIP

Thomas County, Georgia and the City of Thomasville, Georgia shall be the initial jurisdictions belonging to the Pact.

ARTICLE V MANAGEMENT

The affairs of the Pact shall be managed by a Board of Directors consisting of five (5) directors. The City Manager of the City of Thomasville, Georgia and the County Administrator of Thomas County, Georgia shall be ex-officio members of the Board of Directors and each shall be designated by his/her respective entity as the person in charge of the respective fire department with authority to act for that jurisdiction on all matters relating to the activities and functions of the Pact, once it has been established.

ARTICLE VI PACT'S INITIAL REGISTERED OFFICE/REGISTERED AGENT

The initial registered office of the Pact shall be 144 East Jackson Street, Thomasville, Georgia 31792, which is located in Thomas County, Georgia. The initial registered agent at that office address shall be Bruce Woods, Executive Director of the Pact.

ARTICLE VII

NAME AND ADDRESS OF EACH JURISDICTION/ORGANIZER

Thomas County, Georgia has a governmental address of 225 North Broad Street, Thomasville, Georgia 31792, and the City of Thomasville, Georgia has a governmental address of 144 East Jackson Street, Thomasville, Georgia 31792.

ARTICLE VIII PACT'S MAILING ADDRESS

The mailing address of the Pact is P. O. Box 1396, Thomasville, Georgia 31799-1396.

ARTICLE IX

PACT'S PRINCIPAL PLACE OF BUSINESS

The principal place of business of the Pact is 144 East Jackson Street, Thomasville, Georgia 31792 in Thomas County, Georgia.

{SIGNATURE PAGE NEXT}

IN WITNESS WHEREOF, the organizers/establishers of the Pact pursuant to O.C.G.A. §§25-6-1, et seq. have executed these Articles of Association effective January 1, 1999 at Thomasville, Thomas County, Georgia.

THOMAS COUNTY, GEORGIA By

Tim Sherrod, Chairman, Thomas County, Georgia Board of Commissioners

CITY OF THOMASVILLE, GEORGIA

By: Iroy Cemproo

Roy Campbell, Mayor City Council of the City of Thomasville, Georgia

CONSENT TO SERVE AS REGISTERED AGENT

TO: Secretary of State Ex-Officio Corporation Commissioner State of Georgia

I, BRUCE WOODS, do hereby consent to serve as registered agent for Thomas County Emergency Services Board, a Pact pursuant to O.C.G.A. §§ 25-6-1 et seq.

This <u>12</u> day of <u>January</u>, 1999.

Bune Woods

Bruce Woods

Address of Registered Agent:

144 East Jackson Street Thomasville, GA 31792

June\corpor\EMS articles

ANIMAL CONTROL CONTRACT

3

8.

This contract entered into this / day of July, 1993, by and between THOMAS COUNTY, GEORGIA, the CITY OF THOMASVILLE, the CITY OF BOSTON, the CITY OF PAVO, the CITY OF COOLIDGE, the CITY OF MEIGS, the CITY OF BARWICK, the CITY OF OCHLOCKNEE, the CITY OF MEIGS, the CITY OF BARWICK, the CITY OF "Government") and the THOMAS COUNTY HUMANE SOCIETY.

For and in consideration of the maximum sum of FOURTEEN THOUSAND ONE HUNDRED SIXTY-SEVEN and NO/100 (\$14,167.00) DOLLARS per month to be paid by Government to the Thomas County Humane Society beginning July 1, 1993 and continuing until terminated by either party. The Thomas County Humane Society agrees to provide animal control throughout Thomas County at the level of services indicated below:

The Thomas County Humane Society will:

1. Enforce all federal, state and local laws which pertain to animals and birds. Enforcement shall include prosecution of all cases made for violation of said laws and ordinance.

2. Provide one animal control office to work within the City of Thomasville Monday through Friday between the hours of 8:00 a.m. and 5:00 p.m.

3. Provide animal control in the other cities of Thomas County at the following minimum level of service:

a) Cities of Boston, Coolidge, Pavo, and Meigs shall have a minimum of 3 patrols per week to take place during the

WHITEHURST. COHEN & BLACKBURN ATTORNEYS AND COUNSELORS AT LAW POST OFFICE DRAWER 47 THOMASVILLE. GEORGIA 31798 hours of 8:00 a.m. to 5:00 p.m. on any weekday.

b) Cities of Ochlocknee, Barwick and Metcalf shall have a minimum level of 2 patrols per week to take place between the hours of 8:00 a.m. and 5:00 p.m. on any weekday.

4. Provide animal control in the unincorporated areas of Thomas County as required.

5. Provide an on-call animal control officer to be available to handle calls between 5:00 p.m. and 8:00 a.m. Monday through Friday and on weekends. These calls shall be limited to incidents involving vicious animals, injured animals, animal bites and situations where animals are impeding the activities of law enforcement officers.

6. Enforce all Health Department ordinances regarding rabies control.

7. Keep full and complete records of all animals which are impounded and provide monthly reports to each governing authority for their jurisdiction and a monthly consolidated report to the County.

8. Provide a facility which meets all federal, state and local standards for animal care in animal detention facilities.

 Provide for euthanasia and disposal of animals as provided by federal, state and local laws and ordinances.

10. Provide a program for education of citizens regarding animal control and care with special emphasis on public and private school programs.

WHITEHURST, COHEN & BLACKBURN ATTORNEYS AND COUNSELORS AT LAW DIST OFFICE DRAWER 47 THOMASVILLE. GEORGIA 31799 This contract shall continue in full force and effect until terminated by either party. Termination shall be at will and notice of intent shall be mailed 30 days prior to the termination date.

"GOVERNMENT"

THOMAS COUNTY, GEORGIA

BY: ulloch

CITY OF THOMASVILLE

BY:

CITY OF BOSTON BY:

CITY OF PAVO

the BY:

CITY OF COOLIDGE

Differa BY:

WHITEHURST, COHEN & BLACKBURN ATTORNEYS AND COUNSELORS AT LAW OST OFFICE DRAWER 47 THOMASVILLE, GEORGIA' 31799

CITY OF MEIGS

BY: W. D. Hickory

CITY OF BARWICK

Olin Poke BY:

CITY OF OCHLOCKNEE

BY: Je

CITY OF METCALF

BY: _____/A

THOMAS COUNTY HUMANE SOCIETY

BY: Ca R

WHITEHURST. COHEN & BLACKBURN ATTORNEYS AND COUNSELORS AT LAW POST OFFICE DRAWER 47 THOMASVILLE. GEORGIA 31799

