| F. C.F.C. | Geor | GIA DEPARTMENT OF CON | MMUNITY AFFAIRS | JUN 3 0 2004 |
|-------------------------------|--|---|--|-----------------------------|
| | | SERVICE DELIVERY S | | |
| TTT | FOR | CHARLTON | COUNTY | PAGE 1 |
| ENERAL INST | FRUCTIONS | | | |
| Only one set of agreement rea | of these forms should b ached by all cities and c | e submitted per county. The com ounties that were party to the ser | pleted forms should clearly pre vice delivery strategy. | sent the collective |
| List each loca | l government and/or au | thority that provides services inc | luded in the service delivery st | rategy in Section II below. |
| | | y funded by each general purpose | | |

- 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).
- Complete one copy of the Summary of Land Use Agreements form (page 3). 5.
- Have the Certifications form (page 4) signed by the authorized representatives of participating local governments. Please note 6. 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.

CHARLTON COUNTY CITY OF FOLKSTON CITY OF HOMELAND

1.

2.

3.

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.

We have a well-established practice that when one of our government entities call for support of men, materials or equipment, the other two entities respond to the fullest extent possible. This works well for this small community. Thus, we have determined no need to establish written contracts for areas where we are already cooperating.

Services included in the Service Delivery Strategy:

Airport Animal Control Beautification Building Inspector Cemeteries Chamber of Commerce Code Enforcement Community Buildings Cooperative Extension Cororner's Office Courts Economic Development Emergency Dispatch Emergency Management Emergency Medical Fire Protection

GIS Hospital Indigent Medical Indigent Defense Jail Law Enforcement Library Parks Planning and Zoning Public Health Public Works Railside Debt Recreation Sewage Disposal Social Services Solid Waste Collection

Tax Collection **Tourism Services** Water Supply

| | - | SUMMARY | OF SERVICE DEL | IVERY ARRANGEMENT | S JUN 3 0 2004PAGE 2 |
|----------------------------------|--|--|--|---|--|
| | Answer each quest | is form and complete on below, attaching add to the Department of Co | itional pages as necessary. | fron page 1, Section III. Use exact if the contact person for this service (| tly the same service names listed on page 1. (listed at the bottom of the page) changes, this |
| | | | | | |
| | CHARLTON | | Service: | | |
| _ | | | oon delivery arrangem | | |
| Service | will be provided ted, identify the g | countywide (i.e., i government, author | ncluding all cities and ity or organization pro | unincorporated areas) by a sin viding the service.) | ngle service provider. (If this box |
| Service identify | will be provided the government, | only in the unincom authority or organi | porated portion of the ization providing the s | county by a single service pr ervice.) | ovider. (If this box is checked, |
| One or unincor | more cities will p porated areas. (If | rovide this service this box is checked | only within their incon I, identify the governm | porated boundaries, and the s aent(s), authority or organizat | service will not be provided in ion providing the service.) |
| One or unincor | more cities will p porated areas. (If | rovide this service this box is checked | only within their incon I, identify the governm | porated boundaries, and the c nent(s), authority or organizat | county will provide the service in ion providing the service.) |
| X Other. (governr | If this box is chean in the second se | cked, attach a legi r other organization | ble map delineating the task of task o | he service area of each servi ice within each service area.) | ice provider, and identify the |
| 2. In develop | ing the strategy, | were overlapping s | ervice areas, unnecess | ary competition and/or duplic | ation of this service identified? |
| higher levels | tions will continu of service (See O n cannot be elimi | .C.G.A. 36-70-24() | y, attach an explanat l)), overriding benefits | ion for continuing the arran of the duplication, or reason | ngement (i.e., overlapping but s that overlapping service areas |
| If these condi taken to elimi | tions will be elim nate them, the rea | inated under the st sponsible party and | rategy, attach an impl the agreed upon dead | ementation schedule listing line for completing it. | each step or action that will be |
| iunas, user ie | es, general funds | , special service di | p to pay for this servic strict revenues, hotel/n | e and indicate how the service notel taxes, franchise taxes, in | e will be funded (e.g., enterprise npact fees, bonded indebtedness, etc.) |
| Local Governmen | | Funding Method: | 1 0 | | |
| Folkston | | <u>General Fun</u> General Fun | | | |
| Homeland | | General Fun | | ······································ | |
| | | | | | |
| | | | | | |
| The Folks the possi | ton-Homeland bility of a | 1-Charlton Co | unty Airport Au The existing | g and/or funding this service thority was founded airport (Davis Field | in 2002 to explore |
| 5. List any for Agreement Nam | mal service deliv | ery agreements or | intergovernmental con Contracting Parties: | tracts that will be used to imp | blement the strategy for this service: |
| brownent Itali | | <u> </u> | Conducting rariles: | | Effective and Ending Dates: |
| | | | | | |
| | | | | | |
| | | | | | |
| 6. What other General Asser | mechanisms (if nbly, rate or fee o | any) will be used to changes, etc.), and | implement the strateg when will they take eff | gy for this service (e.g., ordina fect? | ances, resolutions, local acts of the |
| 9 F | | | | | |
| | | | | | |
| 7. Person con | npleting form: _ | Steve Nance | 2 | | |
| Phone number | r: <u>(912)496</u> | | | May 13, 2004 | |
| 8. Is this the | person who shoul | d be contacted by s | tate agencies when eve | aluating whether proposed log | cal government projects |

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





| A CLASS | | SERVICE DELIVER | Y STRATEGY | Colored Street | | | | | |
|---|--|--|---|---|--|--|--|--|--|
| | SUM | SUMMARY OF SERVICE DELIVERY ARRANGEMENTS JUN 3 0 2004 PAGE 2 | | | | | | | |
| HANGE H | Instructions: | | | IAGE 2 | | | | | |
| | Make copies of this form and Answer each question below, atta should be reported to the Departm | iching additional dages as necessary. If t | on page 1, Section III. Use exactly the same service name he contact person for this service (listed at the bottom of the | nes listed on page 1. e page) changes, this | | | | | |
| County: | CHARLTON | Service: | ANIMAL CONTROL | | | | | | |
| 1. Check the | box that best describes the a | greed upon delivery arrangemen | t for this service: | 13 | | | | | |
| Service is check | will be provided countywid ked, identify the government | e (i.e., including all cities and un , authority or organization provi | nincorporated areas) by a single service provide ding the service.) | er. (If this box | | | | | |
| Service identify | will be provided only in the the government, authority of | unincorporated portion of the c or organization providing the ser | ounty by a single service provider. (If this box i vice.) | is checked, | | | | | |
| One or unincor | more cities will provide this porated areas. (If this box is | service only within their incorp checked, identify the governme | orated boundaries, and the service will not be pant, authority or organization providing the se | rovided in ervice.) | | | | | |
| M One or unincor | more cities will provide this porated areas. (If this box is | service only within their incorport checked, identify the governme | prated boundaries, and the county will provide t nt(s), authority or organization providing the se | the service in rvice.) | | | | | |
| 2.3 | CHARLTON COUNTY, F | OLKSTON, HOMELAND | | | | | | | |
| Other. (governm | If this box is checked, attacking the second s | h a legible map delineating the anization that will provide servic | service area of each service provider, and id e within each service area.) | lentify the | | | | | |
| ∐ yes ∦ | X no | | y competition and/or duplication of this service | identified? | | | | | |
| If these condi- | tions will continue under the | strategy, attach an explanatio | n for continuing the arrangement (i.e., overl | apping but | | | | | |
| nigner levels | of service (See O.C.G.A. 36 | e strategy, attach an explanation -70-24(1)), overriding benefits of | n for continuing the arrangement (i.e., overlapting set for the duplication, or reasons that overlapping set for the duplication. | apping but ervice areas | | | | | |
| or competition If these condition taken to elimit | of service (See O.C.G.A. 36 n cannot be eliminated). tions will be eliminated under nate them, the responsible pr | -70-24(1)), overriding benefits over the strategy, attach an implement arty and the agreed upon deadlir | f the duplication, or reasons that overlapping se nentation schedule listing each step or action the for completing it. | ervice areas that will be | | | | | |
| or competition If these condit taken to elimit 3. List each g funds, user fe | of service (See O.C.G.A. 36- n cannot be eliminated). tions will be eliminated under nate them, the responsible provernment or authority that ees, general funds, special services | -70-24(1)), overriding benefits over er the strategy, attach an imple arty and the agreed upon deadlir will help to pay for this service : | f the duplication, or reasons that overlapping se | ervice areas that will be | | | | | |
| or competition If these condit taken to elimit 3. List each g funds, user fe | of service (See O.C.G.A. 36- n cannot be eliminated). tions will be eliminated under nate them, the responsible provernment or authority that ees, general funds, special services | -70-24(1)), overriding benefits over er the strategy, attach an impler arty and the agreed upon deadlir will help to pay for this service rvice district revenues, hotel/mo | f the duplication, or reasons that overlapping se nentation schedule listing each step or action the for completing it. and indicate how the service will be funded (e. a | ervice areas that will be | | | | | |
| or competition If these condit taken to elimit 3. List each g funds, user fe Local Governmer <u>Charlton</u> (| of service (See O.C.G.A. 36- n cannot be eliminated). tions will be eliminated under nate them, the responsible provernment or authority that ses, general funds, special services of the second services of the second service of the second serv | -70-24(1)), overriding benefits over er the strategy, attach an imple r arty and the agreed upon deadlir will help to pay for this service a rvice district revenues, hotel/mo hod: al Funds | f the duplication, or reasons that overlapping se nentation schedule listing each step or action the for completing it. and indicate how the service will be funded (e. a | ervice areas that will be | | | | | |
| or competition If these condit taken to elimi 3. List each g funds, user fe Local Governmen <u>Charlton (</u> Folkston | of service (See O.C.G.A. 36- n cannot be eliminated). tions will be eliminated under nate them, the responsible provernment or authority that ses, general funds, special services of the second services of the second service of the second serv | -70-24(1)), overriding benefits over er the strategy, attach an impler arty and the agreed upon deadlir will help to pay for this service a rvice district revenues, hotel/mo hod: | f the duplication, or reasons that overlapping se nentation schedule listing each step or action the for completing it. and indicate how the service will be funded (e. a | ervice areas that will be | | | | | |
| If these condition or competition If these condition taken to elimit 3. List each g funds, user fe Local Government Charlton (Folkston | of service (See O.C.G.A. 36- n cannot be eliminated). tions will be eliminated under nate them, the responsible provernment or authority that ses, general funds, special services of the second services of the second service of the second serv | -70-24(1)), overriding benefits over er the strategy, attach an imple arty and the agreed upon deadlir will help to pay for this service a rvice district revenues, hotel/mo hod: <u>al Funds</u> | f the duplication, or reasons that overlapping se nentation schedule listing each step or action the for completing it. and indicate how the service will be funded (e. a | ervice areas that will be | | | | | |
| or competition If these condit taken to elimi 3. List each g funds, user fe Local Governmen <u>Charlton (</u> Folkston | of service (See O.C.G.A. 36- n cannot be eliminated). tions will be eliminated under nate them, the responsible provernment or authority that ses, general funds, special services, general funds, spe | -70-24(1)), overriding benefits over er the strategy, attach an imple arty and the agreed upon deadlir will help to pay for this service a rvice district revenues, hotel/mo hod: <u>al Funds</u> | f the duplication, or reasons that overlapping se nentation schedule listing each step or action the for completing it. and indicate how the service will be funded (e. a | ervice areas that will be | | | | | |
| If these condit taken to elimit 3. List each g funds, user fe Local Governmer <u>Charlton (</u> Folkston <u>Homeland</u> | of service (See O.C.G.A. 36- n cannot be eliminated). tions will be eliminated under nate them, the responsible provernment or authority that ses, general funds, special services, general funds, gen | -70-24(1)), overriding benefits over er the strategy, attach an imple r arty and the agreed upon deadlir will help to pay for this service a rvice district revenues, hotel/mo hod: <u>al Funds</u> <u>Fees</u> | f the duplication, or reasons that overlapping se nentation schedule listing each step or action the for completing it. and indicate how the service will be funded (e. a | ervice areas that will be | | | | | |
| Ingner levels of or competition If these condit taken to elimit 3. List each g funds, user fe Local Governmer <u>Charlton (Folkston</u> Homeland | of service (See O.C.G.A. 36- n cannot be eliminated). tions will be eliminated under nate them, the responsible provernment or authority that see, general funds, special services, general funds, special services, special service | -70-24(1)), overriding benefits over er the strategy, attach an impler arty and the agreed upon deadlir will help to pay for this service a rvice district revenues, hotel/mo hod: al Funds al Funds Fees | f the duplication, or reasons that overlapping se nentation schedule listing each step or action the for completing it. and indicate how the service will be funded (e.g tel taxes, franchise taxes, impact fees, bonded in and/or funding this service within the county? | ervice areas that will be g., enterprise ndebtedness, etc. | | | | | |
| Ingner levels of or competition If these condit taken to elimit 3. List each g funds, user fe Local Governmen Charlton (Folkston Homeland 4. How will the 5. List any for | of service (See O.C.G.A. 36- n cannot be eliminated). tions will be eliminated under nate them, the responsible provernment or authority that sovernment or authority that ses, general funds, special service at or Authority: Funding Met County Generation Generation User 1 he strategy change the previous mal service delivery agreem | -70-24(1)), overriding benefits of er the strategy, attach an impler arty and the agreed upon deadlin will help to pay for this service a rvice district revenues, hotel/mo hod: a1 Funds a1 Funds Fees ous arrangements for providing a nents or intergovernmental contra | f the duplication, or reasons that overlapping se nentation schedule listing each step or action the for completing it. and indicate how the service will be funded (e.g. tel taxes, franchise taxes, impact fees, bonded in | ervice areas that will be g., enterprise ndebtedness, etc. | | | | | |
| Ingner levels of or competition If these condit taken to elimit 3. List each g funds, user fe Local Governmen Charlton (Folkston Homeland 4. How will the 5. List any for | of service (See O.C.G.A. 36- n cannot be eliminated). tions will be eliminated under nate them, the responsible provernment or authority that sovernment or authority that ses, general funds, special service at or Authority: Funding Met County General General User 1 he strategy change the previous mal service delivery agreem | -70-24(1)), overriding benefits over er the strategy, attach an impler arty and the agreed upon deadlir will help to pay for this service a rvice district revenues, hotel/mo hod: al Funds al Funds Fees | f the duplication, or reasons that overlapping se nentation schedule listing each step or action the for completing it. and indicate how the service will be funded (e.g tel taxes, franchise taxes, impact fees, bonded in and/or funding this service within the county? | for this service: | | | | | |
| Ingner levels of or competition If these condit taken to elimit 3. List each g funds, user fe Local Governmer Charlton (Folkston Homeland 4. How will the 5. List any for | of service (See O.C.G.A. 36- n cannot be eliminated). tions will be eliminated under nate them, the responsible provernment or authority that sovernment or authority that ses, general funds, special service at or Authority: Funding Met County General General User 1 he strategy change the previous mal service delivery agreem | -70-24(1)), overriding benefits of er the strategy, attach an impler arty and the agreed upon deadlin will help to pay for this service a rvice district revenues, hotel/mo hod: a1 Funds a1 Funds Fees ous arrangements for providing a nents or intergovernmental contra | f the duplication, or reasons that overlapping se nentation schedule listing each step or action the for completing it. and indicate how the service will be funded (e.g. tel taxes, franchise taxes, impact fees, bonded in and/or funding this service within the county? Acts that will be used to implement the strategy | for this service: | | | | | |
| Ingner levels of or competition If these condit taken to elimit 3. List each g funds, user fe Local Governmer <u>Charlton (Folkston</u> Homeland | of service (See O.C.G.A. 36- n cannot be eliminated). tions will be eliminated under nate them, the responsible provernment or authority that sovernment or authority that ses, general funds, special service at or Authority: Funding Met County General General User 1 he strategy change the previous mal service delivery agreem | -70-24(1)), overriding benefits of er the strategy, attach an impler arty and the agreed upon deadlin will help to pay for this service a rvice district revenues, hotel/mo hod: a1 Funds a1 Funds Fees ous arrangements for providing a nents or intergovernmental contra | f the duplication, or reasons that overlapping se nentation schedule listing each step or action the for completing it. and indicate how the service will be funded (e.g. tel taxes, franchise taxes, impact fees, bonded in and/or funding this service within the county? Acts that will be used to implement the strategy | for this service: | | | | | |
| Ingner levels of or competition If these condit taken to elimit 3. List each g funds, user fe Local Governmen Charlton (Folkston Homeland 4. How will the 5. List any for | of service (See O.C.G.A. 36- n cannot be eliminated). tions will be eliminated under nate them, the responsible provernment or authority that sovernment or authority that ses, general funds, special service at or Authority: Funding Met County General General User 1 he strategy change the previous mal service delivery agreem | -70-24(1)), overriding benefits of er the strategy, attach an impler arty and the agreed upon deadlin will help to pay for this service a rvice district revenues, hotel/mo hod: a1 Funds a1 Funds Fees ous arrangements for providing a nents or intergovernmental contra | f the duplication, or reasons that overlapping se nentation schedule listing each step or action the for completing it. and indicate how the service will be funded (e.g. tel taxes, franchise taxes, impact fees, bonded in and/or funding this service within the county? Acts that will be used to implement the strategy | for this service: | | | | | |

7. Person completing form: Steve Nance

Phone number: ____(912)496-2549

_ Date completed: <u>May 13, 2004</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 no If not, provide designated contact person(s) and phone number(s) below:

| | | SUMMARY | | LIVERY ARRANG | |
|--|--|---|--|--|---|
| | Instructions: Make copies of this Answer each question should be reported to | i ociow, anacimity and | nuonai dages as necessary | edron page 1, Section III If the contact person for the | I. Use exactly the same service names listed on page his service (listed at the bottom of the page) changes, th |
| County: | CHARLTON | | Service: | <u>. BEAUTIFI(</u> | CATION |
| . Check the b | box that best descri | ibes the agreed up | pon delivery arranger | ment for this service: | |
| Service is check | will be provided control of the good of th | ountywide (i.e., i vernment, author | ncluding all cities and ity or organization pr | d unincorporated area oviding the service.) | s) by a single service provider. (If this box |
| Service identify | will be provided of the government, a | nly in the uninco uthority or organ | rporated portion of th ization providing the | e county by a single s service.) | service provider. (If this box is checked, |
| One or r unincorr | nore cities will proporated areas. (If the | ovide this service his box is checked | only within their inco d, identify the govern | orporated boundaries, ment(s), authority or | and the service will not be provided in organization providing the service.) |
| One or n unincorp | nore cities will proporated areas. (If th | ovide this service his box is checked | only within their inco d, identify the govern | orporated boundaries, ment(s), authority or | and the county will provide the service in organization providing the service.) |
| X Other. (I governm | if this box is check ant, authority, or o | ted, attach a legi other organization | ble map delineating in that will provide set | the service area of ex- rvice within each serv | ach service provider, and identify the ice area.) |
| 2. In developi | ing the strategy, we | ere overlapping s | ervice areas, unneces | sary competition and/ | or duplication of this service identified? |
| ugher levels o | ions will continue of service (See O.C a cannot be elimina | C.G.A. 36-70-24() | y, attach an explan : 1)), overriding benefi | ation for continuing ts of the duplication, o | the arrangement (i.e., overlapping but or reasons that overlapping service areas |
| if these condit taken to elimin | ions will be elimin nate them, the resp | nated under the st onsible party and | rategy, attach an im j I the agreed upon dea | plementation schedu dline for completing i | le listing each step or action that will be it. |
| 3. List each ge funds, user fe | overnment or authers, general funds, s | ority that will hel special service di | p to pay for this servi strict revenues, hotel/ | ce and indicate how t motel taxes, franchise | he service will be funded (e.g., enterprise e taxes, impact fees, bonded indebtedness, et |
| ocal Governmen | t or Authority: Fu | unding Method: | | | |
| Charlton (| County | General Fun | ds, Grants | | · · · · · · · · · · · · · · · · · · · |
| Folkston | | General Fun | | | |
| Homeland | | General Fun | ds, Grants | 7/20/04 4 | worke with steep name |
| | | | | to admen | intertor. He sais that |
| | | | | Honeland wa | a mitchenly isserted her of |
| . How will the | ne strategy change | the previous arra | ngements for providi | ng and/or funding this | s service within the county? Jemorge |
| Folkston's | Better Home | town Street | scape beautifi | cation program | includes coordination and |
| services a | it the county | ' Courthouse | downtown. A c | oordinated land | decane plan will be proposed |
| Project. | nas written | letters in | support of gr | ants to Folksto ion operates co | on for the Streetscape |
| . List any formation of the second se | mal service deliver | ry agreements or | intergovernmental co Contracting Parties: | ntracts that will be us | ed to implement the strategy for this service Effective and Ending Dates: |
| General R | esolution | ······································ | Folkston/Cha | rlton County | 1998 |
| | | | | | |
| | | | | | |
| . What other | mechanisms (if an | y) will be used to | o implement the strate | egy for this service (e. | .g., ordinances, resolutions, local acts of the |
| Jeneral Assen | nbly, rate or fee ch | anges, etc.), and | when will they take e | ffect? | 1 |
| | | | | · | |
| | | | | 28 | |

7. Person completing form: _____Steve Nance_____

Phone number: ____(912)496-2549___

_ Date completed: <u>May 13, 2004</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? \Box yes \Box no If not, provide designated contact person(s) and phone number(s) below:



| OFCI | | SERVICE DELIVER | | | | | | |
|--|--|--|--|--------------|--------------|-------------|--|--|
| (A) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C | SUMI | MARY OF SERVICE DELI | VERY ARRANGEMENTS | JUN 3 | 0 2004 | PAGE 2 | | |
| | miswer each queshon below, and | | | | | | | |
| County: | CHARLTON | Service: | CEMETERIES | | | | | |
| Servio is che | ce will be provided countywide cked, identify the government | , authority or organization prov | inincorporated areas) by a single | | | | | |
| identi | ly the government, authority o | or organization providing the se | porated boundaries, and the serve | | | | | |
| unince | orporated areas. (If this box is | checked, identify the governme D EACH OWN AND OPERAT | ent(s), authority or organization | providing | the service. | ed in .) | | |
| One o unince | r more cities will provide this provide this provide this box is | service only within their incorr checked, identify the governme | porated boundaries, and the countert(s), authority or organization | ity will pro | vide the se | rvice in | | |

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 🖾 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: |
|--------------------------------|--------------------------|
| Folkston | General Funds, User Fees |
| Homeland | General Funds, User Fees |
| | |
| | |

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: <u>Steve Nance</u>

Phone number: (912)496-2549

_ Date completed: ___ May 13, 2004

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:

| OF CTO | | | RVICE DELIVER | | UIN 2.0 2004 |
|------------------------|--|---|--|--|--|
| | | SUMMARY | OF SERVICE DELI | VERY ARRANGEMEN | TS JUN 3 0 2004 PAGE 2 |
| | ALLSWEL CAULI QUESUU | s form and complete n below, attaching add o the Department of Co | IUODAI DAges as necessary It | on page 1, Section III. Use exit the contact person for this service | actly the same service names listed on page 1. e (listed at the bottom of the page) changes, this |
| County: | CHARLTON | | Service: | CHAMBER OF COMM | ERCE |
| . Check the b | ox that best desc | ribes the agreed up | oon delivery arrangeme | | |
| Service is check | will be provided of ed, identify the go | countywide (i.e., in overnment, author. | ncluding all cities and u ity or organization prov | nincorporated areas) by a siding the service.) | single service provider. (If this box |
| Service identify | will be provided of the government, | only in the unincom authority or organi | porated portion of the original station providing the se | county by a single service prvice.) | provider. (If this box is checked, |
| One or r unincorp | nore cities will pr porated areas. (If t | ovide this service his box is checked | only within their incorr l, identify the governme | porated boundaries, and the ent(s), authority or organize | e service will not be provided in ation providing the service.) |
| One or n unincorp | nore cities will pr porated areas. (If t | ovide this service his box is checked | only within their incorr I, identify the governme | porated boundaries, and the ent(s), authority or organization | e county will provide the service in ation providing the service.) |
| X Other. (I governm | f this box is check ent, authority, or | ked, attach a legil other organizatior | ble map delineating th a that will provide servi | e service area of each ser ce within each service area | vice provider, and identify the) |
| . In developi | ng the strategy, w | vere overlapping s | ervice areas, unnecessa | y competition and/or dupl | ication of this service identified? |
| igner levels c | ions will continue f service (See O.(cannot be elimin | C.G.A. 36-70-24() | y, attach an explanati | on for continuing the arrangement of the duplication, or reaso | angement (i.e., overlapping but ns that overlapping service areas |
| these condit | ions will be elimi | nated under the str | ategy, attach an imple | mentation schedule listin | g each step or action that will be |
| | | | the agreed upon deadli | | |
| 3. List each go | overnment or auth | ority that will help | to pay for this service | and indicate how the servi | ce will be funded (e.g., enterprise |
| | | | strict revenues, hotel/mo | otel taxes, franchise taxes, | impact fees, bonded indebtedness, etc.) |
| cal Governmen | | unding Method: | | | |
| Charlton (Folkston | Jounty | General Fu | | | |
| OIKSLOII | | General Fu | nds, Hotel/Motel | . Tax | |
| | | - | | | |
| | | | | | |
| . How will th | e strategy change | the previous array | gements for providing | and/or funding this service | |
| | | | | | |
| olkston a | nd Charlton | ce is provid: County Fa | ing tourist and | business promotion or these services | n services for both |
| | ing onarreon | councy. Ea | en entity pays i | or these services | separately. |
| | | | | | |
| | | | | | |
| List any form | nal service delive | ry agreements or i | | acts that will be used to im | plement the strategy for this service: |
| greement Name | | | Contracting Parties: | | Effective and Ending Dates: |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| What other | mechanisms (if an | ny) will be used to | implement the strategy | for this service (e.g., ordin | nances, resolutions, local acts of the |
| onorai Associi | iory, rate of fee CI | anges, etc.), and \ | when will they take effe | CL! | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Person com | pleting form: | Steve Nanc | | | |
| | | | Date completed: | Mar 12 000/ | |
| | | | | | |
| e consistent v | with the service d | be contacted by s elivery strategy? | ate agencies when eval | uating whether proposed lo | ocal government projects |
| not, provide | designated contac | t person(s) and ph | one number(s) below: | | |
| - | | | · · · · · · · · · · · · · · · · · · · | | |

.

| OF CTO | | | | Y STRATEGY | | |
|----------------------------------|---|--|---------------------------------|---|---|---|
| | Instructions: | UMMARY OF SERV. | ICE DELIV | ERY ARRANGE | ments JUN | 3 0 2004 PAGE 2 |
| | Make copies of this form Answer each question below | and complete one for each w, attaching additional pages a epartment of Community Affa | | on page 1, Section III. I he contact person for this | Use exactly the same s service (listed at the b | service names listed on page 1. ottom of the page) changes, this |
| County: | CHARLTON | | Service: | CODE ENFORCE | MENT | |
| 1. Check the b | box that best describes | the agreed upon delivery | arrangemen | | | |
| Service | will be provided count | wide (i.e., including all ment, authority or organization | cities and ur | incorporated areas) | by a single service | provider. (If this box |
| Service identify | will be provided only in the government, author | n the unincorporated por rity or organization prov | tion of the co iding the ser | ounty by a single ser vice.) | vice provider. (If t | this box is checked, |
| One or r unincorr | nore cities will provide porated areas. (If this bo | this service only within ox is checked, identify th | their incorpo | prated boundaries, an at(s), authority or or | nd the service will ganization providi | not be provided in ng the service.) |
| unmeor | orated aleas. (II uns be | this service only within ox is checked, identify th FOLKSTON, HOMELAN | ie governmei | prated boundaries, ar at(s), authority or org | nd the county will ganization providin | provide the service in ng the service.) |
| Other. (I governm | f this box is checked, a ent, authority, or other | ttach a legible map del organization that will pr | ineating the rovide service | service area of eac e within each service | h service provide e area.) | r, and identify the |
| 2. In developi | ng the strategy, were o | verlapping service areas | , unnecessary | competition and/or | duplication of this | s service identified? |
| inglici icveis o | ions will continue unde f service (See O.C.G.A cannot be eliminated). | er the strategy, attach and a strategy, attach and a strategy, attach and a strategy attach at a strategy attach a | n explanation ng benefits o | n for continuing th f the duplication, or | e arrangement (i. reasons that overla | .e., overlapping but apping service areas |
| 3. List each go | overnment or authority | under the strategy, attac ble party and the agreed t that will help to pay for al service district revenu | upon deadlin | e for completing it. | service will be fu | |
| ocal Government | | Method: | | | | |
| Charlton (| County Gen | eral Funds, User | Fees | | | |
| Folkston | | eral Funds, User | | | | |
| Homeland | Gen | eral Funds, User | Fees | | | |
| | | | | | | |
| | | | | | | |
| | | revious arrangements fo | | | | |
| Agreement Name: | nal service delivery agr | Contracting Pa | nental contra arties: | cts that will be used | | strategy for this service: ve and Ending Dates: |
| | | | | | | |
| | | * | | | | |
| | | | | | | |
| 6. What other a General Assem | mechanisms (if any) wi bly, rate or fee changes | ill be used to implement s, etc.), and when will the | the strategy t ey take effec | for this service (e.g., t? | ordinances, resolu | utions, local acts of the |
| | * | | | | | |
| 7. Person com | oleting form: | Steve Nance | | | | |
| | | 9 Date con | mpleted | May 13, 2004 | | |
| | | Date col | | | | |

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:

ł

| COT CLOS | | | CRVICE DELIV. | | | JUN 3 0 2004 PAGE 2 |
|-------------------------------------|---|--|--|--|--|--|
| | Instructions: | SUMIMARI | OF SERVICE DE | LIVERY AKKAN | GEMENTS | JUN 3 0 2004 PAGE 2 |
| | Make copies of this f | below, attaching add | ditional pages as necessary | ted on page 1, Section 1. If the contact person for | III. Use exactly the or this service (listed | e same service names listed on page 1. at the bottom of the page) changes, this |
| County: | CHARLTON | | Service | COMMUNIT | TY BUILDING | S |
| 1. Check the | box that best descrif | bes the agreed v | pon delivery arrange | | | |
| Service is check | will be provided co ced, identify the gov | untywide (i.e., i ernment, autho | including all cities an ority or organization p | d unincorporated are roviding the service | eas) by a single .) | service provider. (If this box |
| Service identify | will be provided on the government, au | ly in the uninco thority or organ | orporated portion of the nization providing the | he county by a single service.) | e service provid | er. (If this box is checked, |
| One or n unincor | more cities will prov porated areas. (If thi | vide this service is box is checke | e only within their inc ed, identify the govern | corporated boundaries | es, and the servi or organization j | ce will not be provided in providing the service.) |
| One or 1 unincor | more cities will prov porated areas. (If thi | vide this service is box is checke | only within their inc d, identify the govern | corporated boundaries | es, and the coun or organization p | ty will provide the service in providing the service.) |
| governn | nent, authority, or of | ther organizatio | on that will provide se | ervice within each se | rvice area.) | rovider, and identify the |
| Charlt areas. Fo | ton County pro olkston and Ho | ovides comm omeland pro | nunity building ovide community | s in Folkston buildings wi | and in sev thin their | veral unincorporated city limits. |
| 2. In develop | ing the strategy, we I no | re overlapping : | service areas, unnece | ssary competition ar | nd/or duplication | n of this service identified? |
| If these condit higher levels of | tions will continue u of service (Sce O.C. | .G.A. 36-70-24(| gy, attach an explan (1)), overriding benef | ation for continuin | ng the arrangen n, or reasons tha | nent (i.e., overlapping but at overlapping service areas |
| | n cannot be eliminat tions will be elimina | | | 1 | 1 listing anal | step or action that will be |
| taken to elimin | inate them, the respo | onsible party and | d the agreed upon dea | adline for completing | g it. | |
| funds, user fe | ees, general funds, sp | pecial service di | istrict revenues, hotel | motel taxes, franch | w the service will ise taxes, impac | ll be funded (e.g., enterprise et fees, bonded indebtedness, etc.) |
| Local Governmen | | nding Method: | | | | .+ |
| Charlton Fallester | | | ds, User Fees | | | |
| Folkston | | | ds, User Fees | | | |
| Homeland | U | eneral Fund | ds, User Fees | | | |
| | | | | | | |
| 4. How will t | he strategy change (| the previous arr | angements for provid | ling and/or funding t | his service with | in the county? |
| | | | | | 100 | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 5. List any for Agreement Name | | y agreements or | r intergovernmental c Contracting Parties: | ontracts that will be | used to implem | ent the strategy for this service: |
| | 3. | | | | | Effective and Ending Dates: |
| | 4). | | | | | |
| | | | 1 | | | |
| | | <u></u> | 1 | | | |
| 6. What other General Asser | mechanisms (if any mbly, rate or fee cha | y) will be used (anges, etc.), and | to implement the strail when will they take | tegy for this service effect? | (e.g., ordinance | s, resolutions, local acts of the |
| | | | - | | - | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 7. Person con | npleting form: | <u>Steve</u> Nan | ice | ÷ | | |
| | r:(912)496- | | | : <u>May 13. 20</u> | 04 | |

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

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





| OF CT | | VERY STRATEGY | .IIIN 2.0 2004 |
|---|---|---|---|
| | SUMMARY OF SERVICE D | ELIVERY ARRANGEMENTS | JUN 3 0 2004 PAGE 2 |
| Answer each qu | this form and complete one for each service estion below, attaching additional pages as necessa ed to the Department of Community Affairs. | listed on page 1, Section III. Use exactly ry. If the contact person for this service (lis | the same service names listed on page 1. sted at the bottom of the page) changes, this |
| County: CHARLTON | Servi | ce: _ COOPERATIVE EXTENS | SION |
| 1. Check the box that best of | escribes the agreed upon delivery arrang | | |
| is checked, identify th CHARLTON COU Service will be provid | ed only in the unincorporated portion of | providing the service.) the county by a single service prov | |
| identity the governme | nt, authority or organization providing t | ne service.) | |
| One or more cities wi unincorporated areas. | ll provide this service only within their i (If this box is checked, identify the gove | ncorporated boundaries, and the set ernment(s), authority or organization | rvice will not be provided in on providing the service.) |
| One or more cities wi unincorporated areas. | l provide this service only within their i (If this box is checked, identify the gove | ncorporated boundaries, and the co ernment(s), authority or organizatio | unty will provide the service in n providing the service.) |
| Other. (If this box is a government, authority | hecked, attach a legible map delineating, or other organization that will provide | ng the service area of each service service within each service area.) | e provider, and identify the |
| 🗌 yes I no | y, were overlapping service areas, unner | | |
| If these conditions will com- higher levels of service (Second concompetition cannot be el | inue under the strategy, attach an expl O.C.G.A. 36-70-24(1)), overriding ben minated). | anation for continuing the arrang efits of the duplication, or reasons | gement (i.e., overlapping but that overlapping service areas |
| taken to eliminate them, the 3. List each government or | liminated under the strategy, attach an is responsible party and the agreed upon d authority that will help to pay for this sends, special service district revenues, how | eadline for completing it. rvice and indicate how the service | will be funded (e.g., enterprise |
| Local Government or Authority: | Funding Method: | | |
| Charlton County | General Funds | | |
| | | | |
| | | | |
| | | | |
| 4. How will the strategy ch | ange the previous arrangements for prov | iding and/or funding this service w | ithin the county? |
| 5. List any formal service d Agreement Name: | livery agreements or intergovernmental Contracting Parties: | contracts that will be used to imple | ement the strategy for this service: Effective and Ending Dates: |
| | | | |
| | | | |
| | | | |
| 6. What other mechanisms General Assembly, rate or f | (if any) will be used to implement the stree changes, etc.), and when will they tak | rategy for this service (e.g., ordinar e effect? | aces, resolutions, local acts of the |
| | | | |

Steve Nance 7. Person completing form:

Phone number: (912)496-2549

May 13, 2004 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? \Box yes \Box no If not, provide designated contact person(s) and phone number(s) below:

| SER | VICE DEL | IVERY SI | RATEGY | |
|-----------|-------------------|----------|------------|---|
| SUMMARY (| OF SERVICE | DELIVERY | ARRANGEMEN | , |

24 - X2

| Answer should b County:CHARL 1. Check the box that Service will be is checked, iden CHARLTO CHARLTO CHARLTO CHARLTO One or more cit unincorporated One or more cit unincorporated Other. (If this be government, aut 2. In developing the s yes X no If these conditions wi higher levels of service or competition cannot If these conditions wi taken to eliminate the 3. List each government funds, user fees, gener Local Government or Autt Charlton Count: 4. How will the strate | tions: ppies of this form each question below e reported to the De TON best describes t provided county tify the governm N COUNTY provided only in ernment, author ies will provide areas. (If this bo ies will provide areas. (If this bo ox is checked, a thority, or other strategy, were o Il continue under the eliminated). Ib e eliminated m, the responsite ent or authority ral funds, speci- ority: Funding y Gene | a and complete w, attaching add epartment of Co the agreed u ywide (i.e., i ment, author in the uninco rity or organ e this service ox is checke e this service ox is checke attach a legi r organizatio overlapping s er the strateg A. 36-70-24(). I under the st ble party and y that will hel | e one for each servine ditional pages as nece ommunity Affairs. Ser- spon delivery arra- including all citie rity or organization prorated portion nization providing e only within their ed, identify the go ible map delinea on that will provid service areas, unr gy, attach an exp (1)), overriding be trategy, attach an d the agreed upor lip to pay for this istrict revenues, h | ce listed on page 1, ssary. If the contact p vice: <u>CORON</u> ingement for this es and unincorpor- on providing the s of the county by g the service.) r incorporated bo overnment(s), auth r incorporated bo overnment(s), auth thing the service a de service within a hecessary competi- planation for con- enefits of the dup n implementation in deadline for con- | verson for this service (lis <u>IER'S OFFICE</u> service: ated areas) by a sing service.) a single service prov undaries, and the service nority or organizatio undaries, and the con- nority or organizatio area of each service each service area.) ition and/or duplicat ntinuing the arrang lication, or reasons to n schedule listing ea- npleting it. ate how the service | JUN 3 0 2004 PAGE 2 the same service names listed on page 1. sted at the bottom of the page) changes, this gle service provider. (If this box vider. (If this box is checked, wider. (If this box is checked, trice will not be provided in on providing the service.) unty will provide the service in on providing the service.) e provider, and identify the tion of this service identified? gement (i.e., overlapping but that overlapping service areas ach step or action that will be will be funded (e.g., enterprise pact fees, bonded indebtedness, etc.) |
|---|--|---|---|--|--|--|
| Make c Answer should b County:CHARL 1. Check the box that Service will be is checked, iden CHARLTO Service will be identify the gov One or more cit unincorporated One or more cit unincorporated Other. (If this be government, au COMPORT OTHER SET Other. (If this be government, au 2. In developing the s yes X no If these conditions with higher levels of service or competition cannot If these conditions with taken to eliminate the 3. List each governme funds, user fees, gene cocal Government or Autt Charlton Count: 4. How will the strate | ppies of this form each question below e reported to the De TON best describes to provided county tify the governm N COUNTY provided only in ernment, author ies will provide areas. (If this bo ies will provide areas. (If this bo ox is checked, a thority, or other strategy, were o Il continue under (Sce O.C.G.A. be eliminated). Il be eliminated m, the responsite ent or authority ral funds, speci- pority: Funding y Gene | w, attaching add epartment of Cd the agreed u ywide (i.e., i ment, author in the uninco rity or organ e this service ox is checke e this service ox is checke attach a legi r organizatio overlapping s er the strateg A. 36-70-24(). d under the st ble party and v that will hel ial service di g Method: | ditional pages as nece community Affairs. Ser spon delivery arra- including all citie rity or organization prorated portion nization providing e only within their ed, identify the go ible map delinea on that will provid service areas, unr gy, attach an exp (1)), overriding be trategy, attach an d the agreed upor alp to pay for this istrict revenues, h | vice: <u>CORON</u> ingement for this es and unincorport on providing the second of the county by g the service.) r incorporated bo overnment(s), auth r incorporated bo overnment(s), auth thing the service and hecessary competing planation for con- enefits of the dup n implementation in deadline for con- service and indic | verson for this service (lis <u>IER'S OFFICE</u> service: ated areas) by a sing service.) a single service prov undaries, and the service nority or organizatio undaries, and the con- nority or organizatio area of each service each service area.) ition and/or duplicat ntinuing the arrang lication, or reasons to n schedule listing ea- npleting it. ate how the service | sted at the bottom of the page) changes, this gle service provider. (If this box vider. (If this box is checked, rvice will not be provided in on providing the service.) ounty will provide the service in on providing the service.) e provider, and identify the tion of this service identified? gement (i.e., overlapping but that overlapping service areas ach step or action that will be will be funded (e.g., enterprise |
| Check the box that Service will be is checked, iden CHARLTO Service will be identify the gov One or more cit unincorporated One or more cit unincorporated Other. (If this be government, august 2. In developing the seconditions wingher levels of service or competition cannot if these conditions wi aken to eliminate the 3. List each government or Autt Charlton Count How will the strate How will the strate List any formal service List any formal service Service and formal service Serv | best describes to provided county tify the governm N COUNTY provided only in ernment, author ies will provide areas. (If this bo ies will provide areas. (If this bo ox is checked, a chority, or other strategy, were o ll continue under the eliminated). Il be eliminated m, the responsile ent or authority ral funds, speci- ority: Funding y Gene | ywide (i.e., i ment, author in the uninco rity or organ e this service ox is checke e this service ox is checke attach a legi r organizatio overlapping s er the strateg A. 36-70-24(). I under the st ible party and y that will hel ial service di g Method: | pon delivery arra including all citie rity or organization proporated portion nization providing e only within their ed, identify the go ible map delinea on that will provid service areas, unr gy, attach an exp (1)), overriding be trategy, attach an d the agreed upor alp to pay for this istrict revenues, h | ngement for this angement for this as and unincorpor- on providing the s of the county by g the service.) r incorporated bo overnment(s), auth r incorporated bo overnment(s), auth r incorporated bo overnment(s), auth thing the service a de service within a necessary competi- planation for con- enefits of the dup n implementation in deadline for con- service and indic | service: ated areas) by a sing service.) a single service prov undaries, and the service nority or organizatio undaries, and the con nority or organizatio area of each service each service area.) ition and/or duplicat ntinuing the arrang lication, or reasons to n schedule listing ea npleting it. ate how the service | vider. (If this box is checked, rvice will not be provided in on providing the service.) ounty will provide the service in on providing the service.) e provider, and identify the tion of this service identified? gement (i.e., overlapping but that overlapping service areas ach step or action that will be will be funded (e.g., enterprise |
| Service will be is checked, iden CHARLTO Service will be identify the gov One or more cit unincorporated One or more cit unincorporated Other. (If this be government, aug.) In developing the service of service or competition cannot of these conditions with aken to eliminate the service of service | provided county tify the governm N COUNTY provided only in ernment, author ies will provide areas. (If this bo ies will provide areas. (If this bo ox is checked, a thority, or other strategy, were o Il continue under the (See O.C.G.A be eliminated). Il be eliminated m, the responsite ent or authority ral funds, speci- tority: Funding y Gene | ywide (i.e., i ment, author in the uninco rity or organ e this service ox is checke e this service ox is checke attach a legi r organizatio overlapping s er the strateg A. 36-70-24(). I under the st ible party and y that will hel ial service di g Method: | including all citie rity or organization proporated portion nization providing e only within their ed, identify the go ible map delineation ible map delineation ible map delineation ible map delineation is service areas, unr gy, attach an exp (1)), overriding be trategy, attach an d the agreed upor all to pay for this is trict revenues, h | es and unincorport on providing the s of the county by g the service.) r incorporated bo overnment(s), auth r incorporated bo overnment(s), auth thing the service a de service within a necessary competi- planation for con enefits of the dup n implementation in deadline for con service and indic | ated areas) by a sing service.) a single service prov undaries, and the ser nority or organizatio undaries, and the com nority or organizatio area of each service each service area.) ition and/or duplicat ntinuing the arrang lication, or reasons to n schedule listing ea npleting it. | vider. (If this box is checked, rvice will not be provided in on providing the service.) ounty will provide the service in on providing the service.) e provider, and identify the tion of this service identified? gement (i.e., overlapping but that overlapping service areas ach step or action that will be will be funded (e.g., enterprise |
| is checked, iden CHARLTO Service will be identify the gov One or more cit unincorporated One or more cit unincorporated Other. (If this be government, aut) In developing the signature yes [X] no f these conditions with higher levels of service or competition cannot of these conditions with aken to eliminate the List each government funds, user fees, generations How will the strate List any formal service | tify the governm N COUNTY provided only in ernment, author ies will provide areas. (If this bo ies will provide areas. (If this bo ox is checked, a hority, or other strategy, were o Il continue under (Sce O.C.G.A be eliminated). Il be eliminated m, the responsite ent or authority ral funds, speci- ority: Funding y Gene | ment, author in the uninco rity or organ e this service ox is checke e this service ox is checke attach a legi r organizatio overlapping s er the strateg A. 36-70-24(). d under the st ible party and y that will hel ial service di g Method: | rity or organization proporated portion nization providing e only within their ed, identify the go ible map delineat on that will provid service areas, unr gy, attach an exp (1)), overriding be trategy, attach an d the agreed upor alp to pay for this istrict revenues, h | on providing the s of the county by g the service.) r incorporated bo overnment(s), auth r incorporated bo overnment(s), auth thing the service s de service within a necessary competing planation for con enefits of the dup n implementation in deadline for con service and indic | service.) a single service prov undaries, and the ser nority or organizatio undaries, and the con nority or organizatio area of each service each service area.) ition and/or duplicat ntinuing the arrang lication, or reasons to n schedule listing ea npleting it. ate how the service | vider. (If this box is checked, rvice will not be provided in on providing the service.) ounty will provide the service in on providing the service.) e provider, and identify the tion of this service identified? gement (i.e., overlapping but that overlapping service areas ach step or action that will be will be funded (e.g., enterprise |
| identify the gov One or more cit unincorporated One or more cit unincorporated Other or more cit unincorporated Other. (If this be government, autority) In developing the signature yes [X] no If these conditions with higher levels of service for competition cannot or competition cannot for these conditions with taken to eliminate the List each government funds, user fees, generic cocal Government or Autority How will the strate List any formal service | ernment, author ies will provide areas. (If this bo ies will provide areas. (If this bo ies will provide areas. (If this bo ox is checked, a thority, or other strategy, were o ll continue unde ce (Sce O.C.G.A be eliminated). Il be eliminated m, the responsil ent or authority ral funds, speci ority: Funding y Gene | rity or organ e this service ox is checke e this service ox is checke attach a legi r organizatio overlapping s er the strateg A. 36-70-24(). I under the st ible party and y that will hel ial service di g Method: | aization providing e only within their ed, identify the go e only within their ed, identify the go ible map delinea on that will provid service areas, unr gy, attach an exp (1)), overriding be trategy, attach an d the agreed upor alp to pay for this istrict revenues, h | g the service.) r incorporated bo overnment(s), auth r incorporated bo overnment(s), auth ating the service a de service within a necessary competi- planation for con- enefits of the dup n implementation in deadline for con- service and indic | undaries, and the ser nority or organizatio undaries, and the con nority or organizatio area of each service each service area.) ition and/or duplicat ntinuing the arrang lication, or reasons to n schedule listing ea npleting it. ate how the service | rvice will not be provided in on providing the service.) ounty will provide the service in on providing the service.) e provider, and identify the tion of this service identified? gement (i.e., overlapping but that overlapping service areas ach step or action that will be will be funded (e.g., enterprise |
| unincorporated One or more citunincorporated Other. (If this begovernment, and In developing the solutions wingher levels of service or competition cannot of these conditions wingher levels of service or competition cannot of these conditions wingher to eliminate the List each government or Auth Charlton Count: How will the strate List any formal service | areas. (If this bo ies will provide areas. (If this bo ox is checked, a hority, or other strategy, were o Il continue unde te (See O.C.G.A be eliminated). Il be eliminated m, the responsit ent or authority ral funds, speci ority: Funding y Gene | ox is checke e this service ox is checke attach a legi r organizatio overlapping s er the strateg A. 36-70-24(). d under the st ible party and v that will hel ial service di g Method: | ed, identify the go e only within their ed, identify the go ible map delinea on that will provid service areas, unr gy, attach an ex (1)), overriding be trategy, attach an d the agreed upor ilp to pay for this istrict revenues, h | overnment(s), auth r incorporated bo overnment(s), auth ating the service a le service within a necessary competi- planation for con enefits of the dup n implementation in deadline for con service and indic | nority or organizatio undaries, and the con nority or organizatio area of each service each service area.) ition and/or duplicat ntinuing the arrang lication, or reasons to n schedule listing ea npleting it. ate how the service | on providing the service.) ounty will provide the service in on providing the service.) e provider, and identify the tion of this service identified? gement (i.e., overlapping but that overlapping service areas ach step or action that will be will be funded (e.g., enterprise |
| unincorporated Other. (If this be government, autors) In developing the solution of these conditions with higher levels of service or competition cannot of these conditions with these conditions with the second time the solution of these conditions with the second time the solution of these conditions with the second time the solution of these conditions with the second time the second time the solution of these conditions with the second time the solution of the second time the second time the solution of the second time time the second time the second time the second time the second time time the second time the second time time the second time time the second time time time time time time time time | areas. (If this bo box is checked, a thority, or other strategy, were o all continue under (See O.C.G.A be eliminated). It be eliminated m, the responsite ent or authority ral funds, speci- pority: Funding g Gene | ox is checke attach a legi r organizatio overlapping s er the strateg A. 36-70-24(). d under the st ible party and that will hel ial service di g Method: | ed, identify the go ible map delinea on that will provid service areas, unr gy, attach an ex (1)), overriding be trategy, attach an d the agreed upor lp to pay for this istrict revenues, h | evernment(s), auth ating the service and the service within a necessary competing planation for con- enefits of the dup in implementation in deadline for con- service and indic | nority or organizatio area of each service each service area.) ition and/or duplicat ntinuing the arrang lication, or reasons t n schedule listing ea npleting it. ate how the service | on providing the service.) e provider, and identify the tion of this service identified? gement (i.e., overlapping but that overlapping service areas ach step or action that will be will be funded (e.g., enterprise |
| government, au 2. In developing the s yes X no If these conditions wingher levels of service or competition cannot ff these conditions wing aken to eliminate the 3. List each government funds, user fees, generation for Count Charlton Count 4. How will the strate 5. List any formal service | hority, or other strategy, were o ll continue unde e (See O.C.G.A be eliminated). ll be eliminated m, the responsil ent or authority ral funds, speci ority: Funding y Gene | r organizatio overlapping s er the strateg A. 36-70-24(). I under the st ible party and v that will hel ial service di g Method: | on that will provid service areas, unr gy, attach an ex (1)), overriding be trategy, attach an d the agreed upor lp to pay for this istrict revenues, h | te service within on necessary competing planation for contenefits of the dup in implementation in deadline for contened | each service area.) ition and/or duplicat ntinuing the arrang lication, or reasons t n schedule listing ea npleting it. ate how the service | tion of this service identified? gement (i.e., overlapping but that overlapping service areas ach step or action that will be will be funded (e.g., enterprise |
| yes X no If these conditions wi higher levels of servic or competition cannot If these conditions wi taken to eliminate the 3. List each governme funds, user fees, gene ocal Government or Auth <u>Charlton Count</u> 4. How will the strate 5. List any formal ser | Il continue unde ce (Sce O.C.G.A be eliminated). Il be eliminated m, the responsil ent or authority tral funds, speci ority: Funding y Gene | er the strateg A. 36-70-24(). I under the st ble party and that will he ial service di g Method: | gy, attach an ex (1)), overriding b trategy, attach an d the agreed upor lp to pay for this istrict revenues, h | planation for con enefits of the dup n implementation n deadline for con service and indic | ntinuing the arrang lication, or reasons t n schedule listing ea npleting it. ate how the service | gement (i.e., overlapping but that overlapping service areas ach step or action that will be will be funded (e.g., enterprise |
| higher levels of servic or competition cannot if these conditions wi aken to eliminate the 3. List each governm funds, user fees, gene ocal Government or Auth <u>Charlton Count</u> 4. How will the strate | e (See O.C.G.A be eliminated). Il be eliminated m, the responsil ent or authority ral funds, speci ority: Funding y Gene | A. 36-70-24(). I under the st ble party and that will he ial service di g Method: | (1)), overriding b trategy, attach an d the agreed upor lp to pay for this istrict revenues, h | enefits of the dup n implementation n deadline for con service and indic | lication, or reasons t n schedule listing ea npleting it. ate how the service | that overlapping service areas ach step or action that will be will be funded (e.g., enterprise |
| f these conditions wi aken to eliminate the 3. List each governm funds, user fees, gene ocal Government or Auth <u>Charlton Count</u> 4. How will the strate 5. List any formal ser | ll be eliminated m, the responsil ent or authority ral funds, speci ority: Funding y Gene | l under the st ble party and v that will he ial service di g Method: | d the agreed upor lp to pay for this istrict revenues, h | n deadline for con service and indic | npleting it. ate how the service | will be funded (e.g., enterprise |
| funds, user fees, gene ocal Government or Auth <u>Charlton Count</u> . How will the strate . List any formal ser | ral funds, speci ority: Funding y Gene | ial service di g Method: | istrict revenues, h | service and indic notel/motel taxes, | ate how the service franchise taxes, imp | will be funded (e.g., enterprise pact fees, bonded indebtedness, etc. |
| How will the strate | | eral Func | ds | | | |
| . List any formal ser | gy change the p | | | | | |
| . List any formal ser | gy change the p | | | | | |
| . List any formal ser | gy change the p | | | | 2 2 4 9 minutes | |
| . List any formal ser | gy change the p | | | | | |
| 5. List any formal ser | gy change the p | | | | | |
| | vice delivery ag | | | tal contracts that | | ement the strategy for this service: Effective and Ending Dates: |
| | - | | | | | |
| | | | | | | |
| | | | | <u> </u> | | |
| | | _ | | | | |
| . What other mechanism of the second se | nisms (if any) w te or fee change | will be used t es, etc.), and | to implement the when will they t | strategy for this s ake effect? | ervice (e.g., ordinar | nces, resolutions, local acts of the |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Destar | £0 | C+ | Nanaa | | | |
| . Person completing | form: [912]496-25 | | Nance | M 11 | 2 2004 | |
| | | | | eted: <u>May 1</u> | | |
| Is this the person v re consistent with the f not, provide design | e service deliver | ry strategy? | 🗌 yes 🔲 no | | ether proposed loca | al government projects |

| | | | VICE DELIVER | | | JUN 3 0 2004 PAGE 2 |
|-----------------------------------|--|--|--|------------------------------------|---|--|
| | Instructions: | | | | | |
| | Make copies of this form | w, attaching addition | onal pages as necessary. If | on page 1, Sec the contact pers | ction III. Use exactly the son for this service (listed a | same service names listed on page 1. It the bottom of the page) changes, this |
| County: | CHARLTON | | Service: | COURTS | | |
| 1. Check the l | oox that best describes | the agreed upo | n delivery arrangemen | t for this ser | rvice: | |
| Service is check | will be provided coun ed, identify the govern | tywide (i.e., incoment, authority | luding all cities and u or organization provi | nincorporate ding the ser | ed areas) by a single s vice.) | ervice provider. (If this box |
| Service identify | will be provided only the government, author | in the unincorportity or organiza | orated portion of the c ation providing the ser | ounty by a s vice.) | single service provide | r. (If this box is checked, |
| One or r unincor | nore cities will provid porated areas. (If this b | e this service of box is checked, | nly within their incorp identify the governme | orated bound nt(s), author | daries, and the service rity or organization pr | e will not be provided in roviding the service.) |
| One or n unincorp | nore cities will provid porated areas. (If this b | e this service or oox is checked, | nly within their incorp identify the governme | orated bound nt(s), author | daries, and the county rity or organization pr | v will provide the service in roviding the service.) |
| X Other. () governm | If this box is checked, nent, authority, or othe | attach a legibl r organization t | e map delineating the hat will provide service | e service are ce within eac | ea of each service pr ch service area.) | ovider, and identify the |
| 2. In develop | ing the strategy, were | overlapping ser | vice areas, unnecessar | y competitic | on and/or duplication | of this service identified? |
| higher levels of | tions will continue und of service (See O.C.G. a cannot be eliminated | A. 36-70-24(1) | attach an explanation), overriding benefits of | on for continue of the duplication | nuing the arrangement ation, or reasons that | ent (i.e., overlapping but overlapping service areas |
| 3. List each g funds, user fe | nate them, the respons overnment or authority es, general funds, spec | ible party and the the transformed to the the transformed to the trans | he agreed upon deadling to pay for this service | ne for compl and indicate | leting it. how the service will | step or action that will be be funded (e.g., enterprise fees, bonded indebtedness, etc.) |
| Local Governmen | | ig Method: | | | | |
| Charlton (Folkston | | | s, User Fees | | | |
| Homeland | | | 5. User Fees 5. User Fees | | | |
| nomerand | | leiai rullus | s, user rees | | | |
| | | 2 | | | | |
| Folkston a Probate Co | ne strategy change the and Homeland eac ourt, Magistrate a State Court. | ch has a Mu | nicipal Court. | Charlt | on County has | a Superior Court |
| 5. List any for Agreement Name | | | tergovernmental contr contracting Parties: | acts that wil | ll be used to implement | nt the strategy for this service: Effective and Ending Dates: |
| | | | ······································ | | | |
| | | | | | | |
| | | | | | | |
| 6. What other General Assen | mechanisms (if any) y nbly, rate or fee chang | will be used to i es, etc.), and wi | mplement the strategy hen will they take effe | for this serv ct? | vice (e.g., ordinances, | , resolutions, local acts of the |
| | | | | | | |
| | | | | | | |
| 7. Person con | | Steve Nanc | | | | |
| Phone number | :(912)496-25 | 49 | _ Date completed: _ | <u>May 13,</u> | _2004 | |

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:

| C C C C C C C C C C C C C C C C C C C | | | OF SERVICE DELIVERY | Y STRATEGY ERY ARRANGEMENTS | JUN 3 0 2004 PAGE 2 |
|---|--|---|--|--|---|
| | Answer each quesu | is form and complete | e one for each service listed or ditional pages as necessary. If the | n nage 1 Section III lise exactly t | the same service names listed on page 1. Ed at the bottom of the page) changes, this |
| County: | CHARLTON | | Service: | ECONOMIC DEVELOPME | INT |
| 1. Check the t | ox that best desc | ribes the agreed u | pon delivery arrangement | | |
| Service | will be provided | countywide (i.e., i | | incorporated areas) by a single | e service provider. (If this box |
| Service identify | will be provided the government, | only in the uninco authority or organ | prporated portion of the co ization providing the serv | unty by a single service providice.) | der. (If this box is checked, |
| One or n unincorr | nore cities will protocolarity of the second s | rovide this service this box is checke | only within their incorpo d, identify the governmen | rated boundaries, and the serv t(s), authority or organization | ice will not be provided in providing the service.) |
| One or n unincorr | nore cities will proorated areas. (If | rovide this service this box is checke | only within their incorpord, identify the governmen | rated boundaries, and the cour t(s), authority or organization | nty will provide the service in providing the service.) |
| X Other. (I governm | f this box is chec lent, authority, or | ked, attach a legi r other organizatio | ble map delineating the n that will provide service | service area of each service within each service area.) | provider, and identify the |
| 2. In developi | ng the strategy, v] no | were overlapping s | service areas, unnecessary | competition and/or duplication | on of this service identified? |
| higher levels o | ions will continu of service (Sce O. a cannot be elimin | .C.G.A. 36-70-24(| y, attach an explanation1)), overriding benefits of | n for continuing the arrange the duplication, or reasons th | ment (i.e., overlapping but at overlapping service areas |
| If these condit taken to elimin | ions will be eliminate them, the res | inated under the st ponsible party and | trategy, attach an implem d the agreed upon deadline | nentation schedule listing eac e for completing it. | h step or action that will be |
| 3. List each go funds, user feo Local Governmen | es, general funds, | hority that will hel , special service di Funding Method: | lp to pay for this service a strict revenues, hotel/mot | nd indicate how the service w el taxes, franchise taxes, impa | ill be funded (e.g., enterprise act fees, bonded indebtedness, etc. |
| Charlton (| | General Fun | | | |
| Folkston | Souncy | General Fun | | | |
| Homeland | | General Fun | | | |
| | | | | | |
| | | | | | |
| The Folkst the North | ton-Charlton edge of Fol | n County Deve kston and bo | lopment Authority th entities contr | nd/or funding this service with owns an industrial ibute to the office ial parks in Homelan | park located in expenses. The City |
| 5. List any for Agreement Name | | ery agreements or | intergovernmental contrac Contracting Parties: | cts that will be used to implem | nent the strategy for this service: Effective and Ending Dates: |
| | | | | | |
| | | | | | |
| | | | | | |
| 6. What other General Assen | mechanisms (if a ably, rate or fee c | any) will be used t changes, etc.), and | o implement the strategy f when will they take effect | for this service (e.g., ordinance | es, resolutions, local acts of the |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 7 Derson | mlating form | Steve Nam | | | |
| | : <u>(912)496</u> | | | Mar 12 200/ | |
| | | | Date completed: | | |
| o. 15 mis me p | erson who should with the service c | d be contacted by a delivery strategy? | state agencies when evalu | ating whether proposed local | government projects |

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



| SERVICE DELIVERY STRATEGY | HTM | 2 |
|--|-----|---|
| SUMMARY OF SERVICE DELIVERY ARRANGEMENTS | DUN | 3 |
| | | |

Ì

5

| OF GEO | | | | E DELI | | | | | JUN : | 3 0 2004 | 1 |
|-----------------------------------|--|--|----------------------------------|------------------------------------|----------------------------|----------------------------------|--|----------------------------------|-----------------------------|-------------------------------|-------------------------------------|
| | T | SUMMA | RY OF SI | ERVICE I | DELIVE | RY ARR | ANGEMI | ENTS | | | PAGE 2 |
| | Instructions: Make copies of thi Answer each questic should be reported to | on delow, attaching | additional da | ages as necess | listed on pary. If the o | bage 1, Sect contact perso | ion III. Use on for this se | e exactly the rvice (listed a | same servi at the botton | ce names lis m of the page | sted on page 1. e) changes, this |
| County: | CHARLTON | | | Servi | ce: | EME | RGENCY | DISPAT | CHING | 1111 | |
| 1. Check the l | box that best desc | ribes the agree | d upon del | — ivery arran | gement fo | | | | 0112110 | | |
| is check | will be provided ed, identify the g | countywide (i. overnment, au | e., includin hority or o | ng all cities organizatior | and uning providin | corporated og the serv | l areas) by rice.) | / a single s | service pr | ovider. (I | f this box |
| Service | LTON COUNTY will be provided the government, | only in the unit authority or or | ncorporate ganization | d portion o providing | f the cour the servic | nty by a si e.) | ngle servi | ce provide | er. (If this | box is ch | ecked, |
| One or n unincor | nore cities will pr porated areas. (If | ovide this serv this box is che | ice only w ked, ident | rithin their i ify the gov | incorpora ernment(s | ted bound s), authori | aries, and ty or orga | the servic nization p | e will no roviding | t be provid the service | ded in e.) |
| One or r unincorp | nore cities will proporated areas. (If the second sec | ovide this serv this box is che | ice only w ked, ident | ithin their i ify the gov | ncorpora ernment(s | ted bound s), authori | aries, and ty or orga | the count nization p | y will pro roviding | vide the s the service | ervice in e.) |
| Other. () governm | If this box is chec nent, authority, or | ked, attach a l other organiza | egible ma tion that w | p delineati vill provide | ng the se service v | rvice are vithin each | a of each and a service a | service pı area.) | rovider, | and identii | fy the |
| 2. In developi | ing the strategy, v] no | vere overlappin | ig service a | areas, unne | cessary c | ompetition | n and/or d | uplication | of this se | rvice ider | ntified? |
| higher levels of | tions will continue of service (Sce O. 1 cannot be elimir | C.G.A. 36-70- | tegy, atta 24(1)), ove | ch an expl erriding ber | anation f nefits of the | f or contin ne duplica | uing the a tion, or re | arrangem asons that | ent (i.e., overlapp | overlappi ving servic | ng but e areas |
| | tions will be elimi | | e strategy | attach an | imnleme | ntation so | hadula lie | sting each | stan or a | ation that | |
| taken to elimin | nate them, the res | ponsible party | and the ag | reed upon a | leadline f | or comple | ting it. | sung cach | step of a | | will be |
| 3. List each ge funds, user fe | overnment or authes, general funds, | hority that will special service | help to pay district re | y for this se evenues, ho | ervice and tel/motel | l indicate l taxes, fra | how the send | ervice will es, impact | l be funde fees, bor | ed (e.g., er ided indet | nterprise otedness, etc.). |
| Local Governmen | | Funding Method: | | | | | | | | | a |
| Charlton | County | General 1 | unds | Margara de | | | | - | 1.5 | | |
| Folkston | | General 1 | unds - | Folksto | n cont | ributes | s towar | d this | servio | e | |
| | | | | | 1 | | 37.23 | | | | |
| | | | | | | | | | | 1 | |
| | | | | | | | | | | | |
| 4. How will the | he strategy change | e the previous a | arrangeme | nts for prov | viding and | l/or fundir | ng this ser | vice withi | n the cou | nty? | |
| 5. List any for Agreement Name | mal service delive | ery agreements | | vernmental ting Parties: | contracts | s that will | be used to | o impleme | | ategy for t | |
| | | | | | | | | | Ellecuve | | Dates: |
| | | | | | | | | | | | |
| | | | | | | | -6.4.4 | | v 19 | | |
| | | | | | | | | | | | |
| 6. What other General Assen | mechanisms (if a ably, rate or fee c | ny) will be use hanges, etc.), a | d to imple nd when w | ment the st vill they tak | rategy for e effect? | this servi | ice (e.g., o | ordinances | , resolutio | ons, local | acts of the |
| | | | | | | | | | | | |
| × | | | | | | | | | | | |
| | | | | | | | | | | | |
| 7. Person com | pleting form: | Steve N | апсе | | | | | | | | |
| | : <u>(912)49</u> | | | te complet | ed: N | fay 13, | 2004 | - | | | |
| | | | | | | | | | - | | |

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:

| OF G P | | | RVICE DELIVE | | | |
|---|--|--|---|---|--|---------------------------|
| | | SUMMARY | OF SERVICE DEL | IVERY ARRANGEME | ENTS JUN 3 0 2004 PA | AGE 2 |
| | Answer each ques | this form and complete stion below, attaching add d to the Department of C | ditional pages as necessary. | dron page 1, Section III. Use If the contact person for this ser | e exactly the same service names listed or rvice (listed at the bottom of the page) cha | on page 1. anges, this |
| County: | CHARLTON | | Service: | EMERGENCY MAN | IAGEMENT | |
| 1. Check the b | ox that best de | scribes the agreed u | pon delivery arrangem | ent for this service: | | |
| is check CHAI | ed, identify the RLTON COUN | government, author IY | rity or organization pro | oviding the service.) | y a single service provider. (If this | |
| Service videntify | will be provide the governmen | d only in the uninco t, authority or organ | prporated portion of the sization providing the s | e county by a single servic service.) | ce provider. (If this box is checke | ed, |
| One or n unincorr | nore cities will porated areas. (1 | provide this service If this box is checke | only within their inco d, identify the governm | rporated boundaries, and nent(s), authority or organ | the service will not be provided in nization providing the service.) | in |
| One or n unincorp | nore cities will porated areas. (1 | provide this service If this box is checke | only within their inco d, identify the governr | rporated boundaries, and nent(s), authority or organ | the county will provide the servi nization providing the service.) | ce in |
| Other. (I governm | f this box is chore the first state of the second state of the sec | ecked, attach a legi or other organizatio | ble map delineating (n that will provide ser | he service area of each s vice within each service a | service provider, and identify tharea.) | ne |
| 2. In developi | ng the strategy] no | , were overlapping s | service areas, unnecess | ary competition and/or du | uplication of this service identifie | ed? |
| higher levels o | ions will contin f service (Sce cannot be elin | O.C.G.A. 36-70-24(| y, attach an explana (1)), overriding benefit | tion for continuing the a s of the duplication, or rea | arrangement (i.e., overlapping b asons that overlapping service are | out eas |
| taken to elimir 3. List each go funds, user feo | nate them, the r overnment or an es, general func | esponsible party and uthority that will he | d the agreed upon dead lp to pay for this servic | lline for completing it. | sting each step or action that will ervice will be funded (e.g., enterp es, impact fees, bonded indebted | orise |
| ocal Governmen | t or Authority: | Funding Method: | | | | - |
| Charlton C | County | General Fun | | | | |
| Homeland | | General Fun | ds - emergency | siren | | |
| | - | | | · · · | | |
| 4. How will th | e strategy char | nge the previous arra | angements for providir | ng and/or funding this serv | vice within the county? | |
| | | | | | | |
| 5. List any form Agreement Name | mal service deli | ivery agreements or | intergovernmental con Contracting Parties: | stracts that will be used to | o implement the strategy for this s Effective and Ending Dates | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 6. What other General Assen | mechanisms (i ably, rate or fee | f any) will be used t changes, etc.), and | o implement the strate when will they take ef | gy for this service (e.g., o fect? | ordinances, resolutions, local acts | of the |
| | | | 2 | | | |
| | | | | | | |

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 \Box no

_ Date completed: <u>May 13, 2004</u>

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

Steve Nance

7. Person completing form:

Phone number: (912)496-2549

| OF G | | | SERVICE DELIVE | ERY STRATEGY | | | | |
|------------------------------------|--|--|---|--|---------------------------------|--|-------------------------|----------------------------|
| | | SUMMA | ARY OF SERVICE DEL | IVERY ARRANGEN | MENTS | JUN 30 2 | 004 P | PAGE 2 |
| | Answer each question | on below, attachii | nplete one for each service list ng additional pages as necessary. t of Community Affairs. | ed on page 1, Section III. I If the contact person for this | Use exactly the service (listed | e same service nam d at the bottom of the | es listed e page) ch | on page 1. hanges, this |
| County: | CHARLTON | | Service: | EMERGENCY M | EDICAL/ | RESCUE | | |
| 1. Check the b | oox that best desc | ribes the agre | eed upon delivery arranger | | 100 | | | |
| is checke CH | ed, identify the g IARLTON COUN will be provided | overnment, au TY THROUG only in the un | i.e., including all cities and uthority or organization pr H ITS HOSPITAL AU nincorporated portion of th | oviding the service.) THORITY e county by a single ser | | | | |
| identify | the government, | authority or o | organization providing the | service.) | | | | |
| One or n unincorr | nore cities will provide the second sec | rovide this ser this box is ch | rvice only within their inco ecked, identify the govern | prporated boundaries, and ment(s), authority or or, | nd the servi ganization | ice will not be pr providing the se | ovided rvice.) | in |
| One or n unincorp | nore cities will proorated areas. (If | rovide this ser this box is ch | rvice only within their inco ecked, identify the govern | orporated boundaries, and ment(s), authority or or, | nd the coun ganization | ity will provide t providing the se | he serv rvice.) | ice in |
| Other. (I governm | f this box is chec lent, authority, or | ked, attach a other organiz | a legible map delineating zation that will provide ser | the service area of eac vice within each servic | :h service p e area.) | provider, and id | entify t | he |
| 2. In developi | ng the strategy, v] no | were overlapp | bing service areas, unneces | sary competition and/or | r duplicatio | n of this service | identifi | ied? |
| higher levels o | ions will continu of service (See O. a cannot be elimit | .C.G.A. 36-70 | trategy, attach an explana D-24(1)), overriding benefi | tion for continuing the table of the duplication, or | e arranger reasons tha | ment (i.e., overla at overlapping se | apping rvice a | but reas |
| lf these condit taken to elimir | ions will be elim nate them, the res | inated under t ponsible part | the strategy, attach an im y and the agreed upon dea | dementation schedule lline for completing it. | listing eacl | h step or action t | hat will | l be |
| funds, user fee | es, general funds, | , special servi | Il help to pay for this servi ce district revenues, hotel/ | ce and indicate how the motel taxes, franchise taxes | e service wi axes, impac | ll be funded (e.g ct fees, bonded in | ;., enter ndebted | prise Iness, etc.) |
| ocal Government | | Funding Method | | | | | | |
| Charlton (| County | | Funds - used to su | | | | | 3 |
| | | SPLOST, C | <u>Grants - ambulance</u> | <u>services and er</u> charge user fees | nergency | <u>room. Thes</u> | se | |
| | | | | charge user ree | s as wer | | | |
| | | | | | | · . · . · . · . · . · . · . · . · . · . | | |
| | | | s arrangements for providi uts or intergovernmental co | | | | for this | service: |
| Agreement Name | : | | Contracting Parties: | | | Effective and En | | |
| | line in the second | | | | | | | |
| | | <u> </u> | | | | | 24 | |
| | | | | | | | _ | |
| 5. What other General Assen | mechanisms (if a ably, rate or fee c | any) will be u hanges, etc.), | sed to implement the strate and when will they take e | gy for this service (e.g. | ., ordinance | s, resolutions, lo | ocal act | s of the |
| | | × | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | 1 | | | с | | | | |
| | pleting form: | | Nance | ** | | | | |
| | :(912)4 | | Date completed: | | | _ | | |
| are consistent v | with the service of | delivery strate | d by state agencies when e egy? yes no and phone number(s) below | | osed local g | government proje | ects | |

| OF GR | | | | VERY STRATEGY | | |
|--------------------------------|--|---|--|--|------------------------------------|--|
| | | | | ELIVERY ARRANGE | | JUN 3 0 2004 PAGE 2 |
| | A mower cach queau | is form and complete on below, attaching ad o the Department of C | utuonai pages as necessi | listed on page 1, Section III. ary. If the contact person for the | Use exactly the is service (listed | e same service names listed on page 1. at the bottom of the page) changes, this |
| County: | CHARL | <u>CON</u> | Servi | ce: HOSPITAL | | |
| 1. Check the b | ox that best desc | ribes the agreed u | pon delivery arrang | gement for this service: | | |
| Service is checke CHAI | will be provided ed, identify the g RLTON COUNTY will be provided | countywide (i.e., overnment, autho (HOSPITAL A only in the uninco | including all cities rity or organization UTHORITY CHA | and unincorporated areas providing the service.) RLTON COUNTY the county by a single so | | service provider. (If this box er. (If this box is checked, |
| One or n | nore cities will p | rovide this service | only within their i | | and the servio rganization p | ce will not be provided in provided in providing the service.) |
| One or n unincorp | nore cities will provide the second sec | rovide this service this box is checke | e only within their i ad, identify the gove | ncorporated boundaries, a crnment(s), authority or o | and the count rganization p | ty will provide the service in providing the service.) |
| Other. (I governm | f this box is chec ent, authority, or | ked, attach a leg other organizatio | ible map delineation on that will provide | ng the service area of ea service within each servi | c h service p ce area.) | rovider, and identify the |
| 2. In developi | ng the strategy, v no | were overlapping | service areas, unneo | cessary competition and/c | or duplication | of this service identified? |
| nigner levels o | ions will continu f service (See O. cannot be elimin | .C.G.A. 36-70-24 | gy, attach an expla (1)), overriding ben | anation for continuing the fits of the duplication, or | he arrangen r reasons tha | nent (i.e., overlapping but t overlapping service areas |
| If these condition | ions will be elimi | inated under the s | trategy, attach an i d the agreed upon d | mplementation schedul eadline for completing it. | e listing each | step or action that will be |
| 3. List each go | overnment or aut | hority that will he | lp to pay for this se | rvice and indicate how th | e service wil | l be funded (e.g., enterprise t fees, bonded indebtedness, etc.) |
| local Government | | Funding Method: | | | St. 16 | |
| Charlton C | | General Fun | ds, SPLOST - | to help support | the Hospi | tal and ambulance |
| Hospital | Authority | User Fees | | services | | |
| | - | | | | | |
| | | | | <u> </u> | | |
| A TT. 111.1 | | | | iding and/or funding this | | |
| 5. List any form | nal service delive | | intergovernmental | | | ent the strategy for this service: |
| Agreement Name: | | | Contracting Parties: | | | Effective and Ending Dates: |
| | | | | | | |
| | | | 1 | | . 15.3 | |
| | | | | | | |
| 6. What other General Assem | mechanisms (if a bly, rate or fee c | any) will be used thanges, etc.), and | o implement the str when will they take | ategy for this service (e.g effect? | g., ordinances | s, resolutions, local acts of the |
| | | | | | | |
| | | | | | | |
| | a | | * | | | |
| 7. Person com | | Steve Na | ance | | | |
| Phone number: | | | | d: <u>May 13, 2004</u> | | |
| are consistent v | with the service d | lelivery strategy? | state agencies when yes no hone number(s) bel | evaluating whether prop ow: | oosed local go | overnment projects |

| OFCE | | | RVICE DELIVERY | | |
|---------------------------------|--|--|--|--|--|
| | | SUMMARY | OF SERVICE DELIV | ERY ARRANGEMENTS | 5 JUN 3 0 2004 PAGE 2 |
| | Answer each quest | is form and complete on below, attaching add to the Department of Co | litional dages as necessary. If th | a page 1, Section III. Use exact e contact person for this service () | ly the same service names listed on page 1. listed at the bottom of the page) changes, this |
| county: | CHARLTON | <u> </u> | Service: | INDIGENT MEDIC | AL |
| . Check the l | box that best desc | cribes the agreed u | pon delivery arrangement | | |
| 18 check | will be provided ed, identify the g IARLTON COUN | government, author | including all cities and unitity or organization provid | incorporated areas) by a sir ling the service.) | ngle service provider. (If this box |
| Service identify | will be provided the government, | only in the uninco authority or organ | rporated portion of the co ization providing the serv | unty by a single service pro ice.) | ovider. (If this box is checked, |
| One or n unincor | nore cities will p porated areas. (If | rovide this service this box is checked | only within their incorpo d, identify the governmen | rated boundaries, and the s t(s), authority or organizati | ervice will not be provided in ion providing the service.) |
| One or r unincorp | nore cities will p porated areas. (If | rovide this service this box is checke | only within their incorpo d, identify the governmen | rated boundaries, and the c t(s), authority or organizati | ounty will provide the service in on providing the service.) |
| Other. () governm | If this box is chec nent, authority, or | ked, attach a legi r other organization | ble map delineating the n that will provide service | service area of each service within each service area.) | ce provider, and identify the |
| . In develop | ing the strategy, | were overlapping s | service areas, unnecessary | competition and/or duplica | ation of this service identified? |
| igher levels o | tions will continu of service (See O a cannot be elimi | .C.G.A. 36-70-24(| y, attach an explanation 1)), overriding benefits of | n for continuing the arran the duplication, or reasons | agement (i.e., overlapping but s that overlapping service areas |
| aken to elimin | nate them, the res | sponsible party and | the agreed upon deadline | e for completing it. | each step or action that will be |
| 3. List each g unds, user fe | overnment or aut es, general funds | hority that will hel , special service di | p to pay for this service a strict revenues, hotel/mot | nd indicate how the service el taxes, franchise taxes, in | e will be funded (e.g., enterprise npact fees, bonded indebtedness, etc.) |
| cal Governmen | | Funding Method: | | | |
| Charlton | County | General Fur | ods | | |
| | Т | | | | |
| | | | | | |
| 2 | | 5,220 | | | |
| | | | | | |
| | | | | nd/or funding this service v | within the county? lement the strategy for this service: |
| greement Name | | | Contracting Parties: | | Effective and Ending Dates: |
| 2 | 6.01 | · · · · | | | |
| | - | | | | |
| 2 | | | | | |
| | | | | | |
| What other eneral Assen | mechanisms (if a nbly, rate or fee o | any) will be used to changes, etc.), and | o implement the strategy i when will they take effec | for this service (e.g., ordina t? | ances, resolutions, local acts of the |
| | | | | | |
| | | | | | |
| | | | 5. C. | | |
| | | | | | |
| | | Steve Nan | ce | | |
| none number | : <u>(912) 49</u> | 6-2549 | Date completed: | May 13, 2004 | |
| re consistent | with the service (| delivery strategy? | 🗌 yes 🗌 no | ating whether proposed loc | al government projects |
| not, provide | designated conta | act person(s) and p | hone number(s) below: | | |

•

ŝ

| CT OT OT OT | | SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS JUN 3 0 2004 PAGE 2 |
|--------------------------------|--|--|
| | Answer each ques | this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. stion below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this d to the Department of Community Affairs. |
| County: | CHARLTON | Service:INDIGENT DEFENSE |
| 1. Check the l | box that best de | scribes the agreed upon delivery arrangement for this service: |
| is check CHA Service | ed, identify the ARLTON COUN will be provide | d countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box government, authority or organization providing the service.) TTY d only in the unincorporated portion of the county by a single service provider. (If this box is checked, t, authority or organization providing the service.) |
| One or unincor | more cities will porated areas. () | provide this service only within their incorporated boundaries, and the service will not be provided in If this box is checked, identify the government(s), authority or organization providing the service.) |
| One or n unincor | more cities will porated areas. (1 | 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.) |
| Other. (governm | If this box is ch nent, authority, | ecked, attach a legible map delineating the service area of each service provider, and identify the or other organization that will provide service within each service area.) |
| 2. In develop | | , were overlapping service areas, unnecessary competition and/or duplication of this service identified? |
| higher levels | tions will contin of service (See n cannot be elin | nue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas ninated). |
| taken to elimi | nate them, the r | minated under the strategy, attach an implementation schedule listing each step or action that will be esponsible party and the agreed upon deadline for completing it. |
| funds, user fe | es, general fund | uthority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise is, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc |
| Local Governmer | | Funding Method: |
| Charlton | County | General Funds |
| | | |
| | | |
| 6 | | |
| | | nge the previous arrangements for providing and/or funding this service within the county? ivery agreements or intergovernmental contracts that will be used to implement the strategy for this service: |
| Agreement Name | | Contracting Parties: Effective and Ending Dates: |
| | | |
| | Т. Т. Г. | |
| 6. What other General Asser | r mechanisms (i nbly, rate or fee | f any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the e changes, etc.), and when will they take effect? |
| | | |
| | | |
| | | |

Phone number: (912)496-2549

Date completed: May 13, 2004

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 \Box no If not, provide designated contact person(s) and phone number(s) below:

| SERVICE DELIVERY STRATEGY | | |
|---|--------|-----|
| SUMMARY OF SERVICE DELIVERY ARRANGEMENTS | JUN 30 | 200 |
| Instructions: | | |
| Make copies of this form and complete one for each comics listed and and the second state | | |

E.

PAGE 2

| | | to the Department of Community Affairs. | |
|--|--|--|--|
| County: | CHARLTON | Service: JA | AIL |
| 1. Check the | box that best des | cribes the agreed upon delivery arrangement for the | his service: |
| X Service is check | will be provided ced, identify the g | countywide (i.e., including all cities and unincorpovernment, authority or organization providing the | porated areas) by a single service provider. (If this box he service.) |
| Service | ARLTON COUNT will be provided the government, | Y only in the unincorporated portion of the county authority or organization providing the service.) | by a single service provider. (If this box is checked, |
| One or unincor | more cities will p porated areas. (If | rovide this service only within their incorporated this box is checked, identify the government(s), a | boundaries, and the service will not be provided in authority or organization providing the service.) |
| One or unincor | more cities will p porated areas. (If | rovide this service only within their incorporated this box is checked, identify the government(s), a | boundaries, and the county will provide the service in authority or organization providing the service.) |
| Other. () governn | If this box is che nent, authority, o | cked, attach a legible map delineating the servi r other organization that will provide service with | ice area of each service provider, and identify the nin each service area.) |
| 2. In develop | ing the strategy, | were overlapping service areas, unnecessary com | petition and/or duplication of this service identified? |
| higher levels or or competition If these condit taken to elimit 3. List each g | of service (See O n cannot be elimi tions will be elim nate them, the re covernment or au ees, general funds | .C.G.A. 36-70-24(1)), overriding benefits of the c nated). inated under the strategy, attach an implementa sponsible party and the agreed upon deadline for a hority that will help to pay for this service and in- | continuing the arrangement (i.e., overlapping but duplication, or reasons that overlapping service areas ation schedule listing each step or action that will be completing it. dicate how the service will be funded (e.g., enterprise tes, franchise taxes, impact fees, bonded indebtedness, etc |
| | | General Funds, User Fees | |
| Charlton | Country | General runds, User rees | |
| Charlton | County | | |
| | | the previous arrangements for providing and/or | r funding this service within the county? |
| How will the second seco | the strategy changer the strat | te the previous arrangements for providing and/or rery agreements or intergovernmental contracts th | at will be used to implement the strategy for this service: |
| How will the second seco | the strategy changer the strat | re the previous arrangements for providing and/or rery agreements or intergovernmental contracts th Contracting Parties: | at will be used to implement the strategy for this service: Effective and Ending Dates: |
| How will the second seco | the strategy changer the strat | re the previous arrangements for providing and/or rery agreements or intergovernmental contracts th Contracting Parties: Folkston will pay C | hat will be used to implement the strategy for this service: Effective and Ending Dates: harlton County |
| How will the second seco | the strategy changer the strat | rethe previous arrangements for providing and/or rery agreements or intergovernmental contracts th Contracting Parties: Folkston will pay C 10% of fines coll | at will be used to implement the strategy for this service: Effective and Ending Dates: Charlton County ected for housing |
| How will the second seco | the strategy changer the strat | re the previous arrangements for providing and/or rery agreements or intergovernmental contracts th Contracting Parties: Folkston will pay C | at will be used to implement the strategy for this service: Effective and Ending Dates: Charlton County ected for housing |

7. Person completing form: _ Steve Nance (912)496-2549 Phone number:

_ Date completed: <u>May 13, 2004</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 no If not, provide designated contact person(s) and phone number(s) below:

| SERVICE DELIVERY STRATEGY |
|--|
| SUMMARY OF SERVICE DELIVERY ARRANGEMENTS |

3

÷

| OFOFO | | | RVICE DELIVE | | _ | | ~~ . | | | |
|------------------------------------|---|---|---|---|---|---|---|--|--|--|
| | | SUMMARY OF SERVICE DELIVERY ARRANGEMENTS JUN 3 0 2004 PAGE 2 | | | | | | | | |
| | Answer each question | is form and complete or on below, attaching addition o the Department of Comm | one for each service listed tional pages as necessary. I nmunity Affairs. | i on page 1, Section III If the contact person for t | I. Use exactly the this service (listed | same service nan at the bottom of th | nes listed on page 1. 1e page) changes, this | | | |
| County: | CHARLTON | | Service: | · LAW ENFORCE | EMENT | | | | | |
| | | ribes the agreed upc | on delivery arrangeme | | | | | | | |
| | will be provided of | countywide (i.e., inc | cluding all cities and u ty or organization prov | unincorporated area | as) by a single s | service provide | r. (If this box | | | |
| Service identify | will be provided of the government, | only in the unincorp authority or organiz | porated portion of the zation providing the se | county by a single service.) | service provide | er. (If this box i | is checked, | | | |
| One or n unincorr | nore cities will pr porated areas. (If | ovide this service of this box is checked, | only within their incor , identify the governm | porated boundaries, lent(s), authority or | , and the servic organization p | e will not be p broviding the se | provided in prvice.) | | | |
| One or n unincorr | nore cities will pr porated areas. (If | ovide this service or this box is checked, | only within their incor , identify the governm | porated boundaries, ent(s), authority or | , and the count organization p | y will provide woviding the se | the service in ervice.) | | | |
| Other. (I governm | If this box is chech nent, authority, or | ked, attach a legible other organization t | le map delineating the that will provide serve | he service area of e rice within each serv | each service pa vice area.) | rovider, and ic | lentify the | | | |
| 2. In developi | ing the strategy, v | vere overlapping ser | ervice areas, unnecessa | ary competition and | l/or duplication | of this service | identified? | | | |
| higher levels o | tions will continue of service (See O. n cannot be elimin | .C.G.A. 36-70-24(1)) | y, attach an explanat)), overriding benefits | ion for continuing of the duplication, | ; the arrangem or reasons that | 1ent (i.e., overl t overlapping s | lapping but ervice areas | | | |
| If these condit taken to elimin | tions will be elimi nate them, the res | nated under the stra ponsible party and t | ategy, attach an impl the agreed upon deadl | ementation schedu line for completing | ale listing each it. | step or action | that will be | | | |
| funds, user fee | ees, general funds, | nority that will help , special service dist | to pay for this service trict revenues, hotel/m | e and indicate how t notel taxes, franchis | the service will se taxes, impac | l be funded (e., t fees, bonded i | g., enterprise indebtedness, etc | | | |
| Local Governmen | · · · · · · · · · · · · · · · · · · · | Funding Method: | | | | | -f | | | |
| Charlton | County | General Funds | | | | | | | | |
| Folkston | | General Funds | | | | | | | | |
| Homeland | | General Funds | . <u>S</u> | | | | | | | |
| | | | | | | | | | | |
| | | | ngements for providing | | | | | | | |
| 5. List any form Agreement Name | | | ntergovernmental cont Contracting Parties: | tracts that will be us | sed to impleme | ent the strategy Effective and En | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 6. What other General Asser | mechanisms (if a mbly rate or fee c | iny) will be used to i | implement the strateg | gy for this service (e | e.g., ordinances | s, resolutions, l | ocal acts of the | | | |
| The Sherif within the | ff's Departme eir respectiv | ent operates o ve boundaries, | county-wide. Th , but the city r anywhere as r | he City police police office | e forces n ers are de | ormally op putised by | perate 7 the | | | |
| 7 Derson COT | lating form | Steve Nam | | | | | | | | |
| | r: <u>(912)496</u> | | Date completed: _ | May 13, 2004 | 4 | - 6.9 | | | | |
| 8. Is this the p are consistent | person who should with the service d | d be contacted by sta delivery strategy? | tate agencies when eva | aluating whether pro | | overnment proj | jects | | | |
| | | | | | | | | | | |

| | SERV | ICE DEI | IVERY | ST | RATEGY | |
|------|--------------|---------|--------|----|----------|----|
| SUMM | RY OF | SERVICE | DELIVE | RY | ARRANGEM | EN |

| OF CTO | | | SERVICE DELIVE | | JUN 3 0 2004 |
|---------------------|--|---------------------------------------|---|--|---|
| | Instructions: | SUMMA | RY OF SERVICE DEL | IVERY ARRANGEMENTS | PAGE 2 |
| | muswer each queat | ion ociow, anacimi | lete one for each service lists additional pages as necessary. f Community Affairs. | ed ^{on} page 1, Section III. Use exactly If the contact person for this service (list | the same service names listed on page 1 ted at the bottom of the page) changes, this |
| County: | CHARLTON | | Service: | LIBRARY | |
| 1. Check the | box that best des | cribes the agree | d upon delivery arrangen | nent for this service: | |
| Service is check | will be provided ted, identify the | countywide (i. government, aut | e., including all cities and hority or organization pre- | l unincorporated areas) by a sing oviding the service.) | le service provider. (If this box |
| Service identify | will be provided the government | only in the unit, authority or or | acorporated portion of the ganization providing the | e county by a single service prov service.) | rider. (If this box is checked, |
| One or unincor | more cities will p porated areas. (If | provide this served this box is check | ice only within their inco cked, identify the govern | prporated boundaries, and the ser ment(s), authority or organization | vice will not be provided in n providing the service.) |
| One or unincor | more cities will p porated areas. (If | provide this served this box is check | ice only within their inco ked, identify the govern | prporated boundaries, and the coument(s), authority or organization | anty will provide the service in n providing the service.) |
| governn A sin | nent, authority, o | r other organiza wide libra: | tion that will provide ser | the service area of each service vice within each service area.) Folkston. All three e | |
| 2. In develop | ing the strategy, no | were overlappin | g service areas, unnecess | sary competition and/or duplicati | on of this service identified? |
| nigner levels (| tions will continu of service (See C n cannot be elimi | .C.G.A. 36-70- | tegy, attach an explana 24(1)), overriding benefit | tion for continuing the arrangers of the duplication, or reasons the second sec | ement (i.e., overlapping but hat overlapping service areas |
| | | | stratagy attach on inv | | |
| taken to elimi | nate them, the re | sponsible party | and the agreed upon dead | lementation schedule listing ea iline for completing it. | ch step or action that will be |
| | | | | | |
| funds, user fe | es, general funds | s, special service | district revenues, hotel/1 | ce and indicate how the service v notel taxes, franchise taxes, imp | will be funded (e.g., enterprise act fees, bonded indebtedness, etc |
| local Governmen | | Funding Method: | | | |
| Charlton | County | General I | Funds, SPLOST | | |
| Folkston | - L7 | General 1 | | | |
| Homeland | | General 1 | funds | | |
| | | | | | |
| 133 | | L | | | |
| 4. How will the | he strategy chang | ge the previous a | arrangements for providir | ng and/or funding this service wi | thin the county? |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 5. List any for | mal service deliv | ery agreements | or intergovernmental con | ntracts that will be used to implement | ment the strategy for this service: |
| Agreement Name | »: | | Contracting Parties: | | Effective and Ending Dates: |
| | | | | | |
| | <u> </u> | | | | |
| | | | | | |
| | 1 | | | | |
| General Assen | nbly, rate or fee | any) will be use changes, etc.), a | d to implement the strate nd when will they take ef | gy for this service (e.g., ordinand fect? | ces, resolutions, local acts of the |
| | | | | | |
| , | | | | | |
| | | | | | |
| | | | | | |
| 7. Person com | pleting form: | Steve | Nance | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
| | (912)496- | | | May 13, 2004 | |
| | erson who shoul | - 0 | | | |

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 \Box no

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



| | SUMI Instructions: | MARY OF SERVICE DELIVERY ARRANGEMENTS | JUN 3 0 2004 PAGE 2 |
|--------------------------------|---|---|--|
| | Make copies of this form and | complete one for each service listed on page 1, Section III. Use exactly the ching additional pages as necessary. If the contact person for this service (listed a nent of Community Affairs. | same service names listed on page 1. at the bottom of the page) changes, this |
| County: | CHARLTON | Service: PLANNING AND ZONING | |
| 1. Check the l | box that best describes the a | greed upon delivery arrangement for this service: | |
| Service | will be provided countywide | e (i.e., including all cities and unincorporated areas) by a single s , authority or organization providing the service.) | ervice provider. (If this box |
| Service identify | will be provided only in the the government, authority o | unincorporated portion of the county by a single service provide or organization providing the service.) | r. (If this box is checked, |
| One or n unincory | nore cities will provide this porated areas. (If this box is | service only within their incorporated boundaries, and the service checked, identify the government(s), authority or organization pr | e will not be provided in oviding the service.) |
| One or r unincorp | nore cities will provide this porated areas. (If this box is | service only within their incorporated boundaries, and the county checked, identify the government(s), authority or organization pr | v will provide the service in coviding the service.) |
| Other. () governn | If this box is checked, attacl nent, authority, or other orga | h a legible map delineating the service area of each service pr unization that will provide service within each service area.) | ovider, and identify the |
| 2. In developi | ing the strategy, were overla] no | pping service areas, unnecessary competition and/or duplication | of this service identified? |
| higher levels of | tions will continue under the of service (See O.C.G.A. 36- n cannot be eliminated). | e strategy, attach an explanation for continuing the arrangeme-70-24(1)), overriding benefits of the duplication, or reasons that | ent (i.e., overlapping but overlapping service areas |
| | | er the strategy, attach an implementation schedule listing each | |
| taken to elimin | nate them, the responsible p | arty and the agreed upon deadline for completing it. | step or action that will be |
| | | | |
| funds, user fe | es, general funds, special ser | will help to pay for this service and indicate how the service will rvice district revenues, hotel/motel taxes, franchise taxes, impact | be funded (e.g., enterprise fees, bonded indebtedness, etc. |
| Local Governmen | | | , , , , , , , , , , , , , , , , , , , |
| Charlton | | 1 Funds | |
| Folkston | | 1 Funds | |
| Homeland | | 1 Funds | |
| | | | |
| | | | |
| | mal service delivery agreem | ous arrangements for providing and/or funding this service within ents or intergovernmental contracts that will be used to implemen Contracting Parties: | |
| | | | |
| | | | |
| | | | |
| 6. What other General Assen | mechanisms (if any) will be ably, rate or fee changes, etc | e used to implement the strategy for this service (e.g., ordinances, c.), and when will they take effect? | resolutions, local acts of the |
| | | | |
| | | | |
| | | | |
| 7. Person com | inleting form: Steve | e Nance | |

_ Date completed: _____May_13, 2004_

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:

| OFGE | | | SERVICE DELIVE | | | UN 2 6 2004 | | | | | |
|------------------------------------|---|--|---|--|--------------------------------------|---|-----------|--|--|--|--|
| | | SUMMARY OF SERVICE DELIVERY ARRANGEMENTS JUN 3 0 2004 PAGE 2 | | | | | | | | | |
| | Answer each quesu | 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: | CHARLTON | | Service: | · PUBLIC HEAL | .TH | | 2 | | | | |
| | | | d upon delivery arrangen | ment for this service: | | | | | | | |
| is check | ed, identify the g | government, auth | ., including all cities and hority or organization pr | oviding the service.) | | | | | | | |
| CHAR CHAR | RLTON COUNTY will be provided | PROVIDES S | SOME SUPPORT FOR corporated portion of the canization providing the | THE CHARLTON Control of the county by a single set | OUNTY HEAL ervice provider | TH DEPARTMENT (If this box is checked) | d, | | | | |
| One or r unincor | nore cities will p porated areas. (If | rovide this servi this box is chec | ice only within their inco ked, identify the govern | orporated boundaries, a ment(s), authority or o | and the service organization pro | will not be provided in oviding the service.) | n | | | | |
| One or n unincor | nore cities will p porated areas. (If | rovide this servi this box is chec | ice only within their inco ked, identify the govern | orporated boundaries, a ment(s), authority or o | and the county organization pro | will provide the servic oviding the service.) | æ in | | | | |
| Other. (I governm | f this box is chec lent, authority, or | cked, attach a le r other organiza | egible map delineating tion that will provide ser | the service area of ea vice within each service | i ch service pro ce area.) | wider, and identify the | e | | | | |
| 2. In developi | ng the strategy, | were overlappin | g service areas, unneces | sary competition and/c | or duplication c | of this service identified | d? | | | | |
| nigner levels c | tions will continu of service (See O a cannot be elimin |).C.G.A. 36-70-2 | tegy, attach an explana 24(1)), overriding benefit | ation for continuing the task of the duplication, or | he arrangement or reasons that c | nt (i.e., overlapping bu overlapping service are | ut eas | | | | |
| If these condit taken to elimin | ions will be elim nate them, the re- | inated under the sponsible party a | e strategy, attach an imp and the agreed upon dead | dline for completing it | e listing each s | tep or action that will b | be | | | | |
| 3. List each go | overnment or aut | thority that will h | help to pay for this servic district revenues, hotel/i | ce and indicate how th | e service will h | be funded (e.g., enterp | rise | | | | |
| Local Governmen | | Funding Method: | district revenues, | IIIUIGI IANOS, ITUINUISU | laxes, impace . | ees, Dongeo mucorcom | ess, eu., | | | | |
| Charlton (| | General Fu | da | | | |] | | | | |
| | Jouney | General | 11105 | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 5. List any for | mal service deliv | | rrangements for providin or intergovernmental con | | ed to implement | t the strategy for this so | | | | | |
| Agreement Name | : | | Contracting Parties: | | F | Effective and Ending Dates: | : | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 6. What other General Assem | mechanisms (if a ably, rate or fee c | any) will be used changes, etc.), ar | d to implement the strate ad when will they take ef | gy for this service (e.g | z., ordinances, 1 | resolutions, local acts of | of the | | | | |
| 2 | | | ц. ц. | | | ar - Child | | | | | |
| R. | | | | | | | | | | | |
| | | | | | | | | | | | |
| 7 Damen 400 | t | 2 | | | | | | | | | |
| | pleting form: | | | | | | | | | | |
| | | | Date completed: | | | | | | | | |
| are consistent | with the service of | delivery strategy | y state agencies when ev ? | | osed local gov | ernment projects | | | | | |

| OF CF | | SERVICE DELIVERY ST | RATEGY | |
|-------------------------------------|--|---|--|--|
| | SUMI Instructions: | MARY OF SERVICE DELIVERY | ARRANGEMENTS | JUN 3 0 2004 PAGE 2 |
| | Make copies of this form and | complete one for each service listed on page ching additional pages as necessary. If the conta ent of Community Affairs. | 1, Section III. Use exactly the ct person for this service (listed | same service names listed on page 1. at the bottom of the page) changes, this |
| County: | CHARLTON | Service:PU | BLIC WORKS | |
| 1. Check the l | pox that best describes the ag | reed upon delivery arrangement for th | is service: | |
| Service is check | will be provided countywide ed, identify the government | e (i.e., including all cities and unincorp authority or organization providing th | orated areas) by a single service.) | service provider. (If this box |
| Service identify | will be provided only in the the government, authority o | unincorporated portion of the county b r organization providing the service.) | by a single service provide | er. (If this box is checked, |
| One or r unincorp | nore cities will provide this porated areas. (If this box is | service only within their incorporated in the service only within the government(s), a checked, identify the government(s), a | boundaries, and the servic uthority or organization p | e will not be provided in roviding the service.) |
| X One or r unincorr | nore cities will provide this porated areas. (If this box is | service only within their incorporated l checked, identify the government(s), a | boundaries, and the count uthority or organization p | y will provide the service in roviding the service.) |
| Other. (1 governm | f this box is checked, attacl ient, authority, or other orga | a legible map delineating the service nization that will provide service within | e area of each service pr n each service area.) | ovider, and identify the |
| 2. In developi | ng the strategy, were overla] no | oping service areas, unnecessary comp | etition and/or duplication | of this service identified? |
| inglier levels (| ions will continue under the of service (See O.C.G.A. 36- cannot be eliminated). | strategy, attach an explanation for or 70-24(1)), overriding benefits of the dr | continuing the arrangem uplication, or reasons that | ent (i.e., overlapping but overlapping service areas |
| 3. List each go funds, user feo | overnment or authority that ves, general funds, special ser | rty and the agreed upon deadline for c vill help to pay for this service and ind vice district revenues, hotel/motel taxe | icate how the service will | be funded (e.g., enterprise fees, bonded indebtedness, etc.) |
| ocal Governmen | | | | |
| <u>Charlton (</u> Folkston | | 1 Funds | | |
| Homeland | | 1 Funds 1 Funds | | |
| nomerand | Genera | ll funds | | |
| | | | | |
| 4 How will th | e strategy change the previo | | | |
| No change. | Public Works incluyard waste pickup, | us arrangements for providing and/or s des cutting grass, street street and road construct | cleaning tree t | rimming, magnite |
| 5. List any form Agreement Name: | nal service delivery agreeme | ents or intergovernmental contracts tha Contracting Parties: | t will be used to impleme | nt the strategy for this service: Effective and Ending Dates: |
| | | | | |
| | | | | |
| | | | | |
| 6. What other General Assem | mechanisms (if any) will be bly, rate or fee changes, etc. | used to implement the strategy for this), and when will they take effect? | s service (e.g., ordinances, | resolutions, local acts of the |
| , | | | | |
| | | | | |
| 7. Person com | | Steve Nance | | |
| Phone number: | (912)496-2549 | Date completed: May | 13, 2004 | |
| R Is this the p | erson who should be contact | ad by state a sensing when any loss' | | |

8. 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:

| OFC | | SE | RVICE DELIVE | RY STRATEGY | | |
|--|--|--|--|--|--|-----------------------|
| | | SUMMARY | OF SERVICE DEL | VERY ARRANGEN | MENTS JUN 3 0 2004 PA | GE 2 |
| | This wer each quest | is form and complete on below, attaching addi to the Department of Co. | luonal dages as necessary. | on page 1, Section III. Uf the contact person for this | Use exactly the same service names listed on service (listed at the bottom of the page) chan | page 1. ages, this |
| County: | CHARLTON | N | Service: | . RAILSIDE DEB | T | |
| 1. Check the b | oox that best desc | cribes the agreed up | oon delivery arrangeme | | | |
| | CHARLTON CO will be provided | OVERNMENT, authori OUNTY Only in the unincor | ity or organization pro- | viding the service.) | by a single service provider. (If this vice provider. (If this box is checked | |
| One or n unincorp | nore cities will p porated areas. (If | rovide this service this box is checked | only within their incor I, identify the governm | porated boundaries, an ent(s), authority or org | nd the service will not be provided in ganization providing the service.) | |
| One or n unincorp | nore cities will p porated areas. (If | rovide this service this box is checked | only within their incor , identify the governm | porated boundaries, an ent(s), authority or org | nd the county will provide the service ganization providing the service.) | e in |
| Other. (I governm | f this box is chec ent, authority, or | cked, attach a legil r other organization | ble map delineating the that will provide serve | ne service area of each ice within each service | h service provider , and identify the e area.) | |
| 2. In developi | ng the strategy, | were overlapping se | ervice areas, unnecessa | ry competition and/or | duplication of this service identified | ? |
| If these condit higher levels o | ions will continu | .C.G.A. 36-70-24(1 | y, attach an explanat)), overriding benefits | ion for continuing the of the duplication, or the duplication of t | e arrangement (i.e., overlapping bu reasons that overlapping service area | t as |
| | | | ateov attach an impl | ementation schedule | listing each step or action that will b | |
| 3. List each go | overnment or aut | ponsible party and hority that will helr | the agreed upon deadl | ine for completing it. | service will be funded (e.g. entermi | |
| Local Government | es, general runds, | , special service dis Funding Method: | trict revenues, hotel/m | otel taxes, franchise ta | axes, impact fees, bonded indebtedne | ess, etc.) |
| Charlton C | | General Fund | 10 | | .f . | |
| | Juney | General Fund | 15 | | | |
| | | | | | | |
| | | | | | | |
| <u> </u> | | | | | | |
| | | | | | ervice within the county? | - 1 |
| No change. default. I | This is de t will be p | bt service on aid off under | a 1981 industr court order in | ial development 2005. | t bond that went into | |
| 5. List any form Agreement Name | nal service delive | | ntergovernmental cont Contracting Parties: | racts that will be used | to implement the strategy for this se Effective and Ending Dates: | rvice: |
| <u>1</u> | | | | | | |
| · • · · · · · · · · · · · · · · · · · · | | | | | |]] |
| | | 2 | 1 | | | |
| 6. What other General Assem | mechanisms (if a bly, rate or fee c | any) will be used to hanges, etc.), and v | implement the strateg when will they take effe | y for this service (e.g., ect? | , ordinances, resolutions, local acts o | f the |
| | | | | 395 a | | |
| · * | | | | | | |
| | | | | | | |
| 7. Person com | pleting form: | Steve M | Nance | | | |

Phone number: ____(912)496-2549

Date completed: <u>May 13, 2004</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 no If not, provide designated contact person(s) and phone number(s) below:

| OF OF | | SERVICE DELIVERY STRATEGY |
|--|--|---|
| | | RY OF SERVICE DELIVERY ARRANGEMENTS JUN 3 0. 2004 PAGE 2 |
| | Instructions: Make copies of this form and com Answer each question below, attachin should be reported to the Department | plete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. g additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this of Community Affairs. |
| County: | CHARLTON | Service: RECREATION |
| 1. Check the b | ox that best describes the agre | ed upon delivery arrangement for this service: |
| Service v | vill be provided countywide (i | e., including all cities and unincorporated areas) by a single service provider. (If this box thority or organization providing the service.) |
| Service v identify t | vill be provided only in the un he government, authority or o | incorporated portion of the county by a single service provider. (If this box is checked, ganization providing the service.) |
| One or m unincorp | ore cities will provide this ser orated areas. (If this box is ch | vice only within their incorporated boundaries, and the service will not be provided in ecked, identify the government(s), authority or organization providing the service.) |
| One or m unincorp | ore cities will provide this ser orated areas. (If this box is cho | vice only within their incorporated boundaries, and the county will provide the service in cked, identify the government(s), authority or organization providing the service.) |
| governme | ent, authority, or other organiz | legible map delineating the service area of each service provider, and identify the ation that will provide service within each service area.) |
| nomeran | la provide some facil | unty-wide children's recreation programs. Folkston and ities and programs within their boundaries. |
| 2. In developir | ig the strategy, were overlapp | ng service areas, unnecessary competition and/or duplication of this service identified? |
| If these condition higher levels of | ons will continue under the st | ategy, attach an explanation for continuing the arrangement (i.e., overlapping but 24(1)), overriding benefits of the duplication, or reasons that overlapping service areas |
| If these condition taken to elimination | ons will be eliminated under the task of the second s | e strategy, attach an implementation schedule listing each step or action that will be and the agreed upon deadline for completing it. |
| 3. List each go funds, user fee | vernment or authority that wil s, general funds, special service | help to pay for this service and indicate how the service will be funded (e.g., enterprise e district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc. |
| ocal Government | | |
| Charlton C | ounty General | Funds |
| Folkston | General | Funds |
| Homeland | General | Funds |
| | | |
| 4. How will the | e strategy change the previous | arrangements for providing and/or funding this service within the county? |
| 5. List any form | al service delivery agreement | s or intergovernmental contracts that will be used to implement the strategy for this service: |
| Agreement Name: | | Contracting Parties: Effective and Ending Dates: |
| | | |
| | | |
| | | |
| 5. What other n General Assemi | nechanisms (if any) will be us bly, rate or fee changes, etc.), | ed to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the and when will they take effect? |
| | | |

7. Person completing form: _ Steve Nance Phone number: ____(912)496-2549

Date completed: May 13, 2004

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:

| OF GEO | | | | VERY STRATE | | JUN 3 0 2004 | |
|-----------------------------------|---|--|---|---|---|--|-------------------------------|
| | | SUMMARY | OF SERVICE D | ELIVERY ARRAI | NGEMENTS | 0011 0 0 2004 | PAGE 2 |
| | This were onen quest | is form and complete on below, attaching add to the Department of Co | uuunai dages as necess | listed on page 1, Section ary. If the contact person | n III. Use exactly the for this service (listed | same service names liste at the bottom of the page) | d on page 1. changes, this |
| County: | CHARLTON | | Servi | ce: <u>SEWAGE DIS</u> | POSAT | | |
| 1. Check the l | box that best des | cribes the agreed u | pon delivery arran | gement for this service | | | |
| Service | will be provided | countywide (i.e., i | including all cities | | reas) by a single | service provider. (If t | his box |
| Service identify | will be provided the government, | only in the uninco authority or organ | rporated portion of ization providing t | f the county by a sing he service.) | le service provide | er. (If this box is chec | :ked, |
| XX One or n unincorp FOLKS | porated areas. (If | rovide this service this box is checke | only within their i d, identify the gove | ncorporated boundar ernment(s), authority | ies, and the servic or organization p | e will not be provide roviding the service. | :d in) |
| One or r unincorp | nore cities will p porated areas. (If | rovide this service this box is checke | only within their i d, identify the gove | ncorporated boundar ernment(s), authority | ies, and the count or organization p | y will provide the ser roviding the service.) | vice in) |
| Other. (I governm | If this box is chea nent, authority, or | ked, attach a legi r other organizatio | ble map delineation n that will provide | ng the service area of service within each s | o f each service p ervice area.) | rovider, and identify | the |
| 2. In developi | ing the strategy, | were overlapping s | ervice areas, unneo | cessary competition a | nd/or duplication | of this service identi | fied? |
| ingher levels of | ions will continu of service (See O a cannot be elimi | .C.G.A. 36-70-24(| y, attach an explain 1)), overriding ben | anation for continui efits of the duplication | ng the arrangem on, or reasons that | ent (i.e., overlapping overlapping service | g but areas |
| | | | Totogy offender - | | | | |
| taken to elimin | nate them, the res | sponsible party and | the agreed upon d | leadline for completing | aule listing each | step or action that w | ill be |
| 3. List each go | overnment or aut | hority that will hel | p to pay for this se | rvice and indicate ho | w the service will | l be funded (e.g., ente fees, bonded indebte | erprise |
| Local Governmen | | Funding Method: | | | | | -1 |
| Folkston | | User Fees. | Enterprise F | unde | | 1 | |
| - | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 4. How will the | e strategy chang | e the previous arra | ingements for prov | iding and/or funding | this service within | n the county? | |
| | | | | | | | |
| | | | | | | | 1.011 |
| | | 100 | | | | | 1.19 |
| 5. List any for Agreement Name | mal service deliv : | ery agreements or | intergovernmental Contracting Parties: | contracts that will be | used to impleme | nt the strategy for thi Effective and Ending Da | |
| | | | | | | Encente and Ending Da | |
| | | | | <u> </u> | | | |
| | | | | | | | |
| | | | | | | | |
| 6. What other General Assen | mechanisms (if a nbly, rate or fee c | any) will be used to hanges, etc.), and | o implement the str when will they take | ategy for this service effect? | (e.g., ordinances | , resolutions, local ac | ts of the |
| | | | | | | | |
| . 1 | | | | | · | | |
| | | | | | | 3 | |
| | | | | | | | |
| 7. Person com | pleting form: | Steve_Na | TCP. | | | | |
| | (912)496 | | Date complete | d: <u>May 13. 2</u> | 004 | - | |
| | | | | | <u>vv</u> 4 | - | |

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:

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMEN

OFGE

| | Instructions: | SUMMARY | OF SERVICE D | ELIVE | RY ARRANGEMENTS | S PAGE 2 |
|---|--|---|--|----------------------------------|--|--|
| | Make copies of a Answer each ques | his form and complete tion below, attaching add to the Department of Co | nuonai dages as necessa | isted on p ry. If the c | age 1, Section III. Use exact on this service (| ly the same service names listed on page listed at the bottom of the page) changes, this |
| County: | CHARLTON | | Servio | e: | SOCIAL SERVICES | |
| . Check the | box that best de | scribes the agreed u | pon delivery arrang | | | |
| Service is check CHAR | will be provide ed, identify the LTON COUNT will be provide | l countywide (i.e., i government, author Y | ncluding all cities a ity or organization of roorated portion of | nd uning providin the coun | corporated areas) by a sir g the service.) ty by a single service pro- | ngle service provider. (If this box ovider. (If this box is checked, |
| One or n unincor | more cities will porated areas. (I | provide this service f this box is checke | only within their ir d, identify the gove | corporat | ted boundaries, and the s), authority or organizati | ervice will not be provided in ion providing the service.) |
| One or n unincorp | nore cities will porated areas. (I | provide this service f this box is checked | only within their in I, identify the gove | corporat | ed boundaries, and the c), authority or organizati | ounty will provide the service in on providing the service.) |
| Other. (1 governm | If this box is che nent, authority, o | cked, attach a legi | b le map delineatin n that will provide s | g the se ervice w | rvice area of each servic ithin each service area.) | ce provider, and identify the |
| . In developi | ing the strategy,] no | were overlapping s | ervice areas, unnec | essary co | mpetition and/or duplica | ation of this service identified? |
| igner revers (| ions will contin of service (See (a cannot be elim | J.C.G.A. 36-70-24() | y, attach an expla l)), overriding bene | nation f efits of th | or continuing the arran e duplication, or reasons | gement (i.e., overlapping but that overlapping service areas |
| | | | | 4.1 | | |
| aken to elimin | nate them, the re | sponsible party and | the agreed upon de | nplemen | tation schedule listing (| each step or action that will be |
| 3. List each go unds, user feo ocal Governmen | es, general fund | thority that will helps, special service dis Funding Method: | p to pay for this ser strict revenues, hote | vice and I/motel 1 | indicate how the service axes, franchise taxes, im | will be funded (e.g., enterprise apact fees, bonded indebtedness, etc |
| Charlton (| County | General Fun | ds, Grants | | | |
| | | | 5 | | | |
| | | | | | | |
| | | <u></u> | | | | |
| Llow will th | | | | | | |
| | | | | | or funding this service v | |
| ealth Dep | artment, F | amily Connect: | ion. Hand-del | t of F ivered | general funds a amily and Childr Meals and congr Concerted Servic | nd grants, include en Services, the egate meals and es, Inc. |
| List any form | nal service deliv | ery agreements or i | ntergovernmental c Contracting Parties: | ontracts | that will be used to impl | ement the strategy for this service: Effective and Ending Dates: |
| | | | | | | |
| | | | | | | |
| | | | | | 2 B 2 | |
| What other eneral Assem | mechanisms (if ably, rate or fee | any) will be used to changes, etc.), and y | implement the stra when will they take | tegy for effect? | this service (e.g., ordina | nces, resolutions, local acts of the |
| | | | | | | |
| | | | | | | |
| Person com | pleting form: | Steve Nanc | e | | | |
| | | -2549 | Date completed | • | May 13, 2004 | |
| | | 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | - | | |

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:

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

| | | SUMMAR | Y OF SERV | ICE DELIVI | ERY ARRANGEN | IENTS | JUN 3.0 2004 PAGE 2 |
|--|--|--|--|---|---|----------------------------------|---|
| | | his form and comple- ion below, attaching a to the Department of | | | page 1, Section III. U contact person for this : | se exactly the service (listed a | same service names listed on page 1 at the bottom of the page) changes, this |
| County: | CHARLTON | 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | Service: | SOLID WASTI | E COLLEC | TION |
| 1. Check the | box that best des | cribes the agreed | upon delivery | arrangement | for this service: | - 1 | |
| Service is check | will be provided ed, identify the a | l countywide (i.e. government, auth | , including all ority or organi | cities and unitization provid | ncorporated areas) ling the service.) | by a single s | service provider. (If this box |
| Service identify | will be provided the government, | only in the uning , authority or orga | corporated por anization prov | tion of the cou iding the servi | inty by a single serv ce.) | vice provide | er. (If this box is checked, |
| One or n unincor | nore cities will p porated areas. (If | rovide this servic this box is check | ce only within ced, identify th | their incorpor a government | ated boundaries, an (s), authority or org | d the servic anization p | e will not be provided in roviding the service.) |
| X One or r unincor | nore cities will p porated areas. (If | rovide this servic this box is check | ce only within (ed, identify th | their incorpor | ated boundaries, an (s), authority or org | d the county anization pr | y will provide the service in roviding the service.) |
| Other. () governm | If this box is cheater the second sec | cked, attach a le r other organizati | gible map del ion that will pr | ineating the s rovide service | ervice area of each within each service | n service pr area.) | ovider, and identify the |
| 2. In developi | ing the strategy, | were overlapping | service areas, | , unnecessary | competition and/or | duplication | of this service identified? |
| ingher levels (| tions will continu of service (See O 1 cannot be elimi | .C.G.A. 36-70-24 | egy, attach ar 4(1)), overridin | n explanation ng benefits of | for continuing the the duplication, or r | e arrangem reasons that | ent (i.e., overlapping but overlapping service areas |
| If these condit taken to elimin | ions will be elimnate them, the rea | unated under the sponsible party a | strategy, attac nd the agreed | ch an impleme upon deadline | entation schedule l for completing it. | isting each | step or action that will be |
| 3. List each gu funds, user fea Local Governmen | es, general funds | , special service of | elp to pay for district revenu | this service an es, hotel/mote | d indicate how the a l taxes, franchise tax | service will xes, impact | be funded (e.g., enterprise fees, bonded indebtedness, etc |
| | | Funding Method: | | | | | |
| <u>Charlton</u> Folkston | County | User Fees, User Fees, | | | Tax | | |
| Homeland | | User Fees, | | | | | |
| | | | , ocherar | I difu | | | |
| 14 T | | | | | | | |
| 4. How will the | e strategy chang | e the previous an | rangements fo | r providing an | d/or funding this se | ervice within | 1 the county? |
| 5. 7. 7. 1. 4. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. | | | | | | | |
| 5. List any form Agreement Name | nal service deliv | ery agreements o | | | ts that will be used t | | nt the strategy for this service: |
| Agreement Name | <u>.</u> | | Contracting Pa | urties: | | | Effective and Ending Dates: |
| | | | | | | | |
| - | | | | | | | |
| | | | | | | | |
| 6. What other General Assem | mechanisms (if a ably, rate or fee c | any) will be used changes, etc.), and | to implement d when will the | the strategy for ey take effect? | r this service (e.g., | ordinances, | resolutions, local acts of the |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 7. Person com | | | ve Nance | | e 201 | | |
| Phone number: | : <u>(912)496</u> - | 2549 | Date con | mpleted: <u>M</u> | lay 13, 2004 | | |
| 8 Is this the p | erson who should | d he contacted he | | - | | | |

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? Uses no If not, provide designated contact person(s) and phone number(s) below:

| OFG | | SERVICE DELIVER | RY STRATEGY | | | |
|------------------------------------|---|--|--|---|--|--|
| | | RY OF SERVICE DELI | VERY ARRANGEMENTS | JUN 3 0 2004 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: | CHARLTON | Service: | TAX COLLECTION | | | |
| 1. Check the l | box that best describes the agree | ed upon delivery arrangeme | | | | |
| Service | | .e., including all cities and u | unincorporated areas) by a single | service provider. (If this box | | |
| Service identify | will be provided only in the un the government, authority or o | incorporated portion of the rganization providing the se | county by a single service provid ervice.) | er. (If this box is checked, | | |
| One or r unincorr | nore cities will provide this ser porated areas. (If this box is che | vice only within their incor cked, identify the governm | porated boundaries, and the service ent(s), authority or organization p | ce will not be provided in provided in providing the service.) | | |
| One or n unincorp | nore cities will provide this ser porated areas. (If this box is che | vice only within their incorp cked, identify the governme | porated boundaries, and the countent ent(s), authority or organization p | ty will provide the service in providing the service.) | | |
| COUNT | ioni, autority, or other organiz | TAX COLLECTIONS A | S WELL AS TAY COLLECTE | | | |
| 2. In developi | ng the strategy, were overlappi | ng service areas, unnecessa | ry competition and/or duplication | of this service identified? | | |
| menor lovois c | ions will continue under the str f service (See O.C.G.A. 36-70 cannot be eliminated). | ategy, attach an explanati 24(1)), overriding benefits | ion for continuing the arrangen of the duplication, or reasons that | ent (i.e., overlapping but t overlapping service areas | | |
| If these condit | | ne strategy, attach an imple and the agreed upon deadli | ementation schedule listing each | step or action that will be | | |
| 3. List each go funds, user fee | overnment or authority that will es, general funds, special service | help to nay for this service | and indicate how the service wil otel taxes, franchise taxes, impac | l be funded (e.g., enterprise t fees, bonded indebtedness, etc.) | | |
| Local Governmen | | | | | | |
| Charlton Folkston | | | | | | |
| Homeland | General Funds General Funds | | | | | |
| | | | | | | |
| | | | · · · · · · · · · · · · · · · · · · · | | | |
| | nal service delivery agreement | | and/or funding this service withi | | | |
| | | | • • | | | |
| | | | | | | |
| C 1111 | | | | | | |
| 6. What other General Assem | mechanisms (if any) will be us bly, rate or fee changes, etc.), | ed to implement the strategy and when will they take effe | y for this service (e.g., ordinances ect? | , resolutions, local acts of the | | |
| <i>,</i> ' | | | | | | |
| 7. Person com | pleting form: Steve Na | INCE | | | | |
| Phone number: | | | May 13, 2004 | | | |
| | | | luating whether proposed local go | _ | | |
| are consistent v | with the service delivery strateg designated contact person(s) ar | V? Ives Ino | and a methor proposed local ge | vernment projects | | |

| OF GT | | S | ERVICE DELIVE | RY STRATEGY | | 2004 |
|---------------------------------------|---|---|--|--|--|---|
| | | | Y OF SERVICE DEL | | JUN 302 | 2004 PAGE 2 |
| | Instructions: Make copies of th Answer each quest should be reported | his form and completion below, attaching a to the Department of | ete one for each service liste additional pages as necessary. Community Affairs. | d on page 1, Section III. U. If the contact person for this s | se exactly the same service name service (listed at the bottom of the | es listed on page 1. page) changes, this |
| County: | CHARLTON | | Service: | TOURISM SERV | VICES | 4 |
| 1. Check the l | pox that best des | cribes the agreed | upon delivery arrangen | ent for this service: | Party and a second | - (friend) |
| Service is check | will be provided ed, identify the g | l countywide (i.e., government, autho | , including all cities and ority or organization pro | unincorporated areas) b oviding the service.) | by a single service provider | r. (If this box |
| Service identify | will be provided the government, | only in the uninc , authority or orga | corporated portion of the anization providing the s | e county by a single serv service.) | vice provider. (If this box is | s checked, |
| One or r unincorr | nore cities will poorated areas. (If | provide this servic this box is check | ce only within their inco red, identify the governr | rporated boundaries, and nent(s), authority or org | d the service will not be pr anization providing the ser | ovided in vice.) |
| One or n unincorp | nore cities will p porated areas. (If | rovide this servic this box is check | e only within their inco ed, identify the governm | rporated boundaries, and nent(s), authority or org | d the county will provide the anization providing the ser | he service in vice.) |
| Other. (I governm | f this box is chea ent, authority, o | cked, attach a leg r other organizati | gible map delineating t on that will provide serv | he service area of each vice within each service | service provider, and ide area.) | entify the |
| 2. In developi | ng the strategy, | were overlapping | service areas, unnecess | ary competition and/or o | duplication of this service i | identified? |
| | ions will continu f service (See O cannot be elimi | ······································ | gy, attach an explanation (1)), overriding benefits | tion for continuing the s of the duplication, or re | arrangement (i.e., overla easons that overlapping ser | pping but rvice areas |
| If these conditi | ions will be elim | inated under the | strategy, attach an impl nd the agreed upon dead | ementation schedule li | isting each step or action th | nat will be |
| 3. List each go | vernment or aut | hority that will he | elp to pay for this samia | a and indicate the st | service will be funded (e.g. | |
| | -, 8 | , special service d | listrict revenues, hotel/n | notel taxes, franchise tax | service will be funded (e.g. kes, impact fees, bonded in | , enterprise debtedness, etc.) |
| Local Government | | Funding Method: | | 2 M | | |
| <u>Charlton Co</u> Folkston | ounty | General Fu | | | | |
| roikston | | General Fu | nds, Hotel/Motel | Tax | | |
| | | | | | | |
| | | | | | | |
| | | | | | rvice within the county? | |
| Agreement Name: | | ery agreements of | Contracting Parties: | tracts that will be used to | o implement the strategy for | |
| | | | | | Effective and Endi | ing Dates: |
| 18 | 2 2 | | | | | |
| | | | | | | |
| 6. What other 1 | nechanisms (if a | will be used i | | | | |
| General Assem | bly, rate or fee c | hanges, etc.), and | when will they take eff | y for this service (e.g., c ect? | ordinances, resolutions, loc | al acts of the |
| | о В | | | | 8.1 | |
| • * | | | | | | |
| 1 | | | | | | |
| | | Steve | Nance | | 1. C. S. | |
| Phone number: | | | | May 13, 2004 | | |
| 8. Is this the pe are consistent w | rson who should | | | | | |

| OFC | | SERVICE DELIVERY STRATE | EGY | | | | |
|-------------------------------------|---|--|--|--|--|--|--|
| | SUMMARY OF SERVICE DELIVERY ARRANGEMENTS JUN 3 0 2004 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: | CHARLTON | Service: WATEL | R SUPPLY | | | | |
| 1. Check the b | oox that best descr | bes the agreed upon delivery arrangement for this servi | | | | | |
| Service | will be provided c | ountywide (i.e., including all cities and unincorporated a vernment, authority or organization providing the service | areas) by a single convice provider (If this have | | | | |
| Service identify | will be provided o the government, a | nly in the unincorporated portion of the county by a sing athority or organization providing the service.) | gle service provider. (If this box is checked, | | | | |
| X One or n unincorp | nore cities will proporated areas. (If the | vide this service only within their incorporated boundar is box is checked, identify the government(s), authority | ries, and the service will not be provided in or organization providing the service.) | | | | |
| | STON, HOMELAN | | | | | | |
| One or n unincorp | nore cities will proporated areas. (If the | vide this service only within their incorporated boundar is box is checked, identify the government(s), authority | ries, and the county will provide the service in or organization providing the service.) | | | | |
| Other. (I governm | f this box is check ent, authority, or c | ed, attach a legible map delineating the service area of ther organization that will provide service within each s | of each service provider, and identify the service area.) | | | | |
| 2. In developi | ng the strategy, we | re overlapping service areas, unnecessary competition a | and/or duplication of this service identified? | | | | |
| L yes E | no | | | | | | |
| | f service (See O.C cannot be elimina | under the strategy, attach an explanation for continui. G.A. 36-70-24(1)), overriding benefits of the duplication ted). | ing the arrangement (i.e., overlapping but on, or reasons that overlapping service areas | | | | |
| If these conditi taken to elimin | ions will be elimin ate them, the response | ated under the strategy, attach an implementation scheres on sible party and the agreed upon deadline for completing | edule listing each step or action that will be ng it. | | | | |
| 101103, 0301 100 | s, general futius, s | rity that will help to pay for this service and indicate ho pecial service district revenues, hotel/motel taxes, franc | ow the service will be funded (e.g., enterprise hise taxes, impact fees, bonded indebtedness, etc.) | | | | |
| Local Government | or Authority: Fu | nding Method: | | | | | |
| Folkston | | User Fees, Enterprise Funds | | | | | |
| Homeland | | User Fees, Enterprise Funds | | | | | |
| | | | | | | | |
| | | | | | | | |
| 4. How will the | e strategy change | he previous arrangements for providing and/or funding | this service within the county? | | | | |
| | | | | | | | |
| | | | and the state of the state of the | | | | |
| | | | | | | | |
| 645 1 | | | | | | | |
| 5. List any forn | nal service deliver | agreements or intergovernmental contracts that will be | e used to implement the strategy for this services | | | | |
| Agreement Name: | | Contracting Parties: | Effective and Ending Dates: | | | | |
| | 1 | | | | | | |
| | N. | | | | | | |
| | | | · | | | | |
| 6. What other 1 | mechanisms (if any |) will be used to implement the strategy for this service | e (e.g., ordinances, resolutions, local acts of the | | | | |
| General Assem | bly, rate or fee cha | nges, etc.), and when will they take effect? | | | | | |
| 5 | | | | | | | |
| | | | | | | | |
| | | Steve Nance | | | | | |
| | (912)496 | | 2004 | | | | |
| are consistent w | iui uie service dei | e contacted by state agencies when evaluating whether provery strategy? yes no person(s) and phone number(s) below: | | | | | |
| | | | | | | | |
| | | | | | | | |



SERVICE DELIVERY STRATEGY SUMMARY OF LAND USE AGREEMENTS

JUN 3 0 2004 PAGE 3

County: CHARLTON

Instructions:

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

No incompatibilities were identified.

2. Check the boxes indicating how these incompatibilities or conflicts were addressed: amendments to existing comprehensive plans adoption of a joint comprehensive plan

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:

in other measures (amend zoning ordinances,

add environmental regulations, etc.)

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

The City may stop the annexation process, negotiate with the county and make changes that satisfy both parties, seek a declaratory judgement in court, or initiate a mediation process to resolve the differences.

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

The City's Water and Sewer Committee reviews all plans for expansion. If there is a question, this committee presents it to the Planning and Zoning Committee for review. The full City Council will resolve any differences.

5. Person completing form: <u>Steve Nance</u>

(912)496-2549 Phone number: _ Date completed: <u>May 13, 2004</u>

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

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

SERVICE DELIVERY STRATEGY UPDATE CERTIFICATIONS

Instructions

This two page form must, at a minimum, be signed by an authorized representative of the following governments: 1) the county; 2) the city serving as the county seat; 3) all cities having a 2000 population of over 9,000 residing within the county; and 4) no less than 50% of all other cities with a 2000 population of between 500 and 9,000 residing within the county. Cities with a 2000 population below 500 and local authorities providing services under the strategy are not required to sign this form, but are encouraged to do so.

UPDATED SERVICE DELIVERY STRATEGY FOR CHARLTON

COUNTY

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

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

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

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

- an updated "Summary of Service Arrangements" form (page 2) for each local service that has been revised/updated;
- any supporting local agreements pertaining to each of these services that has been revised/updated; and
- an updated service area map depicting the agreed upon service area for each provider if there is more than one service provider for each service that has been revised/updated within the county, and if the agreed upon service areas do not coincide with local political boundaries.
- 2. Each of our governing bodies (County Commission and City Councils) that are a party to this strategy have adopted resolutions agreeing to the Service Delivery arrangements identified in our strategy and have executed agreements for implementation of our service delivery strategy (O.C.G.A. 36-70-21);
- 3. Our service delivery strategy continues to promote the delivery of local government services in the most efficient, effective, and responsive manner for all residents, individuals and property owners throughout the county (O.C.G.A. 36-70-24(1));
- 4. Our service delivery strategy continues to provide that water or sewer fees charged to customers located outside the geographic boundaries of a service provider are reasonable and are not arbitrarily higher than the fees charged to customers located within the geographic boundaries of the service provider (O.C.G.A. 36-70-24 (2));
- 5. Our service delivery strategy continues to ensure that the cost of any services the county government provides (including those jointly funded by the county and one or more municipalities) primarily for the benefit of the unincorporated area of the county are borne by the unincorporated area residents, individuals, and property owners who receive such service (O.C.G.A. 36-70-24 (3));

Page 1 of 2

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

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

| SIGNATURE: | NAME: (Please print or type) | TITLE: | JURISDICTION: | DATE: |
|------------|---------------------------------|----------|-----------------|----------|
| Kand and | Jessie Smith | Chairman | Charlton County | 06/24/04 |
| Ar h hour | Dixie McGurn | Mayor | Folkston | 06/24/04 |
| Dett | Austin Hickox | Mayor | Homeland | 06/24/04 |
| usin put | | | | |
| | | | | |
| | 5-1 | | | |
| | | | | |
| 1 | | | | |
| | | | | |
| 18 | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Page 2 of 2