



Coweta County Planning Department

22 East Broad Street, Newnan, GA 30263

(770) 254-2635 office (770) 254-3705 fax

Robert L. Tolleson, Director of Planning and Zoning

TO: Municipal Governments in Coweta County

FROM: Coweta County Planning Department

DATE: July 19, 2006

RE: Completed Service Delivery Strategy

The enclosed document has been forwarded to the Georgia Department of Community Affairs in compliance with the Service Delivery Act as this pertains to the process of updating comprehensive land use plans and the county wide recertification date of October 31, 2006. In addition, a compact disk containing .pdf files of each of the Service Delivery Agreements is enclosed. The enclosed copy is the certified copy of the Service Delivery Strategy. **Please discard all copies of this document received prior to this certified copy.**

c: L. Theron Gay
Roxie Clark
Robert L. Tolleson



**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 Coweta 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
- 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 with:

- 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));



**SERVICE DELIVERY STRATEGY
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS**

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: Coweta County Service: Airport

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

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



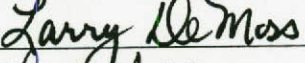
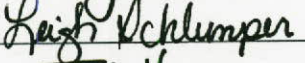









| Local Government or Authority: | Funding Method: |
|--------------------------------|--------------------------------|
| Coweta County | Fees for service, General Fund |
| | |
| | |
| | |
| | |

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

No change

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).

¹ 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 |
|---|--------------------------------|--------------|--------------------|---------|
|  | Greg Tarbutton | Commissioner | District Two | 6/20/06 |
|  | Paul Poole | Commissioner | District One | 6/20/06 |
|  | Larry DeMoss | Commissioner | District Three | 6/20/06 |
|  | Leigh Schlumper | Commissioner | District Four | 6/20/06 |
|  | Tim Higgins | Commissioner | District Five | 6/20/06 |
|  | Billy Tucker | Mayor | City of Grantville | 6/30/06 |
|  | Ted Bateman | Mayor | Town of Haralson | 7-7-06 |
|  | Jerry O. Smith | Mayor | Town of Moreland | 6/30/06 |
|  | Keith Brady | Mayor | City of Newnan | 6.28.06 |
|  | Clark Boddie | Mayor | City of Palmetto | 6/30/06 |
|  | Robert Belisle | Mayor | City of Senoia | 7/07/06 |
|  | Wendell Staley | Mayor | Town of Sharpsburg | 6/27/16 |
|  | W. Allen Smith | Mayor | Town of Turin | 6/22/06 |

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

| Agreement Name: | Contracting Parties: | Effective and Ending Dates: |
|---|---|-----------------------------|
| Agreement Regarding Fiscal and Managerial Matters | Coweta County and Newnan/Coweta Airport Authority | 2/07/06 to 2/07/2011 |
| | | |
| | | |

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

None

7. Person completing form: Sandra Parker

Phone number: (770) 254-2635 Date completed: 03/29/06

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:

Theron Gay, County Administrator

Service: Airport

Discussion: Coweta County Airport Authority operates the Newnan-Coweta Airport and receives its funding from grants, user fees, and the County general fund.

We the undersigned, agree that the foregoing Service Delivery Agreement promotes the most efficient, effective and responsive manner for the delivery of the services described above and we see no apparent duplication of services nor issues for consolidation, this ___ day of _____, 2006.

| | |
|---|--|
| <p>Coweta County By: <u>DA Tubitt</u> Title: <u>Coweta County Chairman</u> Attest: <u>Sandra Parker</u></p> | <p>City of Palmetto By: <u>[Signature]</u> Title: <u>Mayor</u> Attest: <u>[Signature]</u></p> |
| <p>City of Grantville By: <u>[Signature]</u> Title: <u>Mayor</u> Attest: <u>Wayne Jenkins</u></p> | <p>City of Schola By: <u>Robert K. Belisle</u> Title: <u>Mayor</u> Attest: <u>Sandra Parker</u></p> |
| <p>Town of Haralson By: <u>Leola Bateman</u> Title: <u>Mayor</u> Attest: <u>Richard W. Ferry</u></p> | <p>Town of Sharpsburg By: <u>[Signature]</u> Title: <u>Mayor</u> Attest: <u>Philip R. Spradley</u></p> |
| <p>Town of Moreland By: <u>Jerry Q. Smith</u> Title: <u>MAYOR</u> Attest: <u>James B. Hayden</u></p> | <p>City of Turin By: <u>William Smith</u> Title: <u>Mayor</u> Attest: <u>Sandra Parker</u></p> |
| <p>City of Newnan By: <u>[Signature]</u> Title: <u>Mayor</u> Attest: <u>Erika Morgan</u></p> | <p>Airport Authority By: <u>[Signature]</u> Title: <u>Chairman</u> Attest: <u>Sandra L. Parker</u></p> |



**SERVICE DELIVERY STRATEGY
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE 2**

Instructions:

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

County: Coweta Service: Animal Control

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

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

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

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

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

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.):
Coweta County, Newnan, Palmetto, Grantville, Senoia

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.).

| <i>Local Government or Authority:</i> | <i>Funding Method:</i> |
|---------------------------------------|---|
| Coweta County | Fees for service, General Fund |
| City of Newnan | Enhanced level of service, General Fund |
| City of Palmetto | Enhanced level of service, General Fund |
| City of Senoia | Enhanced level of service, General Fund |
| City of Grantville | Enhanced level of service, General Fund |

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

No change.

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

| <i>Agreement Name:</i> | <i>Contracting Parties:</i> | <i>Effective and Ending Dates:</i> |
|------------------------|-----------------------------|------------------------------------|
| None | | |
| | | |
| | | |

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

None

7. Person completing form: Sandra Parker
Phone number: (770) 254-2635 Date completed: 3/29/06

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:
Theron Gay, County Administrator (770) 251-2601

Service: Animal Control

Discussion: Coweta County provides this service to the unincorporated County. Newnan, Palmetto, Grantville, and Senoia provide this service to their citizens. By this document, Coweta agrees to provide the same level of service throughout both incorporated and unincorporated County; and providing that the cities amend their animal control ordinances to be consistent with the County's ordinances.

*County responds to other incorporated communities re animal control matters - conversation with Sandra Parker, 11/28/06
Coweta has plan on 11/28/06
J. Johnson
DCA*

We the undersigned, agree that the foregoing Service Delivery Agreement promotes the most efficient, effective and responsive manner for the delivery of the services described above and we see no apparent duplication of services nor issues for consolidation, this ___ day of _____, 2006.

Coweta County
By: *R.A. Zupetta*
Title: *Coweta County Chairman*
Attest: *Sandra Parker*

City of Grantville
By: *Billy Lusk*
Title: *Mayor*
Attest: *Myra Parki*

Town of Haralson
By: *Leola Bateman Sr*
Title: *Mayor*
Attest: *Richard W. Ferry*

Town of Moreland
By: *Jeremy D. Smith*
Title: *MAYOR*
Attest: *James D. Haynes*

City of Newnan
By: *[Signature]*
Title: *MAYOR*
Attest: *Erika Morgan*

City of Palmetto
By: *[Signature]*
Title: *[Signature]*
Attest: *[Signature]*

City of Senoia
By: *Robert K. Behale*
Title: *Mayor*
Attest: *Sandra Parker*

Town of Sharpsburg
By: *[Signature]*
Title: *Mayor*
Attest: _____

City of Turin
By: *W. Allen Smith*
Title: *Mayor*
Attest: *Sandra Parker*

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.).

| <i>Local Government or Authority:</i> | <i>Funding Method:</i> |
|---------------------------------------|------------------------|
| Coweta County | Fees for service |
| City of Newnan | General Fund |
| City of Grantville | Fees for service |
| Town of Moreland | Fees for service |
| Continued on back of page | |

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

No change

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

| <i>Agreement Name:</i> | <i>Contracting Parties:</i> | <i>Effective and Ending Dates:</i> |
|------------------------|-----------------------------|------------------------------------|
| None | | |
| | | |
| | | |
| | | |

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

None

7. Person completing form: Sandra Parker

Phone number: (770) 254-2635

Date completed: 3/29/06

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:

Theron Gay, County Administrator

Item 3 continued: Building Inspections

| | |
|--------------------|------------------|
| City of Senoia | Fees for service |
| Town of Haralson | Fees for service |
| City of Palmetto | Fees for service |
| Town of Turin | Fees for service |
| Town of Sharpsburg | Fees for service |

Service: Building inspections

Discussion: Each government entity provides for its own building inspection.

We the undersigned, agree that the foregoing Service Delivery Agreement promotes the most efficient, effective and responsive manner for the delivery of the services described above and we see no apparent duplication of services nor issues for consolidation, this ___ day of _____, 2006.

Coweta County
By: GA Sabitts
Title: Coweta County Chairman
Attest: Sandra R. Parker

City of Grantville
By: Billy Locke
Title: Mayor
Attest: Wayne Denton

Town of Haralson
By: Leola Bateman Sr
Title: Mayor
Attest: Richard W. Ferry

Town of Moreland
By: Terry L. Smith
Title: MAYOR
Attest: Jama A. Haynes

City of Newnan
By: [Signature]
Title: Mayor
Attest: Erika Morgan

City of Palmetto
By: [Signature]
Title: [Signature]
Attest: [Signature]

City of Senoia
By: Robert K. Belisle
Title: Mayor
Attest: Sandra Parker

Town of Sharpsburg
By: [Signature]
Title: Mayor
Attest: Philip L. Spradlin

City of Turin
By: W. Allen Smith
Title: Mayor
Attest: Sandra R. Parker



**SERVICE DELIVERY STRATEGY
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE 2**

Instructions:

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

County: Coweta

Service: Business Regulation

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

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

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

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

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

Coweta, Moreland, Newnan, Palmetto, Haralson, Grantville, Senoia, Sharpsburg, Turin

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.).

| <i>Local Government or Authority:</i> | <i>Funding Method:</i> |
|---------------------------------------|---------------------------------|
| Coweta County | Fees paid by regulated business |
| City of Newnan | Fees paid by regulated business |
| City of Palmetto | Fees paid by regulated business |
| City of Grantville | Fees paid by regulated business |
| Continued back of page | |

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

No change

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

| <i>Agreement Name:</i> | <i>Contracting Parties:</i> | <i>Effective and Ending Dates:</i> |
|------------------------|-----------------------------|------------------------------------|
| None | | |
| | | |
| | | |
| | | |

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

None

7. Person completing form: Sandra Parker

Phone number: (770) 254-2635

Date completed: 3/29/06

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:

Theron Gay, County Administrator

Item 3 continued: Business Regulation

| | |
|--------------------|---------------------------------|
| City of Senoia | Fees paid by regulated business |
| Town of Turin | Fees paid by regulated business |
| Town of Sharpsburg | Fees paid by regulated business |
| Town of Moreland | Fees paid by regulated business |
| Town of Haralson | Fees paid by regulated business |

Service: Business Regulation Discussion

Discussion: Coweta County and the Cities of Haralson, Moreland, Newnan, Palmetto, Grantville, Senoia, Sharpsburg, and Turin provide for business regulation within their boundaries and fund the operation by assessing fees to be paid by the regulated businesses.

We the undersigned, agree that the foregoing Service Delivery Agreement promotes the most efficient, effective and responsive manner for the delivery of the services described above and we see no apparent duplication of services nor issues for consolidation, this ___ day of _____, 2006.

| | |
|--|---|
| <p>Coweta County By: <u>[Signature]</u> Title: <u>Coweta County Chairman</u> Attest: <u>Sandra R. Parker</u></p> | <p>City of Palmetto By: <u>[Signature]</u> Title: <u>[Signature]</u> Attest: <u>[Signature]</u></p> |
| <p>City of Grantville By: <u>[Signature]</u> Title: <u>Mayor</u> Attest: <u>[Signature]</u></p> | <p>City of Senoia By: <u>Robert K. Belisle</u> Title: <u>Mayor</u> Attest: <u>Sandra Parker</u></p> |
| <p>Town of Haralson By: <u>Leola Bateman Sr</u> Title: <u>Mayor</u> Attest: <u>Richard W. Terry</u></p> | <p>Town of Sharpsburg By: <u>[Signature]</u> Title: <u>Mayor</u> Attest: <u>Robin L. Spradlin</u></p> |
| <p>Town of Moreland By: <u>Jerry Q. Smith</u> Title: <u>Mayor</u> Attest: <u>James A. Haynes</u></p> | <p>City of Turin By: <u>W. Allen Smith</u> Title: _____ Attest: <u>Sandra R. Parker</u></p> |
| <p>City of Newnan By: <u>[Signature]</u> Title: <u>Mayor</u> Attest: <u>Keika Morgan</u></p> | |



**SERVICE DELIVERY STRATEGY
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE 2**

Instructions:

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

County: Coweta

Service: Cable TV & Distribution

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

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

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

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

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

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.):

Coweta County, Grantville, Moreland, Newnan, Sharpsburg, Turin franchise this service within their respective boundaries

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.).

| <i>Local Government or Authority:</i> | <i>Funding Method:</i> |
|---------------------------------------|---|
| City of Grantville | Franchise agreements with service providers |
| Town of Sharpsburg | Franchise agreements with service providers |
| Town of Turin | Franchise agreements with service providers |
| Coweta County | Franchise agreements with service providers |
| continued next page | |

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:

| <i>Agreement Name:</i> | <i>Contracting Parties:</i> | <i>Effective and Ending Dates:</i> |
|------------------------|-----------------------------|------------------------------------|
| None | | |
| | | |
| | | |
| | | |

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

None

7. Person completing form: Sandra Parker
 Phone number: (770) 254-2635 Date completed: 3/29/06

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:
Theron Gay, County Administrator (770) 251-2601

Item 3 continued: Cable TV & Distribution

| | |
|-----------------|---|
| City of Newnan | Franchise agreements with service providers and services provided from Newnan Utilities |
| Tow of Moreland | Franchise agreements with service providers |
| | |
| | |
| | |

Service: Cable TV & Distribution

Discussion: Coweta County and the City of Grantville, and the Towns of Moreland, Sharpsburg and Turin provide this service by granting franchises to civilian firms.

We the undersigned, agree that the foregoing Service Delivery Agreement promotes the most efficient, effective and responsive manner for the delivery of the services described above and we see no apparent duplication of services nor issues for consolidation, this ___ day of _____, 2006.

Coweta County
By: [Signature]
Title: Coweta County Chairman
Attest: Sandra R. Parker

City of Grantville
By: [Signature]
Title: Mayor
Attest: Wayman Jenkins

Town of Haralson
By: [Signature]
Title: Mayor
Attest: Arthur W. Ferry

Town of Moreland
By: [Signature]
Title: MAYOR
Attest: Jamie A. Hayden

City of Newnan
By: [Signature]
Title: MAYOR
Attest: Erika Morgan

City of Palmetto
By: [Signature]
Title: [Signature]
Attest: [Signature]

City of Senoia
By: [Signature]
Title: Mayor
Attest: Sandra R. Parker

Town of Sharpsburg
By: [Signature]
Title: MAYOR
Attest: [Signature]

City of Turin
By: [Signature]
Title: _____
Attest: Sandra R. Parker



**SERVICE DELIVERY STRATEGY
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS** **PAGE 2**

Instructions:

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

County: Coweta **Service:** Cemeteries

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

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

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

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

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

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

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

Yes 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.).

| <i>Local Government or Authority:</i> | <i>Funding Method:</i> |
|---------------------------------------|------------------------|
| City of Newnan | General Fund |
| City of Grantville | Donations |
| Town of Moreland | Trust Fund |
| City of Senoia | General Fund |
| | |

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

No change

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

| <i>Agreement Name:</i> | <i>Contracting Parties:</i> | <i>Effective and Ending Dates:</i> |
|------------------------|-----------------------------|------------------------------------|
| None | | |
| | | |
| | | |
| | | |

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

None

7. Person completing form: Sandra Parker
 Phone number: (770) 254-2635 Date completed: 3/29/06

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:
Theron Gay, County Administrator

Service: Cemeteries

Discussion: The Cities of Newnan, Grantville, Senoia, and the Town of Moreland provide this service. The other governmental agencies do not provide this service.

We the undersigned, agree that the foregoing Service Delivery Agreement promotes the most efficient, effective and responsive manner for the delivery of the services described above and we see no apparent duplication of services nor issues for consolidation, this ___ day of _____, 2006.

Coweta County
By: [Signature]
Title: Coweta County Chairman
Attest: Sandra P. Parker

City of Pannetto
By: [Signature]
Title: Mayor
Attest: [Signature]

City of Grantville
By: [Signature]
Title: Mayor
Attest: [Signature]

City of Senoia
By: [Signature]
Title: Mayor
Attest: Sandra P. Parker

Town of Haralson
By: [Signature]
Title: Mayor
Attest: [Signature]

Town of Sharpsburg
By: [Signature]
Title: Mayor
Attest: [Signature]

Town of Moreland
By: [Signature]
Title: Mayor
Attest: [Signature]

City of Turin
By: [Signature]
Title: Mayor
Attest: Sandra P. Parker

City of Newnan
By: [Signature]
Title: Mayor
Attest: [Signature]



**SERVICE DELIVERY STRATEGY
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE 2**

Instructions:

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

County: Coweta Service: Code Enforcement

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

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

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

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

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

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.).

| <i>Local Government or Authority:</i> | <i>Funding Method:</i> |
|---------------------------------------|------------------------|
| Coweta County | General Fund |
| Town of Haralson | General Fund |
| City of Grantville | General Fund |
| Town of Moreland | General Fund |
| Continued back of page | |

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

No change. At tax levy time, County will fund the Ordinance Enforcement Officer from unincorporated funds only.

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

| <i>Agreement Name:</i> | <i>Contracting Parties:</i> | <i>Effective and Ending Dates:</i> |
|------------------------|-----------------------------|------------------------------------|
| None | | |
| | | |
| | | |
| | | |

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

None

7. Person completing form: Sandra Parker
 Phone number: (770) 254-2835 Date completed: 3/29/06

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:
Theron Gay, County Administrator

Item 3 continued: Code Enforcement

| | |
|--------------------|--------------|
| City of Newnan | General Fund |
| City of Palmetto | General Fund |
| City of Senoia | General Fund |
| Town of Sharpsburg | General Fund |
| Town of Turin | General Fund |

Service: Code Enforcement

Discussion: Each governmental entity provides this service within its boundaries. By this document, Coweta County agrees to fund this service from revenues raised within unincorporated County only.

We the undersigned, agree that the foregoing Service Delivery Agreement promotes the most efficient, effective and responsive manner for the delivery of the services described above and we see no apparent duplication of services nor issues for consolidation, this ___ day of _____, 2006.

Coweta County
By: DA Tuttle
Title: Coweta County Chairman
Attest: Sandra P. Parker

City of Palmetto
By: [Signature]
Title: [Signature]
Attest: [Signature]

City of Grantville
By: Billy Luck
Title: Mayor
Attest: Warren Dault

City of Senoia
By: Robert K. Belink
Title: Mayor
Attest: Sandra P. Parker

Town of Haralson
By: Ed A. Bateman
Title: Mayor
Attest: Richard W. Ferry

Town of Sharpsburg
By: [Signature]
Title: Mayor
Attest: Robin L. Spradlin

Town of Moreland
By: Jerry D. Smith
Title: MAYOR
Attest: James A. Kayser

City of Turin
By: William Smith
Title: Mayor
Attest: Sandra P. Parker

City of Newnan
By: [Signature]
Title: Mayor
Attest: Erika Morgan

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.).

| <i>Local Government or Authority:</i> | <i>Funding Method:</i> |
|---------------------------------------|----------------------------------|
| Coweta County | Hotel/Motel Tax and General Fund |
| City of Newnan | Hotel/Motel Tax and SPLOST |
| | |
| | |

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

The City of Newnan added SPLOST as a funding method for the convention/conference center. Voters in Coweta County approved the extension of the current SPLOST on March 21, 2006.

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

| <i>Agreement Name:</i> | <i>Contracting Parties:</i> | <i>Effective and Ending Dates:</i> |
|------------------------|-----------------------------|------------------------------------|
| None | | |
| | | |
| | | |
| | | |

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

None

7. Person completing form: Sandra Parker
 Phone number: (770) 254-2635 Date completed: 3/29/06

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:

Theron Gay, County Administrator

Service: Convention & Tourism

Discussion: The County provides tourism services throughout the County and funds this service through a Hotel/Motel tax and supplementation from the General Fund. The City of Newnan is planning on constructing a convention center to be funded by Hotel/Motel tax funds and SPLOST.

We the undersigned, agree that the foregoing Service Delivery Agreement promotes the most efficient, effective and responsive manner for the delivery of the services described above and we see no apparent duplication of services nor issues for consolidation, this ___ day of _____, 2006.

Coweta County
By: [Signature]
Title: Coweta County Chairman
Attest: Sandra R. Parker

City of Palmetto
By: [Signature]
Title: [Signature]
Attest: [Signature]

City of Grantville
By: [Signature]
Title: Mayor
Attest: [Signature]

City of Senoia
By: [Signature]
Title: Mayor
Attest: Sandra R. Parker

Town of Haralson
By: [Signature]
Title: Mayor
Attest: [Signature]

Town of Sharpsburg
By: [Signature]
Title: Mayor
Attest: [Signature]

Town of Moreland
By: [Signature]
Title: MAYOR
Attest: [Signature]

City of Turin
By: [Signature]
Title: Mayor
Attest: Sandra R. Parker

City of Newnan
By: [Signature]
Title: Mayor
Attest: Erika Morgan



**SERVICE DELIVERY STRATEGY
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE 2**

Instructions:

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

County: Coweta

Service: Court Services

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

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

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

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

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

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

County Wide, and municipal or recorders court within boundaries of Moreland, Newnan, Grantville, Palmetto, Senoia, Sharpeburg, Turin

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.).

| <i>Local Government or Authority:</i> | <i>Funding Method:</i> |
|---------------------------------------|------------------------|
| Coweta County | General Fund |
| City of Newnan | General Fund |
| City of Palmetto | General Fund |
| City of Grantville | General Fund |
| continued back of page | |

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

Town of Sharpsburg removed from those providing municipal court; Towns of Moreland and Turin added.

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

| <i>Agreement Name:</i> | <i>Contracting Parties:</i> | <i>Effective and Ending Dates:</i> |
|--|--|------------------------------------|
| Intergovernmental Agreement to Operate and Provide a Municipal Court for the Town of Turin | The Honorable James C. Stripling, Judge of Magistrate Court and the Town of Turin, Georgia | 1996; automatic renewal |
| | | |
| | | |

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

None

7. Person completing form: Sandra Parker
 Phone number: (770) 254-2635 Date completed: 3/29/06

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:
Theron Gay, County Administrator (770) 251-2601

Item 3 continued: Court Services

| | |
|--------------------|------------------------|
| Town of Moreland | General Fund |
| Town of Turin | General Fund and fines |
| Town of Sharpsburg | General Fund |
| | |
| | |

Service: Court Services

Discussion: Coweta County provides for Superior Court, State Court, Juvenile Court, and Magistrate Court services for the entire county. Where appropriate, the municipalities provide Recorder's Court or Municipal court for violations of municipal ordinances, traffic offenses and other offenses authorized by law.

.....

We the undersigned, agree that the foregoing Service Delivery Agreement promotes the most efficient, effective and responsive manner for the delivery of the services described above and we see no apparent duplication of services nor issues for consolidation, this ___ day of _____, 2006.

| | |
|--|---|
| <p>Coweta County By: <u>[Signature]</u> Title: <u>Coweta County Chairman</u> Attest: <u>Sandra R. Parker</u></p> | <p>City of Palmetto By: <u>[Signature]</u> Title: <u>[Signature]</u> Attest: <u>[Signature]</u></p> |
| <p>City of Grantville By: <u>[Signature]</u> Title: <u>Mayor</u> Attest: <u>[Signature]</u></p> | <p>City of Senoia By: <u>[Signature]</u> Title: <u>Mayor</u> Attest: <u>Sandra</u></p> |
| <p>Town of Haralson By: <u>[Signature]</u> Title: <u>Mayor</u> Attest: <u>[Signature]</u></p> | <p>Town of Sharpsburg By: <u>[Signature]</u> Title: <u>Mayor</u> Attest: <u>[Signature]</u></p> |
| <p>Town of Moreland By: <u>[Signature]</u> Title: <u>Mayor</u> Attest: <u>[Signature]</u></p> | <p>City of Tuxin By: <u>[Signature]</u> Title: <u>Mayor</u> Attest: <u>Sandra R. Parker</u></p> |
| <p>City of Newnan By: <u>[Signature]</u> Title: <u>Mayor</u> Attest: <u>Erika Morgan</u></p> | |

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.).

| <i>Local Government or Authority:</i> | <i>Funding Method:</i> |
|---------------------------------------|------------------------|
| Coweta County | General Fund as needed |
| City of Senoia | General Fund |
| City of Palmetto | General Fund |
| City of Newnan | General Fund and fees |
| Town of Sharpsburg | General Fund |

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

No change.

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

| <i>Agreement Name:</i> | <i>Contracting Parties:</i> | <i>Effective and Ending Dates:</i> |
|--|---|------------------------------------|
| Agreement Regarding Economic Development for Coweta County | Coweta County and Coweta County Development Authority | June 3, 2003 to June 3, 2008 |
| | | |
| | | |
| | | |

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

None

7. Person completing form: Sandra Parker
 Phone number: (770) 254-2635 Date completed: 3/29/06

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:

Theron Gay, County Administrator (770) 251-2601

Service: Economic Development

Discussion: This service is provided by the Coweta County Development Authority, the City of Newnan Development Authority, and the City of Newnan Downtown Development Authority.

We the undersigned, agree that the foregoing Service Delivery Agreement promotes the most efficient, effective and responsive manner for the delivery of the services described above and we see no apparent duplication of services nor issues for consolidation, this ___ day of _____, 2006.

Coweta County
By: [Signature]
Title: Coweta County Chairman
Attest: Sandra R. Parker

City of Grantville
By: [Signature]
Title: Mayor
Attest: [Signature]

Town of Haralson
By: [Signature]
Title: Mayor
Attest: [Signature]

Town of Moreland
By: [Signature]
Title: MAYOR
Attest: [Signature]

City of Newnan
By: [Signature]
Title: MAYOR
Attest: Erika Morgan

City of Palmetto
By: [Signature]
Title: _____
Attest: [Signature]

City of Snoida
By: [Signature]
Title: Mayor
Attest: Sandra R. Parker

Town of Sharpsburg
By: [Signature]
Title: Mayor
Attest: [Signature]

City of Turin
By: [Signature]
Title: Mayor
Attest: Sandra P. Parker

Coweta County Development Authority
By: [Signature]
Title: Director
Attest: Sandra R. Parker



**City of Newnan
DDA Boundary
October 28, 2005**

Scale 1" = 300'





**SERVICE DELIVERY STRATEGY
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE 2**

Instructions:

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

County: Coweta

Service: Elections

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

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

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

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

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

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

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

Yes 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.).

| <i>Local Government or Authority:</i> | <i>Funding Method:</i> |
|---------------------------------------|---------------------------------|
| Coweta County | General Fund |
| City of Newnan | General Fund |
| City of Grantville | General Fund |
| Town of Turin | General Fund and candidate fees |
| continued next page | |

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

No change.

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

| <i>Agreement Name:</i> | <i>Contracting Parties:</i> | <i>Effective and Ending Dates:</i> |
|---------------------------------|------------------------------|--------------------------------------|
| Agreement for Election Services | Newnan and Coweta County | 1998 automatic renewal up to 50 yrs. |
| | Grantville and Coweta County | 9/1/2003 to 8/21/2008 |
| | Sharpsburg and Coweta County | 8/5/03 to 8/31/08 |
| | Turin and Coweta County | |
| | Senoia and Coweta County | |

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

None

7. Person completing form: Sandra Parker
 Phone number: (770) 254-2635 Date completed: 3/29/06

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:
Theron Gay, County Administrator (770) 251-2601

Item 3 continued: Elections

| | |
|--------------------|--------------|
| City of Senoia | General Fund |
| Town of Sharpsburg | General Fund |
| Town of Haralson | General Fund |
| | |
| | |

Item 5 continued: Contracts

Agreement Name:

Contracting Parties:

Effective and Ending Dates:

| | | |
|---------------------------------|----------------------------|--|
| Agreement for Election Services | Coweta County and Haralson | |
| | | |
| | | |
| | | |
| | | |

Service: Elections

Discussion: This service is provided by Coweta County for all general elections and by contract for special municipal elections occurring independent of general elections.

.....

We the undersigned, agree that the foregoing Service Delivery Agreement promotes the most efficient, effective and responsive manner for the delivery of the services described above and we see no apparent duplication of services nor issues for consolidation, this ___ day of _____, 2006.

Coweta County
By: [Signature]
Title: Coweta County Chairman
Attest: Sandra R. Parker

City of Palmetto
By: [Signature]
Title: _____
Attest: [Signature]

City of Grantville
By: [Signature]
Title: Mayor
Attest: [Signature]

City of Senoia
By: [Signature]
Title: Mayor
Attest: Sandra R. Parker

Town of Haralson
By: [Signature]
Title: Mayor
Attest: [Signature]

Town of Sharpsburg
By: [Signature]
Title: Mayor
Attest: [Signature]

Town of Moreland
By: [Signature]
Title: _____
Attest: [Signature]

City of Turin
By: [Signature]
Title: Mayor
Attest: Sandra R. Parker

City of Newnan
By: [Signature]
Title: Mayor
Attest: [Signature]



**SERVICE DELIVERY STRATEGY
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE 2**

Instructions:

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

County: Coweta

Service: Electrical/Gas Service & Distribution

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

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

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

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

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

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.):

Newnan, Grantville, Palmetto (Service Areas are as delineated by State Law)

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.).

| <i>Local Government or Authority:</i> | <i>Funding Method:</i> |
|---------------------------------------|------------------------|
| City of Newnan | Enterprise fund |
| City of Grantville | Enterprise fund |
| City of Palmetto | Fees for service |
| | |
| | |

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

No change.

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

| <i>Agreement Name:</i> | <i>Contracting Parties:</i> | <i>Effective and Ending Dates:</i> |
|------------------------|-----------------------------|------------------------------------|
| None | | |
| | | |
| | | |
| | | |

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

None

7. Person completing form: Sandra Parker
 Phone number: (770) 254-2635 Date completed: 3/29/06

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:
Theron Gay, County Administrator (770) 251-2601

Service: Electrical/Gas Service & Distribution

Discussion: This service is provided by the Cities of Newnan, Grantville, and Palmetto. The other governmental entities do not provide this service.

We the undersigned, agree that the foregoing Service Delivery Agreement promotes the most efficient, effective and responsive manner for the delivery of the services described above and we see no apparent duplication of services nor issues for consolidation this ___ day of _____, 2006.

Coweta County
By: [Signature]
Title: Coweta County Chairman
Attest: Sandra R. Parker

City of Palmetto
By: [Signature]
Title: [Signature]
Attest: [Signature]

City of Grantville
By: [Signature]
Title: Mayor
Attest: [Signature]

City of Scholt
By: Robert K Belisle
Title: Mayor
Attest: Sandra R. Parker

Town of Haralson
By: [Signature]
Title: Mayor
Attest: [Signature]

Town of Sharpsburg
By: [Signature]
Title: Mayor
Attest: [Signature]

Town of Moreland
By: [Signature]
Title: Mayor
Attest: [Signature]

City of Turin
By: [Signature]
Title: Mayor
Attest: Sandra R. Parker

City of Newnan
By: [Signature]
Title: Mayor
Attest: [Signature]



SERVICE DELIVERY STRATEGY
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE 2

Instructions:

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

County: Coweta Service: Emergency Management

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

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

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

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

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

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

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

Yes 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.).

| <i>Local Government or Authority:</i> | <i>Funding Method:</i> |
|---------------------------------------|------------------------|
| Coweta County | General Fund |
| | |
| | |
| | |

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

No change.

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

| <i>Agreement Name:</i> | <i>Contracting Parties:</i> | <i>Effective and Ending Dates:</i> |
|------------------------|-----------------------------|------------------------------------|
| None | | |
| | | |
| | | |
| | | |

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

None

7. Person completing form: Sandra Parker
 Phone number: (770) 254-2635 Date completed: 3/29/08

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:
Theron Gay, County Administrator (770) 251-2601

Service: Emergency Management

Discussion: Emergency Management services are provided by Coweta County to the entire county.

.....
We the undersigned, agree that the foregoing Service Delivery Agreement promotes the most efficient, effective and responsive manner for the delivery of the services described above and we see no apparent duplication of services nor issues for consolidation, this ___ day of _____, 2006.

Coweta County

By: [Signature]
Title: Coweta County Chairman

Attest: Sandra R. Parker

City of Grantville

By: [Signature]
Title: Mayor

Attest: [Signature]

Town of Haralson

By: [Signature]
Title: Mayor

Attest: [Signature]

Town of Moreland

By: [Signature]
Title: MAYOR

Attest: [Signature]

City of Newnan

By: [Signature]
Title: Mayor

Attest: [Signature]

City of Palmetto

By: [Signature]
Title: [Signature]

Attest: [Signature]

City of Senoia

By: [Signature]
Title: Mayor

Attest: Sandra R. Parker

Town of Sharpsburg

By: [Signature]
Title: Mayor

Attest: [Signature]

City of Turin

By: [Signature]
Title: Mayor

Attest: Sandra R. Parker



**SERVICE DELIVERY STRATEGY
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE 2**

Instructions:

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

County: Coweta **Service:** Emergency Medical Service

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

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

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

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

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

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

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

Yes 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.).

| <i>Local Government or Authority:</i> | <i>Funding Method:</i> |
|---------------------------------------|------------------------|
| Coweta County | General Fund |
| | |
| | |
| | |

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

No change.

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

| <i>Agreement Name:</i> | <i>Contracting Parties:</i> | <i>Effective and Ending Dates:</i> |
|------------------------|-----------------------------|------------------------------------|
| None | | |
| | | |
| | | |
| | | |

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

None

7. Person completing form: Sandra Parker

Phone number: (770) 254-2635

Date completed: 3/29/06

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:

Theron Gay, County Administrator (770) 251-2601

Service: Emergency Medical Service
Discussion: Emergency Medical services are provided by Coweta County by contract with a private firm. The service is provided to the entire county.

.....
We the undersigned, agree that the foregoing Service Delivery Agreement promotes the most efficient, effective and responsive manner for the delivery of the services described above and we see no apparent duplication of services nor issues for consolidation, this ___ day of _____, 2006.

Coweta County
By: [Signature]
Title: Coweta County Chairman
Attest: Sandra R. Parker

City of Ralmetto
By: [Signature]
Title: [Signature]
Attest: [Signature]

City of Grantville
By: [Signature]
Title: Mayor
Attest: [Signature]

City of Senoia
By: [Signature]
Title: Mayor
Attest: Sandra R. Parker

Town of Haralson
By: [Signature]
Title: Mayor
Attest: [Signature]

Town of Sharpsburg
By: [Signature]
Title: Mayor
Attest: [Signature]

Town of Moreland
By: [Signature]
Title: MAYOR
Attest: [Signature]

City of Turin
By: [Signature]
Title: Mayor
Attest: Sandra R. Parker

City of Newnan
By: [Signature]
Title: MAYOR
Attest: [Signature]

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.).

| <i>Local Government or Authority:</i> | <i>Funding Method:</i> |
|---------------------------------------|---------------------------------|
| Coweta County | Fire Tax District |
| City of Newnan | General Fund/SPLOST/Impact fees |
| City of Grantville | General Fund |
| City of Senoia | General Fund |
| continued on back of page | |

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

No change.

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

| <i>Agreement Name:</i> | <i>Contracting Parties:</i> | <i>Effective and Ending Dates:</i> |
|----------------------------|---|------------------------------------|
| Fire Tax District | (County, Moreland, Palmetto, Sharpsburg, Turin) | 1974 |
| Fire Tax District services | County and Grantville | 1978 |
| Fire Tax District services | County and Senoia | 1978 |
| Fire Tax District services | County and Haralson | 1986 |

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

None

7. Person completing form: Sandra Parker

Phone number: (770) 254-2635

Date completed: 3/29/06

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:

Theron Gay, County Administrator (770) 251-2601

Item 3 continued: Emergency Rescue Services

| Town of Haralson | General Fund |
|-------------------------|---------------------|
| | |
| | |
| | |
| | |

Service: Emergency Rescue Services

Discussion: Coweta County provides this service to all municipal and unincorporated areas of the county with the exception of the City of Newnan. The City of Newnan provides this service to its citizens using SPLOST and Impact Fees. Coweta County funds this service through taxation from a fire district established by an amendment to the Constitution of the State of Georgia and currently funds capital expenses through a portion of the Special Purpose Local Option Sales Tax and Impact Fees. Haralson, Senoia and Grantville contract with the county for this service. Haralson, Senoia and Grantville fund this service from their general funds.

We the undersigned, agree that the foregoing Service Delivery Agreement promotes the most efficient, effective and responsive manner for the delivery of the services described above and we see no apparent duplication of services nor issues for consolidation, this ___ day of ____, 2006.

| | |
|--|---|
| <p>Coweta County By: <u>[Signature]</u> Title: <u>Coweta County Chairman</u> Attest: <u>Sandra R. Parker</u></p> | <p>City of Palmetto By: <u>[Signature]</u> Title: <u>[Signature]</u> Attest: <u>[Signature]</u></p> |
| <p>City of Grantville By: <u>[Signature]</u> Title: <u>Mayor</u> Attest: <u>[Signature]</u></p> | <p>City of Senoia By: <u>[Signature]</u> Title: <u>Mayor</u> Attest: <u>Sandra R. Parker</u></p> |
| <p>Town of Haralson By: <u>[Signature]</u> Title: <u>Mayor</u> Attest: <u>[Signature]</u></p> | <p>Town of Sharpsburg By: <u>[Signature]</u> Title: <u>Mayor</u> Attest: <u>[Signature]</u></p> |
| <p>Town of Moreland By: <u>[Signature]</u> Title: <u>MAYOR</u> Attest: <u>[Signature]</u></p> | <p>City of Tunin By: <u>[Signature]</u> Title: <u>Mayor</u> Attest: <u>Sandra R. Parker</u></p> |
| <p>City of Newnan By: <u>[Signature]</u> Title: <u>MAYOR</u> Attest: <u>[Signature]</u></p> | |



**SERVICE DELIVERY STRATEGY
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE 2**

Instructions:

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

County: Coweta Service: E-911 Dispatch

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

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

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

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

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

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

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

Yes 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.).

| <i>Local Government or Authority:</i> | <i>Funding Method:</i> |
|---------------------------------------|------------------------|
| Coweta County | Fees for service |
| City of Senoia | General Fund |
| City of Grantville | General Fund |
| | |
| | |

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

Non-emergency E-911 Dispatch will be funded by contract with cities. No change to emergency E-911 Dispatch.

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

| <i>Agreement Name:</i> | <i>Contracting Parties:</i> | <i>Effective and Ending Dates:</i> |
|---------------------------------|--------------------------------------|--------------------------------------|
| Non-Emergency Dispatch Services | Coweta County and City of Senoia | 1/1/2005 renewal X 4 (10 year incr.) |
| Non-Emergency Dispatch Services | Coweta County and City of Grantville | 1/1/2006 renewal X 4 (10 year incr.) |
| | | |
| | | |

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

None

7. Person completing form: Sandra Parker
 Phone number: (770) 254-2635 Date completed: 3/29/06

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:
Theron Gay, County Administrator (770) 251-2601

Service: E-911 Dispatch Service

Discussion: E-911 Dispatch is provided by Coweta County to the entire county. Funding is provided by an assessment per month on each telephone line and cell phone and contracts with Senoia and Grantville. When supplementation is required, supplementation is from the general fund.

We the undersigned, agree that the foregoing Service Delivery Agreement promotes the most efficient, effective and responsive manner for the delivery of the services described above and we see no apparent duplication of services nor issues for consolidation, this ___ day of _____, 2006.

| | |
|--|---|
| <p>Coweta County By: <u>[Signature]</u> Title: <u>Coweta County Chairman</u> Attest: <u>Sandra R. Parker</u></p> | <p>City of Palmetto By: <u>[Signature]</u> Title: <u>[Signature]</u> Attest: <u>[Signature]</u></p> |
| <p>City of Grantville By: <u>[Signature]</u> Title: <u>Mayor</u> Attest: <u>[Signature]</u></p> | <p>City of Senoia By: <u>[Signature]</u> Title: <u>Mayor</u> Attest: <u>Sandra R. Parker</u></p> |
| <p>Town of Haralson By: <u>[Signature]</u> Title: <u>Mayor</u> Attest: <u>[Signature]</u></p> | <p>Town of Sharpsburg By: <u>[Signature]</u> Title: <u>Mayor</u> Attest: <u>[Signature]</u></p> |
| <p>Town of Moreland By: <u>[Signature]</u> Title: <u>MAYOR</u> Attest: <u>[Signature]</u></p> | <p>City of Turin By: <u>[Signature]</u> Title: <u>Mayor</u> Attest: <u>Sandra R. Parker</u></p> |
| <p>City of Newnan By: <u>[Signature]</u> Title: <u>Mayor</u> Attest: <u>[Signature]</u></p> | |



**SERVICE DELIVERY STRATEGY
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE 2**

Instructions:

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

County: Coweta **Service:** Fire Protection

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

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

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

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

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

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.): _____

Coweta County provides service to all unincorporated areas and all municipalities except Norman. Norman provides service within incorporated limits, county is secondary responder.

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.).

| <i>Local Government or Authority:</i> | <i>Funding Method:</i> |
|---------------------------------------|--|
| Coweta County | Tax levy on Constitutionally established Fire District/Impact Fees |
| City of Newnan | General Fund/SPLOST/Impact Fees |
| City of Grantville | General Fund |
| Town of Haralson | General Fund |
| continued on back of page | |

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

Extension of SPLOST and collection of impact fees are sources of funding for capital improvements for Fire Protection in Coweta County and the City of Newnan.

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

| <i>Agreement Name:</i> | <i>Contracting Parties:</i> | <i>Effective and Ending Dates:</i> |
|------------------------|---|------------------------------------|
| Fire Tax District | County, Moreland, Palmetto, Sharpsburg, Turin | 1974 |
| City of Grantville | County and Grantville | 1978 |
| City of Senoia | County and Senoia | 1978 |
| Town of Haralson | County and Haralson | 1986 |
| | | |

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

None

7. Person completing form: Sandra Parker

Phone number: (770) 254-2635

Date completed: 3/29/06

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:

Theron Gay, County Administrator (770) 251-2601

Item 3 continued: Fire Services

| City of Senoia | General Fund |
|-----------------------|---------------------|
| | |
| | |
| | |
| | |

Service: Fire Services

Discussion: Coweta County provides this service to all municipal and unincorporated areas of the county with the exception of the City of Newnan. The city of Newnan provides this service to its citizens using General Fund, SPLOST and Impact fees. Coweta County funds this service through taxation from a fire district established by an amendment to the Constitution of the State of Georgia and currently funds capital expenses through a portion of the Special Purpose Local Option Sales Tax and Impact Fees. Haralson, Senoia and Grantville contract with the county for this service. Haralson, Senoia and Grantville fund this service from their general funds.

We the undersigned, agree that the foregoing Service Delivery Agreement promotes the most efficient, effective and responsive manner for the delivery of the services described above and we see no apparent duplication of services nor issues for consolidation, this ___ day of ____, 2006.

Coweta County
By: [Signature]
Title: Coweta County Chairman
Attest: Sandra R. Parker

City of Palmetto
By: [Signature]
Title: [Signature]
Attest: [Signature]

City of Grantville
By: [Signature]
Title: Mayor
Attest: [Signature]

City of Senoia
By: [Signature]
Title: Mayor
Attest: Sandra R. Parker

Town of Haralson
By: [Signature]
Title: Mayor
Attest: [Signature]

Town of Sharpsburg
By: [Signature]
Title: [Signature]
Attest: [Signature]

Town of Moreland
By: [Signature]
Title: MAYOR
Attest: [Signature]

City of Turin
By: [Signature]
Title: Mayor
Attest: Sandra R. Parker

City of Newnan
By: [Signature]
Title: MAYOR
Attest: [Signature]

On motion by Comm. Thomas A. Luckie, seconded by Comm. L. H. Johnson, it was ordered that the following contracts and agreements be executed with the City of Grantville, providing fire protection to the City of Grantville as per contractual documents.

SALE OF EQUIPMENT

G E O R G I A

COWETA COUNTY

THIS AGREEMENT made this 1st day of September, 1978, by and between the CITY OF GRANTVILLE, GEORGIA (Grantville), and COWETA COUNTY, GEORGIA (Coweta);

W I T N E S S E T H :

WHEREAS, the City of Grantville desires to induce Coweta to enter an agreement of even date herewith which requires Coweta to provide fire protection to the City of Grantville;

WHEREAS, the City of Grantville presently owns a LaFrance, Model 1-1-1166 Fire Truck and owns a lot suitable for the construction of a fire station;

WHEREAS, Coweta desires to purchase Grantville's fire truck and induce Grantville to convey said lot to Coweta in order to carry out the terms of its agreement with Grantville;

IN CONSIDERATION of the premises and the sum of ONE DOLLAR (\$1.00) and other valuable considerations paid by Coweta to Grantville, receipt of which is hereby acknowledged, it is mutually agreed as follows:

1. Grantville will convey the above described fire truck to Coweta for so long as the agreement between Grantville and Coweta requiring Coweta to furnish fire protection to Grantville remains in effect.
2. So long as the agreement remains in effect, Coweta will operate and maintain the fire truck. The operation and maintenance of the truck will be in the sole discretion of Coweta, provided that Coweta will station the truck at the Grantville Fire Station.
3. Coweta will have the right, its discretion, to trade in said fire truck upon a replacement fire truck, provided that the replacement is a model and make which is rated as good or better than the present fire truck.
4. Should the agreement by which Coweta is agreeing to furnish fire protection to the City of Grantville terminate after Coweta has traded in the present Grantville fire truck on a later model, Grantville will be allowed to re-purchase the model being used by the County at that time. The re-purchase shall be at a price to be determined as follows:

The difference between the fair market value of the fire truck being used by Coweta upon the date of re-purchase and the allowance which was made for the Grantville truck at the time it was traded in upon a later model.

5. The City of Grantville will convey the following lot to Coweta to be used a site of the fire station to be constructed by Coweta to serve the City of Grantville.

All that tract or parcel of land located in the City of Grantville, Georgia, and being that 1.031 acre lot on plat entitled "Survey for City of Grantville" by John R. Christopher, Registered Surveyor, dated 8/21/78 and recorded in Plat Book 24, Page 93, Coweta County, Georgia records.

6. Grantville will furnish to said lot the following utility service: Electric water, gas, and sewerage. Coweta will pay for utilities consumed at regular corner rates set by the City.

7. If at any time, the agreement by which Coweta is furnishing fire protection to the City of Grantville is terminated, Coweta will make the lot and fire station constructed upon the Grantville lot available to the City of Grantville for use by the City as a fire station. The City will be entitled to full use of the physical facility for so long as Grantville uses it as a fire station.

8. Grantville agrees to furnish the personal equipment to equip twelve (12) individual volunteer firemen for service at the Grantville Fire Station.

CITY OF GRANVILLE, GEORGIA

By: Paul J. Missick Jr.

Attest: W. Gordon Justice

COWETA COUNTY, GEORGIA

By: Big Lambert

By: William Hunter

G E O R G I A

COWETA COUNTY

THIS AGREEMENT entered into this the ___ day of _____, 1986, by and between the City of Haralson, Georgia (Haralson) and Coweta County, Georgia (Coweta);

W I T N E S S E T H:

For and in consideration of the payment by Haralson to Coweta, annually, of a sum of money to be determined as hereinafter set forth, and other valuable considerations, Coweta agrees to provide Haralson with fire protection in the same manner and on the same basis that it is now providing fire protection in the Coweta County Fire District.

The term of this agreement shall be for as long as Coweta County has a Volunteer Fire Department.

The annual sum to be paid by Haralson to Coweta shall be due each year for as long as Coweta County has a Volunteer Fire Department.

The annual sum to be paid by Haralson to Coweta shall be determined by applying the annual millage rate adopted by the Board of Commissioners of Coweta County for the purpose of providing fire protection to the Coweta County Fire District to the approved county tax digest for properties located within the city limits of Haralson, it being understood and agreed that in all respects, Haralson, its residents and the properties located in said City shall be treated as though Haralson is and forms a part of the Coweta County Fire District. The annual sum so determined shall be payable the first day of January of the year following the year of determination.

It is understood and agreed that, for the initial year, the City of Haralson will pay to Coweta County a pro rata share of the sum determined in accordance with the preceding paragraph. Said pro rata share shall be determined by taking the same proportion of the entire payment as the proportion of the year following the first

date which Coweta provides fire protection in Haralson.

IN WITNESS WHEREOF, the parties hereto have hereunto set
their hands and seals the day and year first above written.

CITY OF HARALSON, GEORGIA

BY: Dennis Coe

Attest: Jean Thompson

COWETA COUNTY, GEORGIA:

BY: Jim H. Hagan

Attest: Wendy Hunter

G E O R G I A

COWETA COUNTY

THIS AGREEMENT made and entered into this 5th day of September, 1978,
by and between the City of Grantville, Georgia (Grantville) and Coweta County,
Georgia (Coweta);

W I T N E S S E T H :

For and in consideration of the payment by Grantville to Coweta, annually, of
a sum of money to be determined as hereinafter set forth, and other valuable consider-
ations, Coweta agrees to provide Grantville with fire protection in the same manner
and on the same basis that it is now providing fire protection in the Coweta County
Fire District.

The term of this agreement shall be for as long as Coweta County has a Volunteer
Fire Department.

The annual sum to be paid by Grantville to Coweta shall be due each year for
as long as Coweta County has a Volunteer Fire Department.

The annual sum to be paid by Grantville to Coweta shall be determined by
applying the annual millage rate adopted by the Board of Commissioners of Coweta
County for the purpose of providing fire protection to the Coweta County Fire
District to the approved county tax digest for properties located within the city
limits of Grantville, it being understood and agreed that in all respects,
Grantville, its residents and the properties located in said City shall be treated
as though Grantville is and forms a part of the Coweta County Fire District. The
annual sum so determined shall be payable the first day of January of the year following
the year of determination.

It is understood and agreed that, for the initial year during which the Grantville
Fire Station begins operation, the City of Grantville will pay to Coweta County
a pro rata share of the sum determined in accordance with the preceding paragraph.
Said pro rata share shall be determined by taking the same proportion of the entire
payment as the proportion of the year following the first date which Coweta places
paid firemen on duty bears to the whole year.

It is understood and agreed that Coweta will locate a fire station within the
corporate limits of the City of Grantville upon a lot furnished by the City of

Grantville.

IN WITNESS WHEREOF, the parties hereto have hereunto set their hands and seals
the day and year first above written.

CITY OF GRANVILLE, GEORGIA

By: Paul J. Murch

Attest: Margaret Jenkins

COWETA COUNTY, GEORGIA

By: Neil Lambert

Attest: James Hunter

Adams, request for use of Fairgrounds by Rev. Tommy L. Smith, pastor Providence Baptist Church for Flea Market on July 15, 1978 approved by the Board.

On motion by Comm. L. H. Johnson, seconded by Comm. Thomas A. Luckie, it was ordered the following contract be executed with the City of Senoia providing fire services through the Coweta County Fire Comm.

COWETA COUNTY

THIS AGREEMENT made and entered into this 12th day of July, 1978, by and between the CITY OF SENOIA, GEORGIA, (Senoia) and COWETA COUNTY, GEORGIA, (Coweta);

W I T N E S S E T H:

For and in consideration of the payment by Senoia to Coweta, annually, of a sum of money to be determined as hereinafter set forth, and other valuable considerations, Coweta agrees to provide Senoia with fire protection in the same manner and on the same basis that it is now providing fire protection in the Coweta County Fire District.

The term of this agreement shall be for as long as Coweta County has a Volunteer Fire Department.

The annual sum to be paid by Senoia to Coweta shall be for as long as Coweta County has a Volunteer Fire Department.

The annual sum to be paid by Senoia to Coweta shall be determined by applying the annual millage rate adopted by the Board of Commissioners of Coweta County for the purpose of providing fire protection to the Coweta County Fire District to the approved county tax digest for properties located within the city limits of Senoia, it being understood and agreed that in all respects, Senoia, its residents and the properties located in said City shall be treated as though Senoia is and forms a part of the Coweta County Fire District.

It is understood and agreed that, for the year 1978 only, the City of Senoia will begin to pay Coweta County a pro rata share of said sum whenever Coweta County places a paid fireman on twenty-four (24) hour duty. Beginning in the year 1978 said sum shall be due and payable by Senoia to Coweta on or before January 1st of the following year after Senoia's ad valorem taxes become due and payable,

and in the event Senoia does not levy an ad valorem tax in any give year, said sum shall be payable on or before January 1st of the following year.

It is understood and agreed that Coweta will locate a fire station in the area of Senoia at such location that the entire City of Senoia will fall within a three mile radius of said station.

IN WITNESS WHEREOF the parties hereto have hereunto set their hands and seals the day and year first above written.

COWETA COUNTY, GEORGIA

By: *A. D. Paulsen*
Chairman, Coweta County
Commissioners

Attest: *W. W. Hunter*
County Clerk

THE CITY OF SENOIA:

By: *John W. Cooper*
Mayor

Attest: *Edna S. Hayes*
City Clerk



**SERVICE DELIVERY STRATEGY
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE 2**

Instructions:

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

County: Coweta **Service:** Indigent Defense

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

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

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

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

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

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.): _____

Coweta/countywide, Newnan/in city, Grantville/in city, Sharpsburg/in town, Palmetto/in city, Senola/in city

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.).

| <i>Local Government or Authority:</i> | <i>Funding Method:</i> |
|---------------------------------------|------------------------|
| Coweta County | General Fund |
| City of Newnan | General Fund |
| City of Palmetto | General Fund |
| City of Grantville | General Fund |
| continued on back of page | |

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

Above municipalities provide this service within their respective boundaries.

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

| <i>Agreement Name:</i> | <i>Contracting Parties:</i> | <i>Effective and Ending Dates:</i> |
|------------------------|-----------------------------|------------------------------------|
| None | | |
| | | |
| | | |
| | | |

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

None

7. Person completing form: Sandra Parker
 Phone number: (770) 254-2635 Date completed: 3/29/08

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:

Theron Gay, County Administrator (770) 251-2601

Item 3 continued: Indigent Defense

| | |
|---------------------------|---------------------|
| City of Senoia | General Fund |
| Town of Sharpsburg | General Fund |
| | |
| | |
| | |

Service: Indigent Defense

Discussion: Coweta County provides this service county wide for Magistrate, State, and Superior Courts. The Cities of Newnan, Grantville, Senoia, Sharpsburg, and Palmetto provide for municipal or recorder's court within their boundaries.

.....

We the undersigned, agree that the foregoing Service Delivery Agreement promotes the most efficient, effective and responsive manner for the delivery of the services described above and we see no apparent duplication of services nor issues for consolidation, this ___ day of _____, 2006.

| | |
|--|--|
| <p>Coweta County By: <u><i>DA Zabala</i></u> Title: <u>Coweta County Chairman</u> Attest: <u><i>Sandra R. Parker</i></u></p> | <p>City of Palmetto By: <u><i>[Signature]</i></u> Title: <u><i>[Signature]</i></u> Attest: <u><i>[Signature]</i></u></p> |
| <p>City of Grantville By: <u><i>Billy Lusk</i></u> Title: <u>Mayor</u> Attest: <u><i>Wynne Jenkins</i></u></p> | <p>City of Senoia By: <u><i>Robert K. Belair</i></u> Title: <u>Mayor</u> Attest: <u><i>Sandra R. Parker</i></u></p> |
| <p>Town of Haralson By: <u><i>John A. Bateman</i></u> Title: <u>Mayor</u> Attest: <u><i>Richard W. Ferry</i></u></p> | <p>Town of Sharpsburg By: <u><i>Mark Hall</i></u> Title: <u>Mayor</u> Attest: <u><i>Robin R. Spradlin</i></u></p> |
| <p>Town of Moreland By: <u><i>Jerry D. Smith</i></u> Title: <u>MAYOR</u> Attest: <u><i>Jama B. Payne</i></u></p> | <p>City of Turin By: <u><i>W. Alvin Smith</i></u> Title: <u>Mayor</u> Attest: <u><i>Sandra R. Parker</i></u></p> |
| <p>City of Newnan By: <u><i>Ken Br...</i></u> Title: <u>Mayor</u> Attest: <u><i>Eira Morgan</i></u></p> | |



**SERVICE DELIVERY STRATEGY
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE 2**

Instructions:

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

County: Coweta Service: Indigent Healthcare

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

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

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

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

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

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

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

Yes 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:

| | |
|----------------------------------|--|
| Coweta County Hospital Authority | Interest from sale of a county-owned hospital facility |
| | |
| | |
| | |

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

Hospital Service is privatized.

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:

| | | |
|----------------------|----------------------------------|----------------|
| Indigent Health Care | Co. Hosp. Auth. & Newnan Hosp. | 1984-perpetual |
| Indigent Health Care | Coweta Co. & Co. Hosp. Authority | 1982-forward |
| | | |
| | | |

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

None

7. Person completing form: Sandra Parker

Phone number: (770) 254-2635

Date completed: 3/29/06

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:

Theron Gay, County Administrator (770) 251-2601

Service: Indigent Health Care

Discussion: Coweta County provides this service to the entire county through the Coweta County Hospital Authority. Funding is through the interest that accrues on the investment of funds derived from the sale of the Coweta County Hospital.

We the undersigned, agree that the foregoing Service Delivery Agreement promotes the most efficient, effective and responsive manner for the delivery of the services described above and we see no apparent duplication of services nor issues for consolidation, this ___ day of _____, 2006.

| | |
|--|--|
| <p>Coweta County By: <u>[Signature]</u> Title: <u>Coweta County Chairman</u> Attest: <u>Sandra P. Parker</u></p> | <p>City of Palmetto By: <u>[Signature]</u> Title: <u>[Signature]</u> Attest: <u>[Signature]</u></p> |
| <p>City of Grantville By: <u>[Signature]</u> Title: <u>Mayor</u> Attest: <u>[Signature]</u></p> | <p>City of Senoia By: <u>Robert K. Belair</u> Title: <u>Mayor</u> Attest: <u>Sandra P. Parker</u></p> |
| <p>Town of Haralson By: <u>[Signature]</u> Title: <u>Mayor</u> Attest: <u>[Signature]</u></p> | <p>Town of Sharpsburg By: <u>[Signature]</u> Title: <u>Mayor</u> Attest: <u>[Signature]</u></p> |
| <p>Town of Moreland By: <u>Jerry Q. Smith</u> Title: <u>MAYOR</u> Attest: <u>James G. Haynes</u></p> | <p>City of Turin By: <u>Wallen Smith</u> Title: <u>Mayor</u> Attest: <u>Sandra P. Parker</u></p> |
| <p>City of Newnan By: <u>[Signature]</u> Title: <u>MAYOR</u> Attest: <u>Eira Morgan</u></p> | <p>Coweta Hospital Authority By: <u>[Signature]</u> Title: <u>CHAIRMAN</u> Attest: <u>Sandra P. Parker</u></p> |

From:
Lauri Anne
253-4314

GEORGIA
COWETA COUNTY

THIS AGREEMENT made and entered into this _____ day of _____, 1982, by and between COWETA COUNTY HOSPITAL AUTHORITY, hereinafter referred to as "Owner", and COWETA COUNTY, GEORGIA, hereinafter referred to as "County";

W I T N E S S E T H:

WHEREAS Owner has entered into an Agreement to Sell to General Hospitals of Humana, Inc., a Utah corporation and wholly-owned subsidiary of Humana, Inc., all tangible assets and properties of Owner of every kind and character (real, personal and mixed) wherever located, all of which pertain to the operation of Coweta General Hospital, except cash, annuities, and receivables; and

WHEREAS County is responsible for the provision of necessary medical care for its indigent residents and has by contract provided such care through Owner; and

WHEREAS County is obligated to pay and retire certain general obligation hospital bonds, the proceeds of which were used in the construction of Owner's hospital; and

WHEREAS Owner has or may have an obligation to repay the United States of America certain Hill-Burton grants received within twenty years of transfer; and

WHEREAS Owner recognizes County's on-going obligation to provide indigent medical care; and

WHEREAS County is the guarantor and payor of certain revenue bonds issued by Owner for the improvement of its hospital; and

WHEREAS Owner, under contract with County has been operating County's ambulance service for County; and

WHEREAS in order to effectuate said Agreement to Sell, Owner has undertaken to assume those obligations and to underwrite the cost thereof;

NOW, THEREFORE, in consideration of the premises, the acquiescence of County in the sale of assets derived from and through County, and the mutual benefits to be derived, it is understood and agreed, as follows:

1. Owner shall, out of the proceeds of sale, pay out and satisfy any "Hill-Burton" repayment which may be required by law.
2. Owner shall, out of the proceeds of sale, set apart a sufficient sum or sums of money as may be required when prudently invested to defease the outstanding general obligation Coweta County Hospital Bonds and all outstanding Hospital Authority of Coweta County Revenue Bonds.
3. Owner shall, out of the proceeds of sale, pay the expenses of sale.
4. Owner shall take the rest, residue and remainder of the proceeds of sale, and hold, invest and reinvest the same and use and apply the rents, issues and profits therefrom in the following manner and for the following purposes:
 - (a) To compensate and reimburse Humana or such other hospital as Owner shall contract with to provide medical care for the indigent residents of Coweta County on such terms and conditions as Owner and the providing hospital may from time to time agree.
 - (b) To hold and save Coweta County harmless from any debt, liability or obligation arising out of or in any way connected with the operation of its ambulance service under its contract with Owner, whether the ambulance service is operated by Owner or Owner's assignee, it being the obligation and duty of Owner to assume and pay for any net operating loss and all other obligations of Coweta County under said contract.
 - (c) To convert such portion of the income to corpus as may be required to insure that Owner's obligations hereunder are not adversely affected by inflation so

as to necessitate an encroachment into the corpus of Owner's assets.

(d) To use any portion of the surplus to promote the public health needs of the community with the approval of the County Commissioners.

(e) To use and pay over the balance of its annual income, if any, to Coweta County or use the same for any other public purpose upon the request of Coweta County.

This Agreement shall be for a term of one year and shall renew automatically from year to year unless terminated by the mutual agreement of the parties hereto.

IN WITNESS WHEREOF the parties hereto have hereunto set their hands and affixed their seals the day and year first above written.

COWETA COUNTY HOSPITAL AUTHORITY

By: _____
Chairman

Attest: _____
Secretary

COWETA COUNTY, GEORGIA

By: _____

Attest: _____

Signed and sealed in duplicate
in the presence of:

Notary Public, State of Georgia



SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE 2

Instructions:

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

County: Coweta Service: Jail

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

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

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

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

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

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

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
[] Yes [X] No

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

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

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

| <i>Local Government or Authority:</i> | <i>Funding Method:</i> |
|---------------------------------------|------------------------|
| Coweta County | General Fund |
| | |
| | |
| | |

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

No change

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

| <i>Agreement Name:</i> | <i>Contracting Parties:</i> | <i>Effective and Ending Dates:</i> |
|------------------------|-----------------------------|------------------------------------|
| None | | |
| | | |
| | | |
| | | |

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

None

7. Person completing form: Sandra Parker

Phone number: (770) 254-2635

Date completed: 3/29/06

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:

Theron Gay, County Administrator (770) 251-2601

Service: Jail

Discussion: Coweta County provides this service to the entire county.

.....
We the undersigned, agree that the foregoing Service Delivery Agreement promotes the most efficient, effective and responsive manner for the delivery of the services described above and we see no apparent duplication of services nor issues for consolidation, this __ day of ____, 2006.

| | |
|--|---|
| <p>Coweta County By: <u>[Signature]</u> Title: <u>Coweta County Chairman</u> Attest: <u>Sandra R. Parker</u></p> | <p>City of Palmetto By: <u>[Signature]</u> Title: <u>[Signature]</u> Attest: <u>[Signature]</u></p> |
| <p>City of Grantville By: <u>[Signature]</u> Title: <u>Mayor</u> Attest: <u>[Signature]</u></p> | <p>City of Senoia By: <u>[Signature]</u> Title: <u>Mayor</u> Attest: <u>Sandra R. Parker</u></p> |
| <p>Town of Haralson By: <u>[Signature]</u> Title: <u>Mayor</u> Attest: <u>[Signature]</u></p> | <p>Town of Sharpsburg By: <u>[Signature]</u> Title: <u>Mayor</u> Attest: <u>[Signature]</u></p> |
| <p>Town of Moreland By: <u>[Signature]</u> Title: <u>MAYOR</u> Attest: <u>[Signature]</u></p> | <p>City of Turin By: <u>[Signature]</u> Title: <u>Mayor</u> Attest: <u>Sandra R. Parker</u></p> |
| <p>City of Newnan By: <u>[Signature]</u> Title: <u>Mayor</u> Attest: <u>[Signature]</u></p> | |

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.).

| <i>Local Government or Authority:</i> | <i>Funding Method:</i> |
|---------------------------------------|------------------------|
| Coweta County | General Fund |
| | |
| | |
| | |

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

No change

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

| <i>Agreement Name:</i> | <i>Contracting Parties:</i> | <i>Effective and Ending Dates:</i> |
|------------------------|-----------------------------|------------------------------------|
| None | | |
| | | |
| | | |
| | | |

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

None

7. Person completing form: Sandra Parker
 Phone number: (770) 254-2635 Date completed: 3/29/06

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:
Theron Gay, County Administrator (770) 251-2601

Service: Juvenile Intake Services

Discussion: Coweta County provides this service to the entire county.

.....
We the undersigned, agree that the foregoing Service Delivery Agreement promotes the most efficient, effective and responsive manner for the delivery of the services described above and we see no apparent duplication of services nor issues for consolidation, this ___ day of _____, 2006.

Coweta County
By: [Signature]
Title: Coweta County Chairman
Attest: Sandra L. Parker

City of Palmetto
By: [Signature]
Title: [Signature]
Attest: [Signature]

City of Grantville
By: [Signature]
Title: Mayor
Attest: [Signature]

City of Senoia
By: Robert K. Belisle
Title: Mayor
Attest: Sandra L. Parker

Town of Haralson
By: Leola Bateman
Title: Mayor
Attest: Richard W. Ferry

Town of Sharpsburg
By: [Signature]
Title: Mayor
Attest: Robert L. Spradlin

Town of Moreland
By: Jerry A. Smith
Title: MAYOR
Attest: Jama A. Haynes

City of Turin
By: William Smith
Title: Mayor
Attest: Sandra L. Parker

City of Newnan
By: [Signature]
Title: Mayor
Attest: Erika Morgan



**SERVICE DELIVERY STRATEGY
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE 2**

Instructions:

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

County: Coweta

Service: Law Enforcement

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

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

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

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

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

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.): _____

Coweta County provides this service county wide, the cities of Newman, Grantville, Palmetto, Senola provide enhanced service within their boundaries.

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.).

| <i>Local Government or Authority:</i> | <i>Funding Method:</i> |
|---------------------------------------|---------------------------------|
| Coweta County | General Fund/SPLOST/Impact Fees |
| City of Newnan | General Fund/Impact fees |
| City of Grantville | General Fund/SPLOST |
| City of Palmetto | General Fund |
| City of Senoia | General Fund/SPLOST/Impact Fees |

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

Voters approved extension of SPLOST on March 21, 2006 which includes funding for projects that will improve service delivery. The County and Senoia collect impact fees for law enforcement.

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

| <i>Agreement Name:</i> | <i>Contracting Parties:</i> | <i>Effective and Ending Dates:</i> |
|------------------------|-----------------------------|------------------------------------|
| None | | |
| | | |
| | | |
| | | |

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

None

7. Person completing form: Sandra Parker
 Phone number: (770) 254-2635 Date completed: 3/29/06

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:
Theron Gay, County Administrator (770) 251-2601

Service: Law Enforcement

Discussion: Coweta County provides this service to the entire county through the Sheriff's Department. The Cities of Newnan, Grantville, Palmetto, and Senoia provide enhanced law enforcement services to their communities.

.....
We the undersigned, agree that the foregoing Service Delivery Agreement promotes the most efficient, effective and responsive manner for the delivery of the services described above and we see no apparent duplication of services nor issues for consolidation, this ___ day of _____, 2006.

| | |
|---|---|
| <p>Coweta County By: <u>[Signature]</u> Title: <u>Coweta County Chairman</u></p> <p>Attest: <u>Sandra R. Parker</u></p> | <p>City of Palmetto By: <u>[Signature]</u> Title: <u>[Signature]</u></p> <p>Attest: <u>[Signature]</u></p> |
| <p>City of Grantville By: <u>[Signature]</u> Title: <u>Mayor</u></p> <p>Attest: <u>Wayman Jenkins</u></p> | <p>City of Senoia By: <u>Robert K. Belisle</u> Title: <u>Mayor</u></p> <p>Attest: <u>Sandra R. Parker</u></p> |
| <p>Town of Haralson By: <u>John A. Bateman</u> Title: <u>Mayor</u></p> <p>Attest: <u>Richard W. Ferry</u></p> | <p>Town of Sharpsburg By: <u>[Signature]</u> Title: <u>Mayor</u></p> <p>Attest: <u>Robin L. Spradlin</u></p> |
| <p>Town of Moreland By: <u>Jerry D. Smith</u> Title: <u>MAYOR</u></p> <p>Attest: <u>Jamie A. Hayden</u></p> | <p>City of Turin By: <u>W. Allen Smith</u> Title: <u>Mayor</u></p> <p>Attest: <u>Sandra R. Parker</u></p> |
| <p>City of Newnan By: <u>[Signature]</u> Title: <u>Mayor</u></p> <p>Attest: <u>Erika Morgan</u></p> | |



**SERVICE DELIVERY STRATEGY
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE 2**

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County: Coweta

Service: Library

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

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

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

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

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

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.): _____

County provides the service county wide through an agreement with Newman, and funding relationships with Senoia and Grantville, Sharpsburg w/in municipal boundaries.

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.).

| <i>Local Government or Authority:</i> | <i>Funding Method:</i> |
|---------------------------------------|--|
| Coweta County | General Fund |
| City of Newnan | General Fund |
| City of Grantville | General Fund and County supplements/user fees |
| City of Senoia | General Fund and County supplements/SPLOST/Impact fees |
| Town of Sharpsburg | General Fund/Impact fees |

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

Added Sharpsburg and removed Turin.

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

| <i>Agreement Name:</i> | <i>Contracting Parties:</i> | <i>Effective and Ending Dates:</i> |
|--------------------------------|------------------------------|------------------------------------|
| See attached Library Agreement | Coweta County/City of Newnan | Effective 09/03/1985 |
| | | |
| | | |
| | | |

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

None

7. Person completing form: Sandra Parker
 Phone number: (770) 254-2635 Date completed: 3/29/06

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:

Theron Gay, County Administrator (770) 251-2601

Service: Library

Discussion: Coweta County and the City of Newnan jointly fund the library located in the City of Newnan as a service to all. The funding agreement is by contract, a copy of which is attached. Both entities provide this funding from the general fund. The Cities of Senoia and Grantville provide library service to their residents with municipal general funds and supplements from the county; Grantville also utilizes user fees. The Town of Sharpsburg provides library service to its residents with Impact fees and municipal general funds. Coweta County provides library facilities in other unincorporated locations throughout the county that are available to all residents.

.....

We the undersigned, agree that the foregoing Service Delivery Agreement promotes the most efficient, effective and responsive manner for the delivery of the services described above and we see no apparent duplication of services nor issues for consolidation, this ___ day of _____, 2006.

| | |
|--|---|
| <p>Coweta County By: <u>[Signature]</u> Title: <u>Coweta County Chairman</u> Attest: <u>Sandra R. Parker</u></p> | <p>City of Palmetto By: <u>[Signature]</u> Title: <u>[Signature]</u> Attest: <u>[Signature]</u></p> |
| <p>City of Grantville By: <u>[Signature]</u> Title: <u>Mayor</u> Attest: <u>Waymon Jenkins</u></p> | <p>City of Senoia By: <u>[Signature]</u> Title: <u>Mayor</u> Attest: <u>Sandra R. Parker</u></p> |
| <p>Town of Haralson By: <u>[Signature]</u> Title: <u>Mayor</u> Attest: <u>Richard W. Ferry</u></p> | <p>Town of Sharpsburg By: <u>[Signature]</u> Title: <u>Mayor</u> Attest: <u>Robin L. Spradlin</u></p> |
| <p>Town of Moreland By: <u>[Signature]</u> Title: <u>MAYOR</u> Attest: <u>Jama B. Harper</u></p> | <p>City of Turin By: <u>[Signature]</u> Title: <u>Mayor</u> Attest: <u>Sandra R. Parker</u></p> |
| <p>City of Newnan By: <u>[Signature]</u> Title: <u>MAYOR</u> Attest: <u>Erika Morgan</u></p> | |

LIBRARY AGREEMENT

This Library Agreement is made and entered into this 7th day of September, 1985, by and between COWETA COUNTY, GEORGIA, (hereinafter referred to as "County") and THE CITY OF NEWNAN, GEORGIA, (hereinafter referred to as "City");

WITNESSETH THAT:

WHEREAS, County and City desire to jointly construct a new library building; and

WHEREAS, County and City wish to enter into a written agreement specifying the rights and duties of each of the parties;

NOW, THEREFORE, for and in consideration of the sum of Ten and no/100ths Dollars (\$10.00), the mutual promises contained herein and other good and valuable considerations, the receipt and sufficiency of which are hereby acknowledged, the parties hereto agree as follows:

1.

The costs of constructing the library building contemplated by this agreement shall be shared equally by City and County.

2.

A new library board shall be appointed to oversee the operation of the new library. That board shall be comprised of ten members with five of those members to be appointed by the County and five to be appointed by the City.

3.

The costs of maintaining and operating the new library shall be shared equally by the parties.

4.

New books shall be provided for the new library on a yearly basis as agreed upon by the City and the County.

5.

Any grants, gifts or other funds received by the City or the County for construction, maintenance or operation of the new library shall be credited equally to each party for the purpose of reducing its obligation under this agreement.

IN WITNESS WHEREOF, the parties hereto have signed and sealed this agreement on the date and year first written above.

COWETA COUNTY, GEORGIA

CITY OF NEWNAN, GEORGIA

By: W. Don Jackson
Chairman
Board of Commissioners

By: [Signature]
Mayor

Attest: [Signature]
Clerk

Attest: [Signature]
Clerk

(SEAL)

(SEAL)

44/



**SERVICE DELIVERY STRATEGY
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE 2**

Instructions:

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County: Coweta Service: Mapping

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

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

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

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

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

Coweta County, Grantville, Palmetto, Newman, Moreland, Sharpsburg, Turin

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.).

| <i>Local Government or Authority:</i> | <i>Funding Method:</i> |
|---------------------------------------|------------------------|
| Coweta County | Fees for service |
| City of Newnan | Fees for service |
| City of Palmetto | General Fund |
| Town of Moreland | General Fund |
| continued | |

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

No change

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

| <i>Agreement Name:</i> | <i>Contracting Parties:</i> | <i>Effective and Ending Dates:</i> |
|--------------------------------|--|------------------------------------|
| Mapping Services for Utilities | Chattahoochee-Flint RDC and Turin | 2005-2007 |
| Mapping Services | Chattahoochee-Flint RDC and Grantville | Annual renewal |
| | | |
| | | |

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

None

7. Person completing form: Sandra Parker
 Phone number: (770) 254-2635 Date completed: 3/29/06

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:

Theron Gay, County Administrator (770) 251-2601

Item 3 continued: Mapping

| | |
|--------------------|--------------|
| Town of Turin | General Fund |
| Town of Sharpsburg | General Fund |
| City of Grantville | General Fund |
| | |
| | |

Service: Mapping

Discussion: Coweta County provides this service to the public through fees for service. The City of Newnan provides this service to their citizens through fees for service. The City of Palmetto and provides this service to their citizens through the general fund. The City of Grantville and the Towns of Moreland, Sharpsburg, and Turin provide this service through a contract with Chattahoochee-Flint RDC.

.....

We the undersigned, agree that the foregoing Service Delivery Agreement promotes the most efficient, effective and responsive manner for the delivery of the services described above and we see no apparent duplication of services nor issues for consolidation, this ___ day of _____, 2006.

| | |
|--|---|
| <p>Coweta County By: <u>[Signature]</u> Title: <u>Coweta County Chairman</u> Attest: <u>Sandra R. Parker</u></p> | <p>City of Palmetto By: <u>[Signature]</u> Title: <u>[Signature]</u> Attest: <u>[Signature]</u></p> |
| <p>City of Grantville By: <u>[Signature]</u> Title: <u>Mayor</u> Attest: <u>[Signature]</u></p> | <p>City of Senoia By: <u>[Signature]</u> Title: <u>Mayor</u> Attest: <u>Sandra R. Parker</u></p> |
| <p>Town of Haralson By: <u>[Signature]</u> Title: <u>Mayor</u> Attest: <u>[Signature]</u></p> | <p>Town of Sharpsburg By: <u>[Signature]</u> Title: <u>Mayor</u> Attest: <u>[Signature]</u></p> |
| <p>Town of Moreland By: <u>[Signature]</u> Title: <u>MAYOR</u> Attest: <u>[Signature]</u></p> | <p>City of Turin By: <u>[Signature]</u> Title: <u>Mayor</u> Attest: <u>Sandra R. Parker</u></p> |
| <p>City of Newnan By: <u>[Signature]</u> Title: <u>MAYOR</u> Attest: <u>[Signature]</u></p> | |



SERVICE DELIVERY STRATEGY
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE 2

Instructions:

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

County: Coweta **Service:** Parks & Recreation Facilities

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

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

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

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

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

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.): _____

Coweta County, Newnan, Grantville, Senoia, Sharpsburg

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.).

| <i>Local Government or Authority:</i> | <i>Funding Method:</i> |
|---------------------------------------|---|
| Coweta County | General Fund & user fees/SPLOST/Impact fees |
| City of Newnan | General Fund/SPLOST/Impact fees |
| City of Grantville | General Fund/SPLOST |
| City of Senoia | General Fund/SPLOST/Impact fees |
| Town of Sharpsburg | General Fund/SPLOST/Impact fees |

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

SPLOST will be used to provide new facilities as well as expansion and improvement to several existing facilities throughout the county, and in Newnan, Grantville, Senoia, and Sharpsburg. Impact fees have been approved to address facilities needed to serve new growth in unincorporated Coweta County.

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

| <i>Agreement Name:</i> | <i>Contracting Parties:</i> | <i>Effective and Ending Dates:</i> |
|---|-----------------------------|------------------------------------|
| Recreation Facility and Program Agreement | Newnan and Coweta County | 1/1/04 annual renewal |
| | | |
| | | |
| | | |

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

None

7. Person completing form: Sandra Parker
 Phone number: (770) 254-2635 Date completed: 3/29/06

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:
Theron Gay, County Administrator (770) 251-2601

Service: Parks and Recreation Facilities

Discussion: Coweta County provides recreational facilities that are available to all county residents; and the Cities of Newnan, Grantville, Senoia, and Sharpsburg provide, maintain and operate recreational facilities within their corporate boundaries.

We the undersigned, agree that the foregoing Service Delivery Agreement promotes the most efficient, effective and responsive manner for the delivery of the services described above and we see no apparent duplication of services nor issues for consolidation, this ___ day of _____, 2006.

Coweta County
By: RA Zullo
Title: Coweta County Chairman
Attest: Sandra R. Parker

City of Palmetto
By: [Signature]
Title: [Signature]
Attest: [Signature]

City of Grantville
By: Billy Luck
Title: Mayor
Attest: Wynona Jenkins

City of Senoia
By: Robert K. Belisle
Title: Mayor
Attest: Sandra R. Parker

Town of Haralson
By: Leola A. Bateman
Title: Mayor
Attest: Richard W. Ferry

Town of Sharpsburg
By: W. H. Steley
Title: Mayor
Attest: Robin L. Spradlin

Town of Moreland
By: Jerrill Smith
Title: MAYOR
Attest: Jana D. Haynes

City of Turin
By: Malcolm Smith
Title: Mayor
Attest: Sandra R. Parker

City of Newnan
By: K. B. [Signature]
Title: MAYOR
Attest: Erika Morgan



**SERVICE DELIVERY STRATEGY
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE 2**

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County: Coweta **Service:** Parks & Recreation Programs

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

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

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

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

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

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.**):
Coweta County, and City of Grantville

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.).

| <i>Local Government or Authority:</i> | <i>Funding Method:</i> |
|---------------------------------------|--------------------------|
| Coweta County | General Fund & user fees |
| Grantville | Trust Fund |
| | |
| | |

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

No change.

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

| <i>Agreement Name:</i> | <i>Contracting Parties:</i> | <i>Effective and Ending Dates:</i> |
|---|-----------------------------|------------------------------------|
| Recreation Facility and Program Agreement | Newnan and Coweta County | 1/1/04 annual renewal |
| Recreation Facility and Program Agreement | Senoia and Coweta County | |
| | | |
| | | |

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

None

7. Person completing form: Sandra Parker
 Phone number: (770) 254-2635 Date completed: 3/29/06

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:
Theron Gay, County Administrator (770) 251-2601

Service: Parks and Recreation Programs

Discussion: Coweta County provides this service to the unincorporated county, in county owned facilities, and by contract to municipalities. The City of Grantville provides a program in facilities they own.

.....

We the undersigned, agree that the foregoing Service Delivery Agreement promotes the most efficient, effective and responsive manner for the delivery of the services described above and we see no apparent duplication of services nor issues for consolidation, this __ day of _____, 2006.

Coweta County
By: [Signature]
Title: Coweta County Chairman
Attest: Sandra R. Parker

~~City of Palmetto
By: [Signature]
Title: [Signature]
Attest: [Signature]~~

City of Grantville
By: [Signature]
Title: Mayor
Attest: [Signature]

City of Senoia
By: [Signature]
Title: Mayor
Attest: Sandra R. Parker

Town of Haralson
By: [Signature]
Title: Mayor
Attest: [Signature]

Town of Sharpsburg
By: [Signature]
Title: Mayor
Attest: [Signature]

Town of Moreland
By: [Signature]
Title: MAYOR
Attest: [Signature]

City of Turin
By: [Signature]
Title: Mayor
Attest: Sandra R. Parker

City of Newnan
By: [Signature]
Title: Mayor
Attest: [Signature]



**SERVICE DELIVERY STRATEGY
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE 2**

Instructions:

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

County: Coweta

Service: Planning & Zoning

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

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

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

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

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

County, Haralson, Newman, Palmetto, Grantville, Senoia, Turin, Sharpsburg, Moreland, Grantville

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.).

| <i>Local Government or Authority:</i> | <i>Funding Method:</i> |
|---------------------------------------|-----------------------------------|
| Coweta County | General Fund and fees for service |
| City of Newnan | General Fund and fees for service |
| City of Palmetto | General Fund and fees for service |
| City of Grantville | General Fund and fees for service |
| continued | |

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

No change

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

| <i>Agreement Name:</i> | <i>Contracting Parties:</i> | <i>Effective and Ending Dates:</i> |
|------------------------|-----------------------------|------------------------------------|
| None | | |
| | | |
| | | |
| | | |

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

None

7. Person completing form: Sandra Parker
 Phone number: (770) 254-2635 Date completed: 3/29/06

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:
Theron Gay, County Administrator (770) 251-2601

Item 3 continued: Planning and Zoning

| | |
|--------------------|----------------------------|
| City of Senoia | General Fund and user fees |
| Town of Turin | General Fund and user fees |
| Town of Sharpsburg | General Fund and user fees |
| Town of Moreland | General Fund and user fees |
| City of Grantville | General Fund and user fees |
| Town of Haralson | General Fund and user fees |

Service: Planning and Zoning

Discussion: Each government entity provides planning and zoning services within its boundaries. The County pays for that service through fees charged for services; therefore, there is not a double taxation issue regarding this, nor is there a duplication of service.

We the undersigned, agree that the foregoing Service Delivery Agreement promotes the most efficient, effective and responsive manner for the delivery of the services described above and we see no apparent duplication of services nor issues for consolidation, this ___ day of _____, 2006.

Coweta County
By: [Signature]
Title: Coweta County Chairman

Attest: Sandra R. Parker

City of Grantville
By: [Signature]
Title: Mayor

Attest: [Signature]

Town of Haralson
By: [Signature]
Title: Mayor

Attest: [Signature]

Town of Moreland
By: [Signature]
Title: MAYOR

Attest: [Signature]

City of Newnan
By: [Signature]
Title: MAYOR

Attest: [Signature]

City of Palmetto
By: [Signature]
Title: [Signature]

Attest: [Signature]

City of Senoia
By: [Signature]
Title: Mayor

Attest: Sandra R. Parker

Town of Sharpsburg
By: [Signature]
Title: Mayor

Attest: [Signature]

City of Turn
By: [Signature]
Title: Mayor

Attest: Sandra R. Parker



**SERVICE DELIVERY STRATEGY
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE 2**

Instructions:

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County: Coweta

Service: Probation Supervision, Magistrate, State & Superior Court

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

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

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

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

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

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

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

Yes 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.).

| <i>Local Government or Authority:</i> | <i>Funding Method:</i> |
|---------------------------------------|---------------------------|
| Coweta County | Fees paid by probationers |
| | |
| | |
| | |

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

No change

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

| <i>Agreement Name:</i> | <i>Contracting Parties:</i> | <i>Effective and Ending Dates:</i> |
|------------------------|-----------------------------|------------------------------------|
| None | | |
| | | |
| | | |
| | | |

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

None

7. Person completing form: Sandra Parker
 Phone number: (770) 254-2635 Date completed: 3/29/06

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:
Theron Gay, County Administrator (770) 251-2601

Service: Probation Supervision Magistrate, State & Superior Court
Discussion: Coweta County provides this service county wide and the service is paid for by fees paid by probationers.

.....

We the undersigned, agree that the foregoing Service Delivery Agreement promotes the most efficient, effective and responsive manner for the delivery of the services described above and we see no apparent duplication of services nor issues for consolidation, this ___ day of _____, 2006.

| | |
|--|---|
| <p>Coweta County By: <u>[Signature]</u> Title: <u>Coweta County Chairman</u> Attest: <u>Sandra R. Parker</u></p> | <p>City of Rammetto By: <u>[Signature]</u> Title: <u>[Signature]</u> Attest: <u>[Signature]</u></p> |
| <p>City of Grantville By: <u>[Signature]</u> Title: <u>Mayor</u> Attest: <u>[Signature]</u></p> | <p>City of Schuie By: <u>[Signature]</u> Title: <u>Mayor</u> Attest: <u>Sandra R. Parker</u></p> |
| <p>Town of Haralson By: <u>[Signature]</u> Title: <u>Mayor</u> Attest: <u>[Signature]</u></p> | <p>Town of Sharpsburg By: <u>[Signature]</u> Title: <u>Mayor</u> Attest: <u>[Signature]</u></p> |
| <p>Town of Moreland By: <u>[Signature]</u> Title: <u>MAYOR</u> Attest: <u>[Signature]</u></p> | <p>City of Turin By: <u>[Signature]</u> Title: <u>Mayor</u> Attest: <u>Sandra R. Parker</u></p> |
| <p>City of Newnan By: <u>[Signature]</u> Title: <u>Mayor</u> Attest: <u>[Signature]</u></p> | |



**SERVICE DELIVERY STRATEGY
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS** **PAGE 2**

Instructions:

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

County: Coweta **Service:** Probation Supervision, Municipal Court

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

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

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

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

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

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

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

Yes 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.).

| <i>Local Government or Authority:</i> | <i>Funding Method:</i> |
|---------------------------------------|---------------------------|
| City of Newnan | Fees paid by probationers |
| City of Grantville | Fees paid by probationers |
| City of Palmetto | Fees paid by probationers |
| City of Senoia | Fees paid by probationers |
| | |

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

No change

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

| <i>Agreement Name:</i> | <i>Contracting Parties:</i> | <i>Effective and Ending Dates:</i> |
|------------------------|-----------------------------|------------------------------------|
| None | | |
| | | |
| | | |
| | | |

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

None

7. Person completing form: Sandra Parker
 Phone number: (770) 254-2635 Date completed: 3/29/06

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:
Theron Gay, County Administrator (770) 251-2601

Service: Probation Supervision, Municipal Court
Discussion: The Cities of Newnan, Palmetto, Grantville, and Senoia provide this service to their entities and the service is paid for by fees paid by probationers.

We the undersigned, agree that the foregoing Service Delivery Agreement promotes the most efficient, effective and responsive manner for the delivery of the services described above and we see no apparent duplication of services nor issues for consolidation this ___ day of ____, 2006.

| | |
|--|---|
| <p>Coweta County By: <u>[Signature]</u> Title: <u>Coweta County Chairman</u> Attest: <u>Sandra L. Parker</u></p> | <p>City of Palmetto By: <u>[Signature]</u> Title: <u>[Signature]</u> Attest: <u>[Signature]</u></p> |
| <p>City of Grantville By: <u>[Signature]</u> Title: <u>Mayor</u> Attest: <u>[Signature]</u></p> | <p>City of Senoia By: <u>[Signature]</u> Title: <u>Mayor</u> Attest: <u>Sandra L. Parker</u></p> |
| <p>Town of Haralson By: <u>[Signature]</u> Title: <u>Mayor</u> Attest: <u>[Signature]</u></p> | <p>Town of Sharpsburg By: <u>[Signature]</u> Title: <u>Mayor</u> Attest: <u>[Signature]</u></p> |
| <p>Town of Moreland By: <u>[Signature]</u> Title: <u>MAYOR</u> Attest: <u>[Signature]</u></p> | <p>City of Turin By: <u>[Signature]</u> Title: <u>Mayor</u> Attest: <u>Sandra L. Parker</u></p> |
| <p>City of Newnan By: <u>[Signature]</u> Title: <u>Mayor</u> Attest: <u>Erika Morgan</u></p> | |

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.).

| <i>Local Government or Authority:</i> | <i>Funding Method:</i> |
|---------------------------------------|------------------------|
| Coweta County | General Fund |
| | |
| | |
| | |

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

No change

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

| <i>Agreement Name:</i> | <i>Contracting Parties:</i> | <i>Effective and Ending Dates:</i> |
|------------------------|-----------------------------|------------------------------------|
| None | | |
| | | |
| | | |
| | | |

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

None

7. Person completing form: Sandra Parker
 Phone number: (770) 254-2635 Date completed: 3/29/06

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:
Theron Gay, County Administrator (770) 251-2601

Service: Public Health Services

Discussion: Coweta County provides this service county wide.

We the undersigned, agree that the foregoing Service Delivery Agreement promotes the most efficient, effective and responsive manner for the delivery of the services described above and we see no apparent duplication of services nor issues for consolidation, this ___ day of _____, 2006.

| | |
|--|---|
| <p>Coweta County By: <u>W. A. Tubitt</u> Title: <u>Coweta County Chairman</u></p> <p>Attest: <u>Sandra P. Parker</u></p> | <p>City of Palmetto By: <u>[Signature]</u> Title: <u>[Signature]</u></p> <p>Attest: <u>[Signature]</u></p> |
| <p>City of Grantville By: <u>Billy Luch</u> Title: <u>Mayor</u></p> <p>Attest: <u>Wynona Durkin</u></p> | <p>City of Senoia By: <u>Robert K. Belisle</u> Title: <u>Mayor</u></p> <p>Attest: <u>Sandra P. Parker</u></p> |
| <p>Town of Haralson By: <u>Leola Bateman</u> Title: <u>Mayor</u></p> <p>Attest: <u>Richard W. Ferry</u></p> | <p>Town of Sharpsburg By: <u>[Signature]</u> Title: <u>Mayor</u></p> <p>Attest: <u>Robin L. Spradlin</u></p> |
| <p>Town of Moreland By: <u>Ferry D. Smith</u> Title: <u>MAYOR</u></p> <p>Attest: <u>Jamie A. Haynes</u></p> | <p>City of Turin By: <u>W. Allen Smith</u> Title: <u>Mayor</u></p> <p>Attest: <u>Sandra P. Parker</u></p> |
| <p>City of Newnan By: <u>[Signature]</u> Title: <u>Mayor</u></p> <p>Attest: <u>Erika Morgan</u></p> | |



**SERVICE DELIVERY STRATEGY
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE 2**

Instructions:

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

County: Coweta **Service:** Public Works

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

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

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

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

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

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.**):

Coweta County, Newnan, Grantville, Palmetto, Senoia, Sharpsburg, Turin

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.).

| <i>Local Government or Authority:</i> | <i>Funding Method:</i> |
|---------------------------------------|---------------------------------|
| Coweta County | General Fund |
| City of Newnan | General Fund/SPLOST/Impact fees |
| City of Grantville | General Fund |
| City of Palmetto | General Fund |
| continued back of page | |

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

No change

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

| <i>Agreement Name:</i> | <i>Contracting Parties:</i> | <i>Effective and Ending Dates:</i> |
|------------------------|-----------------------------|------------------------------------|
| None | | |
| | | |
| | | |
| | | |

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

None

7. Person completing form: Sandra Parker
 Phone number: (770) 254-2635 Date completed: 3/29/06

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:
Theron Gay, County Administrator (770) 251-2601

Item 3 continued: Public Works

| | |
|--------------------|--------------|
| City of Senoia | General Fund |
| Town of Turin | General Fund |
| Town of Sharpsburg | General Fund |
| | |
| | |

Service: Public Works

Discussion: Coweta County provides this service within the unincorporated county, and assistance to municipalities on a case by case basis. The Cities of Newnan, Grantville, Palmetto, Senoia, and the Towns of Sharpsburg, and Turin provide this service within their respective boundaries.

.....

We the undersigned, agree that the foregoing Service Delivery Agreement promotes the most efficient, effective and responsive manner for the delivery of the services described above and we see no apparent duplication of services nor issues for consolidation, this __ day of _____, 2006.

| | |
|--|---|
| <p>Coweta County By: <u>[Signature]</u> Title: <u>Coweta County Chairman</u> Attest: <u>Sandra R. Parker</u></p> | <p>City of Palmetto By: <u>[Signature]</u> Title: <u>[Signature]</u> Attest: <u>[Signature]</u></p> |
| <p>City of Grantville By: <u>[Signature]</u> Title: <u>Mayor</u> Attest: <u>[Signature]</u></p> | <p>City of Senoia By: <u>[Signature]</u> Title: <u>Mayor</u> Attest: <u>Sandra R. Parker</u></p> |
| <p>Town of Haralson By: <u>[Signature]</u> Title: <u>Mayor</u> Attest: <u>Richard W. Ferris</u></p> | <p>Town of Sharpsburg By: <u>[Signature]</u> Title: <u>Mayor</u> Attest: <u>[Signature]</u></p> |
| <p>Town of Moreland By: <u>[Signature]</u> Title: <u>Mayor</u> Attest: <u>[Signature]</u></p> | <p>City of Turin By: <u>[Signature]</u> Title: <u>Mayor</u> Attest: <u>Sandra R. Parker</u></p> |
| <p>City of Newnan By: <u>[Signature]</u> Title: <u>Mayor</u> Attest: <u>Erika Morgan</u></p> | |



SERVICE DELIVERY STRATEGY
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE 2

Instructions:

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County: Coweta Service: Road and Street Construction

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

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

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

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

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

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.):

Coweta + assistance by request , Newnan, Grantville, Palmetto, Senoia, Sharpsburg, Moreland, Harrison, Turin provide service within their boundaries.

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.).

| <i>Local Government or Authority:</i> | <i>Funding Method:</i> |
|---------------------------------------|---|
| Coweta County | General Fund/SPLOST/State Contracts/Impact Fees |
| City of Newnan | General Fund/SPLOST/State Contracts/Impact Fees |
| City of Grantville | General Fund/SPLOST/State Contracts |
| City of Palmetto | General Fund/State Contracts |
| continued | |

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

SPLOST has been added as a funding method for Sharpsburg, Haralson, and Moreland. Impact Fees are a funding method for Newnan and Coweta County.

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

| <i>Agreement Name:</i> | <i>Contracting Parties:</i> | <i>Effective and Ending Dates:</i> |
|------------------------|-----------------------------|------------------------------------|
| None | | |
| | | |
| | | |
| | | |

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

None

7. Person completing form: Sandra Parker
 Phone number: (770) 254-2635 Date completed: 3/29/06

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:
Theron Gay, County Administrator (770) 251-2601

Item 3 continued: Road and Street Construction

| | |
|---------------------------|--|
| City of Senoia | General Fund/SPLOST/State Contracts |
| Town of Turin | General Fund/SPLOST/State Contracts |
| Town of Haralson | General Fund/SPLOST/State Contracts |
| Town of Moreland | General Fund/SPLOST/State Contracts |
| Town of Sharpsburg | General Fund/SPLOST/State Contracts |

Service: Road and Street Construction

Discussion: Coweta County provides this service within the unincorporated county, and assistance to municipalities on a case by case basis. The Cities of Newnan, Grantville, Palmetto, Senoia, and the Towns of Sharpsburg, and Turin provide this service within their respective boundaries

We the undersigned, agree that the foregoing Service Delivery Agreement promotes the most efficient, effective and responsive manner for the delivery of the services described above and we see no apparent duplication of services nor issues for consolidation, this ___ day of _____, 2006.

| | |
|--|---|
| <p>Coweta County By: <u>[Signature]</u> Title: <u>Coweta County Chairman</u> Attest: <u>Sandra R. Parker</u></p> | <p>City of Palmetto By: <u>[Signature]</u> Title: <u>[Signature]</u> Attest: <u>[Signature]</u></p> |
| <p>City of Grantville By: <u>[Signature]</u> Title: <u>Mayor</u> Attest: <u>[Signature]</u></p> | <p>City of Senoia By: <u>[Signature]</u> Title: <u>Mayor</u> Attest: <u>Sandra R. Parker</u></p> |
| <p>Town of Harrison By: <u>[Signature]</u> Title: <u>Mayor</u> Attest: <u>[Signature]</u></p> | <p>Town of Sharpsburg By: <u>[Signature]</u> Title: <u>Mayor</u> Attest: <u>[Signature]</u></p> |
| <p>Town of Moreland By: <u>[Signature]</u> Title: <u>MAYOR</u> Attest: <u>[Signature]</u></p> | <p>City of Turin By: <u>[Signature]</u> Title: <u>Mayor</u> Attest: <u>Sandra R. Parker</u></p> |
| <p>City of Newnan By: <u>[Signature]</u> Title: <u>Mayor</u> Attest: <u>[Signature]</u></p> | |

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.).

| <i>Local Government or Authority:</i> | <i>Funding Method:</i> |
|---------------------------------------|-------------------------------------|
| Coweta County | General Fund/SPLOST/State Contracts |
| City of Newnan | General Fund/SPLOST/State Contracts |
| City of Grantville | General Fund/SPLOST/State Contracts |
| City of Palmetto | General Fund/State Contracts |
| continued | |

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

SPLOST has been added as a funding method for Haralson, and Moreland.

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

| <i>Agreement Name:</i> | <i>Contracting Parties:</i> | <i>Effective and Ending Dates:</i> |
|------------------------|-----------------------------|------------------------------------|
| None | | |
| | | |
| | | |
| | | |

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

None

7. Person completing form: Sandra Parker
 Phone number: (770) 254-2635 Date completed: 3/29/06

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:
Theron Gay, County Administrator (770) 251-2601

Item 3 continued: Road and Street Maintenance

| | |
|---------------------------|--|
| City of Senoia | General Fund/SPLOST/State Contracts |
| Town of Turin | General Fund/SPLOST/State Contracts |
| Town of Haralson | General Fund/SPLOST/State Contracts |
| Town of Moreland | General Fund/SPLOST/State Contracts |
| Town of Sharpsburg | General Fund/SPLOST/State Contracts |

Service: Road and Street Maintenance

Discussion: Coweta County provides this service within the unincorporated county, and assistance to municipalities on a case by case basis. The Cities of Newnan, Grantville, Palmetto, Senoia, and the Towns of Sharpsburg, and Turin provide this service within their respective boundaries.

We the undersigned, agree that the foregoing Service Delivery Agreement promotes the most efficient, effective and responsive manner for the delivery of the services described above and we see no apparent duplication of services nor issues for consolidation, this __ day of ____, 2006.

Coweta County
By: [Signature]
Title: Coweta County Chairman
Attest: Sandra R. Parker

City of Palmetto
By: [Signature]
Title: [Signature]
Attest: [Signature]

City of Grantville
By: [Signature]
Title: Mayor
Attest: [Signature]

City of Senoia
By: [Signature]
Title: Mayor
Attest: Sandra R. Parker

Town of Haralson
By: [Signature]
Title: Mayor
Attest: [Signature]

Town of Sharpsburg
By: [Signature]
Title: Mayor
Attest: [Signature]

Town of Moreland
By: [Signature]
Title: MAYOR
Attest: [Signature]

City of Turin
By: [Signature]
Title: Mayor
Attest: Sandra R. Parker

City of Newnan
By: [Signature]
Title: Mayor
Attest: [Signature]



**SERVICE DELIVERY STRATEGY
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE 2**

Instructions:

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

County: Coweta

Service: Sewage Collection and Disposal

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

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

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

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

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

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

Coweta County, Newnan Utilities, Grantville, Senoia, Palmetto, Turin, and Sharpsburg (except as provided by law)

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.).

| <i>Local Government or Authority:</i> | <i>Funding Method:</i> |
|---------------------------------------|--|
| Coweta County | General Fund/Fees for service |
| Newnan Utilities | General Fund/SPLOST/Fees for service/Impact fees |
| City of Grantville | Enterprise Fund/SPLOST |
| City of Palmetto | General Fund/Fees for service |
| continued | |

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

No change.

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

| <i>Agreement Name:</i> | <i>Contracting Parties:</i> | <i>Effective and Ending Dates:</i> |
|--|----------------------------------|------------------------------------|
| Intergovernmental Contract for Wastewater Handling&Treatment | Coweta County & Newnan Utilities | July 1, 2006 to July 1, 2056 |
| | | |
| | | |
| | | |

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

None

7. Person completing form: Sandra Parker
 Phone number: (770) 254-2635 Date completed: 3/29/06

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:
Theron Gay, County Administrator (770) 251-2601

Item 3 continued: Sewage Collection and Disposal

| | |
|--------------------|----------------------------------|
| City of Senoia | Enterprise Fund/Fees for service |
| Town of Sharpsburg | Enterprise Fund/Fees for service |
| Town of Turin | General Fund/Fees for service |
| | |
| | |

Service: Sewage Collection & Disposal

Discussion: Coweta County provides limited service to the unincorporated county. The Cities of Grantville, Palmetto, Senoia, and the Towns of Sharpsburg and Turin provide this service within their boundaries. Newnan Utilities provides this service to the City of Newnan and in unincorporated areas with council approval, including residential users with easements of record located outside the Newnan limits. Ownership of decentralized systems privately developed to service residential and commercial users in the unincorporated county will be transferred by negotiated agreements to Coweta County or a public service provider.

We the undersigned, agree that the foregoing Service Delivery Agreement promotes the most efficient, effective and responsive manner for the delivery of the services described above and we see no apparent duplication of services nor issues for consolidation, this ___ day of _____, 2006.

| | |
|--|---|
| <p>Coweta County By: <u>[Signature]</u> Title: <u>Coweta County Chairman</u> Attest: <u>Sandra R. Parker</u></p> | <p>City of Palmetto By: <u>[Signature]</u> Title: <u>[Signature]</u> Attest: <u>[Signature]</u></p> |
| <p>City of Grantville By: <u>[Signature]</u> Title: <u>[Signature]</u> Attest: <u>[Signature]</u></p> | <p>City of Senoia By: <u>[Signature]</u> Title: <u>Mayor</u> Attest: <u>Sandra R. Parker</u></p> |
| <p>Town of Haralson By: <u>[Signature]</u> Title: <u>Mayor</u> Attest: <u>[Signature]</u></p> | <p>Town of Sharpsburg By: <u>[Signature]</u> Title: <u>Mayor</u> Attest: <u>[Signature]</u></p> |
| <p>Town of Moreland By: <u>[Signature]</u> Title: <u>MAYOR</u> Attest: <u>[Signature]</u></p> | <p>City of Turin By: <u>[Signature]</u> Title: <u>Mayor</u> Attest: <u>Sandra R. Parker</u></p> |
| <p>City of Newnan By: <u>[Signature]</u> Title: <u>Mayor</u> Attest: <u>[Signature]</u></p> | |

Conversation with Sandra Parker, Coweta Co. Planner, on 11/23/06: Moreland and Haralson don't provide sewage collection & disposal service. The county provides this service only to its one industrial park. Newnan Utilities provides sewage collection and disposal service to a few small areas adjacent to Newnan outside the city limits. S. Dorfman, DCA

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.).

| <i>Local Government or Authority:</i> | <i>Funding Method:</i> |
|---------------------------------------|------------------------|
| Coweta County | Enterprise Fund |
| City of Newnan | General Fund |
| City of Grantville | General Fund/User fees |
| Town of Turin | General Fund |
| City of Palmetto | Enterprise Fund |

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

Added Sharpsburg.

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

| <i>Agreement Name:</i> | <i>Contracting Parties:</i> | <i>Effective and Ending Dates:</i> |
|------------------------|-----------------------------|------------------------------------|
| None | | |
| | | |
| | | |
| | | |

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

None

7. Person completing form: Sandra Parker
 Phone number: (770) 254-2635 Date completed: 3/29/06

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:
Theron Gay, County Administrator (770) 251-2601

Item 3 continued: Solid Waste Management

| | |
|--------------------|----------------------------------|
| City of Senoia | Enterprise Fund/Fees for service |
| Town of Sharpsburg | General Fund |
| Town of Turin | General Fund/Fees for service |
| | |
| | |

Service: Solid Waste Management

Discussion: Coweta County has established compactor sites throughout the county that all citizens may use by disposing of solid waste in county garbage bags that can be purchased for an established price dispensed at county office and commercial locations. Newnan contracts with private operators to provide door to door residential pick up service; Grantville, Sharpsburg, Turin, and Palmetto contract with private operators to provide door to door pickup for their citizens.

.....

We the undersigned, agree that the foregoing Service Delivery Agreement promotes the most efficient, effective and responsive manner for the delivery of the services described above and we see no apparent duplication of services nor issues for consolidation, this ___ day of _____, 2006.

Coweta County
By: [Signature]
Title: Coweta County Chairman
Attest: Sandra R. Parker

City of Grantville
By: [Signature]
Title: Mayor
Attest: [Signature]

Town of Haralson
By: [Signature]
Title: Mayor
Attest: [Signature]

Town of Moreland
By: [Signature]
Title: MAYOR
Attest: [Signature]

City of Newnan
By: [Signature]
Title: Mayor
Attest: [Signature]

City of Palmetto
By: [Signature]
Title: [Signature]
Attest: [Signature]

City of Senoia
By: [Signature]
Title: Mayor
Attest: Sandra R. Parker

Town of Sharpsburg
By: [Signature]
Title: Mayor
Attest: [Signature]

City of Turin
By: [Signature]
Title: Mayor
Attest: Sandra R. Parker



**SERVICE DELIVERY STRATEGY
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS** **PAGE 2**

Instructions:

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

County: Coweta **Service:** Storm Water Management

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

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

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

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

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

County, Newnan, Palmetto, Grantville, Moreland, Senola, Starkeburg, Turin, Harrison

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.).

| <i>Local Government or Authority:</i> | <i>Funding Method:</i> |
|---------------------------------------|--------------------------------------|
| Coweta County | Fees |
| City of Newnan | General Fund/Fees for service/SPLOST |
| City of Grantville | General Fund |
| Town of Turin | General Fund |
| continued on back of page | |

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

No change.

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

| <i>Agreement Name:</i> | <i>Contracting Parties:</i> | <i>Effective and Ending Dates:</i> |
|------------------------|-----------------------------|------------------------------------|
| None | | |
| | | |
| | | |
| | | |

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

None

7. Person completing form: Sandra Parker
 Phone number: (770) 254-2635 Date completed: 3/29/06

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:
Theron Gay, County Administrator (770) 251-2601

Item 3 continued: Storm Water Management

| | |
|--------------------|---------------------|
| Town of Moreland | General Fund |
| Town of Sharpsburg | General Fund/SPLOST |
| City of Palmetto | General Fund |
| Town of Haralson | General Fund |
| City of Senoia | General Fund/SPLOST |

Service: Storm Water Management

Discussion: Coweta county and the Cities of Newnan, Grantville, Senoia, Palmetto, and the Towns of Haralson, Moreland, Sharpsburg, and Turin all provide this service within their boundaries. Coweta County's funding is from fees assessed on developments. There is no duplication of services.

We the undersigned, agree that the foregoing Service Delivery Agreement promotes the most efficient, effective and responsive manner for the delivery of the services described above and we see no apparent duplication of services nor issues for consolidation, this ___ day of _____, 2006.

Coweta County

By: [Signature]
Title: Coweta County Chairman

Attest: Sandra R. Parker

City of Grantville

By: [Signature]
Title: Mayor

Attest: [Signature]

Town of Haralson

By: [Signature]
Title: Mayor

Attest: [Signature]

Town of Moreland

By: [Signature]
Title: Mayor

Attest: [Signature]

City of Newnan

By: [Signature]
Title: Mayor

Attest: [Signature]

City of Palmetto

By: [Signature]
Title: [Signature]

Attest: [Signature]

City of Senoia

By: [Signature]
Title: Mayor

Attest: Sandra R. Parker

Town of Sharpsburg

By: [Signature]
Title: Mayor

Attest: [Signature]

City of Turin

By: [Signature]
Title: Mayor

Attest: Sandra R. Parker



**SERVICE DELIVERY STRATEGY
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE 2**

Instructions:

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

County: Coweta Service: Tax Assessment

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

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

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

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

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

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

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

| <i>Local Government or Authority:</i> | <i>Funding Method:</i> |
|---------------------------------------|------------------------|
| Coweta County | General Fund |
| | |
| | |
| | |

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

No change.

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

| <i>Agreement Name:</i> | <i>Contracting Parties:</i> | <i>Effective and Ending Dates:</i> |
|------------------------|-----------------------------|------------------------------------|
| None | | |
| | | |
| | | |
| | | |

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

None

7. Person completing form: Sandra Parker
 Phone number: (770) 254-2635 Date completed: 3/29/06

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:
Theron Gay, County Administrator (770) 251-2601

Service: Tax Assessment

Discussion: Coweta County provides this service county wide.

We the undersigned, agree that the foregoing Service Delivery Agreement promotes the most efficient, effective and responsive manner for the delivery of the services described above and we see no apparent duplication of services nor issues for consolidation, this ___ day of _____, 2006.

| | |
|--|---|
| <p>Coweta County By: <u>[Signature]</u> Title: <u>Coweta County Chairman</u> Attest: <u>Sandra R. Parker</u></p> | <p>City of Palmetto By: <u>[Signature]</u> Title: <u>[Signature]</u> Attest: <u>[Signature]</u></p> |
| <p>City of Grantville By: <u>[Signature]</u> Title: <u>Mayor</u> Attest: <u>[Signature]</u></p> | <p>City of Senoia By: <u>[Signature]</u> Title: <u>Mayor</u> Attest: <u>Sandra R. Parker</u></p> |
| <p>Town of Haralson By: <u>[Signature]</u> Title: <u>Mayor</u> Attest: <u>[Signature]</u></p> | <p>Town of Sharpsburg By: <u>[Signature]</u> Title: <u>Mayor</u> Attest: <u>[Signature]</u></p> |
| <p>Town of Moreland By: <u>[Signature]</u> Title: <u>Mayor</u> Attest: <u>[Signature]</u></p> | <p>City of Turin By: <u>[Signature]</u> Title: <u>Mayor</u> Attest: <u>Sandra R. Parker</u></p> |
| <p>City of Newnan By: <u>[Signature]</u> Title: <u>Mayor</u> Attest: <u>[Signature]</u></p> | |

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.).

| <i>Local Government or Authority:</i> | <i>Funding Method:</i> |
|---------------------------------------|------------------------|
| Coweta County | General Fund |
| Grantville | General Fund |
| Newnan | General Fund |
| Palmetto | General Fund |
| continued on back of page | |

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:

| <i>Agreement Name:</i> | <i>Contracting Parties:</i> | <i>Effective and Ending Dates:</i> |
|--|--|------------------------------------|
| Agreement with JT Ferrell for Tax Collection | County Tax Commissioner and Sharpsburg | Effective 8/3/2003 |
| | and Moreland | Effective 1995 |
| | and Grantville | Effective 1992 |
| | and Senoia | Effective 1996 |
| | and Haralson | Effective 2000 |

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

None

7. Person completing form: Sandra Parker
 Phone number: (770) 254-2635 Date completed: 3/29/06

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:
Theron Gay, County Administrator (770) 251-2601

Item 3 continued: Tax Collection

| | |
|--------------------|--------------|
| Town of Sharpsburg | General Fund |
| Town of Moreland | General Fund |
| Town of Haralson | General Fund |
| City of Senoia | General Fund |
| | |

Service: Tax Collection

Discussion: Coweta County and the Cities of Newnan, Palmetto, Senoia, Grantville, and the Towns of Sharpsburg and Haralson provide for tax collection.

We the undersigned, agree that the foregoing Service Delivery Agreement promotes the most efficient, effective and responsive manner for the delivery of the services described above and we see no apparent duplication of services nor issues for consolidation, this ___ day of _____, 2006.

Coweta County

By: [Signature]
Title: Coweta County Chairman

Attest: Sandra R. Parker

City of Grantville

By: [Signature]
Title: Mayor

Attest: [Signature]

Town of Haralson

By: [Signature]
Title: Mayor

Attest: [Signature]

Town of Moreland

By: [Signature]
Title: Mayor

Attest: [Signature]

City of Newnan

By: [Signature]
Title: Mayor

Attest: [Signature]

City of Palmetto

By: [Signature]
Title: [Signature]

Attest: [Signature]

City of Senoia

By: [Signature]
Title: Mayor

Attest: Sandra R. Parker

Town of Sharpsburg

By: [Signature]
Title: Mayor

Attest: [Signature]

City of Turin

By: [Signature]
Title: Mayor

Attest: Sandra R. Parker

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.).

| <i>Local Government or Authority:</i> | <i>Funding Method:</i> |
|---------------------------------------|------------------------|
| Coweta County | Enterprise Fund |
| Newnan Utilities | Enterprise Fund |
| Grantville | Enterprise Fund/SPLOST |
| Senoia | Enterprise Fund |
| continued back of page | |

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

No change.

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

| <i>Agreement Name:</i> | <i>Contracting Parties:</i> | <i>Effective and Ending Dates:</i> |
|------------------------|-----------------------------|------------------------------------|
| Emergency Water Supply | Turin and Coweta County | 1992 with annual renewal |
| Water Service | Turin and Sharpsburg | Feb 28, 1964 with annual renewal |
| | | |
| | | |

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

None

7. Person completing form: Sandra Parker
 Phone number: (770) 254-2635 Date completed: 3/29/06

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:

Theron Gay, County Administrator (770) 251-2601

Item 3 continued: Water Supply & Distribution

| | |
|---------------------------|--|
| Town of Sharpsburg | Enterprise Fund/SPLOST |
| Town of Turin | General Fund/SPLOST/ Fees for service |
| City of Palmetto | General Fund/Fees for service |
| | |
| | |

Conversation with Sandra Parker, Coweta Co. Planner, on 11/28/06: Coweta Co. provides this service for Moreland. S. Hoffman, JCA



Service: Water Supply and Distribution

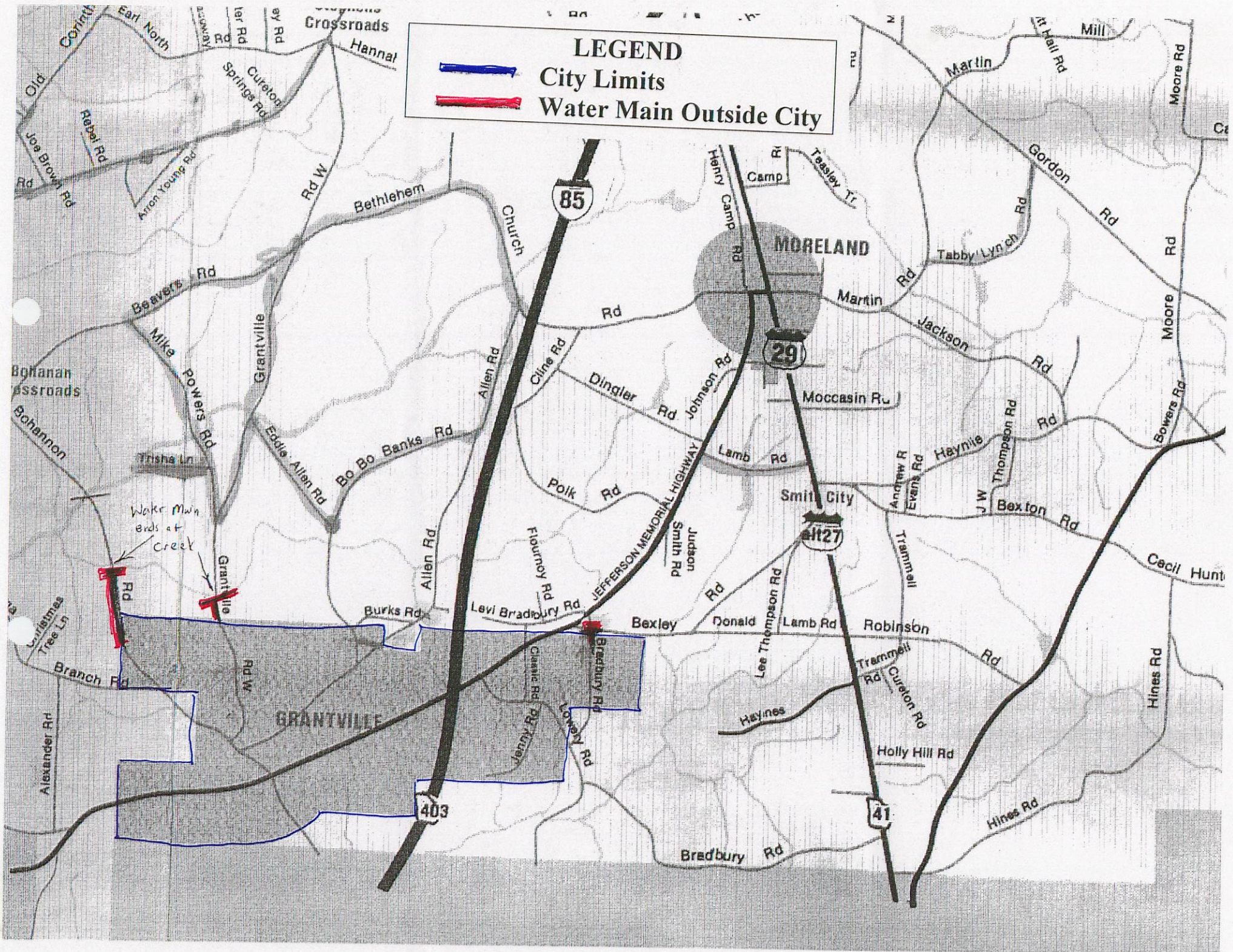
Discussion: Coweta County provides this service to the unincorporated county and to some incorporated areas. Newnan Utilities provides this service to the City of Newnan and some unincorporated areas. The Cities of Palmetto, Senoia, Grantville, and the Towns of Haralson and Sharpsburg provide this service within their boundaries, and the Town of Turin provides this service within their boundaries and to the Town of Sharpsburg.

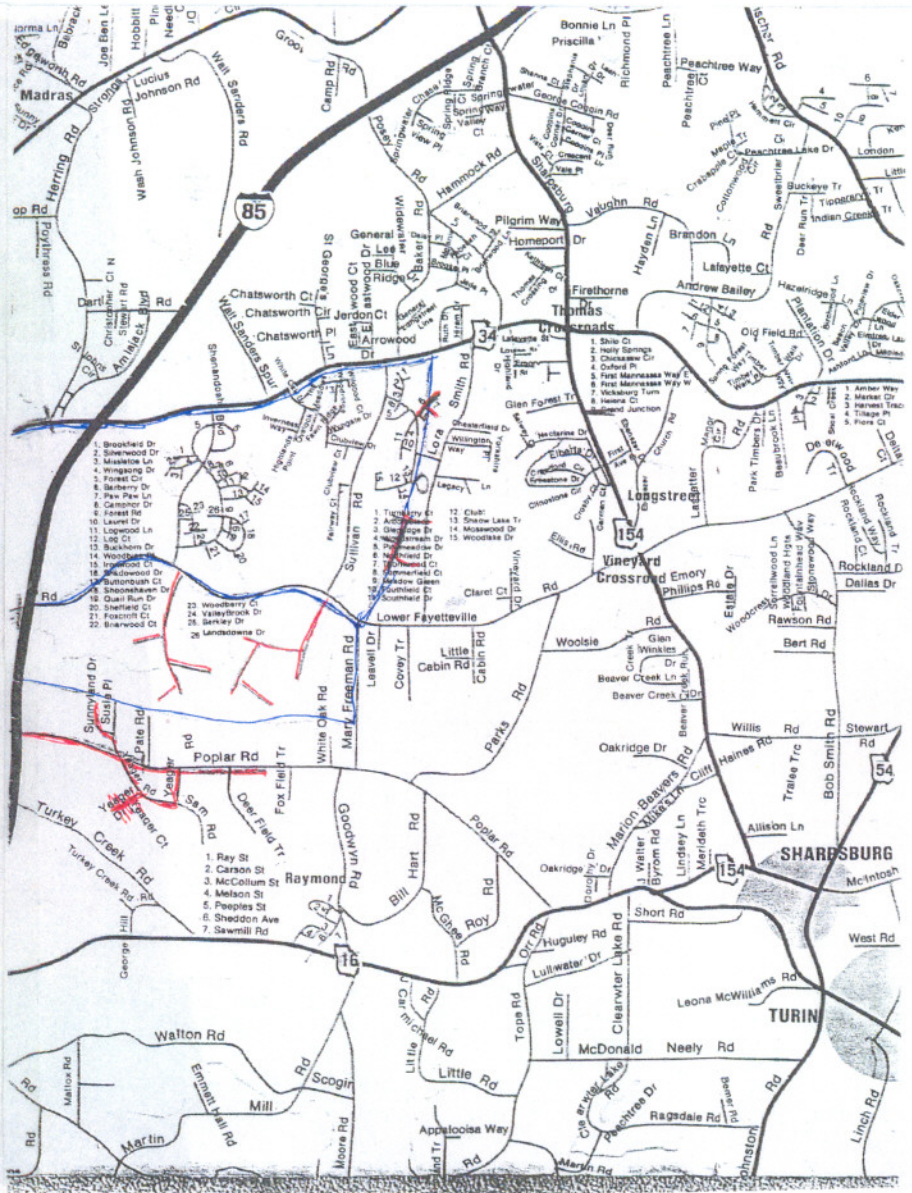
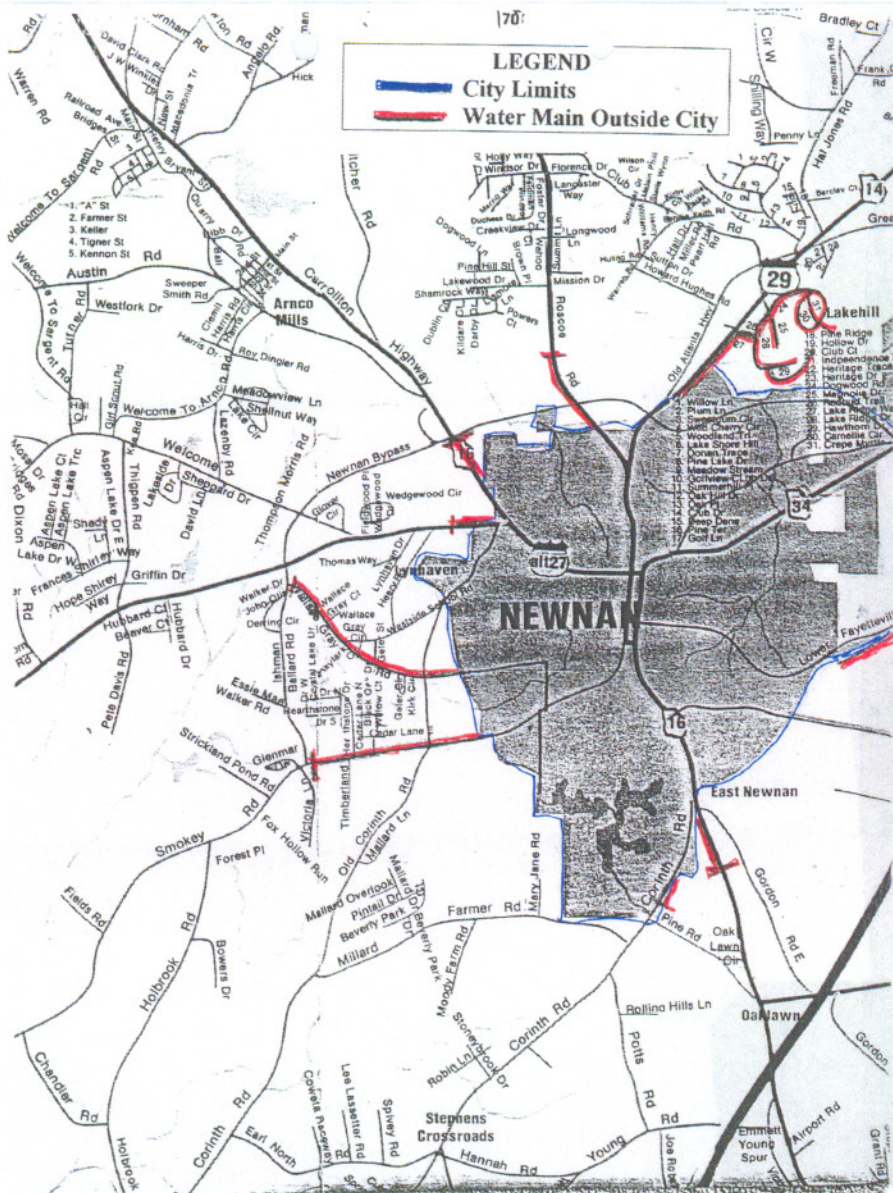
We the undersigned, agree that the foregoing Service Delivery Agreement promotes the most efficient, effective and responsive manner for the delivery of the services described above and we see no apparent duplication of services nor issues for consolidation, this ___ day of ___, 2006.

| | |
|--|---|
| <p>Coweta County By: <u>[Signature]</u> Title: <u>Coweta County Chairman</u> Attest: <u>Sandra R. Parker</u></p> | <p>City of Palmetto By: <u>[Signature]</u> Title: <u>[Signature]</u> Attest: <u>[Signature]</u></p> |
| <p>City of Grantville By: <u>[Signature]</u> Title: <u>Mayor</u> Attest: <u>[Signature]</u></p> | <p>City of Senoia By: <u>[Signature]</u> Title: <u>Mayor</u> Attest: <u>Sandra R. Parker</u></p> |
| <p>Town of Haralson By: <u>[Signature]</u> Title: <u>Mayor</u> Attest: <u>[Signature]</u></p> | <p>Town of Sharpsburg By: <u>[Signature]</u> Title: <u>Mayor</u> Attest: <u>[Signature]</u></p> |
| <p>Town of Moreland By: <u>[Signature]</u> Title: <u>MAYOR</u> Attest: <u>[Signature]</u></p> | <p>City of Turin By: <u>[Signature]</u> Title: <u>Mayor</u> Attest: <u>Sandra R. Parker</u></p> |
| <p>City of Newnan By: <u>[Signature]</u> Title: <u>Mayor</u> Attest: <u>[Signature]</u></p> | |

LEGEND

-  City Limits
-  Water Main Outside City





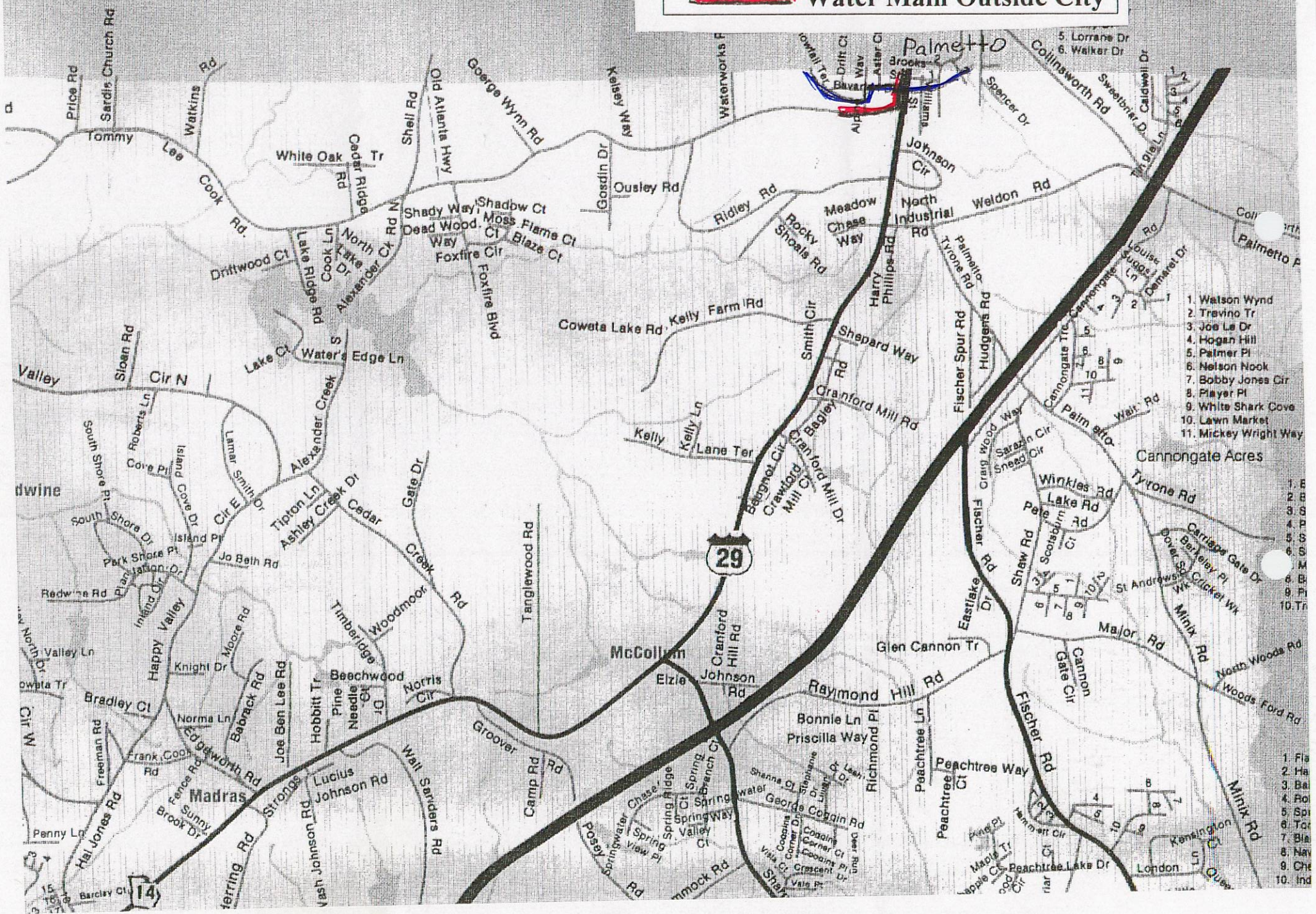
LEGEND



City Limits



Water Main Outside City





1. Watson Wynd
2. Travino Tr
3. Joe Le Dr
4. Hogan Hill
5. Palmer Pl
6. Nelson Nook
7. Bobby Jones Cir
8. Player Pl
9. White Shark Cove
10. Lawn Market
11. Mickey Wright Way

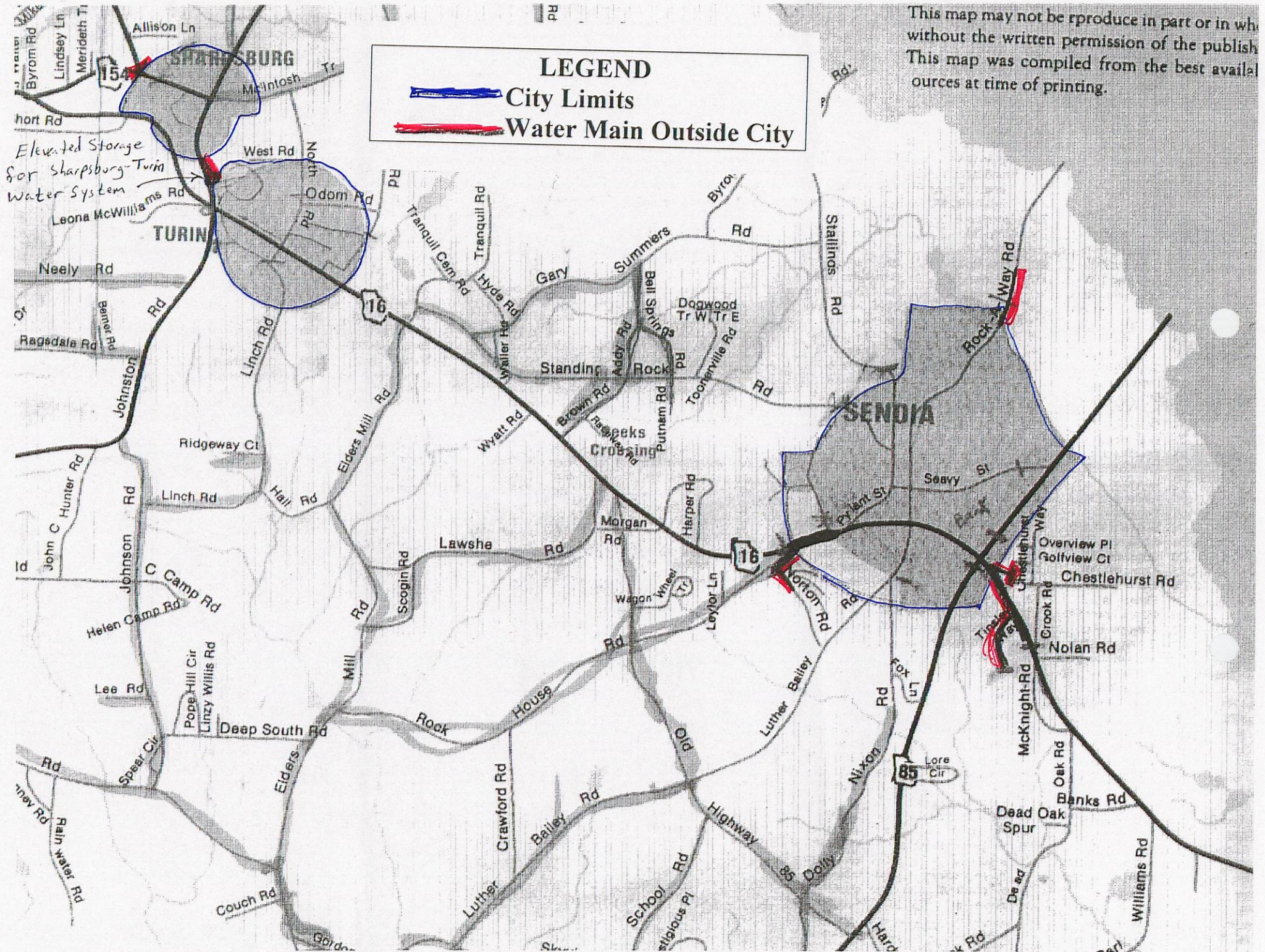
1. E
2. B
3. S
4. P
5. S
6. S
7. M
8. B
9. F
10. Tr

1. Fla
2. Ha
3. Ba
4. Po
5. Spi
6. Tot
7. Bla
8. Nav
9. Ch
10. Ind

This map may not be reproduce in part or in wh
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ources at time of printing.

LEGEND

-  City Limits
-  Water Main Outside City



Elevated Storage
for Sharpburg-Turin
Water System

Leona McWilliams Rd

John C Hunter Rd
C Camp Rd
Helen Camp Rd

Lee Rd
Pope Hill Cir
Lizzy Willis Rd
Deep South Rd

Spears Cir
Bath water Rd

Couch Rd

Luther Crawford Rd
Bailey Rd

House Rd
Old Highway 85
School Rd
Stifelous Pl

Luther Bailey Rd
Lorton Rd
Dolly Rd

Fox Ln
Nixon Rd

Dead Oak Spur
Deer Rd

Overview Pl
Golfview Ct
Crestlehurst Rd
Noian Rd

McKnight Rd

Oak Rd
Banks Rd
Williams Rd



SERVICE DELIVERY STRATEGY
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS **PAGE 2**

Instructions:

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

County: Coweta Service: Voter Registration

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

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

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

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

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

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

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

Yes 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.).

| <i>Local Government or Authority:</i> | <i>Funding Method:</i> |
|---------------------------------------|------------------------|
| Coweta County | General Fund |
| | |
| | |
| | |

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

No change.

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

| <i>Agreement Name:</i> | <i>Contracting Parties:</i> | <i>Effective and Ending Dates:</i> |
|------------------------|-----------------------------|------------------------------------|
| None | | |
| | | |
| | | |
| | | |

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

None

7. Person completing form: Sandra Parker Date completed: 3/29/06
 Phone number: (770) 254-2635

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:
Theron Gay, County Administrator (770) 251-2601

Service: Voter Registration

Discussion: Coweta County provides this service county wide.

We the undersigned, agree that the foregoing Service Delivery Agreement promotes the most efficient, effective and responsive manner for the delivery of the services described above and we see no apparent duplication of services nor issues for consolidation, this ___ day of _____, 2006.

Coweta County

By: *SA Smith*
Title: *Coweta County Chairman*

Attest: *Sandra R. Parker*

City of Grantville

By: *Billy Lusk*
Title: *Mayor*

Attest: *Wayne Jenkins*

Town of Haralson

By: *Leola Bateman*
Title: *Mayor*

Attest: *Richard W. Ferry*

Town of Moreland

By: *Ferry O. Smith*
Title: *MAYOR*

Attest: *James A. Hayden*

City of Newnan

By: *Kenyon*
Title: *Mayor*

Attest: *Erika Morgan*

City of Palmetto

By: *[Signature]*
Title: *[Signature]*

Attest: *[Signature]*

City of Senoia

By: *Robert K. Belcik*
Title: *Mayor*

Attest: *Sandra R. Parker*

Town of Sharpsburg

By: *[Signature]*
Title: *Mayor*

Attest: *Robin L. Spradlin*

City of Turin

By: *W. Allen Smith*
Title: *Mayor*

Attest: *Sandra R. Parker*



**SERVICE DELIVERY STRATEGY
SUMMARY OF LAND USE AGREEMENTS**

Instructions:

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

County: Coweta

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

More intense land use classification adjacent to a classification of lesser impact. For example:

- a. Office/Institutional versus Residential
- b. Commercial versus Residential
- c. Industrial versus Residential
- d. Industrial versus Commercial

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

- amendments to existing comprehensive plans
- adoption of a joint comprehensive plan
- other measures (amend zoning ordinances, add environmental regulations, etc.)

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

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

Compatible buffer standards by June 30, 2001

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.

(See attached "Annexation Resolution Agreement")

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?

5. Person completing form: Robert Tolleson

Phone number: (770) 254-2635 Date completed: August 1, 1999

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

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

Annexation Resolution Agreement

The Annexation Resolution Agreement between the county and its cities is activated when an affected local government objects to the proposed land use of an area to be annexed when the property shares a common boundary or is within 1,000 feet of an affected local government boundary. The agreed to process basically consists of six areas of action:

1. Notification of annexation requests.
2. Determination of possible land use conflicts and issuance of an intent to object if such conflicts are found.
3. Mitigation of all bona fide land use conflicts.
4. Appeal to an appeals board if mitigation fails to resolve the conflicts.
5. Mediation of the land use conflicts if the appeal fails to resolve the conflicts.
6. Legal action in the courts if all other avenues fail to resolve the conflicts.

Beginning in the process shall prohibit the initiating government from proceeding with its annexation process subject to the final outcome; however, final action on such annexation shall not be taken until the process for land use compatibility terminates. Nothing in the process shall preclude the rights of any property owner or involved local government to seek legal remedy in a court of competent jurisdiction.

This process will not affect annexation of an unincorporated island (as defined in O.C.G.A. Section 36-36-90) containing 50 acres or less.

This agreement became effective in July 1998.

This agreement may be modified or amended with approval of all jurisdictions involved.

(See attached signature page)

"Annexation Resolution Agreement" between the county and its cities
activated when an affected local government objects to the proposed
use of an area to be annexed when the property shares a common
boundary or is within 1,000 feet of an affected local government boundary.
Agreed to process basically consists of six areas of action:

- Notification of annexation requests.
- Determination of possible land use conflicts and issuance of an
Intent to object if such conflicts are found.
- Mitigation of all bona fide land use conflicts.
- Appeal to an appeals board if mitigation fails to resolve the conflicts.
- Mediation of the land use conflicts if the appeal fails to resolve the
conflicts.
- Legal action in the courts if all other avenues fail to resolve the
conflicts.

ing in the process shall prohibit the initiating government from
proceeding with its annexation process subject to the final outcome; however,
no legal action on such annexation shall not be taken until the process for
use compatibility terminates. Nothing in the process shall preclude the
rights of any property owner or involved local government to seek legal
redress in a court of competent jurisdiction.

This process will not affect annexation of an unincorporated island (as
defined in O.C.G.A. Section 36-36-90) containing 50 acres or less.

This agreement became effective in July 1990.

This agreement may be modified or amended with approval of all jurisdictions
involved.

We the undersigned agree that the foregoing Service Delivery Agreement promotes the most efficient,
effective and responsive manner for the delivery of the services described above and we see no
apparent duplication of services nor issues for consolidation, this ___ day of ___, 1999.

COWETA COUNTY CITY OF NEWNAN
By: Lawrence A. Nelson By: [Signature]
Title: _____ Title: Mayor
Attest: _____ Attest: _____

CITY OF GRANVILLE CITY OF LAWRENCEVILLE
By: [Signature] By: [Signature]
Title: City Manager Title: Mayor
Attest: _____ Attest: _____

CITY OF SENOCIA CITY OF SHARPSBURG
By: _____ By: [Signature]
Title: _____ Title: Mayor
Attest: _____ Attest: _____

CITY OF TURIN CITY OF MORELAND
By: [Signature] By: [Signature]
Title: Mayor Title: _____
Attest: _____ Attest: _____

CITY OF HARALSON
By: [Signature]
Title: Mayor
Attest: _____

A RESOLUTION OF THE COUNTY OF COWETA, GEORGIA ESTABLISHING THE LAND USE COMPATIBILITY REQUIREMENT OF THE SERVICE DELIVERY STRATEGY ACT (HOUSE BILL 489); AND DECLARING A "MEMORANDUM OF AGREEMENT" FOR THE DEVELOPMENT AND IMPLEMENTATION OF PROCEDURES TO RESOLVE INTER-JURISDICTIONAL LAND USE CONFLICTS WITHIN THE ENTIRE COUNTY.

WHEREAS, the governing authorities for local governments within Coweta County have directed staff to formulate a plan and develop procedures established therein to comply with the Service Deliver Strategy Act, House Bill 489 (hereafter known as "The Act") as it pertains to land use compatibility;

WHEREAS, "The Act" requires all local governments within each County to initiate the process by July 1, 1998 to resolve land use classification disputes when an affected local government objects to the proposed land use of an area to be annexed by an initiating local government when such property shares a common boundary or is within 1,000 feet of an affected local government boundary.

WHEREAS, this the Memorandum of Agreement among all incorporated municipalities within Coweta County (being the local governments of Sharpsburg, Turin, Senoia, Moreland, Grantville, Newnan, Haralson, and Palmetto) and all unincorporated areas within the County (being the jurisdiction of Coweta County) hereby establish the following guidelines and procedures to implement the above requirements of "The Act";

IT IS HEREBY RESOLVED as follows:

That the following procedures shall be implemented on a County-wide basis to resolve land use classification disputes when an affected local government (hereafter known as "The Affected") objects to the proposed land use of an area to be annexed by an initiating local government (hereafter known as the "Initiator") when such property shares a common boundary between the local governments or is within 1,000 feet of an affected local government.

A. DEFINITIONS.

The implementation of any of the following definitions shall not have the effect of nullifying the implementation of any other definition.

1. Affected local government. "The Affected" – Means the county or any municipality within 1,000 feet of the property to be annexed.
2. Bona Fide Land Classification Objection – As it relates to this process, a bona fide land use classification objection is an objection to a proposed land use of an annexation petition which results in a substantial change in the intensity of the allowable use of the property or a change to a significantly different allowable use. Examples of bona fide land use classification impacts are: Negative effects

on surrounding property, increase in traffic loads, environmental impacts, and/or additional public service needs.

3. Comprehensive Plan – Means any plan by a county or municipality covering such county or municipality proposed or prepared pursuant to the minimum standards and procedures for preparation of comprehensive plans and for implementation of comprehensive plans established by the Department of Community Affairs.
4. Future Land Use Map – A required component of the comprehensive plan which shows graphically how a community wishes land uses to be designated and developed, usually over twenty (20) year or longer period.
5. Impact – Any negative effect on a piece or pieces of land brought about by actions of a government through an annexation.
6. Peculiar Topography or Site conditions – Means topography or other features that could cause unusually significant harm due to intense and incompatible adjacent development.
7. Significantly Different Allowable Use – Means a use in a more intensive land use category such as:
 - a. Office/Institutional versus Residential
 - b. Commercial versus Residential
 - c. Industrial versus Residential
 - d. Industrial versus Commercial

8. Substantial Change in Intensity – Substantial change in the intensity of a proposed land use shall be defined as follows:

If land use proposed is in a category of lesser impact – Not Substantial.

If land use proposed is in the same general category of impact and is an increase in density of less than or equal to twenty-five (25) percent of the adjoining land within the adjacent jurisdiction – Not Substantial.

If land use proposed is in the same general category of impact and is an increase in density of greater than twenty-five (25) percent of the adjoining land within the adjacent jurisdiction – Substantial or;

If the land use proposed is in the same general category of impact and results in a substantial change in intensity, verified by the affected party, which negatively affects surrounding property, increases traffic loads, presents environmental impacts and/or additional public service needs – Substantial.

9. Unique Development – Means development of a one-of-a-kind nature such as a sports arena, stadium, race track, amusement park, university, or other similar developments.

10. Unusual Development – Means development that is uncommon or rarely proposed for the region.

B. **AMENDMENT.** This process shall be used when a local government receives an annexation request, or initiates an annexation. An amendment as this term is used in this agreement shall not include the annexation of any unincorporated island (as that term is defined in O.C.G.A. Section 36-36-90) containing 50 acres or less.

C. **NOTIFICATION.** “The Initiator” shall notify other affected local governments of the proposed land use of an area to be annexed within five (5) business days of receipt of the request for annexation. This notification shall include all relevant data pertaining to the proposed land use of the area to be annexed.

D. **DETERMINATION/INTENT TO OBJECT.** Within thirty (30) business days after notification, “the Affected” shall make a land use compatibility determination of whether the proposed use of the area to be annexed would create a land use conflict.

The determination is first reviewed by “the Affected(s)” professional planning staff or appointee(s) in the absence of a planning staff. “The Affected(s)” planning staff or appointee(s) shall notify “the Initiator” and “the Affected(s)” governing body within fifteen (15) business days after “the Initiator” serves notification of their Intent to Object recommendation. The notification shall be a written recommendation based on bona fide land use classification objections. Prior to the end of “the Affected” review period, i.e., the thirty (30) business days, “the Affected(s)” governing body shall consider the intent to object recommendation for final action.

If “the Affected(s)” governing body confirms by an affirmative vote an objection as permitted for herein, “the Affected” shall document in writing the nature of the objection and the documentation shall be submitted to “the Initiator” prior to the end of the review period.

The absence of said notification by “the Affected” shall be construed to mean that “the Affected” does not identify land use conflicts created by the annexation and “the Initiator” may proceed with the annexation, in compliance with applicable State or local laws and ordinances.

E. **MITIGATION.** Representatives of “the Affected and “the Initiator,” which shall be selected by the governing bodies to act on their behalf, shall have ten (10) business days from “the Initiator’s” receipt of the objections to meet and

devise mitigative measures to address the specific land use conflicts created by the proposed annexation. Such mitigative measures can include, but not be limited to, more restrictive development standards such as increasing buffers and/or building setbacks, building height, landscaping requirements, traffic control, stormwater control, or other measures designed to mitigate conflicts resulting from adjacent land uses.

Governing bodies of “the Affected” and “the Initiator” shall approve any mitigative actions identified during the mitigative process at their next available public meeting, but no later than 15 business days after the mitigative actions are identified by local representatives.

Once “the Initiator” and “the Affected” agree that the mitigative measures are reasonable to address the specific land use conflicts created by the proposed annexation then “the Initiator” shall impose said conditions as prescribed in the selected mitigative measures as conditions of approval for the annexation of the property.

- F. **APPEALS BOARD.** If at the end of the mitigation process “the Initiator” and “the Affected” cannot agree to a resolution of the objection through mitigative measures, then the dispute shall be referred to a Board of Annexation Appeals which shall be composed of five (5) members (unless more than one affected local government is involved): two (2) appointed by “the Affected”; and one (1) who must be a certified AICP planning professional or a professional from the DCA mediator list approved by both “Initiator” and “the Affected”. If more than one municipality qualifies as an “Affected Local Government” each “Affected” may appoint two (2) members. The Board of Annexation Appeals must be appointed no later than fifteen (15) business days after “the Initiator” and “the Affected” have failed to agree on mitigative measures. Members of the Board of Annexation Appeals may not be an elected official or staff member of the respective governing authorities that are party to this resolution process.

All cost associated with the work of the Board of Annexation Appeals shall be equally borne by “the Initiator” and “the Affected”.

- G. **BOARD DECISION.** Within ten (10) business days of appointment, the Board of Annexation Appeals shall render its decision, which shall be in the form of one following alternatives:

1. Approve the annexation based on the land use classification proposed.
2. Deny the annexation based on the land use classification objection.
3. Approve the annexation based on the proposed mitigative action.

The decision of the Appeals Board must be acted upon by the governing

bodies of "the Initiator" and "the Affected" at their next available public meeting, but no later than 15 business days after the receipt of Board recommendation.

- H. **MEDIATION.** If "the Initiator" and "the Affected(s)" fail to reach an agreement on the administrative decision by the Board of Annexation Appeals, then within ten (10) business days "the Initiator" and "the Affected"(s) hereby agree to mutually select a mediator from the list maintained by the Georgia Department of Community Affairs or other mutually agreed upon source, and to undertake a mediation process in conformance with the standards and procedures established by the Georgia Planning Act. The cost and any associated expense shall be equally borne by "Initiator" and "Affected(s)".

The mediator shall have up to 15 business days to render its decision, which shall be in the form of one of the following alternatives:

1. Recommend acceptance of the annexation as proposed.
2. Recommend rejection of the proposed annexation.
3. Recommend alternatives and/or mitigation to resolve the objections to the proposed land use of the area to be annexed.

The mediator's proposal must be approved by the governing bodies of both "the Initiator" and "the Affected" at the first available public meetings for each respective body, but no later than 15 business days after the mediator's recommendations are presented.

"The Initiator" and "the Affected" hereby agree to comply with decision(s) resulting from the mediation process unless either "the Initiator" or the Affected" chooses to seek legal remedy in a court competent jurisdiction which results in a different decision by the courts.

- I. **ANNEXATION PROCEEDINGS.** Nothing in this process shall prohibit "the Initiator" from proceeding with its annexation process subject to the final outcome of this process, however, "the Initiator" shall not finalize the annexation until such time as the process for land use compatibility terminates. Nothing in these procedures shall preclude the rights of any property owner, "the Initiator", or "the Affected" to seek legal remedy in a court of competent jurisdiction.
- J. **EFFECTIVE DATE.** The effective date of this agreement shall be July 1, 1998, or if such adoption occurs later than July 1, 1998, then upon adoption of the Service Delivery Strategy by Coweta County and the municipalities of Sharpsburg, Turin, Senoia, Moreland, Grantville, Newnan, Haralson, and Palmetto, as required in O.C.G.A. 36-70-21 and 36-70-25.

This agreement may be modified or amended with approval of the jurisdictions party to this agreement.

**"MEMORANDUM OF AGREEMENT" FOR THE DEVELOPMENT AND
IMPLEMENTATION OF PROCEDURES TO RESOLVE INTER-JURISDICTIONAL
LAND USE CONFLICTS AS PROVIDED BY HOUSE BILL 489"**

BE IT FURTHER RESOLVED:

That a copy of this adopted Resolution be forwarded instanter to the Mayor and City Councils for all agreeing parties represented herein. The foregoing Resolution was offered by Comm. Hunter who moved for its adoption. The motion was seconded by Comm. Nelson and upon being put to a vote, the vote was as follows:

[Signatures] (Signatures of County Commissioners)
James A. Helms
William H. [unclear]
Charli E. Ford Jr.

The Chairman thereupon declared the Resolution duly passed and adopted this 16 day of June, 1998.

APPROVED AS TO FORM
AND LEGAL SUFFICIENCY:

Coweta Georgia

BY: [Signature]
(Name, Title: County Attorney)

[Signature]
(Name, Title: County Clerk)

ADOPTED THIS 16 DAY OF June, 1998

**"MEMORANDUM OF AGREEMENT" FOR THE DEVELOPMENT AND
IMPLEMENTATION OF PROCEDURES TO RESOLVE INTER-JURISDICTIONAL
LAND USE CONFLICTS AS PROVIDED BY HOUSE BILL 489"**

Grantville, Georgia

APPROVED AS TO FORM
AND LEGAL SUFFICIENCY

BY: *David Ruffee*
(Name, Title: City Attorney)

Melissa N. Jeter
(Name, Title: City Clerk)

ADOPTED THIS 22 DAY OF June, 1998.

Hiram Massengale
Hiram Massengale, Mayor
City of Grantville, Georgia

Billie Locke
City Council Members
W. J. ...
City Council Members
John ...
City Council Members
D. ...
City Council Members

City Council Members

City Council Members

City Council Members

ATTEST: *Melissa N. Jeter*
City Clerk

June 22, 1998
Date

**"MEMORANDUM OF AGREEMENT" FOR THE DEVELOPMENT AND
IMPLEMENTATION OF PROCEDURES TO RESOLVE INTER-JURISDICTIONAL
LAND USE CONFLICTS AS PROVIDED BY HOUSE BILL 489"**

Haralson, Georgia

APPROVED AS TO FORM
AND LEGAL SUFFICIENCY

BY: T. P. McRae
(Name, Title: City Attorney)

Jean P. Thompson
(Name, Title: City Clerk)

ADOPTED THIS 17th DAY OF June, 1998.

Davis Camp
Davis Camp, Mayor
City of Haralson, Georgia

Howard Harper
City Council Members
Frank ...
City Council Members
Allan ...
City Council Members

City Council Members

City Council Members

City Council Members

City Council Members

ATTEST: Jean P. Thompson
City Clerk

6/17/98
Date

**"MEMORANDUM OF AGREEMENT" FOR THE DEVELOPMENT AND
IMPLEMENTATION OF PROCEDURES TO RESOLVE INTER-JURISDICTIONAL
LAND USE CONFLICTS AS PROVIDED BY HOUSE BILL 489"**

Moreland, Georgia

APPROVED AS TO FORM
AND LEGAL SUFFICIENCY

BY: *Stephen C. Cain*
(Name, Title: City Attorney)

Russette Bledsoe Clerk
(Name, Title: City Clerk)

ADOPTED THIS 18 DAY OF June, 1998.

Edward L. Bledsoe
Edward L. Bledsoe, Mayor
City of Moreland, Georgia

Jose L. Burgess
City Council Members
Myron McJin
City Council Members
Bill Miller
City Council Members

City Council Members

City Council Members

City Council Members

City Council Members

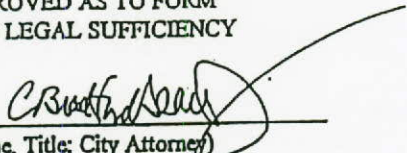
ATTEST: *Russette Bledsoe*
City Clerk

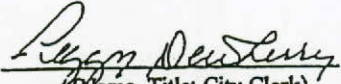
June 18, 1998
Date

**"MEMORANDUM OF AGREEMENT" FOR THE DEVELOPMENT AND
IMPLEMENTATION OF PROCEDURES TO RESOLVE INTER-JURISDICTIONAL
LAND USE CONFLICTS AS PROVIDED BY HOUSE BILL 489"**

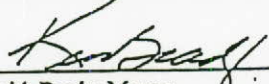
Newnan, Georgia



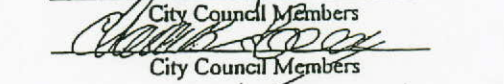
APPROVED AS TO FORM
AND LEGAL SUFFICIENCY

BY: 
(Name, Title: City Attorney)


(Name, Title: City Clerk)

ADOPTED THIS 23rd DAY OF June, 1998.


Keith Brady, Mayor
City of Newnan, Georgia


City Council Members

City Council Members

City Council Members

ATTEST: 
City Clerk

6-23-98
Date

**"MEMORANDUM OF AGREEMENT" FOR THE DEVELOPMENT AND
IMPLEMENTATION OF PROCEDURES TO RESOLVE INTER-JURISDICTIONAL
LAND USE CONFLICTS AS PROVIDED BY HOUSE BILL 489"**

Palmetto, Georgia

APPROVED AS TO FORM
AND LEGAL SUFFICIENCY

BY: *David A. Davenport*
(Name, Title: City Attorney)

Carol Howell
(Name, Title: City Clerk)

ADOPTED THIS 18 DAY OF June, 1998.

[Signature]
Clark Boddie, Mayor
City of Palmetto, Georgia

John L. Fann
City Council Members
Jayce K. Baker
City Council Members
Thomas M. Moore
City Council Members

City Council Members

City Council Members

City Council Members

City Council Members

ATTEST: *Carol Howell*
City Clerk

6/18/98
Date

**"MEMORANDUM OF AGREEMENT" FOR THE DEVELOPMENT AND
IMPLEMENTATION OF PROCEDURES TO RESOLVE INTER-JURISDICTIONAL
LAND USE CONFLICTS AS PROVIDED BY HOUSE BILL 489"**

Senolia, Georgia

APPROVED AS TO FORM
AND LEGAL SUFFICIENCY

BY *[Signature]* *Betty J. Cochran*
(Name, Title: City Attorney) (Name, Title: City Clerk)

ADOPTED THIS 15 DAY OF June, 1998.

Joan P. Trammell
Joan Trammell, Mayor
City of Senolia, Georgia

Robert C. Barrett
City Council Members
Dianne Cleveland
City Council Members
Judith M. A. Bell
City Council Members

City Council Members

City Council Members

City Council Members

City Council Members

ATTEST: *Betty J. Cochran*
City Clerk

June 15, 1998
Date

**"MEMORANDUM OF AGREEMENT" FOR THE DEVELOPMENT AND
IMPLEMENTATION OF PROCEDURES TO RESOLVE INTER-JURISDICTIONAL
LAND USE CONFLICTS AS PROVIDED BY HOUSE BILL 489"**

Sharpsburg, Georgia

APPROVED AS TO FORM
AND LEGAL SUFFICIENCY

BY: *[Signature]* *Evelyn Arrowood*
(Name, Title: City Attorney) (Name, Title: City Clerk)

ADOPTED THIS 25 DAY OF June, 1998.

Alvin G. Arrowood
Alvin Arrowood, Mayor
City of Sharpsburg, Georgia

James W. Cole
City Council Members
[Signature]
City Council Members
Charles H. Marshall
City Council Members
[Signature]
City Council Members

City Council Members

City Council Members

City Council Members

ATTEST: *Evelyn Arrowood*
City Clerk

6-25-98
Date

**"MEMORANDUM OF AGREEMENT" FOR THE DEVELOPMENT AND
IMPLEMENTATION OF PROCEDURES TO RESOLVE INTER-JURISDICTIONAL
LAND USE CONFLICTS AS PROVIDED BY HOUSE BILL 489"**

Turin, Georgia

APPROVED AS TO FORM
AND LEGAL SUFFICIENCY

BY: Cary B. Spivey Linda J. Denney
(Name, Title: City Attorney) (Name, Title: City Clerk)

ADOPTED THIS 13th DAY OF June, 1998.

Allen Smith
Allen Smith, Mayor
City of Turin, Georgia

Mary Brawner
City Council Members
George Harris
City Council Members
Craig Johnson
City Council Members
Rayton E. Tomblin
City Council Members

City Council Members

City Council Members

City Council Members

ATTEST: Linda J. Denney
City Clerk

June 13, 1998
Date



GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS

SERVICE DELIVERY STRATEGY

FOR

Coweta

COUNTY

PAGE 1

I. GENERAL INSTRUCTIONS:

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

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

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

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

II. LOCAL GOVERNMENTS INCLUDED IN THE SERVICE DELIVERY STRATEGY:

In this section, list all local governments (including cities located partially within the county) and authorities that provide services included in the service delivery strategy.

Coweta County, Newnan, Newnan Utilities, Palmetto, Grantville, Senoia, Haralson, Moreland, Sharpsburg, Turin, Coweta County Development Authority, Newnan/Coweta Airport Authority, Coweta County Hospital Authority

III. SERVICES INCLUDED IN THE SERVICE DELIVERY STRATEGY:

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

Airport, Animal Control, building Inspection, Business Regulation, Cable TV & Distribution, Cemeteries, Code Enforcement, Convention & Tourism, Court Services, Economic Development, Elections, Electrical/Gas Distribution, Emergency Management, Emergency Medical Service, Emergency Rescue Service, E-911 Dispatch, Fire Protection, Indigent Defense, Indigent Health Care, Jail, Juvenile Intake Services, Law Enforcement, Libraries, Mapping, Parks & Recreation Facilities, Parks & Recreation Programs, Planning & Zoning, Probation Supervision, ...see attached page for continued list of services:

Page 1, Item III continued:

Probation Supervision, Magistrate, State & Superior Court

Probation Supervision, Municipal Court

Public Health Services

Public Works

Road & Street Construction

Road & Street Maintenance

Sewage Collection & Disposal

Solid Waste Management

Storm Water Management

Tax Assessment

Tax Collection

Voter Registration

Water Supply & Distribution