GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS

SERVICE DELIVERY STRATEGY

FOR WASHINGTON

_COUNCY PAGE 1

I. GENERAL INSTRUCTIONS

IUN - 9 A.M.

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

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

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

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

II. LOCAL GOVERNMENTS INCLUDED IN THE SERVICE DELIVERY STRATEGY: In this section, list all local governments (including cities located partially within the county) and authorities that provide services included in the service delivery strategy.

Washington County Sandersville Riddleville Harrison Tennille Oconee Deepstep Davisboro

Davisboro

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 Services Building Inspection/Code Enforcement Cooperative Extension Service County Coroner Economic Development **Emergency Management** Fire Protection Jail Services Landfill and Solid Waste Collection Law Enforcement Library Services Public Sanitary Sewerage Public Water Supply/Treatment Recreation Road/Bridge Maintenance Solid Waste Collection Street Lights Tax Appraisal/Assessment Tax Collection Voter Registration

Verified

WASHINGTON COUNTY

ANIMAL CONTROL SERVICES

Animal control services in unincorporated Washington County and the municipalities are provided by the City of Sandersville. Funding is derived from the City's General Funds and reimbursed 50% by the county and 15% of actual animal control expenditures by the City of Tennille through an agreement. The geographic service area is county wide.

BUILDING INSPECTION/CODE ENFORCEMENT

Inspection of new construction and enforcement of various codes are undertaken in the City of Sandersville by city staff. Funding is derived from the city's General Funds and user fees.

COOPERATIVE EXTENSION SERVICE

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

COUNTY CORONER

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

ECONOMIC DEVELOPMENT

Economic Development for Washington County and its municipalities is coordinated by the Chamber of Commerce. Funding for the Economic Development by the Chamber is provided by funds from the Chamber and is supplemented by the County, City of Sandersville and City of Tennille. Funds from government funds of respective governments.

EMERGENCY MANAGEMENT (EMA & E-911)

Emergency Management is provided and coordinated by the county through the Emergency Management Coordinator. This service is based at the Washington County Law Enforcement Center and is provided by county employees. E-911 service also dispatches for the City of Sandersville and Tennille Policy Departments. E-911 calls are for fire, medical and law enforcement assistance. EMA (E-911) operation and service is Funded by the County General Funds and through charges to local telephone users. The county is also reimbursed by the cities based on population percentage for the expenses not covered by the 1.5% telephone fee.

FIRE PROTECTION

Fire protection for Washington County and its municipalities is provided by nine (9) fire departments staffed by volunteer firefighters. The geographic service area is county wide. Funds for these departments come from city general funds, fundraisers by departments and supplements from the county's general funds.

JAIL SERVICES

The local jail is operated by the Washington County Sheriff's Department. Jail activities are primarily funded by the County General Funds, however, the county receives a small portion of expenses related to housing state prisoners. The geographic service area is county wide.

The Sandersville City jail is operated by the Sandersville Policy Department and is funded by general funds for the city's use.

LANDFILL AND SOLID WASTE COLLECTION

Washington County operates a Sub-Title D landfill permitted by EPD. The landfill was opened in 1993 and is monitored by the Georgia Environmental Protection Division. Disposal of garbage and construction waste in the landfill is only for citizens, businesses and local governments of Washington County (no out of county waste is accepted). Landfill costs are offset by the County General Funds and user fees. The service area is county wide. In conjunction with the landfill, the county provides 36 collection sites throughout the county for garbage disposal. These sites consist of dumpsters that are fenced in and maintained by the county. Collections of these sites are provided by private contractors paid for with user fees and county general funds.

LAW ENFORCEMENT

Washington County is served by the Washington County Sheriff's Department and the Georgia State Patrol. Funding for the Sheriff's Department is largely derived from the County General Funds; however, some funding is derived from fees, fines and forfeitures. The cities of Sandersville, Tennille, Davisboro and Harrison have their own police departments and funding for these departments are derived from the respective city's General Funds.

LIBRARY SERVICES

The Washington County Library is part of the Oconee Regional Library System. The library seeks to serve the entire county population. Funding is derived from the County

General Funds and the Oconee Regional Library System. Staff is employed by the Oconee Regional Library System.

The Washington County Library is funded by the City of Sandersville General Fund at \$31,000.00 per year.

PUBLIC SANITARY SEWERAGE

The City of Sandersville operates a public sewerage system for citizens inside the city limits. A network of collection facilities including gravity mains, force mains, and lift stations serve the treatment plant. The plant is an activated sludge/land application system facility with a permitted discharge of 1,000,000 gpd. The design capacity is 1,700,000 gpd. There are approximately 2600 customers on the county sewerage system. The City of Sandersville sewerage system is operated by city employees and costs are offset by enterprise funds and user fees. The geographic service area is citywide. The City of Tennille operates its own sewer system paid for with fees and funds from the general operating accounting. Those governments within the County that provide water and sewer service will, when expansion of their lines takes place outside their limits, confer with each other and ensure that the extension does not create a land use dispute or conflict before they expand the service. Any resolution of this will be completed within 90 days.

PUBLIC WATER SUPPLY/TREATMENT

The City of Sandersville provides water service to approximately 2,700 customers via 5 individual wells permitted by the Environmental Protection Division. The water from each well is treated by on-site facilities. Water quality is sampled and tested on a regular basis throughout the year. The City of Sandersville depends solely on groundwater for its production of water, as there are no surface water intakes. Costs of operating the system are offset by enterprise funds and user fees, and the system is staffed by city employees. The geographic service area is citywide and some areas contiguous to city limits. Those governments within the County that provide water service will, when expansion of their lines takes place outside their limits, confer with each other and ensure that the extension does not create a land use dispute or conflict before they expand the service. Any resolution of this will be completed within 90 days.

RECREATION

The Washington County Recreation and Parks Department maintain and administers parks and recreational programs throughout Washington County. The department offers a wide range of programs for all age groups, including youth football, basketball, summer day camp, swim teams, adult basketball, volleyball, softball, tennis, and aerobics classes. Special programs are available for senior citizens and teens. The Washington County Board of Commissioners has a joint use written agreement with the Washington County Board of Education to use school facilities for after hours activities. The Recreation and Parks Department is staffed by county employees and the service area is county wide. Funding is provided by the County General Fund and user fees. In addition the City of Sandersville, opting for an enhanced level of passive recreation facilities, has developed and coordinates programs at Kaolin Park. The city staff maintains this facility, and funding is provided by the City General Fund and user fees. Also, wishing to provide an enhanced level of passive recreation opportunities, the City of Sandersville is committed to maintaining a pedestrian garden and gazebo for use of its residents. The cities of Tennille, Davisboro, Deepstep, Harrison, Oconee and Riddleville provide active and passive facilities. Funding for these purposes are derived from the General Fund of those cities.

The City of Sandersville provides funding to Washington County at \$12,000.00 per year from the city's General Fund. The City of Sandersville also provides free water and electric usage to the swimming pool, tennis courts and 2 ball fields on North Avenue and free water and electrical usage to the tennis courts, ball fields and parking lot at Kaolin Park. The city leases the land for the ballparks, tennis court and pool from the Washington County Board of Education and owns the pool facility. The city also provides in-kind service and monetary contributions to upgrades to the North Avenue parks.

ROAD/BRIDGE MAINTENANCE

The Washington County Roads and Bridges Department maintains road, bridges, and rights-of-way throughout unincorporated portions of the county. The county department also maintains designated "county roads" in each municipality. The Roads and Bridges Department is staffed by county employees and funding is derived from the County General Funds, Special Purpose Local Option Sales Tax, and State sources such as the Local Assistance Road Program. In Tennille, Riddleville, Oconee, Deepstep, Davisboro, and Harrison, the Mayor and Councils are responsible for maintenance of roads not designated as "county roads". These efforts are often undertaken through contractual arrangements. Municipal efforts are funded by the City General Funds and State sources and are confined to the corporate limits of the various cities.

SOLID WASTE COLLECTION

The City of Sandersville provides bi-weekly curbside collection of residential solid waste to residential customers and collection of solid waste is provided to commercial customers on a one to five day per week collection. Funding is provided by user fees and city's General Fund. Service is provided to the incorporated area of Sandersville.

STREET LIGHTS

Street lights in unincorporated Washington County and on "county maintained" roads within municipalities are provided by the Washington County Board of Commissioners. City governments provide street lights in each municipality in those areas where it is not provided by the county. Whether provided by county or city government, the service is funded from the respective General Funds. The City of Sandersville provides street lights in the incorporated area and is funded by the City's Electric Fund.

TAX APPRAISAL/ASSESSMENT

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

TAX COLLECTION

The Tax Commissioner is responsible for collecting all appropriate taxes in Washington County. In addition, the Tax Commissioner is responsible for recording intangibles, issuing motor vehicle tag and titles, reporting timber sales, and issuing mobile home location permits. The Tax Commissioner's office is staffed by county employees and the service area is county wide. Funding for the department is provided from the County General Funds. The cities of Tennille, Davisboro, Deepstep, Harrison, Riddleville and Oconee pay for with 7 ½% of digest by those cities from their General Fund.

VOTER REGISTRATION

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

01.0		SE	RVICE DELIVER	Y STRATEGY	
		SUMMARY	OF SERVICE DELIV	ERY ARRANGEMENTS	PAGE 2
	Answer each questi	is form and complete on below, attaching add o the Department of Co	itional pages as necessary. If t	on page 1, Section III. Use exactly the contact person for this service (listed	ne same service names listed on page 1. d at the bottom of the page) changes, this
County: <u>Wa</u>	shington Con	inty	Service: <u>A</u>	nimal Control	
1. Check the b	ox that best desc	ribes the agreed up	pon delivery arrangemen	t for this service:	
City	of Sanders will be provided	overnment, author ville only in the uninco	ity or organization provi	ounty by a single service provid	
identify	the government,	authority or organ	ization providing the ser	vice.)	
One or n unincorp	nore cities will p porated areas. (If	rovide this service this box is checked	only within their incorp d, identify the governme	orated boundaries, and the servint nt(s), authority or organization	ice will not be provided in providing the service.)
One or n unincorp	nore cities will p porated areas. (If	rovide this service this box is checked	only within their incorport	orated boundaries, and the coun nt(s), authority or organization	ity will provide the service in providing the service.)
Other. (I governm	f this box is chec ent, authority, or	ked, attach a legi	ble map delineating the n that will provide servic	e service area of each service p e within each service area.)	provider, and identify the
yes X If these conditi higher levels o	no ons will continu f service (See O.	e under the strateg C.G.A. 36-70-24()	y, attach an explanatio	y competition and/or duplicatio on for continuing the arranger f the duplication, or reasons that	ment (i.e., overlapping but
or competition If these conditi	ons will be elimit	nated). nated under the stu		nentation schedule listing each	
3. List each go	vernment or aut	ority that will help	D to pay for this service a	and indicate how the service wi	ll be funded (e.g., enterprise et fees, bonded indebtedness, etc
ocal Government		Funding Method:			
<u>City of Sa</u>	undersville	<u>City's Gene</u> animal cont	ral Funds and ret rol expenditures	Imbursed 50% by count by the City of Tenni	y & 15% of actual 11e.
4. How will the	e strategy change	the previous arran	ngements for providing a	und/or funding this service with	in the county?
No Chang	e				
5. List any form	nal service delive			cts that will be used to impleme	ent the strategy for this service:
greement Name:			Contracting Parties:		Effective and Ending Dates:
Master Se	rvice Deliv	ery Agreement			

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

None

7. Person completing form: <u>Horace M. Daniel</u> Phone number: _____912-552-2325

____ Date completed: _____5-20 - 99

OF GAR		SERVICE I	DELIVERY STRATEGY			
603	2	SUMMARY OF SERV	ICE DELIVERY ARRANGEMENTS	PAGE 2		
	Instructions: Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1 Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, thi should be reported to the Department of Community Affairs.					
County: Wa	shington		Service: Building Inspection/Code En	nforcement		
1. Check the l	box that best des	cribes the agreed upon delivery				
Service is check	will be provided ed, identify the	countywide (i.e., including all government, authority or organi	cities and unincorporated areas) by a single servic ization providing the service.)	e provider. (If this box		
Service identify	will be provided the government	only in the unincorporated por authority or organization prov	tion of the county by a single service provider. (If iding the service.)	this box is checked,		
One or r unincorp	nore cities will poorated areas. (If	rovide this service only within this box is checked, identify th	their incorporated boundaries, and the service will be government(s), authority or organization providi	not be provided in ing the service.)		
unincorp	orated areas. (If	this box is checked, identify th	their incorporated boundaries, and the county will government(s), authority or organization providi	provide the service in ng the service.)		
		, City of Sandersvil				
U Other. (I governm	f this box is che lent, authority, o	cked, attach a legible map del r other organization that will pr	ineating the service area of each service provide ovide service within each service area.)	er, and identify the		
2. In developi		were overlapping service areas,	, unnecessary competition and/or duplication of thi	s service identified?		
higher levels o	ions will continu f service (See O cannot be elimi	.C.G.A. 36-70-24(1)), overridir	n explanation for continuing the arrangement (in a second se	.e., overlapping but apping service areas		
If these conditi taken to elimin	ions will be elim nate them, the res	inated under the strategy, attac ponsible party and the agreed u	h an implementation schedule listing each step o upon deadline for completing it.	r action that will be		
3. List each go funds, user fee	overnment or autors, general funds	hority that will help to pay for t , special service district revenue	this service and indicate how the service will be fur es, hotel/motel taxes, franchise taxes, impact fees,	nded (e.g., enterprise bonded indebtedness, etc.		
Local Government	or Authority:	Funding Method:				
City of Sa	ndersville	General Funds and Us	er Fees			
4. How will th	e strategy chang	e the previous arrangements for	r providing and/or funding this service within the c	county?		

No change

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

Master Service Delivery Agreement	

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

None

7. Person completing form: Horace M. Daniel Phone number: 912-552-2325

Phone number: _ _ Date completed: _5-20 -19

 Should be County: WASHING 1. Check the box that the service will be prischecked, ident Service will be prischecked, ident Service will be pridentify the governities of the service will be pridentify the government, and the service or competition cannot be an another the service or competition service will taken to eliminate them. 	tions: oples of this form each question belover e reported to the E GTON best describes provided count tify the governant provided only is ernment, author ies will provided areas. (If this b DERSVILLE NILLE - FU ies will provided areas. (If this b box is checked, a hority, or other	n and complete ow, attaching addi Department of Con- stanting addi Department of Con- stanting addi to the agreed up tywide (i.e., in nument, authori in the unincor porty or organi e this service a box is checked - FULL TIME e this service of box is checked attach a legib	one for each itional pages i mmunity Affi- pon deliver including al ity or organ porated po- ization pro- only within i, identify to ME only withir i, identify t	h service liste as necessary. fairs. Service: ry arrangem Il cities and nization pro ortion of the viding the s n their inco the government	d on page 1, Se If the contact per BUILDING ment for this se unincorporat oviding the se county by a service.) Tporated bour nent(s), autho	INSPECTION/C ervice: ed areas) by a sing rvice.) single service prov adaries, and the ser rity or organization	the same service names listed of the same service names listed of the page) chi ODE ENFORCEMNT sele service provider. (If this vider. (If this box is checked rvice will not be provided is n providing the service.)	s box
Should be County: WASHING 1. Check the box that h Service will be p is checked, ident Service will be p identify the gove One or more citic unincorporated an CITY OF SAND CITY OF SAND CITY OF TENN One or more citic unincorporated an Other. (If this boy government, auth 2. In developing the str yes In no If these conditions will higher levels of service or competition cannot b If these conditions will aken to eliminate them, 3. List each government funds, user fees, general ocal Government or Author CITY OF TENNILLE	e reported to the E GTON best describes provided count tify the govern provided only ernment, author ies will provide areas. (If this b DERSVILLE NILLE - FU ies will provide areas. (If this b ex is checked, a hority, or other	the agreed up tywide (i.e., in nment, authori in the unincor ority or organi e this service box is checked – FULL TI DLL TIME e this service of box is checked	pon deliver ncluding al ity or organ porated po- ization pro- only within i, identify to ME only within l, identify to	Service: ry arrangem Il cities and nization pro ortion of the viding the s n their inco the governm	BUILDING nent for this second to this second to the second	INSPECTION/C ervice: ed areas) by a sing rvice.) single service prov adaries, and the ser rity or organization	ODE ENFORCEMNT Sele service provider. (If this vider. (If this box is checked rvice will not be provided is n providing the service.)	s box
 Check the box that h Service will be p is checked, ident Service will be p identify the gove One or more citie unincorporated an CITY OF SANI CITY OF SANI CITY OF TENN One or more citie unincorporated an Other. (If this boy government, auth In developing the str yes I no f these conditions will higher levels of service or competition cannot b f these conditions will aken to eliminate them, List each government funds, user fees, general ocal Government or Author ITY OF TENNILLE 	best describes provided count tify the govern provided only ernment, author ies will provide areas. (If this b DERSVILLE NILLE - FU ies will provide areas. (If this b ex is checked, a hority, or other	tywide (i.e., in nment, authori in the unincor ority or organi e this service oox is checked – FULL TI JLL TIME e this service of oox is checked attach a legib	ncluding al ity or organ porated po- ization pro- only within I, identify t IME only within I, identify t	ry arrangem Il cities and nization pro ortion of the widing the s n their inco the governm	ent for this set unincorporat oviding the se county by a service.) rporated bour nent(s), autho	ervice: ed areas) by a sing rvice.) single service prov ndaries, and the ser rity or organization	gle service provider. (If this wider. (If this box is checked rvice will not be provided is n providing the service.)	ed,
 Service will be p is checked, ident Service will be p identify the gove One or more citie unincorporated an CITY OF SANI CITY OF TENN One or more citie unincorporated an Other. (If this box government, auth In developing the strain yes In o If these conditions will higher levels of service or competition cannot b f these conditions will aken to eliminate them. List each government or Author ITY OF TENNILLE 	provided count tify the govern provided only ernment, author ies will provide areas. (If this b DERSVILLE NILLE - FU ies will provide areas. (If this b ex is checked, a hority, or other	tywide (i.e., in nment, authori in the unincor ority or organi e this service oox is checked – FULL TI JLL TIME e this service of oox is checked attach a legib	ncluding al ity or organ porated po- ization pro- only within I, identify t IME only within I, identify t	Il cities and nization pro ortion of the widing the s n their inco the governm	unincorporat oviding the se e county by a service.) rporated bour nent(s), autho	ed areas) by a sing rvice.) single service prov adaries, and the ser rity or organization	vider. (If this box is checked rvice will not be provided is n providing the service.)	ed,
 Service will be p is checked, ident Service will be p identify the gove One or more citie unincorporated as CITY OF SANICITY OF SANICITY OF TENN One or more citie unincorporated an Other. (If this boy government, auth In developing the str yes ≥ no f these conditions will igher levels of service r competition cannot b f these conditions will iken to eliminate them. List each government or Author ITY OF TENNILLE 	provided count tify the govern provided only ernment, author ies will provide areas. (If this b DERSVILLE NILLE - FU ies will provide areas. (If this b ex is checked, a hority, or other	tywide (i.e., in nment, authori in the unincor ority or organi e this service oox is checked – FULL TI JLL TIME e this service of oox is checked attach a legib	ncluding al ity or organ porated po- ization pro- only within I, identify t IME only within I, identify t	Il cities and nization pro ortion of the widing the s n their inco the governm	unincorporat oviding the se e county by a service.) rporated bour nent(s), autho	ed areas) by a sing rvice.) single service prov adaries, and the ser rity or organization	vider. (If this box is checked rvice will not be provided is n providing the service.)	ed,
 One or more cities unincorporated an CITY OF SANI CITY OF SANI CITY OF TENN One or more cities unincorporated an Other. (If this boxy government, auth In developing the str yes (>) no f these conditions will nigher levels of service or competition cannot big these conditions will aken to eliminate them, List each government funds, user fees, general ocal Government or Authori ITY OF SANDERSVI 	ies will provide areas. (If this b DERSVILLE NILLE – FU ies will provide areas. (If this b ox is checked, a hority, or other	e this service oox is checked - FULL TI JLL TIME e this service o oox is checked attach a legib	only within I, identify t ME only within I, identify t	n their inco the governr	rporated bour nent(s), autho	ndaries, and the ser rity or organization	rvice will not be provided in provided in providing the service.)	
CITY OF SANI CITY OF SANI CITY OF TENN One or more citic unincorporated an Other. (If this box government, auth Other. (If this box government, auth I developing the str yes I no These conditions will igher levels of service r competition cannot b These conditions will iken to eliminate them unds, user fees, genera cal Government or Author ITY OF SANDERSVI	DERSVILLE NILLE – FU ies will provide areas. (If this b ex is checked, a hority, or other	- FULL TI JLL TIME e this service (box is checked attach a legib	ME Only withir I, identify t	n their inco	nent(s), autho	rity or organization	n providing the service.)	in
 Other. (If this boy government, auth In developing the str yes Ino If these conditions will higher levels of service for competition cannot b f these conditions will aken to eliminate them. List each governmen funds, user fees, generations or Authority of SANDERSVI ITY OF TENNILLE 	bx is checked, a hority, or other	attach a legib	, identify t	n their inco the governm	rporated boun	. /		
2. In developing the str yes no if these conditions will higher levels of service or competition cannot b f these conditions will aken to eliminate them, 3. List each governmen funds, user fees, genera cal Government or Author ITY OF SANDERSVI	ionity, of other	attach a legib r organization			nent(s), autho	idaries, and the courier or organization	unty will provide the servion n providing the service.)	ce in
If these conditions will higher levels of service or competition cannot b if these conditions will aken to eliminate them 3. List each governmen funds, user fees, genera coal Government or Author ITY OF SANDERSVI	trategy, were o		that will p	ellneating t provide serv	he service ar vice within eac	ea of each service ch service area.)	e provider, and identify th	e
f these conditions will igher levels of service or competition cannot b f these conditions will aken to eliminate them, b. List each governmen funds, user fees, genera cal Government or Author ITY OF SANDERSVI	trategy, were c	100			/			
r competition cannot b these conditions will ken to eliminate them, . List each governmen unds, user fees, genera cal Government or Author ITY OF SANDERSVI		overlapping se	ervice areas	s, unnecess	ary competitio	on and/or duplicati	ion of this service identifie	d?
f these conditions will aken to eliminate them, b. List each governmen unds, user fees, genera acal Government or Authori ITY OF SANDERSVI ITY OF TENNILLE		4. 30-70-24(1	, attach a)), overridi	an explanation ing benefits	ion for contine of the duplic	nuing the arrange ation, or reasons th	ement (i.e., overlapping b hat overlapping service are	ut :as
ITY OF SANDERSVI	be eliminated h, the responsi	l under the stri ble party and t	me agreed	upon dead	line for compl	leting it.	ch step or action that will l	
cal Government or Authori ITY OF SANDERSVI ITY OF TENNILLE	nt or authority al funds, speci	that will help al service dist	to pay for trict revenue	this service yes, hotel/m	e and indicate totel taxes, fra	how the service w inchise taxes, impa	vill be funded (e.g., enterpr act fees, bonded indebtedn	rise ess. e
ITY OF TENNILLE	rity: Funding	g Method:	/					
	ILLE GEN	NERAL FUND	DS AND P	PERMIT F	EES			
			_/					
How will the strategy	(PA	ART TIME)	GENERAL	_ FUNDS	AND PERMI	I FEES		
How will the strategy		/	/					
. How will the strategy								
	y change the p	previous arfanj	gements fo	or providing	g and/or fundi	ng this service with	hin the county?	
List any formal service	ce delivery agr	reements or in	tergovernn	mental cont	racts that will	he used to implem	nent the strategy for this se	
greement Name:	/	C	Contracting Pa	arties:		be used to implet	Effective and Ending Dates:	rvice
ASTER SERVICE DE	ELIVERY AG	REEMENT						
	/							
	/							
W/het ett	/						es, resolutions, local acts of	

7. Person completing form: HORACE M. DANIEL

Phone number: _____912-552-2325

_ Date completed: ______5-20-99

Revised

S	ERVICE I	DELIVERY S	STRATEG	Ϋ́
SUMMARY	Y OF SERV	ICE DELIVER	Y ARRAN	GEMENT

ł

COL COL		SUMMARY OF SERVICE DELIVERY ARRANGEMENTS	DACES
	Answer each quest	is form and complete one for each service listed on page 1, Section III. Use exactly the son below, attaching additional pages as necessary. If the contact person for this service (listed at	PAGE 2
	should be reported t	o the Department of Community Affairs.	
County: Was	shington	Service: Cooperative Extension Se	ervice
1. Check the b	oox that best desc	ribes the agreed upon delivery arrangement for this service:	
Service is check	will be provided ed, identify the g	countywide (i.e., including all cities and unincorporated areas) by a single se overnment, authority or organization providing the service.)	rvice provider. (If this box
Service 🖸	rsity of Geo will be provided the government,	orgia only in the unincorporated portion of the county by a single service provider authority or organization providing the service.)	. (If this box is checked,
One or n unincorp	nore cities will p porated areas. (If	rovide this service only within their incorporated boundaries, and the service this box is checked, identify the government(s), authority or organization pro	will not be provided in oviding the service.)
One or n unincorp	nore cities will provide the second sec	rovide this service only within their incorporated boundaries, and the county this box is checked, identify the government(s), authority or organization pro	will provide the service in widing the service.)
Other. (I governm	f this box is chec ent, authority, or	ked, attach a legible map delineating the service area of each service pro other organization that will provide service within each service area.)	vider, and identify the
🗌 yes 🕅	no	vere overlapping service areas, unnecessary competition and/or duplication o	
higher levels o	ions will continu f service (See O. cannot be elimir	e under the strategy, attach an explanation for continuing the arrangement C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that o ated).	nt (i.e., overlapping but verlapping service areas
If these conditi taken to elimin	ons will be eliminate them, the res	nated under the strategy, attach an implementation schedule listing each st ponsible party and the agreed upon deadline for completing it.	ep or action that will be
funds, user fee	s, general funds,	nority that will help to pay for this service and indicate how the service will be special service district revenues, hotel/motel taxes, franchise taxes, impact for	e funded (e.g., enterprise ees, bonded indebtedness, etc.)
Local Government		Funding Method:	
Washington Cooperativ	<u>County</u> e Extension		
Service		State of Georgia with supplements from County Gene	al Emla
		-otate of severgia-with supplements from county gene	ral funds
4. How will the	e strategy change	the previous arrangements for providing and/or funding this service within	the county?
No Chang	e		
5. List any form Agreement Name:		ry agreements or intergovernmental contracts that will be used to implement Contracting Parties: E	the strategy for this service:
<u>Master Ser</u>	vice Delive	y Agreement	
<u></u>			
6. What other r General Assem	nechanisms (if a bly, rate or fee cl	ny) will be used to implement the strategy for this service (e.g., ordinances, reanges, etc.), and when will they take effect?	esolutions, local acts of the
None			
7. Person comp	eleting form:	orace M. Daniel	•
Phone number:	912-552-23	25 Date completed:	
8. Is this the pe are consistent w	rson who should with the service de	be contacted by state agencies when evaluating whether proposed local gove slivery strategy? \mathbf{x} yes \mathbf{x} no	mment projects

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

SERVICE DELIVERY STRATEGY
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

,

OF C	SI	ERVICE DELIVERY STRATEGY	
	SUMMARY	Y OF SERVICE DELIVERY ARRANGEMENTS	PAGE 2
	Instructions: Make copies of this form and complet Answer each question below, attaching at should be reported to the Department of C	e one for each service listed on page 1, Section III. Use exactly the ditional pages as necessary. If the contact person for this service (listed community Affairs.	same service names listed on page 1. at the bottom of the page) changes, this
County: Was	shington County	Service: County Coroner	
		upon delivery arrangement for this service:	
Service is check	will be provided countywide (i.e., ed, identify the government, autho	including all cities and unincorporated areas) by a single sority or organization providing the service.)	service provider. (If this box
Service didentify	will be provided only in the unince the government, authority or orga	orporated portion of the county by a single service provide nization providing the service.)	er. (If this box is checked,
		e only within their incorporated boundaries, and the servic ed, identify the government(s), authority or organization p	
		e only within their incorporated boundaries, and the count ed, identify the government(s), authority or organization pr	
		ible map delineating the service area of each service proof on that will provide service within each service area.)	ovider, and identify the
2. In developi		service areas, unnecessary competition and/or duplication	of this service identified?
higher levels o	ons will continue under the strate f service (See O.C.G.A. 36-70-24 cannot be eliminated).	gy, attach an explanation for continuing the arrangem (1)), overriding benefits of the duplication, or reasons that	ent (i.e., overlapping but overlapping service areas
taken to elimin 3. List each go	ate them, the responsible party an overnment or authority that will he	trategy, attach an implementation schedule listing each d the agreed upon deadline for completing it. Ip to pay for this service and indicate how the service will istrict revenues, hotel/motel taxes, franchise taxes, impact	be funded (e.g., enterprise
Local Government	or Authority: Funding Method:		
Washingtor	County County Gener	cal Funds	
	·····		
			· · · · · · · · · · · · · · · · · · ·
4. How will th No Chang		angements for providing and/or funding this service within	n the county?
5. List any form Agreement Name:		intergovernmental contracts that will be used to implement	nt the strategy for this service: Effective and Ending Dates:
6. What other General Assem	mechanisms (if any) will be used t bly, rate or fee changes, etc.), and	to implement the strategy for this service (e.g., ordinances, when will they take effect?	, resolutions, local acts of the
None			
7. Person com	oleting form: <u>Horace M. Da</u>	niel	
	912-552-2325	Date completed:	

SI	ERVICE D	ELIVERY	STRATEGY	Z
SUMMARY	OF SERVI	ICE DELIVE	RY ARRANG	EMENTS

OFCA		ERVICE DELIVE		
	SUMMARY	OF SERVICE DEI	LIVERY ARRANGEMENT	S PAGE 2
	Instructions: Make copies of this form and complet Answer each question below, attaching ad should be reported to the Department of C	ditional pages as necessary.	ed on page 1, Section III. Use exact If the contact person for this service (tly the same service names listed on page 1. (listed at the bottom of the page) changes, this
County: <u>Was</u>	hington County	Service:	Economic Developme	nt
	pox that best describes the agreed u	pon delivery arrangen	nent for this service:	
is check Chambe	will be provided countywide (i.e., ed, identify the government, authout or of Commerce	rity or organization pr	oviding the service.)	
	will be provided only in the unince the government, authority or organ			ovider. (If this box is checked,
	nore cities will provide this servic porated areas. (If this box is checked			
	nore cities will provide this service porated areas. (If this box is checke			
	f this box is checked, attach a leg lent, authority, or other organization			
2. In developi	ng the strategy, were overlapping	service areas, unneces	sary competition and/or duplic	ation of this service identified?
If these condit higher levels of	ions will continue under the strate of service (See O.C.G.A. 36-70-24 cannot be eliminated).			
	ions will be eliminated under the s nate them, the responsible party an			each step or action that will be
	overnment or authority that will he es, general funds, special service d			e will be funded (e.g., enterprise npact fees, bonded indebtedness, etc.)
ocal Governmen	t or Authority: Funding Method:			
Chamber of	E Commerce Chamber Fun of Tennil		ed by County, City of	f Sandersville & City
		······		
4. How will the	ne strategy change the previous an	angements for providi	ng and/or funding this service	within the county?
No Chang	ge			
5. List any for	mal service delivery agreements o	r intergovernmental co	ntracts that will be used to imp	plement the strategy for this service:
greement Name	:	Contracting Parties:		Effective and Ending Dates:
Master Se	rvice Delivery Agreement	:		
	mechanisms (if any) will be used nbly, rate or fee changes, etc.), and			ances, resolutions, local acts of the
None				
	pleting form: Horace M. Da			
	: <u>912-552-2325</u>	Date completed:		
are consistent	erson who should be contacted by with the service delivery strategy? designated contact person(s) and	🕅 yes 🔲 no		cal government projects

SERVICE DELIVERY STRATEGY	
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS	

CTO CON		CRVICE DELIVERY STRATEGY OF SERVICE DELIVERY ARRANGEMENTS	PAGE 2		
1110 35	Instructions: Make copies of this form and complete Answer each question below, attaching ad should be reported to the Department of C	e one for each service listed on page 1, Section III. Use exactly the ditional pages as necessary. If the contact person for this service (listed ommunity Affairs.	same service names listed on page 1		
	hington County	Service: <u>Emergency Management</u> pon delivery arrangement for this service:	(EMA & E-911)		
X Service v is checke	vill be provided countywide (i.e., d, identify the government, author	including all cities and unincorporated areas) by a single rity or organization providing the service.)	service provider. (If this box		
Service w	icy Management vill be provided only in the uninco he government, authority or organ	rporated portion of the county by a single service provident a single service provident at a service.)	er. (If this box is checked,		
One or m unincorpo	ore cities will provide this service prated areas. (If this box is checke	only within their incorporated boundaries, and the servic d, identify the government(s), authority or organization p	e will not be provided in provided in providing the service.)		
		only within their incorporated boundaries, and the count d, identify the government(s), authority or organization p			
		ble map delineating the service area of each service point in that will provide service within each service area.)	rovider, and identify the		
2. In developin		service areas, unnecessary competition and/or duplication	of this service identified?		
If these condition higher levels of	ons will continue under the strateg	y, attach an explanation for continuing the arrangem 1)), overriding benefits of the duplication, or reasons that	ent (i.e., overlapping but overlapping service areas		
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 gov funds, user fees	vernment or authority that will he	p to pay for this service and indicate how the service will strict revenues, hotel/motel taxes, franchise taxes, impact	be funded (e.g., enterprise fees, bonded indebtedness, etc.)		
Local Government	or Authority: Funding Method:				
Washington CountyGeneral Funds & through charges to local telephone users. Also,County reimbursed by the cities based on population percentage					
	for expense	s not covered by the 1.5% telephone fe	ie.		
		ingements for providing and/or funding this service within	n the county?		
No Chang	2				
5. List any form	al service delivery agreements or	intergovernmental contracts that will be used to impleme	nt the strategy for this service:		
Agreement Name:		Contracting Parties:	Effective and Ending Dates:		
Master Ser	vice Delivery Agreement				
6. What other n General Assemb	nechanisms (if any) will be used to ly, rate or fee changes, etc.), and	o implement the strategy for this service (e.g., ordinances when will they take effect?	, resolutions, local acts of the		
None	-,,				
-	eting form: <u>Horace M. Dat</u> 912-552-2325				
8. Is this the per are consistent w		tate agencies when evaluating whether proposed local go x yes no	vernment projects		

SERVICE DELIVERY STRATEGY
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

r

OF G		SERVICE DELIVERY ST		
		RY OF SERVICE DELIVERY	ARRANGEMENTS	PAGE 2
	Instructions: Make copies of this form and comp Answer each question below, attaching should be reported to the Department of	g additional pages as necessary. If the cont	e 1, Section III. Use exactly the same service nates and service (listed at the bottom of the service (listed at the bottom) of the service (liste	ames listed on page 1. the page) changes, this
ounty: <u>Was</u>	hington County	Service: Fire	Protection	
		d upon delivery arrangement for the		
is check	ed, identify the government, aut	e., including all cities and unincor thority or organization providing t	porated areas) by a single service provid he service.)	ler. (If this box
Service v		ncorporated portion of the county ganization providing the service.)	by a single service provider. (If this box	t is checked,
One or n unincorp	nore cities will provide this serv orated areas. (If this box is check	vice only within their incorporated cked, identify the government(s), a	boundaries, and the service will not be authority or organization providing the s	provided in service.)
One or n unincorp	nore cities will provide this serv orated areas. (If this box is chec	vice only within their incorporated cked, identify the government(s), a	boundaries, and the county will provide authority or organization providing the s	e the service in service.)
Other. (I governm	f this box is checked, attach a l ent, authority, or other organiza	legible map delineating the servi- ation that will provide service with	ce area of each service provider, and in each service area.)	identify the
In developi		ng service areas, unnecessary com	petition and/or duplication of this servic	e identified?
these conditions of the second the second term of term o	ons will continue under the stra	ttegy, attach an explanation for 24(1)), overriding benefits of the c	continuing the arrangement (i.e., ove duplication, or reasons that overlapping	rlapping but service areas
these conditi	ons will be eliminated under th	e strategy, attach an implementa and the agreed upon deadline for o	tion schedule listing each step or action completing it.	that will be
. List each go inds, user fee	vernment or authority that will s, general funds, special service	help to pay for this service and inc district revenues, hotel/motel tax	dicate how the service will be funded (e es, franchise taxes, impact fees, bonded	.g., enterprise
cal Government				
Washington		unds, fundraisers, City	Conoral Funda	
			Seneral runus	
How will th	e strategy change the previous a	arrangements for providing and/or	funding this service within the county?	
No Change	2			
	-			1.
-	nal service delivery agreements		at will be used to implement the strategy	
eement Name:		Contracting Parties:	Effective and E	inding Dates:
aster Sei	vice Delivery Agreeme	ent		
	<u></u>			
What other i	nechanisms (if any) will be use	d to implement the strategy for thi	is service (e.g., ordinances, resolutions,	local acts of the
neral Assem	bly, rate or fee changes, etc.), a	nd when will they take effect?		
one				
Person comp	eleting form: <u>Horace M.</u>	Daniel		
-		Date completed:		
e consistent w	rson who should be contacted b ith the service delivery strategy lesignated contact person(s) and	/? 🔽 yes 🗌 no	whether proposed local government pro	jects

Ē.

SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE 2 Instructions: Instructions: Make opies 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 perion for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs. County: Washington County Service: Jail Services 1 Check the box that best describes the agreed upon delivery arrangement for this service: Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.) Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.) 0 One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.) Image: 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.) Image: One or more cities will provide this service only within their incorporated boundaries, a
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: Washington County Service: Jail Services 1. Check the box that best describes the agreed upon delivery arrangement for this service: Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.) Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.) One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.) Washington County, City of Sandersville 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?
 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.) 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.) One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service.) One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service.) One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service.) One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service.) One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service.) Washing
 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.) 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.) 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.) Washington County, City of Sandersville 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?
 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.) One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service.) One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.) Washington County, City of Sandersville 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.)
 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.) 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.) Washington County, City of Sandersville 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?
 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.) Washington County, City of Sandersville 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?
 unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.) Washington County, City of Sandersville 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?
government, authority, or other organization that will provide service within each service area.) 2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).
If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be
taken to eliminate them, the responsible party and the agreed upon deadline for completing it.
3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.)
Local Government or Authority: Funding Method:
Washington CountyCounty General FundsCity of SandersvilleCity General Funds
City of Sandersville City General Funds
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?
No Change
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service: Agreement Name: Contracting Parties: Effective and Ending Dates:
Master Service Delivery Agreement
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?
None
7. Person completing form: Horace M. Daniel
Phone number: Date completed:

SERVICE DELIVERY STRA	TEGY
SUMMARY OF SERVICE DELIVERY ARI	RANGEMENTS

OF GE		SERVICE DELIVERY STRATEGY	
	Instructions:	SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAG	E 2
	Make copies of the Answer each questi	his form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on p tion below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) change to the Department of Community Affairs.	age 1 es, thi
County: Was	shington Cou	Inty Service: Landfill & Solid Waste Collection	_
1. Check the l	box that best des	cribes the agreed upon delivery arrangement for this service:	
is check		d countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this be government, authority or organization providing the service.)	оx
		l only in the unincorporated portion of the county by a single service provider. (If this box is checked, , authority or organization providing the service.)	
One or r unincorr	nore cities will p porated areas. (If	provide this service only within their incorporated boundaries, and the service will not be provided in f this box is checked, identify the government(s), authority or organization providing the service.)	
One or n unincorp	nore cities will p porated areas. (If	provide this service only within their incorporated boundaries, and the county will provide the service is f this box is checked, identify the government(s), authority or organization providing the service.)	in
		cked, attach a legible map delineating the service area of each service provider, and identify the or other organization that will provide service within each service area.)	
2. In developi		were overlapping service areas, unnecessary competition and/or duplication of this service identified?	'
higher levels o		ue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but D.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas inated).	
		ninated under the strategy, attach an implementation schedule listing each step or action that will be sponsible party and the agreed upon deadline for completing it.	
		thority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise s, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness	
Local Governmen		Funding Method:	_
Washingto	n County	County General Funds and User Fees	
4. How will th	e strategy chang	ge the previous arrangements for providing and/or funding this service within the county?	
No Chang	e		
5. List any form Agreement Name		very agreements or intergovernmental contracts that will be used to implement the strategy for this serv Contracting Parties: Effective and Ending Dates:	vice:
Master Ser	<u>vice Delive</u>	ery Agreement	
	<u></u>		
	. <u></u>		
		any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of t changes, etc.), and when will they take effect?	the
	pleting form:	Horace M. Daniel	
		•	
are consistent v	with the service of	d be contacted by state agencies when evaluating whether proposed local government projects delivery strategy? X yes no act person(s) and phone number(s) below:	

	SE	RVICE DELIVERY STRATEGY					
	SUMMARY	OF SERVICE DELIVERY ARRANGEMENTS	PAGE 2				
	Instructions: Make copies of this form and complete Answer each question below, attaching add should be reported to the Department of Co	one for each service listed on page 1, Section III. Use exactly the litional pages as necessary. If the contact person for this service (listed ommunity Affairs.	same service names listed on page 1. at the bottom of the page) changes, this				
County:	County: Washington County Service: Law Enforcement						
1. Check the	box that best describes the agreed u	pon delivery arrangement for this service:					
		ncluding all cities and unincorporated areas) by a single s ity or organization providing the service.)	service provider. (If this box				
Service identify	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 n unincor	nore cities will provide this service porated areas. (If this box is checked	only within their incorporated boundaries, and the servic d, identify the government(s), authority or organization p	e will not be provided in roviding the service.)				
unincorp Washin; Davisb; Dother. (1	porated areas. (If this box is checked gton County Sheriff's De pro and Harrison. If this box is checked, attach a legi	only within their incorporated boundaries, and the count d, identify the government(s), authority or organization pr pt., GA State Patrol, Cities of Sander ble map delineating the service area of each service pr n that will provide service within each service area.)	roviding the service.) sville, Tennille,				
yes x If these condit higher levels c or competition If these condit	 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 						
3. List each go	overnment or authority that will heles, general funds, special service dis	the agreed upon deadline for completing it. p to pay for this service and indicate how the service will strict revenues, hotel/motel taxes, franchise taxes, impact	be funded (e.g., enterprise fees, bonded indebtedness, etc.)				
Washington		ral Funds, fees, fines & forfeitures					
Cities of	Sandersville,						
	Davisboro,						
and Harris	son Respective	City's General Funds					
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county? No Change							
5. List any form Agreement Name		ntergovernmental contracts that will be used to implement Contracting Parties:	nt the strategy for this service: Effective and Ending Dates:				
Master Ser	vice Delivery Agreement						
6. What other General Assem None	mechanisms (if any) will be used to bly, rate or fee changes, etc.), and w	implement the strategy for this service (e.g., ordinances, when will they take effect?	resolutions, local acts of the				
7 Densen com							

7. Person completing form: <u>Horace M. Daniel</u> Phone number: <u>912-552-2325</u> Date completed: _____

SERVICE DELIVERY STRATEGY	
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS	

OF C	SE	RVICE DELIVERY STRATEGY	•		
		OF SERVICE DELIVERY ARRANGEMENTS	PAGE 2		
Instructions: Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service name Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the should be reported to the Department of Community Affairs.					
County: Was	shington County	Service: Library Services			
1. Check the l	box that best describes the agreed u	pon delivery arrangement for this service:			
is check Washi Service	ed, identify the government, author ington County and Oconee will be provided only in the uninco	rporated portion of the county by a single service provi			
identify	the government, authority or organ	ization providing the service.)			
One or n unincorp	nore cities will provide this service porated areas. (If this box is checked	only within their incorporated boundaries, and the serv d, identify the government(s), authority or organization	rice will not be provided in providing the service.)		
One or n unincorp	nore cities will provide this service porated areas. (If this box is checked	only within their incorporated boundaries, and the cound, identify the government(s), authority or organization	nty will provide the service in providing the service.)		
Other. (I governm	f this box is checked, attach a leginent, authority, or other organization	ble map delineating the service area of each service in that will provide service within each service area.)	provider, and identify the		
2. In developi		ervice areas, unnecessary competition and/or duplication	on of this service identified?		
higher levels o	ions will continue under the strateg of service (See O.C.G.A. 36-70-24(cannot be eliminated).	y, attach an explanation for continuing the arrange 1)), overriding benefits of the duplication, or reasons the	ment (i.e., overlapping but at overlapping service areas		
-		rategy, attach an implementation schedule listing eac	h sten or action that will be		
taken to elimin	nate them, the responsible party and	the agreed upon deadline for completing it.			
funds, user fee	es, general funds, special service dis	p to pay for this service and indicate how the service wis strict revenues, hotel/motel taxes, franchise taxes, impar	ill be funded (e.g., enterprise ct fees, bonded indebtedness, etc		
ocal Government					
Washingto	n County County Gener	al Funds and the Oconee Regional Libr	rary System		
**					
4. How will th No Chang		ngements for providing and/or funding this service with	in the county?		
5. List any form Agreement Name:		intergovernmental contracts that will be used to implem Contracting Parties:	nent the strategy for this service: Effective and Ending Dates:		
Master Ser	vice Delivery Agreement				
5. What other 1 General Assem	mechanisms (if any) will be used to bly, rate or fee changes, etc.), and y	implement the strategy for this service (e.g., ordinance when will they take effect?	s, resolutions, local acts of the		
None					
7. Person comp	pleting form: <u>Horace M. Dan</u>	iel			
	912-552-2325	Date completed;	_		

1010	SERV	ICE DELIVER	Y STRAJ	TEGY		
	SUMMARY OF	SERVICE DELIV	ERY ARR	ANGEMEN	TS	PAGE 2
		for each service listed			-	
County: WASHING	TON COUNTY	Service:	PUBLIC	SANITARY	SEWAGE	
1. Check the box that be	st describes the agreed upon	delivery arrangement	t for this set	vice		
Service will be pro	wided countywide (i.e., incluy the government, authority	uding all cities and u	nincornorate	d areas) by a	single service pro	ovider. (If this box
Service will be pro identify the govern	vided only in the unincorpo ment, authority or organizat	rated portion of the c tion providing the ser	ounty by a s vice.)	ingle service	provider. (If this	box is checked,
unneorporated are	will provide this service onl as. (If this box is checked, ic NDERSVILLE, TENNILE	lentity the governme	nt(s), author	laries, and th ity or organiz	e service will not zation providing t	be provided in he service.)
One or more cities unincorporated area	will provide this service onl as. (If this box is checked, ic	y within their incorport lentify the governme	orated bound nt(s), author	laries, and the	e county will prov ation providing the	vide the service in he service.)
Other. (If this box i government, author	s checked, attach a legible ity, or other organization th	map dellneating the at will provide servic	e service are e within eac	a of each ser h service area	rvice provider, a a.)	nd identify the
2. In developing the strat	egy, were overlapping servi	ce areas, unnecessary	competitio	n and/or dupl	lication of this ser	rvice identified?
If these conditions will con- higher levels of service (S or competition cannot be	ontinue under the strategy, a See O.C.G.A. 36-70-24(1)), eliminated).	attach an explanatio overriding benefits o	n for contin f the duplica	uing the arr tion, or reaso	angement (i.e., constant that overlapping	overlapping but ng service areas
If these conditions will be taken to eliminate them, t	e eliminated under the strate, he responsible party and the	gy, attach an implen agreed upon deadlin	nentation so e for comple	hedule listin ting it.	g each step or act	ion that will be
3. List each government of funds, user fees, general i	or authority that will help to funds, special service distric	pay for this service a trevenues, hotel/mot	and indicate i el taxes, frai	how the servi nchise taxes,	ice will be funded impact fees, bond	(e.g., enterprise led indebtedness, etc.)
Local Government or Authority	: Funding Method:					
CITIES OF SANDERSVIL	LE, ENTERPRISE FUN	DS AND USER FE	ES			
TENNILLE AND OTH	IER					
SMALL TOWNS						
			1141-415	10.24		
4. How will the strategy c	hange the previous arranger	ments for providing a	nd/or fundin	g this service	within the count	y?

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:
MASTER SERVICE DELIVERY AGREEMENT	

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

7. Person completing	ng form:	HORACE	Μ.	DANIEL
Phone number:	912-552-	-2325		Dete complete t

Phone number:

Date completed: ______5-20 -99

		SEI	RVICE DELIVERY STRATEGY	
A CON			OF SERVICE DELIVERY ARRANGEMENT	S PAGE 2
	Instructions: Make copies of this a Answer each question should be reported to the	form and complete of below, attaching addi	one for each service listed on page 1, Section III. Use exaction tional pages as necessary. If the contact person for this service	the same service names listed on name 1
<u> </u>				
	shington Coun		Service: Public Water Supply	/Treatment
			on delivery arrangement for this service:	
is check	ked, identify the gov	vernment, authori	ncluding all cities and unincorporated areas) by a si ty or organization providing the service.)	ingle service provider. (If this box
Service identify	will be provided or the government, au	ly in the unincor thority or organi	porated portion of the county by a single service partition providing the service.)	rovider. (If this box is checked,
X One or unincor	more cities will proported areas. (If th	vide this service of is box is checked	only within their incorporated boundaries, and the , identify the government(s), authority or organization	service will not be provided in tion providing the service.)
One or unincor	more cities will prop porated areas. (If th	vide this service of is box is checked	only within their incorporated boundaries, and the , identify the government(s), authority or organization	county will provide the service in tion providing the service.)
Other. (governr	If this box is checke nent, authority, or o	ed, attach a legib ther organization	le map delineating the service area of each serv that will provide service within each service area.	ice provider, and identify the)
2. In develop		re overlapping se	ervice areas, unnecessary competition and/or duplic	cation of this service identified?
higher levels	tions will continue to of service (See O.C. n cannot be eliminat	G.A. 36-70-24(1	 Attach an explanation for continuing the arra)), overriding benefits of the duplication, or reason 	ngement (i.e., overlapping but as that overlapping service areas
If these condi taken to elimi	tions will be elimina nate them, the respo	ated under the strong on sible party and	ategy, attach an implementation schedule listing the agreed upon deadline for completing it.	each step or action that will be
3. List each g funds, user fe Local Governmen	es, general funds, sp	rity that will help pecial service dis nding Method:	to pay for this service and indicate how the servic trict revenues, hotel/motel taxes, franchise taxes, in	e will be funded (e.g., enterprise mpact fees, bonded indebtedness, etc.)
			Funds and User Fees	
[
4. How will t No Chang		he previous arran	gements for providing and/or funding this service	within the county?
5. List any for Agreement Name			ntergovernmental contracts that will be used to imp Contracting Parties:	plement the strategy for this service: Effective and Ending Dates:
Master Sei	vice Delivery	Agreement		
6. What other General Asser	mechanisms (if any nbly, rate or fee cha) will be used to nges, etc.), and w	implement the strategy for this service (e.g., ordination will they take effect?	ances, resolutions, local acts of the
None				
7 5				
	pleting form: <u>Ho</u> : <u>912-552-232</u>		1	
			Date completed: $5-20-99$	
are consistent	with the service deli	very strategy?	ate agencies when evaluating whether proposed loc x yes no	cal government projects

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

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENT

A DI		SUMMARY OF SERVICE DELIVERY ARRANGEMENTS					
	Answer each question	s form and complete o	one for each service listed on page 1, Section III. Use exactly the tional pages as necessary. If the contact person for this service (listed a	same service names listed on page 1. at the bottom of the page) changes, this			
County: Was	shington Cou	nty	Service: Public Water Supply/Tre	atment			
			on delivery arrangement for this service:				
			cluding all cities and unincorporated areas) by a single s ty or organization providing the service.)	ervice provider. (If this box			
	-		porated portion of the county by a single service provide zation providing the service.)	r. (If this box is checked,			
			only within their incorporated boundaries, and the servic, , identify the government(s), authority or organization pr				
			only within their incorporated boundaries, and the county , identify the government(s), authority or organization pr				
			le map delineating the service area of each service pr that will provide service within each service area.)	ovider, and identify the			
2. In developi		vere overlapping ser	rvice areas, unnecessary competition and/or duplication	of this service identified?			
If these condit higher levels o	ions will continue	C.G.A. 36-70-24(1)	, attach an explanation for continuing the arrangem)), overriding benefits of the duplication, or reasons that				
			ategy, attach an implementation schedule listing each the agreed upon deadline for completing it.	step or action that will be			
			to pay for this service and indicate how the service will rict revenues, hotel/motel taxes, franchise taxes, impact				
Local Governmen	······	unding Method:					
City of Sa	andersville	Enterprise F	unds and User Fees				
		. <u> </u>	/				
		· · · ·					
4. How will th	ne strategy change	the previous arran	gements for providing and/or funding this service within	a the county?			
No Chang	e	/					
5. List any form Agreement Name		/ .	atergovernmental contracts that will be used to implement Contracting Parties:	nt the strategy for this service: Effective and Ending Dates:			
<u>Master Ser</u>	<u>vice_Deliver</u>	y Agreement					
		/					
		/					
6. What other General Assem	mechanisms (if ar ibly, rate or fee ch	ny) will be used to i anges, etc.), and w	implement the strategy for this service (e.g., ordinances, hen will they take effect?	resolutions, local acts of the			
None							
			Revise	d			
			7				
7. Person com	pleting form: <u>H</u>	orace M. Dani	iel	_			
Phone number:	912-552-23	25	_ Date completed:	-			
are consistent v	with the service de	livery strategy?	ate agencies when evaluating whether proposed local gov x yes no one number(s) below:	vernment projects			

ST CT			RVICE DELIVERY STRATEGY	
		SUMMARY	OF SERVICE DELIVERY ARRANGEMENTS	PAGE 2
	The second second days	his form and complete tion below, attaching ad- to the Department of C	e one for each service listed on page 1, Section III. Use exactly the sa ditional pages as necessary. If the contact person for this service (listed at t ommunity Affairs.	me service names listed on page 1. he bottom of the page) changes, this
County: _Wa	shington Co	ounty	Service: Recreation	<u> </u>
1. Check the	box that best des	scribes the agreed u	pon delivery arrangement for this service:	
is check	ed, identify the	government, author	including all cities and unincorporated areas) by a single ser rity or organization providing the service.)	vice provider. (If this box
	ington Cour will be provided the government	l only in the uninco	prporated portion of the county by a single service provider. sization providing the service.)	(If this box is checked,
One or a unincor	nore cities will porated areas. (I	provide this service f this box is checke	only within their incorporated boundaries, and the service v d, identify the government(s), authority or organization prov	will not be provided in viding the service.)
One or r unincorp	nore cities will j porated areas. (I	provide this service this box is checke	only within their incorporated boundaries, and the county v d, identify the government(s), authority or organization prov	vill provide the service in viding the service.)
Other. (I governm	f this box is che lent, authority, c	cked, attach a legi r other organization	ble map delineating the service area of each service prov n that will provide service within each service area.)	ider, and identify the
If these condit	no ions will continu	ue under the strateg	ervice areas, unnecessary competition and/or duplication of y, attach an explanation for continuing the arrangemen	t (i.e. overlagging hut
or competition	cannot be elimi	nated).	1)), overriding benefits of the duplication, or reasons that ov rategy, attach an implementation schedule listing each ste	verlapping service areas
taken to elimin	ate them, the re-	sponsible party and	the agreed upon deadline for completing it.	p or action that with be
3. List each go funds, user fee local Government	s, general lunus	, special service dis	p to pay for this service and indicate how the service will be strict revenues, hotel/motel taxes, franchise taxes, impact fee	funded (e.g., enterprise es, bonded indebtedness, etc.
Washingtor		Funding Method:	ral Funds and User Fees	
			rai railas alla user rees	
		e the previous arran	ngements for providing and/or funding this service within th	ne county?
No Chang	e			
5. List any form Agreement Name:	nal service deliv	ery agreements or i	ntergovernmental contracts that will be used to implement the Contracting Parties:	he strategy for this service: ective and Ending Dates:
<u>Master Ser</u>	vice Delive	ry Agreement		Line and and a pates.

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

None

7. Person completing form: <u>Horace M. Daniel</u>

Phone number: _____912-552-2325

____ Date completed: _____ 5-20 - 99

OF CA		SE	RVICE DELIVERY STRATEGY			
		SUMMARY	OF SERVICE DELIVERY ARRANGEMENTS	PAGE 2		
	Instructions: Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) chang should be reported to the Department of Community Affairs.					
County: _Wa	shington Count	¥	Service: <u>Recreation</u>			
		-	boon delivery arrangement for this service:			
is check	ed, identify the gove	ntywide (i.e., in rnment, authori	ncluding all cities and unincorporated areas) by a single ity or organization providing the service.)	service provider. (If this box		
	ington County will be provided only the government, auth	y in the unincom nority or organi	porated portion of the county by a single service providization providing the service.)	er. (If this box is checked,		
One or n unincorp	nore cities will provi porated areas. (If this	de this service box is checked	only within their incorporated boundaries, and the servi- d, identify the government(s), authority or organization p	ce will not be provided in providing the service.)		
One or n unincorp	nore cities will provi orated areas. (If this	de this service box is checked	only within their incorporated boundaries, and the count l, identify the government(s), authority or organization p	ty will provide the service in providing the service.)		
Other. (I governm	f this box is checked ent, authority, or oth	, attach a legil er organization	ble map delineating the service area of each service p that will provide service within each service area.)	rovider, and identify the		
			/			
2. In developi		e overlapping se	ervice areas, unnecessary competition and/or duplication	of this service identified?		
higher levels o	ons will continue un f service (See O.C.G cannot be eliminated	I.A. 36-70-24(1	y, attach an explanation for continuing the arrangen ()), overriding benefits of the duplication, or reasons that	nent (i.e., overlapping but t overlapping service areas		
If these conditi taken to elimin	ons will be eliminate ate them, the respon	ed under the str sible party and	ategy, attach an implementation schedule listing each the agreed upon deadline for completing it.	step or action that will be		
3. List each go funds, user fee	vernment or authori s, general funds, spe	ty that will help cial service dis	to pay for this service and indicate how the service wil trict revenues, hotel/motel taxes, franchise taxes, impact	l be funded (e.g., enterprise t fees, bonded indebtedness, etc.)		
Local Government	or Authority: Fund	ing Method:	/			
Washington	County Co	ounty Gener	al Funds and User Fees			
	· · · · · · · · · · · · · · · · · · ·					
			/			
4. How will th	e strategy change the	e previous arrar	gements for providing and/or funding this service withi	in the county?		
No Chang	e					
		/				
5. List any form	nal service delivery a	greements or in	ntergovernmental contracts that will be used to impleme	ent the strategy for this service.		
Agreement Name:			Contracting Parties:	Effective and Ending Dates:		
<u>Master Ser</u>	vice_Delivery	Agreement				
		/				
:	/	/	· · · · · · · · · · · · · · · · · · ·			
6. What other 1 General Assem	nechanisms (if any) bly, rate or fee chang	will be used to ges, etc.), and w	implement the strategy for this service (e.g., ordinances then will they take effect?	, resolutions, local acts of the		
None						
			Ru	vised		
•	leting form: <u>Hor</u> 912-552-2325		iel Date completed:	-		
8. Is this the pe are consistent w	rson who should be of the service deliver	contacted by statery strategy?	ate agencies when evaluating whether proposed local go			
				and the second		

LOI GIO		SERVICE DELIVERY STRATEGY						
	SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE 2							
	Instructions: Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.							
County: <u>Wa</u>	shington County	Service: Road/Bridge Maintenar	nce					
1. Check the	box that best describes the agreed u	pon delivery arrangement for this service:						
Service is check	will be provided countywide (i.e., ed, identify the government, autho	including all cities and unincorporated areas) by a sing rity or organization providing the service.)	ele service provider. (If this box					
Service identify	will be provided only in the uninco the government, authority or organ	prporated portion of the county by a single service provint ization providing the service.)	vider. (If this box is checked,					
One or r unincorp	more cities will provide this service porated areas. (If this box is checke	only within their incorporated boundaries, and the ser d, identify the government(s), authority or organizatio	vice will not be provided in n providing the service.)					
Washin Davis Other. (I	ngton County, Cities of boro and Harrison If this box is checked, attach a legi	only within their incorporated boundaries, and the cond, identify the government(s), authority or organization Sandersville, Tennille, Riddleville, ble map delineating the service area of each service n that will provide service within each service area.)	n providing the service.) Oconee, Deepstep,					
2. In developi	ing the strategy, were overlapping s	service areas, unnecessary competition and/or duplicat	ion of this service identified?					
If these condit higher levels o	ions will continue under the strateg of service (See O.C.G.A. 36-70-24(y, attach an explanation for continuing the arrang 1)), overriding benefits of the duplication, or reasons t	ement (i.e., overlapping but hat overlapping service areas					
or competition	cannot be eliminated).							
taken to elimin	ions will be eliminated under the sinate them, the responsible party and	rategy, attach an implementation schedule listing ea I the agreed upon deadline for completing it.	ch step or action that will be					
3. List each go funds, user fee	overnment or authority that will heles, general funds, special service di	p to pay for this service and indicate how the service v strict revenues, hotel/motel taxes, franchise taxes, imp	vill be funded (e.g., enterprise act fees, bonded indebtedness,					
ocal Government								
Washington	n County County Gener	al Funds, Special Purpose Local Opti	on Sales Tax and					
		ance Road Program.	the surge for the surge state stat					
	Tennille,							
	le, Oconee,							
nd Harris	Davisboro, City General	Funds & State sources	· · · · · · · · · · · · · · · · · · ·					
		ngements for providing and/or funding this service wi	thin the county?					
No Chan	ge							
List one form	nal nomina delivera e menerate							
greement Name:	has service derivery agreements or	intergovernmental contracts that will be used to impler						
		Contracting Parties:	Effective and Ending Dates:					
laster Serv	vice Delivery Agreement							
. What other i General Assem	mechanisms (if any) will be used to bly, rate or fee changes, etc.), and	implement the strategy for this service (e.g., ordinanc when will they take effect?	es, resolutions, local acts of the					
None								
			A STATE OF LEVEL					
. Person comp								
	912-552-2325	Date completed: 5-20 -99						
Is this the ne	rson who should be contacted by a							

OF CA		SI	ERVICE DELIVERY STRATEGY	
A A		SUMMARY	Y OF SERVICE DELIVERY ARRANGEMENTS	PAGE 2
	Allower cacil ques	his form and complet tion below, attaching ac t to the Department of C	te one for each service listed on page 1, Section III. Use exactly dditional pages as necessary. If the contact person for this service (list Community Affairs.	the same service names listed on page 1. ed at the bottom of the page) changes, this
County: <u>Wa</u>	shington Co	unty	Service: <u>Road/Bridge Maintenan</u>	ce /
1. Check the l	oox that best des	cribes the agreed	upon delivery arrangement for this service:	7
Service Service is check	will be provided ed, identify the	l countywide (i.e., government, autho	including all cities and unincorporated areas) by a single ority or organization providing the service.)	e service provider. (If this box
Service identify	will be provided the government	l only in the unince , authority or organ	orporated portion of the county by a single service provinitation providing the service.)	ider. (If this box is checked,
One or n unincorp	nore cities will j porated areas. (In	provide this service f this box is checke	e only within their incorporated boundaries, and the served, identify the government(s), authority or organization	vice will not be provided in providing the service.)
unincorp Washin Davish Davish	orated areas. (If ngton Count ooro and Ha f this box is che	f this box is checke y, Cities of rrison cked, attach a leg	e only within their incorporated boundaries, and the cou ed, identify the government(s), authority or organization Sandersville, Tennille Riddleville, ible map delineating the service area of each service on that will provide service within each service area.)	providing the service.) Oconee, Deepstep,
🗌 yes 🗽	no		service areas, unnecessary competition and/or duplication gy, attach an explanation for continuing the arrange	
nigner levels o	f service (See O cannot be elimi).C.G.A. 36-70-24((1)), overriding benefits of the duplication, or reasons th	at overlapping service areas
If these conditi taken to elimin	ons will be elimate them, the res	unated under the sisponsible party and	trategy, attach an implementation schedule listing eac d the agreed upon deadline for completing it.	h step or action that will be
3. List each go funds, user fee	vernment or aut s, general funds	hority that will he , special service di	lp to pay for this service and indicate how the service w istrict revenues, hotel/motel taxes, franchise taxes, impa	ill be funded (e.g., enterprise ct fees, bonded indebtedness, etc.)
Local Government		Funding Method:		
Washington	County	County Gener	ral Funds, Special Purpose Local Optic	on Sales Tax and
			tance Road Program.	
Cities of Riddlevill	Tennille, .e, Oconee,			
	Davisboro,		/	
and Harris	on	City Genera	1 Funds & State sources	
		e the previous arra	angements for providing and/or funding this service with	in the county?
No Chang	çe			
5. List any form	al service deliv	ery agreements or	intergovernmental contracts that will be used to implem	ent the strategy for this service:
Agreement Name:		/	Contracting Parties:	Effective and Ending Dates:
<u>Master Serv</u>	<u>ice Delive</u>	ry Agreement		
		/		+
General Assemi	nechanisms (if a oly, rate or fee c	my) will be used to hanges, etc.), and	o implement the strategy for this service (e.g., ordinance when will they take effect?	s, resolutions, local acts of the
None				
	/			
	/		Λ	nsed .
	1			rseq.
		Horace M. Da		
Phone number:			Date completed:	-
are consistent w	in the service d	elivery strategy?	tate agencies when evaluating whether proposed local g	overnment projects

OF CA		SI	ERVICE DELIV	ERY STRATEGY		
		SUMMARY	Y OF SERVICE DE	LIVERY ARRANGEN	MENTS	PAGE 2
	ruiswei each ques	his form and comple- tion below, attaching a to the Department of (Juluonal Dages as necessary	ited on page 1, Section III. I If the contact person for this	Jse exactly the same servic service (listed at the botton	e names listed on page 1. a of the page) changes, this
County: <u>Was</u>	hington Cou	inty	Service	Solid Waste Col	lection	
1. Check the b	ox that best des	scribes the agreed	upon delivery arrange			
Service is check	will be provided ed, identify the	d countywide (i.e., government, autho	including all cities an ority or organization p	d unincorporated areas) roviding the service.)	by a single service pro	ovider. (If this box
Service identify	will be provided the government	l only in the uninc , authority or orga	orporated portion of the nization providing the	he county by a single ser service.)	vice provider. (If this	box is checked,
unncorp	nore cities will porated areas. (If of Sandersv	i mis box is check	e only within their inc ed, identify the govern	corporated boundaries, ar ament(s), authority or or	nd the service will not ganization providing t	be provided in he service.)
One or m unincorp	nore cities will porated areas. (If	provide this servic this box is check	e only within their inc ed, identify the govern	corporated boundaries, ar ament(s), authority or org	d the county will pro- ganization providing the	vide the service in he service.)
Other. (If governme	f this box is che ent, authority, o	cked, attach a leg or other organization	ible map delineating on that will provide se	the service area of each rvice within each service	h service provider, a e area.)	nd identify the
2. In developin	ng the strategy, no	were overlapping	service areas, unneces	ssary competition and/or	duplication of this ser	rvice identified?
inglier levels of	ons will continu f service (See O cannot be elimi	.C.G.A. 30-70-24	gy, attach an explan (1)), overriding benefi	ation for continuing the its of the duplication, or a	e arrangement (i.e., or reasons that overlapping	overlapping but ng service areas
If these conditi taken to elimin	ons will be elimate them, the res	inated under the s sponsible party an	trategy, attach an im d the agreed upon dea	plementation schedule l dline for completing it.	isting each step or act	ion that will be
3. List each go funds, user fees Local Government	s, general lunds	thority that will he s, special service d Funding Method:	lp to pay for this servi istrict revenues, hotel/	ice and indicate how the motel taxes, franchise ta	service will be funded xes, impact fees, bonc	l (e.g., enterprise led indebtedness, etc.)
	ndersville		nds and User Fe	es		
4. How will the	e strategy chang	e the previous arra	angements for providi	ng and/or funding this se	rvice within the count	
No Chang						<i>.</i>
5. List any form	al service deliv	ery agreements or	intergovernmental co	ntracts that will be used t	o implement the strat	egy for this service

Agreement Name: Contracting Parties:

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
laster Service Delivery	Agreement	

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

None

7. Person completing form: Horace M. Daniel Phone number: ___912-552-2325

____ Date completed: ____ 5-20 -99

`		
OP CTO	SERVICE DELIVERY STRATEGY	
	SUMMARY OF SERVICE DELIVERY ARRANGEMENTS	PAGE 2
	Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed should be reported to the Department of Community Affairs.	te same service names listed on page 1. d at the bottom of the page) changes, this
County: Was	hington County Service: Solid Waste Collection	
1. Check the b	box that best describes the agreed upon delivery arrangement for this service:	
Service is check	will be provided countywide (i.e., including all cities and unincorporated areas) by a single ed, identify the government, authority or organization providing the service.)	service provider. (If this box
Service identify	will be provided only in the unincorporated portion of the county by a single service provid the government, authority or organization providing the service.)	ler. (If this box is checked,
unincorp	nore cities will provide this service only within their incorporated boundaries, and the servi orated areas. (If this box is checked, identify the government(s), authority or organization p	ce will not be provided in provided in providing the service.)
	of Sandersville	
One or n unincorp	nore cities will provide this service only within their incorporated boundaries, and the coun orated areas. (If this box is checked, identify the government(s), authority or organization p	ty will provide the service in providing the service.)
Other. (If governme	f this box is checked, attach a legible map delineating the service area of each service p ent, authority, or other organization that will provide service within each service area.)	rovider, and identify the
ingher levels of	ons will continue under the strategy, attach an explanation for continuing the arrangen service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that cannot be eliminated).	aent (i.e., overlapping but t overlapping service areas
If these condition taken to eliminate	ons will be eliminated under the strategy, attach an implementation schedule listing each ate them, the responsible party and the agreed upon deadline for completing it.	step or action that will be
3. List each go funds, user fee	vernment or authority that will help to pay for this service and indicate how the service will s, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact	l be funded (e.g., enterprise t fees, bonded indebtedness, etc.)
Local Government		
City of Sa	ndersville General Funds and User Fees	
4 How will the	strategy change the providue among for any line if the state is a state of the stat	
	strategy change the previous arrangements for providing and/or funding this service within	n the county?
No Change	2	
5. List any form Agreement Name:	al service delivery agreements or intergovernmental contracts that will be used to implement Contracting Parties:	nt the strategy for this service: Effective and Ending Dates:
<u>Master Serv</u>	ice Delivery Agreement	
6. What other m General Assemb	echanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, ly, rate or fee changes, etc.), and when will they take effect?	resolutions, local acts of the
None	Ruis	d
	pars	
-	eting form: <u>Horace M. Daniel</u>	
	912-552-2325 Date completed:	
are consistent wi	son who should be contacted by state agencies when evaluating whether proposed local gov th the service delivery strategy? X yes no signated contact person(s) and phone number(s) below:	vernment projects

and a		SERVICE DELIVERY ST	TRATEGY
		SUMMARY OF SERVICE DELIVERY	
	Answer each quest	is form and complete one for each service listed on page	e 1, Section III. Use exactly the same service names listed on page 1. acl person for this service (listed at the bottom of the page) changes, this
County: Was	shington Cou	nty Service: Stree	et Lights
1. Check the	box that best des	cribes the agreed upon delivery arrangement for t	
Service is check	will be provided ed, identify the	countywide (i.e., including all cities and unincor government, authority or organization providing t	porated areas) by a single service provider. (If this box he service.)
Service identify	will be provided the government,	only in the unincorporated portion of the county authority or organization providing the service.)	by a single service provider. (If this box is checked,
One or unincor	nore cities will p porated areas. (If	provide this service only within their incorporated this box is checked, identify the government(s),	boundaries, and the service will not be provided in authority or organization providing the service.)
unincor	oorated areas. (If	provide this service only within their incorporated this box is checked, identify the government(s), a and City of Sandersville	boundaries, and the county will provide the service in authority or organization providing the service.)
Other. () governm	If this box is chenent, authority, o	cked, attach a legible map delineating the servi r other organization that will provide service with	ce area of each service provider, and identify the in each service area.)
2. In develop	ng the strategy,] no	were overlapping service areas, unnecessary com	petition and/or duplication of this service identified?
nigner levels o	ions will continu of service (See O cannot be elimi	.C.G.A. 36-70-24(1)), overriding benefits of the c	continuing the arrangement (i.e., overlapping but duplication, or reasons that overlapping service areas
If these condit taken to elimin	ions will be elimnate them, the res	inated under the strategy, attach an implementa sponsible party and the agreed upon deadline for a	tion schedule listing each step or action that will be completing it.
3. List each go funds, user feo	overnment or aut es, general funds	hority that will help to pay for this service and inc , special service district revenues, hotel/motel tax	dicate how the service will be funded (e.g., enterprise es, franchise taxes, impact fees, bonded indebtedness, etc.
Local Governmen	or Authority:	Funding Method:	
Washington		General Funds	
<u>City of Sa</u>	ndersville	City's Electric Fund	
<u></u>			
4. How will th	e strategy chang	e the previous arrangements for providing and/or	funding this service within the county?
No Chang			
5. List any for	nal service deliv	ery agreements or intergovernmental contracts that	at will be used to implement the strategy for this service:
Agreement Name:		Contracting Parties:	Effective and Ending Dates:
<u>Master Ser</u>	vice Delive	ry Agreement	

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

None

7. Person completing form: <u>Horace M. Daniel</u> Phone number: <u>912-552-2325</u> Date

____ Date completed: _____ 5-20 -99

SERVICE DELIVE	RY STRATEGY
SUMMARY OF SERVICE DELI	VERY ARRANGEMENTS

10 there is	SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE 2						
E	Instructions:	JAMMARI OF SERV	ICE DELIVERY A	ARKANGEMENTS	PAGE		
	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>Was</u>	shington County		Service: Street	: Lights			
1. Check the b	box that best describes th	e agreed upon delivery	arrangement for thi	is service:			
Service		wide (i.e., including all	cities and unincorpo	orated areas) by a single	service provider. (If this box		
Service identify	will be provided only in the government, authori	the unincorporated por ty or organization prov	tion of the county by iding the service.)	y a single service provide	er. (If this box is checked,		
One or n unincorp	nore cities will provide t porated areas. (If this boy	his service only within t is checked, identify th	their incorporated b e government(s), au	oundaries, and the servic thority or organization p	e will not be provided in roviding the service.)		
unneorp	nore cities will provide to porated areas. (If this box gton County and (is checked, identify th	e government(s), au	oundaries, and the count thority or organization pr	y will provide the service in roviding the service.)		
Other. (If	f this box is checked, att ent, authority, or other o	tach a legible map deli	ineating the service	area of each service pr each service area.)	ovider, and identify the		
. In developin	ng the strategy, were ove no	erlapping service areas,	unnecessary compe	tition and/or duplication	of this service identified?		
igner ievers of	ons will continue under f service (See O.C.G.A. cannot be eliminated).	the strategy, attach an 36-70-24(1)), overridin	explanation for co	ntinuing the arrangemention, or reasons that	ent (i.e., overlapping but overlapping service areas		
these condition	ons will be eliminated us ate them, the responsible	nder the strategy, attack party and the agreed u	h an implementation	on schedule listing each s mpleting it.	step or action that will be		
. List each go	vernment or authority th	at will help to pay for t	his service and indic	sate how the cervice will	be funded (e.g., enterprise fees, bonded indebtedness, e		
cal Government		/		· · · · · · · · · · · · · · · · · · ·	toos, conses indebiediess, c		
ashington	County Gener	al Funds					
		s Electric/Fund					
······							
How will the	strategy change the pre	vious arrangements for	providing and/or fu	nding this service within	the county?		
No Change		/					
No Change		ments or intergovernme	ental contracts that y	will be used to implemen	t the strategy for this service		
No Change List any form		ments or intergovernm. Contracting Part	ental contracts that v		t the strategy for this service Effective and Ending Dates:		
No Change List any form eement Name:		Contracting Part	ental contracts that v				
No Change List any form eement Name:	al service delivery agree	Contracting Part	ental contracts that v				
No Change List any form reement Name:	al service delivery agree	Contracting Part	ental contracts that v				
No Change List any form reement Name: LSter Serv What other m	al service delivery agree	Contracting Par	ties:				
No Change List any form reement Name: aster Serv What other m	al service delivery agree	Contracting Par	ties:	ervice (e.g., ordinances, 1	resolutions, local acts of the		
No Change List any form reement Name: Lister_Serv What other m neral Assemb	al service delivery agree	Contracting Par	ties:		Effective and Ending Dates:		
No Change List any form reement Name: LSTET_SETY What other m neral Assemb one	al service delivery agree vice Delivery Agree nechanisms (if any) will bly, rate or fee changes, e	Contracting Part	ties:	ervice (e.g., ordinances, 1	Effective and Ending Dates:		
No Change List any form reement Name: Ister Serv What other m neral Assemb fone	al service delivery agree <u>rice Delivery Agr</u> mechanisms (if any) will hy, rate or fee changes, e eting form: <u>Horace</u>	Contracting Par eement be used to implement the tc.), and when will the M. Daniel	ne strategy for this so y take effect?	ervice (e.g., ordinances, 1	Effective and Ending Dates:		
No Change List any form reement Name: Aster_Serv What other m neral Assemb fone Person comple one number: Is this the person	al service delivery agree vice Delivery Agree nechanisms (if any) will bly, rate or fee changes, e	<u>contracting Part</u> <u>eement</u> be used to implement the tc.), and when will the <u>e M. Daniel</u> Date com cted by state agencies	ne strategy for this so y take effect? pleted:	ervice (e.g., ordinances, 1	Effective and Ending Dates:		

OF CA		SERVICE DELIVERY STRATEGY	
		SUMMARY OF SERVICE DELIVERY ARRANGEMENTS	PAGE 2
		this form and complete one for each service listed on page 1, Section III. Use exactly the same service names stion below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the p d to the Department of Community Affairs.	listed on page 1. age) changes, this
County: <u>Was</u>	hington Co	unty Service: <u>Tax Appraisal/Assessment</u>	
1. Check the l	pox that best de	scribes the agreed upon delivery arrangement for this service:	
13 CHUCK	cu, identify the	d countywide (i.e., including all cities and unincorporated areas) by a single service provider. government, authority or organization providing the service.)	(If this box
	ngton Coun will be provide the governmen	Ly d only in the unincorporated portion of the county by a single service provider. (If this box is a t, authority or organization providing the service.)	checked,
One or n unincorp	nore cities will porated areas. (I	provide this service only within their incorporated boundaries, and the service will not be prov f this box is checked, identify the government(s), authority or organization providing the servi	vided in ice.)
One or n unincorp	nore cities will porated areas. (I	provide this service only within their incorporated boundaries, and the county will provide the f this box is checked, identify the government(s), authority or organization providing the servi	e service in ice.)
Other. (I governm	f this box is che ent, authority, c	cked, attach a legible map delineating the service area of each service provider, and iden or other organization that will provide service within each service area.)	tify the
2. In developin	ng the strategy, no	were overlapping service areas, unnecessary competition and/or duplication of this service id	entified?
If these conditi higher levels of or competition	i seivice (see C	ue under the strategy, attach an explanation for continuing the arrangement (i.e., overlap). C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping servinated).	ping but ice areas
If these conditi taken to elimin	ons will be elin ate them, the re	ninated under the strategy, attach an implementation schedule listing each step or action that sponsible party and the agreed upon deadline for completing it.	t will be
	s, Boneral Iands	thority that will help to pay for this service and indicate how the service will be funded (e.g., e s, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded inde	enterprise btedness, etc.)
Local Government	or Authority:	Funding Method:	
Washington	County	General Funds	

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

No Change

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

	Enterne and Ending Dates.
Master Service Delivery Agreement	

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

None

7. Person completing form: <u>Horace M. Daniel</u>

Phone number: <u>912-552-2325</u>

____ Date completed: _____ 5-20 -99

Asser ach question below, attaching additional pages as necessary. If the scenario place of the same achieves and the page is a second place of this tervice (listed as the bottom of the page) damages a social tervice of this service: Yeshington County Service: Tax Appraisal/Assessment County: Washington County Service: Tax Appraisal/Assessment County: Washington County Service: Tax Appraisal/Assessment County: Washington County Service: Tax Appraisal/Assessment County: Washington County Service: Tax Appraisal/Assessment County: Washington County 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.) Washington County 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, identify the government(s), authority or organization providing the service.) Other (If this box is checked, attach a legible map delineating the service areas and each service identified? Government, authority, or other organization that will provide service within each service areas) reservice (See O.C.G.A. 36-70-24(D)), overriding benefits of the duplication, or reasons that overlapping but tigher levels of service (See O.C.G.A. 36-70-24(D)), overriding benefits of the duplication, or reasons that overlapping service areas roompetition cannot be eliminated). How will the strategy change the previous arrangements for prov					
Prevent end in terms of the service only which their incorporated boundaries, and the source or well not be provided in the service is envice in the service is the service is enviced the service is the service is enviced the service is enviced the service is the service only which the is the service is the service is the service only which the service is the service is the service only which the service is the service is the service is the service only which the service is the service is the service is the service only which the service is the service is the service is the service only which the service is the service is the service is the service is the service only which the service is the service only which the service is	10102	c			
White optice that the fact made complete on if re each error builts on one to the service duals of the beam of the part of the service is the beam of the part of the service is the beam of the part of the service is the beam of the part of the service is the beam of the part of the service is the beam of the part of the service is the service is the beam of the part of the service is the service is the beam of the part of the service is the service is the beam of the part of the service is the service is the beam of the service is the service is the beam of the service is the service is the service of the service is the service is the service of the service is the service of the service of the service is the service of the service of the service of the service is the service of the service of the service of the service is the service is the service of the service service of the service of the service of the			UMMARY OF SERVICE	DELIVERY ARRANGEMEN	TS PAGE 2
1. Check the box that best describes the agreed upon delivery arrangement for this service:		Make copies of this form Answer each question belo		ice listed on page 1, Section III. Use exercise essary. If the contact person for this servic	actly the same service names listed on page e (listed at the bottom of the page) changes, th
1. Check the box that best describes the agreed upon delivery arrangement for this service:	County: <u>Was</u>	hington County	Ser	vice: <u>Tax Appraisal/Asse</u>	ssment
a breaced, identify the government, authority or organization providing the service.) Washington County Gervice will be provided only in the unincorporated portion of the county by a single service, will be provided in the provide of the service of the government, 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.) 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 areas 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 (2) no f these conditions will continue under the strategy, strach an explanation for confinsing the arrangement (i.e., overlapping but ighter levels of a strate of a strate of a strate of the strategy strate areas for each step or action that will be the strategy, strate areas for explanation and or transmitten strate areas for a strate areas for each step or action that will be the strate or authority the available to complete its. 9. List each government or authority thas will help to pay for this service and ind	1. Check the l	ox that best describes	he agreed upon delivery arra	angement for this service:	/
Service will be provided only in the unincorporated portion of the county by a single service, provider, of 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.) One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service.) One or more cities will provide this service only within their incorporated areas, off this box is checked, identify the government(s), authority or organization provide; 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 (E) no 1f these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but ighter levels of active (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 onder the strategy, stach an implementation schedule listing each step or action that will be kannot eliminated). f these conditions will continue under the strategy, stach an implementation schedule listing each step or action that will be kannot eliminated). <t< td=""><td>is check</td><td>ed, identify the govern</td><td>wide (i.e., including all citie nent, authority or organization</td><td>es and unincorporated areas) by a son providing the service.)</td><td>single service provider. (If this box</td></t<>	is check	ed, identify the govern	wide (i.e., including all citie nent, authority or organization	es and unincorporated areas) by a son providing the service.)	single service provider. (If this box
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.) 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 area, unnecessary competition and/or duplication of this service identified? yes E no 7 these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but tighet levels of service (Sec O. C.G. A. 507-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas in competition cannot be eliminated. 9 these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be to the service as a strong that will be pay for this service and indicate taxes, impact fees, bonded indebtedness, et was fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, et was formate or authority. 8. List each government or authority that will be to pay for this service and indicate taxes, impact fees, bonded indebtedness, et was formate or authority. 9. List each government or authority that will be to app for this service and indicate taxes, impact fees, bonded indebtedness, et was formate and the strategy change the previous arrangements for providing and/or funding this service within the county?<		will be provided only in	the unincorporated portion ity or organization providing	of the county by a single service g g the service.)	provider. (If this box is checked,
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? Up se El no 7 these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but ighter 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. 7 these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be attached to ender the strategy attach an implementation schedule listing each step or action that will be attached to ender the strategy attach an implementation schedule listing each step or action that will be attached to eliminate them, the responsible party and the strategy attach an implementation schedule listing each step or action that will be attached to each or endotions will be diminated. 8. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise that (e.g. attached to each attached to eached to each attached to each attached to eac	One or n unincorp	tore cities will provide orated areas. (If this be	this service only within their ix is checked, identify the go	r incorporated boundaries, and the vernment(s), authority or organiza	service will not be provided in ation providing the service.)
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 [2] no f these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but ighter levels of service (See O.C.G.A. 35-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas in competition cannot be eliminated. f these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be aken to eliminate them, the responsible party and the agreed upon dediline for completing it. 8. 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, et cal Government or Authority Tanding Method: Washington_County General Funds	One or n unincorp	ore cities will provide orated areas. (If this bo	this service only within their x is checked, identify the go	r incorporated boundaries, and the overnment(s), authority or organize	county will provide the service in ation providing the service.)
□ yes tgino f these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but ighter 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). f these conditions will be eliminated. b. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues hote/motel taxes, franchise taxes, impact fees, bonded indebtedness, et cal Government or Authority: Reneral Funds eacl Government or Authority: Rone List any formal service delivery agreements or intergovernmental c	Other. (In governm	[*] this box is checked, a ent, authority, or other	t tach a legible map delinea organization that will provid	ting the service area of each service area	vice provider, and identify the .)
In the service (See O.C.O.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated). f these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be aken to eliminate them, the responsible party and the agreed upon deddline for completing it. b. 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, et cal Government or Authority: Funding Method: Washington County General Funds How will the strategy change the previous arrangements for providing and/or funding this service within the county? No Change List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service: Seffective and Eading Dates: Seffective and Fading Dates: Seffective and Fading Dates: Seffective and Eading Dates: Seffective and Fading Dates: Seffective and	∐yes [x]	no			
f these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be aken 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, et ocal Government or Authony: Funding Method: Washington County General Funds How will the strategy change the previous arrangements for providing and/or funding this service within the county? No Change List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service: Effective and Ending Date: None Person completing form: <u>Borace M. Daniel</u> one number: <u>912-552-2325</u> Date completed:	inguer levels of	service (See U.C.G.A	the strategy, attach an exp. 36-70-24(1)), overriding be	planation for continuing the arra enefits of the duplication, or reason	ingement (i.e., overlapping but ns that overlapping service areas
unus, user rees, general runds, special service district revenues/hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, et bond		ate them, the responsib	le party and the agreed upon	deadline for completing it.	
Washington County General Funds	lunus, user lee	s, general lunds, specia	I service district revenues, he	otel/motel taxes, franchise taxes, in	e will be funded (e.g., enterprise mpact fees, bonded indebtedness, etc
How will the strategy change the previous arrangements for providing and/or funding this service within the county? No Change List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service: greement Name: Contracting Parties: Effective and Ending Dates: aster Service Delivery Agreement what other mechanisms (it/any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the eneral Assembly, rate or fee changes, etc.), and when will they take effect? None Mutual Person completing form: Horace M. Daniel one number: 912-552-2325 Date completed:					
No Change List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service: greement Name: Contracting Parties: Effective and Ending Dates: aster Service Delivery Agreement Service Delivery Agreement What other mechanisms (if/any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the eneral Assembly, rate or fee changes, etc.), and when will they take effect? None Person completing form: Horace M. Daniel one number: 912-552-2325 Date completed:	Washington	<u>County Gene</u>	cal Funds		
No Change List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service: greement Name: Contracting Parties: Effective and Ending Dates: aster Service Delivery Agreement Service Delivery Agreement What other mechanisms (if/any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the eneral Assembly, rate or fee changes, etc.), and when will they take effect? None Person completing form: Horace M. Daniel one number: 912-552-2325 Date completed:			/		
No Change List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service: greement Name: Contracting Parties: Effective and Ending Dates: aster Service Delivery Agreement Service Delivery Agreement What other mechanisms (if/any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the eneral Assembly, rate or fee changes, etc.), and when will they take effect? None Person completing form: Horace M. Daniel one number: 912-552-2325 Date completed:			/		
No Change List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service: greement Name: Contracting Parties: Effective and Ending Dates: aster Service Delivery Agreement Service Delivery Agreement What other mechanisms (if/any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the eneral Assembly, rate or fee changes, etc.), and when will they take effect? None Person completing form: Horace M. Daniel one number: 912-552-2325 Date completed:	· · · · · · · · · · · · · · · · · · ·				
greement Name: Contracting Parties: Effective and Ending Dates: aster Service Delivery Agreement			evious arrangements for pro	viding and/or funding this service	within the county?
What other mechanisms (if/any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the eneral Assembly, rate or fee changes, etc.), and when will they take effect? None <i>fursed</i> Person completing form: Horace M. Daniel none number: 912-552-2325 Date completed:	. List any form greement Name:	al service delivery agro	ements or intergovernmenta Contracting Parties:	I contracts that will be used to imp	
None Person completing form: <u>Horace M. Daniel</u> one number: <u>912-552-2325</u> Date completed:	aster Serv	ice Delivery Ag	eement.		
None Person completing form: <u>Horace M. Daniel</u> one number: <u>912-552-2325</u> Date completed:		/			
None Person completing form: <u>Horace M. Daniel</u> one number: <u>912-552-2325</u> Date completed:		/		······	
Person completing form: <u>Horace M. Daniel</u> one number: <u>912-552-2325</u> Date completed:	What other m eneral Assemb	echanisms (if any) wil ly, rate or fee changes,	be used to implement the st etc.), and when will they tak	rategy for this service (e.g., ordinate effect?	ances, resolutions, local acts of the
Person completing form: <u>Horace M. Daniel</u> one number: <u>912-552-2325</u> Date completed:	None	/			
Person completing form: <u>Horace M. Daniel</u> one number: <u>912-552-2325</u> Date completed:				Per	used
one number: <u>912-552-2325</u> Date completed:		1			•

		CET	DEL IVEDV STDATEC	127	
AL OF CION			RVICE DELIVERY STRATEG OF SERVICE DELIVERY ARRANG		PAGE 2
	Answer each que:	this form and complete	one for each service listed on page 1, Section I itional pages as necessary. If the contact person for	III. Use exactly the same service names	listed on page 1.
County: Wa	ashington C	County	Service: Tax_Collecti	on	
1. Check the !	box that best de	escribes the agreed up	pon delivery arrangement for this service:		
is check Washi	ked, identify the ington Coun	e government, authori nty	ncluding all cities and unincorporated are ity or organization providing the service.))	
Service identify	will be provide the governmen	d only in the unincor it, authority or organi	rporated portion of the county by a single ization providing the service.)	service provider. (If this box is c	hecked,
One or r unincoŋ	nore cities will porated areas. (provide this service of If this box is checked	only within their incorporated boundaries d, identify the government(s), authority or	s, and the service will not be prov r organization providing the servi	vided in ice.)
One or r unincorj	nore cities will porated areas. (provide this service If this box is checked	only within their incorporated boundaries d, identify the government(s), authority or	s, and the county will provide the r organization providing the servi	service in ice.)
Other. (J governn	If this box is ch nent, authority,	ecked, attach a legib or other organization	ble map delineating the service area of a that will provide service within each ser	each service provider, and iden rvice area.)	tify the
2. In developi		, were overlapping se	ervice areas, unnecessary competition and	d/or duplication of this service ide	entified?
higher levels o	tions will contin of service (See (n cannot be elim	O.C.G.A. 36-70-24(1	y, attach an explanation for continuing 1)), overriding benefits of the duplication,	g the arrangement (i.e., overlapp , or reasons that overlapping serv	ping but ice areas
If these condit	tions will be elin	iminated under the stra	rategy, attach an implementation sched the agreed upon deadline for completing	ule listing each step or action tha	t will be
3. List each go	overnment or au es, general fund	uthority that will help	p to pay for this service and indicate how strict revenues, hotel/motel taxes, franchis	the service will be funded (e.g., a	enterprise ebtedness, etc.
Washington		General Fund	s and Cities of Tennille, ddleville and Oconee pay wi		
			ive city's General Fund		
4. How will th No Chang		ge the previous arran	ngements for providing and/or funding th	is service within the county?	
5. List any form Agreement Name:			ntergovernmental contracts that will be u Contracting Parties:	used to implement the strategy for Effective and Ending	
Master Ser	vice Deliv	very Agreement			
6. What other General Assem	mechanisms (if ably, rate or fee	f any) will be used to changes, etc.), and v	implement the strategy for this service (e when will they take effect?	e.g., ordinances, resolutions, local	l acts of the
None					
7 Dercon com	pleting form:	Horace M. Dar	4 - 1		
	: _912-552-2		Date completed:5-20 -99		

OFG		SERVICE DELIVERY STRATEGY	
	SUMM	ARY OF SERVICE DELIVERY ARRANGEMENTS	PAGE
	Instructions: Make copies of this form and co Answer each question below, attack should be reported to the Department	mplete one for each service listed on page 1, Section III. Use exactly the same ing additional pages as necessary. If the contact person for this service (listed at the bat of Community Affairs.	service names listed on page pottom of the page) changes, t
	shington County	Service: Tax Collection	
		eed upon delivery arrangement for this service:	
Washi	ngton County	(i.e., including all cities and unincorporated areas) by a single servic authority or organization providing the service.)	
identify	the government, authority or	nincorporated portion of the county by a single service provider. (If organization providing the service.)	this box is checked,
One or n unincorp	nore cities will provide this se orated areas. (If this box is ch	prvice only within their incorporated boundaries, and the service will necked, identify the government(s), authority or organization providi	not be provided in ing the service.)
One or m unincorp	ore cities will provide this se orated areas. (If this box is ch	rvice only within their incorporated boundaries, and the county will becked, identify the government(s), authority or organization providi	provide the service in ng the service.)
Other. (If governme	this box is checked, attach a ent, authority, or other organi	a legible map delineating the service area of each service provide zation that will provide service within each service area.)	er, and identify the
2. In developin	ng the strategy, were overlapp	ing service areas, unnecessary competition and/or duplication of this	s service identified?
f these conditions igher levels of	ons will continue under the st service (See O.C.G.A. 36-70	rategy, attach an explanation for continuing the arrangement (i. -24(1)), overriding benefits of the duplication, or reasons that overla	.e., overlapping but apping service areas
i compension	califiot de eliminated).		
aken to elimina	ate them, the responsible part	he strategy, attach an implementation schedule listing each step or y and the agreed upon deadline for completing it.	r action that will be
unus, user rees	, general lunds, special service	Il help to pay for this service and indicate how the service will be fur ce district revenues, hotel/motel taxes, franchise taxes, impact fees, b	nded (e.g., enterprise bonded indebtedness, et
cal Government	or Authority: Funding Method		
ashington	County General H Harrison	Funds and Cities of Tennille, Davisboro, Deep Riddleville and Oconee pay with 7 1/2% of di	step, gest
	from resp	pective city's General Fund	
		arrangements for providing and/or funding this service within the co	ounty?
No Change			
	/		
List any form	al service delivery agreement	s or intergovernmental contracts that will be used to implement the s	trategy for this service:
reement Name:			e and Ending Dates:
ister Serv	ice Delivery Agreeme	nt	
	/		
What other meneral Assemb	echanisms (if any) will be use ly, rate or fee changes, etc.), a	ed to implement the strategy for this service (e.g., ordinances, resolu and when will they take effect?	tions, local acts of the
one			
		Revised	
	ting form: <u>Horace M.</u>		
me number:	912-552-2325	Date completed:	

OF CA	SERVICE DELIVERY STRATEGY				
	SUMMAR	Y OF SERVICE DELIVERY ARRANGEMENTS	PAGE 2		
	Instructions: Make copies of this form and comple Answer each question below, atlaching a should be reported to the Department of the	ete one for each service listed on page 1, Section III. Use exactly the same serviditional pages as necessary. If the contact person for this service (listed at the botto Community Affairs.	ice names listed on page 1. m of the page) changes, this		
County: Was	shington County	Service: Voter Registration			
1. Check the	box that best describes the agreed	upon delivery arrangement for this service:			
Wast	ington County	, including all cities and unincorporated areas) by a single service providing or organization providing the service.) corporated portion of the county by a single service provider. (If this anization providing the service.)	-		
One or r	more cities will provide this servic	ce only within their incorporated boundaries, and the service will no red, identify the government(s), authority or organization providing	t be provided in the service.)		
One or r unincorr	nore cities will provide this servic porated areas. (If this box is check	ce only within their incorporated boundaries, and the county will pro- ted, identify the government(s), authority or organization providing	ovide the service in the service.)		
Other. (I governm	If this box is checked, attach a leg nent, authority, or other organization	gible map delineating the service area of each service provider, a on that will provide service within each service area.)	and identify the		
2. In developi	ng the strategy, were overlapping] no	service areas, unnecessary competition and/or duplication of this se	ervice identified?		
inglier levels u	ions will continue under the strate of service (See O.C.G.A. 36-70-24 cannot be eliminated).	egy, attach an explanation for continuing the arrangement (i.e., (1)), overriding benefits of the duplication, or reasons that overlapp	overlapping but ing service areas		
If these conditi taken to elimin	ions will be eliminated under the s nate them, the responsible party an	strategy, attach an implementation schedule listing each step or ac ad the agreed upon deadline for completing it.	tion that will be		
3. List each go funds, user fee	overnment or authority that will he es, general funds, special service d	elp to pay for this service and indicate how the service will be funde listrict revenues, hotel/motel taxes, franchise taxes, impact fees, bon	d (e.g., enterprise ded indebtedness, etc.)		
Local Government					
Washington	County General Fun	nds_and_State_assistance			

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 Deriver

	Effective and Ending Dates:
Master Service Delivery Agreement	

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

None

No Change

7. Person completing form: <u>Horace M. Daniel</u>

Phone number: <u>912-552-2325</u>

_ Date completed: ______5-20-99

101 070			ERVICE DELIT				
	SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE 2					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 listed on page Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, th should be reported to the Department of Community Affairs.							age 1. 15, this
County: Was	hington Cour	nty	Servio	e: Voter Regi	stration /	· · · · · · · · · · · · · · · · · · ·	
1. Check the l	box that best desc	ribes the agreed u	pon delivery arrang	ement for this servi	ice:		
is check	will be provided (ed, identify the go ington Count	overnment, author	including all cities a rity or organization	and unincorporated providing the service	areas) by a single ser ce.)	rvice provider. (If this bo	X
Service	will be provided a	only in the uninco	prporated portion of nization providing the	the county by a sin the service.)	gle service provider.	(If this box is checked,	
One or n unincorp	nore cities will pr porated areas. (If t	ovide this service his box is checke	e only within their in d, identify the gove	corporated boundar rnment(s), authority	ries, and the service v or organization prov	will not be provided in viding the service.)	
One or n unincorp	nore cities will proorated areas. (If t	ovide this service his box is checked	only within their in d, identify the gove	corporated boundar rnment(s), authority	ries, and the county v or organization prov	vill provide the service in viding the service.)	n
Other. (I governm	f this box is checl ent, authority, or	ked, attach a legi other organization	ble map delineatin n that will provide s	g the service area ervice within each	o f each service prov service area.)	vider, and identify the	
2. In developin	ng the strategy, w no	ere overlapping s	service areas, unneco	essary competition	and/or duplication of	this service identified?	
higher levels of	ons will continue f service (See O.C cannot be elimin	L.G.A. 36-70-24()	y, attach an explain 1)), overriding bene	nation for continu fits of the duplication	i ng the arrangemen on, or reasons that ov	t (i.e., overlapping but verlapping service areas	
If these conditi	ons will be elimin	nated under the st	rategy, attach an in I the agreed upon de	adline for completi	edule listing each ste ng it.	p or action that will be	
3. List each go funds, user fee	vernment or auth s, general funds, s	ority that will hele special service dis	p to pay for this ser- strict revenues, hote	vice and indicate ho l/motel taxes, franc	w the service will be hise taxes, impact fe	e funded (e.g., enterprise es, bonded indebtedness,	, etc.)
Local Government	or Authority: Fi	unding Method:	/				
Washington	County	General Euno	is and State a	ussistance			
			/	2			-11
4. How will the	e strategy change	the previous array	ngements for provid	ling and/or funding	this service within th	e county?	
No Chango	e						
5. List any form Agreement Name:	al service deliver		intergovernmental c Contracting Parties:	ontracts that will be		he strategy for this servic fective and Ending Dates:	ce:
<u>Master Serv</u>	vice Deliver	y Agreement					\exists
	5						
	<u></u>	_/					
6. What other n General Assemb	nechanisms (if an oly, rate or fee cha	y) will be used to anges, etc.), and w	implement the strat when will they take	egy for this service effect?	(e.g., ordinances, res	solutions, local acts of th	ie
None	/	/			A .	/	
	/				Revised		
	/						
7. Person comp	leting form: <u> </u>	lorace M. Da	niel				
Phone number:	912-552-232	25	Date completed:				
8. Is this the per	rson who should t	be contacted by st	ate agencies when e	valuating whether	proposed local govern	ament projects	

are consistent with the service delivery strategy? X yes \square no If not, provide designated contact person(s) and phone number(s) below:



SERVICE DELIVERY STRATEGY SUMMARY OF LAND USE AGREEMENTS

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: WASHINGTON

Instructions:

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

There were no incompatibilities or conflicts between the land use plans of local governments identified during devleopment of the service delivery strategy. Washington County and each municipality participated in preparation and adoption of a Joint City/County Comprehensive Plan in 1992 and again in 1997. Any incompatibilities or conflicts were addressed at that time.

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

- amendments to existing comprehensive plans
- adoption of a joint comprehensive plan
- other measures (amend zoning ordinances, add environmental regulations, etc.)
- If "other measures" was checked, describe these measures:

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

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

The county and each city adopted the same process. To summarize: A) Municipality will notify county of proposed annexation, B) County will be notified of proposed rezoning, C) County must notify of objection in writing within 45 days (or lose right to object), D) Committee appointed to informally negotiate, E) Should resolution not occur, formal mediation takes place, F) Report to governing bodies. (See Attachment A-E)

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?

No city extends it's water or sewerage into the un-incorporated area of the county. Should extention occur, the city involved would follow the process established within the adopted Resolution establishing the process to insure compatibility with applicable land use plans and ordinances and to resolve intergovernmental land use plan and ordinance inconsistencies pursuant to the provision of new extra territorial water and sewer services.

5. Person completing form: Horace M. Daniel

Phone number: <u>912-552-2325</u>

_____ Date completed: __

leted: 5-20-99

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

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


SERVICE DELIVERY STRATEGY SUMMARY OF LAND USE AGREEMENTS PAGE 3 Instructions: Answer each question below, attaching additional pages as necessary. Please note that any changes to the answers provided will require updating of the service delivery strategy. If the contact person for this service (listed at the bottom of this page) changes, this should be reported to the Department of Community Affairs. County: WASHINGTON 1. What incompatibilities or conflicts between the land use plans of local governments were identified in the process of developing the service delivery strategy? There were no incompatibilities or conflicts between the land use plans of local governments identified during devleopment of the service delivery strategy. Washington County and each municipality participated in preparation and adoption of a Joint City/County Comprehensive Plan in 1992 and again in 1997. Any incompatibilities or conflicts were addressed at that time. 2. Check the boxes indicating how these incompatibilities or conflicts were addressed: N/A amendments to existing comprehensive plans

adoption of a joint comprehensive plan

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

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

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

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

The county and each city adopted the same process. To summarize: A) Municipality will notify county of proposed/annexation, B) County will be notified of proposed rezoning, C) County must notify of objection in writing within 45 days (or lose right to object), D) Committee appointed to informally negotiate, E) Should resolution not occur, formal mediation takes place, F) Report to governing bodies. (See Attachment A-E)

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?

Revised

Horace M. Daniel 5. Person completing form:

<u>912-552-2325</u> Phone number:

Date completed:

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? \Box yes \Box no

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

SERVICE DELIVERY STRATEGY CERTIFICATIONS

PAGE 4



Instructions:

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

SERVICE DELIVERY STRATEGY FOR WASHINGTON

COUNTY

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

- 1. We have executed agreements for implementation of our service delivery strategy and the attached forms provide an accurate depiction of our agreed upon strategy (O.C.G.A. 36-70-21);
- 2. Our service delivery strategy promotes the delivery of local government services in the most efficient, effective, and responsive manner (O.C.G.A. 36-70-24 (1));
- 3. Our service delivery strategy provides that water or sewer fees charged to customers located outside the geographic boundaries of a service provider are reasonable and are not arbitrarily higher than the fees charged to customers located within the geographic boundaries of the service provider (O.C.G.A. 36-70-24 (2));
- 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)); and
- 5. The process(es) for resolving land use disputes arising over annexation were established by the July 1, 1998 deadline (O.C.G.A. 36-70-24(4)).

SIGNATURE:	NAME: (Please print or type)	TITLE:	JURISDICTION: DATE:
they M. My	Horace M. Daniel	Commission Chairman	Washington County
Kulan dy	Richard D. Josey	Mayor	Davisboro
Thomas M Seller	- Thomas M. Sanders	Mayor	Deepstep
Morman W Drou	Mom Norman W. Brousseau	Mayor	Harrison
2, and me	Leon A. Price	Mayor	Oconee
AV11	Richard Jackson	Mayor	Riddleville
Aurace a. 140	Horace A. Mathis, Jr.	. Mayor	Sandersville
David B. Kan	David B. Hartley	Mayor	Tennille
			Children Starting
	*		
		and the second second	
2			
	Er.		
	8		

A RESOLUTION ESTABLISHING PROCESS TO INSURE COMPATIBILITY WITH APPLICABLE LAND USE PLANS AND ORDINANCES AND TO RESOLVE INTERGOVERNMENTAL LAND USE PLAN AND ORDINANCE INCONSISTENCIES PURSUANT TO THE PROVISION OF NEW EXTRA TERRITORIAL WATER AND SEWER SERVICES

WHEREAS, the Washington County Board of Commissioners and the Mayor and Councils of its political jurisdictions have found it necessary, desirable and in the public interest to establish a formal process to insure that the provision of new extraterritorial water and sewer service is consistent with all applicable land uses plan and ordinances of adjoining local governments, and

WHEREAS, the Washington County Board of Commissioners and its municipal jurisdictions have determined that a process to insure land use compatibility as it relates to the provision of new extraterritorial water and sewer services and land use plans/ordinances, and

WHEREAS, the Washington County Board of Commissioners and the governing bodies of the County's municipal jurisdictions have jointly developed a cooperative plan to insure consistency with applicable land use plans/ordiances.

BE IT THEREFORE RESOLVED by the Washington County Board of Commissioners of Washington County, Georgia and the governing bodies of the cities of Sandersville, Tennille, Davisboro, Riddleville, IT IS HEREBY RESOLVED by the Authority of same:

Section 1. Effective immediately upon the adoption of this Resolution by the respective governments, the following process of insuring that proposed extraterritorial water and sewer service is compatible with the land use plans/ordinances of the new territory shall be implemented:

- Prior to initiating the development of water and sewer services in extraterritorial boundaries, the local government proposing the new service by providing information on location of property, size of area, and existing proposed land use associated with the property.
- 2. Within 10 working days following receipt of the above information, the local government receiving the notice of water/sewer extension will forward to the local government proposing the extension a statement either (a) indicating that the proposal is compatible with that community's land use plan and all applicable ordinances; or (b) a description of why the proposal is inconsistent with the land use plan or ordinances providing supporting evidence. If the community proposing the service extension does not receive a response

in writing within the deadline, the proposal shall be determined to be consistent with the community's land use plan or land use ordiances.

- 3. If the community desiring to extend the water or sewer services a notification that the proposal is incompatible with the land use plan, the community may respond in writing within 10 days of receiving the notification of land use inconsistency by:

 (a) requesting a meeting to discuss a formal change to the land use plan;
 (b) agreeing with the content of the notification and stopping action on the proposed service extension.
- 4. In the event the respective jurisdictions seek mediation, the governments will agree on a mediator, mediation schedule and determine participants in the mediation. Any costs associated with the mediation will be shared pro rata by the county and the city based on population in accordance with the most recent decennial census.
- 5. A proposal to extend extraterritorial water and sewer service shall not be implemented until any bona fide land use plan or land use ordiance inconsistencies are resolved pursuant to the dispute resolution process.
- 6. However, the final determination of the land use plan or land use ordinances will be accorded to the governing body receiving the proposed service extension.

<u>Section 2:</u> All ordinances and resolutions in conflict herewith are hereby repealed.

According to Tim Mound @ RDC, this is the imaster Service Delivery Agreements Signed by County + cities. 6-1 SDM This is their contract on ps. 2 Q5.

Service Delivery Strategy Resolution

Whereas Georgia Law O.C.G.A. 36-70-21,36-70-25 (H.B.489) requires that each local government must execute an agreement for the implementation of a Service Delivery Strategy by July 1, 1999 and,

Whereas the Strategy must be accomplished by adoption of a resolution by: * the county governing authority

- the governing authority of each city located * within the county which has a population of 9,000 or greater within the county
- * the city which serves as the county seat; and
- * no less than half of the remaining cities which have a population of at least 500 persons within the county and,

Whereas the County of Washington and the cities therein have prepared a master agreement regarding this requirement,

Now therefore be it resolved that the County of Washington approves the Service Delivery Strategy as attached to this resolution.

5-13-99 DATE

HORA TUTTLE M. COMMISSIONER BARKSDALE, л 15 HÁ BARLOW COMMISSIONER 70 ORRE ŢER, COMMISSIONER COMMISSIONER



County Boundar



Washington County, GA

County Map

Prepared by the CSRA Regional Development Center

January 21, 1999

Source:

CSRA RDC-GIS

Map Design By:

CSRA RDC-GIS

General Disclaimer his information has been provided form general sources and is to be ad only as a guide. The CSRARDC autmos no liability for its accuracy any decisions which the user may nake based on these documents.

N



• •

• :

County Roundar



Washington County, GA

County Map

Prepared by the CSRA Regional Development Center

January 21, 1999

Source:

CSRA RDC-GIS

Map Design By:

CSRA RDC-GIS

General Disclaimer This information has been provided from general sources and is to be ased only as a guide. The CSRARDC assumes no liability for its accuracy or any decisions which the user may make based on these documents.





Washington County, GA

County Map

Prepared by the CSRA Regional Development Center

January 21, 1999

Source:

CSRA RDC-GIS

Map Design By:

CSRA RDC-GIS

General Disclaimer rtion has been pro ral sources and is to be ly as a guide. The CSRARDC lisbility for its accuracy ny decisions which the user may ed on these docum



Washington County, GA

County Map

Prepared by the CSRA Regional Development Center

January 21, 1999

Source:

CSRA RDC-GIS

Map Design By:

CSRA RDC-GIS

General Disclaimer his information has been provided from general sources and is to be end only as a guide. The CSRARDC asumes no lability for its accuracy r any decisions which the user may make based on these documents.



N N N N

Legend

County Boundary



Washington County, GA

County Map

Prepared by the CSRA Regional Development Center

January 21, 1999

Source:

CSRA RDC-GIS

Map Design By:

CSRA RDC-GIS

Coneral Disclaimer his information has been provided from general sources and is to be ad only as a guide. The CSRARDC assumes no lisbility for its accuracy any decisions which the user may make based on these documents.



SOLID WASTE COLLECTION

a

The City of Sandersville provides water service to its citizens.

The City of Sandersville provides bi-weekly curbside collection for its citizens and to commercial customers on a one to five day per





Washington County, GA

County Map

Prepared by the CSRA Regional Development Center

January 21, 1999

Source:

CSRA RDC-GIS

Map Design By:

CSRA RDC-GIS

guide. The CSRARDC lisbility for its accuracy



AN



Washington County, GA

County Map

Prepared by the CSRA Regional Development Center

January 21, 1999

Source:

CSRA RDC-GIS

Map Design By:

CSRA RDC-GIS

General Disclaimer This information has been provided from general sources and is to be used only as a guide. The CSRARDC assumes no liability for its accuracy of any decisions which the user may make based on these documents.



-

....

County Roundary



Washington County, GA

County Map

Prepared by the CSRA Regional Development Center

January 21, 1999

Source:

CSRA RDC-GIS

Map Design By:

CSRA RDC-GIS

General Disclaimer his information has been provided rom general sources and is to be do only as a guide. The CSRARDC attmes no liability for its accuracy any decisions which the user may make based on these documents.