



Clay County
WILES CONTS DS

REGIONAL DEVELOPMENT CENTER

1428 SECOND AVENUE

P.O. BOX 1908

COLUMBUS, GEORGIA 31902-1908

(706) 256-2910

FAX (706) 256-2908

November 14, 2007

Mr. Jim Frederick Planning and Quality Growth Department of Community Affairs 60 Executive Park South, N.E. Atlanta, Georgia 30329-2231

Re: Clay County Service Delivery Strategy

Mr. Frederick:

Please find attached one (1) copy of the revised Clay County Service Delivery Strategy. The Service Delivery Strategy has been revised to include the following.

Ft. Gaines Downtown Development Authority
Lower Chattahoochee Regional Airport Authority
Southwest Georgia Regional Development Authority
Lower Chattahoochee Regional E-911 Authority
Southwest Georgia Housing Authority
Southwest Georgia Regional Jail Authority
Southwest Georgia Regional Technology Authority
Ft Gaines Sewer Extension
Clay County Water Service

Should there be any additional questions or concerns, please contact me at the Lower Chattahoochee RDC, at (706) 256-2910. Thank you for your time and assistance in this matter.

Sincerely,

Allison B. Slocum, AICP

Historic Preservation Planner

cc:

Deloris Redding, City of Bluffton David Wetherby, City of Fort Gaines

Pam Ward, Clay County Patti Cullen, LCRDC Rick Morris, LCRDC

GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS



SERVICE DELIVERY STRATEGY

FOR Clay

COUNTY

PAGE I

I. GENERAL INSTRUCTIONS:

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

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

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

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

II. LOCAL GOVERNMENTS INCLUDED IN THE SERVICE DELIVERY STRATEGY:

In this section, list all local governments (including cities located partially within the county) and authorities that provide services included in the service delivery strategy.

Clay County, City of Bluffton, City of Fort Gaines

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.

Court Services, Coroner, Development Authority, Dept. of Family & Children Services, Economic Development Council, Elections, Emergency Medical Services, Extension Service, Ft Gaines Downtown Dev. Authority, Fire Dept. & Protection, Garbage Service, Ft Gaines Hospital Authority, Jail, Land Use Planning, Law Enforcement, Library Services, Mental Health Services, Neighborhood Services Center, Public Health Services, Public Transportation, Recreation, Lower Chattahoochee Regional Airport Authority, Southwest Georgia Regional Development Authority, Lower Chattahoochee Regional E-911 Authority, Southwest Georgia Housing Authority, Southwest Georgia Regional Jail Authority, Southwest Georgia Regional Technology Authority, Roads, Sewer, Senior Citizens Center, Tax Digest, Water, Zoning

- Water - Certifications Not dated - Land ver Planning Service provider

- Severy - ODA - New Service - Double check for law Enforcent

Reg Tech - Hospital Authority - New Service rape, Roads, Severy

- Airport Authority such Res Dev Auth Checks Authority lail Authority



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.

	PDA	TED SERVICE D	ELIVERY STRAT	EGY FOR Clay	County		COUNTY
We, the	unde	rsigned authorized	d representatives of	the jurisdictions	listed below, cer	tify that:	
l. We (Ch	have cck o	reviewed our exist only one box for qu	sting Service Delive uestion #1)	ry Strategy and h	nave determined	hat:	
	Α.	Our Strategy con county and no ch	ntinues to accurately langes in our Strateg	reflect our prefe y are needed at t	erred arrangementhis time; or	its for providing	local services throughout ou
Ø			been revised to refle				
							st be provided to DCA.
lf Optior with:							e submitted to DCA along
	an u	pdated service are vider for each serv	a man denicting the	ig to each of thes	se services that h	is been revised/uj	as been revised/updated; pdated; and e is more than one service upon service areas do not
		o agreeme to the b	es (County Commis Service Delivery arm ce delivery strategy	angemente Monte	titadi in aim aimita	party to this stra gy and have exec	tegy have adopted cuted agreements for
. Our s	ervice espon	e delivery strategy sive manner for a	continues to promell residents, individ	ote the delivery of uals and property	of local governm y owners through	ent services in the	e most efficient, effective, D.C.G.A. 36-70-24(1));
			y continues to provi service provider are ic boundaries of the				ocated outside the ees charged to customers
		borne by the unine					ent provides (including unincorporated area of the we such service (O.C.G.A.

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

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

SIGNATURE:	NAME: (Please print or type)	TITLE:	JURISDICTION:	DATE:
Met	Gerald V. Anderson,	Chairman	Clay County	
Deloria Redde	Deloris Redding	Mayor	Bluffton	
in Wegha	David Wetherby, MD	Mayor	Fort Gaines	



Instructions

County: Clay County	Service: Court Services
1. Check the box that best describes th	e agreed upon delivery arrangement for this service:
Service will be provided county service provider. (If this box is check service.):	wide (i.e., including all cities and unincorporated areas) by a single ked, identify the government, authority or organization providing the
Service will be provided only in t (If this box is checked, identify the g service.):	he unincorporated portion of the county by a single service provider government, authority or organization providing the
Will not be provided in unincorporate	ois service only within their incorporated boundaries, and the service ed areas. (If this box is checked, identify the government(s), he service:
One or more cities will provide the will provide the service in unincorporauthority or organization providing to	is service only within their incorporated boundaries, and the county orated areas. (If this box is checked, identify the government(s), he service.):
Other (If this box is checked, atta provider, and identify the governme each service area.):	ich a legible map delineating the service area of each service ent, authority, or other organization that will provide service within
2. In developing the strategy, were over of this service identified? ☐ Yes ☑No	rlapping service areas, unnecessary competition and/or duplication
If these conditions will continue under	the strategy, attach an explanation for continuing the

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.

Local Government or Autho	ority: Fundi	ing Method:
Clay County	General Fund	8
4. How will the strategy change the county?	the previous arrangements for provid	ing and/or funding this service within
N/A		
5. List any formal service delive	ery agreements or intergovernmental c	contracts that will be used to
implement the strategy for thi	s service:	
	Contracting Parties:	Effective and Ending Dates:
Agreement Name:	Contracting Parties: Clay Counly, Blufflon, Fort Gaines	Effective and Ending Dates: 10/31/2007 - 10/31/2017
Agreement Name:		
Agreement Name:		
Agreement Name: Master Service Delivery Agreement 6. What other mechanisms (if an		tegy for this service (e.g., ordinances,
Agreement Name: Master Service Delivery Agreement 6. What other mechanisms (if an	Clay Counly, Blufflon, Fort Gaines ny) will be used to implement the stra General Assembly, rate or fee changes	tegy for this service (e.g., ordinances, , etc.), and when will they take effect
Agreement Name: Master Service Delivery Agreement 6. What other mechanisms (if ar resolutions, local acts of the Completing form: Allison Phone number: (706) 256-2910 8. Is this the person who should	Clay Counly, Blufflon, Fort Gaines ny) will be used to implement the stra General Assembly, rate or fee changes	tegy for this service (e.g., ordinances, etc.), and when will they take effect d: 10/09/2007



completing it.

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE 2

Instructions:	
instea on page 1. Answer each question below, a	or each service listed on page 1, Section III. Use exactly the same service names attaching additional pages as necessary. If the contact person for this service (listed at reported to the Department of Community Affairs.
County: Clay County	Service: Coroner
1. Check the box that best describes th	e agreed upon delivery arrangement for this service:
Service will be provided country service provider. (If this box is chec service.):	wide (i.e., including all cities and unincorporated areas) by a single ked, identify the government, authority or organization providing the
Service will be provided only in to (If this box is checked, identify the generate.):	the unincorporated portion of the county by a single service provider government, authority or organization providing the
One or more cities will provide the will not be provided in unincorporate authority or organization providing the state of	nis service only within their incorporated boundaries, and the service ed areas. (If this box is checked, identify the government(s), the service:
One or more cities will provide the will provide the service in unincorporauthority or organization providing the service of t	nis service only within their incorporated boundaries, and the county orated areas. (If this box is checked, identify the government(s), the service.):
Other (If this box is checked, atta provider, and identify the government each service area.):	ach a legible map delineating the service area of each service ent, authority, or other organization that will provide service within
2. In developing the strategy, were ove of this service identified? ☐ Yes ✓ No	rlapping service areas, unnecessary competition and/or duplication
arrangement (i.e., overlapping but hig	the strategy, attach an explanation for continuing the ther levels of service (See O.C.G.A. 36-70-24(1)), overriding hat overlapping service areas or competition cannot be eliminated).
If these conditions will be eliminated u step or action that will be taken to elim	nder the strategy, attach an implementation schedule listing each inate them, the responsible party and the agreed upon deadline for

Local Government or Auth	ority: Fund	ling Method:
Clay County	General Fund	ing wieinou:
How will the strategy change the county?	e the previous arrangements for provid	ling and/or funding this service withi
N/A 5. List any formal service delive	ery agreements or intergovernmental c	contracts that will be used to
implement the strategy for thi	e cornica:	
Agreement Name:	Contracting Parties: Clay County, Bluffton, Fort Gaines	Effective and Ending Dates:
Agreement Name:	Contracting Parties:	Effective and Ending Dates: 10/31/2007 - 10/31/2017
Agreement Name:	Contracting Parties:	Effective and Ending Dates: 10/31/2007 - 10/31/2017
Agreement Name: Aster Service Delivery Agreement	Contracting Parties: Clay County, Blufflon, Fort Gaines	10/31/2007 - 10/31/2017
Agreement Name: Master Service Delivery Agreement 5. What other mechanisms (if an	Contracting Parties:	10/31/2007 - 10/31/2017
Agreement Name: Master Service Delivery Agreement 6. What other mechanisms (if an	Contracting Parties: Clay County, Blufflon, Fort Gaines Dry) will be used to implement the strate General Assembly, rate or fee changes,	egy for this service (e.g., ordinances, etc.), and when will they take effect



Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names

County: Clay County	Service: Clay Development Authority
I. Check the box that best describes the a	greed upon delivery arrangement for this service:
Service will be provided countywish	e (i.e., including all cities and unincorporated areas) by a single l, identify the government, authority or organization providing the
Service will be provided only in the (If this box is checked, identify the gove service.):	unincorporated portion of the county by a single service provider ernment, authority or organization providing the
One or more cities will provide this s will not be provided in unincorporated a authority or organization providing the	service only within their incorporated boundaries, and the service areas. (If this box is checked, identify the government(s), service:
One or more cities will provide this s	ervice only within their incorporated boundaries, and the county
Other (If this box is checked, attach a provider, and identify the government, a each service area.):	a legible map delineating the service area of each service authority, or other organization that will provide service within
In developing the strategy, were overlap of this service identified? Yes No	ping service areas, unnecessary competition and/or duplication
	strategy, attach an explanation for continuing the levels of service (See O.C.G.A. 36-70-24(1)), overriding overlapping service areas or competition cannot be eliminated).
these conditions will be climinated under	the strategy, attach an implementation schedule listing each them, the responsible party and the agreed upon deadline for

Local Community		
Local Government or Authorized Clay County		ding Method:
City County	General Fund	
4. How will the strategy change the county?	the previous arrangements for provide	ding and/or funding this service within
Clay Development Authority v	was not included in the last strateg	ду.
List any formal service delive implement the strategy for thi	ery agreements or intergovernmental (contracts that will be used to
Anna ann ann Al		
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
Agreement Name:	Contracting Parties: Clay County, Fort Gaines, Bluffton	Effective and Ending Dates: 10/31/2007 - 10/31/2017
asler Service Delivery Agreement	Clay County, Fort Gaines, Bluffton	10/31/2007 - 10/31/2017
asler Service Delivery Agreement . What other mechanisms (if an	Clay County, Fort Gaines, Bluffton V) will be used to implement the street	10/31/2007 - 10/31/2017
asler Service Delivery Agreement . What other mechanisms (if an	Clay County, Fort Gaines, Bluffton V) will be used to implement the street	10/31/2007 - 10/31/2017
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asler Service Delivery Agreement . What other mechanisms (if an	Clay County, Fort Gaines, Bluffton V) will be used to implement the street	10/31/2007 - 10/31/2017
asler Service Delivery Agreement . What other mechanisms (if an	Clay County, Fort Gaines, Bluffton V) will be used to implement the street	10/31/2007 - 10/31/2017
. What other mechanisms (if an resolutions, local acts of the G	y) will be used to implement the strateneral Assembly, rate or fee changes	10/31/2007 - 10/31/2017
What other mechanisms (if an resolutions, local acts of the G	y) will be used to implement the strateneral Assembly, rate or fee changes	tegy for this service (e.g., ordinances, etc.), and when will they take effect
asler Service Delivery Agreement . What other mechanisms (if an	y) will be used to implement the strateneral Assembly, rate or fee changes	tegy for this service (e.g., ordinances, etc.), and when will they take effect
What other mechanisms (if an resolutions, local acts of the G Person completing form: Allison Phone number: (706) 256-2910	Clay County, Fort Gaines, Bluffton y) will be used to implement the strateneral Assembly, rate or fee changes Slocum Date completed	tegy for this service (e.g., ordinances, etc.), and when will they take effect
Person completing form: Allison Phone number: (706) 256-2910 Is this the person who should be government projects are consis	Clay County, Fort Gaines, Bluffton y) will be used to implement the strateneral Assembly, rate or fee changes Slocum Date completed	tegy for this service (e.g., ordinances, etc.), and when will they take effect. 1: 10/09/2007 Evaluating whether proposed local by? Yes No



the bottom of the page) changes, this should be re	each service listed on page 1, Section III. Use exactly the same service names aching additional pages as necessary. If the contact person for this service (listed at ported to the Department of Community Affairs.
County: Clay County	Service: Dept. of Family & Children Services
1. Check the box that best describes the	agreed upon delivery arrangement for this service:
Service will be provided countywi	de (i.e., including all cities and unincorporated areas) by a single ed, identify the government, authority or organization providing the
Service will be provided only in the (If this box is checked, identify the go service.):	e unincorporated portion of the county by a single service provide vernment, authority or organization providing the
	service only within their incorporated boundaries, and the service areas. (If this box is checked, identify the government(s), eservice:
One or more cities will provide this	service only within their incorporated boundaries, and the county
Other (If this box is checked, attach provider, and identify the government each service area.):	a legible map delineating the service area of each service, authority, or other organization that will provide service within
. In developing the strategy, were overla of this service identified? Yes No	pping service areas, unnecessary competition and/or duplication
	e strategy, attach an explanation for continuing the r levels of service (See O.C.G.A. 36-70-24(1)), overriding toverlapping service areas or competition cannot be eliminated).
these conditions will be eliminated under	er the strategy, attach an implementation schedule listing each ate them, the responsible party and the agreed upon deadline for

Land Comment of the		
Local Government or Author Clay County		ding Method:
Clay County	General Fund, State Funds	
4. How will the strategy change t the county?	he previous arrangements for provi	ding and/or funding this service within
N/A		
provide the strategy for this	y agreements or intergovernmental service:	contracts that will be used to
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
Master Service Delivery Agreement	Clau Caut Blatte	- Lifective and Engine Dates:
	Clay County, Bluffton, Fort Gaines	10/31/2007 - 10/31/2017
Pepl. of Family & Children Svcs Agreement	Clay County, Clay County DFCS	10/31/2007 - 10/31/2017
		10/31/2007 - 10/31/2017
Depl. of Family & Children Svcs Agreement	Clay County, Clay County DFCS	10/31/2007 - 10/31/2017
Depl. of Family & Children Svcs Agreement 6. What other mechanisms (if any)	Clay County, Clay County DFCS	tegy for this service (e.g., ordinances, , etc.), and when will they take effect?
Depl. of Family & Children Svcs Agreement 6. What other mechanisms (if any)	Clay County, Clay County DFCS will be used to implement the strancral Assembly, rate or fee changes	tegy for this service (e.g., ordinances, , etc.), and when will they take effect?
2. Person completing form: Allison Signature Phone number: (706) 256-2910	Clay County, Clay County DFCS will be used to implement the straneral Assembly, rate or fee changes	tegy for this service (e.g., ordinances, etc.), and when will they take effect?
2. Person completing form: Allison St. Phone number: (706) 256-2910 Is this the person who should be government projects are consiste	Clay County, Clay County DFCS will be used to implement the strancral Assembly, rate or fee changes ocum Date completed	tegy for this service (e.g., ordinances, etc.), and when will they take effect? 10/09/2007 valuating whether proposed local Y? Yes \[\] No



Instructions:

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

County:	Clay County	Service: Economic Development Council
I. Checl	the box that best describes t	he agreed upon delivery arrangement for this service:
Se Servic	e provider. (If this box is che	wide (i.e., including all cities and unincorporated areas) by a single cked, identify the government, authority or organization providing the
Ser (If this service	s box is checked, identify the	the unincorporated portion of the county by a single service provider government, authority or organization providing the
will no	e or more cities will provide of be provided in unincorpora ity or organization providing	this service only within their incorporated boundaries, and the service ated areas. (If this box is checked, identify the government(s), the service:
will pi	e or more cities will provide to consider the service in unincorpity or organization providing	this service only within their incorporated boundaries, and the county porated areas. (If this box is checked, identify the government(s), the service.):
provid	er (If this box is checked, att der, and identify the governmervice area.):	tach a legible map delineating the service area of each service nent, authority, or other organization that will provide service within
of this	eloping the strategy, were ov service identified?	rerlapping service areas, unnecessary competition and/or duplication
arrange	ment (i.e., overlapping but hi	r the strategy, attach an explanation for continuing the igher levels of service (See O.C.G.A. 36-70-24(1)), overriding that overlapping service areas or competition cannot be eliminated).
If these o step or a completi	ction that will be taken to elim	under the strategy, attach an implementation schedule listing each ninate them, the responsible party and the agreed upon deadline for

Cl. O .	ority: Fund	ding Method:
Clay County	General Fund	uing meinou:
Bluffion	General Fund	
Fort Gaines	General Fund	
How will the strategy change the county?	the previous arrangements for provide	ding and/or funding this service within
N/A		
implement the strategy for thi Agreement Name: aster Service Delivery Agreement	cry agreements or intergovernmental of service: Contracting Parties: Clay County, Bluffton, Fort Gaines	Effective and Ending Dates: 10/31/2007 - 10/31/2017
. What other mechanisms (if an	y) will be used to implement the strat eneral Assembly, rate or fee changes,	egy for this service (e.g., ordinances, etc.), and when will they take effect?
resolutions, local acts of the G		
resolutions, local acts of the G		
Person completing form: Allison Phone number: (706) 256-2910		10/09/2007
Person completing form: Allison Phone number: (706) 256-2910 Is this the person who should be	Slocum Date completed: e contacted by state agencies when every strategy	walnatit-at



Instructions:

County: Clay County	Service: Elections
1. Check the box that best describes	the agreed upon delivery arrangement for this service:
Service will be provided count service provider. (If this box is che service.):	sywide (i.e., including all cities and unincorporated areas) by a single ecked, identify the government, authority or organization providing th
Service will be provided only in	n the unincorporated portion of the county by a single service provider
One or more cities will provide will not be provided in unincorpor	this service only within their incorporated boundaries, and the service ated areas. (If this box is checked, identify the government(s), g the service:
One or more cities will provide	this service only within their incorporated boundaries, and the county
Other (If this box is checked, at provider, and identify the government service area.):	tach a legible map delineating the service area of each service nent, authority, or other organization that will provide service within

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.

Local Government or Auth	ority: Fund	ding Method:
Clay County	General Fund	ang memous
Bluffton	General Fund	
Fort Gaines	General Fund	
4. How will the strategy change the county?	e the previous arrangements for provid	ding and/or funding this service within
N/A		
5. List any formal service delivinglement the strategy for the	ery agreements or intergovernmental c is service:	contracts that will be used to
Agreement Name:	Contracting Parties:	Effective and Ending Dates
	Contracting Parties: Clay County, Bluffton, Fort Gaines	Effective and Ending Dates:
Agreement Name: Master Service Delivery Agreement	Contracting Parties: Clay Counly, Bluffton, Fort Gaines	Effective and Ending Dates: 10/31/2007 - 10/31/2017
		Effective and Ending Dates: 10/31/2007 - 10/31/2017
		Effective and Ending Dates: 10/31/2007 - 10/31/2017
Master Service Delivery Agreement	Clay Counly, Bluffton, Fort Gaines	10/31/2007 - 10/31/2017
Master Service Delivery Agreement 6. What other mechanisms (if a		10/31/2007 - 10/31/2017
Master Service Delivery Agreement 6. What other mechanisms (if a	ny) will be used to implement the strat	tegy for this service (e.g., ordinances, etc.), and when will they take effect?
6. What other mechanisms (if an resolutions, local acts of the Control of the Con	ny) will be used to implement the strat	tegy for this service (e.g., ordinances, etc.), and when will they take effect? 1. 10/09/2007



Instructions:	
Make copies of this form and complete one for e listed on page 1. Answer each question below, attac the bottom of the page) changes, this should be rep	each service listed on page 1, Section III. Use exactly the same service names ching additional pages as necessary. If the contact person for this service (listed at content to the Department of Community Affairs.
County: Clay County	Service: Emergency Medical Services
I. Check the box that best describes the a	agreed upon delivery arrangement for this service:
Service will be provided countywid	le (i.e., including all cities and unincorporated areas) by a single
Service will be provided only in the	unincorporated portion of the county by a single service provider, rernment, authority or organization providing the
One or more cities will provide this swill not be provided in unincorporated authority or organization providing the	service only within their incorporated boundaries, and the service areas. (If this box is checked, identify the government(s), service:
One or more cities will provide this s	service only within their incorporated boundaries, and the county
Other (If this box is checked, attach provider, and identify the government, each service area.):	a legible map delineating the service area of each service authority, or other organization that will provide service within
. In developing the strategy, were overlap of this service identified? Yes No	oping service areas, unnecessary competition and/or duplication
	strategy, attach an explanation for continuing the levels of service (See O.C.G.A. 36-70-24(1)), overriding overlapping service areas or competition cannot be eliminated).
these conditions will be eliminated under	r the strategy, attach an implementation schedule listing each e them, the responsible party and the agreed upon deadline for

	t fees, bonded indebtedness, etc.).	
Local Government or Authority Clay County		ding Method:
Fort Gaines	General Fund, User Fees	
Ort Gairles	General Fund	
4. How will the strategy change the county?	the previous arrangements for provide	ding and/or funding this service with
he City of Fort Gaines provid	des quarters for on-duty personne	el in City Hall.
List any formal service deliver	ry agreements or intergovernmental	contracts that will be used to
improment the strategy for this	s service:	
Agreement Name:	Contracting Parties:	Effective and Ending Dates.
Agreement Name:	s service:	
Agreement Name:	Contracting Parties:	Effective and Ending Dates.
the strategy for this	Contracting Parties:	Effective and Ending Dates.
Agreement Name: aster Service Delivery Agreement	Contracting Parties: Clay County, Bluffton, Fort Gaines	Effective and Ending Dates. 10/31/2007 - 10/31/2017
Agreement Name: Saster Service Delivery Agreement Saster Service Delivery Agreement	Clay County, Bluffton, Fort Gaines Clay County, Bluffton, Fort Gaines	Effective and Ending Dates
Agreement Name: Saster Service Delivery Agreement Saster Service Delivery Agreement	Contracting Parties: Clay County, Bluffton, Fort Gaines y) will be used to implement the strateneral Assembly, rate or fee changes.	Effective and Ending Dates 10/31/2007 - 10/31/2017 tegy for this service (e.g., ordinances, etc.), and when will they take effect
Agreement Name: aster Service Delivery Agreement b. What other mechanisms (if any resolutions, local acts of the Go Person completing form: Allisons Phone number: (706) 256-2910 Is this the person who should be	Clay County, Bluffton, Fort Gaines Clay County, Bluffton, Fort Gaines y) will be used to implement the strateneral Assembly, rate or fee changes.	Effective and Ending Dates 10/31/2007 - 10/31/2017 tegy for this service (e.g., ordinances etc.), and when will they take effect



Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names

County: Clay County	Service: Extension Service
1. Check the box that best describes th	e agreed upon delivery arrangement for this service:
Service will be provided county	wide (i.e., including all cities and unincorporated areas) by a single ked, identify the government, authority or organization providing the
Service will be provided only in t (If this box is checked, identify the g service.):	he unincorporated portion of the county by a single service provider government, authority or organization providing the
One or more cities will provide the will not be provided in unincorporate authority or organization providing the state of	is service only within their incorporated boundaries, and the service ed areas. (If this box is checked, identify the government(s), he service:
One or more cities will provide th	is service only within their incorporated boundaries, and the county
Other (If this box is checked, attacprovider, and identify the government each service area.):	ch a legible map delineating the service area of each service nt, authority, or other organization that will provide service within
In developing the strategy, were over of this service identified? Yes No	lapping service areas, unnecessary competition and/or duplication
	he strategy, attach an explanation for continuing the ner levels of service (See O.C.G.A. 36-70-24(1)), overriding at overlapping service areas or competition cannot be eliminated).
these conditions will be eliminated up	der the strategy, attach an implementation schedule listing each nate them, the responsible party and the agreed upon deadline for

Local Government or Auth	iority: Fu	iding Method:
Clay County	General Fund, Slale Funds	uing Memoa:
4. How will the strategy change the county?	e the previous arrangements for prov	iding and/or funding this service with
N/A		
J. List any formal service delive	ery agreements or interconnection	
implement the strategy for thi		
Agreement Name:	Contracting Parties:	contracts that will be used to Effective and Ending Dates.
Agreement Name:	is scivice.	Effective and Ending Dates.
Agreement Name:	Contracting Parties: Clay Counly, UGA Extension Service	
Agreement Name:	Contracting Parties: Clay Counly, UGA Extension Service	Effective and Ending Dates.
Agreement Name: Memorandum of Agreement Master Service Delivery Agreement	Contracting Parties: Clay Counly, UGA Extension Service Clay Counly, Bluffton, Fort Gaines	Effective and Ending Dates. 10/31/2007 - 10/31/2017
Agreement Name: Memorandum of Agreement Master Service Delivery Agreement	Contracting Parties: Clay County, UGA Extension Service Clay County, Bluffton, Fort Gaines	Effective and Ending Dates.
Agreement Name: Memorandum of Agreement Master Service Delivery Agreement	Contracting Parties: Clay County, UGA Extension Service Clay County, Bluffton, Fort Gaines	Effective and Ending Dates. 10/31/2007 - 10/31/2017
Agreement Name: Memorandum of Agreement Master Service Delivery Agreement	Contracting Parties: Clay County, UGA Extension Service Clay County, Bluffton, Fort Gaines	Effective and Ending Dates. 10/31/2007 - 10/31/2017
Agreement Name: Memorandum of Agreement Master Service Delivery Agreement	Contracting Parties: Clay County, UGA Extension Service Clay County, Bluffton, Fort Gaines	Effective and Ending Dates. 10/31/2007 - 10/31/2017
Agreement Name: Memorandum of Agreement Master Service Delivery Agreement	Contracting Parties: Clay County, UGA Extension Service Clay County, Bluffton, Fort Gaines	Effective and Ending Dates. 10/31/2007 - 10/31/2017
Agreement Name: Ilemorandum of Agreement Ileaster Service Delivery Agreement S. What other mechanisms (if an resolutions, local acts of the Co	Clay County, UGA Extension Service Clay County, Bluffton, Fort Gaines ay) will be used to implement the strageneral Assembly, rate or fee changes	Effective and Ending Dates. 10/31/2007 - 10/31/2017
Agreement Name: Idenorandum of Agreement I	Clay County, UGA Extension Service Clay County, Bluffton, Fort Gaines ay) will be used to implement the strageneral Assembly, rate or fee changes	Effective and Ending Dates 10/31/2007 - 10/31/2017
Agreement Name: Memorandum of Agreement Master Service Delivery Agreement 5. What other mechanisms (if an resolutions, local acts of the Co	Clay County, UGA Extension Service Clay County, Bluffton, Fort Gaines ay) will be used to implement the strageneral Assembly, rate or fee changes	Effective and Ending Dates. 10/31/2007 - 10/31/2017 attegy for this service (e.g., ordinances, s, etc.), and when will they take effect
Agreement Name: Agreement Name: Asster Service Delivery Agreement Asster Service De	Clay County, UGA Extension Service Clay County, Bluffton, Fort Gaines ny) will be used to implement the strageneral Assembly, rate or fee changes	Effective and Ending Dates. 10/31/2007 - 10/31/2017 stegy for this service (e.g., ordinances, etc.), and when will they take effect



Instructions:

County: Clay County	Service: Fort Gaines Downtown Development Authority
1. Check the box that best describes the	e agreed upon delivery arrangement for this service:
☐ Service will be provided county	wide (i.e., including all cities and unincorporated areas) by a single ked, identify the government, authority or organization providing th
Service will be provided only in the grant (If this box is checked, identify the grant service.):	he unincorporated portion of the county by a single service provider covernment, authority or organization providing the
One or more cities will provide the	is service only within their incorporated boundaries, and the service
One or more cities will provide the will provide the service in unincorporauthority or organization providing to	is service only within their incorporated boundaries, and the county rated areas. (If this box is checked, identify the government(s), the service.):
Other (If this box is checked, atta provider, and identify the government each service area.):	ch a legible map delineating the service area of each service nt, authority, or other organization that will provide service within

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.

the county:	General Fund ulhority Local Funds, Federal & State Gran	ling Method: Is and Loans ding and/or funding this service within
4. How will the strategy change t the county?	the previous arrangements for provid	
the county:	the previous arrangements for provid	
the county:		ding and/or funding this service within
the county:		
		luded in the last strategy.
Agreement Name:	y agreements or intergovernmental of service: Contracting Parties:	contracts that will be used to Effective and Ending Dates:
asler Service Delivery Agreement	Clay County, Fort Gaines, Blufflon	10/31/2007 - 10/31/2017
. What other mechanisms (if any resolutions, local acts of the Ge	y) will be used to implement the strategier or fee changes	tegy for this service (e.g., ordinances, , etc.), and when will they take effect
Person completing form: Allison S Phone number: (706) 256-2910		
Is this the person who should be government projects are consist	Date completed contacted by state agencies when e ent with the service delivery strategy ct person(s) and phone number(s) be	evaluating whether proposed local y? Yes No
		now.



Instructions:	
listed on page 1. Answer each question below, at the bottom of the page) changes, this should be re-	or each service listed on page 1, Section III. Use exactly the same service names ttaching additional pages as necessary. If the contact person for this service (listed a reported to the Department of Community Affairs.
County: Clay County	Service: Fire Department & Protection
1. Check the box that best describes the	e agreed upon delivery arrangement for this service:
Service will be provided countypy	ride (i.e., including all cities and unincorporated areas) by a single
Service will be provided only in the	ne unincorporated portion of the county by a single service provider overnment, authority or organization providing the
	is service only within their incorporated boundaries, and the service d areas. (If this box is checked, identify the government(s), he service:
One or more cities will provide this	s service only within their incorporated boundaries, and the county
Other (If this box is checked, attac provider, and identify the governmen each service area.):	th a legible map delineating the service area of each service at, authority, or other organization that will provide service within
. In developing the strategy, were overland of this service identified? ☐ Yes ☑ No	apping service areas, unnecessary competition and/or duplication
	ne strategy, attach an explanation for continuing the er levels of service (See O.C.G.A. 36-70-24(1)), overriding at overlapping service areas or competition cannot be eliminated).
these conditions will be climinated und	der the strategy, attach an implementation schedule listing each tate them, the responsible party and the agreed upon deadline for

Local Government or Auth	ority: Fund	ing Method:
Clay County	General Fund, Federal & Slate Gran	
Bluffton	General Fund, Federal & Slale Gran	nis
Fort Gaines	General Fund, Federal & State Gran	ils
Georgia Forestry Commission	State Funds, Federal Funds	
4. How will the strategy change the county?	e the previous arrangements for provid	ing and/or funding this service within
	equipment for the Clay County Fire	
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
Assler Service Delivery Assessed	Clay County, Bluffton, Fort Gaines	
		10/31/2007 - 10/31/2017
lemorandum of Agreement	Clay County, Georgia Forestry Commission	
Memorandum of Agreement		
Memorandum of Agreement Memorandum of Agreement 6. What other mechanisms (if a	Clay County, Georgia Forestry Commission	pay for this ramina (a
7. Person completing form: Alliso Phone number: (706) 256-2910	Clay County, Georgia Forestry Commission Clay County, Bluffton ny) will be used to implement the strate General Assembly, rate or fee changes, n Slocum Date completed:	egy for this service (e.g., ordinances, etc.), and when will they take effect?
Memorandum of Agreement Memorandum of Agreement 6. What other mechanisms (if ar resolutions, local acts of the Completing form: Phone number: (706) 256-2910 8. Is this the person who should government projects are consi	Clay County, Georgia Forestry Commission Clay County, Bluffton ny) will be used to implement the strate General Assembly, rate or fee changes,	egy for this service (e.g., ordinances, etc.), and when will they take effect? 10/09/2007 valuating whether proposed local ?



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 Allairs.		
County: Clay County	Service: Garbage Service	
1. Check the box that best describes th	ne agreed upon delivery arrangement for this service:	
Service will be provided country scrvice provider. (If this box is chec service.):	wide (i.e., including all cities and unincorporated areas) by a single ked, identify the government, authority or organization providing the	
Service will be provided only in tagget (If this box is checked, identify the generate.):	the unincorporated portion of the county by a single service provider. government, authority or organization providing the	
One or more cities will provide the will not be provided in unincorporate authority or organization providing t	nis service only within their incorporated boundaries, and the service ed areas. (If this box is checked, identify the government(s), the service:	
One or more cities will provide the will provide the service in unincorporauthority or organization providing to	nis service only within their incorporated boundaries, and the county orated areas. (If this box is checked, identify the government(s), he service.):	
Other (If this box is checked, atta provider, and identify the governme each service area.):	ich a legible map delineating the service area of each service ent, authority, or other organization that will provide service within	
2. In developing the strategy, were over of this service identified? ☐ Yes ☑ No	rlapping service areas, unnecessary competition and/or duplication	
arrangement (i.e., overlapping but hig	the strategy, attach an explanation for continuing the her levels of service (See O.C.G.A. 36-70-24(1)), overriding hat overlapping service areas or competition cannot be eliminated).	
f these conditions will be eliminated ur	nder the strategy, attach an implementation schedule listing each inate them, the responsible party and the agreed upon deadline for	

Local Government or Autho	rity.	ing Method:
lay County	General Fund, User Fees	пу метоа:
4. How will the strategy change the county?	the previous arrangements for provid	ing and/or funding this service withi
he City of Fort Gaines provide	les yard trash pick up for city resid	ents.
5. List any formal service delive	ry agreements or intergovernmental c	ontracts that will be used to
List any formal service delive implement the strategy for this	ry agreements or intergovernmental c s service:	ontracts that will be used to
implement the strategy for this	s service:	
implement the strategy for this Agreement Name:	s service: Contracting Parties:	Effective and Ending Dates.
implement the strategy for this Agreement Name:	s service:	
implement the strategy for this Agreement Name:	s service: Contracting Parties:	Effective and Ending Dates.
implement the strategy for this Agreement Name:	s service: Contracting Parties:	Effective and Ending Dates.
implement the strategy for this Agreement Name:	s service: Contracting Parties:	Effective and Ending Dates.
implement the strategy for this Agreement Name: aster Service Delivery Agreement	Contracting Parties: Clay County, Bluffton, Fort Gaines	Effective and Ending Dates. 10/31/2007 - 10/31/2017
implement the strategy for this Agreement Name: aster Service Delivery Agreement 6. What other mechanisms (if an	Contracting Parties: Clay County, Bluffton, Fort Gaines Lay will be used to implement the strat	Effective and Ending Dates. 10/31/2007 - 10/31/2017 egy for this service (e.g., ordinances
implement the strategy for this Agreement Name: aster Service Delivery Agreement 5. What other mechanisms (if an	Contracting Parties: Clay County, Bluffton, Fort Gaines	Effective and Ending Dates. 10/31/2007 - 10/31/2017 egy for this service (e.g., ordinances
implement the strategy for this Agreement Name: aster Service Delivery Agreement 5. What other mechanisms (if an	Contracting Parties: Clay County, Bluffton, Fort Gaines Lay will be used to implement the strat	Effective and Ending Dates. 10/31/2007 - 10/31/2017 egy for this service (e.g., ordinances
implement the strategy for this Agreement Name: aster Service Delivery Agreement 5. What other mechanisms (if an	Contracting Parties: Clay County, Bluffton, Fort Gaines Lay will be used to implement the strat	Effective and Ending Dates. 10/31/2007 - 10/31/2017 egy for this service (e.g., ordinances
implement the strategy for this Agreement Name: laster Service Delivery Agreement 6. What other mechanisms (if an	Contracting Parties: Clay County, Bluffton, Fort Gaines Lay will be used to implement the strat	Effective and Ending Dates. 10/31/2007 - 10/31/2017 egy for this service (e.g., ordinances
implement the strategy for this Agreement Name: Master Service Delivery Agreement 6. What other mechanisms (if an	Contracting Parties: Clay County, Bluffton, Fort Gaines Lay will be used to implement the strat	Effective and Ending Dates. 10/31/2007 - 10/31/2017 egy for this service (e.g., ordinances
implement the strategy for this Agreement Name: Master Service Delivery Agreement 6. What other mechanisms (if an	Contracting Parties: Clay County, Bluffton, Fort Gaines Lay will be used to implement the strat	Effective and Ending Dates. 10/31/2007 - 10/31/2017 egy for this service (e.g., ordinances
Agreement Name: Agreement Name: Master Service Delivery Agreement 6. What other mechanisms (if an resolutions, local acts of the G	Contracting Parties: Clay County, Bluffton, Fort Gaines Ey) will be used to implement the strate general Assembly, rate or fee changes,	Effective and Ending Dates. 10/31/2007 - 10/31/2017 egy for this service (e.g., ordinances
Agreement Name: Agreement Name: Asser Service Delivery Agreement 6. What other mechanisms (if an resolutions, local acts of the G	Contracting Parties: Clay County, Bluffton, Fort Gaines Lay) will be used to implement the straticeneral Assembly, rate or fee changes,	Effective and Ending Dates. 10/31/2007 - 10/31/2017 egy for this service (e.g., ordinances, etc.), and when will they take effect
implement the strategy for this Agreement Name: Master Service Delivery Agreement 6. What other mechanisms (if an	Contracting Parties: Clay County, Bluffton, Fort Gaines Ey) will be used to implement the strate general Assembly, rate or fee changes,	Effective and Ending Dates. 10/31/2007 - 10/31/2017 egy for this service (e.g., ordinances, etc.), and when will they take effect
Agreement Name: Agreement Name: Asser Service Delivery Agreement 6. What other mechanisms (if an resolutions, local acts of the Green of the Gree	Contracting Parties: Clay County, Bluffton, Fort Gaines Lay) will be used to implement the straticeneral Assembly, rate or fee changes,	egy for this service (e.g., ordinances etc.), and when will they take effect the effect effect the effect effect effect effect the effect effet effet effect effet



Instructions:

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names

County: Clay County	Service: Fort Gaines Hospital Authority
1. Check the box that best describes the	agreed upon delivery arrangement for this service:
Service will be provided countyw service provider. (If this box is check service.):	ride (i.e., including all cities and unincorporated areas) by a single ted, identify the government, authority or organization providing the
Service will be provided only in the (If this box is checked, identify the goservice.):	ne unincorporated portion of the county by a single service provider overnment, authority or organization providing the
One or more cities will provide this will not be provided in unincorporate authority or organization providing the	is service only within their incorporated boundaries, and the service ed areas. (If this box is checked, identify the government(s), the service:
One or more cities will provide thi will provide the service in unincorpor authority or organization providing the	is service only within their incorporated boundaries, and the county rated areas. (If this box is checked, identify the government(s), he service.):
Other (If this box is checked, attacprovider, and identify the government each service area.):	ch a legible map delineating the service area of each service nt, authority, or other organization that will provide service within
2. In developing the strategy, were over of this service identified? ☐ Yes ☑ No	rlapping service areas, unnecessary competition and/or duplication
arrangement (i.e., overlapping but higl	the strategy, attach an explanation for continuing the her levels of service (See O.C.G.A. 36-70-24(1)), overriding that overlapping service areas or competition cannot be eliminated).
If these conditions will be eliminated un step or action that will be taken to elimi completing it.	nder the strategy, attach an implementation schedule listing each inate them, the responsible party and the agreed upon deadline for

Local Government or Author	ority: Fund	ing Method:
Clay County	General Fund	
ort Gaines Hospilal Authority	Federal & Stale Grants & Loans, Bo	nds
4. How will the strategy change the county?	the previous arrangements for provid	ing and/or funding this service within
he Fort Gaines Hospital Au	thority was not included in the last	strategy.
5. List any formal service delivinglement the strategy for th	ery agreements or intergovernmental of is service: Contracting Parties:	
		Effective and Ending Dates:
	Clay County, Fort Gaines, Blufflon	10/31/2007 - 10/31/2017
Master Service Delivery Agreement		
Master Service Delivery Agreement 6. What other mechanisms (if a		tegy for this service (e.g., ordinances,
Master Service Delivery Agreement 6. What other mechanisms (if a	Clay County, Fort Gaines, Bluftton any) will be used to implement the stra General Assembly, rate or fee changes	tegy for this service (e.g., ordinances, s, etc.), and when will they take effect
6. What other mechanisms (if a resolutions, local acts of the Phone number: (706) 256-2910 8. Is this the person who should	Clay County, Fort Gaines, Bluftton any) will be used to implement the stra General Assembly, rate or fee changes	tegy for this service (e.g., ordinances, s, etc.), and when will they take effect d: 10/09/2007



Instructions:

(County: Clay County Service: Jail
l	. 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 provided (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.):
	In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified? ☐ Yes ☑ No
•	these conditions will continue under the strategy, attach an explanation for continuing the rangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding nefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).
f i	these conditions will be eliminated under the strategy, attach an implementation schedule listing each p or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for appleting it.

	ority: Fund	ding Method:
Clay County	General Fund	
Fort Gaines	General Fund, Fines	
How will the strategy change the county?	the previous arrangements for provi	ding and/or funding this service within
N/A		
5. List any formal service delive implement the strategy for thi	ery agreements or intergovernmental s service:	contracts that will be used to
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
Master Service Delivery Agreement	Clay County, Bluffton, Fort Gaines	10/31/2007 - 10/31/2017
lemorandum of Agreement	Clay County, Miller County	
6. What other mechanisms (if an resolutions, local acts of the G	ry) will be used to implement the stra eneral Assembly, rate or fee changes	tegy for this service (e.g., ordinances, , etc.), and when will they take effect?
7. Person completing form: Allison	Slocum	, etc.), and when will they take effect?
Person completing form: Allison Phone number: (706) 256-2910 Is this the person who should be government projects are consist	eneral Assembly, rate or fee changes	; etc.), and when will they take effect? : 10/09/2007 valuating whether proposed local y? ✓ Yes □No





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: Clay County	Service: Land Use Planning
1. Check the box that best describes the	agreed upon delivery arrangement for this service:
Service will be provided countyweservice provider. (If this box is checkeservice.):	ide (i.e., including all cities and unincorporated areas) by a single ed, identify the government, authority or organization providing the
Service will be provided only in the (If this box is checked, identify the go service.):	e unincorporated portion of the county by a single service provider overnment, authority or organization providing the
One or more cities will provide this will not be provided in unincorporated authority or organization providing the	s service only within their incorporated boundaries, and the service d areas. (If this box is checked, identify the government(s), e service:
One or more cities will provide this will provide the service in unincorpora authority or organization providing the	s service only within their incorporated boundaries, and the county ated areas. (If this box is checked, identify the government(s), a service.):
Other (If this box is checked, attack provider, and identify the government each service area.):	h a legible map delineating the service area of each service t, authority, or other organization that will provide service within
In developing the strategy, were overland of this service identified? Yes No	apping service areas, unnecessary competition and/or duplication
rrangement (i.e., overlapping but high	e strategy, attach an explanation for continuing the er levels of service (See O.C.G.A. 36-70-24(1)), overriding to overlapping service areas or competition cannot be eliminated).
these conditions will be eliminated und	ler the strategy, attach an implementation schedule listing each ate them, the responsible party and the agreed upon deadline for

Local Government or Auth	ority: Fund	ding Method:				
Clay County	General Fund	ang memoa:				
Bluffton		General Fund				
Fort Gaines	General Fund					
4. How will the strategy chang the county?	e the previous arrangements for provid	ding and/or funding this service within				
he Clay County Joint Compr	Menniell and Cilizens from each i	no longer in existence. However, iurisdiction are working together on				
implement the strategy for the Agreement Name:	Contracting Parties:					
leader Comit But	Communing Furnes.	Lifetive und Enging Daies:				
asler Service Delivery Agreement	Clay Counly, Bluffton, Fort Gaines	Effective and Ending Dates: 10/31/2007 - 10/31/2017				
asler Service Delivery Agreement 5. What other mechanisms (if an	Clay County, Bluffton, Fort Gaines	10/31/2007 - 10/31/2017				
5. What other mechanisms (if ar resolutions, local acts of the C	Clay Counly, Bluffton, Fort Gaines ny) will be used to implement the strate general Assembly, rate or fee changes,	10/31/2007 - 10/31/2017				
Derson completing form: Allisor Phone number: 1706) 256-2910	Clay Counly, Bluffton, Fort Gaines any) will be used to implement the strate General Assembly, rate or fee changes, a Stocum Date completed to complete the contacted by state agencies when one contacted by state agencies agenc	egy for this service (e.g., ordinances, etc.), and when will they take effect?				
Derson completing form: Allisor Phone number: 1706) 256-2910 Is this the person who should be government projects are consistent.	Clay Counly, Bluffton, Fort Gaines ny) will be used to implement the strat General Assembly, rate or fee changes,	in 10/31/2007 - 10/31/2017 legy for this service (e.g., ordinances, etc.), and when will they take effect? In 10/09/2007 In 10/09/2007 In 10/09/2007 In 10/09/2007 In 10/09/2007 In 10/09/2007				

Clay County, Georgia Service Delivery Areas: Landuse Planning 266 Fort Gaines **27 Service Delivery Areas** County Boundary Fort Gaines City Limits Bluffton City Limits 5 Miles

SERVICE DELIVERY STRATEGY SUMMARY OF LAND USE AGREEMENTS

PAGE 3

ì	ns	f	-11	e t	in		
ŧ	112	41	ш		163	n	c

County: Clay County	0		
	r conflicts between the land us?	e plans of local governme	nts were identified in the process of developing the
None.			
2.01			
2. Check the boxes indicati	ng how these incompatibilities	or conflicts were addresse	d:
amendments to existing	g comprehensive plans		Note: If the necessary plan amendments,
☐ adoption of a joint con	prehensive plan		regulations, ordinances, etc. have not yet been formally adopted, indicate when each of the
If "other measures" was che	zoning ordinances, add enviro cked, describe these measures:	nmental regulations, etc.	affected local governments will adopt them.
N/A	cked, describe these measures:		
3. Summarize the process th	at will be used to reaches the		
Prior to initiating any form	mal annexation activities eit	y will notify county. The	es with the proposed land use classification(s) for crent cities in the county, summarize each process county will forward to the city a statement forfeit right to object. Unresolved conflicts city cannot proceed
Prior to initiating any form of agreement or objection will require the use of me	mal annexation activities, cit n with details. The county n ediation. If mediation results	y will notify county. The nust reply in 45 days or in no consensus, the c	erent cities in the county, summarize each process county will forward to the city a statement forfeit right to object. Unresolved conflicts city cannot proceed
Prior to initiating any form of agreement or objection will require the use of medical will require the use of medical water to the control of the control o	mal annexation activities, cit n with details. The county n ediation. If mediation results and/or processes have been est and sewer service will be con	y will notify county. The nust reply in 45 days or in no consensus, the contablished by local governments between with all applicable	erent cities in the county, summarize each process county will forward to the city a statement forfeit right to object. Unresolved conflicts city cannot proceed ments (and water and sewer authorities) to ensure land use plans and ordinances?
Prior to initiating any form of agreement or objection will require the use of medical will require the use of medical water to the control of the control o	mal annexation activities, cit n with details. The county n ediation. If mediation results and/or processes have been es r and sewer service will be con	y will notify county. The nust reply in 45 days or in no consensus, the contablished by local governments between with all applicable	erent cities in the county, summarize each process county will forward to the city a statement forfeit right to object. Unresolved conflicts city cannot proceed ments (and water and sewer authorities) to ensure land use plans and ordinances?
Prior to initiating any form of agreement or objection will require the use of medical waters of the control of	mal annexation activities, cit n with details. The county n ediation. If mediation results and/or processes have been es r and sewer service will be con es of Bluffton and Fort Gaine s will be consistent with all a	y will notify county. The nust reply in 45 days or in no consensus, the contablished by local governments between with all applicable	erent cities in the county, summarize each process county will forward to the city a statement forfeit right to object. Unresolved conflicts city cannot proceed ments (and water and sewer authorities) to ensure land use plans and ordinances?
Prior to initiating any form of agreement or objection will require the use of medical will require the use of medical water to the control of the control o	mal annexation activities, cit n with details. The county n ediation. If mediation results and/or processes have been es r and sewer service will be con es of Bluffton and Fort Gaine is will be consistent with all a	y will notify county. The nust reply in 45 days or in no consensus, the contablished by local governments between with all applicable	erent cities in the county, summarize each process county will forward to the city a statement forfeit right to object. Unresolved conflicts city cannot proceed ments (and water and sewer authorities) to ensure land use plans and ordinances? In place to ensure that new extraterritorial and ordinances.



Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names

County: Clay County	Service: Law Enforcement
l. Check the box that best describes the	e agreed upon delivery arrangement for this service:
Service will be provided country	vide (i.e., including all cities and unincorporated areas) by a single ked, identify the government, authority or organization providing the
Service will be provided only in the (If this box is checked, identify the goservice.):	ne unincorporated portion of the county by a single service provider overnment, authority or organization providing the
One or more cities will provide thi will not be provided in unincorporate authority or organization providing the	is service only within their incorporated boundaries, and the service id areas. (If this box is checked, identify the government(s), he service:
One or more cities will provide this will provide the service in unincorpor authority or organization providing the	s service only within their incorporated boundaries, and the county rated areas. (If this box is checked, identify the government(s), the service.):
Other (If this box is checked, attac provider, and identify the governmen each service area.): Clay County, Fort Gaines	th a legible map delineating the service area of each service at, authority, or other organization that will provide service within
In developing the strategy, were overl of this service identified? ☐Yes ☑No	apping service areas, unnecessary competition and/or duplication
The state of the s	ne strategy, attach an explanation for continuing the er levels of service (See O.C.G.A. 36-70-24(1)), overriding at overlapping service areas or competition cannot be eliminated).
these conditions will be eliminated und	der the strategy, attach an implementation schedule listing each ate them, the responsible party and the agreed upon deadline for

Clay County, Georgia Service Delivery Areas: Law Enforcement 266 Fort Gaines **Service Delivery Areas** County Boundary Fort Gaines City Limits 5 Miles

Local Government or Auth	ority:Fun	ding Method:
Clay County	General Fund	3
Fort Gaines	General Fund	
4. How will the strategy change the county?	e the previous arrangements for provi	iding and/or funding this service within
N/A		
List any formal service delive implement the strategy for thi	ery agreements or intergovernmental is service:	contracts that will be used to
Agreement Name:	Contracting Parties	rec
Agreement Name:	Clay Couply Phiffigs 5-40:	Effective and Ending Dates:
Masler Service Delivery Agreement	Clay County, Bluffton, Fort Gaines	Effective and Ending Dates: 10/31/2007 - 10/31/2017
Master Service Delivery Agreement		
Master Service Delivery Agreement	Clay County, Bluffton, Fort Gaines	
Master Service Delivery Agreement Memorandum of Agreement	Clay County, Bluffton, Fort Gaines Clay County, Bluffton	10/31/2007 - 10/31/2017
Master Service Delivery Agreement Memorandum of Agreement 6. What other mechanisms (if an	Clay County, Bluffton, Fort Gaines Clay County, Bluffton	
Master Service Delivery Agreement Memorandum of Agreement 6. What other mechanisms (if an resolutions, local acts of the G	Clay County, Bluffton, Fort Gaines Clay County, Bluffton Display will be used to implement the strategeneral Assembly, rate or fee changes	tegy for this service (e.g., ordinances, e., etc.), and when will they take effect?
Master Service Delivery Agreement Memorandum of Agreement 6. What other mechanisms (if an resolutions, local acts of the Company of the Com	Clay County, Bluffton, Fort Gaines Clay County, Bluffton ny) will be used to implement the strategeral Assembly, rate or fee changes	tegy for this service (e.g., ordinances, etc.), and when will they take effect?



Make copies of this form and complete one for each service listed on page 1, Section 111. 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.

hing additional pages as necessary. If the contact person for this service (listed at orted to the Department of Community Affairs.
Service: Library Services
greed upon delivery arrangement for this service:
e (i.e., including all cities and unincorporated areas) by a single l, identify the government, authority or organization providing the
unincorporated portion of the county by a single service provider ernment, authority or organization providing the
service only within their incorporated boundaries, and the service areas. (If this box is checked, identify the government(s), service:
service only within their incorporated boundaries, and the county ed areas. (If this box is checked, identify the government(s), service.):
a legible map delineating the service area of each service authority, or other organization that will provide service within
pping service areas, unnecessary competition and/or duplication
e strategy, attach an explanation for continuing the r levels of service (See O.C.G.A. 36-70-24(1)), overriding overlapping service areas or competition cannot be eliminated).
er the strategy, attach an implementation schedule listing each te them, the responsible party and the agreed upon deadline for

	rity: Fund	ling Method:
Clay County	General Fund	ing memou.
Fort Gaines	General Fund	
Clay County Board of Education	Stale Funds, Local Funds	
Kinchafoonee Regional Library System	Slale Funds	
How will the strategy change t the county?	he previous arrangements for provio	ling and/or funding this service within
5. List any formal service deliver implement the strategy for this	y agreements or intergovernmental of service:	contracts that will be used to
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
faster Service Delivery Agreement	Clay Counly, Fort Gaines, Bluffton	10/31/2007 - 10/31/2017
) will be used to implement the strat	egy for this service (e.g., ordinances
What other mechanisms (if any resolutions, local acts of the Ge	neral Assembly, rate or fee changes.	etc.), and when will they take effect?
6. What other mechanisms (if any resolutions, local acts of the Ge	neral Assembly, rate or fee changes,	etc.), and when will they take effect?
6. What other mechanisms (if any resolutions, local acts of the Ge 7. Person completing form: Allison S Phone number: (706) 256-2910	locum	etc.), and when will they take effect?
Person completing form: Allison S Phone number: (706) 256-2910 Is this the person who should be	neral Assembly, rate or fee changes,	etc.), and when will they take effect?



Make copies of this form and complete one for each service listed on page 1, Section 111. 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 a the bottom of the page) changes, this should be reported to the Department of Community Affairs.

County: Clay County	Service: Mental Health Services
l. Check the box that best describes the agr	reed upon delivery arrangement for this service:
Service will be provided countywide service provider. (If this box is checked, service.):	(i.e., including all cities and unincorporated areas) by a single identify the government, authority or organization providing the
Service will be provided only in the un (If this box is checked, identify the gover service.):	nincorporated portion of the county by a single service provider mment, authority or organization providing the
One or more cities will provide this se will not be provided in unincorporated ar authority or organization providing the se	rvice only within their incorporated boundaries, and the service eas. (If this box is checked, identify the government(s), ervice:
One or more cities will provide this se will provide the service in unincorporated authority or organization providing the se	rvice only within their incorporated boundaries, and the county d areas. (If this box is checked, identify the government(s), ervice.):
Other (If this box is checked, attach a provider, and identify the government, at each service area.):	legible map delineating the service area of each service uthority, or other organization that will provide service within
In developing the strategy, were overlapp of this service identified? Yes No	ing service areas, unnecessary competition and/or duplication
rrangement (i.e., overlapping but higher le	trategy, attach an explanation for continuing the evels of service (See O.C.G.A. 36-70-24(1)), overriding verlapping service areas or competition cannot be eliminated).
	the strategy, attach an implementation schedule listing each

Local Government or Author	ority: Fund	ding Method:
Clay County	General Fund	
4. How will the strategy change the county?	e the previous arrangements for provide	ding and/or funding this service withi
N/A		
5 List any formal service deliver	ery agreements or intergovernmental (
o. List any formai service delivi	ery agreements or intergovernmental (contracts that will be used to
implement the strategy for this	is service.	
implement the strategy for thi	is service:	
Agreement Name:	s service: Contracting Parties:	Effective and Ending Dates.
Agreement Name: Agreement Name:	is service:	Effective and Ending Dates.
Agreement Name: Agreement Name:	is service: Contracting Parties:	
Agreement Name: Agreement Name:	Contracting Parties: Clay County, Fort Gaines, Bluffton	
Agreement Name: Agreement Name:	Contracting Parties: Clay County, Fort Gaines, Bluffton	
Agreement Name: Agreement Name: laster Service Delivery Agreement lemorandum of Agreement	Contracting Parties: Clay County, Fort Gaines, Bluffton Clay County, New Horizons Board	10/31/2007 - 10/31/2017
Agreement Name: Agreement Name: laster Service Delivery Agreement lemorandum of Agreement 5. What other mechanisms (if an	Contracting Parties: Clay County, Fort Gaines, Bluffton Clay County, New Horizons Board ny) will be used to implement the strain	10/31/2007 - 10/31/2017
Agreement Name: Agreement Name: laster Service Delivery Agreement lemorandum of Agreement 5. What other mechanisms (if an	Contracting Parties: Clay County, Fort Gaines, Bluffton	10/31/2007 - 10/31/2017
Agreement Name: Agreement Name: Assler Service Delivery Agreement Itemorandum of Agreement 5. What other mechanisms (if an	Contracting Parties: Clay County, Fort Gaines, Bluffton Clay County, New Horizons Board ny) will be used to implement the strain	10/31/2007 - 10/31/2017
Agreement Name: Agreement Name: Assler Service Delivery Agreement Itemorandum of Agreement 5. What other mechanisms (if an	Contracting Parties: Clay County, Fort Gaines, Bluffton Clay County, New Horizons Board ny) will be used to implement the strain	10/31/2007 - 10/31/2017
Agreement Name: Agreement Name: Assler Service Delivery Agreement Itemorandum of Agreement 5. What other mechanisms (if an	Contracting Parties: Clay County, Fort Gaines, Bluffton Clay County, New Horizons Board ny) will be used to implement the strain	10/31/2007 - 10/31/2017
Agreement Name: Agreement Name: Master Service Delivery Agreement Memorandum of Agreement	Contracting Parties: Clay County, Fort Gaines, Bluffton Clay County, New Horizons Board ny) will be used to implement the strain	10/31/2007 - 10/31/2017
Agreement Name: Agreement Name: Master Service Delivery Agreement Memorandum of Agreement 6. What other mechanisms (if an	Contracting Parties: Clay County, Fort Gaines, Bluffton Clay County, New Horizons Board ny) will be used to implement the strain	10/31/2007 - 10/31/2017
Agreement Name: Agreement Name: Master Service Delivery Agreement Memorandum of Agreement 6. What other mechanisms (if ar resolutions, local acts of the C	Contracting Parties: Clay County, Fort Gaines, Bluffton Clay County, New Horizons Board ny) will be used to implement the strageneral Assembly, rate or fee changes	10/31/2007 - 10/31/2017
Agreement Name: Agreement Name: Master Service Delivery Agreement Memorandum of Agreement 6. What other mechanisms (if ar resolutions, local acts of the C	Contracting Parties: Clay County, Fort Gaines, Bluffton Clay County, New Horizons Board ny) will be used to implement the stratement Assembly, rate or fee changes	tegy for this service (e.g., ordinances s, etc.), and when will they take effect
Agreement Name: Agreement Name: Master Service Delivery Agreement Memorandum of Agreement 6. What other mechanisms (if an	Contracting Parties: Clay County, Fort Gaines, Bluffton Clay County, New Horizons Board ny) will be used to implement the strageneral Assembly, rate or fee changes	tegy for this service (e.g., ordinances s, etc.), and when will they take effect
Agreement Name: Agreement Name: Master Service Delivery Agreement Memorandum of Agreement 6. What other mechanisms (if ar resolutions, local acts of the C	Contracting Parties: Clay County, Fort Gaines, Bluffton Clay County, New Horizons Board ny) will be used to implement the stratement Assembly, rate or fee changes	tegy for this service (e.g., ordinances s, etc.), and when will they take effect the state of th



Instructions:	
Make copies of this form and complete one for listed on page 1. Answer each question below, att the bottom of the page) changes, this should be re	reach service listed on page 1, Section 111. Use exactly the same service names taching additional pages as necessary. If the contact person for this service (listed at eported to the Department of Community Affairs.
County: Clay County	Service: Neighborhood Service Center
1. Check the box that best describes the	agreed upon delivery arrangement for this service:
Service will be provided countywiservice provider. (If this box is checked service.):	ide (i.e., including all cities and unincorporated areas) by a single ed, identify the government, authority or organization providing the
Service will be provided only in the (If this box is checked, identify the go service.):	e unincorporated portion of the county by a single service provider. exernment, authority or organization providing the
will not be provided in unincorporated	s service only within their incorporated boundaries, and the service d areas. (If this box is checked, identify the government(s), e service:
One or more cities will provide this	s service only within their incorporated boundaries, and the county
Other (If this box is checked, attace provider, and identify the government each service area.):	h a legible map delineating the service area of each service t, authority, or other organization that will provide service within
2. In developing the strategy, were overland of this service identified? ☐ Yes ☑ No	apping service areas, unnecessary competition and/or duplication
arrangement (i.e., overlapping but high	ne strategy, attach an explanation for continuing the er levels of service (See O.C.G.A. 36-70-24(1)), overriding at overlapping service areas or competition cannot be eliminated).
If these conditions will be eliminated uno step or action that will be taken to elimin completing it.	der the strategy, attach an implementation schedule listing each atte them, the responsible party and the agreed upon deadline for

Local Government or Auth	tority:	line Mark . I
Clay County	General Fund, User Fees	ling Method:
A CONTRACTOR		
4. How will the strategy change the county?	e the previous arrangements for provid	ling and/or funding this service with
V/A		
V/A		
. List any formal service delive	ery agreements or intergovernmental c	contracts that will be used to
Implement the strategy Co. 41.	is service.	omaters that will be used to
implement the strategy for thi		
The strategy for the		
Agreement Name:	Contracting Parties:	Effective and Ending Dates
Agreement Name:		Effective and Ending Dates 10/31/2007 - 10/31/2017
Agreement Name:	Contracting Parties:	Effective and Ending Dates 10/31/2007 - 10/31/2017
Agreement Name:	Contracting Parties:	Effective and Ending Dates 10/31/2007 - 10/31/2017
Agreement Name:	Contracting Parties:	Effective and Ending Dates 10/31/2007 - 10/31/2017
Agreement Name: aster Service Delivery Agreement	Contracting Parties: Clay County, Fort Gaines, Bluffton	10/31/2007 - 10/31/2017
Agreement Name: aster Service Delivery Agreement . What other mechanisms (if an	Contracting Parties: Clay County, Fort Gaines, Bluffton	10/31/2007 - 10/31/2017
Agreement Name: aster Service Delivery Agreement . What other mechanisms (if an	Contracting Parties:	10/31/2007 - 10/31/2017
Agreement Name: aster Service Delivery Agreement . What other mechanisms (if an	Contracting Parties: Clay County, Fort Gaines, Bluffton	10/31/2007 - 10/31/2017
Agreement Name: asler Service Delivery Agreement . What other mechanisms (if an	Contracting Parties: Clay County, Fort Gaines, Bluffton	10/31/2007 - 10/31/2017
Agreement Name: aster Service Delivery Agreement . What other mechanisms (if an	Contracting Parties: Clay County, Fort Gaines, Bluffton	10/31/2007 - 10/31/2017
Agreement Name: asler Service Delivery Agreement . What other mechanisms (if an	Contracting Parties: Clay County, Fort Gaines, Bluffton	10/31/2007 - 10/31/2017
Agreement Name: asler Service Delivery Agreement . What other mechanisms (if an	Contracting Parties: Clay County, Fort Gaines, Bluffton	10/31/2007 - 10/31/2017
Agreement Name: asler Service Delivery Agreement . What other mechanisms (if ar resolutions, local acts of the Co	Clay County, Fort Gaines, Bluffton The property of the strate of the changes, and the strate of the	10/31/2007 - 10/31/2017
Agreement Name: asler Service Delivery Agreement What other mechanisms (if ar resolutions, local acts of the Co	Contracting Parties: Clay County, Fort Gaines, Bluffton Day) will be used to implement the strate General Assembly, rate or fee changes,	egy for this service (e.g., ordinances etc.), and when will they take effect
Agreement Name: asler Service Delivery Agreement . What other mechanisms (if an	Clay County, Fort Gaines, Bluffton The strategy will be used to implement the strategy will be changes, and the strategy will be used to implement the strategy will be used	egy for this service (e.g., ordinances etc.), and when will they take effect
Agreement Name: asler Service Delivery Agreement . What other mechanisms (if ar resolutions, local acts of the Co	Contracting Parties: Clay County, Fort Gaines, Bluffton Day) will be used to implement the strate General Assembly, rate or fee changes,	egy for this service (e.g., ordinances etc.), and when will they take effect



Make copies of th	is form and complete one for each service listed on page 1, Section 111. Use exactly the same service names
nsieu on page 1. z	aswer each question below, attaching additional pages as necessary. If the contact person for this service (listed a
the bottom of the p	rage) changes, this should be reported to the Department of Community Affairs

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 trangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding penefits 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.	County: Clay County	Service: Public Health Services
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.): 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 ponefits of the duplication, or reasons that overlapping service areas or competition cannot be climinated). If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to climinate them, the responsible party and the agreed upon deadline for	l. Check the box that best describes th	e agreed upon delivery arrangement for this service:
(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.): □ 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 climinated). If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to climinate them, the responsible party and the agreed upon deadline for	service provider. (If this box is check	wide (i.e., including all cities and unincorporated areas) by a single ked, identify the government, authority or organization providing the
will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service:	(If this box is checked, identify the g	the unincorporated portion of the county by a single service provider government, authority or organization providing the
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.): 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	will not be provided in unincorporate	ed areas. (If this box is checked, identify the government(s)
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 f 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	will provide the service in unincorpo	orated areas. (If this box is checked, identify the government(s)
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	provider, and identify the governme	ach a legible map delineating the service area of each service ent, authority, or other organization that will provide service within
penefits 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	of this service identified?	rlapping service areas, unnecessary competition and/or duplication
step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for	irrangement (i.e., overlapping but hig	ther levels of service (See O.C.G.A. 36-70-24(1)), overriding
	If these conditions will be eliminated ustep or action that will be taken to elimicompleting it.	nder the strategy, attach an implementation schedule listing each inate them, the responsible party and the agreed upon deadline for

Local Government or Author	prite: F	diam Mark t.
Clay County	General Fund, State Funds, User F	ding Method:
4. How will the strategy change the county?	the previous arrangements for provide	ding and/or funding this service within
N/A		
List any formal service delive implement the strategy for this	ry agreements or intergovernmental of service:	contracts that will be used to
mp diately for this		
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
Agreement Name:	Contracting Parties: Clay Counly, Fort Gaines, Blufflon	Effective and Ending Dates: 10/31/2007 - 10/31/2017
Agreement Name:		Effective and Ending Dates: 10/31/2007 - 10/31/2017
Agreement Name:		Effective and Ending Dates: 10/31/2007 - 10/31/2017
		Effective and Ending Dates: 10/31/2007 - 10/31/2017
Agreement Name: //aster Service Delivery Agreement 6. What other mechanisms (if an	Clay County, Fort Gaines, Blufflon y) will be used to implement the stra	Effective and Ending Dates: 10/31/2007 - 10/31/2017 tegy for this service (e.g., ordinances, etc.), and when will they take effect
Agreement Name: //aster Service Delivery Agreement 6. What other mechanisms (if an	Clay County, Fort Gaines, Blufflon y) will be used to implement the stra	10/31/2007 - 10/31/2017
Agreement Name: Master Service Delivery Agreement 6. What other mechanisms (if an	Clay County, Fort Gaines, Blufflon y) will be used to implement the stra	10/31/2007 - 10/31/2017
Agreement Name: Master Service Delivery Agreement 6. What other mechanisms (if an	Clay County, Fort Gaines, Blufflon y) will be used to implement the stra	10/31/2007 - 10/31/2017
Agreement Name: Master Service Delivery Agreement 6. What other mechanisms (if an	Clay County, Fort Gaines, Blufflon y) will be used to implement the stra	10/31/2007 - 10/31/2017
Agreement Name: daster Service Delivery Agreement 6. What other mechanisms (if an resolutions, local acts of the G	y) will be used to implement the stra eneral Assembly, rate or fee changes	10/31/2007 - 10/31/2017
Agreement Name: //aster Service Delivery Agreement 6. What other mechanisms (if an	y) will be used to implement the stra eneral Assembly, rate or fee changes	tegy for this service (e.g., ordinances, s, etc.), and when will they take effect
Agreement Name: Master Service Delivery Agreement 6. What other mechanisms (if an resolutions, local acts of the Green Completing form: Allison Phone number: (706) 256-2910 8. Is this the person who should the same control of the Green Completing form: Allison Phone number: (706) 256-2910	y) will be used to implement the stra	tegy for this service (e.g., ordinances, s, etc.), and when will they take effect



County: Clay County	Service: Public Transportation
1. Check the box that best describes the	agreed upon delivery arrangement for this service:
Service will be provided countywick service provider. (If this box is checke service.):	de (i.e., including all cities and unincorporated areas) by a single d, identify the government, authority or organization providing the
Service will be provided only in the (If this box is checked, identify the governice.):	e unincorporated portion of the county by a single service provider vernment, authority or organization providing the
One or more cities will provide this will not be provided in unincorporated authority or organization providing the	service only within their incorporated boundaries, and the service areas. (If this box is checked, identify the government(s), eservice:
One or more cities will provide this will provide the service in unincorpora authority or organization providing the	service only within their incorporated boundaries, and the county ated areas. (If this box is checked, identify the government(s), e service.):
Other (If this box is checked, attack provider, and identify the government each service area.):	n a legible map delineating the service area of each service, authority, or other organization that will provide service within
2. In developing the strategy, were overland of this service identified? ☐ Yes ☑No	apping service areas, unnecessary competition and/or duplication
arrangement (i.e., overlapping but highe	e strategy, attach an explanation for continuing the er levels of service (See O.C.G.A. 36-70-24(1)), overriding to overlapping service areas or competition cannot be eliminated).
If these conditions will be eliminated und step or action that will be taken to eliminate completing it.	ler the strategy, attach an implementation schedule listing each ate them, the responsible party and the agreed upon deadline for

Local Government or Autho Clay Counly	Federal, Stale, & Local Funds (to in	ing Method: clude user fees & service contracts)
4. How will the strategy change the county?	the previous arrangements for provid	ling and/or funding this service with
N/A		
5. List any formal service delive	ry agreements or intergovernmental of	contracts that will be used to
implement the strategy for this	s service:	
Agreement Name:	Contracting Parties:	Effective and Ending Dates
Master Service Delivery Agreement	Clay County, Fort Gaines, Bluffton	10/31/2007 - 10/31/2017
C What calculated in the CC		
6. What other mechanisms (if an	y) will be used to implement the strategrant Assembly, rate or fee absence	legy for this service (e.g., ordinance
6. What other mechanisms (if an resolutions, local acts of the G	y) will be used to implement the strategran Assembly, rate or fee changes	egy for this service (e.g., ordinances, etc.), and when will they take effec
6. What other mechanisms (if an resolutions, local acts of the G	y) will be used to implement the strateneral Assembly, rate or fee changes	legy for this service (e.g., ordinance, etc.), and when will they take effec
6. What other mechanisms (if an resolutions, local acts of the G	y) will be used to implement the strateneral Assembly, rate or fee changes	tegy for this service (e.g., ordinances, etc.), and when will they take effec
6. What other mechanisms (if an resolutions, local acts of the G	y) will be used to implement the strateneral Assembly, rate or fee changes	legy for this service (e.g., ordinances, etc.), and when will they take effect
6. What other mechanisms (if an resolutions, local acts of the G	y) will be used to implement the strateneral Assembly, rate or fee changes	egy for this service (e.g., ordinances, etc.), and when will they take effec
6. What other mechanisms (if an resolutions, local acts of the G	y) will be used to implement the strateneral Assembly, rate or fee changes	legy for this service (e.g., ordinance, etc.), and when will they take effec
resolutions, local acts of the G	eneral Assembly, rate or fee changes	, etc.), and when will they take effec
resolutions, local acts of the G	eneral Assembly, rate or fee changes	, etc.), and when will they take effec
7. Person completing form: Allison Phone number: (706) 256-2910 8. Is this the person who should be	eneral Assembly, rate or fee changes	evaluating whether proposed local



Make copies of this form and complete one for each service listed on page 1, Section 111. 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 a
the bottom of the page) changes, this should be reported to the Department of Community Affairs.

County: Clay County	Service: Recreation
1. Check the box that best describes the	agreed upon delivery arrangement for this service:
Service will be provided countywiservice provider. (If this box is checke service.):	de (i.e., including all cities and unincorporated areas) by a single ed, identify the government, authority or organization providing the
Service will be provided only in the (If this box is checked, identify the go service.):	e unincorporated portion of the county by a single service provider overnment, authority or organization providing the
One or more cities will provide this will not be provided in unincorporated authority or organization providing the	s service only within their incorporated boundaries, and the service d areas. (If this box is checked, identify the government(s), e service:
One or more cities will provide this will provide the service in unincorpora authority or organization providing the	s service only within their incorporated boundaries, and the county ated areas. (If this box is checked, identify the government(s), e service.):
Other (If this box is checked, attac provider, and identify the governmen each service area.):	th a legible map delineating the service area of each service at, authority, or other organization that will provide service within
2. In developing the strategy, were overl of this service identified?	apping service areas, unnecessary competition and/or duplication
arrangement (i.e., overlapping but high	he strategy, attach an explanation for continuing the ser levels of service (See O.C.G.A. 36-70-24(1)), overriding at overlapping service areas or competition cannot be eliminated).
	der the strategy, attach an implementation schedule listing each nate them, the responsible party and the agreed upon deadline for

Local Government or Authorit		ling Method:
Clay County	General Fund, User Fees	
Fort Gaines	General Fund, User Fees	30
Bluffton	General Fund	
How will the strategy change the the county?	e previous arrangements for provid	ding and/or funding this service within
N/A		
implement the strategy for this se	agreements or intergovernmental of crvice:	The second second
implement the strategy for this so	Contracting Parties: Clay Counly, Fort Gaines, Blufflon	Effective and Ending Dates:
implement the strategy for this so Agreement Name: Master Service Delivery Agreement	crvice: Contracting Parties:	Effective and Ending Dates:
implement the strategy for this so Agreement Name: Master Service Delivery Agreement	Contracting Parties: Clay Counly, Fort Gaines, Blufflon	Effective and Ending Dates:
implement the strategy for this so	Contracting Parties: Clay Counly, Fort Gaines, Blufflon	Effective and Ending Dates:
implement the strategy for this so Agreement Name: Master Service Delivery Agreement	Contracting Parties: Clay Counly, Fort Gaines, Blufflon	Effective and Ending Dates:
implement the strategy for this so Agreement Name: Master Service Delivery Agreement Fort Gaines-Clay County Recreation Comm. 6. What other mechanisms (if any)	Contracting Parties: Clay County, Fort Gaines, Blufflon Clay County, Fort Gaines will be used to implement the stra	Effective and Ending Dates:
implement the strategy for this so Agreement Name: Master Service Delivery Agreement Fort Gaines-Clay County Recreation Comm. 6. What other mechanisms (if any)	Contracting Parties: Clay County, Fort Gaines, Blufflon Clay County, Fort Gaines will be used to implement the stra	Effective and Ending Dates: 10/31/2007 - 10/31/2017 ategy for this service (e.g., ordinances.
implement the strategy for this so Agreement Name: Master Service Delivery Agreement Fort Gaines-Clay County Recreation Comm. 6. What other mechanisms (if any)	Contracting Parties: Clay County, Fort Gaines, Blufflon Clay County, Fort Gaines will be used to implement the stra	Effective and Ending Dates: 10/31/2007 - 10/31/2017 ategy for this service (e.g., ordinances.
implement the strategy for this so Agreement Name: Master Service Delivery Agreement Fort Gaines-Clay County Recreation Comm. 6. What other mechanisms (if any)	Contracting Parties: Clay County, Fort Gaines, Blufflon Clay County, Fort Gaines will be used to implement the stra	Effective and Ending Dates: 10/31/2007 - 10/31/2017 ategy for this service (e.g., ordinances.
implement the strategy for this so Agreement Name: Master Service Delivery Agreement Fort Gaines-Clay County Recreation Comm. 6. What other mechanisms (if any)	Contracting Parties: Clay County, Fort Gaines, Blufflon Clay County, Fort Gaines will be used to implement the stra	Effective and Ending Dates: 10/31/2007 - 10/31/2017 ategy for this service (e.g., ordinances.
implement the strategy for this so Agreement Name: Master Service Delivery Agreement Fort Gaines-Clay County Recreation Comm. 6. What other mechanisms (if any)	Contracting Parties: Clay County, Fort Gaines, Blufflon Clay County, Fort Gaines will be used to implement the stra	Effective and Ending Dates: 10/31/2007 - 10/31/2017 ategy for this service (e.g., ordinances.
Agreement Name: Agreement Name: Master Service Delivery Agreement Fort Gaines-Clay County Recreation Comm. 6. What other mechanisms (if any) resolutions, local acts of the Gen	Contracting Parties: Clay Counly, Fort Gaines, Blufflon Clay Counly, Fort Gaines will be used to implement the strangeral Assembly, rate or fee changes	Effective and Ending Dates: 10/31/2007 - 10/31/2017 ategy for this service (e.g., ordinances.
Agreement Name: Agreement Name: Master Service Delivery Agreement Fort Gaines-Clay County Recreation Comm. 6. What other mechanisms (if any) resolutions, local acts of the Gen 7. Person completing form: Allison St	Contracting Parties: Clay County, Fort Gaines, Blufflon Clay County, Fort Gaines will be used to implement the strancral Assembly, rate or fee changes	Effective and Ending Dates: 10/31/2007 - 10/31/2017 attegy for this service (e.g., ordinances, s, etc.), and when will they take effect
implement the strategy for this so Agreement Name: Master Service Delivery Agreement Fort Gaines-Clay County Recreation Comm. 6. What other mechanisms (if any)	Contracting Parties: Clay Counly, Fort Gaines, Blufflon Clay Counly, Fort Gaines will be used to implement the strangeral Assembly, rate or fee changes	Effective and Ending Dates: 10/31/2007 - 10/31/2017 attegy for this service (e.g., ordinances, s, etc.), and when will they take effect
Agreement Name: Agreement Name: Master Service Delivery Agreement Fort Gaines-Clay County Recreation Comm. 6. What other mechanisms (if any) resolutions, local acts of the Gen 7. Person completing form: Allison St. Phone number: (708) 256-2910 8. Is this the person who should be	Contracting Parties: Clay County, Fort Gaines, Blufflon Clay County, Fort Gaines will be used to implement the strangeral Assembly, rate or fee changes Date completed	Effective and Ending Dates: 10/31/2007 - 10/31/2017



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: Clay County	Service: Lower Chattahoochee Reg. Airport Authority	
1. Check the box that best describes the	agreed upon delivery arrangement for this service:	
Service will be provided countywi service provider. (If this box is checke service.):	de (i.e., including all cities and unincorporated areas) by a single ed, identify the government, authority or organization providing the	
Scrvice will be provided only in the (If this box is checked, identify the go service.):	e unincorporated portion of the county by a single service provider. evernment, authority or organization providing the	
One or more cities will provide this will not be provided in unincorporated authority or organization providing the	s service only within their incorporated boundaries, and the service d areas. (If this box is checked, identify the government(s), e service:	
	s service only within their incorporated boundaries, and the county ated areas. (If this box is checked, identify the government(s), e service.):	
Other (If this box is checked, attace provider, and identify the government each service area.):	th a legible map delineating the service area of each service at, authority, or other organization that will provide service within	
2. In developing the strategy, were overlof this service identified? ☐ Yes ✓ No	lapping service areas, unnecessary competition and/or duplication	
arrangement (i.e., overlapping but high	he strategy, attach an explanation for continuing the ner levels of service (See O.C.G.A. 36-70-24(1)), overriding at overlapping service areas or competition cannot be eliminated).	
	der the strategy, attach an implementation schedule listing each nate them, the responsible party and the agreed upon deadline for	

Local Government or Authoria	tv: Fundi	ing Method:
Clay County	General Fund	
ower Chaltahoochee Reg. Airport Autho		nds
4. How will the strategy change the county?	ne previous arrangements for provid	ing and/or funding this service within
5. List any formal service deliver	gional Airport Authority was not in	
implement the strategy for this	service:	
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
	Contracting Parties: Clay County, Fort Gaines, Bluffton	Effective and Ending Dates: 10/31/2007 - 10/31/2017
Master Service Delivery Agreement	Clay County, Fort Gaines, Bluffton Clay Co, Quilman Co, Randolph Co,	
Master Service Delivery Agreement	Clay County, Fort Gaines, Bluffton	
Master Service Delivery Agreement Memorandum of Understanding	Clay County, Fort Gaines, Bluffton Clay Co, Quilman Co, Randolph Co, Calhoun Co	10/31/2007 - 10/31/2017
Master Service Delivery Agreement Memorandum of Understanding 6. What other mechanisms (if any	Clay County, Fort Gaines, Bluffton Clay Co, Quilman Co, Randolph Co, Calhoun Co	
Master Service Delivery Agreement Memorandum of Understanding 6. What other mechanisms (if any resolutions, local acts of the Go	Clay County, Fort Gaines, Bluffton Clay Co, Quilman Co, Randolph Co, Calhoun Co y) will be used to implement the straeneral Assembly, rate or fee changes	ategy for this service (e.g., ordinances s, etc.), and when will they take effect
Master Service Delivery Agreement Memorandum of Understanding 6. What other mechanisms (if any resolutions, local acts of the Go 7. Person completing form: Allisor Phone number: (705) 256-2910	Clay County, Fort Gaines, Bluffton Clay Co, Quilman Co, Randolph Co, Calhoun Co y) will be used to implement the straeneral Assembly, rate or fee changes	ategy for this service (e.g., ordinances s, etc.), and when will they take effect ed: 10/09/2007



Instructions:	
Make copies of this form and complete one for each service listed on page 1, Section 111. 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 the bottom of the page) changes, this should be reported to the Department of Community Affairs.	
County: Clay County	Service: Southwest Georgia Reg. Development Authority
1. Check the box that best describes the	agreed upon delivery arrangement for this service:
	de (i.e., including all cities and unincorporated areas) by a single ed, identify the government, authority or organization providing the
	e unincorporated portion of the county by a single service provider. evernment, authority or organization providing the
	s service only within their incorporated boundaries, and the service d areas. (If this box is checked, identify the government(s), e service:
	s service only within their incorporated boundaries, and the county ated areas. (If this box is checked, identify the government(s), e service.):
	th a legible map delineating the service area of each service at, authority, or other organization that will provide service within
2. In developing the strategy, were over of this service identified? ☐ Yes ✓ No	lapping service areas, unnecessary competition and/or duplication
arrangement (i.e., overlapping but high	he strategy, attach an explanation for continuing the ner levels of service (See O.C.G.A. 36-70-24(1)), overriding nat overlapping service areas or competition cannot be eliminated).
	nder the strategy, attach an implementation schedule listing each nate them, the responsible party and the agreed upon deadline for

Local Consument on Authori	Fli	ing Mathada
Local Government or Authorical Country	General Fund	ing Method:
	thority Federal & State Grants & Loans, Bot	nds
odinivesi Georgia Reg. Developinen Ad	mony i edetal d olale crams d coaris, bot	
4. How will the strategy change the county?	ne previous arrangements for provid	ing and/or funding this service within
Γhe Southwest Georgia Region	nal Development Authority was n	ot included in the last strategy.
E I int annu Communitation delinem		
	y agreements or intergovernmental c	contracts that will be used to
implement the strategy for this		contracts that will be used to
		Effective and Ending Dates:
implement the strategy for this s	Contracting Parties: Clay County, Fort Gaines, Bluffton	
implement the strategy for this a Agreement Name: Master Service Delivery Agreement	Contracting Parties: Clay Counly, Fort Gaines, Bluffton Clay Co, Quitman Co, Randolph Co,	Effective and Ending Dates:
implement the strategy for this strategy for thi	Contracting Parties: Clay County, Fort Gaines, Bluffton	Effective and Ending Dates:
implement the strategy for this	Contracting Parties: Clay Counly, Fort Gaines, Bluffton Clay Co, Quitman Co, Randolph Co,	Effective and Ending Dates:
implement the strategy for this and appropriate Agreement Name: Master Service Delivery Agreement Memorandum of Understanding 6. What other mechanisms (if any	Contracting Parties: Clay County, Fort Gaines, Bluffton Clay Co, Quitman Co, Randolph Co, Stewart Co will be used to implement the stra	Effective and Ending Dates:
Agreement Name: Agreement Name: Master Service Delivery Agreement Memorandum of Understanding 6. What other mechanisms (if any resolutions, local acts of the Ge	Contracting Parties: Clay County, Fort Gaines, Bluffton Clay Co, Quiltman Co, Randolph Co, Stewart Co y) will be used to implement the strangeral Assembly, rate or fee changes	Effective and Ending Dates: 10/31/2007 - 10/31/2017 tegy for this service (e.g., ordinances, etc.), and when will they take effect
Agreement Name: Agreement Name: Master Service Delivery Agreement Memorandum of Understanding 6. What other mechanisms (if any resolutions, local acts of the Ge	Contracting Parties: Clay County, Fort Gaines, Bluffton Clay Co, Quiltman Co, Randolph Co, Stewart Co y) will be used to implement the strangeral Assembly, rate or fee changes	Effective and Ending Dates: 10/31/2007 - 10/31/2017 tegy for this service (e.g., ordinances, etc.), and when will they take effect
Agreement Name: Agreement Name: Master Service Delivery Agreement Memorandum of Understanding 6. What other mechanisms (if any resolutions, local acts of the Ge 7. Person completing form: Phone number: (706) 256-2910 8. Is this the person who should b	Contracting Parties: Clay County, Fort Gaines, Bluffton Clay Co, Quiltman Co, Randolph Co, Stewart Co y) will be used to implement the strangeral Assembly, rate or fee changes	Effective and Ending Dates: 10/31/2007 - 10/31/2017 tegy for this service (e.g., ordinances, etc.), and when will they take effect d: 10/09/2007 evaluating whether proposed local



Instructions:

Make copies of this form and complete one for each service listed on page 1. Section 111. Use

County: Clay County	Service: Southwest Georgia Housing Authority
1. Check the box that best describes t	he agreed upon delivery arrangement for this service:
Service will be provided county service provider. (If this box is che service.):	rwide (i.e., including all cities and unincorporated areas) by a single cked, identify the government, authority or organization providing the
Service will be provided only in (If this box is checked, identify the service.):	the unincorporated portion of the county by a single service provider government, authority or organization providing the
will not be provided in unincorpora	this service only within their incorporated boundaries, and the service ated areas. (If this box is checked, identify the government(s), the service:
One or more cities will provide will provide the service in unincorpauthority or organization providing	this service only within their incorporated boundaries, and the county porated areas. (If this box is checked, identify the government(s), the service.):
Other (If this box is checked, att provider, and identify the governmeach service area.):	tach a legible map delineating the service area of each service nent, authority, or other organization that will provide service within
2. In developing the strategy, were ov of this service identified? Yes No	verlapping service areas, unnecessary competition and/or duplication
arrangement (i.e., overlapping but h	er the strategy, attach an explanation for continuing the igher levels of service (See O.C.G.A. 36-70-24(1)), overriding that overlapping service areas or competition cannot be eliminated).
If these conditions will be eliminated step or action that will be taken to elicompleting it.	under the strategy, attach an implementation schedule listing each minate them, the responsible party and the agreed upon deadline for

Local Government or Autho	rity: Fundi	ing Method:
outhwest Georgia Housing Authority	Federal & State Grants & Loans	
4. How will the strategy change the county?	the previous arrangements for provid	ing and/or funding this service within
The Southwest Georgia House	sing Authority was not included in t	he last strategy
Journmest Georgia Hous	mig , withouty was not included in t	was analogy.
	ery agreements or intergovernmental c	contracts that will be used to
implement the strategy for thi	S SCIVICE.	
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
laster Service Delivery Agreement	Clay County, Fort Gaines, Bluffton	10/31/2007 - 10/31/2017
	Clay Co, Calhoun Co, Randolph Co,	10/31/2007 - 10/31/2017
		10/31/2007 - 10/31/2017
	Clay Co, Calhoun Co, Randolph Co,	10/31/2007 - 10/31/2017
Nemorandum of Understanding	Clay Co, Calhoun Co, Randolph Co, Early Co	
	Clay Co, Calhoun Co, Randolph Co,	tegy for this service (e.g., ordinances
Memorandum of Understanding 6. What other mechanisms (if a	Clay Co, Calhoun Co, Randolph Co, Early Co ny) will be used to implement the stra General Assembly, rate or fee changes	tegy for this service (e.g., ordinances, etc.), and when will they take effect
6. What other mechanisms (if a resolutions, local acts of the Control of the Cont	Clay Co, Calhoun Co, Randolph Co, Early Co ny) will be used to implement the stra General Assembly, rate or fee changes	tegy for this service (e.g., ordinances, etc.), and when will they take effected. d: 10/09/2007 evaluating whether proposed local
7. Person completing form: Phone number: (706) 256-2910 8. Is this the person who should government projects are cons	Clay Co, Calhoun Co, Randolph Co, Early Co ny) will be used to implement the stra General Assembly, rate or fee changes on Slocum Date completed I be contacted by state agencies when	d: 10/09/2007 evaluating whether proposed local by? Yes No



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: Clay County	Service: Lower Chattahoochee Reg. E-911 Authority
l. Check the box that best describes the	ne agreed upon delivery arrangement for this service:
Service will be provided county service provider. (If this box is checkervice.):	wide (i.e., including all cities and unincorporated areas) by a single cked, identify the government, authority or organization providing the
	the unincorporated portion of the county by a single service provider government, authority or organization providing the
will not be provided in unincorpora	this service only within their incorporated boundaries, and the service ated areas. (If this box is checked, identify the government(s), the service:
One or more cities will provide to will provide the service in unincorp authority or organization providing	this service only within their incorporated boundaries, and the county porated areas. (If this box is checked, identify the government(s), the service.):
Other (If this box is checked, att provider, and identify the governmeach service area.):	tach a legible map delineating the service area of each service ment, authority, or other organization that will provide service within
2. In developing the strategy, were over of this service identified? ☐ Yes ☑ No	verlapping service areas, unnecessary competition and/or duplication
arrangement (i.e., overlapping but h	er the strategy, attach an explanation for continuing the higher levels of service (See O.C.G.A. 36-70-24(1)), overriding s that overlapping service areas or competition cannot be eliminated).
If these conditions will be eliminated step or action that will be taken to elicompleting it.	under the strategy, attach an implementation schedule listing each minate them, the responsible party and the agreed upon deadline for

Local Government or Authorit	ty: Fundin	ig Method:
lay County	General Fund	
ower Chattahoochee Reg. E-911 Aut	hority Federal & State Grants & Loans, Bon	ds
4. How will the strategy change the county?	ne previous arrangements for providi	ng and/or funding this service within
he Lower Chattahoochee Reg	pional E-911 Authority was not inc	sluded in the last strategy.
implement the strategy for this		ontracts that will be used to Effective and Ending Dates:
Agreement Name:	Contracting Parties:	Effective and Ending Dutes.
Master Service Delivery Agreement	Clay County, Fort Gaines, Bluffton	10/31/2007 - 10/31/2017
Master Service Delivery Agreement	Clay Co, Quitman Co, Randolph Co,	10/31/2007 - 10/31/2017
Master Service Delivery Agreement		10/31/2007 - 10/31/2017
Master Service Delivery Agreement Memorandum of Understanding	Clay Co, Quitman Co, Randolph Co, Stewart Co	
Master Service Delivery Agreement Memorandum of Understanding	Clay Co, Quitman Co, Randolph Co, Stewart Co v) will be used to implement the stra	tegy for this service (e.g., ordinances, etc.), and when will they take effect
Master Service Delivery Agreement Memorandum of Understanding	Clay Co, Quitman Co, Randolph Co, Stewart Co y) will be used to implement the stra eneral Assembly, rate or fee changes	tegy for this service (e.g., ordinances, etc.), and when will they take effect
Master Service Delivery Agreement Memorandum of Understanding 6. What other mechanisms (if an resolutions, local acts of the G 7. Person completing form: Alliso Phone number: (706) 256-2910	Clay Co, Quitman Co, Randolph Co, Stewart Co y) will be used to implement the stra eneral Assembly, rate or fee changes	tegy for this service (e.g., ordinances, etc.), and when will they take effect d: 10/09/2007 evaluating whether proposed local



completing it.

Instructions:	
lieted on page 1. Answer each question below, at	r each service listed on page 1, Section 111. Use exactly the same service names traching additional pages as necessary. If the contact person for this service (listed at reported to the Department of Community Affairs.
County: Clay County	Service: Southwest Georgia Regional Jail Authority
	e agreed upon delivery arrangement for this service:
Service will be provided countyve service provider. (If this box is check service.):	wide (i.e., including all citics and unincorporated areas) by a single ked, identify the government, authority or organization providing the
Service will be provided only in ((If this box is checked, identify the gervice.):	the unincorporated portion of the county by a single service provider government, authority or organization providing the
will not be provided in unincorporate	his service only within their incorporated boundaries, and the service ted areas. (If this box is checked, identify the government(s), the service:
One or more cities will provide t will provide the service in unincorp authority or organization providing	his service only within their incorporated boundaries, and the county porated areas. (If this box is checked, identify the government(s), the service.):
Other (If this box is checked, att provider, and identify the government each service area.):	tach a legible map delineating the service area of each service nent, authority, or other organization that will provide service within
2. In developing the strategy, were ov of this service identified? ☐ Yes ☑ No	verlapping service areas, unnecessary competition and/or duplication
amangament (i.e. averlanning but h	er the strategy, attach an explanation for continuing the higher levels of service (See O.C.G.A. 36-70-24(1)), overriding s that overlapping service areas or competition cannot be eliminated)
If these conditions will be eliminated step or action that will be taken to eli	l under the strategy, attach an implementation schedule listing each iminate them, the responsible party and the agreed upon deadline for

Local Government or Author	ity: Fund	ing Method:
Clay County	General Fund	B
outhwest Georgia Regional Jail Author	ity Federal & State Grants & Loans, Bo	ends :
How will the strategy change t the county?	he previous arrangements for provice	ling and/or funding this service within
The Southwest Georgia Regio	nal Jail Authority was not include	d in the last strategy.
implement the strategy for this		
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
Master Service Delivery Agreement	Clay County, Fort Gaines, Blufflon	Effective and Ending Dates: 10/31/2007 - 10/31/2017
Master Service Delivery Agreement	Clay County, Fort Gaines, Bluffton Clay Co, Quitman Co, Randolph Co,	
Master Service Delivery Agreement	Clay County, Fort Gaines, Blufflon	
Agreement Name: Master Service Delivery Agreement Memorandum of Understanding	Clay County, Fort Gaines, Bluffton Clay Co, Quitman Co, Randolph Co,	
Master Service Delivery Agreement Memorandum of Understanding 6. What other mechanisms (if an	Clay County, Fort Gaines, Bluffton Clay Co, Quitman Co, Randolph Co, Stewart Co y) will be used to implement the stra	
Masler Service Delivery Agreement Memorandum of Understanding 6. What other mechanisms (if an resolutions, local acts of the G	Clay County, Fort Gaines, Bluffton Clay Co, Quilman Co, Randolph Co, Stewart Co y) will be used to implement the straeneral Assembly, rate or fee changes	ategy for this service (e.g., ordinances, s, etc.), and when will they take effect
Masler Service Delivery Agreement Memorandum of Understanding 6. What other mechanisms (if an resolutions, local acts of the Grand of	Clay County, Fort Gaines, Bluffton Clay Co, Quilman Co, Randolph Co, Stewart Co y) will be used to implement the straeneral Assembly, rate or fee changes	tegy for this service (e.g., ordinances, s, etc.), and when will they take effect d: 10/09/2007



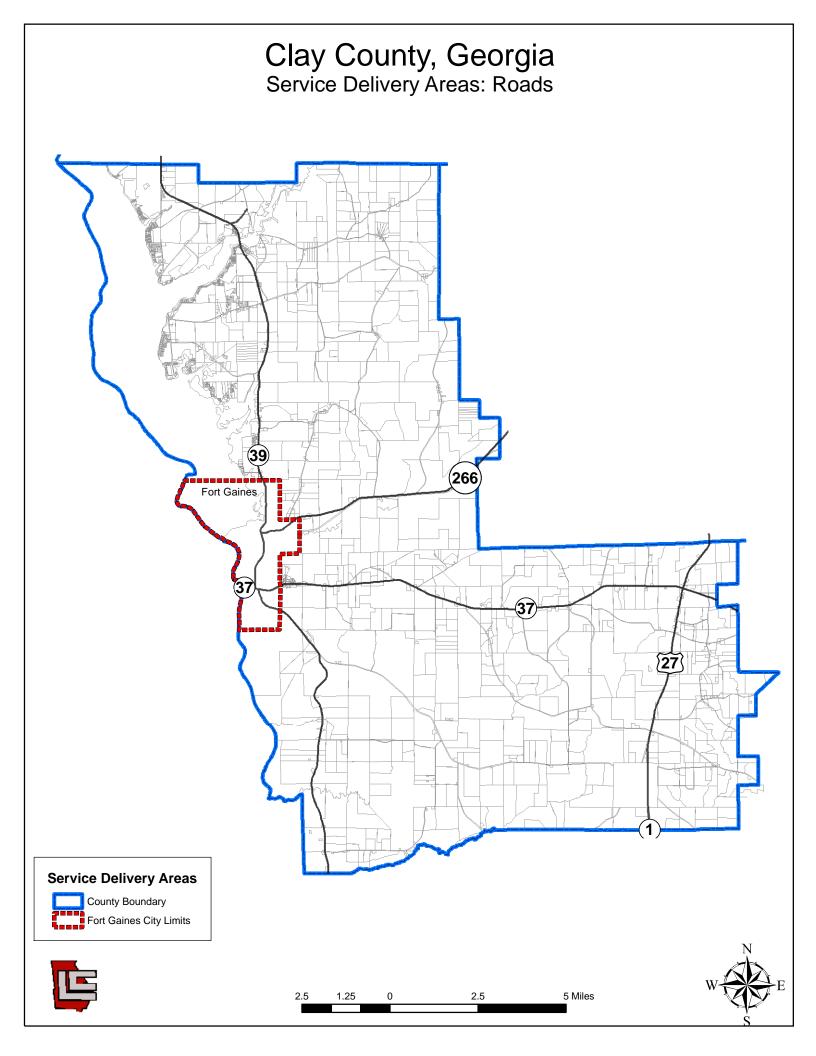
Make copies of this form and complete one for each service listed on page 1, Section 111. Use exactly the same service names
listed on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at
the bottom of the page) changes, this should be reported to the Department of Community Affairs.

County: Clay County	Service: Southwest Georgia Reg. Technology Authority
. Check the box that best describes the ag	greed upon delivery arrangement for this service:
Service will be provided countywide service provider. (If this box is checked, service.):	e (i.e., including all cities and unincorporated areas) by a single identify the government, authority or organization providing the
	unincorporated portion of the county by a single service provide ernment, authority or organization providing the
will not be provided in unincorporated a	service only within their incorporated boundaries, and the service areas. (If this box is checked, identify the government(s), service:
One or more cities will provide this s will provide the service in unincorporate authority or organization providing the	service only within their incorporated boundaries, and the county ed areas. (If this box is checked, identify the government(s), service.):
Other (If this box is checked, attach provider, and identify the government, each service area.):	a legible map delineating the service area of each service authority, or other organization that will provide service within
2. In developing the strategy, were overlay of this service identified?	pping service areas, unnecessary competition and/or duplication
arrangement (i.e., overlapping but higher	e strategy, attach an explanation for continuing the r levels of service (See O.C.G.A. 36-70-24(1)), overriding t overlapping service areas or competition cannot be eliminated)
If these conditions will be eliminated und step or action that will be taken to elimina completing it.	er the strategy, attach an implementation schedule listing each ate them, the responsible party and the agreed upon deadline for

	gen se	a Made ale
Local Government or Authority: Clay County		g Method:
Southwest Georgia Reg. Technology Autho	General Fund rity Federal & State Grants & Loans, Bone	do
boliwesi Georgia Reg. Technology Adilio	rederal & State Grants & Loans, Bond	JS .
4. How will the strategy change the the county?	previous arrangements for providing	ng and/or funding this service within
The Southwest Georgia Regional	Technology Authority was not	included in the last strategy.
5. List any formal service delivery a implement the strategy for this ser		ontracts that will be used to Effective and Ending Dates:
	Clay County, Fort Gaines, Bluffton	10/31/2007 - 10/31/2017
	Clay Co, Quilman Co, Randolph Co,	10,0 1,201
	Slewart Co	C = =
		egy for this service (e.g., ordinances, etc.), and when will they take effect?
resolutions, local acts of the Gene 7. Person completing form: Allison Sloce	ral Assembly, rate or fee changes,	etc.), and when will they take effect?
resolutions, local acts of the Gene	ral Assembly, rate or fee changes,	etc.), and when will they take effect?
7. Person completing form: Allison Slot Phone number: (706) 256-2910 8. Is this the person who should be of	ral Assembly, rate or fee changes,	etc.), and when will they take effect?



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 a the bottom of the page) changes, this should be reported to the Department of Community Affairs.		
County: Clay County	Service: Roads	
1. Check the box that best describes the	agreed upon delivery arrangement for this service:	
	ide (i.e., including all cities and unincorporated areas) by a single ed, identify the government, authority or organization providing the	
	ne unincorporated portion of the county by a single service provider, overnment, authority or organization providing the	
	is service only within their incorporated boundaries, and the service d areas. (If this box is checked, identify the government(s), ne service:	
	is service only within their incorporated boundaries, and the county rated areas. (If this box is checked, identify the government(s), ne service.):	
Other (If this box is checked, atta- provider, and identify the government each service area.): Clay County, Fort Gaines, Bluffton	ch a legible map delineating the service area of each service nt, authority, or other organization that will provide service within	
2. In developing the strategy, were over of this service identified? Yes No	rlapping service areas, unnecessary competition and/or duplication	
arrangement (i.e., overlapping but hig	the strategy, attach an explanation for continuing the her levels of service (See O.C.G.A. 36-70-24(1)), overriding hat overlapping service areas or competition cannot be eliminated).	
If these conditions will be eliminated u step or action that will be taken to elim completing it.	nder the strategy, attach an implementation schedule listing each inate them, the responsible party and the agreed upon deadline for	

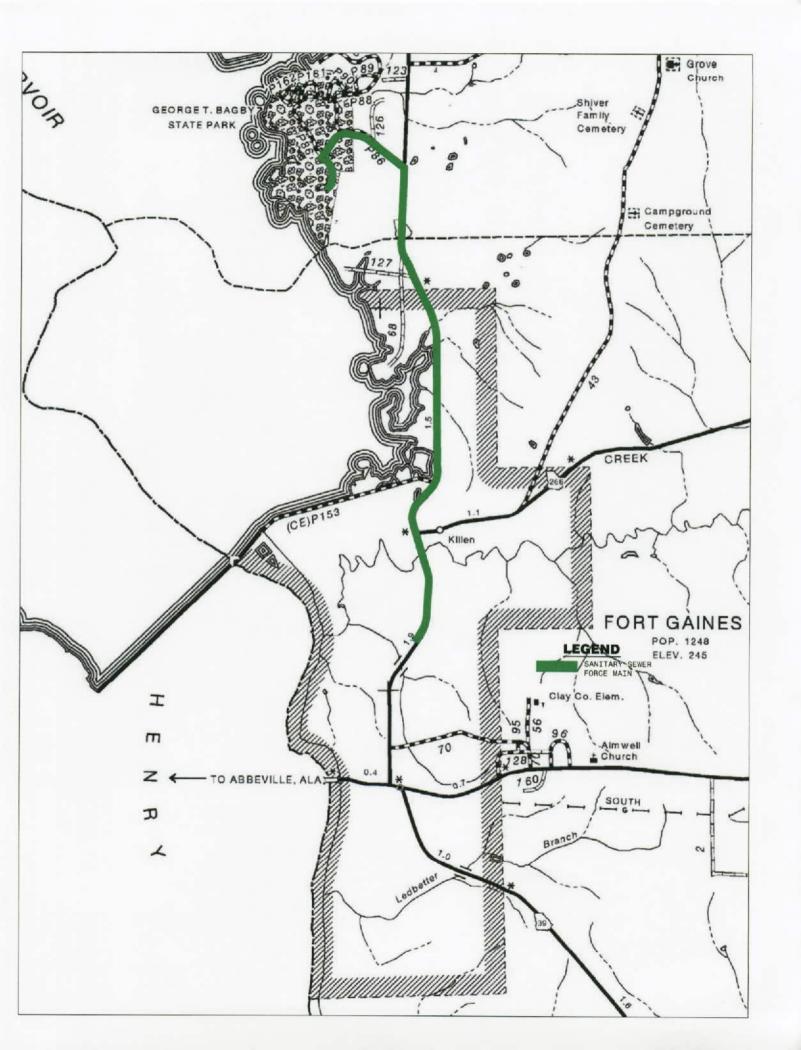


Local Government or Auth	hority: Fund	ing Method:
Clay County	General Fund	
Fort Gaines	General Fund	
4. How will the strategy chang the county?	ge the previous arrangements for provid	ing and/or funding this service withi
N/A		
5. List any formal service deli- implement the strategy for the	very agreements or intergovernmental on this service:	contracts that will be used to
Agreement Name:	Contracting Parties	Effective and Fuding Dates
Agreement Name: Master Service Delivery Agreement	Contracting Parties: Clay County, Fort Gaines, Bluffton	Effective and Ending Dates
Master Service Delivery Agreement	Contracting Parties: Clay County, Fort Gaines, Bluffton Clay County, Bluffton	
Master Service Delivery Agreement	Clay County, Fort Gaines, Bluffton	
Master Service Delivery Agreement Memorandum of Agreement	Clay County, Fort Gaines, Bluffton Clay County, Bluffton	10/31/2007 - 10/31/2017
Master Service Delivery Agreement Memorandum of Agreement 6. What other mechanisms (if	Clay County, Fort Gaines, Bluffton	10/31/2007 - 10/31/2017
Master Service Delivery Agreement Memorandum of Agreement 6. What other mechanisms (if resolutions, local acts of the	Clay County, Fort Gaines, Bluffton Clay County, Bluffton any) will be used to implement the strategeral Assembly, rate or fee changes	tegy for this service (e.g., ordinances, etc.), and when will they take effec
Master Service Delivery Agreement Memorandum of Agreement 6. What other mechanisms (if resolutions, local acts of the 7. Person completing form: Alli Phone number: (706) 256-2910 8. Is this the person who should	Clay County, Fort Gaines, Bluffton Clay County, Bluffton any) will be used to implement the strategeneral Assembly, rate or fee changes	tegy for this service (e.g., ordinances, etc.), and when will they take effect



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: Clay County Service: Sewer 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: Fort Gaines 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.

Local Government or Author	rite: F15	ing Method:
ort Gaines	Water-Sewer Revenue Fund, User F	
	10)	
4. How will the strategy change the county?	the previous arrangements for provid	ing and/or funding this service within
Sewer was not included in the	last strategy.	
	Make the property of the	
	ry agreements or intergovernmental of	contracts that will be used to
implement the strategy for this	s service:	
Agreement Name:	Contracting Parties:	Effective and Ending Dates
	Contracting Parties: Clay County, Blufflon, Fort Gaines	Effective and Ending Dates 10/31/2007 - 10/31/2017
Agreement Name: laster Service Delivery Agreement		
aster Service Delivery Agreement	Clay County, Bluffton, Fort Gaines	10/31/2007 - 10/31/2017
laster Service Delivery Agreement 6. What other mechanisms (if an		10/31/2007 - 10/31/2017 tegy for this service (e.g., ordinance
6. What other mechanisms (if an resolutions, local acts of the G	Clay County, Bluffton, Fort Gaines ny) will be used to implement the stra General Assembly, rate or fee changes	tegy for this service (e.g., ordinances, etc.), and when will they take effect
laster Service Delivery Agreement 6. What other mechanisms (if an resolutions, local acts of the G	Clay County, Bluffton, Fort Gaines ny) will be used to implement the stra General Assembly, rate or fee changes	tegy for this service (e.g., ordinances, etc.), and when will they take effect
7. Person completing form: Alliso Phone number: (706) 256-2910 8. Is this the person who should	Clay County, Bluffton, Fort Gaines ny) will be used to implement the stra General Assembly, rate or fee changes	d: 10/09/2007 togy for this service (e.g., ordinance s, etc.), and when will they take effect





Instructions:

Make copies of this form and complete one for each service listed on page 1, Section 111. Use exactly the same service names

County: Clay County	Service: Senior Citizens Center
1. Check the box that best describes the agr	reed upon delivery arrangement for this service:
Service will be provided countywide service provider. (If this box is checked, service.):	(i.e., including all cities and unincorporated areas) by a single identify the government, authority or organization providing the
Service will be provided only in the u (If this box is checked, identify the governorming):	nincorporated portion of the county by a single service provider rnment, authority or organization providing the
One or more cities will provide this so will not be provided in unincorporated an authority or organization providing the so	ervice only within their incorporated boundaries, and the service reas. (If this box is checked, identify the government(s), ervice:
One or more cities will provide this so will provide the service in unincorporate authority or organization providing the so	ervice only within their incorporated boundaries, and the county d areas. (If this box is checked, identify the government(s), ervice.):
Other (If this box is checked, attach a provider, and identify the government, a each service area.):	a legible map delineating the service area of each service authority, or other organization that will provide service within
2. In developing the strategy, were overlapt of this service identified? ☐ Yes ☑ No	ping service areas, unnecessary competition and/or duplication
rrangement (i.e., overlapping but higher l	strategy, attach an explanation for continuing the levels of service (See O.C.G.A. 36-70-24(1)), overriding overlapping service areas or competition cannot be eliminated).
f these conditions will be eliminated under tep or action that will be taken to eliminate ompleting it.	the strategy, attach an implementation schedule listing each them, the responsible party and the agreed upon deadline for

Local Government or Authorit	v. Fundin	g Method:
ay County	General Fund	
ort Gaines	General Fund	
I. How will the strategy change the county?	ne previous arrangements for providir	ng and/or funding this service within
I/A		
5. List any formal service delivery implement the strategy for this Agreement Name:	y agreements or intergovernmental coservice: Contracting Parties:	ontracts that will be used to Effective and Ending Dates:
		10/31/2007 - 10/31/2017
Master Service Delivery Agreement	Clay County, Fort Gaines, Bluffton	
Master Service Delivery Agreement		
Master Service Delivery Agreement	Clay County, Fort Gaines, Bluffton	
Master Service Delivery Agreement Memorandum of Agreement	Clay County, Fort Gaines, Bluffton Clay County, Direct Services Corporation	10/31/2007 - 10/31/2017
Master Service Delivery Agreement Memorandum of Agreement	Clay County, Fort Gaines, Bluffton Clay County, Direct Services Corporation	
Aster Service Delivery Agreement Memorandum of Agreement 6. What other mechanisms (if an resolutions, local acts of the Green Completing form: 7. Person completing form: Alliso Phone number: (706) 256-2910	Clay County, Fort Gaines, Bluffton Clay County, Direct Services Corporation y) will be used to implement the strateneral Assembly, rate or fee changes	tegy for this service (e.g., ordinances, etc.), and when will they take effect? d: 10/09/2007 evaluating whether proposed local



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

isted on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed a he bottom of the page) changes, this should be reported to the Department of Community Affairs.	
County: Clay County	Service: Tax Digest
1. Check the box that best describes t	the agreed upon delivery arrangement for this service:
Service will be provided county service provider. (If this box is che service.):	wide (i.e., including all cities and unincorporated areas) by a single teked, identify the government, authority or organization providing the
	the unincorporated portion of the county by a single service provider. government, authority or organization providing the
One or more cities will provide will not be provided in unincorpora authority or organization providing	this service only within their incorporated boundaries, and the service ated areas. (If this box is checked, identify the government(s), g the service:
	this service only within their incorporated boundaries, and the county porated areas. (If this box is checked, identify the government(s), g the service.):
	tach a legible map delineating the service area of each service ment, authority, or other organization that will provide service within
2. In developing the strategy, were over of this service identified? ☐ Yes ☑ No	verlapping service areas, unnecessary competition and/or duplication
arrangement (i.e., overlapping but h	er the strategy, attach an explanation for continuing the higher levels of service (See O.C.G.A. 36-70-24(1)), overriding s that overlapping service areas or competition cannot be eliminated).
	under the strategy, attach an implementation schedule listing each minate them, the responsible party and the agreed upon deadline for

Local Government or Authorit	y: Fund	ing Method:
Clay County	General Fund	
ort Gaines	General Fund	
4. How will the strategy change the the county?	e previous arrangements for provid	ing and/or funding this service within
N/A		
5. List any formal service delivery implement the strategy for this s	ervice:	
Agreement Name:	Contracting Parties:	Effective and Ending Dates
**	Clay County, Fort Gaines, Bluffton	Effective and Ending Dates: 10/31/2007 - 10/31/2017
Master Service Delivery Agreement 6. What other mechanisms (if any)	Clay County, Fort Gaines, Bluffton will be used to implement the stra	
Master Service Delivery Agreement 6. What other mechanisms (if any) resolutions, local acts of the Ger	clay County, Fort Gaines, Bluffton will be used to implement the straneral Assembly, rate or fee changes	10/31/2007 - 10/31/2017 tegy for this service (e.g., ordinances,
Master Service Delivery Agreement 6. What other mechanisms (if any)	clay County, Fort Gaines, Bluffton will be used to implement the straneral Assembly, rate or fee changes	tegy for this service (e.g., ordinances, etc.), and when will they take effect?
6. What other mechanisms (if any) resolutions, local acts of the Ger. 7. Person completing form: Allison St Phone number: (706) 256-2910 8. Is this the person who should be	clay County, Fort Gaines, Bluffton will be used to implement the strangeral Assembly, rate or fee changes locum	tegy for this service (e.g., ordinances, etc.), and when will they take effect? 1: 10/09/2007

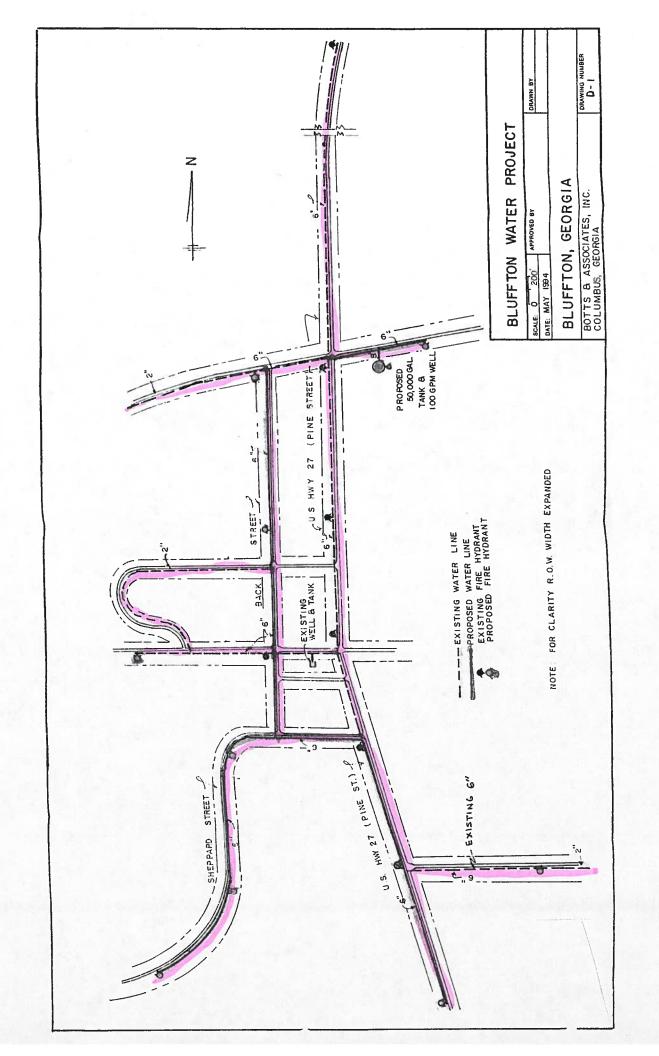


Instructions:

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names

County: Clay County	Service: Water
I. Check the box that best describes t	he agreed upon delivery arrangement for this service:
Service will be provided county service provider. (If this box is che service.):	ywide (i.e., including all cities and unincorporated areas) by a single cked, identify the government, authority or organization providing the
Service will be provided only in (If this box is checked, identify the service.):	the unincorporated portion of the county by a single service provider. government, authority or organization providing the
will not be provided in unincorpor	this service only within their incorporated boundaries, and the service rated areas. (If this box is checked, identify the government(s), g the service:
One or more cities will provide will provide the service in unincor authority or organization providing	this service only within their incorporated boundaries, and the county porated areas. (If this box is checked, identify the government(s), g the service.):
Other (If this box is checked, a provider, and identify the govern each service area.): Clay County, Fort Gaines, Bluffton	ttach a legible map delineating the service area of each service ment, authority, or other organization that will provide service within
	overlapping service areas, unnecessary competition and/or duplication
t Clamming hut	der the strategy, attach an explanation for continuing the higher levels of service (See O.C.G.A. 36-70-24(1)), overriding ons that overlapping service areas or competition cannot be eliminated)
If these conditions will be eliminate step or action that will be taken to completing it.	ed under the strategy, attach an implementation schedule listing each eliminate them, the responsible party and the agreed upon deadline for

	ority: Fund	ing Method:
Clay County	Federal & Slale Grants & Loans, Lo	cal Funds, & User Fees
ort Gaines	Federal & State Grants & Loans, Lo	
Huffton	Federal & State Grants & Loans, Lo	cal Funds, & User Fees
4. How will the strategy change the county?	the previous arrangements for provid	ling and/or funding this service within
Vater was not included in the	e last strategy.	
implement the strategy for thi	ery agreements or intergovernmental c is service:	contracts that will be used to
Annual Manager		P
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
	Contracting Parties: Clay County, Fort Gaines, Bluffton	Effective and Ending Dates: 10/31/2007 - 10/31/2017
Agreement Name: laster Service Delivery Agreement		
laster Service Delivery Agreement 5. What other mechanisms (if a		10/31/2007 - 10/31/2017 tegy for this service (e.g., ordinances,
6. What other mechanisms (if an resolutions, local acts of the C	ny) will be used to implement the strat	tegy for this service (e.g., ordinances, etc.), and when will they take effect
laster Service Delivery Agreement 5. What other mechanisms (if arresolutions, local acts of the C	ny) will be used to implement the strat	tegy for this service (e.g., ordinances, etc.), and when will they take effect
7. Person completing form: Allisc Phone number: (706) 256-2910	ny) will be used to implement the strat	tegy for this service (e.g., ordinances, etc.), and when will they take effect discovery the service (e.g., ordinances, etc.) and when will they take effect discovery the service (e.g., ordinances, etc.) and when will they take effect discovery the service (e.g., ordinances, etc.) and when will they take effect discovery the service (e.g., ordinances, etc.) and when will they take effect discovery the service (e.g., ordinances, etc.) and when will they take effect discovery the service (e.g., ordinances, etc.) and when will they take effect discovery the service (e.g., ordinances, etc.) and when will they take effect discovery the service (e.g., ordinances, etc.) and when will they take effect discovery the service (e.g., ordinances, etc.) and when will they take effect discovery the service (e.g., ordinances, etc.) and when will they take effect discovery the service (e.g., ordinances, etc.) and the service (e.g., ordinances, etc.) and the service (e.g., ordinances, etc.) are service (e.g., ordinances, etc.) and the service (e.g., ordinances, etc.) are service (e.g., ordinances, etc.) and the service (e.g., ordinances, etc.) are service (e







County: Clay County	Service: Zoning
1. Check the box that best describes the	e agreed upon delivery arrangement for this service:
Service will be provided countyw service provider. (If this box is check service.):	vide (i.e., including all cities and unincorporated areas) by a single ked, identify the government, authority or organization providing the
Service will be provided only in the (If this box is checked, identify the genuice.):	he unincorporated portion of the county by a single service provider overnment, authority or organization providing the
One or more cities will provide the will not be provided in unincorporate authority or organization providing the	is service only within their incorporated boundaries, and the service ed areas. (If this box is checked, identify the government(s), the service:
One or more cities will provide this will provide the service in unincorpor authority or organization providing the Cay County, Fort Gaines, Bluffton	is service only within their incorporated boundaries, and the county rated areas. (If this box is checked, identify the government(s), he service.):
Other (If this box is checked, attac provider, and identify the government each service area.):	ch a legible map delineating the service area of each service nt, authority, or other organization that will provide service within
In developing the strategy, were over of this service identified? Yes No	lapping service areas, unnecessary competition and/or duplication
rrangement (i.e., overlapping but high	he strategy, attach an explanation for continuing the ner levels of service (See O.C.G.A. 36-70-24(1)), overriding that overlapping service areas or competition cannot be eliminated).
f these conditions will be eliminated un tep or action that will be taken to elimin completing it.	der the strategy, attach an implementation schedule listing each nate them, the responsible party and the agreed upon deadline for

Local Government or Autho	uitus FII.	n Mathad
Clay County	General Fund	g Method:
Fort Gaines	General Fund	
Bluffton	General Fund	
	Gendary and	
4. How will the strategy change the county?	the previous arrangements for providing	ng and/or funding this service within
Bluffton is in the process of w	riting a zoning ordinance.	
implement the strategy for thi		
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
Master Service Delivery Agreement	Clay County, Fort Gaines, Bluffton	10/31/2007 - 10/31/2017
Zoning Contract	Clay County, Lower Chattahoochee RDC	07/01/2007 - 06/30/2008
Zoning Contract	Fort Gaines, Lower Chattahoochee RDC	07/01/2007 - 06/30/2008
	ny) will be used to implement the strate General Assembly, rate or fee changes,	
resolutions, local acts of the C	General Assembly, rate or fee changes,	
	General Assembly, rate or fee changes,	etc.), and when will they take effect
7. Person completing form: Alliso Phone number: (706) 256-2910 8. Is this the person who should	General Assembly, rate or fee changes,	etc.), and when will they take effect
7. Person completing form: Allisc Phone number: (706) 256-2910 8. Is this the person who should government projects are cons	Date completed: be contacted by state agencies when e	etc.), and when will they take effect 10/09/2007 valuating whether proposed local ? Yes \[\] No