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PAGE 1

# GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS SERVICE DELIVERY STRATEGY

#### FOR WORTH COUNTY

#### I. GENERAL INSTRUCTIONS

- 1. Only one set of these forms should be submitted per county. The completed forms should clearly present the collective agreement reached by all cities and counties that were party to the service delivery strategy.
- 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.

Worth CountyWorth County Library BoardCity of SylvesterWorth County Economic Development AuthorityCity of PoulanSylvester Housing AuthorityCity of WarwickWorth County SchoolsCity of SumnerBaptist Hospital of Worth CountyIII. SERVICES INCLUDED IN THE SERVICE DELIVERY STRATEGY:

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

	Social Services	Library
Tax Digest Preparation	Agricultural Building/Agent	Stormwater Mgmt.
Ad Valorum Tax Billing and Collections	Street Lighting	Solid Waste Mgmt.
Recreation	Water Supply and Distribution	Zoning
Economic Development	Animal Control	Public Housing
Fire Protection	Law Enforcement	Airport
Roads and Bridges	Sewage Collection/Disposal	
911 Emergency Dispatch	Cemetery	Emer. Mgement/Rescue
	Building Inspection/Code Enforcement	Emer. Medicine
County Jail	Voter Registration	Neighborhood Service Ctr.
Sheriff Dept.	and Elections (citywide)	
Court Services	Voter Registration	
	and Elections (Countywide-other)	

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: Worth County Service: Tax Digest Preparation
1. Check the box that best describes the agreed upon delivery arrangement for this service:
X Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.) Worth County
Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)
2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
🗇 yes X no
If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).
If these conditions will be eliminated under the strategy, attach an implementation schedule 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:
Worth County General Fund
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?
No changes
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:
none
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: Carolynn Segers
Phone Number:         (912) 522-3552         Date completed:         8/2/99
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with
the service delivery strategy?  yes X no If not, provide designated contact person(s) and phone number(s) below:
Brian Marlowe
Worth County Administrator (912) 776-8200

Instructions:

PAGE 2

1. Answer cach question bel	nd complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page low, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) rted to the Department of Community Affairs.
County: Worth Count	y Service: Billing & Collections - Ad Valorem Tax
1. Check the box that best d	escribes the agreed upon delivery arrangement for this service:
	countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, t, authority or organization providing the service.)
	ed only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the or organization providing the service.)
	provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated ecked, identify the government(s), authority or organization providing the service.)
One or more cities wi unincorporated areas.	ill provide this service only within their incorporated boundaries, and the county will provide the service in (If this box is checked, identify the government(s), authority or organization providing the service.)
authority, or other orga	necked, attach a legible map delineating the service area of each service provider, and identify the government, anization that will provide service within each service area.) ty, Sylvester, Poulan, Warwick, Sumner Sylvester serves their jurisdiction for city
taxes, and the o	county serves Poulan, Warwick, summer - Sylvester serves their furisation for city county serves Poulan, Warwick, and Sumner for collection of those city taxes Worth countywide for collection of county and school taxes.
2. In developing the strategy	y, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
🗇 yes X no	
	inue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels -70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be
	climinated under the strategy, attach an implementation schedule listing each step or action that will be taken to ble party and the agreed upon deadline for completing it.
	authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.
Local Government or Author	rity Funding Method:
Worth County Sylvester	General Funds General Funds
Poulan	General Funds
Warwick	General Funds
Sumner	General Funds
<ol> <li>How will the strategy change</li> </ol>	ange the previous arrangements for providing and/or funding this service within the county?
<ol><li>List any formal service de</li></ol>	elivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:
Agreement Name:	Contracting Parties : Effective and Ending Dates:
<ol> <li>What other mechanisms Assembly, rate or fee change</li> </ol>	(if any) will be used to implement the strategy for this service, (e.g., ordinances, resolutions, local acts of the General es, etc.) and when will they take effect?
7. Person completing form:	Carolynn Segers
Phone Number:(912) 52	22-3552 Date completed: 8/2/99
	ould be contacted by state agencies when evaluating whether proposed local government projects are consistent with
the service delivery strategy If not, provide designated co	7 Dyes X no entact person(s) and phone number(s) below:
Brian Marlowe Worth County Administrate (912) 776-8200	ic .

#### 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: Worth County Service Recreation

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

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

Sylvester-Worth County Recreation Department, also county provides allocation to Warwick, Sumner and Poulan for recreational purposes.

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

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

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

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

#### 🗇 yes X no

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

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

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

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

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:
Recreation Service Agreement	Sylvester and Worth County	July 1, 1999

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

7. Person completing form: Carolynn L. Segers

Phone Number: (912) 522-3552 Date completed: 8/2/99

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

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

Deborah BridgesBrian MarloweSylvester City ClerkWorth County Administrator(912) 776-8505(912) 776-8200

PAGE 2

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Instructions:	
	e listed on page 1, Section III. Use exactly the same service names listed on page an necessary. If the contact person for this service (listed at the bottom of the page) nity Affairs.
County: Worth County	Service: Economic Development
1. Check the box that best describes the agreed upon delivery a	arrangement for this service:
X Service will be provided countywide (i.e., including all cit identify the government, authority or organization provide Worth County EDA	ties and unincorporated areas) by a single service provider. (If this box is checked, ing the service.)
Service will be provided only in the unincorporated port government, authority or organization providing the servi	ion of the county by a single service provider. (If this box is checked, identify the ice.)
One or more cities will provide this service only within th areas. (If this box is checked, identify the government(s),	eir incorporated boundaries, and the service will not be provided in unincorporated authority or organization providing the service.)
	ithin their incorporated boundaries, and the county will provide the service in government(s), authority or organization providing the service.)
Other. (If this box is checked, attach a legible map deline authority, or other organization that will provide service will be a service of the service o	neating the service area of each service provider, and identify the government, within each service area.)
2. In developing the strategy, were overlapping service areas,	unnecessary competition and/or duplication of this service identified?
Dyes X no	
	explanation for continuing the arrangement (i.e., overlapping but higher levels the duplication, or reasons that overlapping service areas or competition cannot be
If these conditions will be eliminated under the strategy, atta eliminate them, the responsible party and the agreed upon dear	ach an implementation schedule listing each step or action that will be taken to fline for completing it.
	this service and indicate how the service will be funded (e.g., enterprise funds, user el taxes, franchise taxes, impact fees, bonded indebtedness, etc.
	g Method:
Worth County Advalorum Tax	
4. How will the strategy change the previous arrangements for	r providing and/or funding this service within the county?
5. List any formal service delivery agreements or intergovernm	nental contracts that will be used to implement the strategy for this service:
Agreement Name: Contracting Part	ties : Effective and Ending Dates:
6. What other mechanisms (if any) will be used to implement Assembly, rate or fee changes, etc.) and when will they take ef	the strategy for this service, (e.g., ordinances, resolutions, local acts of the General flect?
7. Person completing form: <u>Carolynn Segers</u>	
Phone Number:(912) 522-3552 Date com	npleted: <u>8/2/99</u>
8. Is this the person who should be contacted by state agencie	s when evaluating whether proposed local government projects are consistent with
the service delivery strategy?  yes X no If not, provide designated contact person(s) and phone number	r(s) below:
Brian Marlowe Worth County Administrator (912) 776-8200	

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#### PAGE 2

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Y- A	
Inst	ructions:

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: Worth County

#### Service Fire Protection

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

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

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

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

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

X Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.) City of Sylvester for Sylvester; and Worth County for balance of county through volunteer departments. Poulan and Sumner also fund their stations with fire engines.

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

🗖 yes X no

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

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

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

Local Government or Authority

our obterminent of Au	i unding Method.	
City of Sylvester	General Fund	
City of Poulan	General Fund	
City of Sumner	General Fund	
Worth County	General Fund	

Funding Method

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

Fire protection is provided within Sylvester city limits by City of Sylvester and is funded by City of Sylvester general funds.

Fire protection is provided to the remaining municipalities and unincorporated area of Worth County through volunteer fire departments organized as private nonprofit organizations which are financially supported by Worth County. In order to ensure tax equity, a special tax district will be created by the county. Poulan and Sumner participate in upkeep of engines.

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:
Volunteer Fire Dept.	Worth County	7/1 to 6/30, annual self renewing

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?

Creation of special tax district to fund fire protection by county outside of Sylvester.

7. Person completing form: Carolynn Segers

Phone Number: (912) 522-3552 Date completed: 8/2/99

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

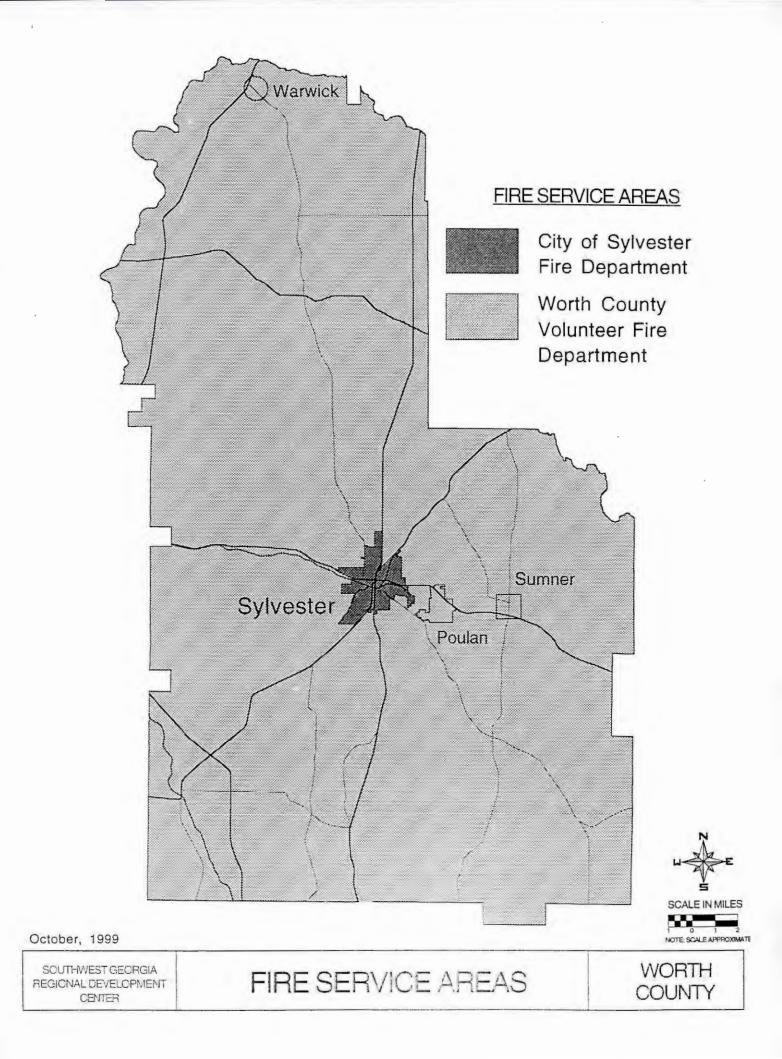
If not, provide designated contact person(s) and phone number(s) below: Brian Marlowe, Worth Co. Administrator (912) 776-8200

SUMMARY OF SERVICE DELIVERY ARRANGEMENT

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PAGE 2
Instructions: Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.
County: Worth County Service Fire Protection
1. Check the box that best describes the agreed upon delivery arrangement for this service:
Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
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 of organization providing the service.)
X Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.) City of Sylvester for Sylvester; and Worth County for balance of county through volunteer departments. Poulan and Summer also fund their stations with fire engines.
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)), overlaining 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 dead line 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 Fanding Method:
City of Sylvester     General Fund       Worth County     General Fund
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?
Fire protection is provided within Sylvester city limits by City of Sylvester and is funded by City of Sylvester general funds
Fire protection is provided to the remaining municipalities and unincorporated area of Worth County through volunteer fire departments organized as private nonprofit organizations which are financially supported by Worth County. In order to ensure tax equity, a special tax district will be created by the county.
5. List any formal service delivery acceements or intergovernmental contracts that will be used to implement the strategy for this service:
Agreement Name:     Contracting Parties :     Effective and Ending Dates:       Volunteer Fire Dept.     Worth County     7/1 to 6/30, annual self renewing
<ul> <li>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?</li> <li>Creation of special tax district to fund fire protection by county outside of Sylvester.</li> <li>7. Person completing form: <u>Carolynn Segers</u></li> </ul>
Phone Number: (912) 522-3552 Date completed: 8/2/99
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy?  yes X no If not, provide designated contact person(s) and phone number(s) below: Brian Marlowe Worth Co. Administrator (912) 776-8200



# SERVICE DELIVERY STRATEGY

S		SERVICE DELIV	VERY ARRANGEMENTS	
	below, attaching additio	nal pages as necessary. If the	PAG 1, Section III. Use exactly the same service names listed on e contact person for this service (listed at the bottom of the	page
County: Worth Cou	nty	Service: H	Roads and Bridges	
1. Check the box that best	describes the agreed up	on delivery arrangement for the	this service:	
		luding all cities and unincorporation providing the service.)	corated areas) by a single service provider. (If this box is che	cked,
	led only in the unincorp y or organization provid		by a single service provider. (If this box is checked, identif	fy the
			boundaries, and the service will not be provided in unincorpo mization providing the service.)	orated
unincorporated areas	. (If this box is checked,		porated boundaries, and the county will provide the servic authority or organization providing the service.)	ce in
		the map delineating the serv ride service within each servic	vice area of each service provider, and identify the government of the government of the service area.)	ment,
2. In developing the strate	gy, were overlapping se	rvice areas, unnecessary comp	petition and/or duplication of this service identified?	
🗇 yes	Xno			
			r continuing the arrangement (i.e., overlapping but higher l or reasons that overlapping service areas or competition cann	
eliminate them, the respon 3. List each government o fees, general funds, special Local Government or Auth	sible party and the agree r authority that will help l service district revenue nority	ed upon deadline for completing p to pay for this service and in es, hotel/motel taxes, franchise Funding Method:	ntation schedule listing each step or action that will be tak ing it. ndicate how the service will be funded (e.g., enterprise funds, e taxes, impact fees, bonded indehtedness, etc.	
Worth County Sylvester		LOST Funds/DOT Funds LOST Funds/DOT Funds		
Poulan		LOST Funds/DOT Funds		
Warwick		LOST Funds/DOT Funds		
Sumner	General Funds/SP	LOST Funds/DOT Funds		
No Change			r funding this service within the county? hat will be used to implement the strategy for this service:	
Agreement Name:	Con	tracting Parties :	Effective and Ending Dates:	
<ol> <li>6. What other mechanism Assembly, rate or fee chan none</li> </ol>			his service, (e.g., ordinances, resolutions, local acts of the Gen	ieral
7. Person completing form	::Carolynn Seger	<u>s</u>		
Phone Number:(912)	522-3552	Date co	mpleted: <u>Aug. 2, 1999</u>	-
8. Is this the person who s	hould be contacted by s	tate agencies when evaluating	g whether proposed local government projects are consistent v	with
the service delivery strateg If not, provide designated	y? 🗖 yes X no			
Brian Marlowe Worth Co. Administrator (912) 776-8200				

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SU	MMARY OF SERVI	ICE DELIVERY ARRANGEMENTS ØAGE
1. Answer each question be	and complete one for each service clow, attaching additional pages as orted to the Department of Commu	ice listed on page 1, Section III. Use exactly the same service names listed on page as necessary. If the contact person for this service (listed at the bottom of the page unity Affairs.
County: Worth Coun	ty	Service: Roads and Bridges
I. Check the box that best of	lescribes the agreed upon delivery	arrangement for this service:
Service will be provided identify the government	d countywide (i.e., including all ci nt, authority or organization provid	tities and unincorporated areas) by a single service provider. (If this box is checked ding the service.)
	d only in the unincorporated portion or organization providing the serve	tion of the county by a single service provider. (If this box is checked, identify the vice.)
One or more cities will areas. (If this box is ch	provide this service only within the tecked, identify the government(s),	heir incorporated boundaries, and the service will not be provided in unincorporate ), authority or organization providing the service.)
unincorporated areas.	will provide this service only wi (If this box is checked, identify the Sylvester, Poulan, Warwin	within their incorporated boundaries, and the county will provide the service e government(s), authority or organization providing the service.) ick, Sumner
Other. (If this box is el authority, or other orga	hecked, attach a legible map del inization that will provide service	clineating the service area of each service provider, and identify the government within each service area.)
2. In developing the strateg	y, were overlapping service areas,	, unnecessary competition and/or duplication of this service identified?
X yes 🗖 no		2/
If these conditions will cont of service (See O.C.G.A. 36 eliminated).	inue under the strategy, <b>attach an</b> -70-24(1)), overriding benefits of	f the duplication, or reasons that overlapping service areas or competition cannot
If these conditions will be a climinate them, the responsi	eliminated under the strategy and ble party and the agreed upon dead	tach an implementation schedule listing each step or action that will be taken addine for completing it.
3. List each government or fees, general funds, special s	authority that will here to ever for service district revenues, hore/mot	this service and indicate how the service will be funded (e.g., enterprise funds, us tel taxes, franchise taxes, impact fees, bonded indebtedness, etc.
Local Government or Autho Worth County	General Funds/SPLOST Fund	ng Method: ds/DOT Funds
Sylvester	General Funds/SPLOST Fund	ids/DOT Funds
Poulan Warwick	General Funds/SPLOST Fund General Funds/SPLOST Fund	
Sumner	General Funds/SPLOST Fund	
4. How will the strategy cha	ange the previous arrangements for	or providing and/or funding this service within the county?
No Change		
5. List any formal service d	elivery agreements or intergovernm	mental contracts that will be used to implement the strategy for this service:
Agreement Name:	Contracting Par	rties : Effective and Ending Dates;
	(ii) any) will be used to implement es, etc.) and when will they take ef	at the strategy for this service, (e.g., ordinances, resolutions, local acts of the Genera effect?
/	0.1.6	
7. Person completing form:		
Phone Number: (212) 5		Date completed:Aug. 2, 1999 es when evaluating whether proposed local government projects are consistent with
the service delivery strategy		
Brian Marlowe Worth Co. Administrator (912) 776-8200		
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SUMINIA	ARY OF SERVICE DELIV	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: Worth County	Service:	911 Emergency Dispatch Service			
1. Check the box that best describes	the agreed upon delivery arrangement for th	nis service:			
identify the government, authori	vide (i.e., including all cities and unincorpo ity or organization providing the service.) "th County	prated areas) by a single service provider. (If this box is checked,			
Service will be provided only in government, authority or organi		by a single service provider. (If this box is checked, identify the			
	his service only within their incorporated h lentify the government(s), authority or organ	oundaries, and the service will not be provided in unincorporated nization providing the service.)			
One or more cities will prov unincorporated areas. (If this bo	ide this service only within their incorp x is checked, identify the government(s), a	orated boundaries, and the county will provide the service in uthority or organization providing the service.)			
	ttach a legible map delineating the servi that will provide service within each servic	ice area of each service provider, and identify the government, se area.)			
2. In developing the strategy, were or	verlapping service areas, unnecessary comp	petition and/or duplication of this service identified?			
🖸 yes X no					
If these conditions will continue und of service (See O.C.G.A. 36-70-24(1 eliminated).	er the strategy, attach an explanation for )), overriding benefits of the duplication, o	continuing the arrangement (i.e., overlapping but higher levels or reasons that overlapping service areas or competition cannot be			
	d under the strategy, attach an implement and the agreed upon deadline for completing	ntation schedule listing each step or action that will be taken to ng it.			
		idicate how the service will be funded (e.g., enterprise funds, user taxes, impact fees, bonded indebtedness, etc.			
Local Government or Authority Worth County Telepho	Funding Method: one Surcharge and General Fund				
worarcounty					
l					
4. How will the strategy change the p	previous arrangements for providing and/or	funding this service within the county?			
5. List any formal service delivery ag	greements or intergovernmental contracts th	nat will be used to implement the strategy for this service:			
Agreement Name:	Contracting Parties :	Effective and Ending Dates:			
<ol> <li>What other mechanisms (if any) w Assembly, rate or fee changes, etc.) a</li> </ol>		us service, (e.g., ordinances, resolutions, local acts of the General			
2.0					
7. Person completing form: <u>Carolyr</u>		· · ·			
Phone Number: <u>912-522-3552</u> Dat					
the service delivery strategy? Dyes	Хло	s whether proposed local government projects are consistent with			
If not, provide designated contact per	son(s) and phone number(s) below:				
Brian Marlowe Worth Co. Administrator (912) 776-8200					

		PAGE 2
1. Answer each question belo	nd complete one for each service listed on ow, attaching additional pages as necessary. ted to the Department of Community Affairs.	page 1, Section III. Use exactly the same service names listed on page If the contact person for this service (listed at the bottom of the page)
County: Worth County	Servi	ce County Jail
1. Check the box that best de	scribes the agreed upon delivery arrangemen	t for this service:
identify the government,	countywide (i.e., including all cities and unin , authority or organization providing the serv <i>County</i>	corporated areas) by a single service provider. (If this box is checked, ice.)
	d only in the unincorporated portion of the c r organization providing the service.)	ounty by a single service provider. (If this box is checked, identify the
	rovide this service only within their incorpor cked, identify the government(s), authority or	ated boundaries, and the service will not be provided in unincorporated r organization providing the service.)
		incorporated boundaries, and the county will provide the service in $t(s)$ ; authority or organization providing the service.)
	cked, attach a legible map delineating the nization that will provide service within each	service area of each service provider, and identify the government, service area.)
<ol> <li>In developing the strategy,</li> </ol>	were overlapping service areas, unnecessary	competition and/or duplication of this service identified?
🗖 yes X no		
of service (See O.C.G.A. 36- eliminated).	70-24(1)), overriding benefits of the duplication	on for continuing the arrangement (i.e., overlapping but higher levels tion, or reasons that overlapping service areas or competition cannot be
	iminated under the strategy, attach an imp le party and the agreed upon deadline for cor	<b>lementation schedule</b> listing each step or action that will be taken to npleting it.
		and indicate how the service will be funded (e.g., enterprise funds, user nchise taxes, impact fees, bonded indebtedness, etc.
local Government or Authori		
Worth County	General Funds and User Fees	
		and/or funding this service within the county? acts that will be used to implement the strategy for this service:
Agreement Name:	Contracting Parties :	Effective and Ending Dates:
	if any) will be used to implement the strategy s, etc.) and when will they take effect?	for this service, (e.g., ordinances, resolutions, local acts of the General
none		
7. Person completing form: <u>912-776-82</u>	Brian Marlowe, County Administrator	te completed: 8/2/99
the service delivery strategy?		uating whether proposed local government projects are consistent with
and the same and Branca and		

1. Answer each question below, at		ge 1, Section III. Use exactly the same service names listed on page the contact person for this service (listed at the bottom of the page)
County: Worth County		:Sheriff Department
1. Check the box that best describe	es the agreed upon delivery arrangement f	or this service:
	ywide (i.e., including all cities and uninco ority or organization providing the service Worth County	orporated areas) by a single service provider. (If this box is checked, c.)
	in the unincorporated portion of the counization providing the service.)	nty by a single service provider. (If this box is checked, identify the
	e this service only within their incorporate identify the government(s), authority or o	ed boundaries, and the service will not be provided in unincorporated organization providing the service.)
		corporated boundaries, and the county will provide the service in s), authority or organization providing the service.)
	attach a legible map delineating the so on that will provide service within each se	ervice area of each service provider, and identify the government, rvice area.)
2. In developing the strategy, were	overlapping service areas, unnecessary c	ompetition and/or duplication of this service identified?
🗇 yes X no		
If these conditions will continue up of service (See O.C.G.A. 36-70-24 eliminated).	nder the strategy, <b>attach an explanation</b> (1)), overriding benefits of the duplication	for continuing the arrangement (i.e., overlapping but higher levels on, or reasons that overlapping service areas or competition cannot be
	ted under the strategy, attach an imple ty and the agreed upon deadline for comp	mentation schedule listing each step or action that will be taken to
3. List each government or authori	ity that will help to pay for this service an	id indicate how the service will be funded (e.g., enterprise funds, user hise taxes, impact fees, bonded indebtedness, etc.
Local Government or Authority	Funding Method:	
Worth County Gend	eral Funds	
		d/or funding this service within the county?
Agreement Name:	Contracting Parties :	ts that will be used to implement the strategy for this service: Effective and Ending Dates:
none		
6. What other mechanisms (if any Assembly, rate or fee changes, etc.		or this service, (e.g., ordinances, resolutions, local acts of the General
none		
7. Person completing form: <u>Brid</u> Phone Number: <u>912-776-8200</u>	an Marlowe, County Administrator Date	completed: 8/2/99
the service delivery strategy? X		ting whether proposed local government projects are consistent with

PAGE 2

SUI	MMARY OF SERVICI	E DELIVERY ARRANGEMENTS PAGE 2
1. Answer each question belo		ted on page 1, Section III. Use exactly the same service names listed on page cessary. If the contact person for this service (listed at the bottom of the page) Affairs.
County: Worth County	L	Service: Court Services
1. Check the box that best de	scribes the agreed upon delivery arran	ngement for this service:
	d countywide (i.e., including all cities , authority or organization providing b	and unincorporated areas) by a single service provider. (If this box is checked, the service.)
	d only in the unincorporated portion r organization providing the service.)	of the county by a single service provider. (If this box is checked, identify the
		incorporated boundaries, and the service will not be provided in unincorporated hority or organization providing the service.)
		their incorporated boundaries, and the county will provide the service in vernment(s), authority or organization providing the service.)
authority, or other organ	nization that will provide service with	nting the service area of each service provider, and identify the government, in each service area.) r, Poulan, Warwick and Town of Sumner
2. In developing the strategy,	, were overlapping service areas, unn	ecessary competition and/or duplication of this service identified?
🗇 yes X no		
		planation for continuing the arrangement (i.e., overlapping but higher levels duplication, or reasons that overlapping service areas or competition cannot be
eliminate them, the responsib 3. List each government or a	ole party and the agreed upon deadline uthority that will help to pay for this	service and indicate how the service will be funded (e.g., enterprise funds, user
		axes, franchise taxes, impact fees, bonded indebtedness, etc.
Local Government or Author Worth County	ity Funding M general fund	fethod:
City of Sylvester	general fund	
City of Poulan City of Warwick	general fund	
Town of Sumner	general fund	
1	. M	oviding and/or funding this service within the county?
No tax equity issue. services.	s. Individual cities fund a	city courts, and Worth County funds all other court
5. List any formal service de	livery agreements or intergovernment	tal contracts that will be used to implement the strategy for this service:
Agreement Name:	Contracting Parties	: Effective and Ending Dates:
none		
		· · · · · · · · · · · · · · · · · · ·
		strategy for this service, (e.g., ordinances, resolutions, local acts of the General
Assembly, rate or fee change	es, etc.) and when will they take effect	
7. Person completing form:	Carolynn Segers	
	12) 522-3552 Date con	
		hen evaluating whether proposed local government projects are consistent with
the service delivery strategy?		
Brian Marlowe (912) 776-8200		

	MMART OF SERVICE I	PAGE 2
1. Answer each question bel	nd complete one for each service listed low, attaching additional pages as necess rted to the Department of Community Affi	on page 1, Section III. Use exactly the same service names listed on pag ary. If the contact person for this service (listed at the bottom of the page airs.
County: Worth Count	y Se	rvice: Social Services - Health Department,
		Mental Health, Department of Family & Children Services
1. Check the box that best de	escribes the agreed upon delivery arranger	nent for this service:
X Service will be provided identify the government Worth County	d countywide (i.e., including all cities and t, authority or organization providing the s	unincorporated areas) by a single service provider. (If this box is checked service.)
	d only in the unincorporated portion of the organization providing the service.)	he county by a single service provider. (If this box is checked, identify the
	provide this service only within their incorected, identify the government(s), authorities	rporated boundaries, and the service will not be provided in unincorporated ty or organization providing the service.)
unincorporated areas. (	If this box is checked, identify the government	eir incorporated boundaries, and the county will provide the service in nent(s), authority or organization providing the service.)
	ecked, attach a legible map delineating nization that will provide service within e	the service area of each service provider, and identify the government ach service area.)
2. In developing the strategy	, were overlapping service areas, unneces	sary competition and/or duplication of this service identified?
🗇 yes X no		
		ation for continuing the arrangement (i.e., overlapping but higher level lication, or reasons that overlapping service areas or competition cannot b
	liminated under the strategy, attach an i ble party and the agreed upon deadline for	implementation schedule listing each step or action that will be taken to completing it.
		rice and indicate how the service will be funded (e.g., enterprise funds, use franchise taxes, impact fees, bonded indebtedness, etc.
Local Government or Author	ity Funding Metho	sd:
Worth County	General Fund	
L		
4. How will the strategy cha	nge the previous arrangements for provid	ing and/or funding this service within the county?
none		
none		
5 List any formal cornice de	livery agreements or interactiverymental of	portracts that will be used to implement the strategy for this service:
5. List any formal service of	invery agreements of intergovenintental of	
Agreement Name:	Contracting Parties :	Effective and Ending Dates:
none		
	(if any) will be used to implement the stra rs, etc.) and when will they take effect?	tegy for this service, (e.g., ordinances, resolutions, local acts of the General
none		•
7. Person completing form:	Carolynn Severs	
	2) 522-3552 Date completed	8/2/99
the service delivery strategy		evaluating whether proposed local government projects are consistent with w:
Brian Marlowe		
Worth County Administrato (912) 776-8200	r	

	SERV	ICE DEI	IVERY	STRA	TEGY	
SUMM	ARY OF	SERVICE	E DELIV	ERY AR	RANGEM	ENTS

SUMM	ARY OF SERVICE DELI	VERY ARRANGEMENTS PAGE 2
1. Answer each question below, atta	plete one for each service listed on page iching additional pages as necessary. If the ne Department of Community Affairs.	<b>1, Section III.</b> Use exactly the same service names listed on page ne contact person for this service (listed at the bottom of the page)
County: Worth County	Service_	Agricultural Building, including County Agent
1. Check the box that best describes	the agreed upon delivery arrangement for	this service:
X Service will be provided county identify the government, author Worth County	wide (i.e., including all cities and unincor rity or organization providing the service.)	porated areas) by a single service provider. (If this box is checked,
Service will be provided only i government, authority or organ		y by a single service provider. (If this box is checked, identify the
One or more cities will provide areas. (If this box is checked, ic	this service only within their incorporated dentify the government(s), authority or org	boundaries, and the service will not be provided in unincorporated anization providing the service.)
One or more cities will pro- unincorporated areas. (If this be	vide this service only within their incor x is checked, identify the government(s),	porated boundaries, and the county will provide the service in authority or organization providing the service.)
	ttach a legible map delineating the ser- that will provide service within each servi	vice area of each service provider, and identify the government, ice area.)
2. In developing the strategy, were o	verlapping service areas, unnecessary con	npetition and/or duplication of this service identified?
🗖 yes X no		
		r continuing the arrangement (i.e., overlapping but higher levels or reasons that overlapping service areas or competition cannot be
		entation schedule listing each step or action that will be taken to
	and the agreed upon deadline for complet	
<ol><li>List each government or authority fees, general funds, special service di</li></ol>	that will help to pay for this service and i strict revenues, hotel/motel taxes, franchis	indicate how the service will be funded (e.g., enterprise funds, user se taxes, impact fees, bonded indebtedness, etc.
Local Government or Authority	Funding Method:	
Worth County Genera	al Fund/Rental Fees	
		и
4. How will the strategy change the	previous arrangements for providing and/c	or funding this service within the county?
none		
5. List any formal service delivery as	reements or intergovernmental contracts t	that will be used to implement the strategy for this service:
Agreement Name:	Contracting Parties :	Effective and Ending Dates:
no		
<ol> <li>What other mechanisms (if any) v Assembly, rate or fec changes, etc.) a</li> </ol>		his service, (e.g., ordinances, resolutions, local acts of the General
none		
7. Person completing form: <u>Carob</u>	vnn L. Segers	
Phone Number: (912) 522-3	552 Date completed:	8/2/99
8. Is this the person who should be c	ontacted by state agencies when evaluatin	g whether proposed local government projects are consistent with
he service delivery strategy?	es X no	
If not, provide designated contact per	son(s) and phone number(s) below:	
Brian Marlowe Worth County Administrator (912) 776-8200		

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Instructions:				PAGE
Make copies of this form	and complete one for each	service listed on page 1, Se	ection III. Use exactly the same service na	mes listed on pa
. Answer each question be	low, attaching additional p	ages as necessary. If the cor	ntact person for this service (listed at the ba	ottom of the pag
nanges, this should be rep	orted to the Department of C	community Affairs.		1
County: Worth Coun	ty	Service Agri	cultural Building, including County	Agent
Check the box that best	lescribes the agreed upon de	elivery arrangement for this s	ervice:	
Sanias will be provide	d anuntauida (i.e. indudia			
identify the government Worth County	nt, authority or organization	providing the service.)	ed areas) by a single service provider. (If this	is box is checke
	ed only in the unincorporate or organization providing th		a single service provider. (If this box is che	ecked, identify t
			$\Omega$	
One or more cities will areas. (If this box is cl	provide this service only wi necked, identify the governm	ithin their incorporated bound aent(s), authority or organizat	daries, and the service will not be provided tion providing the service.)	in unincorporat
			ed boundaries, and the county will provi rity or organization providing the service.)	de the service
		op delineating the service a ervice within each service are	the of each service provider, and identif	y the governme
In developing the strateg	y, were overlapping service	areas, unnecessary competiti	and/or duplication of this service identifi	ied?
yes X no		Q		
			tinuing the arrangement (i.e., overlapping asons that overlapping service areas or com	
	2	0	and a second second second second	
			on schedule listing each step or action that	at will be taken
iminate them, the respons	ble party and the agreed upo	on deadhde for completing it.		
List each government or	authority that will help to pa	ay for this service and indica	te how the service will be funded (e.g., enti- es, impact fees, bonded indebtedness, etc.	erprise funds, us
sa, general failes, special	er vice district revenues, not	abilition function of the second	is, impact tees, contact interotections, etc.	
ocal Government or Author		Funding Method:		
Worth County	General Fund/Rental Fees	s /		
		1		
	1		and a second	
How will the strateon ob	ande the provious arrangen	ente for providing and/or fun	ding this service within the county?	
now win the strategy en	inge the previous attangent	chis for providing and/or run	and this service which the county?	
one	/			
one	/			
List any formal service d	alivery soreaments or intera	overnmental contracts that w	vill be used to implement the strategy for thi	e convice.
List any formal service o	envery agreements of interg	overminental contracts that w	in be used to implement the strategy lot the	s service.
Agreement Name:	/ Contracti	ng Parties :	Effective and Ending Dates:	
no				
	1			
	(if any) will be used to impl es, etc.) and when will they		ervice, (e.g., ordinances, resolutions, local ad	ets of the Gener
one	/			
	/			
Person completing form	Carolynn L. Segers			
	12) 522-3552	Date completed:8/2/9	9	
hone Number: (9				· · ·
1	ould be contacted by state a	igencies when evaluating when	ether proposed local government projects ar	e consistent wit
. Is this the person who sl he service deliver strategy			ether proposed local government projects ar	e consistent wit
. Is this the person who sl he service deliver strategy	? Dyes X no ontact person(s) and phone r		ether proposed local government projects ar	e consistent wi

Interaction:       Male copies of this form and complete one for each service listed on page 1, Section III. Use cauchy the same service names listed on page 1. Anower each question below, stacking additional pages as necessary. If the contact person for this service (listed at the bostom of the page) diames, this shaded be reported to the Department of Community Affair.         County:	SU	IMMARY OF SERVICE DE	LIVERY ARRANGEMENTS PAGE 2
1. Check the best that bent describes the agreed upon delivery arrangement for this service:         □ Service will be provided countywide (i.e., including all chies 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, suthority or organization providing the service.)         × One or more effect 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(), authority or organization providing the service.)         × One or more effect will provide this service only within their incorporated boundaries, and the service will not be provide the service in unincorporated areas. (If this box is checked, identify the government(), unthority or organization providing the service.)         > One or more effect will provide this service areas, the service area of each service provider, and identify the government().         = other of the ocits will provide this service within each service area of each service provider, and identify the government().         > other organization that will provide service within each service area.)         2. In developing the strategy, were overlapping service areas, the ocitation of this service identified?         □ yes       X no         If these conditions will be diminated under the strategy, stach as explanation for constanting the arrangement (i.e., overlapping but higher hevels of arrave (see COA. 36-70	Make copies of this form a 1. Answer each question be	elow, attaching additional pages as necessary.	page 1, Section III. Use exactly the same service names listed on page If the contact person for this service (listed at the bottom of the page)
□       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 effect 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(), authority or organization providing the service.)         × One or more effect will provide this service only within their incorporated boundaries, and the service will not be provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)         > One or more effect will provide this service or within each service area of each service provider, and identify the government(s), authority or organization providing the service.)         > One or more effect will provide this service area, and the service area.)         2. In developing the strategy, were overlapping service areas or secon that overlapping service error competition cannot be alignment.         > grays       X no         If these conditions will be diminated under the strategy, stack an explanation for containing the arrangement (i.e., overlapping but higher levels of service (see Col A) 4670-24(1)), courring barfiely, stack an explanation for the service will be funded (e.g., enterprine funds, user feex, general fund         City	County:Worth	Service: Street	Lighting
identify the government, authority or organization providing the service.)         Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government), authority or organization providing the service.)         X One or more eities will provide this service only within their incorporated boundaries, and the service.)         Cities of Sylvester, Poulan, Warwick, and Summer         One or more eities will provide this service only within their incorporated boundaries, and the service.)         Other or more eities will provide this service and within their incorporated boundaries, and the service.)         Other or more eities will provide this service and within their incorporated boundaries, and the service.)         Other (If this box is checked, identify the government(), unbority or organization providing the service.)         Other (If this box is checked, identify the government(), unbority or organization provide, and identify the government, authority or organization provides service within each service area.)         1. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identifict?         Oyse       X no         If these conditions will be eliminated under the strategy, stach as explanation for constituting the service will be funded (e.g., enterprise time, user free, general fund, special service dupon deadine for completing it.         1. Is a card government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise timed, user free, general fund de	1. Check the box that best of	describes the agreed upon delivery arrangement	t for this service:
government, authority or organization providing the service.)         X       One or more eities will provide this service only within their incorporated brundaries, and the service.)         Cities of Sylvester, Poulan, Warwick, and Stummer         One or more eities will provide this service only within their incorporated brundaries, and the county will provide the service in unincorporated areas. (If this bot is checked, identify the government(), subority or cognization providing the service.)         Other or more eities will provide this service area of each service provider, and identify the government, subority, or other organization that will provide service areas of each service provider, and identify the government, subority, or other organization that will provide service areas of each service provider, and identify the government, subority, or other organization that will provide service areas, competition and/or duplication of this service identified?         yes       X no         11 these conditions will continue under the strategy, stack an explanation for contining the arrangement (i.e., overlapping but higher levels of service (See OCGA 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated under the strategy, stack 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 and government or authority that will help to pay for this service, small finds, special servic defined (e.g., enterprise fund, user fixes, genetal find, special servic defined fund in dupleter defining the service: ( <u>yer Sylvester general fund toregeneral fund toregovernment general fund toregovernmen</u>	Service will be provided identify the government	d countywide (i.e., including all cities and uni nt, authority or organization providing the serv	ncorporated areas) by a single service provider. (If this box is checked, ico.)
areas. (If this box is checked, identify the government(b, authority or eganization providing the service.) Cities of Sylvester, Poulan, Warwick, and Sumner One or more cities will provide this service only within their incorporated boundaries, and the exervice in unincorporated areas. (If this toos is checked, identify the government(), authority or erganization providing the service.) Cities of Sylvester, Poulan, Warwick, and Sumner Other. (If this box is checked, identify the government(), authority or reganization providing the service in unincorporated areas. (If this box is checked, identify the government(), authority or optical provider, and identify the government, authority, or other organization that will provide service areas, unnecessary competition and/or duplication of this service identified? Uses X no If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels distributed on the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate 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 dealline 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 (org., enterprise funds, user fees, general fund, special service district revenues, hatelimetate taxes, impact feas, bonded indettedness, etc. Local Government or Authority Funding Method: City of Sylvestar general fund City of Yourdar general fund City of Yourdar general fund City of Yourdar general fund City of Poulan General	Service will be provid government, authority	ed only in the unincorporated portion of the c or organization providing the service.)	ounty by a single service provider. (If this box is checked, identify the
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 legble map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide 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 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 fund g	areas. (If this box is ch	necked, identify the government(s), authority or	r organization providing the service.)
authority, or other organization that will provide service areas, unnecessary competition and/or duplication of this service identified?         □ yes       X no         If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated.         If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.         3. List each government or authority that will help to pay for this service, impact fees, bonded indebtedness, etc.         Local Government or Authority       Funding Method: <u>City of Shybester</u> general fund <u>general fund</u> general fund <u>city of Shybester</u> general fund <u>general fund</u> general fund <u>Town of Sunner</u> general fund <u>strategy change</u> the previous arrangements for providing and/or funding this service within the county?         None         5. List any formal service delivery agreements or intergovermmental 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> : <u>None</u> • A visco or fee changes, etc.) and when will they take effect?          None            • A strategy for this service, (e.g., ordinances, resolutions, local acts of the General Assembly, tate or fee changes		will provide this service only within their i (If this box is checked, identify the governmen	incorporated boundaries, and the county will provide the service in t(s); authority or organization providing the service.)
□ye       X no         □yes       X no         If the sconditions will continue under the strategy, stach an explanation for continuing the arrangement (i.e., overlapping but higher levels for score (i.e., overlapping but higher levels for score overlapping service areas or competition cannot be diminated).         If these conditions will be eliminated under the strategy, stach an explanation for completing it.         1. 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 fores, scenared funds, special service distinct revenues, hote/buell taxes, franchise taxes, impact fees, boulded indebtedness, etc.         Local Government or Authority       Funding Method: <u>City of Sylvester</u> general fund <u>City of Warwick</u> general fund <u>City of Warwi</u>			
If these conditions will continue under the strategy, attach an explanation for costinuing the arrangement (i.e., overlapping but higher levels of service (See O.C.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 fund, special service district revenues, hote/hone/laws, finale/hone/laws, finale/hone/lawser/laws, finale/hone/laws/lawser/lawser/lawser/lawser/lawser/law	2. In developing the strateg	y, were overlapping service areas, unnecessary	competition and/or duplication of this service identified?
of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated. If these conditions will be eliminated under the strategy, <b>attach an implementation schedule</b> listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.  a. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc. Local Government or Authority Funding Method: City of Poulan general fund City of Poul	🗇 yes X no		
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.  1. contracting the general fund	of service (See O.C.G.A. 36	tinue under the strategy, <b>attach an explanatio</b> 5-70-24(1)), overriding benefits of the duplicat	n for continuing the arrangement (i.e., overlapping but higher levels tion, or reasons that overlapping service areas or competition cannot be
<ul> <li>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, hote/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.</li> <li>Local Government or Authority</li></ul>			
City of Sylvester       general fund         City of Poulan       general fund         City of Warwick       general fund         Town of Sumner       general fund         Town of Sumner       general fund         4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?         None         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 :         None         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?         Nome         7. Person completing form:       Catolynn Segers         Phone Number:       (912) 522-3552         Date completed:       §/2/99         8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy?         9. yes       X no	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
City of Poulan       general fund         City of Warwick       general fund         Town of Sumner       general fund         Town of Sumner       general fund         General fund	Provide the second seco		
City of Warwick       general fund         Town of Summer       general fund         4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?         None         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:         None         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:       Carolynn Segers         Phone Number:       [912) 522-3552         Date completed: <u>\$/2/99</u> 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy?	and the state of t		
<ul> <li>4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?</li> <li>None</li> <li>5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service: <ul> <li><u>Agreement Name:</u></li> <li><u>Contracting Parties:</u></li> <li><u>Effective and Ending Dates:</u></li> </ul> </li> <li>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?</li> <li>None</li> <li>7. Person completing form: <u>Carolynn Segers</u></li> <li>Phone Number: <u>(912) 522-3552</u> Date completed: <u>872/99</u></li> <li>8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? <b>D</b> yes X no</li> </ul>			
None         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:         None         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:       Carolynn Segers         Phone Number:       (912) 522-3552         Date completed:       8/2/99         8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy?	Town of Sumner	general fund	
<ul> <li>5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service: <ul> <li><u>Agreement Name:</u></li> <li><u>Contracting Parties:</u></li> <li><u>Effective and Ending Dates:</u></li> </ul> </li> <li>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?</li> <li><i>None</i></li> <li>7. Person completing form: <u>Carolynn Segers</u></li> <li>Phone Number: <u>(912) 522-3552</u> Date completed: <u>8/2/99</u></li> <li>8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? □ yes X no</li> </ul>	4. How will the strategy ch	ange the previous arrangements for providing a	und/or funding this service within the county?
Agreement Name:       Contracting Parties :       Effective and Ending Dates:         None	None		
None         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: <a href="mailto:carolynn Segers">Carolynn Segers</a> Phone Number: <a href="mailto:(912)522-3552">(912)522-3552</a> Bate completed: <a href="mailto:8/2/99">8/2/99</a> 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy?	5. List any formal service d	elivery agreements or intergovernmental contra	acts that will be used to implement the strategy for this service:
<ul> <li>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?</li> <li>None</li> <li>7. Person completing form: <u>Carolynn Segers</u></li> <li>Phone Number: <u>(912) 522-3552</u> Date completed: <u>8/2/99</u></li> <li>8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy?  yes X no</li> </ul>		Contracting Parties :	Effective and Ending Dates:
Assembly, rate or fee changes, etc.) and when will they take effect?  None  7. Person completing form: <u>Carolynn Segers</u> Phone Number: <u>(912) 522-3552</u> Date completed: <u>8/2/99</u> 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy?  yes X no	None		
<ul> <li>7. Person completing form: <u>Carolynn Segers</u></li> <li>Phone Number: <u>(912) 522-3552</u> Date completed: <u>8/2/99</u></li> <li>8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? □ yes X no</li> </ul>			for this service, (e.g., ordinances, resolutions, local acts of the General
Phone Number: (912) 522-3552 Date completed: $8/2/99$ 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? $\Box$ yes X no	None		
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy?  yes X no	7. Person completing form:	Carolynn Segers	
the service delivery strategy? 🖸 yes X no			
			uating whether proposed local government projects are consistent with
Deborah Bridges Sylvester City Clerk (912) 776-8505	Sylvester City Clerk		

PAGE 2

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

#### County: Worth County Service Water Supply & Distribution

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

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

X Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.) Sylvester, Poulan, Warwick, and Sumner will provide water services in their incorporated

Sylvester, Poulan, warwick, and Sumner will provide water services in their incorporated boundaries and may provide service in unincorporated areas as delineated on the attached map.

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

🖸 yes 🛛 X no

Instructions:

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

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

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

ocal Government or	Authority Funding Method:	
Sylvester	Enterprise Fund	
Poulan	Enterprise Fund	
Sumner	Enterprise Fund	
Warwick	Enterprise Fund	

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

none

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:
Extraterritorial water and sewer agreement	County and all municipalities	

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: Carolynn Segers.

Phone Number: (912) 522-3552 Date completed: 8/2/99

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

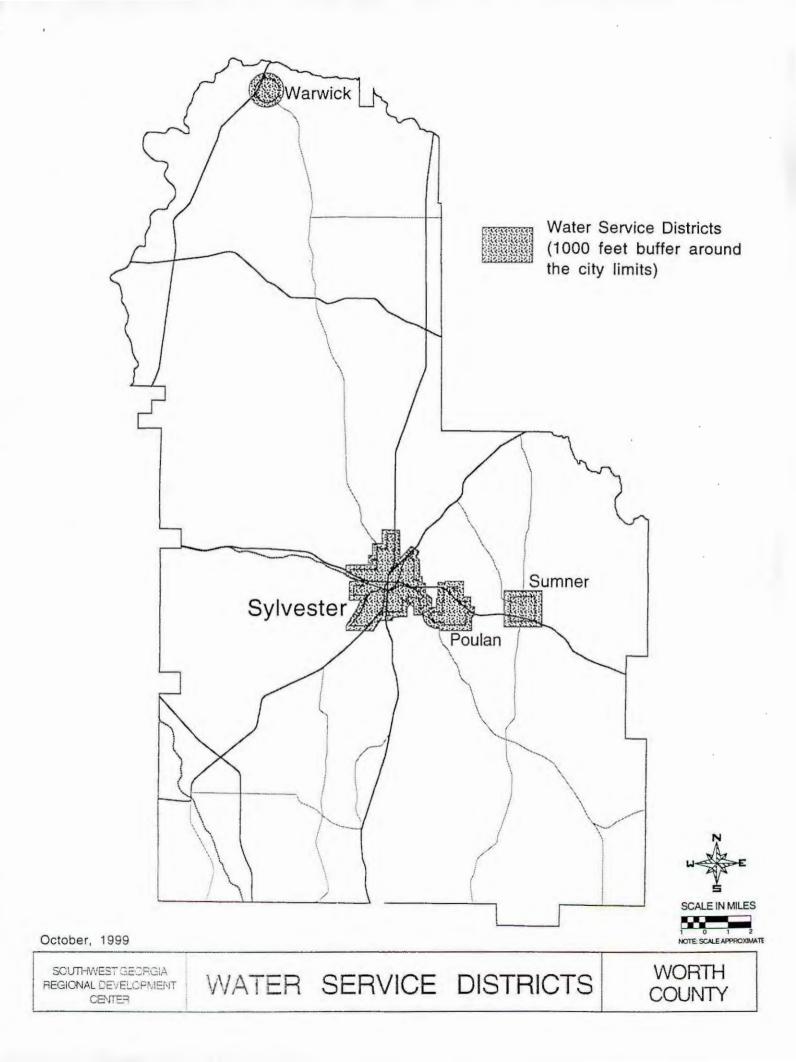
If not, provide designated contact person(s) and phone number(s) below:

Brian Marlowe Worth County Administrator (912) 776-8200

SERVICE DELIVERY STRATEGY
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

.

Instructions:		PAGE 2
Make copies of this fo 1. Answer each question		each service listed on page 1, Section III. Use exactly the same service names listed on page as necessary. If the contact person for this service (listed at the bottom of the page of Community Affairs.
County: Worth C	ounty	Service Water Supply & Distribution
. Check the box that h	best describes the agreed up	on delivery arrangement for this service:
	ovided countywide (i.e., incl nment, authority or organize	uding all cities and unincorporated areas) by a single service provider. (If this box is checke ation providing the service.)
	rovided only in the unincorr ority or organization providi	porated portion of the county by a single service provider. (If this box is checked, identify thing the service.)
		ly within their incorporated boundaries, and the service will not be provided in unincorporate erament(s), authority or organization providing the service.)
One or more ci unincorporated ar	ities will provide this serv reas. (If this box is checked,	ice only within their incorporated boundaries, and the county will provide the service identify the government(s), authority or organization providing the service.)
	r organization that will prov	le map delineating the service area of each service provider, and identify the governmentide service within each service area.) an, Warwick, and will provide water services in their incorporate
boundaries		rvice in unincorporated areas as delineated on the attached map.
2. In developing the st	rategy, were overlapping ser	rvice areas, unnecessary competition and/or duplication of this service identified?
🗇 yes 🛛 X no	0	~/
annanateu).		
If these conditions will eliminate them, the res 3. List each government	ponsible party and the agree	d upon deadline for completing it.
f these conditions will eliminate them, the resp 3. List each government ces, general funds, spe .ocal Government or A	ponsible party and the agree nt or authority that will have exial service district revenues Authority	d upon deadline for completing it. to pay for this service and indicate how the service will be funded (e.g., enterprise funds, us
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If these conditions will eliminate them, the resp 3. List each government (ces, general funds, spe (cocal Government or A Sylvester Poulan Sumner Warwick 4. How will the stratege MONE 5. List any formal serv Agreement Name: Extraterritorial wat agreement 6. What other mechan Assembly, rate or fee of MONE 7. Person completing	ponsible party and the agree nt or authority that will be possible service district revenues Authority	d upon deadline for completing it.         to pay for this service and indicate how the service will be funded (e.g., enterprise funds, use, hiel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.         Funding Method:
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SUMM	ARY OF SERVICE DELIV	ERY ARRANGEMENTS PAGE 2
1. Answer each question below, att	uplete one for each service listed on page 1 aching additional pages as necessary. If the he Department of Community Affairs.	<b>Section III.</b> Use exactly the same service names listed on page contact person for this service (listed at the bottom of the page)
County: Worth County	Service_A	nimal Control
1. Check the box that best describes	the agreed upon delivery arrangement for the	uis service:
Service will be provided countyvidentify the government, authority	vide (i.e., including all cities and unincorpo rity or organization providing the service.)	rated areas) by a single service provider. (If this box is checked,
Service will be provided only government, authority or organ	in the unincorporated portion of the county ization providing the service.)	by a single service provider. (If this box is checked, identify the
areas. (If this box is checked, i	this service only within their incorporated by dentify the government(s), authority or organ and Poulan	coundaries, and the service will not be provided in unincorporated nization providing the service.)
One or more cities will provunincorporated areas. (If this below the second areas).	ride this service only within their incorporation in the service only within the service only a service on service	prated boundaries, and the county will provide the service in uthority or organization providing the service.)
Other. (If this box is checked authority, or other organization	attach a legible map delineating the service a that will provide service within each service	vice area of each service provider, and identify the government, e area.)
2. In developing the strategy, were o	overlapping service areas, unnecessary comp	petition and/or duplication of this service identified?
🗇 yes X no		
of service (See O.C.G.A. 36-70-24( eliminated).	<ol> <li>overriding benefits of the duplication, o</li> </ol>	continuing the arrangement (i.e., overlapping but higher levels r reasons that overlapping service areas or competition cannot be
eliminate them, the responsible party 3. List each government or authority	y and the agreed upon deadline for completing that will help to pay for this service and in	station schedule listing each step or action that will be taken to ng it. dicate how the service will be funded (e.g., enterprise funds, user taxes, impact fees, bonded indebtedness, etc.
Local Government or Authority Sylvester Gener	Funding Method:	
present and a second se	al Fund	
4. How will the strategy change the no change in strategy	previous arrangements for providing and/or	funding this service within the county?
	greements or intergovernmental contracts th	at will be used to implement the strategy for this service:
Agreement Name:	Contracting Parties :	Effective and Ending Dates:
Animal Control	Sylvester and Poulan	Annual self-renewing
		-
<ol> <li>What other mechanisms (if any) Assembly, rate or fee changes, etc.)</li> </ol>		is service, (e.g., ordinances, resolutions, local acts of the General
none		
7. Person completing form: Caro	Ivnn Segers	
Phone Number: (912) 522-	3552 Date completed: 8	/2/99
the service delivery strategy?		whether proposed local government projects are consistent with
Brian Marlowe Worth County Administrator (912) 776-8200		

SU	MMARY OF SERVICE	DELIVERY ARRANGEMENTS PAGE 2
1. Answer each question be		<b>d on page 1, Section III.</b> Use exactly the same service names listed on page ssary. If the contact person for this service (listed at the bottom of the page) ffairs.
County: Worth Count	<u>y</u> S	Service Law Enforcement
1. Check the box that best d	escribes the agreed upon delivery arrang	ement for this service:
Service will be provided identify the government	countywide (i.e., including all cities and at, authority or organization providing the	d unincorporated areas) by a single service provider. (If this box is checked, e service.)
	ed only in the unincorporated portion of or organization providing the service.)	the county by a single service provider. (If this box is checked, identify the
One or more cities will areas. (If this box is ch	provide this service only within their inc ecked, identify the government(s), autho	corporated boundaries, and the service will not be provided in unincorporated rity or organization providing the service.)
One or more cities w unincorporated areas. (	rill provide this service only within the first of this box is checked, identify the gover	heir incorporated boundaries, and the county will provide the service in nment(s), authority or organization providing the service.)
authority, or other orga	inization that will provide service within	ng the service area of each service provider, and identify the government, each service area.) er, Poulan, Warwick will provide in their incorporated
2. In developing the strategy	, were overlapping service areas, unnece	essary competition and/or duplication of this service identified?
🗖 yes X no		
of service (See O.C.G.A. 36 eliminated). If these conditions will be e	-70-24(1)), overriding benefits of the du	anation for continuing the arrangement (i.e., overlapping but higher levels application, or reasons that overlapping service areas or competition cannot be a implementation schedule listing each step or action that will be taken to
3. List each government or a		or completing it. rvice and indicate how the service will be funded (e.g., enterprise funds, user is, franchise taxes, impact fees, bonded indebtedness, etc.
Local Government or Author	rity Funding Met	
Worth County	General Funds	
Poulan Warwick	General Funds General Funds	
Sylvester	General Funds	
4. How will the strategy chan no change in strate		ding and/or funding this service within the county?
	-	contracts that will be used to implement the strategy for this service:
Agreement Name:	Contracting Parties :	Effective and Ending Dates:
	(if any) will be used to implement the stra es, etc.) and when will they take effect?	ategy for this service, (e.g., ordinances, resolutions, local acts of the General
none		
	Carolynn Segers.	
Phone Number: (91		eted: <u>8/2/99</u>
8. Is this the person who sho the service delivery strategy?		a evaluating whether proposed local government projects are consistent with
	ntact person(s) and phone number(s) bel	ow:
Brian Marlowe Worth County Administrator (912) 776-8200	r	

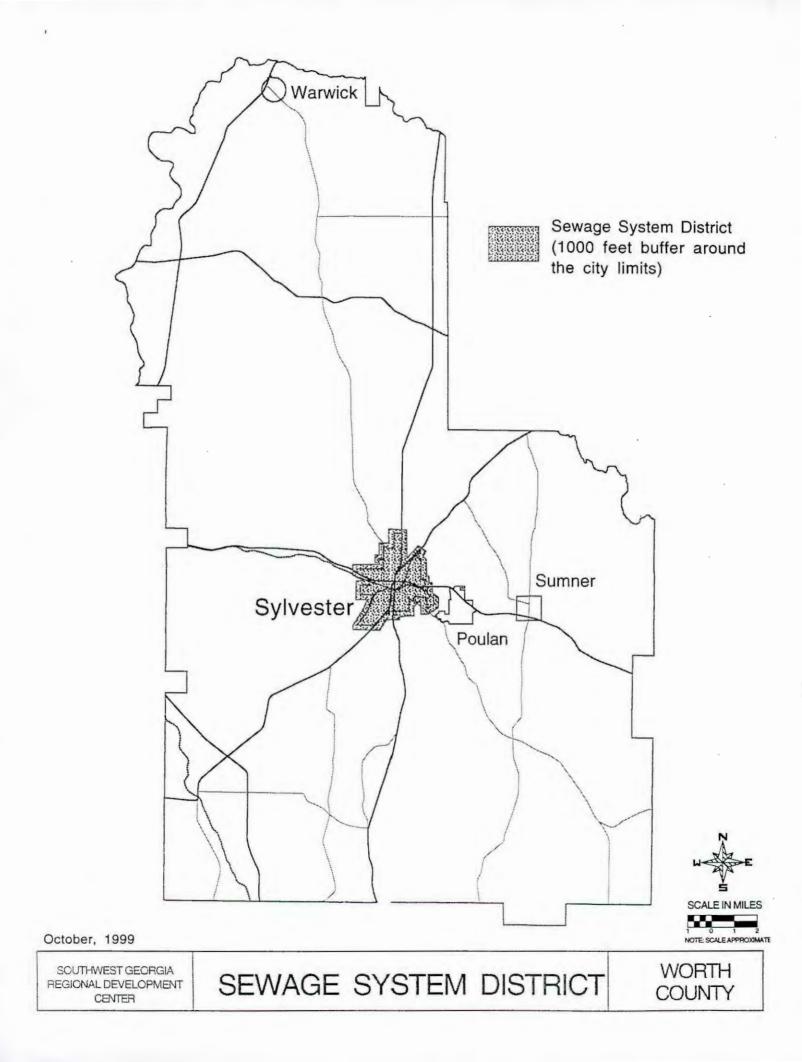
st	MMARY O	OF SERVICE DELL	VERY ARRANGI	
Instructions: Make copies of this form a l. Answer each question be changes, this should be repo	elow, attaching addi	itional pages as necessary. If th	1, Section III. Use exactly e contact person for this ser	PAGE 2 the same service names listed on page vice (listed at the bottom of the page)
County: Worth Coun	ty	Service_]	Law Enforcement	
1. Check the box that best of	lescribes the agreed	upon delivery arrangement for	his service:	
Service will be provided identify the government	l countywide (i.e., in nt, authority or organ	ncluding all cities and unincorponization providing the service.)	prated areas) by a single ser	vice provider. (If this box is checked,
Service will be provid government, authority Worth County	ed only in the uninc or organization pro-	corporated portion of the county viding the service.)	by a single service provide	r. (If this box is checked, identify the
One or more cities will areas. (If this box is ch	provide this service necked, identify the	only within their incorporated government(s), authority or orga	coundaries, and the service v nization providing the servic	will not be provided in unincorporated se.)
One or more cities w unincorporated areas.	will provide this se (If this box is check)	ervice only within their incorp ed, identify the government(s), a	orated boundaries, and the	county will provide the service in viding the service.)
authority, or other orga	anization that will pr	rovide service within each service	ce area.)	rovider, and identify the government, ovide in their incorporated
2. In developing the strateg	y, were overlapping	service areas, unnecessar) som	petition and/or duplication of	f this service identified?
🗇 yes X no		(V)		
If these conditions will cont of service (See O.C.G.A. 36 eliminated).	inue under the strat 5-70-24(1)), overridi	egy, attach an explanation for ing benefits of the duplication, o	continuing the arrangeme or reasons that overlapping s	ent (i.e., overlapping but higher levels service areas or competition cannot be
eliminate them, the responsi	ible party and the ag	reed upon deadline for completi	ng it.	th step or action that will be taken to be funded (e.g., enterprise funds, user
3. List each government or fees, general funds, special s	service district reven	nues, hotel/notel taxes, franchise	taxes, impact fees, bonded	indebtedness, etc.
Local Government or Autho Worth County	General Funds	unding Method:		
Poulan	General Funds			
Warwick Sylvester	General Funds General Funds			
Sylvester	Ceneral Funds			
4. How will the strategy also			Gunding this semice within	the countrol
4. How will the strategy cha	ange the previous ar	rangements for providing and/o	runding this service within	the county?
no change in strat				
	/	or intergovernmental contracts t		
Agreement Name:	c	Contracting Parties :	Effective and	d Ending Dates:
	-/			
<ol> <li>6. What other mechanisms Assembly, rate or fee chang</li> </ol>			nis service, (e.g., ordinances,	, resolutions, local acts of the General
none /	(			
7. Person completing form:				
	12) 522-3552	······		
8. Is this the person who sh the service delivery strategy			3 whether proposed local gov	vernment projects are consistent with
If not, provide designated co				
Brian Marlow Worth County Administrate (912) 776-8200	ж			
				- <u>,-</u> ,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,

501	MMARY OF SERVICE D	DELIVERY ARRANGEMENTS PAGE 2
1. Answer each question belo	d complete one for each service listed ww, attaching additional pages as necessa ed to the Department of Community Affa	on page 1, Section III. Use exactly the same service names listed on page ary. If the contact person for this service (listed at the bottom of the page)
County: Worth County	Se	rvice Sewage Collection/Disposal
1. Check the box that best des	scribes the agreed upon delivery arrangen	aent for this service:
Service will be provided identify the government,	countywide (i.e., including all cities and authority or organization providing the s	unincorporated areas) by a single service provider. (If this box is checked, ervice.)
Service will be provided government, authority or	only in the unincorporated portion of the organization providing the service.)	te county by a single service provider. (If this box is checked, identify the
One or more cities will p areas. (If this box is check	provide this service only within their inco eked, identify the government(s), authorit	rporated boundaries, and the service will not be provided in unincorporated y or organization providing the service.)
One or more cities will unincorporated areas. (If	I provide this service only within thei this box is checked, identify the governm	r incorporated boundaries, and the county will provide the service in hent(s), authority or organization providing the service.)
	ecked, <b>attach a legible map delineating</b> ization that will provide service within ea <i>Sylvester</i>	the service area of each service provider, and identify the government, ch service area.)
2. In developing the strategy,	were overlapping service areas, unnecess	ary competition and/or duplication of this service identified?
Dyes X no		
eliminate them, the responsible 3. List each government or au	e party and the agreed upon deadline for thority that will help to pay for this servi	mplementation schedule listing each step or action that will be taken to completing it. ce and indicate how the service will be funded (e.g., enterprise funds, user franchise taxes, impact fees, bonded indebtedness, etc.
Local Government or Authorit	y Funding Metho Enterprise Fund	d:
Sylvester	Enterprise Fund	
4. How will the strategy chang no change in strateg		ng and/or funding this service within the county?
		ntracts that will be used to implement the strategy for this service:
Agreement Name: Extraterritorial Water and	Contracting Parties : County and all municipalities	Effective and Ending Dates:
Sewer Agreement		
	any) will be used to implement the strate , etc.) and when will they take effect?	egy for this service, (e.g., ordinances, resolutions, local acts of the General
none		
7. Person completing form:	Carolynn Segers.	
Phone Number:(912)	) 522-3552 Date complete	d: <u>8/2/99</u>
8. Is this the person who shou	ild be contacted by state agencies when e	valuating whether proposed local government projects are consistent with
the service delivery strategy?		
Brian Marlowe Worth County Administrator (912) 776-8200	are person of and phone munor(s) 00100	

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PAGE
Instructions: Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names 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: Worth County Service Sewage Collection/Disposal
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.) Worth County
One or more cities will provide this service only within their incorporated boundaries and the service will not be provided in unincorporate 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 i unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
X Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the governmen authority, or other organization that will provide service within each provide area.) Sylvester
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 on explanation for continuing the arrangement (i.e., overlapping but higher level 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 the eliminate them, the responsible party and the agreed upon deachine 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, use fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.
Local Government or Authority         Funding Method:           Sylvester         Enterprise Fund
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county? no change in strategy
no enunge in sirulegy
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:
Extraterritorial Water and County and all municipalities Sewer 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>Carolynn Segers.</u>
Phone Number: (912) 522-3552 Date completed: 8/2/99
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with
the service delivery strategy?  yes X no If not, provide designated contact person(s) and phone number(s) below:
Brian Marlowe Worth County Administrator (912) 776-8200

1



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

County: Worth County

Service Cemetery

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

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

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

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

- One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)

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

#### 🛛 yes X no

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

If these conditions will be eliminated under the strategy, attach an implementation schedule 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.

L	ocal Government or Au	thority Funding Method:
	City of Sylvester	General Funds/Fees
	City of Poulan	General Funds/Fees
	City of Sumner	General Funds/Fees

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

#### no change in strategy

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

Contracting Parties :	Effective and Ending Dates:
	Contracting Parties :

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

none

7. Person completing form: Carolynn Segers.

Phone Number: (912) 522-3552 Date completed: 8/2/99

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

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

Brian Marlowe Worth County Administrator (912) 776-8200 PAGE 2

1

			PAGE 2
Instructions:			
Make copies of this form 1. Answer each question b changes, this should be rep	elow, attaching addition	al pages as necessary. If the	Section III. Use exactly the same service names listed on page contact person for this service (listed at the bottom of the page)
County: Worth Cour	ity	Service Bu	ilding Inspection and Code Enforcement
1. Check the box that best	describes the agreed upo	on delivery arrangement for thi	s service:
Service will be provide identify the governme	d countywide (i.e., inclu nt, authority or organiza	iding all cities and unincorpor tion providing the service.)	ated areas) by a single service provider. (If this box is checked,
	led only in the unincorp or organization providi		by a single service provider. (If this box is checked, identify the
One or more cities will areas. (If this box is c	l provide this service on hecked, identify the gove	ly within their incorporated bo emment(s), authority or organi	undaries, and the service will not be provided in unincorporated zation providing the service.)
X One or more cities w unincorporated areas.	ill provide this service (If this box is checked,	e only within their incorporation identify the government(s), aut	ated boundaries, and the county will provide the service in thority or organization providing the service.)
Wo	orth County, Sylv	vester,	
		ble map delineating the servi ide service within each service	ce area of each service provider, and identify the government, area.)
2. In developing the strates	gy, were overlapping ser	vice areas, unnecessary compe	tition and/or duplication of this service identified?
Oyes X no			
			continuing the arrangement (i.e., overlapping but higher levels reasons that overlapping service areas or competition cannot be
		rategy, attach an implement d upon deadline for completing	ation schedule listing each step or action that will be taken to g it.
			icate how the service will be funded (e.g., enterprise funds, user axes, impact fees, bonded indebtedness, etc.
Local Government or Author	ority	Funding Method:	
Worth County	General Funds, Perm		
Sylvester	General Funds, Perm	it Fees	
4. How will the strategy ch	lange the previous arrang	gements for providing and/or f	unding this service within the county?
no change in strat	egy		
5. List any formal service of	lelivery agreements or ir	ntergovernmental contracts that	t will be used to implement the strategy for this service:
Agreement Name:	Cont	racting Parties :	Effective and Ending Dates:
no			
<ol> <li>What other mechanisms Assembly, rate or fee change</li> </ol>			s service, (e.g., ordinances, resolutions, local acts of the General
none		ł	
7. Person completing form	:Carolynn Segers		
Phone Number:(9	12) 522-3552	Date completed:8/	2/09
8. Is this the person who sh	hould be contacted by sta	ate agencies when evaluating	whether proposed local government projects are consistent with
the service delivery strategy If not, provide designated c		one number(s) below:	
Brian Marlowe Worth County Administrate (912) 776-8200			

	SEI	RV]	<b>ICE</b>	DEL	IVER	Y ST	RATEGY	
SUMM	ARY	OF	SER	VICE	DELIN	ERY	ARRANGEMEN	NTS

Instructions: Make copies of this form an			PAGE
<ol> <li>Answer each question belo changes, this should be report</li> </ol>	w, attaching additional	pages as necessary. If the contact	on III. Use exactly the same service names listed on perturbation of the particle of the parti
County: Worth County		Service Voter I	Registration & Elections (city-wide)
. Check the box that best des	scribes the agreed upon c	delivery arrangement for this serv	nce:
Service will be provided conductive dentify the government,	ountywide (i.e., includin authority or organization	g all cities and unincorporated a n providing the service.)	reas) by a single service provider. (If this box is check
Service will be provided government, authority or	only in the unincorpora organization providing	ted portion of the county by a s the service.)	ingle service provider. (If this box is checked, identify
areas. (If this box is chec	rovide this service only we ked, identify the governme er, Poulan, Summe	ment(s), authority or organization	ries, and the service will not be provided in unincorporat a providing the service.)
One or more cities will unincorporated areas. (If	provide this service o this box is checked, iden	nly within their incorporated l ntify the government(s), authority	boundaries, and the county will provide the service or organization providing the service.)
		map delincating the service area.	ea of each service provider, and identify the governme
. In developing the strategy,	were overlapping service	e areas, unnecessary competition	and/or duplication of this service identified?
Jyes Xno			
f these conditions will continue f service (See O.C.G.A. 36-7 liminated).	ue under the strategy, <b>at</b> 0-24(1)), overriding ben	tach an explanation for contin efits of the duplication, or reaso	uing the arrangement (i.e., overlapping but higher levenses in that overlapping service areas or competition cannot
f these conditions will be eli	minated under the strate	av attach an implementation	schedule listing each step or action that will be taken
		oon deadline for completing it.	schedule fisting each step of action that will be taken
	d		
			how the service will be funded (e.g., enterprise funds, us impact fees, bonded indebtedness, etc.
ocal Government or Authorit		Funding Method:	·····
the second se	General Fund		
City of Poulan	General Fund		
City of Poulan City of Warwick		·····	
City of Poulan City of Warwick	General Fund General Fund		
City of Poulan City of Warwick Town of Sumner	General Fund General Fund General Fund	nents for providing and/or fundin	g this service within the county?
City of Poulan City of Warwick Town of Sumner How will the strategy chang	General Fund General Fund General Fund ge the previous arrangen	nents for providing and/or fundin	g this service within the county?
City of Poulan City of Warwick Town of Sumner How will the strategy chang	General Fund General Fund General Fund ge the previous arrangen	nents for providing and/or fundin	g this service within the county?
City of Poulan City of Warwick Town of Sumner How will the strategy change to change in strategy	General Fund General Fund General Fund ge the previous arrangen		
City of Poulan City of Warwick Town of Sumner How will the strategy change to change in strategy	General Fund General Fund General Fund ge the previous arrangen		be used to implement the strategy for this service:
City of Poulan City of Warwick Town of Sumner How will the strategy change to change in strategy List any formal service deli Agreement Name:	General Fund General Fund General Fund ge the previous arrangen XV very agreements or interp		
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City of Poulan City of Warwick Town of Sumner How will the strategy change to change in strategy List any formal service deli Agreement Name:	General Fund General Fund General Fund ge the previous arrangen XV very agreements or interp	governmental contracts that will	be used to implement the strategy for this service:
City of Poulan City of Warwick Town of Sumner How will the strategy change to change in strategy List any formal service deli Agreement Name:	General Fund General Fund General Fund ge the previous arrangen XV very agreements or interp	governmental contracts that will	be used to implement the strategy for this service:
City of Poulan City of Warwick Town of Sumner How will the strategy change to change in strategy List any formal service deli Agreement Name: no	General Fund General Fund General Fund ge the previous arrangen XV very agreements or interp Contract	governmental contracts that will	be used to implement the strategy for this service: Effective and Ending Dates:
City of Poulan City of Warwick Town of Sumner How will the strategy change to change in strategy List any formal service deli Agreement Name: no What other mechanisms (if	General Fund General Fund General Fund ge the previous arrangen	governmental contracts that will ing Parties :	be used to implement the strategy for this service:
City of Poulan City of Warwick Town of Sumner How will the strategy change to change in strategy List any formal service deli Agreement Name: no What other mechanisms (if	General Fund General Fund General Fund ge the previous arrangen	governmental contracts that will ing Parties :	be used to implement the strategy for this service: Effective and Ending Dates:
City of Poulan City of Warwick Town of Sumner How will the strategy change to change in strategy List any formal service deli Agreement Name: no What other mechanisms (if assembly, rate or fee changes,	General Fund General Fund General Fund ge the previous arrangen	governmental contracts that will ing Parties :	be used to implement the strategy for this service: Effective and Ending Dates:
City of Poulan City of Warwick Town of Sumner How will the strategy change to change in strategy List any formal service delit Agreement Name: no What other mechanisms (if assembly, rate or fee changes, DONE	General Fund General Fund General Fund ge the previous arrangen Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract	governmental contracts that will ing Parties : plement the strategy for this serving take effect?	be used to implement the strategy for this service: Effective and Ending Dates:
City of Poulan City of Warwick Town of Sumner How will the strategy chang to change in strategy List any formal service deli Agreement Name: no What other mechanisms (if Assembly, rate or fee changes, HONE Person completing form:	General Fund General Fund General Fund General Fund ge the previous arrangen GV very agreements or interp Contract any) will be used to imp , etc.) and when will they Carolynn Segers.	governmental contracts that will ing Parties : blement the strategy for this serving take effect?	be used to implement the strategy for this service: Effective and Ending Dates:
City of Poulan City of Warwick Town of Sumner How will the strategy chang to change in strategy List any formal service deli Agreement Name: no What other mechanisms (if Assembly, rate or fee changes, HONE Person completing form:	General Fund General Fund General Fund General Fund ge the previous arrangen GV very agreements or interp Contract any) will be used to imp , etc.) and when will they Carolynn Segers.	governmental contracts that will ing Parties : blement the strategy for this serving take effect?	be used to implement the strategy for this service: Effective and Ending Dates:
City of Poulan         City of Warwick         Town of Sumner         Agreement Name:         no         .         .         What other mechanisms (if Assembly, rate or fee changes, none         .	General Fund General Fund General Fund General Fund ge the previous arrangen GV very agreements or interp Contract any) will be used to imp etc.) and when will they Carolynn Segers. 522-3552	governmental contracts that will ing Parties : olement the strategy for this servity take effect? Date completed: <u>8/2/99</u>	be used to implement the strategy for this service: Effective and Ending Dates:
City of Poulan         City of Warwick         Town of Sumner         A. How will the strategy change         the original strategy         the service delivery strategy?	General Fund General Fund General Fund ge the previous arrangen Contract Contract Contract Canolynn Segers. 522-3552 d be contacted by state a yes X no	governmental contracts that will ing Parties : plement the strategy for this serving take effect? Date completed: <u>8/2/99</u> agencies when evaluating wheth	be used to implement the strategy for this service:          Effective and Ending Dates:
City of Poulan         City of Warwick         Town of Sumner         Agreement Name:         no         Agreement Name:         no         Set List any formal service deli         Agreement Name:         no         Set What other mechanisms (if Assembly, rate or fee changes, rate or	General Fund General Fund General Fund ge the previous arrangen Contract Contract Contract Canolynn Segers. 522-3552 d be contacted by state a yes X no	governmental contracts that will ing Parties : plement the strategy for this serving take effect? Date completed: <u>8/2/99</u> agencies when evaluating wheth	be used to implement the strategy for this service:          Effective and Ending Dates:
City of Poulan City of Warwick Town of Sumner Or Warwick Town of Sumner Or Change in strategy Change in stra	General Fund General Fund General Fund ge the previous arrangen Contract Contract Contract Canolynn Segers. 522-3552 d be contacted by state a yes X no	governmental contracts that will ing Parties : plement the strategy for this serving take effect? Date completed: <u>8/2/99</u> agencies when evaluating wheth	be used to implement the strategy for this service:          Effective and Ending Dates:
City of Poulan         City of Warwick         Town of Sumner         A. How will the strategy change         b. List any formal service deli         Agreement Name:         no         5. What other mechanisms (if         Assembly, rate or fee changes,         PONE         7. Person completing form:         Phone Number:	General Fund General Fund General Fund ge the previous arrangen Contract Contract Contract Canolynn Segers. 522-3552 d be contacted by state a yes X no	governmental contracts that will ing Parties : plement the strategy for this serving take effect? Date completed: <u>8/2/99</u> agencies when evaluating wheth	be used to implement the strategy for this service:          Effective and Ending Dates:

SERVICE DELIVERY STRATEGY
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

	of the second se		ERY ARRANGEMENTS PAGE
Instructions: Make copies of this form an 1. Answer each question bell changes, this should be report	ow, attaching additional p	pages as necessary. If the c	Section III. Use exactly the same service names listed on p contact person for this service (listed at the bottom of the pa
County: Worth County	<u>y</u>	Service Vo	ter Registration & Elections (city-wide)
1. Check the box that best do	escribes the agreed upon d	lelivery arrangement for this	s service:
Service will be provided identify the government	countywide (i.e., including t, authority or organization	g all cities and unincorpora a providing the service.)	ated areas) by a single service provider. (If this box is check
	d only in the unincorpora or organization providing t		y a single service provider. (If this box is checked, identify
			undaries, and the service will not be provided in unincorpora zation providing the service.)
		THE R. C. G.	O/
			bed boundaries, and the county will provide the service hority or organization providing the service.)
	hecked, attach a legible i	map delineating the service	ce area of each service provider, and identify the governm area.)
2. In developing the strategy	, were overlapping service	areas, unnecessary compe	tition and/or duplication of this service identified?
🗇 yes X no		-/	
			ontinuing the arrangement (i.e., overlapping but higher ler reasons that overlapping service areas or competition canno
	liminated under the strate ole party and the agreed up	() attach an implement	ation schedule listing each step or action that will be taken it.
			icate how the service will be funded (e.g., enterprise funds, a axes, impact fees, bonded indebtedness, etc.
Local Government or Author		Funding Method:	······
City of Sylvester City of Poulan	General Fund		
City of Warwick	General Fund		
Town of Sumner	General Fund		
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A How will the strategy cha	nge the previous arranger	ents for providing and/or f	unding this service within the county?
no change in strate		terns for providing and or t	
5. List any formal service de	livery agreements or inter	governmental contracts that	t will be used to implement the strategy for this service:
Agreement Name:	Contract	ting Parties :	Effective and Ending Dates:
	/		
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<ol> <li>What other mechanisms Assembly, rate or fee change</li> </ol>			s service, (e.g., ordinances, resolutions, local acts of the Gene
none			
7. Person completing form:	Carolynn Segers.		
Phone Number: (91	2) 522-3552	_ Date completed:8/	1/99
8. Is this the person who sho the service delivery strategy?		agencies when evaluating v	whether proposed local government projects are consistent w
If not, provide designated co		number(s) below:	
Brian Marlowe Worth County Administrator (912) 776-8200	r		

SUMMA	RY OF SERVICE DEL	IVERY ARRANGEMENTS PAGE 2
	ching additional pages as necessary. If	<b>ge 1, Section III.</b> Use exactly the same service names listed on page the contact person for this service (listed at the bottom of the page)
County: Worth County	Service	Voter Registration (countywide - other)
1. Check the box that best describes	the agreed upon delivery arrangement for	or this service:
	wide (i.e., including all cities and unince ity or organization providing the service	orporated areas) by a single service provider. (If this box is checked, .)
Service will be provided only in government, authority or organi		nty by a single service provider. (If this box is checked, identify the
	this service only within their incorporate entify the government(s), authority or or	ed boundaries, and the service will not be provided in unincorporated rganization providing the service.)
unincorporated areas. (If this bo		orporated boundaries, and the county will provide the service in ), authority or organization providing the service.)
	attach a legible map delineating the s that will provide service within each ser	ervice area of each service provider, and identify the government, vice area.)
	erlapping service areas, unnecessary co	empetition and/or duplication of this service identified?
🖸 yes X no		
If these conditions will continue under of service (See O.C.G.A. 36-70-24(1) eliminated).	r the strategy, <b>attach an explanation (</b> )), overriding benefits of the duplication	for continuing the arrangement (i.e., overlapping but higher levels a, or reasons that overlapping service areas or competition cannot be
	I under the strategy, <b>attach an implen</b> and the agreed upon deadline for compl	nentation schedule listing each step or action that will be taken to eting it.
3. List each government or authority fees, general funds, special service dis	that will help to pay for this service and strict revenues, hotel/motel taxes, franch	d indicate how the service will be funded (e.g., enterprise funds, user ise taxes, impact fees, bonded indebtedness, etc.
Local Government or Authority	Funding Method:	
Worth County Genera	l Fund	
4. How will the strategy change the r	revious arrangements for providing and	Vor funding this service within the county?
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none		
7. Person completing form: <u>Caroly</u>	nn Segers	
Phone Number: (912) 522-3:	552 Date completed:	8/2/99
	ontacted by state agencies when evaluates $X$ no	ing whether proposed local government projects are consistent with
Brian Marlowe Worth County Administrator (912) 776-8200		

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SI	ERVICE DELIVERY STRATEGY
SUMMAR	Y OF SERVICE DELIVERY ARRANGEMENTS

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County: Worth Cour	ntv	Service	Voter Registration (countywide - other)
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Worth County			
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One or more cities unincorporated areas.	will provide this (If this box is check	service only within their inc ked, identify the government(	corporated boundaries, and the county will provide the service (), authority or organization providing the service.)
		legible map delineating the s provide service within each ser	service area of each service provider, and identify the governme rvice area.)
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PAGE 2

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nstructions: Make copies of this form . Answer each question b hanges, this should be rep	elow, attaching addition	nal pages as necessary. If th	<b>1</b> , Section III. Use exactly the same service names listed on p e contact person for this service (listed at the bottom of the pa
County: Worth Cour	ity	Service_1	Desoto Trail Regional Library Branch
. Check the box that best	describes the agreed up	on delivery arrangement for	his service:
identify the governme	ed countywide (i.e., incl ent, authority or organizz V Library Board	ation providing the service.)	orated areas) by a single service provider. (If this box is check
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Instructions:			
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changes, this should be repo	ted to the Departme	nt of Community Affairs.	
County: Worth Count	v	Samilan Dec	ata Trail Project Libert Desite
county. Horn count	<u>y</u>	Service_Des	oto Trail Regional Library Branch
. Check the box that best d	escribes the agreed i	upon delivery arrangement for this s	reminer /
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yes X no		00/	
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	SERV	ICE DEL	IVERY S	STRATEG	Y
SUMMA	ARY OF	SERVICE	DELIVER	RY ARRANG	EMENTS

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: Worth County Service Storm Water Management
1. Check the box that best describes the agreed upon delivery arrangement for this service:
Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
X One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.) Sylvester, Warwick
One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)
2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
□yes X no
If these conditions will continue under the strategy, <b>attach an explanation for continuing the arrangement</b> (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated). If these conditions will be eliminated under the strategy, <b>attach an implementation schedule</b> listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.
3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.
Local Government or Authority Funding Method: Sylvester General Fund
Sylvester         General Fund           Warwick         General Fund
<ul> <li>4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?</li> <li><i>no change in strategy</i></li> <li>5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:</li> </ul>
Agreement Name: Contracting Parties : Effective and Ending Dates:
no
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>Carolynn Segers</u>
Phone Number:         (912) 522-3552         Date completed:         8/2/99
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? $\Box$ yes X no If not, provide designated contact person(s) and phone number(s) below:
Brian Marlowe Worth County Administrator (912) 776-8200

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PAGE 2
Instructions: Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.
County: Worth County Service Storm Water Management
1. Check the box that best describes the agreed upon delivery arrangement for this service:
Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this 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.) Worth County
X One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.) Sylvester, Warwick
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), hutboilty or organization providing the service.)
Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)
2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
🗇 yes X no
If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated). If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upor deadline for completing it.
3. List each government or authority that will new 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, notel/notel taxes, franchise taxes, impact fees, bonded indebtedness, etc.
Local Government or Authority Junding Method:
Sylvester General Fund
Warwick         General Fund           4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?
no change in strategy
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:
Agreement Name: Contracting Parties : Effective and Ending Dates:
6. What other mechanisms (if any) will be used to implement the strategy for this service, (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.) and when will they take effect?
7. Person completing form: Carolynn Segers
Phone Number: (912) 522-3552 Date completed: 8/2/99
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? D yes X no If not, provide designated contact person(s) and phone number(s) below:
Brian Marlowe Worth County Administrator (912) 776-8200

I. Answer each question below		sted on page 1, Section III. Use exactly the same service names listed on page cessary. If the contact person for this service (listed at the bottom of the page) Affairs.
County: Worth County		Service_Solid Waste Management
Check the box that best des	cribes the agreed upon delivery array	ingement for this service:
	ountywide (i.e., including all cities a authority or organization providing	and unincorporated areas) by a single service provider. (If this box is checked, the service.)
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		incorporated boundaries, and the service will not be provided in unincorporated thority or organization providing the service.)
unincorporated areas. (If	this box is checked, identify the gov	n their incorporated boundaries, and the county will provide the service in vernment(s), authority or organization providing the service.) as perWorth Co. Consolidated Solid Waste Plan
	ecked, attach a legible map deline zation that will provide service with	the service area of each service provider, and identify the government, and each service area.)
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yes X no		
	s s (1), or string benefits of the	duplication, or reasons that overlapping service areas or competition cannot be
iminated). these conditions will be elir iminate them, the responsible List each government or aut es, general funds, special ser	minated under the strategy, attach e party and the agreed upon deadline thority that will help to pay for this vice district revenues, hotel/motel ta	service and indicate how the service will be funded (e.g., enterprise funds, user axes, franchise taxes, impact fees, bonded indebtedness, etc.
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	PAGE 2
Instructions:	
	nd complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page
1. Answer each question be	low, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page)
changes, this should be repo	rted to the Department of Community Affairs.
a	a to staw i M
County: Worth Count	Service_Solid Waste Management
I. Check the box that best d	lescribes the agreed upon delivery arrangement for this service:
	countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, it, authority or organization providing the service.)
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	ed only in the unincorporated portion of the county by a single service provide. (If this box is checked, identify the or organization providing the service.)
	5/
	provide this service only within their incorporated boundaries and the vervice will not be provided in unincorporated necked, identify the government(s), authority or organization providing the service.)
unincorporated areas.	will provide this service only within their incorporated boundaries, and the county will provide the service in (If this box is checked, identify the government(s), authority or organization providing the service.)
Sylvester, Poula	n, Warwick, Worth County as perWorth Cof Consolidated Solid Waste Plan
	checked, attach a legible map delineating the service area of each service provider, and identify the government, anization that will provide service within each service area.)
automy, or other orga	inization that will provide service within part service rice.)
2. In developing the strateg	y, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
🗇 yes X no	
	tinue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels
of service (See O.C.G.A. 30 eliminated).	5-70-24(1)), overriding benefits of the Hupfication, or reasons that overlapping service areas or competition cannot be
cintumica).	$(\mathcal{T})$
If these conditions will be a eliminate them, the responsi	eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to ible party and the agreed your deddline for completing it.
3. List each government or fees, general funds, special	authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.
Local Government or Autho	ority Funding Method:
Worth County	General Fund/Landfill Fees
Sylvester	Enterprise Fund
Poulan	Enterprise Fund
Warwick	Enterprise Fund
	ange the previous arrangements for providing and/or funding this service within the county?
no change in strat	egy /
5. List any formal service d	lelivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:
Agreement Name:	Contracting Parties : Effective and Ending Dates:
no	
	(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 chang <i>NONE</i>	es, etc) and when will they take effect?
7. Person completing form	Carolynn Segers
Phone Number:(9	12) 522-3552 Date completed:8/2/99
	hould be contacted by state agencies when evaluating whether proposed local government projects are consistent with
the service delivery strategy If not, provide designated c	17 Dyes X no ontact person(s) and phone number(s) below:
Brian Marlowe Worth County Administrate (912) 776-8200	Dr .

		PAGE 2
1. Answer each question be	elow, attaching additional pages as necessary. If	ge 1, Section III. Use exactly the same service names listed on page the contact person for this service (listed at the bottom of the page)
changes, this should be repo	orted to the Department of Community Affairs.	
County: Worth Coun	tyService	Zoning
1. Check the box that best of	describes the agreed upon delivery arrangement for	or this service:
	d countywide (i.e., including all cities and unincontract and unincont, authority or organization providing the service	prporated areas) by a single service provider. (If this box is checked, ).)
	ded only in the unincorporated portion of the cou or organization providing the service.)	inty by a single service provider. (If this box is checked, identify the
	l provide this service only within their incorporate hecked, identify the government(s), authority or o	ed boundaries, and the service will not be provided in unincorporated rganization providing the service.)
unincorporated areas.		corporated boundaries, and the county will provide the service in (), authority or organization providing the service.) and Worth County
Other. (If this box is		service area of each service provider, and identify the government,
2. In developing the strateg	gy, were overlapping service areas, unnecessary of	ompetition and/or duplication of this service identified?
🖸 yes X no		
of service (See O.C.G.A. 36 eliminated).	6-70-24(1)), overriding benefits of the duplicatio	for continuing the arrangement (i.e., overlapping but higher levels n, or reasons that overlapping service areas or competition cannot be
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fees, general funds, special	service district revenues, hotel/motel taxes, francl	hise taxes, impact fees, bonded indebtedness, etc.
Local Government or Autho		
Sylvester Warwick	General Fund/User Fees General Fund/User Fees	
Sumner	General Fund/User Fees	
Poulan	General Fund/User Fees	
Worth County	General Fund/User Fees	
	L	
4. How will the strategy ch no change in strat	hange the previous arrangements for providing and tegy	I/or funding this service within the county?
5. List any formal service d	lehivery agreements or intergovernmental contract	is that will be used to implement the strategy for this service:
Agreement Name:	Contracting Parties :	Effective and Ending Dates:
6. What other mechanisms		or this service, (e.g., ordinances, resolutions, local acts of the General
	zes, etc.) and when will they take effect?	
none		
<ol><li>Person completing form:</li></ol>		
Phone Number:(9	12) 522-3552 Date completed:	8/2/99
the service delivery strategy		ting whether proposed local government projects are consistent with
Brian Marlowe Worth County Administrate (912) 776-8200	or	

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5	UMMARY OF SERVI	CE DELIVERY ARRANGEMENTS PAGE 2
1. Answer each question h		e listed on page 1, Section III. Use exactly the same service names listed on page s necessary. If the contact person for this service (listed at the bottom of the page)
County: Worth Cou	nty	Service Zoning
1. Check the box that best	describes the agreed upon delivery a	arrangement for this service:
	ed countywide (i.e., including all citi ent, authority or organization provid	ies and unincorporated areas) by a single service provider. (If this box is checked, ling the service.)
	ded only in the unincorporated port y or organization providing the servi	tion of the county by a single service provider. (If this box is checked, identify the ice.)
One or more cities wi areas. (If this box is	Il provide this service only within the checked, identify the government(s),	neir incorporated boundaries, and the service will not be provided in unincorporated , authority or organization providing the service.)
unincorporated areas Sylv Other. (If this box i	s. (If this box is checked, identify the ester, Sumner, Poulan,	ithin their incorporated boundaries, and the county will provide the service in government(s) authority or organization providing the service.) Warwick, and Worth County Elineating the service area of each service provider, and identify the government, within each service area.)
2. In developing the strate	egy, were overlapping service areas,	increasing competition and/or duplication of this service identified?
🗇 yes X no		
		explanation for continuing the arrangement (i.e., overlapping but higher levels the duplication, or reasons that overlapping service areas or competition cannot be
eliminate them, the respon 3. List each government of	sible party and the agreed upon deal 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, specia	I service district revenues, hotel/mot	tel taxes, franchise taxes, impact fees, bonded indebtedness, etc.
Local Government or Aut	General Fund/User Fees	ng Method:
Warwick	General Fund/User Fees	and the second sec
Sumner	General Fund/User Pees	here the term of the second
Poulan	General Fund/User/Fees	
Worth County	General Fund/User Fees	
	1	
		or providing and/or funding this service within the county?
no change in stra	_ /	
		mental contracts that will be used to implement the strategy for this service:
Agreement Name: no	Contracting Par	rties : Effective and Ending Dates:
	ns (if any) will be used to implement nges, etc. and when will they take e	t the strategy for this service, (e.g., ordinances, resolutions, local acts of the General ffect?
none		
7. Person completing for	n: <u>darolynn Segers</u>	
Phone Number:	912/522-3552 Date	completed: <u>8/2/99</u>
8. Is this the person who the service delivery strateg		es when evaluating whether proposed local government projects are consistent with
	contact person(s) and phone number	r(s) below:
Brian Marlowe Worth County Administra (912) 776-8200	itor	

#### 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: Worth County Service Public Housing

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

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

#### Sylvester Housing Authority serves Sylvester, Poulan and Warwick

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

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

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

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

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

#### Jyes Xno

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

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

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 finds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.

L	ocal Government or Aut	hority	Funding Method:	
	Sylvester Housing Authority	Grants/Rents		

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

#### no change in strategy

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:
Authority law		self renewing

Date completed:

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: Carolynn Segers.

Phone Number: (912) 522-3552

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

8/2/99

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

Brian Marlowe Worth County Administrator (912) 776-8200 PAGE 2

SUMMAR	OF SERVICE DELIVERY ARRANGEMENTS PAGE 2
Instructions: Make copics of this form and complete 1. Answer each question below, attachin changes, this should be reported to the De	additional pages as necessary. If the contact person for this service (listed at the bottom of the page)
County: Worth County	Service Airport
1. Check the box that best describes the a	reed upon delivery arrangement for this service:
X Service will be provided countywide identify the government, authority of City of Sylvester	i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, organization providing the service.)
Service will be provided only in the government, authority or organization	unincorporated portion of the county by a single service provider. (If this box is checked, identify the providing the service.)
	rvice only within their incorporated boundaries, and the service will not be provided in unincorporated the government(s), authority or organization providing the service.)
	is service only within their incorporated boundaries, and the county will provide the service in hecked, identify the government(s), authority or organization providing the service.)
	a a legible map delineating the service area of each service provider, and identify the government, ill provide service within each service area.)
2. In developing the strategy, were overla	ping service areas, unnecessary competition and/or duplication of this service identified?
🗇 yes 🛛 X no	
	strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels erriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be
	er the strategy, <b>attach an implementation schedule</b> listing each step or action that will be taken to he agreed upon deadline for completing it.
	will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.
Local Government or Authority	Funding Method:
Sylvester General Fu	d, User Fees, Grants
4. How will the strategy change the prev	us arrangements for providing and/or funding this service within the county?
no change in strategy	
5. List any formal service delivery agree	ents or intergovernmental contracts that will be used to implement the strategy for this service:
Agreement Name:	Contracting Parties : Effective and Ending Dates:
no	
<ol> <li>6. What other mechanisms (if any) will be Assembly, rate or fee changes, etc.) and we have a second s</li></ol>	used to implement the strategy for this service, (e.g., ordinances, resolutions, local acts of the General
none	
7. Person completing form: Carolynn	gers.
	Date completed: 8/2/99
	ted by state agencies when evaluating whether proposed local government projects are consistent with
the service delivery strategy?  yes If not, provide designated contact person	X no
Deborah Bridges Sylvester City Clerk 912-776-8505	

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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: Worth Service: Emergency Management and Rescue
1. Check the box that best describes the agreed upon delivery arrangement for this service:
X Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.) Worth County
Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)
2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
🗇 yes X no
If these conditions will continue under the strategy, <b>attach an explanation for continuing the arrangement</b> (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: Worth County General Fund
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?
None
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:
Agreement Name: Contracting Parties : Effective and Ending Dates:
6. What other mechanisms (if any) will be used to implement the strategy for this service, (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.) and when will they take effect?
7. Person completing form: Carolynn Segers
Phone Number: <u>912-522-3552</u> Date completed: <u>Aug. 2, 1999</u>
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent
with the service delivery strategy?  yes X no If not, provide designated contact person(s) and phone number(s) below: Brian Marlowe Worth County Administrator 912-776-8200

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Instruction:       Make caple of this form and complete one for each service listed on page 1, Section 111. Use exactly the same service memore lined on page 1, Anver each question below, attaching additional pages as necessary. If the contact periods for this service (listed at the bottom of the page) change, disk should be reported to the Department of community Affairs.         County:	Interseine:         Male caples of this form and complete one for each service listed on page 1. Section III. Use eachly the same service mame lined on page 1. Answer each question below, staching additional pages as necessary. If the contact persons for this service (listed at the bottom of the page) danges, this should be reperied to the Department of Community Affairs.           County:         Worth         Service:         Emergency Medical           1. Check the box that best describes the sgreed upon delivery arrangement for this service:         Service will be provided ownly in the unincorporated providing the service.)           Bar(tst Hospital of Worth County         Bar(tst Hospital of Worth County)         Service will be provided ob in the unincorporated potition of the county by a single service will not be provider. (If this box is checked, listentify the government, uninvery or signification providing the service.)           One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in service in unincorporated person (If his tow is checked, listentify the government(), authority or organization providing the service.)           One or more cities will provide this service area, unceasary comporated boundaries, and the service identified?           Other or more cities will provide this service area, unceasary comporated boundaries, and the service identified?           I. In developing the strategy, strach an exploration for complaing in and/or duplication of this service identified?           Operation of cubic service and the strategy, strach an exploration for monthing this.           1. In developing the strat	SUMMAR	IT OF SERVICE DE	LIVERY ARRANGE	PAGE 2
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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       Funding Method:         Incad Government or Authority       Funding Method:         A. How will the strategy change the previous arrangements for providing and/or funding this service within the county?         None       S. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:         Agreement Name:       Contracting Parties :       Effective and Ending Dates:         General Name:       Contracting Parties :       Effective and Ending Dates:	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, stach 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, hole/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc. Local Government or Authority <u>Funding Method:</u> Baptist Hospital <u>General Fund, User Fees</u> Baptist Hospital <u>General Fund, User Fees</u> How will the strategy change the previous arrangements for providing and/or funding this service within the county? None 5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service: <u>Agreement Name: Contracting Parties : Effective and Ending Dates:</u> <u>Agreement Name: Contracting Parties : Effective and Ending Dates:</u> <u>Agreement Name: Contracting Parties : Effective and Ending Dates:</u> <u>Agreement Name: Contracting Parties : Effective and Ending Dates:</u> <u>Agreement Name: Contracting Parties : Effective and Ending Dates:</u> <u>Agreement Name: Contracting Parties : Effective and Ending Dates:</u> <u>Agreement Name: Contracting Parties : Effective and Ending Dates:</u> <u>Agreement Name: Catolynn Segers</u> <u>Provon completing form: Catolynn Segers</u> <u>Phone Number: <u>912-522-3552</u> Date completed: <u>Aug. 2, 1992</u> 8. Is his the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? <u>Dyee X no</u> <u>Dyee X no</u> <u>Provon Com</u></u>	🗇 yes X no			
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, hote/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc. Local Government or Authority <u>Funding Method:</u> <u>Baptist Hospital</u> <u>General Fund, User Fees</u> <u>4</u> . How will the strategy change the previous arrangements for providing and/or funding this service within the county? None 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> <u>Emergency Services Agreement</u> <u>Baptist Hospital of Worth County and</u> <u>Worth County and Worth County Board of Commissioners</u> 6. What other mechanisms (if any) will be used to implement the strategy, etc.) and when will they take effect? None 7. Person completing form: <u>Carolyna Segers</u> Phone Number: <u>912-522-3552</u>	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, hold/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc. Local Government or Authority Funding Method:          Baptist Hospital       General Fund, User Fees         Buptist Hospital       General Fund, User Fees         A: How will the strategy change the previous arrangements for providing and/or funding this service within the county?         None         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:         Emergency Services Agreement       Baptist Hospital Of Work County and Work 1, 1998 to Sept. 30, 2001         Worth County Board of Commissioners       Oct. 1, 1998 to Sept. 30, 2001         Worth County Board of Commissioners       Oct. 1, 1998 to Sept. 30, 2001         Worth County Board of Commissioners       Oct. 1, 1998 to Sept. 30, 2001         Worth County Board of Commissioners       Oct. 1, 1998 to Sept. 30, 2001         Worth County Board of Commissioners       Oct. 1, 1998 to Sept. 30, 2001         Worth County Board of Commissioners       Oct. 1, 1998 to Sept. 30, 2001         Phone Number:	levels of service (See O.C.G.A. 36-70			
user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.  Local Government or Authority Funding Method:	user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.         Local Government or Authority       Funding Method:         Baptist Hospital       General Fund, User Fees         Baptist Hospital       General Fund, User Fees         Image: Contracting Parties       General funds, user fees         A. How will the strategy change the previous arrangements for providing and/or funding this service within the county?         None         5. List any formal service delivery agreements or intergovernamental contracts that will be used to implement the strategy for this service:         Agreement Name:       Contracting Parties :         Entrogency Service Agreement       Baptist Hospital of Worth County and Worth County and Worth County Board of Commissioners         Image: 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:       Carolyna Segers         Phone Number:       912-522-3552         Date completed:       Aug. 2, 1929         8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy?         Oyes       X no				h step or action that will be taken to
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Phone Number:       912-522-3552       Date completed:       Aug. 2, 1999         8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent	Phone Number: 912-522-3552 Date completed: Aug. 2, 1999 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? S x no If not, provide designated contact person(s) and phone number(s) below:				
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent	8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? $\square$ yes X no If not, provide designated contact person(s) and phone number(s) below:	7. Person completing form: Caro	lynn Segers		· · · · · · · · · · · · · · · · · · ·
	with the service delivery strategy?  yes X no If not, provide designated contact person(s) and phone number(s) below:	Phone Number: 912-522-3552	Date com	leted: Aug. 2, 1999	
with the sector of the sector	If not, provide designated contact person(s) and phone number(s) below:			duating whether proposed local g	overnment projects are consistent
Brian Marlowe Worth County Administrator		Brian Marlowe Worth County Administrator	on(s) and phone number(s) below		

#### Instructions:

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

Service: Neighborhood Service Center-Community Action Council

County: Worth

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

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

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

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

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

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

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

#### 🗖 yes X no

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

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

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

.ocal Government or Authority	y Funding Method:	
City of Sylvester	General Funds	
Community Action Council	Operating Funds (state and federal funds)	

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

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

Agreement Name:	Contracting Parties :	Effective and Ending Dates:

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

7. Person completing form: Carolynn Segers

Phone Number: 912-522-3552

Date completed: Aug. 2, 1999

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

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

> Worth County Administrator 912-776-8200

PAGE 2

### SERVICE DELIVERY STRATEGY SUMMARY OF LAND USE AGREEMENTS

#### Instructions:

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

#### County: Worth

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

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

Moreover, Worth County and its municipal governments formally adopted a consolidated comprehensive plan in 1993 where land use issues were jointly considered and appropriately addressed.

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

amendments to existing comprehensive plans

X adoption of a joint comprehensive plan

other measures (amend zoning ordinances, add environmental regulations, etc.) Note: If the necessary plan amendments, regulations, ordinances, etc. have not yet been formally adopted, indicate when each of the affected local governments will adopt them.

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

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.

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

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

Worth County and the Municipal Governments all have adopted an intergovernmental agreement which established a formal process to insure that new extraterritorial water and sewer service extensions are consistent with applicable land use plans.

Phone number: 912-776-8200	Date completed: 10/4/99	
6. Is this the person who should be contacted	state agencies when evaluating whether proposed local government projects are	consistent with

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

PAGE 3

### A Resolution Entitled a Resolution Establishing a Process to Resolve Inter-Governmental Land Use Classification Disputes Pursuant to Property Annexations and Land Use Plans

WHEREAS, the Worth 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 resolve land use disputes as these relate to property annexation and land use plans, and.

WHEREAS, the Worth County Board of Commissioners and the governing bodies of the County's municipal jurisdictions have jointly developed a cooperative plan to resolve said issues,

BE IT THEREFORE RESOLVED by the Worth County Board of Commissioners of Worth County, Georgia and the governing bodies of the cities of Poulan, Sumner, Sylvester and Warwick and, IT IS HEREBY RESOLVED by the Authority of same:

<u>Section 1.</u> Effective immediately upon the adoption of this Resolution by the respective governments, the following process for resolving land use disputes shall be implemented:

 Prior to initiating any formal annexation activities, the municipality will notify the county of a proposed annexation and provide information on location of property, size of area, and proposed land use or zoning classification(s) (if applicable) of the property.

Within 30 days following receipt of the above information, the county will forward to the city a statement either: (a) indicating that the county has no objection to the proposed land use for the property; or (b) describing its bona fide objection(s) to the city's proposed land use classification, providing supporting evidence, and listing any possible stipulations or conditions that would alleviate the county's objection(s);

- 2. If the County has no objection to the City's proposed land use or zoning classification, the City is free to proceed with the annexation. If the County fails to respond to the City's notice in writing within the deadline, the City is free to proceed with the annexation and the County loses its right to invoke the dispute resolution process, or object to land use changes after the annexation.
- 3. If the county notifies the city that it has a bona fide land use classification objection(s), the city will respond to the county in writing within 30 days of receiving the county's objection(s) by either: (a) agreeing to implement the county's stipulations and conditions and thereby resolve the county's objection(s); (b) agreeing with the county and stopping action on the proposed annexation; (c) disagreeing that the county's objection(s) are bona fide, the city will initiate a joint meeting of the respective governments to resolve the issue(s);
- 4. If the City initiates mediation, the City and County will agree on a mediator, mediation schedule and determine participants in the mediation. The City and County agree to share equally any costs associated with the mediation.
- 5. An annexation proposal shall not be effective until any bona fide land use classification objections raised by the county are resolved pursuant to the dispute resolution process.

Same in

- 6. However, the final resolution of any recommendation of a land use classification will be accorded to the governing body considering the annexation. In cases of land use disputes not related to annexation proposals, the final resolution of a land use dispute will be accorded to the jurisdiction in which the subject property is located. Nothwithstanding, a government may seek declaratory judgment in a court of proper jurisdiction pursuant to a land use decision.
- Section 2. All ordinances and resolutions in conflict herewith are hereby repealed.

ATTEST:

County Clerk

ATTEST: Sumner City Clerk

ATTEST:

Warwick City Clerk

ATTEST: reis K. Russell

Poulan City Clerk

ATTEST: vlvester City Clerk

Worth County Board of Commissioners

ille mE Donald 55-98 By: 73

Mayor and Council, Sumner, Georgia

Mayor Adopted

Mayor and Council, Warwick, Georgia

Adopted Mayor

Mayor and Council Poulan Deorgia By: Adopted

Mayor and Council, Sylvester, Georgia

By: 1. Lerry Wilferson 61-98 Mayor Adopted

#### A Resolution Establishing a

Process to Insure Compatibility with Applicable Land Use Plans and Ordinances and to Resolve Inter-Governmental Land Use Plan and Ordinance Inconsistencies Pursuant to the Provision of New Extra Territorial Water and Sewer Services

WHEREAS, the Worth 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 plans and ordinances of adjoining local governments, and

WHEREAS, the Worth 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 Worth 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/ordinances,

BE IT THEREFORE RESOLVED by the Worth County Board of Commissioners of Worth County, Georgia and the governing bodies of the cities of Sumner, Warwick, Poulan, Sylvester and, IT IS HEREBY RESOLVED by the Authority of same:

<u>Section 1.</u> Effective immediately upon the adoption of this Resolution by the respective governments, the following process for 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 will notify the adjacent government of the proposed 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 ordiances 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 ordinances.

- 3. If the community desiring to extend the water or sewer services receives 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 ordinance 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.

Section 2. All ordinances and resolutions in conflict herewith are hereby repealed.

ATTEST:

- Hr

ATTES

Sumner

ATTEST: Warwick Cirv Cle

Worth County Board of Commissioners

Mayor and Council, Sumner, Georgia

Date

Mayor and Council, Warwick, Georgia

Myers 10-5-99 Date

Mavorand Council, P Bv:

Mayor

Date

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ATTEST: Ne Sylvester City Clerk

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M,

Mayor and Council, Sylvester, Georgia

Ulifferan 9-5-99 Date By: 621 Mayor

# 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 population below 500 and authorities providing services under the strategy are not required to sign this form, but are encouraged to do so. Attach additional copies of this page as necessary.

### SERVICE DELIVERY STRATEGY FOR WORTH 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));
- 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:
Billy MEDonald	Billy	Chairman	Worth County	9-16-99
Aulis Rogen	Julie H. Rogers	Mayor	City of Poulan	9/21/99
Shiret mere	Theodore Myers	Mayor	City of Warwick	9-21-99
Jan Jam	James Trammell	Mayor	City of Sumner	10-5-99
H. Leron Ulilking	Leroy Wilkerson	Mayor	City of Sylvester	10-5-99
ð				

### A RESOLUTION ENTITLED A RESOLUTION FORMALLY ADOPTING THE WORTH COUNTY SERVICE DELIVERY STRATEGY AS REQUIRED BY STATE LAW

- Be it resolved, by the Worth County Board of Commissioners, the mayors and City Councils of the cities of Poulan, Sumner, Sylvester and Warwick and it is hereby resolved by authority of same:
- Whereas, Worth County has found it necessary to develop a service delivery strategy to provide for the elimination of duplication of services and other purposes as described under Title 36, Chapter 70 of the Official Code of Georgia Annotated; and,
- Whereas, Worth County and the cities of Poulan, Sumner, Sylvester and Warwick 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); and,
- Whereas, Worth County 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)); and,
- Whereas, Worth County service delivery strategy provides that water or sewer fees charged to customers located outside the geographic boundaries of a service provider are reasonable and are not arbitrarily higher than the fees charged to customers located within the geographic boundaries of the service provider (O.C.G.A. 36-70-24 (2)); and,
- Whereas, Worth County 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)).
- Therefore, be it resolved by the Board of Commissioners of Worth County, Georgia that the Worth County service delivery strategy be submitted to the Department of Community Affairs for approval, and that the chairman be authorized to sign the service delivery strategy document on behalf of the County, and that the mayors of the cities of Poulan, Sumner, Sylvester and Warwick be authorized to sign the service delivery strategy document on behalf of those cities.

Adopted this day, Sighanders, 16, 1999.

ill

::

Jeva Haus Witness

Worth County Board of Commissioners

<u>9-11-99</u> Date

City of Poulan By: Date Mayor

Town of Sumner

me Date Mayor

City of Sylvester

Jeroy M Mayor y Date By: A

City of Warwick Zkenn 7, Myorg 9-21.49 Mayor Date / Date

DCT 14 P.M.

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# GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS

Jim Higdon COMMISSIONER Roy E. Barnes GOVERNOR

#### MEMORANDUM

то:	Honorable Billy McDonald, Chairman Worth County Commission
	Honorable Julie H. Rogers Mayor, City of Poulan
	Honorable Theodore Myers
	Mayor, City of Warwick
	Honorable James Trammell
	Mayor, City of Sumner
	Honorable Leroy Wilkerson
	Mayor, City of Sylvester
FROM:	Jim Higdon VW
	Commissioner
DATE:	October 29, 1999

SUBJECT: Verification of Service Delivery Strategy

In accordance with the provisions of the Service Delivery Strategy law, we have determined that your strategy includes the necessary components and addresses the mandatory criteria identified in the law; and therefore, we are pleased to verify your strategy as meeting the requirements of the law.

It is our belief that preparing and implementing a service delivery strategy will assist communities in providing services to their citizens more effectively and efficiently. The benefits of your efforts can be maximized by using your strategy as a reference and management tool as you and other local governments make decisions concerning the provision of local services.

Please remember that the Service Delivery Strategy law states that "projects which are inconsistent with a strategy will be ineligible for state funding and permits." Therefore, prior to seeking future state grant, loan or permit assistance for local service improvements, you should ensure that such requests for assistance are consistent with the locally agreed upon service delivery strategy.



October 29, 1999 Page 2

Also, keep in mind that local governments are required to revise their approved strategy when any one of the following conditions are met:

- 1. In conjunction with the update of your local government's comprehensive plan;
- 2. Whenever the service delivery or revenue distribution arrangements are changed (e.g., whenever the local governments within the County decide to change how a service is provided or funded); or
- 3. In the event of the creation, abolition or consolidation of local governments.

With local governments such as Worth County and the Cities of Poulan, Warwick, Sumner, and Sylvester preparing and carrying out rational service delivery strategies, Georgia's citizens can look forward to effective and efficient delivery of local services in the future. We commend you for your hard work and dedication and look forward to working with you in the future.

JH/kdm

cc: Senator Rooney L. Bowen Representative Ray Holland Jerry Griffin, ACCG Jim Calvin, GMA Dan Bollinger, Executive Director Southwest Georgia RDC