

OCT 29 2009



SERVICE DELIVERY STRATEGY

FORM 1

COUNTY: HEARD COUNTY

I. GENERAL INSTRUCTIONS:

- FORM 1 is required for ALL SDS submittals. Only one set of these forms should be submitted per county. The completed forms should clearly present the collective agreement reached by all cities and counties that were party to the service delivery strategy.
- List each local government and/or authority that provides services included in the service delivery strategy in Section II below.
- List all services provided or primarily funded by each general purpose local government and authority within the county
 that are continuing without change in Section III, below. (It is acceptable to break a service into separate components if this will facilitate
 description of the service delivery strategy.)

OPTION A Revising or Adding to the SDS

- 4. List all services provided or primarily funded by each general purpose local government and authority within the county which are revised or added to the SDS in Section IV, below. (It is acceptable to break a service into separate components if this will facilitate description of the service delivery strategy.)
- For each service or service component listed in Section IV, complete a separate, updated Summary of Service Delivery Arrangements form (FORM 2).
- Complete one copy of the Certifications form (FORM 4) and have it 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, FORM 4).]

OPTION B Extending the Existing SDS

- 4. In Section IV type, "NONE."
- Complete one copy of the Certifications for Extension of Existing SDS form (FORM 5) and have it signed by the authorized representatives of the participating local governments. [Please note that DCA cannot validate the strategy unless it is signed by the local governments required by law (see Instructions, FORM 5).]
- 6. Proceed to step 7, below.

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 Planning and Quality Growth at (404) 679-5279.

- 7. If any of the conditions described in the existing Summary of Land Use Agreements form (FORM 3) have changed or if it has been ten (10) or more years since the most recent FORM 3 was filed, update and include FORM 3 with the submittal.
- 8. Email the completed forms and any attachments as .pdf attachments to: pemd.opqga@dca.ga.gov, or mail the completed forms along with any attachments to: GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS
 OFFICE OF PLANNING AND QUALITY GROWTH

60 Executive Park South, N.E. Atlanta, Georgia 30329

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 UNDER THE "OPTION A" PROCESS DESCRIBED, ABOVE.

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.

Heard County Water Authority

Town of Centralhatchee Heard County Development Authority

City of Ephesus Heard County School Board
City of Franklin City of Franklin Housing Authority

III. SERVICES INCLUDED IN THE EXISTING SERVICE DELIVERY STRATEGY THAT ARE BEING EXTENDED WITHOUT CHANGE:

In this section, list each service or service component already included in the existing SDS which can continue as previously agreed with no need for modification.

Cemetery Maintenance

Business Development & Tourism Solicitation County & Municipal Ordinance Enforcement

Community Center
Emergency 911 Service
Election Supervision
Emergency Management

Fire Department Forestry Fire Services

Indigent Burial

Indigent Legal Services

Jail Facilities Law Enforcement Meals on Wheels
Mental Health Center
Historic Society/Museum
Parks and Recreation
Planning and Zoning

Public Transportation Road and Street Maintenance Solid Waste Management

Street Lights
Voter Registration

Public Health Center

Water and Sewer Service

IV. SERVICES THAT ARE BEING REVISED OR ADDED IN THIS SUBMITTAL:

In this section, list each new service or new service component which is being added and each service or service component which is being revised in this submittal. For each item listed here, a separate Summary of Service Delivery Arrangements form (FORM 2) must be completed.

Animal Control

Building Code Inspections

Emergency Rescue and Ambulance

Library

Public Housing

Schools, Elementary & Secondary

Skate Park

Tax Assessment

Tax Collection

JUNE JACKSON COMMISSION CHAIR

HEARD COUNTY COMMISSIONERS

P.O. Box 40 215 East Court Square, Room 15 Franklin, Georgia 30217

BOARD OF COMMISSIONERS

FELICIA J. ADAMS

www.heardcountyga.com

FINANCE DIRECTOR

Phone (706) 675-3821

Fax # (706) 675-2493

DISTRICT 1 LEE BOONE DISTRICT 2 GWEN CALDWELL DISTRICT 3 FRANK CROOK

> DISTRICT 4 SANDI ALLEN

> > DISTRICT 5

KAREN ISENHOWER

PATTY JILES COUNTY CLERK

JERRY ANN CONNER COUNTY ATTORNEY

October 28, 2009

RECEIVED

OCT 3 0 2009

Mr. James R. Frederick, Director Office of Planning and Quality Growth Georgia Department of Community Affairs 60 Executive Park South, N. E. Atlanta, GA 30329-2231

RE: Heard County Service Delivery Strategy

Dear Mr. Frederick:

Enclosed please find a corrected "Form 2: Summary of Service Delivery Arrangements" for Animal Control for Heard County. After the completed and signed strategy was mailed to you, we discovered an error on page 2 of the Animal Control copy. Under Item #3, we had listed the funding method for the Town of Centralhatchee as Special Purpose Local Option Sales Tax when it should have been General Funds.

Please replace this corrected copy in our submitted Service Delivery Strategy.

If there are any questions, please don't hesitate to contact me.

Sincerely,

June Jackson, Commission Chair **Heard County Board of Commissioners**

June Jackson







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

should be reported to the Department of Community Affairs.		
COUNTY:HEARD COUNTY	Service: Animal Control	
Check the box that best describes the agreed upo	on delivery arrangement for this service:	
	ling all cities and unincorporated areas) by a single service provider. (If brity or organization providing the service.): Heard County	
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ted portion of the county by a single service provider. (If this box is anization providing the service.):	
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:	
	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the	
	nap delineating the service area of each service provider, and eation that will provide service within each service area.):	
2. In developing this strategy, were overlapping serv identified?	ice areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional docum	nentation as described, below)	
⊠No		
	A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).	
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	egy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.	

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

Heard County	nority Funding N	lethod
Heard County	General Funds, Special Purpose Local Op	tion Sales Tax
City of Franklin	General Funds	
Town of Centralhatchee	General Funds	
City of Ephesus	General Funds	
How will the strategy change	the previous arrangements for providing and/or fundi	ng this service within the county?
No Change		
this service:	ry agreements or intergovernmental contracts that wi	
Agreement Name	Contracting Parties	Effective and Ending Date:
Animal Control Service	111 10 1 5 15 5 1 5 1 7 1	A second Construction
Agreement	Heard County, Franklin, Ephesus, Centralhatchee	Annual Renewable Contract
	<u> </u>	
	ny) will be used to implement the strategy for this sen, rate or fee changes, etc.), and when will they take e	
acts of the General Assembly,	e Jackson, Commission Chair	
No Change Person completing form: June Phone number: 706-675-3821 Is this the person who should	e Jackson, Commission Chair	ffect?







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

should be reported to the Department of Community Affairs		
COUNTY:HEARD COUNTY	Service: Building Code Inspections	
Check the box that best descri	es the agreed upon delivery arrangement for this service:	
Service will be provided cou this box is checked, identify the	tywide (i.e., including all cities and unincorporated areas) by a single service provider. (If government, authority or organization providing the service.):	f
	n the unincorporated portion of the county by a single service provider. (If this box is t, authority or organization providing the service.):	
	this service only within their incorporated boundaries, and the service will not be provided to box is checked, identify the government(s), authority or organization providing the service	
	this service only within their incorporated boundaries, and the county will provide the (If this box is checked, identify the government(s), authority or organization providing the	Ð
identify the government, author	attach a legible map delineating the service area of each service provider, and y, or other organization that will provide service within each service area.): City of and Heard County will do the actual inspections. City will pay County set amount	i.
In developing this strategy, we identified?	e overlapping service areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach	additional documentation as described, below)	
⊠No		
	der this strategy, attach an explanation for continuing the arrangement (i.e., rvice (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that etition cannot be eliminated).	
If these conditions will be elimina	ed under the strategy, attach an implementation schedule listing each step or action th	at

will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.

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Local Government or Author		ethod
Heard County	User Fees, General Fund	
City of Franklin	User Fees	
How will the strategy change th	ne previous arrangements for providing and/or fundin	g this service within the county?
No Change		
this service:	agreements or intergovernmental contracts that will	
this service: Agreement Name	Contracting Parties	Effective and Ending Date
his service: Agreement Name		Effective and Ending Date October 14, 2008
his service: Agreement Name	Contracting Parties	Effective and Ending Date
this service: Agreement Name	Contracting Parties	Effective and Ending Date October 14, 2008
his service: Agreement Name	Contracting Parties	Effective and Ending Date October 14, 2008
this service: Agreement Name	Contracting Parties	Effective and Ending Date October 14, 2008
this service: Agreement Name	Contracting Parties	Effective and Ending Date October 14, 2008
this service: Agreement Name Intergovernmental Agrreement What other mechanisms (if any	Contracting Parties	October 14, 2008 Annual Renewable Contractions ce (e.g., ordinances, resolutions, lo
this service: Agreement Name ntergovernmental Agrreement What other mechanisms (if any	Contracting Parties Heard County, City of Franklin (1) will be used to implement the strategy for this service.	October 14, 2008 Annual Renewable Contractions ce (e.g., ordinances, resolutions, lo
Agreement Name Intergovernmental Agrreement What other mechanisms (if any acts of the General Assembly, in the Change Person completing form: June	Contracting Parties Heard County, City of Franklin (1) will be used to implement the strategy for this service rate or fee changes, etc.), and when will they take eff	October 14, 2008 Annual Renewable Contractions ce (e.g., ordinances, resolutions, lo
Agreement Name Intergovernmental Agrreement What other mechanisms (if any acts of the General Assembly, in the Change Person completing form: June Phone number: 706-675-3821 Is this the person who should be	Contracting Parties Heard County, City of Franklin () will be used to implement the strategy for this servicate or fee changes, etc.), and when will they take eff	Effective and Ending Date October 14, 2008 Annual Renewable Contract ce (e.g., ordinances, resolutions, loect?







FORM 2: Summary of Service Delivery Arrangements

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Make copies of this form and complete one for each service listed on FORM 1, Section III. Use exactly the same service names listed on FORM 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:HEARD COUNTY	Service: Emergency Rescue and Ambulance			
Check the box that best describes the agreed	upon delivery arrangement for this service:			
	cluding all cities and unincorporated areas) by a single service provider. (If uthority or organization providing the service.): Heard County			
Service will be provided only in the unincorporate checked, identify the government, authority or or	orated portion of the county by a single service provider. (If this box is organization providing the service.):			
	nly within their incorporated boundaries, and the service will not be provided in identify the government(s), authority or organization providing the service:			
	only within their incorporated boundaries, and the county will provide the checked, identify the government(s), authority or organization providing the			
	le map delineating the service area of each service provider, and anization that will provide service within each service area.):			
2. In developing this strategy, were overlapping s identified?	service areas, unnecessary competition and/or duplication of this service			
☐ Yes (if "Yes," you must attach additional doc	cumentation as described, below)			
⊠No				
	gy, attach an explanation for continuing the arrangement (i.e., C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that be eliminated).			
	rategy, attach an implementation schedule listing each step or action that array and the agreed upon deadline for completing it.			

 List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g. enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.). 			
Local Government or Authority	Funding Method		
Heard County	General Funds/ Special Purpose Local Option Sales Tax		
City of Enhance	General Funde/Special Purpose Local Option Sales Tay		

Local Government or Authority	Funding	Method		
Heard County	General Funds/ Special Purpose Local Option Sales Tax			
City of Ephesus	General Funds/Special Purpose Local Op	tion Sales Tax		
Town of Centralhatchee	General Funds/Special Purpose Local Op	tion Sales Tax		
City of Franklin	General Funds/Special Purpose Local Optiona Sales Tax			
	rious arrangements for providing and/or fund			
this service:	ments or intergovernmental contracts that w	30 / 10 / 10 / 10 / 10 / 10 / 10 / 10 /		
Agreement Name	Contracting Parties	Effective and Ending Date		
	be used to implement the strategy for this se fee changes, etc.), and when will they take			
acts of the ocheral Assembly, rate of	ree changes, etc., and when will they take t			
No Change				
Person completing form: June Jacks Phone number: 706-675-3821	on Date completed: August 3, 2009			
	acted by state agencies when evaluating wh	nether proposed local government		
49 12 5 5 12 12 12 12 13 14 15 15 15 15 15 15 15 15 15 15 15 15 15	400 C C C C C C C C C C C C C C C C C C			
If not, provide designated contact per	son(s) and phone number(s) below:			







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COUNTY:HE	ARD COUNTY	Service:Library	
1. Check the	box that best describes the a	agreed upon delivery arrangement for this service:	
		(i.e., including all cities and unincorporated areas) by a single service provider ment, authority or organization providing the service.):	. (If
		nincorporated portion of the county by a single service provider. (If this box is crity or organization providing the service.):	
		ervice only within their incorporated boundaries, and the service will not be pro- hecked, identify the government(s), authority or organization providing the service.	
service in u	nincorporated areas. (If this	ervice only within their incorporated boundaries, and the county will provide the box is checked, identify the government(s), authority or organization providing sus, City of Centralhatchee	the
identify the	this box is checked, attach government, authority, or ot nt, Authority or Organizati	a legible map delineating the service area of each service provider, and her organization that will provide service within each service area.): Type Namon Here	ne of
In developing identified?	ing this strategy, were overla	apping service areas, unnecessary competition and/or duplication of this service	e
☐Yes (if "	Yes," you must attach additi	onal documentation as described, below)	
⊠No			
overlapping b	itions will continue under this out higher levels of service (service areas or competition	s strategy, <u>attach an explanation for continuing the arrangement</u> (i.e., See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons the cannot be eliminated).	nat
If these cond	litions will be eliminated und	er the strategy, attach an implementation schedule listing each step or action	n that

Local Government or Authority	Funding	Method	
Heard County	General Funds		
City of Ephesus	Franchise Fees, User Fees, Local Sales Tax		
Town of Centralhatchee	Franchise Fees, user Fees, Local Sales Tax		
Heard County School Board	General Fund		
How will the strategy change the prev	rious arrangements for providing and/or fund	fing this service within the county?	
List any formal service delivery agree this service:	ments or intergovernmental contracts that w	rill be used to implement the strategy f	
Agreement Name	Contracting Parties	Effective and Ending Date:	
What other mechanisms (if any) will bacts of the General Assembly, rate or	e used to implement the strategy for this ser fee changes, etc.), and when will they take of	rvice (e.g., ordinances, resolutions, loc effect?	
Person completing form: June Jacks	on Commission Chair		
Phone number: 706-675-3821	ate completed: August 3, 2009		
Is this the person who should be con- projects are consistent with the service	acted by state agencies when evaluating when evaluating when delivery strategy? ⊠Yes □No	nether proposed local government	
If not, provide designated contact per	son(s) and phone number(s) below:		







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should be reported to the Department of Community Affairs.		
COUNTY:HEARD COUNTY	Service:Public Housing	
Check the box that best describes the agree	d upon delivery arrangement for this service:	
	including all cities and unincorporated areas) by a single service provider. (If authority or organization providing the service.):	
Service will be provided only in the uninconchecked, identify the government, authority of	rporated portion of the county by a single service provider. (If this box is or organization providing the service.):	
	only within their incorporated boundaries, and the service will not be provided ed, identify the government(s), authority or organization providing the service:	
	only within their incorporated boundaries, and the county will provide the schecked, identify the government(s), authority or organization providing the	
	ible map delineating the service area of each service provider, and rganization that will provide service within each service area.):	
2. In developing this strategy, were overlapping identified?	g service areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional of	documentation as described, below)	
⊠No		
	egy, attach an explanation for continuing the arrangement (i.e., o.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that of the eliminated).	
	strategy, attach an implementation schedule listing each step or action that party and the agreed upon deadline for completing it.	

Local Government or Authority	Funding	Method
City of Franklin Housing Authority	General Funds/ State and Federal Funds	
How will the strategy change the pre	vious arrangements for providing and/or fund	ling this service within the county?
nis program/service was omitted in e	error during the last SDS development.	
ist any formal service delivery agreenis service: Agreement Name	ements or intergovernmental contracts that w	ill be used to implement the strategy Effective and Ending Date
rigi comont trame	John Louing . Lives	
What other mechanisms (if any) will acts of the General Assembly, rate or	be used to implement the strategy for this ser r fee changes, etc.), and when will they take e	rvice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) will acts of the General Assembly, rate or	be used to implement the strategy for this ser r fee changes, etc.), and when will they take o	rvice (e.g., ordinances, resolutions, lo
acts of the General Assembly, rate or	be used to implement the strategy for this ser r fee changes, etc.), and when will they take e	rvice (e.g., ordinances, resolutions, lo
acts of the General Assembly, rate or	be used to implement the strategy for this ser r fee changes, etc.), and when will they take of	rvice (e.g., ordinances, resolutions, lo
lo Change Person completing form: June Jack	r fee changes, etc.), and when will they take e	rvice (e.g., ordinances, resolutions, lo
No Change Person completing form: June Jack Phone number: 706-675-3821	son Date completed: August 3, 2009 htacted by state agencies when evaluating when the state of the state agencies when evaluating when the state agencies when a state agencies when the state agencies when a state agencies where agencies when a state age	effect?
Person completing form: June Jack Phone number: 706-675-3821 Is this the person who should be corprojects are consistent with the servi	son Date completed: August 3, 2009 htacted by state agencies when evaluating when the state of the state agencies when evaluating when the state agencies when a state agencies when the state agencies when a state agencies where agencies when a state age	effect?







FORM 2: Summary of Service Delivery Arrangements

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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:HEARD COUNTY	Service: Schools, Elementary & Secondary			
Check the box that best describes the agree	ed upon delivery arrangement for this service:			
	including all cities and unincorporated areas) by a single service provider. (If authority or organization providing the service.): Heard County School Board			
Service will be provided only in the uninco checked, identify the government, authority of	orporated portion of the county by a single service provider. (If this box is or organization providing the service.):			
One or more cities will provide this service in unincorporated areas. (If this box is checked)	e only within their incorporated boundaries, and the service will not be provided ted, identify the government(s), authority or organization providing the service:			
One or more cities will provide this service service in unincorporated areas. (If this box is service.):	e only within their incorporated boundaries, and the county will provide the is checked, identify the government(s), authority or organization providing the			
Other (If this box is checked, attach a legited identify the government, authority, or other of	gible map delineating the service area of each service provider, and organization that will provide service within each service area.):			
In developing this strategy, were overlappin identified?	ng service areas, unnecessary competition and/or duplication of this service			
Yes (if "Yes," you must attach additional	documentation as described, below)			
⊠No				
overlapping but higher levels of service (See Coverlapping service areas or competition cannot be competition to the coverlapping service areas or competition cannot be considered to the coverlapping but higher levels of service (See Coverlapping but higher le	ategy, attach an explanation for continuing the arrangement (i.e., O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that not be eliminated).			
If these conditions will be eliminated under the will be taken to eliminate them, the responsible	e strategy, attach an implementation schedule listing each step or action that le party and the agreed upon deadline for completing it.			
	_			

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

Local Government or Authority	Funding	Method
Heard County School Board	Ad Valoren Taxes, State and Federal Gran	
	Sales Tax	
How will the strategy change the pre-	vious arrangements for providing and/or fund	ling this service within the county?
	-	
No Change		
	ements or intergovernmental contracts that w	ill be used to implement the strategy fo
this service:		
Agreement Name	Contracting Parties	Effective and Ending Dates
To great the second sec	Controlling Farties	
	be used to implement the strategy for this ser fee changes, etc.), and when will they take of	
No Change		
2		
Person completing form: June Jacks Phone number: 706-675-3821		
Priorie number, 706-675-3821	Date completed: August 3, 2009	
Is this the person who should be con projects are consistent with the service	tacted by state agencies when evaluating where delivery strategy? ⊠Yes □No	nether proposed local government
	50 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
If not, provide designated contact per	son(s) and phone number(s) below:	







FORM 2: Summary of Service Delivery Arrangements

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Make copies of this form and complete one for each service listed on FORM 1, Section III. Use exactly the same service names listed on FORM 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:HEARD COUNTY	Service: Skate Park			
Check the box that best describes the agreed up	on delivery arrangement for this service:			
Service will be provided countywide (i.e., inclu this box is checked, identify the government, auth	iding all cities and unincorporated areas) by a single service provider. (If nority or organization providing the service.):			
Service will be provided only in the unincorporal checked, identify the government, authority or org	ated portion of the county by a single service provider. (If this box is ganization providing the service.);			
	within their incorporated boundaries, and the service will not be provided dentify the government(s), authority or organization providing the service:			
	within their incorporated boundaries, and the county will provide the ecked, identify the government(s), authority or organization providing the			
	map delineating the service area of each service provider, and ization that will provide service within each service area.):			
2. In developing this strategy, were overlapping sen identified?	vice areas, unnecessary competition and/or duplication of this service			
Yes (if "Yes," you must attach additional documents	mentation as described, below)			
⊠No				
If these conditions will continue under this strategy, overlapping but higher levels of service (See O.C.G overlapping service areas or competition cannot be	attach an explanation for continuing the arrangement (i.e., 6.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).			
If these conditions will be eliminated under the strat will be taken to eliminate them, the responsible part	tegy, attach an implementation schedule listing each step or action that ty and the agreed upon deadline for completing it.			

Local Government or Au	thority Funding M	lethod
ity of Franklin	General Funds, Special Purpose Local Opti	
		70
How will the etrateau abose	the analysis and the first state of the stat	
low will the strategy change	e the previous arrangements for providing and/or funding	ng this service within the county?
	-	
o change		
ist any formal service deliv	ery agreements or intergovernmental contracts that will	be used to implement the strategy
	ery agreements or intergovernmental contracts that will	be used to implement the strategy
nis service:	95 \$150 BS	(i) 1000
nis service: Agreement Name	ery agreements or intergovernmental contracts that will Contracting Parties City of Franklin, Heard County	be used to implement the strategy Effective and Ending Date 50 Year Lease
Agreement Name	Contracting Parties	Effective and Ending Dat
Agreement Name	Contracting Parties	Effective and Ending Dat
Agreement Name	Contracting Parties	Effective and Ending Dat
Agreement Name	Contracting Parties	Effective and Ending Dat
Agreement Name	Contracting Parties	Effective and Ending Dat
Agreement Name tergovernmental	Contracting Parties City of Franklin, Heard County	Effective and Ending Date 50 Year Lease
Agreement Name tergovernmental What other mechanisms (if	Contracting Parties City of Franklin, Heard County any) will be used to implement the strategy for this service.	50 Year Lease ice (e.g., ordinances, resolutions, lo
Agreement Name tergovernmental What other mechanisms (if	Contracting Parties City of Franklin, Heard County	50 Year Lease ice (e.g., ordinances, resolutions, lo
Agreement Name tergovernmental What other mechanisms (if	Contracting Parties City of Franklin, Heard County any) will be used to implement the strategy for this service.	50 Year Lease ice (e.g., ordinances, resolutions, lo
Agreement Name tergovernmental What other mechanisms (if acts of the General Assemble	Contracting Parties City of Franklin, Heard County any) will be used to implement the strategy for this service.	50 Year Lease ice (e.g., ordinances, resolutions, lo
Agreement Name tergovernmental What other mechanisms (if acts of the General Assemble	Contracting Parties City of Franklin, Heard County any) will be used to implement the strategy for this service.	50 Year Lease ice (e.g., ordinances, resolutions, lo
Agreement Name tergovernmental What other mechanisms (if	Contracting Parties City of Franklin, Heard County any) will be used to implement the strategy for this service.	50 Year Lease ice (e.g., ordinances, resolutions, lo
Agreement Name tergovernmental What other mechanisms (if acts of the General Assemble	Contracting Parties City of Franklin, Heard County any) will be used to implement the strategy for this service.	50 Year Lease ice (e.g., ordinances, resolutions, lo
Agreement Name tergovernmental What other mechanisms (if acts of the General Assemble of Change	City of Franklin, Heard County any) will be used to implement the strategy for this servicy, rate or fee changes, etc.), and when will they take effects	50 Year Lease ice (e.g., ordinances, resolutions, lo
Agreement Name tergovernmental What other mechanisms (if acts of the General Assemble of Change	Contracting Parties City of Franklin, Heard County any) will be used to implement the strategy for this servey, rate or fee changes, etc.), and when will they take effective to the strategy for this servey.	50 Year Lease ice (e.g., ordinances, resolutions, lo
Agreement Name tergovernmental What other mechanisms (if a cts of the General Assemble of Change Person completing form: Juthone number: 706-675-382	Contracting Parties City of Franklin, Heard County any) will be used to implement the strategy for this servey, rate or fee changes, etc.), and when will they take effective to the strategy for this servey.	Effective and Ending Date 50 Year Lease ice (e.g., ordinances, resolutions, lofect?







FORM 2: Summary of Service Delivery Arrangements

Instructions:

Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, should be reported to the Department of Community Affairs.				
COUNTY:HEARD COUNTY	Service: Tax Assessment			
Check the box that best describes the agreed upo	on delivery arrangement for this service:			
Service will be provided countywide (i.e., include this box is checked, identify the government, authorities and the countywide (i.e., include this box is checked, identify the government, authorities are considered to the countywide (i.e., include the countywide).	ting all cities and unincorporated areas) by a single service provider. (If ority or organization providing the service.): Heard County			
Service will be provided only in the unincorporal checked, identify the government, authority or organization.	ted portion of the county by a single service provider. (If this box is anization providing the service.):			
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:			
	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the			
	nap delineating the service area of each service provider, and cation that will provide service within each service area.):			
2. In developing this strategy, were overlapping servidentified?	ice areas, unnecessary competition and/or duplication of this service			
☐ Yes (if "Yes," you must attach additional docum	nentation as described, below)			
⊠No				
	A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).			
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	egy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.			

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Local Government or Authority	Funding I	Wethod
Heard County	General Funds	
Heard County School Board	General Funds	
·		
How will the strategy change the pre	evious arrangements for providing and/or fund	ing this service within the county?
	eements or intergovernmental contracts that w	ill be used to implement the strategy
nie conuca:		
Agreement Name	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
Agreement Name What other mechanisms (if any) will	be used to implement the strategy for this ser fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) will	be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if any) will	be used to implement the strategy for this ser or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) will acts of the General Assembly, rate of the General Assembly, rate of the Person completing form: June Jack Phone number: 706-675-3821	be used to implement the strategy for this ser or fee changes, etc.), and when will they take e sson, Commission Chair Date completed: August 3, 2009	vice (e.g., ordinances, resolutions, lo







FORM 2: Summary of Service Delivery Arrangements

Instructions:

Make copies of this form and complete one for each service listed on FORM 1. Section III. Use exactly the same service names listed on FORM 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 should be reported to the Department of Community Affairs.				
	COUNTY:HEARD COUNTY	Service:Tax Collection		
	Check the box that best describes the agreed upo	on delivery arrangement for this service:		
		ding all cities and unincorporated areas) by a single service provider. (If ority or organization providing the service.): Heard County		
	Service will be provided only in the unincorporal checked, identify the government, authority or organized	ted portion of the county by a single service provider. (If this box is anization providing the service.):		
		within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:		
		within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the		
	Other (If this box is checked, attach a legible midentify the government, authority, or other organization)	nap delineating the service area of each service provider, and zation that will provide service within each service area.):		
	2. In developing this strategy, were overlapping serv identified?	rice areas, unnecessary competition and/or duplication of this service		
	Yes (if "Yes," you must attach additional docum	nentation as described, below)		
	⊠No			
	If these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G. overlapping service areas or competition cannot be	A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).		
	If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	egy, attach an implementation schedule listing each step or action that y and the agreed upon deadline for completing it.		

Local Government or Authority	Funding I	Method
Heard County	General Funds	
Heard County School Board	General Funds	-
	vious arrangements for providing and/or fundi	
	ements or intergovernmental contracts that wi	Il be used to implement the strategy f
this service:		
this service:		
this service:		
What other mechanisms (if any) will		Effective and Ending Date
What other mechanisms (if any) will	Contracting Parties be used to implement the strategy for this ser	Effective and Ending Date
What other mechanisms (if any) will acts of the General Assembly, rate or	be used to implement the strategy for this ser fee changes, etc.), and when will they take e	Effective and Ending Date







FORM 4: 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.

COUNTY: HEARD COUNTY

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

- We have executed agreements for implementation of our service delivery strategy and the attached forms
 provide an accurate depiction of our agreed upon strategy (O.C.G.A 36-70-21);
- Our service delivery strategy promotes the delivery of local government services in the most efficient, effective, and responsive manner (O.C.G.A. 36-70-24 (1));
- Our service delivery strategy provides that water or sewer fees charged to customers located outside the geographic boundaries of a service provider are reasonable and are not arbitrarily higher than the fees charged to customers located within the geographic boundaries of the service provider (O.C.G.A. 36-70-24 (20); and
- 4. Our service delivery strategy ensures that the cost of any services the county government provides (including those jointly funded by the county and one or more municipalities) primarily for the benefit of the unincorporated area of the county are borne by the unincorporated area residents, individuals, and property owners who receive such service (O.C.G.A. 36-70-24 (3)).

TITLE	NAME	SIGNATURE	DATE
Commission Chair	June Jackson	Junegackson	10/3/09
Mayor	Barbie Crockett	Barbii Owckett	10/19/09
Mayor	Denney Rogers	Denney Roges	10/14/08
Mayor	Brad Yates	bittet	le 1909
	Commission Chair Mayor Mayor	Commission Chair June Jackson Mayor Barbie Crockett Mayor Denney Rogers	Mayor Denney Rogers June Jackson June Jackson June Jackson June Jackson Barbia Owckett Mayor Denney Rogers

HEARD COUNTY WATER AUTHORITY	Chairperson	James Ray Gosdin	James R. Loselin S. 10/19/09
HEARD COUNTY DEVELOPMENT AUTHORITY	Chairperson	Terry Harper	1-) Housen 10/19/09
HEARD COUNTY SCHOOL BOARD	Chairperson	Tim Holtzclaw	Ja: Holyslan 10/19/09
CITY OF FRANKLIN HOUSING AUTHORITY	Chairperson	Maxine Ogletree	Marine Orfebra 10/23/09

JUNE JACKSON COMMISSION CHAIR

HEARD COUNTY COMMISSIONERS

P.O. Box 40 215 East Court Square, Room 15 Franklin, Georgia 30217 BOARD OF COMMISSIONERS

FELICIA J. ADAMS

www.heardcountyga.com

Karen Isenhower

FINANCE DIRECTOR

PATTY JILES

COUNTY CLERK

JERRY ANN CONNER

COUNTY ATTORNEY

Phone (706) 675-3821

Fax # (706) 675-2493

DISTRICT 1
LEE BOONE
DISTRICT 2

GWEN CALDWELL
DISTRICT 3

FRANK CROOK DISTRICT 4

SANDI ALLEN
DISTRICT 5

De

December 28, 2009

Ms. Renetta Hobson Georgia Department of Community Affairs Office of Planning and Quality Growth 60 Executive Park South, N. E. Atlanta, GA 30329-2231

DEC 3 0 2000

RE:

Heard County Service Delivery Strategy

Dear Ms. Hobson:

Enclosed please find the following to complete our new Service Delivery Strategy:

- Form 1
- Forms 2 for each service listed on Form 1 under III and IV.
- Resolutions from Heard County and each municipality (Total of 4).
- Form 3: Summary of Land Use Agreement pertaining to the Heard Heard County Water Authority.
- Copies of all agreements and/or contracts between Heard County and Municipalities (Total of 6).
- Map highlighting municipalities of Franklin, Centralhatchee, and Ephesus in Heard County.
- Map showing all water lines in Heard County.

It is my understanding that you retained our original "Form 4: Certifications" mailed to you earlier and will include it with this package. I have included a photocopy of these pages.

Thank you for your assistance. Please let me know if there is anything else you need.

Sincerely,

June Jackson, Commission Chair

June Jackson

Heard County Board of Commissioners







FORM 4: 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.

COUNTY: HEARD COUNTY

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

- We have executed agreements for implementation of our service delivery strategy and the attached forms provide an accurate depiction of our agreed upon strategy (O.C.G.A 36-70-21);
- Our service delivery strategy promotes the delivery of local government services in the most efficient, effective, and responsive manner (O.C.G.A. 36-70-24 (1));
- Our service delivery strategy provides that water or sewer fees charged to customers located outside the
 geographic boundaries of a service provider are reasonable and are not arbitrarily higher than the fees
 charged to customers located within the geographic boundaries of the service provider (O.C.G.A. 36-70-24
 (20); and
- Our service delivery strategy ensures that the cost of any services the county government provides (including those jointly funded by the county and one or more municipalities) primarily for the benefit of the unincorporated area of the county are borne by the unincorporated area residents, individuals, and property owners who receive such service (O.C.G.A. 36-70-24 (3)).

JURISDICTION	TITLE	NAME	SIGNATURE	DATE
HEARD COUNTY	Commission Chair	June Jackson	Junegackson	10/3/09
TOWN OF CENTRALHATCHEE	Mayor	Barbie Crockett	Barbii Orockett	10/19/09
CITY OF EPHESUS	Mayor	Denney Rogers	Denney Roges	10/11/01
CITY OF FRANKLIN	Mayor	Brad Yates	bittet	10-19-09
CITY OF FRANKLIN	Mayor	Brad Yates	Chtfist	lo-

HEARD COUNTY WATER AUTHORITY	Chairperson	James Ray Gosdin	James R. Losedin S. 10/19/09
HEARD COUNTY DEVELOPMENT AUTHORITY	Chairperson	Terry Harper	1-) Ampen 10/19/09
HEARD COUNTY SCHOOL BOARD	Chairperson	Tim Holtzclaw	1. Holyslan 10/19/09
CITY OF FRANKLIN HOUSING AUTHORITY	Chairperson	Maxine Ogletree	Marine Oclebra 10/23/09







COUNTY: HEARD COUNTY

I. GENERAL INSTRUCTIONS:

- 1. FORM 1 is required for ALL SDS submittals. 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
- List all services provided or primarily funded by each general purpose local government and authority within the county that are continuing without change in Section III, below. (It is acceptable to break a service into separate components if this will facilitate description of the service delivery strategy.)

OPTION A Revising or Adding to the SDS

4. List all services provided or primarily funded by each general purpose local government and authority within the county which are revised or added to the SDS in Section IV, below. (It is acceptable to break a service into separate components if this will facilitate description of the service delivery strategy.)

- For each service or service component listed in Section IV, complete a separate, updated Summary of Service Delivery Arrangements form (FORM 2).
- 6. Complete one copy of the Certifications form (FORM 4) and have it 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, FORM 4).]

OPTION B Extending the Existing SDS

- 4. In Section IV type, "NONE."
- 5. Complete one copy of the Certifications for Extension of Existing SDS form (FORM 5) and have it signed by the authorized representatives of the participating local governments. (Please note that DCA cannot validate the strategy unless it is signed by the local governments required by law (see Instructions, FORM 5).]
- Proceed to step 7, below.

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 Planning and Quality Growth at (404) 679-5279.

- 7. If any of the conditions described in the existing Summary of Land Use Agreements form (FORM 3) have changed or if it has been ten (10) or more years since the most recent FORM 3 was filed, update and include FORM 3 with the submittal.
- 8. Email the completed forms and any attachments as .pdf attachments to: pemd.opqga@dca.ga.gov, or mail the completed forms along with any attachments to: GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS OFFICE OF PLANNING AND QUALITY GROWTH

60 Executive Park South, N.E. Atlanta, Georgia 30329

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 UNDER THE "OPTION A" PROCESS DESCRIBED, ABOVE.

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.

Heard County

Heard County Water Authority

Town of Centralhatchee

Heard County Development Authority

City of Ephesus

Heard County School Board

City of Franklin

City of Franklin Housing Authority

III. SERVICES INCLUDED IN THE EXISTING SERVICE DELIVERY STRATEGY THAT ARE BEING EXTENDED WITHOUT CHANGE:

In this section, list each service or service component already included in the existing SDS which can continue as previously agreed with no need for modification.

Cemetery Maintenance

Business Development & Tourism Solicitation

County & Municipal Ordinance Enforcement

Community Center Emergency 911 Service Election Supervision

Emergency Management

Fire Department Forestry Fire Services

Indigent Burial

Indigent Legal Services

Jail Facilities Law Enforcement Meals on Wheels

Mental Health Center Historic Society/Museum Parks and Recreation Planning and Zoning

Public Health Center Public Transportation

Road and Street Maintenance Solid Waste Management

Street Lights

Voter Registration

Water and Sewer Service

IV. SERVICES THAT ARE BEING REVISED OR ADDED IN THIS SUBMITTAL:

In this section, list each new service or new service component which is being added and each service or service component which is being revised in this submittal. For each item listed here, a separate Summary of Service Delivery Arrangements form (FORM 2) must be completed.

Animal Control

Building Code Inspections

Emergency Rescue and Ambulance

Library

Public Housing

Schools, Elementary & Secondary

Skate Park

Tax Assessment

Tax Collection







FORM 2: Summary of Service Delivery Arrangements

Instructions:

Make copies of this form and complete one for each service listed on FORM 1, Section III. Use exactly the same service names listed on FORM 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 Departri	should be reported to the Department of Community Affairs.				
COUNTY:HEARD COUNT	Y	Service: CEMETERY MAINTENANCE			
1. Check the box that best	describes the agreed upor	n delivery arrangement for this service:			
		ling all cities and unincorporated areas) by a single service provider. (If prity or organization providing the service.):			
		ted portion of the county by a single service provider. (If this box is anization providing the service.):			
		within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:			
One or more cities will service in unincorporated service.):	provide this service only a areas. (If this box is chec	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the			
		nap delineating the service area of each service provider, and ration that will provide service within each service area.):			
In developing this strategidentified?	y, were overlapping servi	ice areas, unnecessary competition and/or duplication of this service			
☐Yes (if "Yes," you mus	st attach additional docum	nentation as described, below)			
⊠No					
	is of service (See O.C.G.)	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).			
		gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.			
		Page 1 of 2			

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Local Government or Authority	Funding I	
Franklin	General Funds, Franchise Taxes, Usere F	ees
How will the strategy change the pre-	vious arrangements for providing and/or fund	ing this service within the county?
No Change		
List any formal service delivery agree this service:	ements or intergovernmental contracts that wi	ill be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
		1
	be used to implement the strategy for this ser fee changes, etc.), and when will they take e	
acts of the General Assembly, rate or		
acts of the General Assembly, rate or		
acts of the General Assembly, rate or No Change Person completing form: June Jacks	fee changes, etc.), and when will they take e	
No Change Person completing form: June Jacks Phone number: 706-675-3821	son Date completed: 12/11/09 tacted by state agencies when evaluating wh	effect?

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Local Government or Authority	Funding I	Method
Franklin	General Funds, Franchise Taxes, Usere F	ees
How will the strategy change the prev	rious arrangements for providing and/or fund	ing this service within the county?
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ist any formal service delivery agree	ments or intergovernmental contracts that wi	ill be used to implement the strategy
nis service:		
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Agreement Name	Contracting Parties	Effective and Ending Dat
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Vhat other mechanisms (if any) will b	ne used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo
Vhat other mechanisms (if any) will b	ne used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) will boots of the General Assembly, rate or	ne used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) will boots of the General Assembly, rate or	ne used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) will boots of the General Assembly, rate or	ne used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) will boots of the General Assembly, rate or	ne used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) will be cts of the General Assembly, rate or to Change	e used to implement the strategy for this ser fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) will be cts of the General Assembly, rate or the Change	e used to implement the strategy for this ser fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, lo
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What other mechanisms (if any) will be consistent of the General Assembly, rate or completing form: June Jacks Phone number: 706-675-3821	on Pate completed: 12/11/09 Pacted by state agencies when evaluating when delivery strategy? ⊠Yes □No	vice (e.g., ordinances, resolutions, lo







FORM 2: Summary of Service Delivery Arrangements

Instri		

	Make copies of this form and complete one for each service listed on FORM 1, Section III. Use exactly the same service names listed on FORM 1, inswer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this hould be reported to the Department of Community Affairs.				
COUNTY:HEARD COUNTY	Service: BUSINESS DEVELOPMENT AND TOURISM SOLICITATION				
Check the box that best describes the agreed upo	on delivery arrangement for this service:				
	ding all cities and unincorporated areas) by a single service provider. (If brity or organization providing the service.): Heard County				
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ted portion of the county by a single service provider. (If this box is anization providing the service.):				
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:				
	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the				
	nap delineating the service area of each service provider, and cation that will provide service within each service area.):				
2. In developing this strategy, were overlapping serv identified?	ice areas, unnecessary competition and/or duplication of this service				
Yes (if "Yes," you must attach additional docum	nentation as described, below)				
⊠No					
	A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).				
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	egy, attach an implementation schedule listing each step or action that y and the agreed upon deadline for completing it.				

Local Government or Authority	Funding I	Method
Development Authority	User Fees, General Funds	метной
4. How will the strategy change the prev	vious arrangements for providing and/or fundi	ing this service within the county?
No Observed		
No Change		
5. List any formal service delivery agree this service:	ements or intergovernmental contracts that wi	ill be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name	Contracting Parties	Effective and Ending Dates
6. What other mechanisms (if any) will b	De used to implement the strategy for this sen fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, loca
6. What other mechanisms (if any) will b	be used to implement the strategy for this sen	vice (e.g., ordinances, resolutions, loca
6. What other mechanisms (if any) will be acts of the General Assembly, rate or No Change	be used to implement the strategy for this sen fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, loca
6. What other mechanisms (if any) will be acts of the General Assembly, rate or No Change 7. Person completing form: June Jacks Phone number: 706-675-3821	be used to implement the strategy for this sen fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, loca







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

should be reported to the Department of Community Affairs.			
COUNTY:HEARD COUNTY	Service:County & Municipal Ordinance Enforcement		
Check the box that best describes the agreed	upon delivery arrangement for this service:		
	ncluding all cities and unincorporated areas) by a single service provider. (If authority or organization providing the service.):		
Service will be provided only in the unincorporate checked, identify the government, authority or	porated portion of the county by a single service provider. (If this box is organization providing the service.):		
	only within their incorporated boundaries, and the service will not be provided d, identify the government(s), authority or organization providing the service:		
	only within their incorporated boundaries, and the county will provide the checked, identify the government(s), authority or organization providing the tchee		
	ble map delineating the service area of each service provider, and ganization that will provide service within each service area.):		
In developing this strategy, were overlapping identified?	service areas, unnecessary competition and/or duplication of this service		
☐ Yes (if "Yes," you must attach additional do	ocumentation as described, below)		
⊠No			
	egy, attach an explanation for continuing the arrangement (i.e., C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that the eliminated).		
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Local Government or Author		General Funds, Fines				
Heard County	General Funds, Fines					
Centralhatchee	General Funds, Franchise Fees, Fines	General Funds, Franchise Fees, Fines				
		<u></u>				
How will the strategy change the	ne previous arrangements for providing and/or funding	ng this service within the county?				
List any formal service delivery	agreements or intergovernmental contracts that wil	Il be used to implement the strategy t				
this service:		3,				
this service: Agreement Name		Effective and Ending Date				
	Contracting Parties Heard County, Centralhatchee	8 009				
Agreement Name	Contracting Parties	Effective and Ending Date				
Agreement Name	Contracting Parties	Effective and Ending Date				
Agreement Name	Contracting Parties	Effective and Ending Date				
Agreement Name	Contracting Parties	Effective and Ending Date				
Agreement Name	Contracting Parties	Effective and Ending Date				
Agreement Name Contract for Inspection Service What other mechanisms (if any	Contracting Parties	Effective and Ending Date 4/14/05 to 50 years vice (e.g., ordinances, resolutions, locations)				
Agreement Name Contract for Inspection Service What other mechanisms (if any	Contracting Parties Heard County, Centralhatchee (1) will be used to implement the strategy for this serve	Effective and Ending Date 4/14/05 to 50 years vice (e.g., ordinances, resolutions, lo				
Agreement Name Contract for Inspection Service What other mechanisms (if any acts of the General Assembly, if the Genera	Contracting Parties Heard County, Centralhatchee (1) will be used to implement the strategy for this serve	Effective and Ending Date 4/14/05 to 50 years vice (e.g., ordinances, resolutions, lo				
Agreement Name Contract for Inspection Service What other mechanisms (if any acts of the General Assembly, if any acts of the General Assembly, if the Phone number: 706-675-3821 Is this the person who should the contract of the General Assembly, if the person who should the contract of the General Assembly, if the person who should the contract of the General Assembly, if the person who should the contract of the General Assembly, if the General Assembly is the General Assembly if the General Assembly is the	Contracting Parties Heard County, Centralhatchee (1) will be used to implement the strategy for this servate or fee changes, etc.), and when will they take element the strategy for this servate or fee changes, etc.)	Effective and Ending Date 4/14/05 to 50 years vice (e.g., ordinances, resolutions, loffect?				







FORM 2: Summary of Service Delivery Arrangements

Instructions:

Make copies of this form and complete one for each service listed on FORM 1, Section III. Use exactly the same service names listed on FORM 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:HEARD COUNTY	Service: COMMUNITY CENTER				
Check the box that best describes the agreed upo	on delivery arrangement for this service:				
Service will be provided countywide (i.e., include this box is checked, identify the government, authorities and the countywide (i.e., include the countywide the countywide (i.e., include the countywide (i.e., include the countywide the countywid	ting all cities and unincorporated areas) by a single service provider. (If prity or organization providing the service.):				
Service will be provided only in the unincorporal checked, identify the government, authority or organized	ted portion of the county by a single service provider. (If this box is anization providing the service.):				
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:				
	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the on of Centralhatchee				
	nap delineating the service area of each service provider, and ration that will provide service within each service area.):				
2. In developing this strategy, were overlapping servidentified?	ice areas, unnecessary competition and/or duplication of this service				
☐ Yes (if "Yes," you must attach additional docum	nentation as described, below)				
⊠No					
	A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).				
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	egy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.				

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Local Government or Authority	Funding Method	
phesus	User Fees, Franchinse Fees, Local Sales Tax	
ranklin	User Fees, Local Sales Tax	
Centralhatchee	User Fees, Franchise Fees, Local Sales Tax	
How will the strategy change the prev	vious arrangements for providing and/or funding this	service within the county?
	ements or intergovernmental contracts that will be use	ed to implement the strategy
his service:	ements or intergovernmental contracts that will be use	ed to implement the strategy to
his service:		
his service:		
his service:		
this service:		
this service:		
Agreement Name What other mechanisms (if any) will be		Effective and Ending Date
Agreement Name What other mechanisms (if any) will be	De used to implement the strategy for this service (e.	Effective and Ending Date
What other mechanisms (if any) will be	De used to implement the strategy for this service (e.	Effective and Ending Date

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







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

Answer each question below, attaching additional pages should be reported to the Department of Community Affi	s as necessary. If the contact person for this service (listed at the bottom of the page) changes, this fairs.
COUNTY:HEARD COUNTY	Service: EMERGENCY 911 SERVICE
Check the box that best describes the agree	eed upon delivery агтапдетенt for this service:
	e., including all cities and unincorporated areas) by a single service provider. (If not, authority or organization providing the service.): Heard County
Service will be provided only in the uninconnecked, identify the government, authority	corporated portion of the county by a single service provider. (If this box is y or organization providing the service.):
One or more cities will provide this service in unincorporated areas. (If this box is check	ce only within their incorporated boundaries, and the service will not be provided cked, identify the government(s), authority or organization providing the service:
One or more cities will provide this service service in unincorporated areas. (If this box service.):	ce only within their incorporated boundaries, and the county will provide the x is checked, identify the government(s), authority or organization providing the
Other (If this box is checked, attach a le identify the government, authority, or other	egible map delineating the service area of each service provider, and organization that will provide service within each service area.):
In developing this strategy, were overlapping identified?	ing service areas, unnecessary competition and/or duplication of this service
Yes (if "Yes," you must attach additional	al documentation as described, below)
⊠No	
If these conditions will continue under this str overlapping but higher levels of service (See overlapping service areas or competition can	rategy, attach an explanation for continuing the arrangement (i.e., e.O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that most be eliminated).
If these conditions will be eliminated under the will be taken to eliminate them, the responsibilities to the conditions will be eliminated under the will be taken to eliminate them.	ne strategy, attach an implementation schedule listing each step or action that ble party and the agreed upon deadline for completing it.
	Page 1 of 2

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Local Government or Authority	Funding I	Method
leard County	User Fees, Local Sales Tax, General Fund	
How will the strategy change the prev	vious arrangements for providing and/or fund	ling this service within the county?
		•
o Change		
o Change		
	ments or intergovernmental contracts that w	ill be used to implement the strategy
nis service:		
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Vhat other mechanisms (if any) will b	De used to implement the strategy for this ser fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) will b	be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) will b	be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo
Vhat other mechanisms (if any) will boots of the General Assembly, rate or	be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) will b	be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) will book of the General Assembly, rate or	be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) will be cts of the General Assembly, rate or to Change	be used to implement the strategy for this ser fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) will be cts of the General Assembly, rate or to Change	be used to implement the strategy for this ser fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) will be cts of the General Assembly, rate or the Change Change Person completing form: June Jacks thone number: 706-675-3821	be used to implement the strategy for this ser fee changes, etc.), and when will they take e	rvice (e.g., ordinances, resolutions, loeffect?
What other mechanisms (if any) will be cts of the General Assembly, rate or completing form: June Jacks hone number: 706-675-3821	on Date completed: 12/11/09	rvice (e.g., ordinances, resolutions, loeffect?







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

should be reported to the Department of Community Affairs.	, , , , , , , , , , , , , , , , , , , ,
COUNTY:HEARD COUNTY	Service: ELECTION SUPERVISION
Check the box that best describes the agreed upor	n delivery arrangement for this service:
Service will be provided countywide (i.e., including this box is checked, identify the government, authority the government, authority the government.	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.):
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is nization providing the service.):
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the tralhatchee
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
Yes (if "Yes." you must attach additional docum	entation as described, below)
⊠No	
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that sliminated).
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	David 4 of 0

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Local Government or Authority	Funding I	Method
Heard County	General Funds, User Fees	
Franklin	General Funds, User Fees	
Ephesus	General Funds, User Fees	
Centralhatchee	General Funds, User Fees	
How will the strategy change the pr	evious arrangements for providing and/or fund	ing this service within the county?
No Change List any formal service delivery agree	evious arrangements for providing and/or fund	
No Change List any formal service delivery agrethis service:	eements or intergovernmental contracts that w	ill be used to implement the strategy
lo Change List any formal service delivery agre		ill be used to implement the strategy
No Change List any formal service delivery agreethis service:	eements or intergovernmental contracts that w	ill be used to implement the strategy
No Change List any formal service delivery agrethis service:	eements or intergovernmental contracts that w	
No Change List any formal service delivery agrethis service:	eements or intergovernmental contracts that w	ill be used to implement the strategy

7. Person completing form: June Jackson
Phone number: 706-675-3821 Date completed: 12/11/09

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

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







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

should be reported to the Department of Community Affairs.	sessary. If the contact person for this service (listed at the bottom of the page) are in-
COUNTY:HEARD COUNTY	Service: Emergency Management
 Check the box that best describes the agreed up 	oon delivery arrangement for this service:
	uding all cities and unincorporated areas) by a single service provider. (If hority or organization providing the service.): Heard County
Service will be provided only in the unincorpor checked, identify the government, authority or or	rated portion of the county by a single service provider. (If this box is ganization providing the service.):
	y within their incorporated boundaries, and the service will not be provided identify the government(s), authority or organization providing the service:
	y within their incorporated boundaries, and the county will provide the ecked, identify the government(s), authority or organization providing the
	map delineating the service area of each service provider, and nization that will provide service within each service area.):
In developing this strategy, were overlapping seridentified?	rvice areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docu	umentation as described, below)
⊠No	
	, attach an explanation for continuing the arrangement (i.e., G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that e eliminated).
If these conditions will be eliminated under the stra will be taken to eliminate them, the responsible par	ategy, attach an implementation schedule listing each step or action that rty and the agreed upon deadline for completing it.
	Daws 4 of 2

Local Government or Authority	Funding	Method
Heard County	General Funds, State Grants, Federal Gra	
How will the strategy change the prev	ious arrangements for providing and/or fund	ding this service within the county?
No Change		
List any formal service delivery agree this service:	ments or intergovernmental contracts that w	rill be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Date:
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
What other mechanisms (if any) will b	e used to implement the strategy for this ser fee changes, etc.), and when will they take e	rvice (e.g., ordinances, resolutions, loc
What other mechanisms (if any) will b	e used to implement the strategy for this ser	rvice (e.g., ordinances, resolutions, loc
What other mechanisms (if any) will bacts of the General Assembly, rate or	e used to implement the strategy for this ser	rvice (e.g., ordinances, resolutions, loc
What other mechanisms (if any) will be acts of the General Assembly, rate or lo Change	e used to implement the strategy for this ser fee changes, etc.), and when will they take e	rvice (e.g., ordinances, resolutions, loc
What other mechanisms (if any) will be acts of the General Assembly, rate or lo Change Person completing form: June Jacks Phone number: 706-675-3821	e used to implement the strategy for this ser fee changes, etc.), and when will they take e	rvice (e.g., ordinances, resolutions, loceffect?







FORM 2: Summary of Service Delivery Arrangements

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

should be reported to the Department of Community And	ans.
COUNTY:HEARD COUNTY	Service: Fire Department
Check the box that best describes the agree	eed upon delivery arrangement for this service:
	., including all cities and unincorporated areas) by a single service provider. (If nt, authority or organization providing the service.): Heard County
Service will be provided only in the unincohecked, identify the government, authority	corporated portion of the county by a single service provider. (If this box is a or organization providing the service.):
One or more cities will provide this service in unincorporated areas. (If this box is check	ce only within their incorporated boundaries, and the service will not be provided cked, identify the government(s), authority or organization providing the service:
One or more cities will provide this service service in unincorporated areas. (If this box service.):	ce only within their incorporated boundaries, and the county will provide the x is checked, identify the government(s), authority or organization providing the
Other (If this box is checked, attach a le identify the government, authority, or other	egible map delineating the service area of each service provider, and organization that will provide service within each service area.):
In developing this strategy, were overlapping identified?	ing service areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional	Il documentation as described, below)
⊠No	
If these conditions will continue under this str overlapping but higher levels of service (See overlapping service areas or competition can	rategy, attach an explanation for continuing the arrangement (i.e., O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that anot be eliminated).
If these conditions will be eliminated under the will be taken to eliminate them, the responsibilities to the conditions will be taken to eliminate them.	ne strategy, attach an implementation schedule listing each step or action that ble party and the agreed upon deadline for completing it.
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Local Government or Authority	Funding	Method
Heard County	General Funds, State Grants, Federal Gra	
How will the strategy change the pre-	vious arrangements for providing and/or fund	ing this service within the county?
lo Change		
List any formal service delivery agree his service: Agreement Name	ements or intergovernmental contracts that w	Il be used to implement the strategy Effective and Ending Date
Agreement Name		Lifective and Enting Date
Agreement Name		Enecure and Energy Date
What other mechanisms (if any) will t	be used to implement the strategy for this ser fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) will t	be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) will tacts of the General Assembly, rate or No Change	be used to implement the strategy for this ser fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, lo







FORM 2: Summary of Service Delivery Arrangements

Instructions:

	isted on FORM 1, Section III. Use exactly the same service names listed on FORM 1 sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:HEARD COUNTY	Service: Forestry Fire Services
Check the box that best describes the agreed upon	n delivery arrangement for this service:
	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.):Heard County
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is nization providing the service.):
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping serving identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
If these conditions will continue under this strategy, <u>a</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Daws 4 of 2

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Local Government or Authority	Funding I	Method
leard County	Local Sales Tax, General Funds	
How will the strategy change the prev	rious arrangements for providing and/or fund	ling this service within the county?
o Change		
let any formal applies delivery		in the constant in the state of
list any formal service delivery agree nis service:	ments or intergovernmental contracts that w	ill be used to implement the strategy
Agreement Name	Contracting Parties	Effective and Ending Date
(Contracting Parties	Effective and Ending Date
(Contracting Parties	Effective and Ending Date
(C) 1800(1808) (B)(1807(1808)	Contracting Parties	Effective and Ending Date
CONTRACTOR (MANAGEMENT)	Contracting Parties _	Effective and Ending Date
(2) 10006500 (00076,000)	Contracting Parties	Effective and Ending Dat
Agreement Name		
Agreement Name What other mechanisms (if any) will be	ne used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if any) will be		vice (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if any) will be	ne used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if any) will botts of the General Assembly, rate or	ne used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if any) will be cts of the General Assembly, rate or	ne used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if any) will botts of the General Assembly, rate or	ne used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if any) will botts of the General Assembly, rate or	ne used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if any) will be octs of the General Assembly, rate or the Change O Change	be used to implement the strategy for this ser fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if any) will be cessor the General Assembly, rate or the Change Change Person completing form: June Jacks thone number: 706-675-3821	on Pate completed: 12/11/09 acted by state agencies when evaluating wh	rvice (e.g., ordinances, resolutions, lo







FORM 2: Summary of Service Delivery Arrangements

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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 recorded to the Department of Community Affairs.

should be reported to the Department of Community Affairs.	
COUNTY:HEARD COUNTY	Service: INDIGENT BURIAL
Check the box that best describes the agreed u	pon delivery arrangement for this service:
	luding all cities and unincorporated areas) by a single service provider. (If thority or organization providing the service.): Heard County
Service will be provided only in the unincorpo checked, identify the government, authority or o	rated portion of the county by a single service provider. (If this box is rganization providing the service.):
	ly within their incorporated boundaries, and the service will not be provided identify the government(s), authority or organization providing the service:
	aly within their incorporated boundaries, and the county will provide the hecked, identify the government(s), authority or organization providing the
	e map delineating the service area of each service provider, and nization that will provide service within each service area.):
In developing this strategy, were overlapping se identified?	ervice areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional doc	umentation as described, below)
⊠No	
	y, <u>attach an explanation for continuing the arrangement</u> (i.e., G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that be eliminated).
If these conditions will be eliminated under the stra will be taken to eliminate them, the responsible pa	ategy, attach an implementation schedule listing each step or action that arty and the agreed upon deadline for completing it.

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Local Government or Authority	Funding N	Method
Heard County	General Funds	
How will the strategy change the p	revious arrangements for providing and/or fundi	ng this service within the county?
No Change		
Liet and formal and in A.E.		
List any formal service delivery agr		
this service:	eements or intergovernmental contracts that wil	8
this service: Agreement Name	Contracting Parties	Effective and Ending Date
this service:	*****	8
Mhat other mechanisms (if any) wi	*****	Effective and Ending Date
Mhat other mechanisms (if any) wi	Contracting Parties If be used to implement the strategy for this serv	Effective and Ending Date
What other mechanisms (if any) will acts of the General Assembly, rate	Contracting Parties If be used to implement the strategy for this server fee changes, etc.), and when will they take etc.	Effective and Ending Date







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

Answer each question below, attaching additional pages as necesshould be reported to the Department of Community Affairs.	ssary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:HEARD COUNTY	Service: INDIGENT LEGAL SERVICES
Check the box that best describes the agreed upo	n delivery arrangement for this service:
	ing all cities and unincorporated areas) by a single service provider. (If prity or organization providing the service.): Heard County
Service will be provided only in the unincorporat checked, identify the government, authority or organization.	red portion of the county by a single service provider. (If this box is anization providing the service.):
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the
	nap delineating the service area of each service provider, and eation that will provide service within each service area.):
2. In developing this strategy, were overlapping servi identified?	ice areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
If these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G., overlapping service areas or competition cannot be expected to the contract of the service areas or competition.	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

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Local Government or Authorit	y Funding	Method
Heard County	General Funds, Fines	
How will the strategy change the p	previous arrangements for providing and/or fund	fing this service within the county?
No Change		
List any formal service delivery ag	reements or intergovernmental contracts that w	rill be used to implement the strategy for
and delivious		
Agreement Name	Contracting Parties	Effective and Ending Dates
	Contracting Parties	Effective and Ending Dates
	Contracting Parties	Effective and Ending Date:
	Contracting Parties	Effective and Ending Date:
	Contracting Parties	Effective and Ending Date:
	Contracting Parties	Effective and Ending Dates
Agreement Name What other mechanisms (if any) w	rill be used to implement the strategy for this ser or fee changes, etc.), and when will they take e	Nice (e.g. ordinances resolutions loc
What other mechanisms (if any) wacts of the General Assembly, rate	rill be used to implement the strategy for this ser	Nice (e.g. ordinances resolutions loc
What other mechanisms (if any) wacts of the General Assembly, rate	rill be used to implement the strategy for this ser	Nice (e.g. ordinances resolutions loc
What other mechanisms (if any) wacts of the General Assembly, rate No Change	rill be used to implement the strategy for this ser or fee changes, etc.), and when will they take e	Nice (e.g. ordinances resolutions loc
What other mechanisms (if any) wacts of the General Assembly, rate No Change Person completing form: June Jac Phone number: 706-675-3821 Is this the person who should be completed to the complete com	ill be used to implement the strategy for this ser or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, loc effect?







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

should be reported to the Department of Community Affair	as necessary. If the contact person for this service (listed at the bottom of the page) changes, this rs.
COUNTY:HEARD COUNTY	Service: JAIL FACILITIES
Check the box that best describes the agree	ed upon delivery arrangement for this service:
	including all cities and unincorporated areas) by a single service provider. (If authority or organization providing the service.):Heard County
Service will be provided only in the unincochecked, identify the government, authority of	orporated portion of the county by a single service provider. (If this box is or organization providing the service.):
	e only within their incorporated boundaries, and the service will not be provided sed, identify the government(s), authority or organization providing the service:
	e only within their incorporated boundaries, and the county will provide the is checked, identify the government(s), authority or organization providing the
	rible map delineating the service area of each service provider, and organization that will provide service within each service area.):
2. In developing this strategy, were overlapping identified?	g service areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional	documentation as described, below)
⊠No	
	itegy, attach an explanation for continuing the arrangement (i.e., D.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that not be eliminated).
	e strategy, attach an implementation schedule listing each step or action that e party and the agreed upon deadline for completing it.
	Page 1 of 2

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		_						_	-	•	-	-	
				1.1	1.1		C	• 1	11	• 1			

Local Government or Authority	Funding	Method
Heard County	General Funds	
How will the strategy change the prev	ious arrangements for providing and/or fund	ding this service within the county?
No Change		
8 DA 34884 49 CT 100 CT 20 49 .		
List any formal service delivery agreed this service:	ments or intergovernmental contracts that v	will be used to implement the strategy t
ting deliving.		
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
What other mechanisms (if any) will be	e used to implement the strategy for this se	ervice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) will be		ervice (e.g., ordinances, resolutions, loc
What other mechanisms (if any) will be	e used to implement the strategy for this se	ervice (e.g., ordinances, resolutions, loc
What other mechanisms (if any) will be	e used to implement the strategy for this se	ervice (e.g., ordinances, resolutions, loc
What other mechanisms (if any) will be	e used to implement the strategy for this se	ervice (e.g., ordinances, resolutions, loc
What other mechanisms (if any) will be acts of the General Assembly, rate or	e used to implement the strategy for this se	ervice (e.g., ordinances, resolutions, loc
What other mechanisms (if any) will be acts of the General Assembly, rate or	e used to implement the strategy for this se	ervice (e.g., ordinances, resolutions, loc
What other mechanisms (if any) will be acts of the General Assembly, rate or the Change	e used to implement the strategy for this se fee changes, etc.), and when will they take	ervice (e.g., ordinances, resolutions, loc
What other mechanisms (if any) will be acts of the General Assembly, rate or the Change Person completing form: June Jacks Phone number: 706-675-3821 Is this the person who should be contained to the containe	e used to implement the strategy for this se fee changes, etc.), and when will they take on ate completed: 12/11/09	ervice (e.g., ordinances, resolutions, lo effect?
What other mechanisms (if any) will be acts of the General Assembly, rate or the Change Person completing form: June Jacks Phone number: 706-675-3821	e used to implement the strategy for this se fee changes, etc.), and when will they take on ate completed: 12/11/09 acted by state agencies when evaluating when	ervice (e.g., ordinances, resolutions, lo effect?







FORM 2: Summary of Service Delivery Arrangements

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

should be reported to the Department of Community Affairs.	
COUNTY:HEARD COUNTY	Service:LAW ENFORCEMENT
Check the box that best describes the agreed	upon delivery arrangement for this service:
	ncluding all cities and unincorporated areas) by a single service provider. (If authority or organization providing the service.):
Service will be provided only in the unincorporate checked, identify the government, authority or	porated portion of the county by a single service provider. (If this box is organization providing the service.):
One or more cities will provide this service of in unincorporated areas. (If this box is checked	only within their incorporated boundaries, and the service will not be provided d, identify the government(s), authority or organization providing the service:
	only within their incorporated boundaries, and the county will provide the checked, identify the government(s), authority or organization providing the ity of Ephesus
Other (If this box is checked, attach a legit identify the government, authority, or other organization)	ble map delineating the service area of each service provider, and ganization that will provide service within each service area.):
In developing this strategy, were overlapping identified?	service areas, unnecessary competition and/or duplication of this service
Yes (if "Yes," you must attach additional de	ocumentation as described, below)
⊠No	
If these conditions will continue under this strate overlapping but higher levels of service (See O. overlapping service areas or competition cannot	egy, attach an explanation for continuing the arrangement (i.e., C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that it be eliminated).
If these conditions will be eliminated under the will be taken to eliminate them, the responsible	strategy, attach an implementation schedule listing each step or action that party and the agreed upon deadline for completing it.

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

Local Government or Authority	Funding	Method
Heard County	General Funds, Fines, Local Sales Tax	
Franklin	General Funds, Fines, Franchise Fees, Lo	ocal Sales Tax
Ephesus	Fines, Local Sales Tax, Franchise Fees	
How will the strategy change the prev	rious arrangements for providing and/or fund	ling this service within the county?
No Change		
this service:	ments or intergovernmental contracts that w	
Agreement Name	Contracting Parties	Effective and Ending Dates
	be used to implement the strategy for this ser fee changes, etc.), and when will they take of	
No Change		
Person completing form: June Jacks Phone number: 706-675-3821	on Pate completed: 12/11/09	
Is this the person who should be con- projects are consistent with the service	acted by state agencies when evaluating when evaluating when e delivery strategy? ⊠Yes □No	nether proposed local government
If not, provide designated contact per	son(s) and phone number(s) below:	
And the second of the second o	er i makembro en marke et de la participa en mor en en marke et de la participa et de la	







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should be reported to the Department of Community Affair	as necessary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:HEARD COUNTY	Service: MEALS ON WHEELS
Check the box that best describes the agree	ed upon delivery arrangement for this service:
	including all cities and unincorporated areas) by a single service provider. (If authority or organization providing the service.):Heard County
Service will be provided only in the unincochecked, identify the government, authority of	orporated portion of the county by a single service provider. (If this box is or organization providing the service.):
	e only within their incorporated boundaries, and the service will not be provided sed, identify the government(s), authority or organization providing the service:
	e only within their incorporated boundaries, and the county will provide the is checked, identify the government(s), authority or organization providing the
	gible map delineating the service area of each service provider, and organization that will provide service within each service area.):
2. In developing this strategy, were overlapping identified?	g service areas, unnecessary competition and/or duplication of this service
☐Yes (if "Yes," you must attach additional	documentation as described, below)
⊠No	
If these conditions will continue under this strategies overlapping but higher levels of service (See Coverlapping service areas or competition cannot be competition.)	ntegy, attach an explanation for continuing the arrangement (i.e., D.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that not be eliminated).
	e strategy, attach an implementation schedule listing each step or action that e party and the agreed upon deadline for completing it.

Local Government or Authority	Funding I	Method
Heard County	User Fees, State and Federal Grants, Ger	neral Funds
How will the strategy change the prev	ious arrangements for providing and/or fund	ing this service within the county?
No Change		
List any formal service delivery agree this service:	ments or intergovernmental contracts that wi	ill be used to implement the strategy for
Agreement Name	0-4-4-5-5-4-	
Adjustment Manie	Contracting Parties	Effective and Ending Date:
- Agreement mano	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
What other mechanisms (if any) will b	e used to implement the strategy for this sen	vice (e.g., ordinances, resolutions, loc
What other mechanisms (if any) will b	e used to implement the strategy for this sen	vice (e.g., ordinances, resolutions, loc
What other mechanisms (if any) will be acts of the General Assembly, rate or like the	e used to implement the strategy for this sen fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, loc
What other mechanisms (if any) will be acts of the General Assembly, rate or the Change	e used to implement the strategy for this sen fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, lo







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should be reported to the Department of Community Affairs.	
COUNTY:HEARD COUNTY	Service: MENTAL HEALTH CENTER
Check the box that best describes the agreed	upon delivery arrangement for this service:
	ncluding all cities and unincorporated areas) by a single service provider. (If authority or organization providing the service.): Heard County
Service will be provided only in the unincorporate checked, identify the government, authority or	porated portion of the county by a single service provider. (If this box is organization providing the service.):
One or more cities will provide this service of in unincorporated areas. (If this box is checked	only within their incorporated boundaries, and the service will not be provided d, identify the government(s), authority or organization providing the service:
One or more cities will provide this service of service in unincorporated areas. (If this box is service.):	only within their incorporated boundaries, and the county will provide the checked, identify the government(s), authority or organization providing the
Other (If this box is checked, attach a legible identify the government, authority, or other organization)	ple map delineating the service area of each service provider, and ganization that will provide service within each service area.):
2. In developing this strategy, were overlapping identified?	service areas, unnecessary competition and/or duplication of this service
Yes (if "Yes," you must attach additional do	ocumentation as described, below)
⊠No	
If these conditions will continue under this strate overlapping but higher levels of service (See O. overlapping service areas or competition cannot	egy, attach an explanation for continuing the arrangement (i.e., C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that the eliminated).
If these conditions will be eliminated under the s will be taken to eliminate them, the responsible	strategy, attach an implementation schedule listing each step or action that party and the agreed upon deadline for completing it.
	Page 1 of 2

Local Government or Authority	Funding N	Method
Heard County	State and Federal Grants, General Funds	
How will the strategy change the pro-	evious arrangements for providing and/or fund	ng this service within the county?
lo Change		
List any formal service delivery agre this service:	ements or intergovernmental contracts that wi	ll be used to implement the strategy f
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
What other mechanisms (if any) will	be used to implement the strategy for this sen	vice (e.g., ordinances, resolutions, loc
What other mechanisms (if any) will acts of the General Assembly, rate of	be used to implement the strategy for this sen	vice (e.g., ordinances, resolutions, loc
What other mechanisms (if any) will acts of the General Assembly, rate of the Change	be used to implement the strategy for this sen or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, loc
What other mechanisms (if any) will acts of the General Assembly, rate of the General Assembly,	be used to implement the strategy for this sen refee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, lo







Service Delivery Strategy FORM 2: Summary of Service Delivery Arrangements

Instructions:

Make copies of this form and complete one for each service listed on FORM 1, Section III. Use exactly the same service names listed on FORM 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:HEARD COUNTY	Service:HISTORIC SOCIETY/MUSEUM
Check the box that best describes the agreed upor	n delivery arrangement for this service:
Service will be provided countywide (i.e., including	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.):Heard County
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is nization providing the service.):
One or more cities will provide this service only vin unincorporated areas. (If this box is checked, ide	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
One or more cities will provide this service only versive in unincorporated areas. (If this box is check service.):	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
Other (If this box is checked, attach a legible midentify the government, authority, or other organization)	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping servi identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
If these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G., overlapping service areas or competition cannot be expected to the condition of the service areas or competition.	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

Local Government or Authority	Funding N	Method
Heard County	State and Federal Grants, General Funds	
	-	
How will the strategy change the p	revious arrangements for providing and/or fundi	ing this service within the county?
o Change		
ist any formal service delivery agr	reements or intergovernmental contracts that wi	ill he used to implement the strategy
	reements or intergovernmental contracts that wi	ill be used to implement the strategy
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	reements or intergovernmental contracts that wi	200 00 0000
his service:		100 to 1000
nis service:		200 00 0000
nis service:		200 50 0000
nis service:		200 50 0000
nis service:		200 00 0000
Agreement Name	Contracting Parties	Effective and Ending Dat
Agreement Name What other mechanisms (if any) wi	Contracting Parties ill be used to implement the strategy for this sen	vice (e.g., ordinances, resolutions, le
Agreement Name What other mechanisms (if any) wi	Contracting Parties	vice (e.g., ordinances, resolutions, le
his service: Agreement Name What other mechanisms (if any) wi	Contracting Parties ill be used to implement the strategy for this sen	vice (e.g., ordinances, resolutions, le
Agreement Name What other mechanisms (if any) wi	Contracting Parties ill be used to implement the strategy for this sen	vice (e.g., ordinances, resolutions, le
What other mechanisms (if any) wincts of the General Assembly, rate	Contracting Parties ill be used to implement the strategy for this sen	vice (e.g., ordinances, resolutions, le
his service: Agreement Name What other mechanisms (if any) wi	Contracting Parties ill be used to implement the strategy for this sen	vice (e.g., ordinances, resolutions, k
What other mechanisms (if any) water of the General Assembly, rate	Contracting Parties ill be used to implement the strategy for this sen	vice (e.g., ordinances, resolutions, k
Agreement Name What other mechanisms (if any) wincts of the General Assembly, rate	Contracting Parties ill be used to implement the strategy for this sen or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, le
Agreement Name What other mechanisms (if any) wincts of the General Assembly, rate to Change	Contracting Parties ill be used to implement the strategy for this sen or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, le
Agreement Name What other mechanisms (if any) wincts of the General Assembly, rate O Change Person completing form: June Jacobone number: 706-675-3821	Contracting Parties ill be used to implement the strategy for this sen or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, leffect?







FORM 2: Summary of Service Delivery Arrangements

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

Answer each question below, attaching additional pages as should be reported to the Department of Community Affairs	is necessary. If the contact person for this service (listed at the bottom of the page) changes, this is.
COUNTY:HEARD COUNTY	Service: PARKS AND RECREATION
Check the box that best describes the agree	d upon delivery arrangement for this service:
	including all cities and unincorporated areas) by a single service provider. (If authority or organization providing the service.):
Service will be provided only in the unincochecked, identify the government, authority of	reporated portion of the county by a single service provider. (If this box is or organization providing the service.):
One or more cities will provide this service in unincorporated areas. (If this box is checked	e only within their incorporated boundaries, and the service will not be provided ed, identify the government(s), authority or organization providing the service:
	e only within their incorporated boundaries, and the county will provide the s checked, identify the government(s), authority or organization providing the City of Ephesus, Town of Centralhatchee
Other (If this box is checked, attach a legi identify the government, authority, or other or	ible map delineating the service area of each service provider, and rganization that will provide service within each service area.):
In developing this strategy, were overlapping identified?	g service areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional of	documentation as described, below)
⊠No	
If these conditions will continue under this strat overlapping but higher levels of service (See O overlapping service areas or competition cannot	tegy, attach an explanation for continuing the arrangement (i.e., b.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that of be eliminated).
If these conditions will be eliminated under the will be taken to eliminate them, the responsible	strategy, attach an implementation schedule listing each step or action that a party and the agreed upon deadline for completing it.

3. List each government or aut	hority that will help to	pay for this service and in	dicate how the sen	vice will be funded (e.g.,
enterprise funds, user fees,				
fees, bonded indebtedness,				A

Local Government or Authority	Funding Me	ethod
Heard County	Local Sales Tax, General Funds, State Gra	
Franklin	Local Sales Tax, Franchise Fees, General F	unds
Ephesus	Local Sales Tax, Franchise Fees	
Centralhatchee	Local Sales Tax, Franchise Fees	
I. How will the strategy change the pre-	vious arrangements for providing and/or fundin	g this service within the county?
No Change		
i. List any formal service delivery agree this service:	ements or intergovernmental contracts that will Contracting Parties	be used to implement the strategy for
Agreement Name	Contracting Parties	Lifetive and Lifeling Butter
	13 - 13 - 13 - 13 - 13 - 13 - 13 - 13 -	
What other mechanisms (if any) will lacts of the General Assembly, rate or	be used to implement the strategy for this serving fee changes, etc.), and when will they take eff	ce (e.g., ordinances, resolutions, loc ect?
No Change		
7. Person completing form: June Jack Phone number: 706-675-3821	son Date completed: 12/11/09	
3. Is this the person who should be con projects are consistent with the service	tacted by state agencies when evaluating where the delivery strategy? ⊠Yes □No	ther proposed local government
If not, provide designated contact per	rson(s) and phone number(s) below:	







FORM 2: Summary of Service Delivery Arrangements

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should be reported to the Department of Community Aff	s as necessary. If the contact person for this service (listed at the bottom of the page) changes, this fairs.
COUNTY:HEARD COUNTY	Service:PLANNING AND ZONING
Check the box that best describes the agree	eed upon delivery arrangement for this service:
	e., including all cities and unincorporated areas) by a single service provider. (If nt, authority or organization providing the service.):
Service will be provided only in the unincohecked, identify the government, authority	corporated portion of the county by a single service provider. (If this box is y or organization providing the service.):
One or more cities will provide this servi in unincorporated areas. (If this box is chec	ice only within their incorporated boundaries, and the service will not be provided cked, identify the government(s), authority or organization providing the service:
	ice only within their incorporated boundaries, and the county will provide the x is checked, identify the government(s), authority or organization providing the , Town of Centralhatchee
Other (If this box is checked, attach a le identify the government, authority, or other	egible map delineating the service area of each service provider, and organization that will provide service within each service area.):
In developing this strategy, were overlapping identified?	ing service areas, unnecessary competition and/or duplication of this service
Yes (if "Yes," you must attach additional	al documentation as described, below)
⊠No	
If these conditions will continue under this stroverlapping but higher levels of service (See overlapping service areas or competition care	rategy, attach an explanation for continuing the arrangement (i.e., e.O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that most be eliminated).
If these conditions will be eliminated under the will be taken to eliminate them, the responsite	he strategy, attach an implementation schedule listing each step or action that ble party and the agreed upon deadline for completing it.

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

	Funding	Method
Heard County	User Fees, General Funds	
Franklin	User Fees, General Funds	
Centralhatchee	User Fees	
How will the strategy change the prev	ious arrangements for providing and/or fund	ding this service within the county?
No Change		
List any formal service delivery agree this service:	ments or intergovernmental contracts that w	rill be used to implement the strategy fo
Agreement Name	Contracting Parties	Effective and Ending Dates
	e used to implement the strategy for this set	
	e used to implement the strategy for this ser fee changes, etc.), and when will they take	
No Change Person completing form: June Jacks	fee changes, etc.), and when will they take o	
No Change Person completing form: June Jackse Phone number: 706-675-3821	on ate completed: 12/11/09 acted by state agencies when evaluating wh	effect?
No Change Person completing form: June Jackse Phone number: 706-675-3821 Is this the person who should be contained to the	on ate completed: 12/11/09 acted by state agencies when evaluating when delivery strategy? ⊠Yes □No	effect?







Service Delivery Strategy FORM 2: Summary of Service Delivery Arrangements

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COUNTY:HEARD COUNTY	Service:PUBLIC HEALTH CENTER
Check the box that best describes the agreed upon	on delivery arrangement for this service:
	ding all cities and unincorporated areas) by a single service provider. (If ority or organization providing the service.): Heard County
Service will be provided only in the unincorporal checked, identify the government, authority or org	ated portion of the county by a single service provider. (If this box is anization providing the service.):
One or more cities will provide this service only in unincorporated areas. (If this box is checked, id	within their incorporated boundaries, and the service will not be provided lentify the government(s), authority or organization providing the service:
One or more cities will provide this service only service in unincorporated areas. (If this box is che service.):	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the
Other (If this box is checked, attach a legible ridentify the government, authority, or other organic	nap delineating the service area of each service provider, and zation that will provide service within each service area.):
In developing this strategy, were overlapping sen- identified?	vice areas, unnecessary competition and/or duplication of this service
Yes (if "Yes," you must attach additional docur	mentation as described, below)
⊠No	
If these conditions will continue under this strategy, overlapping but higher levels of service (See O.C.G overlapping service areas or competition cannot be	attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strat will be taken to eliminate them, the responsible part	egy, attach an implementation schedule listing each step or action that y and the agreed upon deadline for completing it.

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Local Government or Authorit	y Funding I	Method
Heard County	User Fees, General Funds, State and Fed	deal Grants
How will the strategy change the	previous arrangements for providing and/or fund	ing this service within the county?
lo Change	provides arrangements for providing and/or faile	ing and service want are seamy.
List any formal service delivery ag	greements or intergovernmental contracts that wi	ill be used to implement the strategy f
Agreement Name	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
Agreement Name What other mechanisms (if any) v	vill be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if any) v	vill be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) vacts of the General Assembly, rate No Change	vill be used to implement the strategy for this ser e or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) vacts of the General Assembly, rate No Change Person completing form: June Ja Phone number: 706-675-3821 Is this the person who should be	vill be used to implement the strategy for this ser e or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, lo







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should be reported to the Department or Community Al	mairs.
COUNTY:HEARD COUNTY	Service: PUBLIC TRANSPORTATION
Check the box that best describes the agreement of the control of the contro	reed upon delivery arrangement for this service:
	e., including all cities and unincorporated areas) by a single service provider. (If ent, authority or organization providing the service.): Heard County
Service will be provided only in the unir checked, identify the government, authorit	ncorporated portion of the county by a single service provider. (If this box is ty or organization providing the service.):
	vice only within their incorporated boundaries, and the service will not be provided ecked, identify the government(s), authority or organization providing the service:
	vice only within their incorporated boundaries, and the county will provide the ox is checked, identify the government(s), authority or organization providing the
	legible map delineating the service area of each service provider, and er organization that will provide service within each service area.):
2. In developing this strategy, were overlapped identified?	ping service areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach addition	al documentation as described, below)
⊠No	
	trategy, attach an explanation for continuing the arrangement (i.e., e O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that innot be eliminated).
If these conditions will be eliminated under twill be taken to eliminate them, the responsi	the strategy, attach an implementation schedule listing each step or action that ible party and the agreed upon deadline for completing it.

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Local Government or Authori	ty Funding N	Method
Heard County	State Grants, General Funds	
How will the strategy change the	previous arrangements for providing and/or fundi	ing this service within the county?
No Change		
List any formal service delivery a this service:	greements or intergovernmental contracts that wi	ill be used to implement the strategy for
2 (2000)		
Agreement Name	Contracting Parties	Effective and Ending Dates
2 12 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
2 12 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Contracting Parties	Effective and Ending Date
2 12 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Contracting Parties	Effective and Ending Date
Agreement Name What other mechanisms (if any)	will be used to implement the strategy for this sen	vice (e.g., ordinances, resolutions, loc
Agreement Name What other mechanisms (if any)	will be used to implement the strategy for this sen	vice (e.g., ordinances, resolutions, loc
What other mechanisms (if any) acts of the General Assembly, rate	will be used to implement the strategy for this sen e or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, loc
What other mechanisms (if any) acts of the General Assembly, rate No Change Person completing form: June Japhone number: 706-675-3821	will be used to implement the strategy for this sen e or fee changes, etc.), and when will they take e ackson Date completed: 12/11/09	vice (e.g., ordinances, resolutions, localifect?
What other mechanisms (if any) acts of the General Assembly, rate No Change Person completing form: June Japhone number: 706-675-3821 Is this the person who should be	will be used to implement the strategy for this sen e or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, localifect?







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

should be reported to the Department of Community Aff	airs.
COUNTY:HEARD COUNTY	Service:ROAD AND STREET MAINTENANCE
Check the box that best describes the agree	eed upon delivery arrangement for this service:
	 including all cities and unincorporated areas) by a single service provider. (If nt, authority or organization providing the service.):
Service will be provided only in the unincohecked, identify the government, authority	corporated portion of the county by a single service provider. (If this box is y or organization providing the service.):
One or more cities will provide this servi in unincorporated areas. (If this box is chec	ce only within their incorporated boundaries, and the service will not be provided cked, identify the government(s), authority or organization providing the service:
	ce only within their incorporated boundaries, and the county will provide the x is checked, identify the government(s), authority or organization providing the , City of Ephesus, Town of Centralhatchee
Other (If this box is checked, attach a le identify the government, authority, or other	egible map delineating the service area of each service provider, and rorganization that will provide service within each service area.):
In developing this strategy, were overlapp identified?	ing service areas, unnecessary competition and/or duplication of this service
Yes (if "Yes," you must attach additional	al documentation as described, below)
⊠No	
overlapping but higher levels of service (Service areas or competition ca	trategy, attach an explanation for continuing the arrangement (i.e., e O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that innot be eliminated).
	the strategy, attach an implementation schedule listing each step or action that lible party and the agreed upon deadline for completing it.

S	D	S	E0	1.	М	2.	con	tinu	ed

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

Local Government or Authori	ty Funding I	Method
Heard County	Local Sales Taxes, General Funds	
Franklin	Local Sales Taxes, General Funds, Franch	hise Fees
Ephesus	Local Sales Taxes, Franchise Fees	
Centralhatchee	Local Sales Taxes, Franchies Fees	
How will the strategy change the	previous arrangements for providing and/or fundi	ing this service within the county?
No Change		
List any formal service delivery a this service: Agreement Name	greements or intergovernmental contracts that wi	ill be used to implement the strategy fo
Agreement Name	Contracting rantes	Enecure and Enamy Dates
What other mechanisms (if any) acts of the General Assembly, rat	will be used to implement the strategy for this sen te or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, loc effect?
. What other mechanisms (if any) acts of the General Assembly, rat	will be used to implement the strategy for this sen	vice (e.g., ordinances, resolutions, loc effect?
acts of the General Assembly, rat	e or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, loc effect?
No Change Person completing form: June Ja Phone number: 706-675-3821	e or fee changes, etc.), and when will they take e	effect?
No Change Person completing form: June Ja Phone number: 706-675-3821 Is this the person who should be projects are consistent with the se	ackson Date completed: 12/11/09 contacted by state agencies when evaluating wh	effect?







FORM 2: Summary of Service Delivery Arrangements

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Make copies of this form and complete one for each service listed on FORM 1, Section III. Use exactly the same service names listed on FORM 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:HEARD COUNTY	Service:SOLID WASTE MANAGEMENT
Check the box that best describes the agreed upon	n delivery arrangement for this service:
Service will be provided countywide (i.e., including this box is checked, identify the government, authorities and including the service will be provided countywide (i.e., including this box is checked, identify the government, authorities are serviced in the service will be provided countywide (i.e., including this box is checked, identify the government, authorities are serviced in the serviced countywide (i.e., including this box is checked, identify the government, authorities are serviced in the serviced countywide (i.e., including this box is checked, identify the government, authorities are serviced in the serviced countywide (i.e., including this box is checked, identify the government, authorities are serviced in the serviced county in the	ng all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.):
Service will be provided only in the unincorporate checked, identify the government, authority or organ	ed portion of the county by a single service provider. (If this box is nization providing the service.):
	within their incorporated boundaries, and the service will not be provided ntify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the Ephesus, Town of Centralhatchee
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).
If these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

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		•	-			, C		-	-	-	-
		_	-	• 1 :	4.1		7 . 1				
	-			- 4							-

Local Government or Authority	Funding Method		
Heard County	General Funds, Local Sales Tax, State Grants		
Franklin	Local Sales Tax, General Funds Local Sales Tax, Franchise Fees		
Ephesus			
Centralhatchee	Local Sales Tax, Franchise Fees		
. How will the strategy change the prev	rious arrangements for providing and/or funding this service within the county?		
No Change			
this service: Agreement Name	Contracting Parties Effective and Ending Date		
this service:			
Agreement Name Agreement Name . What other mechanisms (if any) will be			
Agreement Name Agreement Name . What other mechanisms (if any) will be	Contracting Parties Effective and Ending Date be used to implement the strategy for this service (e.g., ordinances, resolutions, le		
. What other mechanisms (if any) will be acts of the General Assembly, rate or No Change	Contracting Parties Effective and Ending Date be used to implement the strategy for this service (e.g., ordinances, resolutions, lefee changes, etc.), and when will they take effect?		
Mat other mechanisms (if any) will be acts of the General Assembly, rate or No Change Person completing form: June Jacks-Phone number: 706-675-3821	Contracting Parties Effective and Ending Date on e used to implement the strategy for this service (e.g., ordinances, resolutions, lefee changes, etc.), and when will they take effect? on eate completed: 12/11/09 tacted by state agencies when evaluating whether proposed local government		







FORM 2: Summary of Service Delivery Arrangements

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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:HEARD COUNTY	Service:STREET LIGHTING		
	ling all cities and unincorporated areas) by a single service provider. (If		
Service will be provided only in the unincorporat checked, identify the government, authority or organized	ted portion of the county by a single service provider. (If this box is		
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service: ralhatchee		
One or more cities will provide this service only service in unincorporated areas. (If this box is checkervice.):	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the		
Other (If this box is checked, <u>attach a legible m</u> identify the government, authority, or other organiz	nap delineating the service area of each service provider, and eation that will provide service within each service area.):		
2. In developing this strategy, were overlapping servidentified?	ice areas, unnecessary competition and/or duplication of this service		
☐ Yes (if "Yes," you must attach additional docum	nentation as described, below)		
If those conditions will continue under this strategy:	attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).		
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	egy, <u>attach an implementation schedule</u> listing each step or action that y and the agreed upon deadline for completing it.		
	Dago 4 of 2		

Page 1 of 2

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

Local Government or Authorit	Funding Method					
Franklin	Franchica Food Conoral Funda					
Ephesus	Franchise Fees, General Funds Franchise Fees, General Funds					
Centralhatchee	Franchise Fees, General Funds					
Centramatenee	Franchise Fees, General Funds					
How will the strategy change the	previous arrangements for providing and/or funding this	service within the county?				
No Change						
List any formal service delivery age this service:	greements or intergovernmental contracts that will be use	ed to implement the strategy for				
Agreement Name	Contracting Parties	Effective and Ending Dates				
	vill be used to implement the strategy for this service (e.ge or fee changes, etc.), and when will they take effect?	g., ordinances, resolutions, local				
	_					
No Change						
7. Person completing form: June Ja Phone number: 706-675-3821	ckson Date completed: 12/11/09					
	contacted by state agencies when evaluating whether pr rvice delivery strategy? ⊠Yes □No	oposed local government				
If not, provide designated contact	person(s) and phone number(s) below:					







FORM 2: Summary of Service Delivery Arrangements

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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.	

should be reported to the Department of Community Affairs.				
COUNTY:HEARD COUNTY	Service:VOTER REGISTRATION			
Check the box that best describes the agreed upo	n delivery arrangement for this service:			
	ling all cities and unincorporated areas) by a single service provider. (If brity or organization providing the service.): Heard County			
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ted portion of the county by a single service provider. (If this box is anization providing the service.):			
One or more cities will provide this service only in unincorporated areas. (If this box is checked, ide	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:			
One or more cities will provide this service only service in unincorporated areas. (If this box is checkervice.):	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the			
Other (If this box is checked, attach a legible nidentify the government, authority, or other organization)	nap delineating the service area of each service provider, and zation that will provide service within each service area.):			
In developing this strategy, were overlapping servidentified?	vice areas, unnecessary competition and/or duplication of this service			
☐ Yes (if "Yes," you must attach additional docur	mentation as described, below)			
⊠No				
overlapping but higher levels of service (See O.C.G. overlapping service areas or competition cannot be	attach an explanation for continuing the arrangement (i.e., i.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).			
If these conditions will be eliminated under the strat will be taken to eliminate them, the responsible part	tegy, attach an implementation schedule listing each step or action that ty and the agreed upon deadline for completing it.			
	Page 1 of 2			

How will the strategy change the previous of Change List any formal service delivery agreements service: Agreement Name		and/or funding this so	
o Change List any formal service delivery agreements service:	ents or intergovernmental con	tracts that will be used	d to implement the strategy for
o Change List any formal service delivery agreements service:	ents or intergovernmental con	tracts that will be used	d to implement the strategy for
o Change List any formal service delivery agreements service:	ents or intergovernmental con	tracts that will be used	d to implement the strategy for
o Change List any formal service delivery agreements service:	ents or intergovernmental con	tracts that will be used	d to implement the strategy f
o Change List any formal service delivery agreements service:	ents or intergovernmental con	tracts that will be used	d to implement the strategy f
ist any formal service delivery agreements service:			18 280
ist any formal service delivery agreements service:			18 280
ist any formal service delivery agreements service:			10 200
his service:			10 200
his service:			18 720
his service:			18 280
	Contracting Partie	es	Effective and Ending Date
Agreement Name	Contracting Partie	es .	Effective and Ending Date
		-	
What other mechanisms (if any) will be u	used to implement the strated	v for this service (e.g.	ordinances, resolutions, lor
icts of the General Assembly, rate or fee			, 2.2
o Change			
Person completing form: June Jackson Phone number: 706-675-3821 Date	e completed: 12/11/09		







FORM 2: Summary of Service Delivery Arrangements

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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 recorded to the Department of Community Affairs.

Answer each question below, attaching additional pages as necesshould be reported to the Department of Community Affairs.	ssary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:HEARD COUNTY	Service:WATER AND SEWER SERVICE
Check the box that best describes the agreed upo	on delivery arrangement for this service:
Service will be provided countywide (i.e., include this box is checked, identify the government, authority	ding all cities and unincorporated areas) by a single service provider. (If prity or organization providing the service.):
Service will be provided only in the unincorporal checked, identify the government, authority or organized	ted portion of the county by a single service provider. (If this box is anization providing the service.):
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the
	nap delineating the service area of each service provider, and cation that will provide service within each service area.): See Attached.
2. In developing this strategy, were overlapping serv identified?	ice areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	nentation as described, below)
⊠No	
If these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G. overlapping service areas or competition cannot be of	A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	egy, attach an implementation schedule listing each step or action that y and the agreed upon deadline for completing it.

Local Government or Authority	Funding	Method
Heard County Water Authority	User Fees	
How will the strategy change the pre	evious arrangements for providing and/or fund	ling this service within the county?
No Change		
List any formal service delivery agrethis service:	ements or intergovernmental contracts that w	ill be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
Agreement Name What other mechanisms (if any) will	be used to implement the strategy for this ser ree changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, loc
Agreement Name What other mechanisms (if any) will	be used to implement the strategy for this ser	rvice (e.g., ordinances, resolutions, loc
What other mechanisms (if any) will acts of the General Assembly, rate of	be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, loc
What other mechanisms (if any) will acts of the General Assembly, rate of the Change	be used to implement the strategy for this ser r fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, loc
What other mechanisms (if any) will acts of the General Assembly, rate of the General Assembly, rate of the Change Person completing form: June Jack Phone number: 706-675-3821	be used to implement the strategy for this ser ree changes, etc.), and when will they take eson Date completed: 12/11/09 htacted by state agencies when evaluating when	rvice (e.g., ordinances, resolutions, loceffect?







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Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) chan	
should be reported to the Department of Community Affairs	7.0

COUNTY:HEARD COUNTY	Service: Animal Control
Check the box that best describes the agreed upon	n delivery arrangement for this service:
	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.):Heard County
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is nization providing the service.):
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
f these conditions will continue under this strategy, at overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be el	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).
f these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

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

Local Government or Au	thority Funding Meth	od		
leard County	General Funds, Special Purpose Local Option	General Funds, Special Purpose Local Option Sales Tax		
City of Franklin	General Funds			
own of Centralhatchee	Special Purpose Local Option Sales Tax	Special Purpose Local Option Sales Tax		
City of Ephesus	General Funds			
How will the strategy change	e the previous arrangements for providing and/or funding the	his service within the county?		
lo Change				
this service:	ery agreements or intergovernmental contracts that will be Contracting Parties	used to implement the strategy f		
Agreement Name	Contracting Parties	Linetine and Lineing Deep		
	Heard County, Franklin, Ephesus, Centralhatchee	Annual Renewable Contract		
Agreement	ricald County, Frankin, Ephoso, Company			
		to anticonces regulations los		
What other mechanisms (if acts of the General Assemb	any) will be used to implement the strategy for this service ly, rate or fee changes, etc.), and when will they take effec	(e.g., ordinances, resolutions, locat?		
. What other mechanisms (if acts of the General Assemb	any) will be used to implement the strategy for this service ly, rate or fee changes, etc.), and when will they take effec	(e.g., ordinances, resolutions, lort?		
No Change Person completing form: Ju Phone number: 706-675-38	une Jackson, Commission Chair 21 Date completed: August 3, 2009	-		
Person completing form: Ju Phone number: 706-675-38 Is this the person who shot projects are consistent with	une Jackson, Commission Chair Date completed: August 3, 2009	-		







FORM 2: Summary of Service Delivery Arrangements

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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:HEARD COUNTY	Service: Building Code Inspections	
Check the box that best describes the agr	reed upon delivery arrangement for this service:	
	e., including all cities and unincorporated areas) by a single service provider. (If int, authority or organization providing the service.):	
Service will be provided only in the unin checked, identify the government, authorit	corporated portion of the county by a single service provider. (If this box is y or organization providing the service.):	
One or more cities will provide this servin unincorporated areas. (If this box is che	ice only within their incorporated boundaries, and the service will not be provided cked, identify the government(s), authority or organization providing the service:	
One or more cities will provide this service in unincorporated areas. (If this bo service.):	ice only within their incorporated boundaries, and the county will provide the ix is checked, identify the government(s), authority or organization providing the	
identify the government, authority, or other	egible map delineating the service area of each service provider, and r organization that will provide service within each service area.): City of rd County will do the actual inspections. City will pay County set amount	
In developing this strategy, were overlapp identified?	ing service areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional	al documentation as described, below)	
⊠No		
If these conditions will continue under this st overlapping but higher levels of service (See overlapping service areas or competition can	trategy, attach an explanation for continuing the arrangement (i.e., e.O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that nnot be eliminated).	
If these conditions will be eliminated under the	he 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	prity Funding	Method
Heard County	User Fees, General Fund	- 20
City of Franklin	User Fees	
How will the strategy change th	ne previous arrangements for providing and/or fund	ding this service within the county?
No Change		
to change		
	agreements or intergovernmental contracts that w	vill be used to implement the strategy to
this contion:		
this service:		
Agreement Name	Contracting Parties	The second secon
Agreement Name		October 14, 2008
Agreement Name	Contracting Parties	October 14, 2008 Annual Renewable Contract
Agreement Name	Contracting Parties	October 14, 2008
Agreement Name	Contracting Parties	October 14, 2008
Agreement Name	Contracting Parties	October 14, 2008
Agreement Name	Contracting Parties	October 14, 2008
Agreement Name Intergovernmental Agrreement What other mechanisms (if any	Contracting Parties Heard County, City of Franklin) will be used to implement the strategy for this se	October 14, 2008 Annual Renewable Contract rvice (e.g., ordinances, resolutions, loc
Agreement Name Intergovernmental Agrreement What other mechanisms (if any	Contracting Parties Heard County, City of Franklin	October 14, 2008 Annual Renewable Contract rvice (e.g., ordinances, resolutions, loc
Agreement Name Intergovernmental Agrreement What other mechanisms (if any	Contracting Parties Heard County, City of Franklin) will be used to implement the strategy for this se	October 14, 2008 Annual Renewable Contract rvice (e.g., ordinances, resolutions, loc
ntergovernmental Agrreement What other mechanisms (if any	Contracting Parties Heard County, City of Franklin) will be used to implement the strategy for this se	October 14, 2008 Annual Renewable Contract rvice (e.g., ordinances, resolutions, loc
Agreement Name Intergovernmental Agrreement What other mechanisms (if any acts of the General Assembly, recommendations)	Contracting Parties Heard County, City of Franklin) will be used to implement the strategy for this se	October 14, 2008 Annual Renewable Contract rvice (e.g., ordinances, resolutions, locations)
Agreement Name Intergovernmental Agrreement What other mechanisms (if any acts of the General Assembly, recommendations)	Contracting Parties Heard County, City of Franklin) will be used to implement the strategy for this se	October 14, 2008 Annual Renewable Contract rvice (e.g., ordinances, resolutions, loc
Agreement Name Intergovernmental Agrreement What other mechanisms (if any	Contracting Parties Heard County, City of Franklin) will be used to implement the strategy for this se	October 14, 2008 Annual Renewable Contract rvice (e.g., ordinances, resolutions, locations)
Agreement Name Intergovernmental Agrreement What other mechanisms (if any acts of the General Assembly, recommendations)	Contracting Parties Heard County, City of Franklin) will be used to implement the strategy for this seate or fee changes, etc.), and when will they take	October 14, 2008 Annual Renewable Contract rvice (e.g., ordinances, resolutions, locations)
Agreement Name Intergovernmental Agrreement What other mechanisms (if any acts of the General Assembly, related to the General Asse	Contracting Parties Heard County, City of Franklin I) will be used to implement the strategy for this serate or fee changes, etc.), and when will they take Jackson	October 14, 2008 Annual Renewable Contract rvice (e.g., ordinances, resolutions, lo
Agreement Name Intergovernmental Agrreement What other mechanisms (if any acts of the General Assembly, respectively). The Change Person completing form: June Phone number: 706-675-3821	Contracting Parties Heard County, City of Franklin I) will be used to implement the strategy for this serate or fee changes, etc.), and when will they take Jackson Date completed: August 3, 2009	October 14, 2008 Annual Renewable Contract rvice (e.g., ordinances, resolutions, loceffect?
Agreement Name Intergovernmental Agrreement What other mechanisms (if any acts of the General Assembly, response to the General Assembly, response to the Phone number: 706-675-3821 Is this the person who should be	Contracting Parties Heard County, City of Franklin I) will be used to implement the strategy for this serate or fee changes, etc.), and when will they take Jackson	October 14, 2008 Annual Renewable Contract rvice (e.g., ordinances, resolutions, loceffect?







FORM 2: Summary of Service Delivery Arrangements

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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:HEARD COUNTY	Service: Emergency Rescue and Ambulance
Check the box that best describes the agre	eed upon delivery arrangement for this service:
	including all cities and unincorporated areas) by a single service provider. (If authority or organization providing the service.): Heard County
Service will be provided only in the uninconchecked, identify the government, authority	corporated portion of the county by a single service provider. (If this box is or organization providing the service.):
	ce only within their incorporated boundaries, and the service will not be provided ked, identify the government(s), authority or organization providing the service:
	ce only within their incorporated boundaries, and the county will provide the is checked, identify the government(s), authority or organization providing the
	gible map delineating the service area of each service provider, and organization that will provide service within each service area.):
2. In developing this strategy, were overlappin identified?	ng service areas, unnecessary competition and/or duplication of this service
☐Yes (if "Yes," you must attach additional	documentation as described, below)
⊠No	
	ategy, attach an explanation for continuing the arrangement (i.e., O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that not be eliminated).
	e strategy, attach an implementation schedule listing each step or action that be party and the agreed upon deadline for completing it.

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

Local Government or Authority	Funding Method
Heard County	General Funds/ Special Purpose Local Option Sales Tax
City of Ephesus	General Funds/Special Purpose Local Option Sales Tax
Town of Centralhatchee	General Funds/Special Purpose Local Option Sales Tax
City of Franklin	General Funds/Special Purpose Local Optiona Sales Tax

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

City of Franklin had been omitted in error in last SDS and is a participant in this strategy as a result of SPLOST agreement.

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

Agreement Name	Contracting Parties	Effective and Ending Dates

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

No Change

7. Person completing form: June Jackson

Phone number: 706-675-3821 Date completed: August 3, 2009

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







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

should be reported to the Department of Community Affairs.	
COUNTY:HEARD COUNTY	Service:LIBRARY
Check the box that best describes the agreed up	oon delivery arrangement for this service:
Service will be provided countywide (i.e., incluthis box is checked, identify the government, authority	uding all cities and unincorporated areas) by a single service provider. (If hority or organization providing the service.):
Service will be provided only in the unincorporate checked, identify the government, authority or organized to the checked of the control of the checked of	ated portion of the county by a single service provider. (If this box is ganization providing the service.):
	y within their incorporated boundaries, and the service will not be provided dentify the government(s), authority or organization providing the service:
	y within their incorporated boundaries, and the county will provide the ecked, identify the government(s), authority or organization providing the of Ephesus, Town of Centralhatchee
	map delineating the service area of each service provider, and sization that will provide service within each service area.):
2. In developing this strategy, were overlapping ser identified?	rvice areas, unnecessary competition and/or duplication of this service
Yes (if "Yes," you must attach additional docu	mentation as described, below)
⊠No	
If these conditions will continue under this strategy, overlapping but higher levels of service (See O.C.C overlapping service areas or competition cannot be	attach an explanation for continuing the arrangement (i.e., 3.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strat will be taken to eliminate them, the responsible par	tegy, attach an implementation schedule listing each step or action that ty and the agreed upon deadline for completing it.

Page 1 of 2

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

Heard County		Method
ricard County	General Funds	
City of Franklin	General Funds	
City of Ephesus	Franchise Fees, User Fees, Local Sales Tax	
Town of Centralhatchee	Franchise Fees, User Fees, Local Sales Ta	ax
Heard County School Board	General Funds	<u> </u>
How will the strategy change the prev	rious arrangements for providing and/or fundi	ng this service within the county?
List any formal service delivery agree this service:	ments or intergovernmental contracts that wil	If be used to implement the strategy f
Agreement Name	Contracting Parties	Effective and Ending Date
	ee used to implement the strategy for this sen fee changes, etc.), and when will they take e	
Person completing form: June Jacks Phone number: 706-675-3821	on Date completed: 12/11/2009 Cacted by state agencies when evaluating when	ffect?
Person completing form: June Jacks Phone number: 706-675-3821 Is this the person who should be comprojects are consistent with the service	on Date completed: 12/11/2009 acted by state agencies when evaluating whee delivery strategy? ⊠Yes □No	ffect?
Person completing form: June Jacks Phone number: 706-675-3821	on Date completed: 12/11/2009 acted by state agencies when evaluating whee delivery strategy? ⊠Yes □No	ffect?







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

STREET ST		
COUNTY:HEARD COUNTY	Service: Public Housing	
Check the box that best describes the ag	reed upon delivery arrangement for this service:	
	e., including all cities and unincorporated areas) by a single service provider. (If ent, authority or organization providing the service.):	
Service will be provided only in the uninchecked, identify the government, authorit	ncorporated portion of the county by a single service provider. (If this box is ty or organization providing the service.):	
	vice only within their incorporated boundaries, and the service will not be provided ecked, identify the government(s), authority or organization providing the service:	
	vice only within their incorporated boundaries, and the county will provide the ex is checked, identify the government(s), authority or organization providing the	
	egible map delineating the service area of each service provider, and organization that will provide service within each service area.):	
In developing this strategy, were overlapp identified?	oing service areas, unnecessary competition and/or duplication of this service	
Yes (if "Yes," you must attach addition	al documentation as described, below)	
⊠No		
	trategy, attach an explanation for continuing the arrangement (i.e., e O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that nnot be eliminated).	
	he strategy, attach an implementation schedule listing each step or action that	

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			_		_	ш.			444	111	1	-

Local Government or Author	ority Funding N	Method
City of Franklin Housing Authori		
Harris III the above of a const		this are in this the second O
riow will the strategy change th	ne previous arrangements for providing and/or funding	ng this service within the county?
Fb:	15	
his program/service was omitte	d in error during the last SDS development	
9 11 1		
List any formal service delivery	agreements or intergovernmental contracts that will	Il be used to implement the strategy
	48. - - 17. 17. 17. 17. 17. 17. 17. 17. 17. 17.	
this service:		
	Contracting Parties	Effective and Ending Date
this service:		Effective and Ending Date
this service:		Effective and Ending Date
this service:		Effective and Ending Date
this service:		Effective and Ending Date
this service:		Effective and Ending Date
Agreement Name	Contracting Parties	
Agreement Name What other mechanisms (if any		vice (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if any	Contracting Parties Output O	vice (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if any	Contracting Parties Output O	vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any acts of the General Assembly, re	Contracting Parties Output O	rice (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if any	Contracting Parties Output O	vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any acts of the General Assembly, re	Contracting Parties Output O	vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any acts of the General Assembly, re) will be used to implement the strategy for this servate or fee changes, etc.), and when will they take et	rice (e.g., ordinances, resolutions, lo
What other mechanisms (if any acts of the General Assembly, response to the General Assembly, response to the Change Person completing form: June Phone number: 706-675-3821	Ontracting Parties) will be used to implement the strategy for this servate or fee changes, etc.), and when will they take el	rice (e.g., ordinances, resolutions, lo







FORM 2: Summary of Service Delivery Arrangements

Instructions:

Make copies of this form and complete one for each service listed on FORM 1, Section III. Use exactly the same service names listed on FORM 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:HEARD COUNTY	Service:Schools, Elementary & Secondary
Check the box that best describes the agre	eed upon delivery arrangement for this service:
	, including all cities and unincorporated areas) by a single service provider. (If t, authority or organization providing the service.): Heard County School Board
Service will be provided only in the uninc checked, identify the government, authority	corporated portion of the county by a single service provider. (If this box is or organization providing the service.):
	se only within their incorporated boundaries, and the service will not be provided ked, identify the government(s), authority or organization providing the service:
	e only within their incorporated boundaries, and the county will provide the is checked, identify the government(s), authority or organization providing the
	gible map delineating the service area of each service provider, and organization that will provide service within each service area.):
2. In developing this strategy, were overlappin identified?	ng service areas, unnecessary competition and/or duplication of this service
☐Yes (if "Yes," you must attach additional	documentation as described, below)
⊠No	
	ategy, attach an explanation for continuing the arrangement (i.e., O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that not be eliminated).

If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that

will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.

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

Local Government or Authority		Method
Heard County School Board	Ad Valoren Taxes, State and Federal Gra	nts, Special Purpose Local Option
	Sales Tax	
How will the strategy change the prev	rious arrangements for providing and/or fund	ding this service within the county?
lo Change		
List any formal service delivery agree his service:	ments or intergovernmental contracts that w	ill be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
What other mechanisms (if any) will bacts of the General Assembly, rate or	e used to implement the strategy for this set fee changes, etc.), and when will they take	rvice (e.g., ordinances, resolutions, loc effect?
What other mechanisms (if any) will be acts of the General Assembly, rate or	e used to implement the strategy for this ser fee changes, etc.), and when will they take	rvice (e.g., ordinances, resolutions, loc effect?
lo Change	fee changes, etc.), and when will they take of	rvice (e.g., ordinances, resolutions, loc effect?
lo Change Person completing form: June Jacks Phone number: 706-675-3821	on, Commission Chair Date completed: August 3, 2009 tacted by state agencies when evaluating wi	effect?







FORM 2: Summary of Service Delivery Arrangements

Instructions:

Make copies of this form and complete one for each service listed on FORM 1, Section III. Use exactly the same service names listed on FORM 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:HEARD COUNTY	Service: Skate Park
Check the box that best describes the agreed upon	n delivery arrangement for this service:
Service will be provided countywide (i.e., including this box is checked, identify the government, authority the government, authority the government.	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.):
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is inization providing the service.):
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).
f these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

Local Government or Au	thority Funding	Method					
City of Franklin		General Funds, Special Purpose Local Option Sales Tax					
How will the strategy change	e the previous arrangements for providing and/or fund	ding this service within the county?					
No change							
this service:	ery agreements or intergovernmental contracts that w						
Agreement Name Intergovernmental	City of Franklin, Heard County	50 Year Lease					
	any) will be used to implement the strategy for this se y, rate or fee changes, etc.), and when will they take						
acts of the General Assembl							
	y, rate or fee changes, etc.), and when will they take						
No Change Person completing form: July Phone number: 706-675-382	y, rate or fee changes, etc.), and when will they take	effect?					







FORM 2: Summary of Service Delivery Arrangements

Instructions:

Make copies of this form and complete one for each service listed on FORM 1, Section III. Use exactly the same service names listed on FORM 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:HEARD COUNTY	Service: Tax Collection
Check the box that best describes the agreed up	pon delivery arrangement for this service:
	uding all cities and unincorporated areas) by a single service provider. (If thority or organization providing the service.): Heard County
Service will be provided only in the unincorpor checked, identify the government, authority or or	rated portion of the county by a single service provider. (If this box is ganization providing the service.):
	ly within their incorporated boundaries, and the service will not be provided identify the government(s), authority or organization providing the service:
One or more cities will provide this service onl service in unincorporated areas. (If this box is ch service.):	ly within their incorporated boundaries, and the county will provide the necked, identify the government(s), authority or organization providing the
Other (If this box is checked, attach a legible identify the government, authority, or other organ	map delineating the service area of each service provider, and nization that will provide service within each service area.):
2. In developing this strategy, were overlapping se- identified?	rvice areas, unnecessary competition and/or duplication of this service
☐Yes (if "Yes," you must attach additional docu	umentation as described, below)
⊠No	
If these conditions will continue under this strategy overlapping but higher levels of service (See O.C.C overlapping service areas or competition cannot be	(i.e., attach an explanation for continuing the arrangement (i.e., G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that e eliminated).
If these conditions will be eliminated under the stra will be taken to eliminate them, the responsible par	stegy, attach an implementation schedule listing each step or action that rty and the agreed upon deadline for completing it.

SDS FOR	M 2, continued
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 List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.).

	Method
General Funds	
General Funds	
evious arrangements for providing and/or fund	ding this service within the county?
ements or intergovernmental contracts that w	vill be used to implement the strategy f
Contracting Parties	Effective and Ending Date
Community i artico	
	l de la companya del companya del companya de la co
be used to implement the strategy for this se	
be used to implement the strategy for this se r fee changes, etc.), and when will they take	
r fee changes, etc.), and when will they take	
son, Commission Chair Date completed: August 3, 2009	effect?
son, Commission Chair Date completed: August 3, 2009	effect?
son, Commission Chair Date completed: August 3, 2009	effect?
son, Commission Chair Date completed: August 3, 2009	effect?
	General Funds evious arrangements for providing and/or fund







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

should be reported to the Department of Community Affa	airs.
COUNTY:HEARD COUNTY	Service: Tax Assessment
Check the box that best describes the agree	eed upon delivery arrangement for this service:
Service will be provided countywide (i.e. this box is checked, identify the government	., including all cities and unincorporated areas) by a single service provider. (If authority or organization providing the service.): Heard County
Service will be provided only in the uninconceded, identify the government, authority	corporated portion of the county by a single service provider. (If this box is or organization providing the service.):
One or more cities will provide this service in unincorporated areas. (If this box is check	ce only within their incorporated boundaries, and the service will not be provided eked, identify the government(s), authority or organization providing the service.
One or more cities will provide this service service in unincorporated areas. (If this box service.):	ce only within their incorporated boundaries, and the county will provide the is checked, identify the government(s), authority or organization providing the
Other (If this box is checked, attach a le identify the government, authority, or other	egible map delineating the service area of each service provider, and organization that will provide service within each service area.):
2. In developing this strategy, were overlapp identified?	ing service areas, unnecessary competition and/or duplication of this service
Yes (if "Yes," you must attach additional	al documentation as described, below)
⊠No	to the examplement (i.e.
overlapping but higher levels or service (Sec	trategy, attach an explanation for continuing the arrangement (i.e., e O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that nnot be eliminated).
	the strategy, attach an implementation schedule listing each step or action that ible party and the agreed upon deadline for completing it.

Page 1 of 2

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			-			10.0		-	1 1 1			

Local Government or Authority	Funding Met	hod
Heard County	General Funds	
Heard County School Board	General Funds	
How will the strategy change the prev	ious arrangements for providing and/or funding	this service within the county?
now will the strategy change the prev	lous arrangements for provious and/or funding	this service within the county?
List any formal service delivery agree	ments or intergovernmental contracts that will be	e used to implement the strategy f
this service:		,
Agreement Name	Contracting Parties	Effective and Ending Date
	e used to implement the strategy for this service	
	e used to implement the strategy for this service fee changes, etc.), and when will they take effect	
acts of the General Assembly, rate or	fee changes, etc.), and when will they take effec	
Person completing form: June Jacks	fee changes, etc.), and when will they take effection	
Person completing form: June Jacks	fee changes, etc.), and when will they take effec	
Person completing form: June Jackson Phone number: 706-675-3821	on, Commission Chair ate completed: August 3, 2009 acted by state agencies when evaluating whether	ct?

- WHEREAS, Heard County desires to change the existing Service Delivery Strategy; and
- WHEREAS, the County Commission authorizes its representative to sign the updated "certifications" page indicating the changes to the existing strategy; and
- WHEREAS, Heard County has reviewed the attached new map which clearly defines the additional service delivery area and is outlined in red on the attached map; and
- NOW, THEREFORE BE IT RESOLVED, the modified/changed Service Delivery Strategy is hereby adopted and approved and the Commission Chair of Heard County is authorized to execute the same.

THIS THE 10th DAY OF Olecomber, 2009

June Jackson, Commission Chair

Heard County Board of Commissioners

ATTEST:

- WHEREAS, the City of Franklin desires to change the existing Service Delivery Strategy; and
- WHEREAS, the City Council of Franklin authorizes its representative to sign the updated "certifications" page indicating the changes to the existing strategy; and
- WHEREAS, the City of Franklin has reviewed the attached new map which clearly defines the additional services delivery area and is outlined in red on the attached map; and
- NOW, THEREFORE BE IT RESOLVED, the modified/changed Service Delivery Strategy is hereby adopted and approved and the Mayor of the City of Franklin is authorized to execute the same.

THIS THE 10 DAY OF December, 2009

Brad Yates, Mayor City of Franklin

ATTEST: Blaswill
City Clerk



- WHEREAS, the City of Ephesus desires to change the existing Service Delivery Strategy; and
- WHEREAS, the City of Ephesus authorizes its representative to sign the updated "certifications" page indicating the changes to the existing strategy; and
- WHEREAS, Heard County has reviewed the attached new map which clearly defines the additional service delivery area and is outlined in red on the attached map; and
- NOW, THEREFORE BE IT RESOLVED, the modified/changed Service Delivery Strategy is hereby adopted and approved and the Mayor of the City of Ephesus is authorized to execute the same.

THIS THE 23 DAY OF December, 2009

Denney Rogers Mayor

City of Ephesus

ATTEST:

City Clerk



- WHEREAS, the Town of Centralhatchee desires to change the existing Service Delivery Strategy; and
- WHEREAS, the City Council of Centralhatchee authorizes its representative to sign the updated "certifications" page indicating the changes to the existing strategy; and
- WHEREAS, the Town of Centralhatchee has reviewed the attached new map which clearly defines the additional service delivery area and is outlined in red on the attached map; and
- NOW, THEREFORE BE IT RESOLVED, the modified/changed Service Delivery Strategy is hereby adopted and approved and the Mayor of the Town of Centralhatchee is authorized to execute the same.

THIS THE 10+6DAY OF December, 2009

Barbie Crockett, Mayor Town of Centralhatchee

/ / /////CL City Clerk









FORM 3: Summary of Land Use Agreements

Instructions:

service delivery strategy. If the contact person for this service (listed at the bottom of this page) changes, this Community Affairs.	
COUNTY:HEARD COUNTY	
1. What incompatibilities or conflicts between the land use plans of local governments we developing the service delivery strategy?	ere identified in the process of
No incompatabilities or conflicts have been identified. Any overlapping services were si municipalities to provide enhanced services to their citizens.	mply caused by a decision of the
2. Check the boxes indicating how these incompatibilities or conflicts were addressed:	NOTE:
☐ Amendments to existing comprehensive plans	
Adoption of a joint comprehensive plan	If the necessary plan amendments, regulations, ordinances, etc. have not yet
Other measures (amend zoning ordinances, add environmental regulations, etc.)	been formally adopted, indicate when each of the affected local governments will adopt them.
If "other measures" was checked, describe these measures:	
3. What policies, procedures and/or processes have been established by local government authorities) to ensure that new extraterritorial water and sewer service will be consistent and ordinances? Since Heard County Water Authority is the primary provider of water sephesus services a defined area, the primary means of coordinating water and sewer seven been by cooperation between the Authority, the county and the city governing bodies.	with all applicable land use plans ervices in the county and the City of
Person completing form: June Jackson Phone number: 706-675-3821 Date completed: 12/11/2009	
 Is this the person who should be contacted by state agencies when evaluating whether projects are consistent with the service delivery strategy?	er proposed local government
If not, provide designated contact person(s) and phone number(s) below:	

ATTACHMENT FOR WATER AND SEWER SERVICES

- 1. Public water is provided on a county-wide basis by the Heard County Water Authority. Lines have been run on a majority of the county's roads and the Authority extends those lines to service more citizens each year as funds are available. The only other water supplier is the City of Ephesus which supplies water within the city boundaries of Ephesus and to a small area outside the city. In duplication of services between the Water Authority and the City of Ephesus, any areas the city supplies outside its boundaries are not servable by the existing Authority lines.
- 2. Sewer services are provided by the Heard County Water Authority within the City of Franklin and to an area outside the city limits to service an elementary school. Such services will be expanded as the need for sewer expands and funds are available. Sewerage disposal is available to businesses in other parts of the county by transport to the Authority Treatment Plant.

AGREEMENT

This Agreement entered into as of this \(\frac{14.56}{14.56} \) day of \(\frac{16.66}{16.66} \) 2008, by and between the CITY OF FRANKLIN, GEORGIA, a municipal corporation of Heard County, Georgia, (hereinafter referred to as "Franklin") and HEARD COUNTY, GEORGIA, acting by and through its Board of Commissioners, (hereinafter referred to as "County").

WITNESSETH

FOR AND IN CONSIDERATION OF the mutual and substantial benefits accruing to the parties hereto, the parties hereto hereby agree as follows:

- 1. EFFECTIVE DATE. The effective date of this agreement shall be October 14, 2008. All obligations by each party shall begin upon the effective date and continue until this Agreement is terminated as provided hereinafter.
- 2. <u>INSPECTIONS</u>. Agents and employees of County shall perform all building inspections on new construction/renovation/remodeling projects including electrical, mechanical, and plumbing as required by the Standard Building Code, as amended, within the city limits of Franklin and for which a building permit is issued. County shall provide to Franklin the appropriate telephone numbers, contact persons, and addresses for the person who shall be conducting the inspections required herein. At the time of issuing any building permit, Franklin shall provide this information to the applicant whose duty it shall be to contact the appropriate County officials for inspections. County will not provide or be responsible for any inspections for the purposes of code enforcement.
- 3. <u>COMPENSATION</u>. Franklin will collect from the applicant the inspection fee which will consist of a \$20.00 administrative fee on behalf of the City of Franklin, as well as the building inspection fee then currently in effect for Heard County inspections. That portion of the fee attributable to the Heard County inspection shall be transmitted to the County by the fifth (5th) day of the following month. In transmitting the collected fees, Franklin shall provide a list itemizing each construction permit either by name or number for reconciliation purposes by County.

- CANCELLATION. Either party shall have the right to cancel this Agreement upon thirty (30) days written notice to the other party.
- 5. TERM. The term of this Agreement shall be one (1) year beginning on the effective date referenced hereinbefore. However, this Agreement shall automatically renew for successive one year terms unless one party notifies the other party of its intent not to renew this Agreement at least thirty (30) days prior to the renewal date. However, since this Agreement is entered into pursuant to Article 9, Section 3, Paragraph 1 of the Georgia Constitution, this contract may not extend for longer than fifty (50) years.
- 6. ENTIRE AGREEMENT. This document constitutes the entire Agreement between the parties and no terms outside of this written document shall be enforceable against the other party.
- AUTHORIZATION. The parties hereto hereby stipulate that they have been authorized to enter into this Agreement by action duly taken by their respective Boards.

CITY OF FRANKEIN, GEORGIA	
Ву:	_
Attest: Marian Doyle	
Clerk: Mega Blasauel	
HEARD COUNTY BOARD OF COMMISSIONER	S
By: June Jackson	
Attest: Patt Chairman iles	

CONTRACT FOR INSPECTION SERVICES

This agreement is entered into on this Ith day of Quil, 2005, by and between the City of Centralhatchee ("the City") and Heard County ("the County"). This agreement shall continue in effect until such time as it is terminated according to paragraph five. However, under no circumstances shall it continue in effect for a period of more than lifty years or beyond the end of the term of the present chief magistrate of Heard County, whichever shall occur earliest.

WHEREAS, the City wishes to contract with the County to provide codes enforcement services to the City; and

WHEREAS, the City and County desire to outline the respective duties and obligations with regard to performing such services;

NOW THEREFORE, be it hereby agreed as follows:

- The City may utilize the services of the County Codes
 Enforcement Office to enforce duly enacted city ordinances including zoning and building code ordinances.
- 2) The County, through its Codes Enforcement Officer, may, on a case-by-case basis, determine whether it will provide enforcement services including, but not limited to, personal contact, warnings, and issuance of citations.
- 3) Pursuant to O.C.G.A. 15-10-150 et seq., the County shall furnish municipal county services to the City through the officers, employees, and facilities of the magistrate court of Heard County. Such court services shall be provided for the purpose of trying any and all citations for violations of the City's zoning ordinances.
- 4) Each request for enforcement services from the City to the County shall be in writing addressed to the County Codes
 Enforcement Office with a copy to the Board of
 Commissioners. The County shall be entitled to retain all fines

- and forfeitures from any citations issued by the County Codes Enforcement Officer.
- 5) Either party may terminate this agreement by giving the other party thirty (30) days written notice of the termination.
- 6) The City shall indemnify and hold the County harmless from any and all liability with regard to services provided under this agreement.
- On matters related to enforcement of City Ordinances, the County Codes Enforcement officer shall be guided by the direction of the City Council. Notwithstanding this provision, the County retains the right to control the actions of all County employees. The purpose of this provision is to confirm that while the City maintains control over the policy and enforcement of its ordinances, the County maintains control over its employees.
- 8) This is an intergovernmental contract pursuant to the provisions of the Georgia Code.
- 9) Any disagreements which arise out of the construction of this contract shall be submitted to binding arbitration upon such terms as the parties may agree upon. If the parties are unable to agree to an arbitrator to resolve the dispute, the chief superior court judge of the Coweta Judicial Circuit shall select said arbitrator.
- 10) Each and every party hereto does certify that this agreement has been duly approved by its members in accordance with law and that it has been recorded upon the minutes of each said governing authority.

IT IS SO AGREED on this the 14th day of Opril, 2005.

CITY OF CENTRALHATCHEE

Barbie Crockett, Mayor

HEARD COUNTY

June Jackson, Commission Chair

HEARD COUNTY MAGISTRATE

Donna Burnham, Chief Magistrate

STATE OF GEORGIA, HEARD COUNTY

AGREEMENT

WHEREAS, Heard County, Georgia, hereinafter County, and the Town of Centralhatchee, Georgia, hereinafter City, desire to work together to accomplish animal control for the Town of Centralhatchee, and

WHEREAS, the City and County desire to memorialize their understanding by this Agreement,

It is, therefore, for and in consideration of the sum of \$10.00 (Ten Dollars) in hand paid and other consideration the receipt and sufficiency of which is hereby acknowledged, agreed as follows:

1.

County shall provide animal control in the City limits in the same manner as it does in the unincorporated County.

2.

County agrees to accept all animals from the City delivered to the County facility, so long as acceptance of the animals delivered does not violate any County or State regulations.

3.

At such time as animals are in the custody of the County, the processing of said animals shall proceed according to County ordinance and said animals are deemed to be the "property" of the County.

4.

City agrees to modify its ordinances to the extent that City ordinances are in conflict with County ordinances regarding the processing of animals taken into custody.

5.

The parties represent to each other that the respective Governmental bodies of each party has authorized and approved this Agreement in an open meeting duly assembled under Georgia Law.

6.

The duration of this Agreement shall be for ten years, but may be terminated sooner by either party on the giving of 60 days notice in writing to the other party.

The City agrees to pay the County, on an annual basis, 5% of the Animal Control Center's operations costs. This payment shall be calculated based on operation cost, not including salaries and benefits for the employees, adopted by the County in its annual budget. This payment shall be remitted to the County no later than August 1st of each year.

8.

County and City agree that the percentage which determines the City's annual payment is based on the percentage of County population residing in the City. This percentage shall increase or decrease based on population percentages derived from the most current U.S. Census report.

This agreement made this 1st day of July, 2006.

Mayor, Town of Centralhatchee, Georgia

STATE OF GEORGIA, HEARD COUNTY

AGREEMENT

WHEREAS, Heard County, Georgia, hereinafter County, and the City of Franklin, Georgia, hereinafter City, desire to work together to accomplish animal control for the City of Franklin and

WHEREAS, the City and County desire to memorialize their understanding by this Agreement,

It is, therefore, for and in consideration of the sum of \$10.00 (Ten Dollars) in hand paid and other consideration the receipt and sufficiency of which is hereby acknowledged, agreed as follows:

1.

County shall provide animal control in the City limits in the same manner as it does in the unincorporated County.

2.

County agrees to accept all animals from the City delivered to the County facility, so long as acceptance of the animals delivered does not violate any County or State regulations.

3.

At such time as animals are in the custody of the County, the processing of said animals shall proceed according to County ordinance and said animals are deemed to be the "property" of the County.

4.

City agrees to modify its ordinances to the extent that City ordinances are in conflict with County ordinances regarding the processing of animals taken into custody.

5.

The parties represent to each other that the respective Governmental bodies of each party has authorized and approved this Agreement in an open meeting duly assembled under Georgia Law.

The duration of this Agreement shall be for ten years, but may be terminated sooner by either party on the giving of 60 days notice in writing to the other party.

The City agrees to pay the County, on an annual basis, 9% of the Animal Control Center's operations costs. This payment shall be calculated based on operation cost, not including salaries and benefits for the employees, adopted by the County in its annual budget. This payment shall be remitted to the County no later than August 1st of each year.

8.

County and City agree that the percentage which determines the City's annual payment is based on the percentage of County population residing in the City. This percentage shall increase or decrease based on population percentages derived from the most current U.S. Census report.

This agreement made this 1st day of July, 2006.

Mayor, City of Franklin, Georgia



STATE OF GEORGIA, HEARD COUNTY

AGREEMENT

WHEREAS, Heard County, Georgia, hereinafter County, and the City of Ephesus, Georgia, hereinafter City, desire to work together to accomplish animal control for the City of Ephesus, and

WHEREAS, the City and County desire to memorialize their understanding by this Agreement.

It is, therefore, for and in consideration of the sum of \$10.00 (Ten Dollars) in hand paid and other consideration the receipt and sufficiency of which is hereby acknowledged, agreed as follows:

1.

County shall provide animal control in the City limits in the same manner as it does in the unincorporated County.

2.

County agrees to accept all animals from the City delivered to the County facility, so long as acceptance of the animals delivered does not violate any County or State regulations.

3.

At such time as animals are in the custody of the County, the processing of said animals shall proceed according to County ordinance and said animals are deemed to be the "property" of the County.

4

City agrees to modify its ordinances to the extent that City ordinances are in conflict with County ordinances regarding the processing of animals taken into custody.

5.

The parties represent to each other that the respective Governmental bodies of each party has authorized and approved this Agreement in an open meeting duly assembled under Georgia Law.

The duration of this Agreement shall be for ten years, but may be terminated sooner by either party on the giving of 60 days notice in writing to the other party.

7.

The City agrees to pay the County, on an annual basis, 5% of the Animal Control Center's operations costs. This payment shall be calculated based on operation cost, not including salaries and benefits for the employees, adopted by the County in its annual budget. This payment shall be remitted to the County no later than January 15th of each year.

8.

County and City agree that the percentage which determines the City's annual payment is based on the percentage of County population residing in the City. This percentage shall increase or decrease based on population percentages derived from the most current U.S. Census report.

This agreement made this 22 day of January, 2008.

Mayor, City of Chesus, Georgia

Charman, Heard County, Georgia

Attest Clerk

SKATE PARK LEASE

THIS LEASE, made this ______ day of _______, 2008, by and between HEARD COUNTY, GEORGIA, first party (hereinafter called "County") and the CITY OF FRANKLIN, GEORGIA, second party. (hereinafter called "City");

WITNESSETH:

The County, for and in consideration of the rents, covenants, agreements and stipulations hereinafter mentioned, reserved and contained, to be paid, kept and performed by the City, has leased and rented, and by these presents does lease and rent, unto the said City, and said City hereby agrees to lease and rent, and take upon the terms and conditions which hereinafter appear, the following described property (hereinafter called "Skate park" or "Premises" to wit:

Park near Herrer Road (Formerly a T-Bell Field)

- City agrees to pay County Ten and 00/100 Dollars (\$10.00) for the term of this lease.

- 4. City shall arrange and be responsible for all construction, maintenance, and operation of the Skate Park. City has County's permission to install bleachers on the Premises during the term of the Lease. Upon completion, City shall repair any damage to surrounding County property, including landscaping and fencing, caused by the construction. After the completion of the construction, County shall be responsible for the maintenance of the fencing for Riverside Park.
- 5. Premises shall be used for a Skate Park and no other purpose.
 Premises shall not be used for any illegal purposes; or in any manner to create any nuisance or trespass; or in any manner to vitiate the insurance or increase the rate of insurance on the Skate Park. The City shall be responsible for all liability coverage for the Skate Park.
- City agrees not to abandon or vacate premises during the period of this lease, and agrees to use said premises for the purpose herein leased until the expiration hereof.
- 7. County gives to City exclusive control of Premises and shall be under no obligation to inspect Premises. City shall have the right to lock the Skate Park and shall be responsible for setting reasonable hours for the operation of the Skate Park. City shall be responsible to county for any liability incurred by County by reason of any defects not caused by County.

- 8. City accepts the Premises in their present condition and as suited for the uses intended by City. City shall, throughout the initial term of this lease and all renewals thereof, at its expense, maintain the Premises in good order and repair. City agrees to return the Premises to County at the expiration, or prior termination, of this lease in as good condition and repair as existed at the initiation of the lease.
- City shall install two trash receptacles and will be responsible for disposal of trash. City may add additional lighting at its own cost.
- 10. County shall assist city in trash pickup and grass cutting of the Premises within its regular ground maintenance of the surrounding County property. County shall maintain the existing lighting in the area of the premises and shall be responsible for the cost of the lighting. County shall continue to maintain the parking areas used to access the Skate Park.
- If the whole of the Premises is destroyed, or such portion thereof as will make Premises unusable for the purposes herein leased, the terms hereby granted shall cease.

- All alterations, additions, and improvements that may be permanently erected or installed on or in the Premises during the term shall, on the expiration or sooner termination of this Lease, become part of the premises, and the sole property of County; provided, however, County shall have the option, to be exercised on the expiration or sooner termination of this Lease, to require City to remove any or all such alterations, additions, or improvements, in which case, City shall repair any damage to the premises caused by such removal.
- 14. This contract shall create the relationship of Lessor and Lessee between the parties hereto; no estate shall pass out of County. City has only a usufruct, not subject to levy and sale, and not assignable by City except with County's consent.
- 15. If City remains in possession of Premises after expiration of the term hereof, with County's acquiescence and without any express agreement of parties, City shall be an at will tenant at the rental rate in effect at the end of lease; and there shall be no renewal of this lease by operation of law.
- 16. All rights, powers and privileges conferred hereunder upon parties hereto shall be cumulative but not restrictive to those given by law.
- 17. No failure of County to exercise any power given County hereunder, or to insist upon strict compliance by City with his obligation hereunder, and no custom or practice of the parties at variance with the terms hereof shall constitute a waiver of County's right to demand exact compliance with the terms hereof.

- 18. Time is of the essence of this agreement.
- 19. This lease contains the entire agreement of the parties hereto and no representations, inducements, promises, or agreements, oral or otherwise, between the parties, not embodied herein, shall be of any force or effect.

IN WITNESS WHEREOF, the individual parties hereby have hereunto set their hands and seals, and the corporate party hereto has hereunto caused its corporate name to be signed and its seal to be affixed by its duly authorized officers, the day and year first above written.

COUNTY

HEARD COUNTY, GEORGIA (SEAL)

Chairman

Attest:

Signed, sealed and delivered this

7th day of Jebruary 2008,

in the presence of:

Samontho MElawey Unofficial Witness

Notary

CITY

CITY	OF FRANKLIN, GEORGIA (SEAL)
1	1/2/	
20	Mayor	
Attest:	Daya C Biasnee	2
	flerk	

Signed, sealed and delivered this

1 day of February 2008,

In the presence of:

Unofficial Witness:

Unofficial Witness:

Notary Public pamm expuis 4-9-1.

