| GEORGIA | DEPARTMENT | OF COMMUNITY | AFFAIRS |
|---------|------------|--------------|---------|
|---------|------------|--------------|---------|

| SERVICE | DELI | VERY   | STRA | TEGY |
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## FOR

## TATTNALL

COUNTY

PAGE 1

GENERAL INSTRUCTIONS:

**REVISION NUMBER 1** 

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

2. List each local government and/or authority, that provides services included in the service delivery strategy in Section II below.

3. 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.

CITIES: COBBTOWN, COLLINS, GLENNVILLE, MANASSAS, REIDSVILLE COUNTY: TATTNALL COUNTY

AUTHORITIES: DEVELOPMENT AUTHORITY OF GLENNVILLE, GLENNVILLE DOWNTOWN DEVELOPMENT AUTHORITY, REIDSVILLE DEVELOPMENT AUTHORITY, TATTNALL COUNTY DEVELOPMENT AUTHORITY, TATTNALL COUNTY HOSPITAL AUTHORITY

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

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

AIRPORTS, ANIMAL CONTROL, BUILDING CODE ENFORCEMENT, BUILDING PLAN REVIEW/INSPECTIONS, CEMETERIES, CODE ENFORCEMENT/NON BUILDING, CONVENTION/TOURISM, COURTS, CULTURE, ECONOMIC DEVELOPMENT, ELECTIONS, EMERGENCY MANAGEMENT, EMS, FIRE PROTECTION, HOSPITAL, INDIGENT DEFENSE, JAILS, LAW ENFORCEMENT, LIBRARIES, MAPPING, PARKING, PARKS & RECREATION, PLANNING/ZONING, PUBLIC HEALTH, PUBLIC HOUSING, PUBLIC WORKS, ROAD/STREET CONSTRUCTION, ROAD/STREET MAINTENANCE, SEARCH AND RESCUE, SEWER, SOCIAL SERVICES, SOLID WASTE MGMT., STORMWATER MGMT., WATER SUPPLY/DISTRIBUTION

| OF OF  |                                       |  | ERVICE DELIVERY STRATEGY   |   |                                     |
|--|---------------------------------------|--|--|---|-------------------------------------|
|  |                                       | SUMMAR   | Y OF SERVICE DELIVERY ARRANGEMENTS   |   | PAGE 2                              |
|  | Answer each que                       | this form and comple<br>stion below, attaching a<br>d to the Department of | REVISION #1 MARCH 1 2000<br>te one for each service listed on page 1, Section III. Use exactly<br>dditional pages as necessary. If the contact person for this service (lis<br>Community Affairs.                                    | the same service names li<br>ted at the bottom of the pag | sted on page 1.<br>e) changes, this |
| County:  | TATTNALI                              |  | Service: SEWER   | •   |                                     |
| 1. Check the t                                       | ox that best de                       | scribes the agreed   | upon delivery arrangement for this service:  | · · · · · · · · · · · · · · · · · · ·                     | 100                                 |
| Service  | will be provide                       | d countywide (i.e.,  | , including all cities and unincorporated areas) by a sing<br>ority or organization providing the service.)  | le service provider. (I                                   | f this box                          |
| Service<br>identify                                  | will be provide<br>the governmen      | d only in the uninc<br>t, authority or orga                                | corporated portion of the county by a single service pro-<br>anization providing the service.)   | vider. (If this box is ch                                 | ecked,                              |
| Ö One or n<br>unincorp                               | nore cities will<br>porated areas. () | provide this servic<br>If this box is check                                | ee only within their incorporated boundaries, and the set<br>and, identify the government(s), authority or organization  | rvice will not be provi<br>n providing the servic         | ded in<br>e.)                       |
| One or n<br>unincorp                                 | nore cities will<br>orated areas. ()  | provide this servic<br>if this box is check                                | e only within their incorporated boundaries, and the co<br>red, identify the government(s), authority or organizatio   | unty will provide the s<br>n providing the servic         | ervice in<br>e.)                    |
| Other. (I governm                                    | f this box is chent, authority,       | ecked, attach a leg<br>or other organizati                                 | gible map delineating the service area of each service<br>on that will provide service within each service area.)  | <b>provider,</b> and identi                               | fy the                              |
| 2. In developi                                       | ng the strategy                       | , were overlapping   | service areas, unnecessary competition and/or duplicat   | ion of this service ide                                   | ntified?                            |
| If these condit<br>higher levels o<br>or competition | f service (See (                      | D.C.G.A. 36-70-24  | egy, attach an explanation for continuing the arrang<br>(1)), overriding benefits of the duplication, or reasons (   | ement (i.e., overlappi<br>hat overlapping service         | ng but<br>e areas                   |
| 3. List each go                                      | ate them, the re-                     | esponsible party ar<br>uthority that will he                               | strategy, attach an implementation schedule listing each<br>ad the agreed upon deadline for completing it.<br>elp to pay for this service and indicate how the service<br>district revenues, hotel/motel taxes, franchise taxes, imp | will be funded (e.g. er                                   | nterprise                           |
| Local Government                                     | or Authority:                         | Funding Method:  |  |   |                                     |
| GLENNVI  |                                       | ENTERPRIS  |  |   |                                     |
| REIDSVII   | LE                                    | ENTERPRIS  | E FUND   |   |                                     |
| COLLINS  |                                       | GENERAL F  | UND, GRANTS, USER FEES   |   |                                     |
|  |                                       |  |  |   |                                     |
| 4. How will th<br>NO CH                              |                                       | ge the previous an   | rangements for providing and/or funding this service wi  | thin the county?  |                                     |
| 5. List any form<br>Agreement Name:                  | nal service deli                      | very agreements of   | r intergovernmental contracts that will be used to imple<br>Contracting Parties:   | ment the strategy for t<br>Effective and Ending           |                                     |
| COUNTY SE  | RVICE DE                              | LIVERY   | TATT.CO.AND ALL MUNICIPALITIE  |   |                                     |
| STRATEGY   |                                       |  |  |   |                                     |
| SERVICE D<br>REVISION                                |                                       | STRATEGY   | TATT. CO. AND ALL MUNICIPALITIE  | S 3-1-00 to   | 10-31-00                            |
| 6. What other  | nechanisms (if                        | any) will be used<br>changes, etc.), and                                   | to implement the strategy for this service (e.g., ordinand<br>when will they take effect?  | ces, resolutions, local                                   | acts of the                         |
| NONE   |                                       |  |  |   |                                     |

7. Person completing form: GENE CRAPSE

Phone number: (912) 557-4335 Date completed: 2/23/00

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? X yes no If not, provide designated contact person(s) and phone number(s) below:



| REVISIONS   | DATE         |
|---|--------------|
| COMPLETE REINVENTORY                                  | FEB. 1992    |
| COMPLETE REINVENTORY<br>FEDERAL ROUTE NUMBERS REVISED | JUNE 16, 199 |
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| Cor eta                        |  | VICE DELIVERY STRATEGY  |  |
|--------------------------------|--|---|--|
|                                |  | <b>DF SERVICE DELIVERY ARRANGEMENTS</b> EVISION # 1MARCH 1, 2000  | PAGE 2   |
|                                | Make copies of this form and complete or   | ne for each service listed on page 1, Section III. Use exactly the<br>onal pages as necessary. If the contact person for this service (listed                       | same service names listed on page 1.<br>at the bottom of the page) changes, this |
| County:                        | TATTNALL   | Service: WATER SUPPLY/DISTR   | IBUTION  |
|                                |  | n delivery arrangement for this service:  |  |
| Service is check               | will be provided countywide (i.e., inc<br>ed, identify the government, authority                         | eluding all cities and unincorporated areas) by a single or organization providing the service.)  | service provider. (If this box   |
| Service<br>identify            | will be provided only in the unincorp<br>the government, authority or organiza                           | orated portion of the county by a single service provide<br>ation providing the service.)   | er. (If this box is checked,   |
| One or unincorp                | nore cities will provide this service of<br>orated areas. (If this box is checked,                       | nly within their incorporated boundaries, and the service<br>identify the government(s), authority or organization p  | e will not be provided in<br>roviding the service.)                              |
| One or unincor                 | nore cities will provide this service or<br>porated areas. (If this box is checked,                      | nly within their incorporated boundaries, and the count identify the government(s), authority or organization p   | y will provide the service in roviding the service.)                             |
| Other. (I governm              | f this box is checked, attach a legible<br>ent, authority, or other organization t                       | e map delineating the service area of each service pr<br>hat will provide service within each service area.)  | rovider, and identify the  |
|                                | ng the strategy, were overlapping ser  | OLLINS, COBBTOWN, MANASSAS vice areas, unnecessary competition and/or duplication   | of this service identified?  |
| nigner levels (                | ions will continue under the strategy,<br>f service (See O.C.G.A. 36-70-24(1))<br>cannot be eliminated). | attach an explanation for continuing the arrangem<br>), overriding benefits of the duplication, or reasons that   | ent (i.e., overlapping but<br>overlapping service areas                          |
| 3. List each go                | overnment or authority that will help t<br>as, general funds, special service distr                      | he agreed upon deadline for completing it.<br>to pay for this service and indicate how the service will<br>ict revenues, hotel/motel taxes, franchise taxes, impact | be funded (e.g., enterprise<br>fees, bonded indebtedness, etc.)                  |
| GLENNVIL                       |  |   |  |
| REIDSVIL<br>COLLINS            |  | FUND<br>ND, GRANTS, USER FEES   |  |
| COBBTOWN                       |  |   |  |
| MANASSAS                       | GENERAL FU   | ND, GRANTS, USER FEES<br>ND, GRANTS, USER FEES  |  |
| NO<br>5. List any forr         | CHANGE<br>nal service delivery agreements or int   | ements for providing and/or funding this service within<br>ergovernmental contracts that will be used to impleme  |  |
| Agreement Name:                |  | A TITLE CO. AND AT A NEW CONTRACTION  | Effective and Ending Dates:  |
| STRATEGY                       | CRVICE DELIVERY TA   | ATT.CO.AND ALL MUNICIPALITIES   | 6-1-99to10-31-00   |
| SERVICE I<br>REVISION          | DELIVERY STRATEGY TA<br># 1  | ATT.CO.AND ALL MUNICIPALITIES   | 3-1-00to10-31-00   |
| 5. What other<br>General Assem | nechanisms (if any) will be used to ir<br>bly, rate or fee changes, etc.), and wh                        | nplement the strategy for this service (e.g., ordinances,<br>en will they take effect?  | resolutions, local acts of the   |
| NONE                           |  |   |  |
|                                |  |   | -  |

7. Person completing form: <u>GENE CRAPSE</u>, <u>COUNTY MANAGER</u> Phone number: <u>(912)</u> 557-4335 Date completed: <u>2/</u>2 2/23/00 \_ Date completed: \_

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? Yes no If not, provide designated contact person(s) and phone number(s) below:

WATER SUPPLY / DISTRIBUTION



| REVISIONS: FEATURE   | DATE                  |
|--|-----------------------|
| COMPLETE REINVENTORY   | FEB. 1992             |
| FEDERAL ROUTE NUMBERS REVISED  | JUNE 16, 199          |
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| or crow   | - 120   |  | CATIONS   |   | PAGE 4                |
|---|---|--|---|---|-----------------------|
|   | county seat; 3) all c   | minimum, be signed by an authorized repres-<br>ities having 1990 populations of over 9,000 m<br>en 500 and 9,000 residing within the county<br>equired to sign this form, but are encouraged   | residing within the county; and 4<br>. Cities with 1990 populations b   | ) no less than 50% of all other cities<br>elow 500 and authorities providing a  | with a 1990           |
|   | SERVICE D   | ELIVERY STRATEGY FOR   | TATTNALL  | County  |                       |
| We, the und   | REVISION I  | NUMBER 1 MARCH 1,<br>red representatives of the jurisdiction   |   | at:   |                       |
| 2. Our respo<br>3. Our boun<br>locat<br>4. Our joint<br>the c | rate depiction of of<br>service delivery s<br>onsive manner (O<br>service delivery s<br>daries of a service<br>ded within the geo<br>service delivery s<br>ly funded by the o | eements for implementation of our<br>our agreed upon strategy (O.C.G.A.<br>trategy promotes the delivery of loc<br>.C.G.A. 36-70-24 (1));<br>trategy provides that water or sewe<br>e provider are reasonable and are no<br>graphic boundaries of the service p<br>trategy ensures that the cost of any<br>county and one or more municipalit<br>by the unincorporated area residents<br>70-24 (3)). | 36-70-21);<br>cal government services in<br>r fees charged to customer<br>ot arbitrarily higher than th<br>rovider (O.C.G.A. 36-70-2<br>services the county govern-<br>ties) primarily for the bene | the most efficient, effective<br>s located outside the geograp<br>he fees charged to customers<br>24 (2)); and<br>ment provides (including the<br>fit of the unincorporated are | , and<br>phic<br>lose |
| NATURE:   |   | NAME:<br>(Please print or type)  | TITLE:  | JURISDICTION:   | DATE                  |
| ny the  | Char  | JERRY W. BURKHALTER  | CHAIRMAN  | TATTNALL<br>COUNTY  | 2/24/2000             |
| gmus k  | 2. Celli-   | JAMES R. COLLINS   | MAYOR   | COBBTOWN  | 2/24/2000             |
| rank H.   | Mangday   | FRANK MURPHY   | MAYOR   | COLLINS   | 2/23/2000             |
| lby B   | m   | BRADLEY BARNARD  | MAYOR .   | COLLINS   | 2/24/2000             |
| Mue   | logi  | MACK D. ROGERS   | MAYOR   | MANASSAS  | 2/24/2                |
| ear B   | inge  | JEAN BRIDGES   | MAYOR   | GLENNVILLE  | 3/6/202               |
|   |   |  |   |   |                       |
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