#### GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS



#### SERVICE DELIVERY STRATEGY

FOR Screven

COUNTY

PAGE 1

#### I. GENERAL INSTRUCTIONS:

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

Georgia Department of Community Affairs Office of Coordinated Planning 60 Executive Park South, N.E. Atlanta, Georgia 30329 For answers to most frequently asked questions on Georgia's Service Delivery Act, links and helpful publications, visit DCA's website at www.dca.servicedelivery.org, or call the Office of Coordinated Planning at (404) 679-3114.

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

#### II. LOCAL GOVERNMENTS INCLUDED IN THE SERVICE DELIVERY STRATEGY:

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

Screven County, City of Sylvania, City of Oliver, Town of Hiltonia, Town of Newington, Town of Rocky Ford, Screven County Hospital Authority, City of Sylvania/Screven County Airport Authority, Screven County Industrial Authority

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

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

Animal Control, Airport, Building Inspection/Code Enforcement, Cemeteries, Cooperative Extension Service, County Coroner, Courts, Dept Family/Children Services, Economic Development, Emergency 911, Emergency Management, Emergency Medical Service, Fire Protection, Indigent Defense, Jail Services, Law Enforcement, Library, Planning/Zoning, Public Health, Public Sanitary Sewage, Public Water Supply/Treatment, Recreation, Roads/Streets & Bridge Construction, Roads/Streets & Bridge Maintenance, Senior Citizens Center, Solid Waste Collection, Solid Waste Disposal, Tax Appraisal/Assessment, Tax Collection, Voter Registration

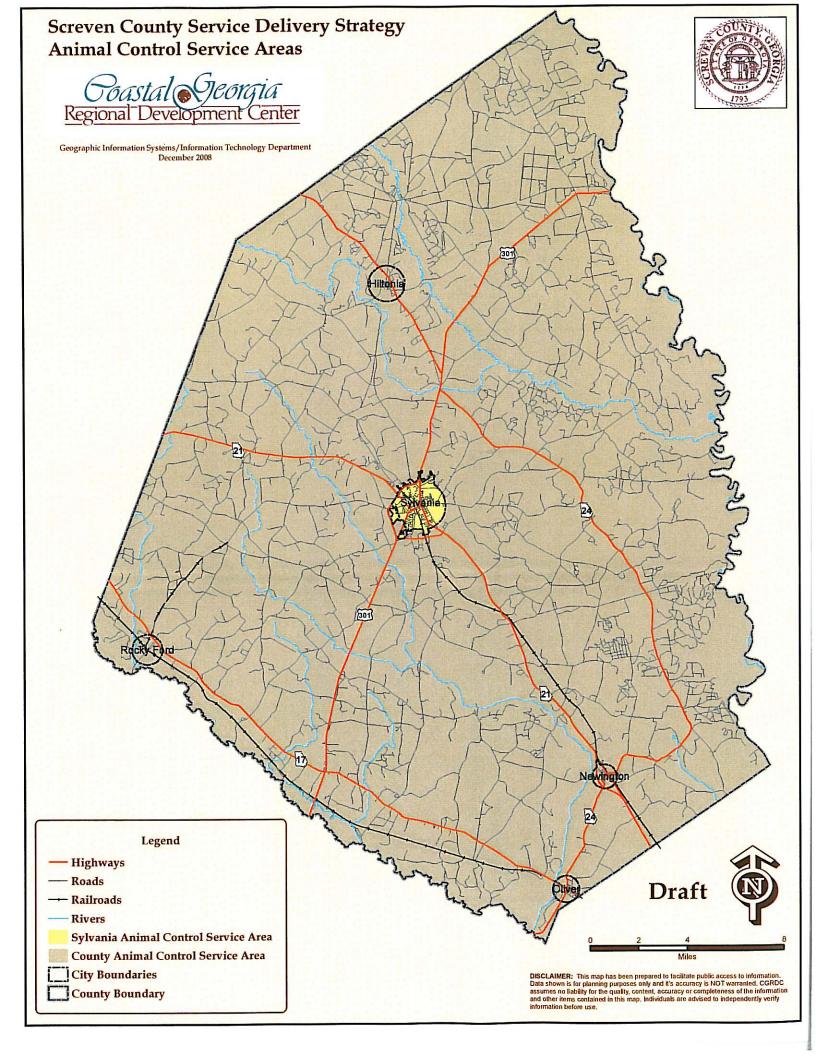


PAGE 2

| nstructions:   |  |
|--|--|
| Make copies of this form and complete one for ea<br>isted on page 1. Answer each question below, attact<br>he bottom of the page) changes, this should be repo | ach service listed on page 1, Section III. Use exactly the same service names thing additional pages as necessary. If the contact person for this service (listed at orted to the Department of Community Affairs. |
| County: Screven  | Service: Animal Control  |
| 1. Check the box that best describes the a   | greed upon delivery arrangement for this service:  |
| Service will be provided countywid service provider. (If this box is checked service.):  | e (i.e., including all cities and unincorporated areas) by a single d, identify the government, authority or organization providing the  |
| Service will be provided only in the (If this box is checked, identify the gov service.):  | unincorporated portion of the county by a single service provider.  vernment, authority or organization providing the  |
| will not be provided in unincorporated   | service only within their incorporated boundaries, and the service areas. (If this box is checked, identify the government(s), service:  |
| One or more cities will provide this will provide the service in unincorpora authority or organization providing the   | service only within their incorporated boundaries, and the county ited areas. (If this box is checked, identify the government(s), eservice.):   |
| Other (If this box is checked, attack provider, and identify the government each service area.):  Screven County, City of Sylvania                             | n a legible map delineating the service area of each service<br>t, authority, or other organization that will provide service within   |
| <ol> <li>In developing the strategy, were overladed of this service identified?</li> <li>Yes ✓No</li> </ol>  | apping service areas, unnecessary competition and/or duplication   |
| arrangement (i.e., overlapping but high  | ne strategy, attach an explanation for continuing the er levels of service (See O.C.G.A. 36-70-24(1)), overriding at overlapping service areas or competition cannot be eliminated).                               |

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

| Local Government or Authority:  | Fundin                              | g Method:  |  |
|---|-------------------------------------|--|--|
| Screven County  | General Fund, User Fees             |  |  |
| Dity of Sylvania  | General Fund                        |  |  |
|   |                                     |  |  |
|   |                                     |  |  |
| 4. How will the strategy change the pre<br>the county?  | evious arrangements for providin    | g and/or funding this service within   |  |
| There are no plans to alter this serv   | ice.                                | A STATE OF THE STA |  |
|   |                                     |  |  |
| 5. List any formal service delivery agree implement the strategy for this service.  **Agreement Name:** |                                     | ntracts that will be used to  Effective and Ending Dates:  |  |
|   | 8 1                                 |  |  |
|   |                                     |  |  |
|   |                                     |  |  |
|   |                                     |  |  |
|   |                                     |  |  |
| < TTT 1 1 1 (10 ) 111   |                                     | gy for this service (e.g., ordinances, etc.), and when will they take effect   |  |
| 6. What other mechanisms (if any) will resolutions, local acts of the General                           | rissemoly, rate of fee changes, t   |  |  |
| resolutions, local acts of the General  | 7.550mory, rate of fee changes, v   |  |  |
|   | 7. Assembly, rate of fee changes, v |  |  |
| resolutions, local acts of the General  | 7.ssemory, rate or rec changes, v   |  |  |
| resolutions, local acts of the General  | 7. Assembly, rate of fee changes, v |  |  |
| resolutions, local acts of the General  None  |                                     |  |  |
| resolutions, local acts of the General  |                                     | 12/8/OB  |  |





PAGE 2

#### Instructions:

| Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs. |
|--|
| County: Screven Service: Airport   |
| 1. Check the box that best describes the agreed upon delivery arrangement for this service:  |
| Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): City of Sylvania/Screven County Airport Authority   |
| Service will be provided only in the unincorporated portion of the county by a single service provider (If this box is checked, identify the government, authority or organization providing the service.):  |
| One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service:  |
| One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):   |
| Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.):   |
| <ol> <li>In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?</li></ol>  |
| If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).   |
| If the senditions will be eliminated under the arrateous attach on implementation capadula listing each  |

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.

| <ol> <li>List each government or authority to<br/>be funded (e.g., enterprise funds, us<br/>taxes, franchise taxes, impact fees,</li> </ol>  |  |   |
|--|--|---|
|  | .00 155.77   | Mathada   |
| Local Government or Authority:  Dity of Sylvania/Screven County  | Funaing  | Method:   |
| iry of Sylvania/Screven County   | User Fees (Rental of Land)   |   |
| arport Additionty  | <del> </del>   |   |
|  | General Fund - City of Sylvania  General Fund - Screven County   | 112.500.000.000   |
|  | General Fund - Scieven County  |   |
| 4. How will the strategy change the p the county?  | revious arrangements for providing   | and/or funding this service within                          |
| There are no plans to alter this ser   | vice.  |   |
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| Agreement Name:  | Contracting Parties:   | Effective and Ending Dates:                                 |
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|  | 5 31.5 11.5  |   |
| 6. What other mechanisms (if any) w  |  |   |
| resolutions, local acts of the Gener   |  |   |
| resolutions, local acts of the Gener   |  |   |
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| resolutions, local acts of the Gener   |  |   |
| resolutions, local acts of the General<br>None   | al Assembly, rate or fee changes, e  |   |
| resolutions, local acts of the General<br>None   | al Assembly, rate or fee changes, e  | tc.), and when will they take effect                        |
| 7. Person completing form: Rick Jordan, Phone number: (912) 564-7535   | County Manager Date completed:   | 12/8/08 aluating whether proposed local                     |
| 7. Person completing form: Rick Jordan, Phone number: (912) 564-7535  8. Is this the person who should be contained to the General Research of the Gen | County Manager  Date completed:  Ontacted by state agencies when every with the service delivery strategy?  Derson(s) and phone number(s) belowers | 12/8/08  aluating whether proposed local  Yes \( \sum No \) |



PAGE 2

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

|  | net  |
|--|--|
| County: Screven  | Service: Building Inspection/Code Enforcement  |
| 1. Check the box that best describes the ag  | reed upon delivery arrangement for this service:   |
| Service will be provided countywide service provider. (If this box is checked, service.):  | (i.e., including all cities and unincorporated areas) by a single identify the government, authority or organization providing the                       |
|  | nnincorporated portion of the county by a single service provider.   |
| One or more cities will provide this swill not be provided in unincorporated a authority or organization providing the s         | ervice only within their incorporated boundaries, and the service treas. (If this box is checked, identify the government(s), service:  City of Sylvania |
| One or more cities will provide this s<br>will provide the service in unincorporate<br>authority or organization providing the s | dervice only within their incorporated boundaries, and the county ed areas. (If this box is checked, identify the government(s), service.):              |
| Other (If this box is checked, attach provider, and identify the government, each service area.):                                | a legible map delineating the service area of each service authority, or other organization that will provide service within                             |
| 2. In developing the strategy, were overlap of this service identified?  ☐ Yes ☑ No  | oping service areas, unnecessary competition and/or duplication  |
| If these conditions will continue under the  | strategy, attach an explanation for continuing the   |

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

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

| 3. List each government or authority<br>be funded (e.g., enterprise funds,<br>taxes, franchise taxes, impact fees | user fees, general funds, special serv                                     |   |
|---|--|---|
| Local Congruences on Authority  | . EJina  | - Mathad  |
| Local Government or Authority   | User Fees  | g Method:   |
| City of Sylvaria  | General Fund   |   |
|   | General Fund   |   |
| ¥2/4  |  |   |
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|   |  |   |
| 4. How will the strategy change the the county?   | previous arrangements for providing  | g and/or funding this service within  |
| There are no plans to alter this se   | ervice.  |   |
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| 5. List any formal service delivery a implement the strategy for this se  |  | ntracts that will be used to  |
| Agreement Name:   | Contracting Parties:   | Effective and Ending Dates:   |
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|   |  |   |
| 6. What other mechanisms (if any) resolutions, local acts of the General  |  | gy for this service (e.g., ordinances, etc.), and when will they take effect? |
| None  |  |   |
|   |  |   |
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|   |  |   |
|   |  |   |
|   |  |   |
| 7. Person completing form: Rick Jorda   | n, County Manager  |   |
| Phone number: (912) 564-7535  | Date completed:  | 12/8/08   |
|   |  |   |
| 8. Is this the person who should be government projects are consistent  | contacted by state agencies when event with the service delivery strategy? |   |
| If not, provide designated contact Alternate: Carter Crawford, City Manager, 0                                    | person(s) and phone number(s) beligity of Sylvania, (912) 564-7411         | ow:   |



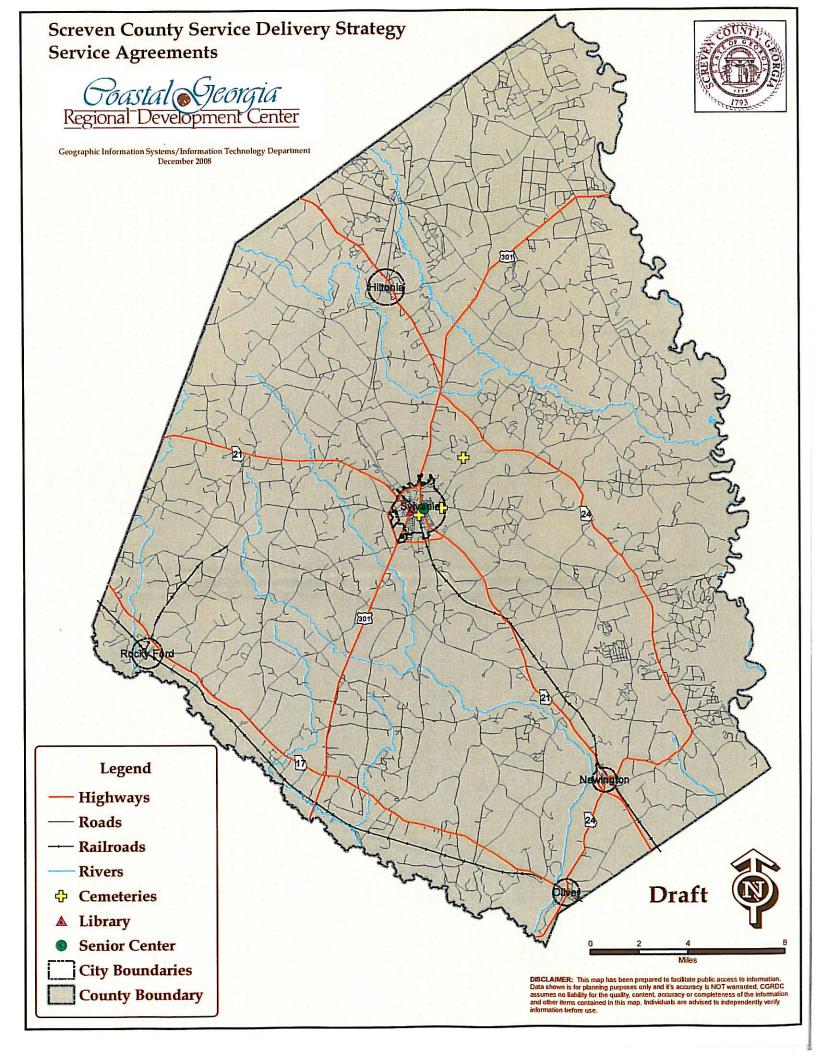
#### Instructions:

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

|  | Service: Cemeteries   |
|--|---|
| . Check the box that best describes the ag   | reed upon delivery arrangement for this service:  |
|  | e (i.e., including all cities and unincorporated areas) by a single identify the government, authority or organization providing the  |
|  | unincorporated portion of the county by a single service provider ernment, authority or organization providing the  |
|  | pervice only within their incorporated boundaries, and the service areas. (If this box is checked, identify the government(s), service:   |
|  | service only within their incorporated boundaries, and the county ed areas. (If this box is checked, identify the government(s), service.):                                     |
|  | a legible map delineating the service area of each service authority, or other organization that will provide service within  |
| 2. In developing the strategy, were overlap<br>of this service identified?                   | oping service areas, unnecessary competition and/or duplication   |
| Yes No   |   |
| Yes No  f these conditions will continue under the  rrangement (i.e., overlapping but higher | e strategy, attach an explanation for continuing the r levels of service (See O.C.G.A. 36-70-24(1)), overriding overlapping service areas or competition cannot be eliminated). |

| Local Government or Authority:   | Fund   | ing Method:                                  |
|--|--|--|
| creven County  | General Fund   |  |
| ty of Sylvania   | User Fees, General Fund  |  |
|  |  |  |
| 4. How will the strategy change the the county?                                  | previous arrangements for provid   | ling and/or funding this service within      |
| lone - clarification of parties to the   | ne agreement and funding sou   | rces.  |
|  |  |  |
| Agreement Name:  | Contracting Parties:   | Effective and Ending Dates.                  |
|  | Screven County   | January 1, 1999 to December 31, 2048         |
| emetery and the Friendship Cemetery  | City of Sylvania   |  |
|  |  |  |
|  | The state of the s |  |
| 5. What other mechanisms (if any) v  |  | stegy for this service (e.g., ordinances     |
| resolutions, local acts of the Gene  | rai Assembly, rate of fee change   |  |
| resolutions, local acts of the Gene  | rai Assembly, rate of fee change   |  |
| resolutions, local acts of the Gene  |  |  |
| resolutions, local acts of the Gene  |  |  |
| resolutions, local acts of the Gene None  7. Person completing form: Rick Jordan | n, County Manager  Date complete contacted by state agencies when  | d: 12/8/08 evaluating whether proposed local |

3. List each government or authority that will help to pay for this service and indicate how the service will



## INTERGOVERNMENTAL AGREEMENT BETWEEN SCREVEN COUNTY, GEORGIA AND THE CITY OF SYLVANIA, GEORGIA, FOR THE FINANCIAL SUPPORT OF THE SCREVEN MEMORIAL CEMETERY AND THE FRIENDSHIP CEMETERY

WHEREAS, the respective member governments of Screven County (Board of Commissioners) and the City of Sylvania (Mayor and Council) have, pursuant to Georgia Laws and Acts, prepared and adopted a joint county-wide Comprehensive Plan and Service Delivery Strategy; and

WHEREAS, the Comprehensive Plan, as duly amended, and Service Delivery Strategy was developed jointly and requires joint financial support of the Screven Memorial Cemetery and Friendship Cemetery (hereinafter "Cemeteries") at a level to be determined annually by a joint resolution of the City and County; and

WHEREAS, it is the intent of the respective governments party to this agreement to establish a means of determining their individual financial support of the Cemeteries, so as to meet both the requirements of law and the spirit of cooperation and coordination contemplated by the Georgia Service Delivery Act; and

WHEREAS, each of the parties hereto is authorized under the Intergovernmental Contracts Provision of the Georgia Constitution, Article 9, Sec. III, Paragraph 1, to contract with each other for a period not exceeding fifty (50) years.

NOW THEREFORE, for and in consideration of the mutual and reciprocal benefits enuring to each of the parties hereto, the parties do contract and agree as follows:

- 1. Ownership and Regulation. The Cemeteries shall be titled in the name of the City, and the City shall have the responsibility for adopting and enforcing reasonable regulations for the Cemeteries.
- 2. Sales. The City shall be responsible for and handle all sales of lots within the Cemeteries, and the price or prices of lots therein shall be set in the discretion of the Mayor and Council of the City of Sylvania
- 3. <u>Maintenance</u>. The City shall provide the necessary personnel and equipment for performing all maintenance within the Cemeteries, or shall contract therefor with third parties to provide the same.
- 4. <u>Funding.</u> All maintenance and other expenses of operating the Cemeteries shall be paid with the sales

proceeds from the sale of lots within the Cemeteries. In the event the sales proceeds from the sale of lots in the Cemeteries do not provide sufficient funds to cover all expenses for maintaining and operating the Cemeteries, any remaining expenses shall be divided equally between the City and County, and paid from the general revenues of each respective entity. In the event of a deficiency in any calendar year, the County shall be billed by the City for the County's' one-half of said expenses on or before June 1st of the next calendar year, which sum shall be due and payable by the County to the City on or before August 1st of the year billed.

- 5. Term. This agreement shall be effective as of January 1, 1999, and the initial term shall expire December 31, 2003. Thereafter, the agreement shall automatically renew for successive one year periods unless terminated by either party in writing on or before March 31, 2003, or on or before March 31<sup>st</sup> in any subsequent year, which termination shall be effective for the succeeding calendar year. In any event, this agreement shall terminate, if not sooner terminated, on December 31, 2048.
- 6. Merger. This writing constitutes the entire agreement by and between the parties regarding funding of

the Cemeteries. Amendment, additions or deletions shall be in writing, and dated subsequent to this writing, to be enforceable.

7. Severance. In the event any Court of competent jurisdiction declares any part or parts of this agreement to be unlawful or unenforceable, such parts or parts shall be severed from the agreement, and the remaining part or parts shall remain enforceable in order to carry out the original purposes and intent of this agreement to the extent reasonably practicable.

IN WITNESS WHEREOF, the undersigned parties have by and through their duly designated officials, executed and affixed their seals effective as of the 1st day of April, 1999.

SCREVEN COUNTY, GEORGIA

BY.

D. Hobson Parker, Chairman Board of Commissioners

ATTEST:

Betty Phillips, County Clerk

CITY OF SYLVANIA, GEORGIA

BY

City Manager

ATTEST

City/Clerk



#### Instructions:

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at

| the bottom of the page) changes, this should be reported to the Department of Community Affairs. |  |   |
|--|--|---|
| County: Screven  |  | Service: Cooperative Extension Service  |
| 1. Check the box   | that best describes the agree                          | eed upon delivery arrangement for this service:   |
| Service will service provide service.): Screen   | er. (If this box is checked, i                         | i.e., including all cities and unincorporated areas) by a single dentify the government, authority or organization providing the        |
| (If this box is  | be provided only in the unchecked, identify the govern | nincorporated portion of the county by a single service provider.  nment, authority or organization providing the                       |
| will not be pro  |  | rvice only within their incorporated boundaries, and the service eas. (If this box is checked, identify the government(s), ervice:      |
| will provide th  |  | rvice only within their incorporated boundaries, and the county d areas. (If this box is checked, identify the government(s), ervice.): |
|  | identify the government, a                             | legible map delineating the service area of each service uthority, or other organization that will provide service within               |
| 2. In developing of this service ☐ Yes ✓ No  |  | oing service areas, unnecessary competition and/or duplication  |
|  |  | strategy, attach an explanation for continuing the levels of service (See O.C.G.A. 36-70-24(1)), overriding                             |

If benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

| <ol> <li>List each government or authority<br/>be funded (e.g., enterprise funds, u<br/>taxes, franchise taxes, impact fees</li> </ol> | user fees, general funds, special serv                                     |  |
|--|--|--|
| Local Government or Authority:   | Funding  | g Method:  |
| Screven County   | General Fund   | 3  |
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| re - seni-remove - m.  |  | The state of the s |
| 4. How will the strategy change the the county?  | previous arrangements for providin   | g and/or funding this service within   |
| There are no plane to alter this as  | nnina  |  |
| There are no plans to alter this se  | ervice.  |  |
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| <ol> <li>List any formal service delivery a<br/>implement the strategy for this ser</li> <li>Agreement Name:</li> </ol>                |  | Effective and Ending Dates:  |
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| 6. What other mechanisms (if any) versolutions, local acts of the General  |  | gy for this service (e.g., ordinances, etc.), and when will they take effect   |
| None   |  |  |
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|  |  |  |
| 7. Person completing form: Rick Jorda  | n. County Manager  |  |
| Phone number: (912) 564-7535   | Date completed:  | 12/8/08  |
| There named: (to 4)  | Bate completed.  |  |
| <ol> <li>Is this the person who should be a<br/>government projects are consister</li> </ol>   | contacted by state agencies when event with the service delivery strategy. |  |
|  | person(s) and phone number(s) bel  | low:   |
| Alternate: Carter Crawford, City Manager, C  | Sity of Sylvania. (912) 564-7411   |  |



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| Instructions:   |   |
|---|---|
| listed on page 1. Answer each question below, a   | or each service listed on page 1, Section III. Use exactly the same service names attaching additional pages as necessary. If the contact person for this service (listed at reported to the Department of Community Affairs. |
| County: Screven   | Service: County Coroner   |
| 1. Check the box that best describes th   | e agreed upon delivery arrangement for this service:  |
| Service will be provided country service provider. (If this box is checkervice.): Screven County            | wide (i.e., including all cities and unincorporated areas) by a single<br>ked, identify the government, authority or organization providing the   |
| Service will be provided only in a (If this box is checked, identify the service.):                         | the unincorporated portion of the county by a single service provider, government, authority or organization providing the  |
| will not be provided in unincorporate   | his service only within their incorporated boundaries, and the service ted areas. (If this box is checked, identify the government(s), the service:   |
| One or more cities will provide the will provide the service in unincorpauthority or organization providing | his service only within their incorporated boundaries, and the county orated areas. (If this box is checked, identify the government(s), the service.):   |
| Other (If this box is checked, att provider, and identify the governmeach service area.):                   | each a legible map delineating the service area of each service ment, authority, or other organization that will provide service within   |
| 2. In developing the strategy, were ov of this service identified?  ☐ Yes ✓ No                              | rerlapping service areas, unnecessary competition and/or duplication  |
| If these conditions will continue unde  | er the strategy, attach an explanation for continuing the   |

arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

| Local Government or Authority:  | Fundin  | g Method:  |
|---|---|--|
| creven County   | General Fund  | s  |
| 2014.11   |   | A. (1) 1 S. (2) (1) (1) (2) (3) (4) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4   |
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| Torre & M.  |   |  |
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| 4. How will the strategy change the the county?   | previous arrangements for providing                                     | g and/or funding this service withi  |
| here are no plans to alter this se  | ervice  |  |
| nore are no plans to alter this se  | vice.   |  |
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|   |   |  |
|   |   |  |
| Agreement Name:   | Contracting Parties:  | Effective and Ending Dates   |
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|   |   |  |
| resolutions, local acts of the Gene   | will be used to implement the strate ral Assembly, rate or fee changes, |  |
| resolutions, local acts of the Gene   |   |  |
| resolutions, local acts of the Gene   |   |  |
| resolutions, local acts of the Gene   |   |  |
| resolutions, local acts of the Gene   |   |  |
| resolutions, local acts of the Gene   |   |  |
| resolutions, local acts of the Gene  None  7. Person completing form: Rick Jordan                                   | n, County Manager   | etc.), and when will they take effec   |
| resolutions, local acts of the Gene   | eral Assembly, rate or fee changes,                                     | etc.), and when will they take effe  |
| 7. Person completing form: Rick Jordan Phone number: (912) 564-7535  8. Is this the person who should be completed. | n, County Manager Date completed:                                       | etc.), and when will they take effect  |



completing it.

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

Instructions:

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

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

| 3. List each government or authority to<br>be funded (e.g., enterprise funds, us<br>taxes, franchise taxes, impact fees, b | er fees, general funds, special serv                   |  |
|--|--|--|
| Local Government or Authority:   | Funding  | Method:  |
| Screven County   | User Fees and General Fund                             |  |
| Cities of Sylvania and Oliver  | User Fees and General Funds                            |  |
| Towns of Hiltonia and Newington  | User Fees and General Funds                            |  |
|  | *  | 1. 1.11. 1.11. 1.11. 1.11.   |
|  |  |  |
| How will the strategy change the pr<br>the county?   | evious arrangements for providing                      | g and/or funding this service within   |
| There are no plans to alter this sen   | rice.  |  |
| ¥1)  |  |  |
| 5. List any formal service delivery agrimplement the strategy for this serv  Agreement Name:                               |  | tracts that will be used to  Effective and Ending Dates:                     |
|  |  |  |
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|  |  |  |
|  |  |  |
|  |  |  |
| 6. What other mechanisms (if any) wi resolutions, local acts of the General  |  | gy for this service (e.g., ordinances, tc.), and when will they take effect? |
| None   |  |  |
| 7. Person completing form: Rick Jordan, 6 Phone number: (912) 564-7535  8. Is this the person who should be co             | Date completed:<br>ntacted by state agencies when ever | aluating whether proposed local  |
| government projects are consistent  If not, provide designated contact p  Alternate: Carter Crawford, City Manager, City   | erson(s) and phone number(s) belo                      |  |



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| In | St      | ۲IJ | CI | ın | ns | : |

| County: Screven   | Service: Department of Family & Children Services  |
|---|--|
| 1. Check the box that best de   | escribes the agreed upon delivery arrangement for this service:  |
| Service will be provid<br>service provider. (If this b<br>service.): Department of Family | ed countywide (i.e., including all cities and unincorporated areas) by a single ox is checked, identify the government, authority or organization providing the yand Children Services |
|   | ed only in the unincorporated portion of the county by a single service provider<br>entify the government, authority or organization providing the                                     |
| will not be provided in un  | provide this service only within their incorporated boundaries, and the service incorporated areas. (If this box is checked, identify the government(s), providing the service:        |
| will provide the service in   | provide this service only within their incorporated boundaries, and the county a unincorporated areas. (If this box is checked, identify the government(s), providing the service.):   |

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

provider, and identify the government, authority, or other organization that will provide service within

☐Yes ✓No

each service area.):

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

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

| Local Government or Authority   | y: Fundi                            | ng Method:   |
|---|-------------------------------------|--|
| creven County   | General Fund                        |  |
| 27.27 - 2. |                                     | 10 M                                      |
|   |                                     |  |
|   |                                     |  |
|   |                                     |  |
| 4. How will the strategy change the the county?   | e previous arrangements for provid  | ng and/or funding this service within  |
| here are no plans to alter this s   | service.                            |  |
|   |                                     |  |
|   |                                     |  |
|   |                                     |  |
| Agreement Nume.   | Contracting 1 unites.               | Effective and Enamy Dutes  |
| Agreement Name:   | Contracting Parties:                | Effective and Ending Dates.  |
|   |                                     |  |
|   |                                     |  |
|   |                                     |  |
|   |                                     |  |
|   |                                     |  |
|   |                                     |  |
|   |                                     | egy for this service (e.g., ordinances, etc.), and when will they take effec |
| resolutions, local acts of the Ger  |                                     |  |
| resolutions, local acts of the Ger  |                                     |  |
| resolutions, local acts of the Ger  |                                     |  |
| resolutions, local acts of the Ger  | neral Assembly, rate or fee changes |  |
| resolutions, local acts of the Ger  None  7. Person completing form: Rick Jone  | neral Assembly, rate or fee changes | , etc.), and when will they take effec                                       |
| resolutions, local acts of the Ger  | neral Assembly, rate or fee changes | , etc.), and when will they take effec                                       |



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| 11.5.1.4.6.10.15.1   |
|--|
| Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs. |
| County: Screven Service: Economic Development  |
| 1. Check the box that best describes the agreed upon delivery arrangement for this service:  |
| Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):  Screven County   |
| Service will be provided only in the unincorporated portion of the county by a single service provide (If this box is checked, identify the government, authority or organization providing the service.):   |
| One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service:  |
| One or more cities will provide this service only within their incorporated boundaries, and the count will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):  |
| Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.):   |
| 2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified? Yes No   |
| If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated   |
| If these conditions will be eliminated under the strategy, attach an implementation schedule listing eac step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.  |

| Screven County Industrial Development Authority:   Screven County - General Fund and Property Rental   | 3. List each government or authority the be funded (e.g., enterprise funds, use taxes, franchise taxes, impact fees, be | r fees, general funds, special servi  | and indicate how the service will<br>ce district revenues, hotel/motel   |
|--|---|---|--|
| Screven County Industrial Development Authority  4. How will the strategy change the previous arrangements for providing and/or funding this service the county?  There are no plans to alter this service.  5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:  **Agreement Name:**  **Contracting Parties:**  **Effective and Ending Interest the Strategy for this service (e.g., ording resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take  None  7. Person completing form: **Rick Jordan, County Manager** Phone number: (812) 564-7535 Date completed: 12/8/08  8. Is this the person who should be contacted by state agencies when evaluating whether proposed to government projects are consistent with the service delivery strategy? **[Yes] No          | Local Government or Authority:  | Funding   | Method:  |
| 4. How will the strategy change the previous arrangements for providing and/or funding this service the county?  There are no plans to alter this service.  5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:  **Agreement Name:**  Contracting Parties:**  Effective and Ending 1  6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordin resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take  None  7. Person completing form: **Rick Jordan, County Managar** Phone number: **(912) 564-7535**  Date completed: **12/8/08**  8. Is this the person who should be contacted by state agencies when evaluating whether proposed legovernment projects are consistent with the service delivery strategy? **[Yes ] No |   |   |  |
| There are no plans to alter this service.  5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:  Agreement Name:  Contracting Parties:  Effective and Ending 1  6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordin resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take  None  7. Person completing form: Rick Jordan, County Manager Phone number: (912) 564-7635 Date completed: 12/8/08  8. Is this the person who should be contacted by state agencies when evaluating whether proposed to government projects are consistent with the service delivery strategy? Yes No   |   |   | harries and the second  |
| There are no plans to alter this service.  5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:  Agreement Name:  Contracting Parties:  Effective and Ending 1  6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordin resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take  None  7. Person completing form: Rick Jordan, County Manager Phone number: (912) 564-7235 Date completed: 12/8/08  8. Is this the person who should be contacted by state agencies when evaluating whether proposed to government projects are consistent with the service delivery strategy? Yes No   |   | 111 - 112 - 111 - 1 |  |
| There are no plans to alter this service.  5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:  Agreement Name:  Contracting Parties:  Effective and Ending 1  6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordin resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take  None  7. Person completing form: Rick Jordan, County Manager Phone number: (912) 564-7235 Date completed: 12/8/08  8. Is this the person who should be contacted by state agencies when evaluating whether proposed to government projects are consistent with the service delivery strategy? Yes No   |   |   | 30000  |
| There are no plans to alter this service.  5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:  Agreement Name:  Contracting Parties:  Effective and Ending 1  6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordin resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take  None  7. Person completing form: Rick Jordan, County Manager Phone number: (912) 564-7235 Date completed: 12/8/08  8. Is this the person who should be contacted by state agencies when evaluating whether proposed to government projects are consistent with the service delivery strategy? Yes No   |   |   |  |
| 5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:  **Agreement Name:** Contracting Parties: Effective and Ending 1  6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordin resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take  None  7. Person completing form: Rick Jordan, County Manager Phone number: (912) 564-7535 Date completed: 12/8/08  8. Is this the person who should be contacted by state agencies when evaluating whether proposed to government projects are consistent with the service delivery strategy? Yes No  |   | evious arrangements for providing   | and/or funding this service within   |
| Agreement Name: Contracting Parties: Effective and Ending 1  6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordin resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take  None  7. Person completing form: Rick Jordan, County Manager Phone number: (912) 564-7535 Date completed: 12/8/08  8. Is this the person who should be contacted by state agencies when evaluating whether proposed to government projects are consistent with the service delivery strategy? ✓ Yes No   | There are no plans to alter this serv   | ice.  |  |
| Agreement Name: Contracting Parties: Effective and Ending 1  6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordin resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take  None  7. Person completing form: Rick Jordan, County Manager Phone number: (912) 564-7535 Date completed: 12/8/08  8. Is this the person who should be contacted by state agencies when evaluating whether proposed to government projects are consistent with the service delivery strategy? ✓ Yes □ No   |   |   |  |
| 6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordin resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take  None  7. Person completing form: Rick Jordan, County Manager Phone number: (912) 564-7535 Date completed: 12/B/08  8. Is this the person who should be contacted by state agencies when evaluating whether proposed to government projects are consistent with the service delivery strategy? Yes No  | implement the strategy for this servi   | ce:   | tracts that will be used to  Effective and Ending Dates:   |
| resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take  None  7. Person completing form: Rick Jordan, County Manager Phone number: (912) 564-7535 Date completed: 12/8/08  8. Is this the person who should be contacted by state agencies when evaluating whether proposed to government projects are consistent with the service delivery strategy? ✓ Yes □No  |   |   |  |
| resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take  None  7. Person completing form: Rick Jordan, County Manager Phone number: (912) 564-7535 Date completed: 12/8/08  8. Is this the person who should be contacted by state agencies when evaluating whether proposed to government projects are consistent with the service delivery strategy? ✓ Yes □ No   |   |   |  |
| resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take  None  7. Person completing form: Rick Jordan, County Manager Phone number: (912) 564-7535 Date completed: 12/8/08  8. Is this the person who should be contacted by state agencies when evaluating whether proposed to government projects are consistent with the service delivery strategy? ✓ Yes □ No   |   | A facilities an early and an experience and   |  |
| resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take  None  7. Person completing form: Rick Jordan, County Manager Phone number: (912) 564-7535 Date completed: 12/8/08  8. Is this the person who should be contacted by state agencies when evaluating whether proposed to government projects are consistent with the service delivery strategy? ✓ Yes □ No   |   |   |  |
| resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take  None  7. Person completing form: Rick Jordan, County Manager Phone number: (912) 564-7535 Date completed: 12/8/08  8. Is this the person who should be contacted by state agencies when evaluating whether proposed to government projects are consistent with the service delivery strategy? ✓ Yes □ No   |   |   | - Control of the Cont |
| 7. Person completing form: Rick Jordan, County Manager Phone number: (912) 564-7535 Date completed: 12/B/08  8. Is this the person who should be contacted by state agencies when evaluating whether proposed to government projects are consistent with the service delivery strategy? ✓ Yes □ No   |   |   |  |
| Phone number: (912) 564-7535 Date completed: 12/8/08  8. Is this the person who should be contacted by state agencies when evaluating whether proposed logovernment projects are consistent with the service delivery strategy? Yes No   | None  |   |  |
| Phone number: (912) 564-7535 Date completed: 12/8/08  8. Is this the person who should be contacted by state agencies when evaluating whether proposed to government projects are consistent with the service delivery strategy? Yes No  |   |   |  |
| 8. Is this the person who should be contacted by state agencies when evaluating whether proposed logovernment projects are consistent with the service delivery strategy? Yes No   |   |   |  |
| government projects are consistent with the service delivery strategy? ✓ Yes ☐ No  | Phone number: (912) 564-7535  | Date completed:   | 12/8/08  |
| If not, provide designated contact person(s) and phone number(s) below:  | 8. Is this the person who should be congovernment projects are consistent   | ntacted by state agencies when eva<br>with the service delivery strategy?   | aluating whether proposed local Yes No   |
| Alternate: Carter Crawford, City Manager, City of Sylvania, (912) 564-7411   |   | V2 (0.)   | ow:  |



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completing it.

| Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs. |  |  |
|--|--|--|
| County: Screven Service: Emergency 911   |  |  |
| 1. Check the box that best describes the agreed upon delivery arrangement for this service:  |  |  |
| Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): Screven County  |  |  |
| Service will be provided only in the unincorporated portion of the county by a single service provider (If this box is checked, identify the government, authority or organization providing the service.):  |  |  |
| One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service:  |  |  |
| One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):   |  |  |
| Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.):   |  |  |
| <ol> <li>In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?</li></ol>  |  |  |
| If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated)  |  |  |
| If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for  |  |  |

|  | Fundin   | Method:   |
|--|--|---|
| Local Government or Authority:   | User Fees and General Fund   | у метои.  |
| reven county   |  |   |
|  |  |   |
|  | *  | 100   |
| THE RESIDENCE OF THE PARTY OF T | 1  |   |
| . How will the strategy change the pr<br>the county?   | revious arrangements for providin  | g and/or funding this service within  |
| here are no plans to alter this sen  | vice.  |   |
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|  |  |   |
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| Agreement Name:  | Contracting Parties:   | Effective and Ending Dates:   |
| Agreement I name.  |  |   |
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| 6. What other mechanisms (if any) w resolutions, local acts of the General   | ill be used to implement the strate<br>al Assembly, rate or fee changes, | egy for this service (e.g., ordinances, etc.), and when will they take effect |
| 6. What other mechanisms (if any) we resolutions, local acts of the General None   | ill be used to implement the strate<br>al Assembly, rate or fee changes, | egy for this service (e.g., ordinances, etc.), and when will they take effect |
| resolutions, local acts of the Genera  | ill be used to implement the strate<br>al Assembly, rate or fee changes, | egy for this service (e.g., ordinances, etc.), and when will they take effect |
| resolutions, local acts of the Genera  | ill be used to implement the strate<br>al Assembly, rate or fee changes, | egy for this service (e.g., ordinances etc.), and when will they take effect  |
| resolutions, local acts of the General   | al Assembly, rate or fee changes,  | egy for this service (e.g., ordinances etc.), and when will they take effect  |
| resolutions, local acts of the Genera  | al Assembly, rate or fee changes,  | etc.), and when will they take effect   |



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| This i dections:   |  |  |
|--|--|--|
| Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs. |  |  |
| County: Screven  | Service: Emergency Management  |  |
| 1. Check the box that best describes the   | agreed upon delivery arrangement for this service:   |  |
| Service will be provided countywich service provider. (If this box is checke service.): Screven County   | de (i.e., including all cities and unincorporated areas) by a single ed, identify the government, authority or organization providing the  |  |
| Service will be provided only in the (If this box is checked, identify the go service.):   | e unincorporated portion of the county by a single service provider. vernment, authority or organization providing the   |  |
| One or more cities will provide this will not be provided in unincorporated authority or organization providing the  | s service only within their incorporated boundaries, and the service d areas. (If this box is checked, identify the government(s), e service:  |  |
| One or more cities will provide this will provide the service in unincorpor authority or organization providing the  | s service only within their incorporated boundaries, and the county ated areas. (If this box is checked, identify the government(s), e service.):  |  |
|  | th a legible map delineating the service area of each service at, authority, or other organization that will provide service within  |  |
| 2. In developing the strategy, were over of this service identified?  ☐ Yes ☑ No   | lapping service areas, unnecessary competition and/or duplication  |  |
| arrangement (i.e., overlapping but high  | the strategy, attach an explanation for continuing the mer levels of service (See O.C.G.A. 36-70-24(1)), overriding that overlapping service areas or competition cannot be eliminated). |  |
| If these conditions will be eliminated ur  | nder the strategy, attach an implementation schedule listing each  |  |

be

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

| taxes, franchise taxes, impact fees, b   |   |  |
|--|---|--|
| Local Government or Authority:   |   | Method:  |
| creven County  | General Fund  |  |
|  |   |  |
|  |   | A CONTRACTOR OF THE CONTRACTOR |
|  | <u> </u>  | 1.0000   |
|  |   |  |
| 4. How will the strategy change the pr<br>the county?  | revious arrangements for providing  | g and/or funding this service within   |
| here are no plans to alter this ser  | vice.   |  |
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|  |   |  |
| Agreement Name:  |   |  |
| Agreement Name:  | Contracting Parties:  | Effective and Ending Dates:  |
| Адгеетен пите:   | Contracting Parties:  | Effective and Ending Dates:  |
| Agreement Nume:  | Contracting Parties:  | Effective and Ending Dates:  |
| Адгеетен нате:   | Contracting Parties:  | Effective and Ending Dates:  |
| Agreement Nume:  | Contracting Parties:  | Effective and Ending Dates:  |
| Agreement Nume:  | Contracting Parties:  | Effective and Ending Dates:  |
| 6. What other mechanisms (if any) w resolutions, local acts of the General   | ill be used to implement the strate   | gy for this service (e.g., ordinances,   |
| 6. What other mechanisms (if any) w resolutions, local acts of the General   | ill be used to implement the strate   | gy for this service (e.g., ordinances,   |
| 6. What other mechanisms (if any) w resolutions, local acts of the General   | ill be used to implement the strate   | gy for this service (e.g., ordinances,   |
| 6. What other mechanisms (if any) w resolutions, local acts of the General   | ill be used to implement the strate   | gy for this service (e.g., ordinances,   |
| 6. What other mechanisms (if any) w resolutions, local acts of the General   | ill be used to implement the strate   | gy for this service (e.g., ordinances,   |
| 6. What other mechanisms (if any) w resolutions, local acts of the General   | ill be used to implement the strate   | gy for this service (e.g., ordinances,   |
| 6. What other mechanisms (if any) w resolutions, local acts of the General None  | ill be used to implement the strate al Assembly, rate or fee changes, e                 | gy for this service (e.g., ordinances,   |
| 6. What other mechanisms (if any) w resolutions, local acts of the General None  | ill be used to implement the strate al Assembly, rate or fee changes, e                 | gy for this service (e.g., ordinances, etc.), and when will they take effect   |
| 6. What other mechanisms (if any) w resolutions, local acts of the General None  7. Person completing form: Rick Jordan, | ill be used to implement the strate al Assembly, rate or fee changes, of the completed: | gy for this service (e.g., ordinances etc.), and when will they take effective.  12/8/08   |



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| County: Screven  | Service: Emergency Medical Service  |
|--|---|
| 1. Check the box that best describes the   | he agreed upon delivery arrangement for this service:   |
| Service will be provided county service provider. (If this box is che service.): Screven County Hospital Authority | rwide (i.e., including all cities and unincorporated areas) by a single cked, identify the government, authority or organization providing the              |
| Service will be provided only in (If this box is checked, identify the service.):                                  | the unincorporated portion of the county by a single service provider government, authority or organization providing the                                   |
| will not be provided in unincorpora  | this service only within their incorporated boundaries, and the service ated areas. (If this box is checked, identify the government(s), the service:       |
| One or more cities will provide will provide the service in unincorpauthority or organization providing            | this service only within their incorporated boundaries, and the county porated areas. (If this box is checked, identify the government(s), g the service.): |
| Other (If this box is checked, at provider, and identify the government each service area.):                       | tach a legible map delineating the service area of each service<br>ment, authority, or other organization that will provide service within                  |
| 2. In developing the strategy, were of this service identified?  ☐ Yes ☑ No  | verlapping service areas, unnecessary competition and/or duplication  |
| If these conditions will continue und  | er the strategy, attach an explanation for continuing the   |

arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

| taxes, franchise taxes, impact fees,  |   | No. 1 marks  |
|---|---|--|
| Local Government or Authority:  | User Fees and General Fund  | Method:  |
| creven County   | User Fees and General Fund  | And the second s |
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|   |   |  |
| 4. How will the strategy change the p<br>the county?  | previous arrangements for providing   | g and/or funding this service within   |
| here are no plans to alter this ser   | rvice.  |  |
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|   |   |  |
| Agreement Name:   | Contracting Parties:  | Effective and Ending Dates:  |
|   | Continuently I willes.  | Effective and Ending Dates:  |
| g.  | Contracting 1 arties.   | Effective and Ending Dates:  |
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| 6. What other mechanisms (if any) w   | vill be used to implement the strate  | gy for this service (e.g., ordinances,   |
| 6. What other mechanisms (if any) we resolutions, local acts of the General   | vill be used to implement the strate  |  |
| 6. What other mechanisms (if any) we resolutions, local acts of the General   | vill be used to implement the strate  | gy for this service (e.g., ordinances,   |
| 6. What other mechanisms (if any) we resolutions, local acts of the General   | vill be used to implement the strate  | gy for this service (e.g., ordinances  |
| 6. What other mechanisms (if any) we resolutions, local acts of the General None  | vill be used to implement the strate<br>ral Assembly, rate or fee changes, o              | gy for this service (e.g., ordinances  |
| 6. What other mechanisms (if any) we resolutions, local acts of the General None  | vill be used to implement the strate<br>ral Assembly, rate or fee changes, o              | gy for this service (e.g., ordinances etc.), and when will they take effect  |
| 6. What other mechanisms (if any) we resolutions, local acts of the General None  7. Person completing form: Rick Jordan Phone number: (912) 564-7535  8. Is this the person who should be considered to the Rick Jordan Phone number: (912) 564-7535 | vill be used to implement the strate ral Assembly, rate or fee changes, on the completed: | gy for this service (e.g., ordinance etc.), and when will they take effect   |



#### Instructions:

| Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names   |
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| Make copies of this form and complete one for each service make copies of this formact person for this service (listed   |
| Make copies of this form and complete one for each service instead on page 1. Section 1, |
| the bottom of the page) changes, this should be reported to the Department of Community Affairs.   |

| isted on page 1. Answer each question below, at<br>the bottom of the page) changes, this should be re         | taching additional pages as necessary. If the contact person for this service (fisted at eported to the Department of Community Affairs.  |
|---|---|
| County: Screven County  | Service: Fire Protection  |
| 1. Check the box that best describes the  | e agreed upon delivery arrangement for this service:  |
| Service will be provided countyw<br>service provider. (If this box is check<br>service.):                     | vide (i.e., including all cities and unincorporated areas) by a single ked, identify the government, authority or organization providing the  |
| Service will be provided only in the ground service.):  | he unincorporated portion of the county by a single service provider. government, authority or organization providing the   |
| One or more cities will provide the   | nis service only within their incorporated boundaries, and the service red areas. (If this box is checked, identify the government(s), the service:   |
| One or more cities will provide the will provide the service in unincorporauthority or organization providing | his service only within their incorporated boundaries, and the county orated areas. (If this box is checked, identify the government(s), the service.):                                       |
| provider, and identify the governm  | ach a legible map delineating the service area of each service ent, authority, or other organization that will provide service within   |
|   | ania within city limits; Town of Newington within five (5) mile radius of city limits   |
| <ol> <li>In developing the strategy, were over of this service identified?</li> <li>Yes ✓No</li> </ol>        | erlapping service areas, unnecessary competition and/or duplication   |
|   | or the strategy, attach an explanation for continuing the igher levels of service (See O.C.G.A. 36-70-24(1)), overriding that overlapping service areas or competition cannot be eliminated). |
| If these conditions will be eliminated step or action that will be taken to elicompleting it.                 | under the strategy, attach an implementation schedule listing each minate them, the responsible party and the agreed upon deadline for  |
|   |   |

|   | , bonded indebtedness, etc.).   | a Markadi  |
|---|---|--|
| Local Government or Authority:  | Fundin<br>General Fund  | g Method:  |
| Screven County  | General Fund  |  |
| City of Sylvania  | General Fund General Fund   |  |
| Town of Newington   | Contrary and  |  |
|   |   |  |
| How will the strategy change the the county?                              | previous arrangements for providing   | ng and/or funding this service within  |
| service and respond to fire calls v                                       | 000. The Town of Newington shouthin a five (5) mile radius of the fire service equipment and shal                       | nall provide extrication and rescue  |
| 5. List any formal service delivery a implement the strategy for this ser | rvice:  |  |
| Agreement Name:   | Contracting Parties:  | Effective and Ending Dates:  |
| . TO VIGILOTI DI TITO CONTINO   | Screven County Town of Newington  | February 26, 2001 to June 30, 2051   |
|   | Town of Newington   |  |
|   |   |  |
|   |   |  |
| What other mechanisms (if any) resolutions, local acts of the Gene  None  | will be used to implement the strate ral Assembly, rate or fee changes,   | egy for this service (e.g., ordinances, etc.), and when will they take effect? |
|   | n, County Manager   | : 12/09/08   |
|   | Date completed contacted by state agencies when ent with the service delivery strategy person(s) and phone number(s) be | y? [≠]Yes [_]No  |

# INTERGOVERNMENTAL AGREEMENT BETWEEN SCREVEN COUNTY, GEORGIA AND THE CITY OF NEWINGTON, GEORGIA FOR THE PROVISION OF FIRE SERVICE

WHEREAS, the respective member governments of Screven County (Board of Commissioners) and the City of Newington (Mayor and Council) have, pursuant to Georgia Laws and Acts, prepared and adopted a joint county-wide Comprehensive Plan and Service Delivery Strategy; and,

WHEREAS, the Comprehensive Plan, as duly amended, and Service Delivery Strategy was developed jointly and provides for the delivery of services by the Fire Department of the City of Newington in the unincorporated areas of Screven County; and,

WHEREAS, it is the intent of the respective governments party to this agreement to establish and define the obligation of the City to provide services within the unincorporated areas of the County and to establish the compensation to be paid by the County for such service, so as to meet both the requirements of law and the spirit of cooperation and coordination contemplated by the Georgia Service Delivery Act; and,

WHEREAS, the parties are authorized pursuant to the Intergovernmental Contracts provision of the Georgia Constitution, Article 9, Section III, Paragraph 1, to contract with each other for a period not exceeding fifty (50) years;

NOW, THEREFORE, for and in consideration of the mutual and reciprocal benefits enuring to each of the parties, the City of Newington, Georgia (herein, the "City") and Screven County, Georgia (herein, the "County") contract and agree as follows:

- 1. <u>Services Provided by the City</u>. The City shall provide extrication and rescue service and respond to fire calls in the unincorporated areas of the County within five (5) mile radius of the city limits of the City. In addition, the City shall house and maintain the County's fire service equipment and shall be responsible for payment of all City Volunteer Fire Fighters responding to County fires.
- 2. <u>Compensation</u>. The County shall pay the sum of FIFTEEN THOUSAND AND NO/100 DOLLARS (\$15,000.00) for the first fiscal year to the City as full compensation for the services rendered by the City pursuant to the provisions of this agreement. Annual compensation pursuant to the terms of this agreement shall be established by a joint resolution of the parties adopted on or before March 31 of each successive year of this agreement.

- 3. <u>Term.</u> This agreement shall be effective as of the execution by the last party to sign the same, and the initial term shall expire on June 30, 2001. Thereafter, the agreement shall automatically renew for successive one year periods unless terminated by either party in writing on or before March 31, 2001, or on or before March 31 in any subsequent year, which termination shall be effective for the succeeding calendar year. In any event, this agreement shall terminate, if not sooner terminated, on June 30, 2051.
- 4. <u>Merger</u>. This writing constitutes the entire agreement by and between the parties regarding the provision of fire and rescue services within the County. Amendments, additions or deletions shall be in writing and dated subsequent to this writing to be enforceable.
- 5. <u>Severance</u>. In the event a court of competent jurisdiction declares any part or parts of this agreement to be unlawful or unenforceable, such part or parts shall be severed from the agreement and the remaining part or parts shall remain enforceable in order to carry out the original purposes and intent of this agreement to the extent reasonably practicable.

Screven County, Georgia

By:

J/C. Warren, Chairman Board of Commissioners

Attest:

Rick Jordan, County Manager

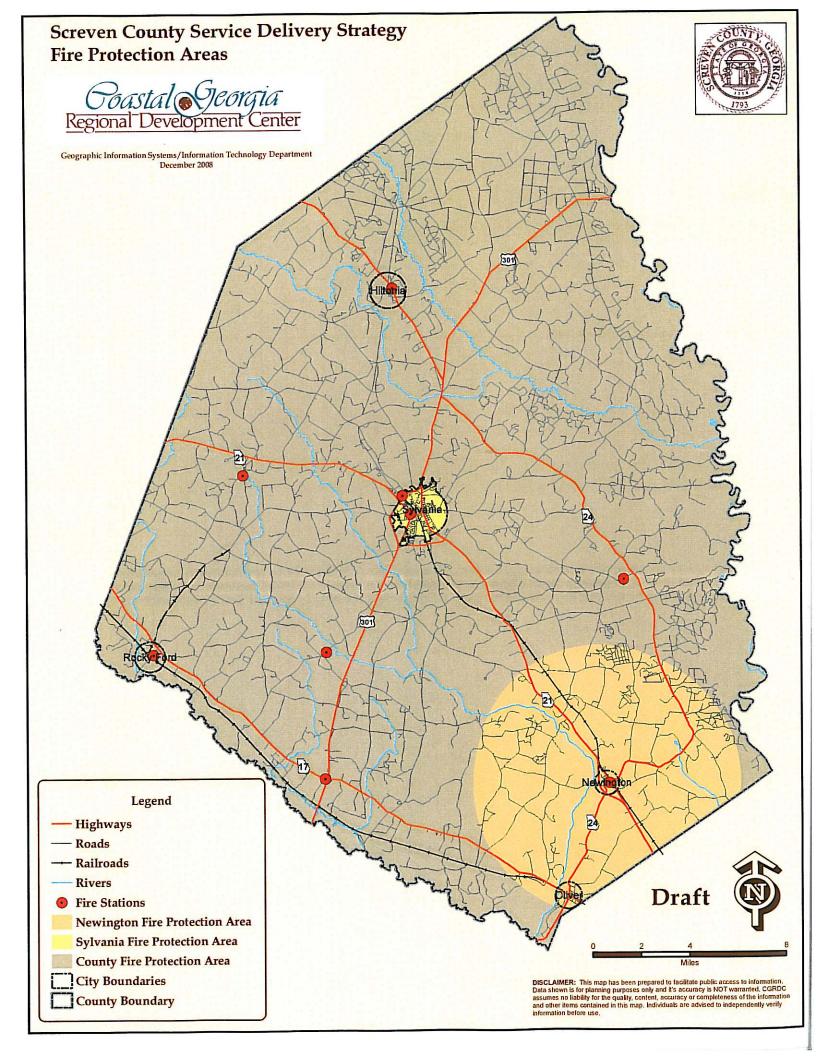
The City of Newington, Georgia

By:

Donald Scott, Mayor

Attest:

City Clerk





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

Instructions:

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

| County: Screven  | Service: Indigent Defense  |
|--|--|
| 1. Check the box that best describe  | es the agreed upon delivery arrangement for this service:  |
| Service will be provided cou<br>service provider. (If this box is a<br>service.): Screven County | antywide (i.e., including all cities and unincorporated areas) by a single checked, identify the government, authority or organization providing the                 |
|  | y in the unincorporated portion of the county by a single service provider the government, authority or organization providing the                                   |
|  | de this service only within their incorporated boundaries, and the service porated areas. (If this box is checked, identify the government(s), ling the service:     |
|  | de this service only within their incorporated boundaries, and the county corporated areas. (If this box is checked, identify the government(s), ling the service.): |
|  | , attach a legible map delineating the service area of each service emment, authority, or other organization that will provide service within                        |
| 2. In developing the strategy, were of this service identified?  ☐ Yes ✓ No                      | e overlapping service areas, unnecessary competition and/or duplication  |

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

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

| 3. List each government or authority be funded (e.g., enterprise funds, taxes, franchise taxes, impact fees | iser fees, general funds, special serv   |   |
|---|--|---|
| Local Government or Authority:  | Funding  | g Method:   |
| Screven County  | General Fund   | Memori  |
| Section Seams,  | CG.I.G. I G.I.G  |   |
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| 4. How will the strategy change the the county?   | previous arrangements for providin   | g and/or funding this service within  |
| There are no plane to alter this as   | and a  | 225   |
| There are no plans to alter this se   | ervice.  |   |
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| 5. List any formal service delivery a implement the strategy for this se                                    |  | ntracts that will be used to  |
| Agreement Name:   | Contracting Parties:   | Effective and Ending Dates:   |
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|   |  | gy for this service (e.g., ordinances, etc.), and when will they take effect? |
| None  |  |   |
|   |  |   |
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|   |  |   |
|   |  | A 100 100 100 100 100 100 100 100 100 10                                      |
| 7. Person completing form: Rick Jorda   | n, County Manager  |   |
| Phone number: (912) 564-7535  | Date completed:  | 12/8/08   |
| Thene hamber.   | Bate completed.  |   |
| 8. Is this the person who should be government projects are consistent                                      | contacted by state agencies when event with the service delivery strategy  |   |
| If not, provide designated contact Alternate: Carter Crawford, City Manager,                                | person(s) and phone number(s) be<br>City of Sylvania, (912) 564-7411   | low:  |



### SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

PAGE 2

| *  |    |    |   |   |   |   |   |   |   |
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| S  | ake copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names ted on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at e bottom of the page) changes, this should be reported to the Department of Community Affairs. |
| 2  | ounty: Screven Service: Jail Services  |
|    | Check the box that best describes the agreed upon delivery arrangement for this service:   |
|    | Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):  Screven County   |
|    | Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):   |
|    | One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service:  |
|    | One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):   |
|    | Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.):   |
| 2. | . In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?  ☐ Yes ☑ No   |

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

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

|   | Funding   | Method:  |
|---|---|--|
| Local Government or Authority: creven County  | User Fees and General Fund  |  |
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| 4. How will the strategy change the protection the county?                                      | revious arrangements for providing                                  | g and/or funding this service within   |
| ail Services is now a County-wide   | service provided by Screven C                                       | `ounty   |
| all Services is flow a County-wide  | service provided by Screveri C                                      | Journey.   |
|   |   |  |
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| <ol><li>List any formal service delivery ag-<br/>implement the strategy for this serv</li></ol> |   | ntracts that will be used to   |
| Agreement Name:   | Contracting Parties:  | Effective and Ending Dates   |
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|   | ***************************************                             |  |
| 6. What other mechanisms (if any) we resolutions, local acts of the General                     |   |  |
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| resolutions, local acts of the Genera   |   |  |
| resolutions, local acts of the Genera   |   |  |
| resolutions, local acts of the Genera   |   |  |
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| resolutions, local acts of the Genera   | al Assembly, rate or fee changes, e                                 |  |
| resolutions, local acts of the Genera   | al Assembly, rate or fee changes, e                                 | etc.), and when will they take effec   |
| resolutions, local acts of the General None  7. Person completing form: Rick Jordan.            | County Manager  Date completed:  Ontacted by state agencies when ev | 12/8/08 raluating whether proposed local   |

3. List each government or authority that will help to pay for this service and indicate how the service will



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

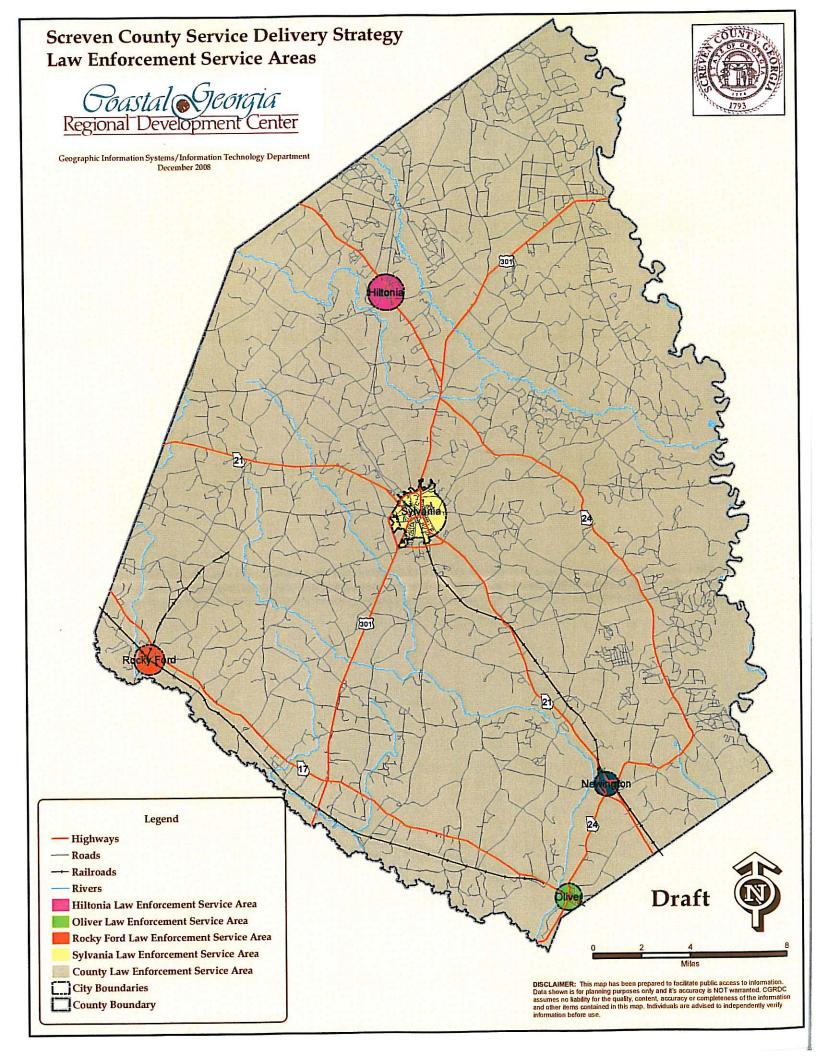
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| istructions:   |   |
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| sted on page 1. Answer each question below, atta   | each service listed on page 1, Section III. Use exactly the same service names aching additional pages as necessary. If the contact person for this service (listed at ported to the Department of Community Affairs. |
| County: Screven  | Service: Law Enforcement  |
| . Check the box that best describes the  | agreed upon delivery arrangement for this service:  |
| Service will be provided countywes service provider. (If this box is check service.):  | ide (i.e., including all cities and unincorporated areas) by a single ed, identify the government, authority or organization providing the  |
| Service will be provided only in the (If this box is checked, identify the go service.):   | the unincorporated portion of the county by a single service provider.  Exports overnment, authority or organization providing the  |
| will not be provided in unincorporate  | is service only within their incorporated boundaries, and the service d areas. (If this box is checked, identify the government(s), ne service:   |
| One or more cities will provide the will provide the service in unincorporauthority or organization providing the                                  | is service only within their incorporated boundaries, and the county rated areas. (If this box is checked, identify the government(s), ne service.):  |
| Other (If this box is checked, atta provider, and identify the governme each service area.):  Screven County, Cities of Sylvania and Oliver, Towns | ch a legible map delineating the service area of each service nt, authority, or other organization that will provide service within of Hiltonia, Newington and Rocky Ford   |
| <ol> <li>In developing the strategy, were over<br/>of this service identified?</li> <li>Yes ✓ No</li> </ol>  | rlapping service areas, unnecessary competition and/or duplication  |
| arrangement (i.e., overlapping but hig   | the strategy, attach an explanation for continuing the ther levels of service (See O.C.G.A. 36-70-24(1)), overriding that overlapping service areas or competition cannot be eliminated).                             |
| If there are divine will be eliminated to  | nder the strategy, attach an implementation schedule listing each   |

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 to be funded (e.g., enterprise funds, us taxes, franchise taxes, impact fees, | ser fees, general funds, special serv |   |
|--|---------------------------------------|---|
| Local Government or Authority:   | Funding                               | g Method:   |
| Screven County   | General Fund                          | , memou.  |
| Cities of Sylvania and Oliver  | General Funds                         |   |
| Towns of Hiltonia, Newington and Rocky Ford  | General Funds                         | 4 - 4-4   |
| Towns of time may the image of an a steeling to a  |                                       |   |
|  |                                       |   |
| 4. How will the strategy change the p the county?  | revious arrangements for providin     | g and/or funding this service within  |
| The Town of Rocky Ford now prov  | ides its own Law Enforcement          | services.   |
| 5. List any formal service delivery ag implement the strategy for this service.  Agreement Name:                   |                                       | ntracts that will be used to  Effective and Ending Dates:                     |
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|  |                                       |   |
|  |                                       | gy for this service (e.g., ordinances, etc.), and when will they take effect? |
| None   |                                       |   |
| 7. Person completing form: Rick Jordan,  | County Manager                        |   |
| Phone number: (912) 564-7535   | Date completed:                       | 12/8/08   |
| 8. Is this the person who should be congovernment projects are consistent  |                                       |   |
| If not, provide designated contact p  Alternate: Carter Crawford, City Manager, Ci                                 |                                       | low:  |

PAGE 2 (continued)





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

#### Instructions:

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

| Local Government or Authority:   | ·  | funding Method:  |
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| creven County  | General Fund   | 2  |
| ity of Sylvania  | General Fund   |  |
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| 4. How will the strategy change the the county?  | previous arrangements for p                                    | roviding and/or funding this service withir  |
| The Sylvania Branch of the Jenki<br>between the City of Sylvania and<br>according to the terms of the agre             | Screven County. Contrib  | ary will be funded under an agreement<br>ution levels are adjusted annually  |
| <ol> <li>List any formal service delivery a<br/>implement the strategy for this se</li> <li>Agreement Name:</li> </ol> | agreements or intergovernme<br>rvice:  Contracting Partie      | es: Effective and Ending Dates.  |
| Financial support of the Jenkins-Screven   | Screven County   | July 1, 1999 to June 30, 2049  |
| Regional Library   | City of Sylvania   |  |
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| 6. What other mechanisms (if any) resolutions, local acts of the Gen   | will be used to implement the<br>eral Assembly, rate or fee ch | e strategy for this service (e.g., ordinances<br>anges, etc.), and when will they take effec   |
| resolutions, local acts of the Gen   | will be used to implement the<br>eral Assembly, rate or fee ch | e strategy for this service (e.g., ordinances<br>anges, etc.), and when will they take effec   |
| resolutions, local acts of the Gen   | will be used to implement the<br>eral Assembly, rate or fee ch | e strategy for this service (e.g., ordinances anges, etc.), and when will they take effect   |
| resolutions, local acts of the Gen   | will be used to implement th<br>eral Assembly, rate or fee ch  | e strategy for this service (e.g., ordinances anges, etc.), and when will they take effect   |
| 6. What other mechanisms (if any) resolutions, local acts of the Gen-  | will be used to implement the eral Assembly, rate or fee ch    | e strategy for this service (e.g., ordinances anges, etc.), and when will they take effect   |
| resolutions, local acts of the Gen   | will be used to implement the<br>eral Assembly, rate or fee ch | e strategy for this service (e.g., ordinances anges, etc.), and when will they take effect   |
| resolutions, local acts of the Gen   | eral Assembly, rate or fee ch                                  | e strategy for this service (e.g., ordinances anges, etc.), and when will they take effect   |
| resolutions, local acts of the Gen- None  7. Person completing form: Rick Jord   | eral Assembly, rate or fee ch                                  | anges, etc.), and when will they take effec  |
| resolutions, local acts of the Gen-  | eral Assembly, rate or fee ch                                  | e strategy for this service (e.g., ordinances anges, etc.), and when will they take effective ef |
| 7. Person completing form: Rick Jord Phone number: (912) 564-7535  | an, County Manager  Date com                                   | anges, etc.), and when will they take effect appleted: 12/8/08  when evaluating whether proposed local   |

## INTERGOVERNMENTAL AGREEMENT BETWEEN SCREVEN COUNTY, GEORGIA

### AND

## THE CITY OF SYLVANIA, GEORGIA FOR THE

## FINANCIAL SUPPORT OF THE JENKINS-SCREVEN REGIONAL LIBRARY

WHEREAS, the respective member governments of Screven County (Board of Commissioners) and the City of Sylvania (Mayor and Council) have, pursuant to Georgia Laws and Acts, prepared and adopted a joint county-wide Comprehensive Plan and Service Delivery Strategy; and,

WHEREAS, the Comprehensive Plan, as duly amended, and Service Delivery Strategy was developed jointly and requires joint financial support of the Jenkins-Screven Regional Library (herein, the "Library") at a level to be determined annually by a joint resolution of the City and County; and,

WHEREAS, it is the intent of the respective governments party to this agreement to establish a means of determining their individual financial support of the Library, so as to meet both the requirements of law and the spirit of cooperation and coordination contemplated by the Georgia Service Delivery Act; and,

WHEREAS, the parties are authorized pursuant to the Intergovernmental Contracts provision of the Georgia Constitution, Article 9, Section III, Paragraph 1, to contract with each other for a period not exceeding fifty (50) years;

NOW, THEREFORE, for and in consideration of the mutual and reciprocal benefits enuring to each of the parties, the City of Sylvania, Georgia (herein, the "City") and Screven County, Georgia (herein, the "County") contract and agree as follows:

- 1. <u>Funding</u>. The total contribution of the parties to the Library shall be determined by a joint meeting of the governing bodies to be held in April of each year. For the current fiscal year, July 1, 1999, through June 30, 2000, the total financial support to the Library shall be \$169,976.00.
- 2. <u>Contribution of the Parties</u>. For the period beginning July 1, 1999, through June 30, 2000, the City shall contribute forty-one and 25/100 percent (41.25%) of the total contribution of the parties and the County shall contribute fifty-eight and 75/100 percent (58.75%).
- 3. Adjustment of Contribution Levels. Over the next four years, in as nearly equal increments as is practicable, the City's portion of the total support of the Library shall be

reduced as compared to the County's contribution so that in the County's fiscal year, beginning July 1, 2003, and ending June 30, 2004, and thereafter, the City's contribution is twenty-one percent (21%) of the total, or such other percentage as may be calculated, based upon more recent or accurate population data, by dividing the total population of the City by the total population of the County, and the result being expressed as a percentage.

- 4. Term. This agreement shall be effective as of July 1, 1999, and the initial term shall expire on June 30, 2004. Thereafter, the agreement shall automatically renew for successive one year periods unless terminated by either party in writing on or before March 31, 2004, or on or before March 31 in any subsequent year, which termination shall be effective for the succeeding fiscal year. In any event, this agreement shall terminate, if not sooner terminated. on June 30, 2049.
- 5. Merger. This writing constitutes the entire agreement by and between the parties regarding the funding of the Jenkins-Screven Regional Library. Amendment, additions or deletions shall be in writing and dated subsequent to this writing to be enforceable.
- 6. Severance. In the event a court of competent jurisdiction declares any part or parts of this agreement to be unlawful or unenforceable, such part or parts shall be severed from the agreement and the remaining part or parts shall remain enforceable in order to carry out the original purposes and intent of this agreement to the extent reasonably practicable.

IN WITNESS WHEREOF the undersigned parties have, by and through their duly designated officials, executed the same and affixed their seals on the \_\_\_\_\_ day of October, 1999.

Screven County, Georgia

By:

D. Hobson Parker, Chairman

Board of Commissioners

Phillips, County Clerk

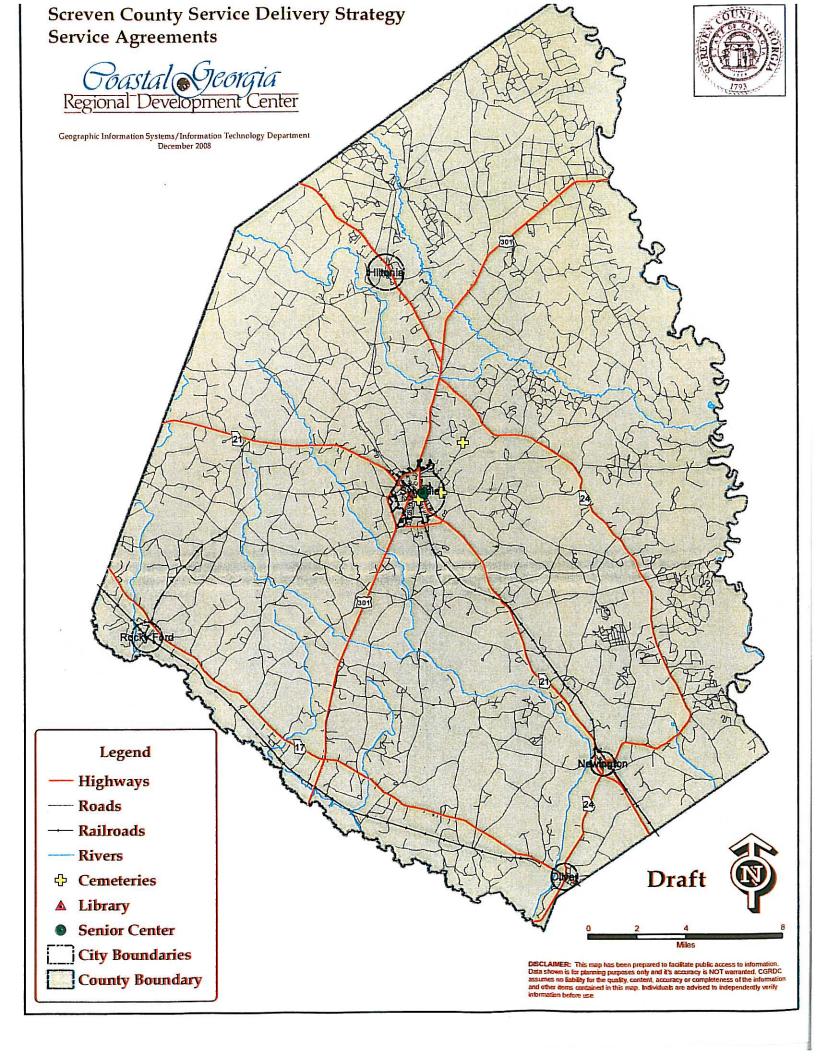
## The City of Sylvania, Georgia

Ву:

Carter Crawford, City Administrator

Attest:

Judy O. Hill City Clerk





### SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

PAGE 2

| - |   |   |    | 12    |    |  |
|---|---|---|----|-------|----|--|
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|   |   |   |    |       |    |  |

completing it.

| Make copies of this form and complete one for each listed on page 1. Answer each question below, attaching the bottom of the page) changes, this should be report |  |
|---|--|
| County: Screven   | Service: Planning and Zoning   |
| 1. Check the box that best describes the ag   | reed upon delivery arrangement for this service:   |
| Service will be provided countywide service provider. (If this box is checked, service.):   | (i.e., including all cities and unincorporated areas) by a single identify the government, authority or organization providing the   |
| Service will be provided only in the u<br>(If this box is checked, identify the gove<br>service.):  | unincorporated portion of the county by a single service provider runment, authority or organization providing the   |
| will not be provided in unincorporated a  | service only within their incorporated boundaries, and the service areas. (If this box is checked, identify the government(s), service:  |
| One or more cities will provide this swill provide the service in unincorporate authority or organization providing the   | service only within their incorporated boundaries, and the county ed areas. (If this box is checked, identify the government(s), service.):  |
| Other (If this box is checked, attach provider, and identify the government, each service area.):  Screven County, the City of Sylvania, and the Town of Ne       | a legible map delineating the service area of each service authority, or other organization that will provide service within   |
| <ol> <li>In developing the strategy, were overlar of this service identified?</li> <li>Yes ✓ No</li> </ol>  | pping service areas, unnecessary competition and/or duplication  |
| arrangement (i.e. overlapping but highe   | e strategy, attach an explanation for continuing the er levels of service (See O.C.G.A. 36-70-24(1)), overriding to overlapping service areas or competition cannot be eliminated) |

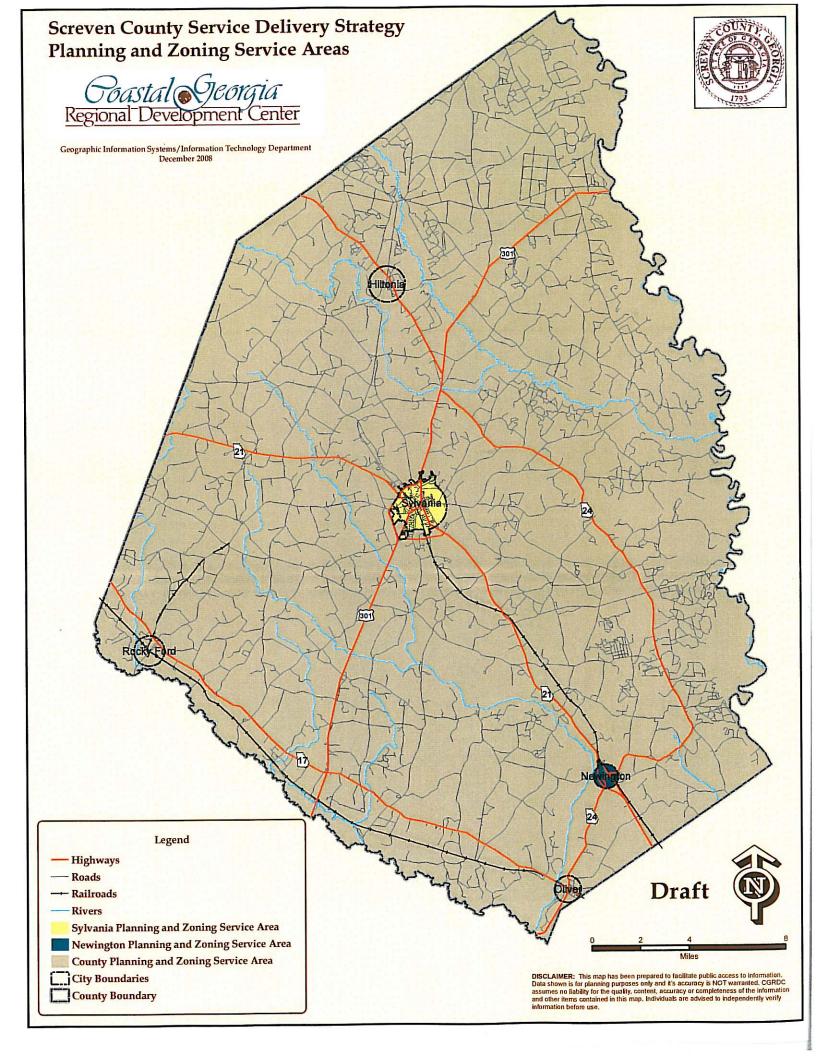
If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for

| taxes, Hallelinge taxes, imp   | act fees, bonded indebtedness, etc.).   |
|--|---|
| Local Government or Ai   | thority: Funding Method:  |
| creven County  | User Fees and General Fund  |
| ity of Sylvania  | User Fees and General Fund  |
| own of Newington   | General Fund  |
|  |   |
|  |   |
| 4. How will the strategy chathe county?  | nge the previous arrangements for providing and/or funding this service within  |
| There are no plans to alte   | this service.   |
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|  |   |
| implement the strategy for   | livery agreements or intergovernmental contracts that will be used to this service:   |
| A 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 be used to implement the strategy for this service (e.g., ordinance the General Assembly, rate or fee changes, etc.), and when will they take effective and Ending Dates  Effective and Ending Dates   |
| 6. What other mechanisms   | if any) will be used to implement the strategy for this service (e.g., ordinance)   |
| 6. What other mechanisms resolutions, local acts of  | if any) will be used to implement the strategy for this service (e.g., ordinance)   |
| 6. What other mechanisms resolutions, local acts of  | if any) will be used to implement the strategy for this service (e.g., ordinance)   |
| 6. What other mechanisms resolutions, local acts of  | if any) will be used to implement the strategy for this service (e.g., ordinance)   |
| 6. What other mechanisms resolutions, local acts of  | if any) will be used to implement the strategy for this service (e.g., ordinance)   |
| 6. What other mechanisms resolutions, local acts of None   | if any) will be used to implement the strategy for this service (e.g., ordinance) he General Assembly, rate or fee changes, etc.), and when will they take effect   |
| 6. What other mechanisms resolutions, local acts of None  7. Person completing form  | if any) will be used to implement the strategy for this service (e.g., ordinance) he General Assembly, rate or fee changes, etc.), and when will they take effective to the General Assembly and the strategy for this service (e.g., ordinance) he General Assembly, rate or fee changes, etc.), and when will they take effective to the strategy for this service (e.g., ordinance) he General Assembly, rate or fee changes, etc.), and when will they take effective to the strategy for this service (e.g., ordinance) he General Assembly, rate or fee changes, etc.), and when will they take effective to the strategy for this service (e.g., ordinance) he General Assembly, rate or fee changes, etc.), and when will they take effective to the strategy for this service (e.g., ordinance) he General Assembly, rate or fee changes, etc.), and when will they take effective to the strategy for this service (e.g., ordinance) he general Assembly, rate or fee changes, etc.), and when will they take effective to the strategy for this service (e.g., ordinance) he general Assembly for the strategy for this service (e.g., ordinance) he general Assembly for the strategy for this service (e.g., ordinance) he general Assembly for the strategy for this service (e.g., ordinance) he general Assembly for the strategy for this service (e.g., ordinance) he general Assembly for the strategy for this service (e.g., ordinance) he general Assembly for the strategy for this service (e.g., ordinance) he general Assembly for the service (e.g., ordinance) he general Assembly for this service (e.g., ordinance) he general Assembly for the service (e.g., ordinance) he general Assembly for |
| 6. What other mechanisms resolutions, local acts of None  7. Person completing form Phone number: (912) 564-75   | if any) will be used to implement the strategy for this service (e.g., ordinance) he General Assembly, rate or fee changes, etc.), and when will they take effect Rick Jordan, County Manager  Date completed: 12/8/08  |
| 6. What other mechanisms resolutions, local acts of None  7. Person completing form Phone number: (912) 564-75   | if any) will be used to implement the strategy for this service (e.g., ordinance) he General Assembly, rate or fee changes, etc.), and when will they take effective to the General Assembly and the strategy for this service (e.g., ordinance) he General Assembly, rate or fee changes, etc.), and when will they take effective to the strategy for this service (e.g., ordinance) he General Assembly, rate or fee changes, etc.), and when will they take effective to the strategy for this service (e.g., ordinance) he General Assembly, rate or fee changes, etc.), and when will they take effective to the strategy for this service (e.g., ordinance) he General Assembly, rate or fee changes, etc.), and when will they take effective to the strategy for this service (e.g., ordinance) he General Assembly, rate or fee changes, etc.), and when will they take effective to the strategy for this service (e.g., ordinance) he general Assembly, rate or fee changes, etc.), and when will they take effective to the strategy for this service (e.g., ordinance) he general Assembly for the strategy for this service (e.g., ordinance) he general Assembly for the strategy for this service (e.g., ordinance) he general Assembly for the strategy for this service (e.g., ordinance) he general Assembly for the strategy for this service (e.g., ordinance) he general Assembly for the strategy for this service (e.g., ordinance) he general Assembly for the strategy for this service (e.g., ordinance) he general Assembly for the service (e.g., ordinance) he general Assembly for this service (e.g., ordinance) he general Assembly for the service (e.g., ordinance) he general Assembly for |
| 6. What other mechanisms resolutions, local acts of None  7. Person completing form Phone number: (912) 564-75  8. Is this the person who sh government projects are | if any) will be used to implement the strategy for this service (e.g., ordinance) he General Assembly, rate or fee changes, etc.), and when will they take effect Rick Jordan, County Manager  Date completed: 12/8/08  pould be contacted by state agencies when evaluating whether proposed local   |

PAGE 2 (continued)

| 3. List each government or authority be funded (e.g., enterprise funds, u  | ser fees, general funds, special serv  | and indicate how the service will ice district revenues, hotel/motel          |
|--|--|---|
| taxes, franchise taxes, impact fees,   | bonded indebtedness, etc.).  |   |
| Local Government or Authority:   |  | Method:   |
| Screven County   | User Fees and General Fund   |   |
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| A CONTRACTOR OF THE CONTRACTOR |  | · · · · · · · · · · · · · · · · · · ·   |
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| 4. How will the strategy change the p<br>the county?   | previous arrangements for providing  | g and/or funding this service within  |
| There are no plans to alter this se  | rvice.   |   |
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| implement the strategy for this ser  Agreement Name:   | Contracting Parties:   | Effective and Ending Dates:   |
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| What other mechanisms (if any) versolutions, local acts of the General acts of th      | will be used to implement the strate<br>eral Assembly, rate or fee changes, or   | gy for this service (e.g., ordinances, etc.), and when will they take effect? |
| None   |  |   |
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| ,  |  |   |
| 7. Person completing form: Rick Jorda  | n, County Manager  |   |
| Phone number: (912) 564-7535   | Date completed:  | 12/8/08   |
| 8. Is this the person who should be government projects are consistent   | contacted by state agencies when event with the service delivery strategy  | valuating whether proposed local<br>? ☑Yes □No                                |
| If not, provide designated contact<br>Alternate: Carter Crawford, City Manager,  | t person(s) and phone number(s) be<br>City of Sylvania, (912) 564-7411   | low:  |
| 200 mm   |  |   |

PAGE 2 (continued)





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

Instructions:

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

| County: Screven   | Service: Public Sanitary Sewage  |
|---|--|
| 1. Check the box that best describes t  | he agreed upon delivery arrangement for this service:  |
| Service will be provided county service provider. (If this box is che service.):                        | wide (i.e., including all cities and unincorporated areas) by a single cked, identify the government, authority or organization providing the  |
|   | the unincorporated portion of the county by a single service provider, government, authority or organization providing the   |
| will not be provided in unincorpora   | this service only within their incorporated boundaries, and the service ated areas. (If this box is checked, identify the government(s), g the service:  Only of Sylvania, Towns of Hiltonia and Newington |
| One or more cities will provide will provide the service in unincorpauthority or organization providing | this service only within their incorporated boundaries, and the county porated areas. (If this box is checked, identify the government(s), g the service.):  |
| Other (If this box is checked, at provider, and identify the government service area.):                 | ttach a legible map delineating the service area of each service ment, authority, or other organization that will provide service within   |
| 2. In developing the strategy, were of this service identified?  ☐Yes ☑No                               | verlapping service areas, unnecessary competition and/or duplication   |
| If these conditions will continue und   | er the strategy, attach an explanation for continuing the  |

arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

| <ol> <li>List each government or authority to<br/>be funded (e.g., enterprise funds, us<br/>taxes, franchise taxes, impact fees,</li> </ol> | ser fees, general funds, special servi-                                       | and indicate how the service will<br>be district revenues, hotel/motel      |
|---|---|---|
| Local Government or Authority:  | Funding.  | Method:   |
| City of Sylvania  | User Fees and General Fund  |   |
| Town of Hiltonia  | User Fees and General Fund  |   |
| Town of Newington   | User Fees and General Fund  |   |
| Town of Newington   |   |   |
|   |   |   |
| How will the strategy change the p the county?  | revious arrangements for providing  | and/or funding this service within  |
| There are no plans to alter this ser  | vice.   |   |
| 5. List any formal service delivery ag implement the strategy for this ser  Agreement Name:   |   | tracts that will be used to  Effective and Ending Dates:                    |
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| 6. What other mechanisms (if any) v resolutions, local acts of the General  | vill be used to implement the strateg<br>ral Assembly, rate or fee changes, e | y for this service (e.g., ordinances, tc.), and when will they take effect? |
| None  |   |   |
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|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
| 7. Person completing form: Rick Jordan<br>Phone number: (912) 554-7535  | n, County Manager  Date completed:  | 12/8/08   |
| 8. Is this the person who should be o   |   | aluating whether proposed local   |
| If not, provide designated contact<br>Alternate: Carter Crawford, City Manager, C   | person(s) and phone number(s) belo<br>City of Sylvania, (912) 564-7411        | ow:   |



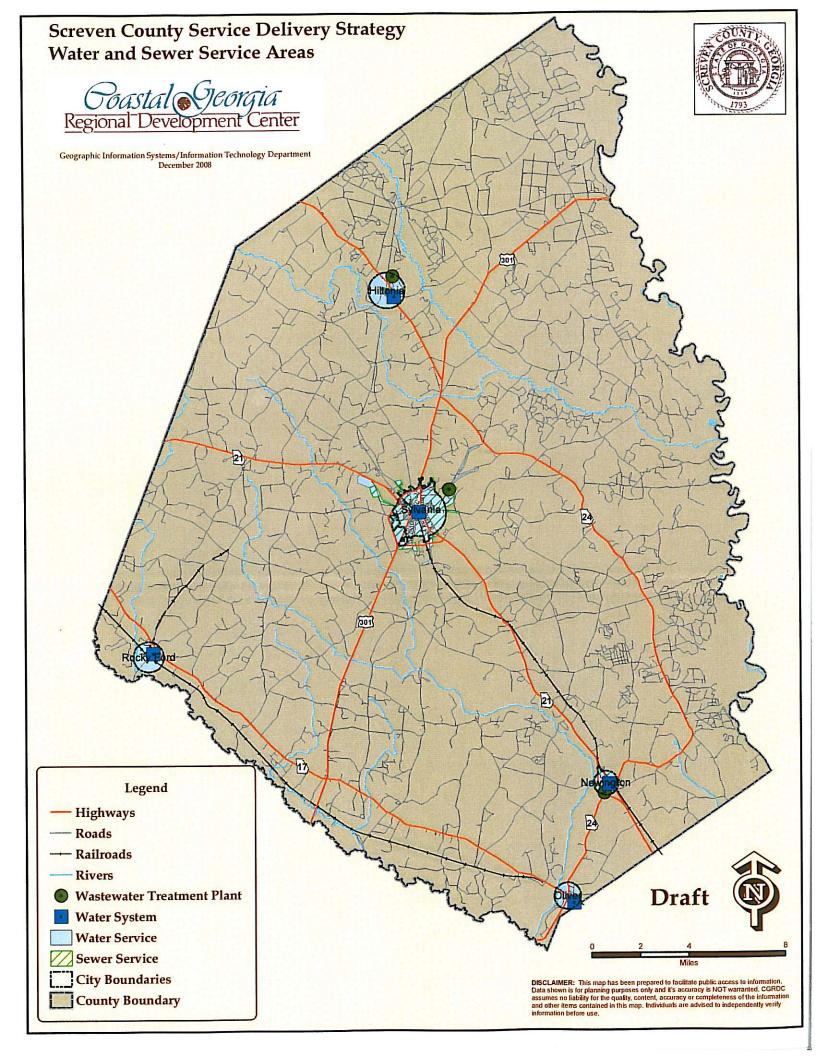
## SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE 2

#### Instructions:

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

| County: Screven   | Service: Public Water/Supply Treatment  |
|---|---|
| 1. Check the box that best describes  | the agreed upon delivery arrangement for this service:  |
| Service will be provided coun service provider. (If this box is ch service.):   | tywide (i.e., including all cities and unincorporated areas) by a single necked, identify the government, authority or organization providing the   |
| Service will be provided only (If this box is checked, identify the service.):  | in the unincorporated portion of the county by a single service provider ne government, authority or organization providing the   |
| will not be provided in unincorpo   | e this service only within their incorporated boundaries, and the service orated areas. (If this box is checked, identify the government(s), and the service:   |
| One or more cities will provid<br>will provide the service in unince<br>authority or organization providing                               | the this service only within their incorporated boundaries, and the county or properties areas. (If this box is checked, identify the government(s), and the service.):                               |
| Other (If this box is checked, a provider, and identify the governeach service area.):  Sylvania, Oliver, Newington, Hilltonia, Rocky For | attach a legible map delineating the service area of each service nment, authority, or other organization that will provide service within  |
| 2. In developing the strategy, were of this service identified?  ☐Yes ☑No   | overlapping service areas, unnecessary competition and/or duplication   |
| arrangement (i.e., overlapping but  | nder the strategy, attach an explanation for continuing the thigher levels of service (See O.C.G.A. 36-70-24(1)), overriding ons that overlapping service areas or competition cannot be eliminated). |
|   | ed under the strategy, attach an implementation schedule listing each   |

| 3. List each government or authority<br>be funded (e.g., enterprise funds, u<br>taxes, franchise taxes, impact fees,                           | ser fees, general funds, special servi  |   |
|--|---|---|
| taxes, francinse taxes, impact fees,   | bonded indebtedness, etc.).   |   |
| Local Government or Authority:   | Funding   | Method:   |
| City of Sylvania   | Enterprise Fund, User Fees  |   |
| City of Oliver   | Enterprise Fund, User Fees  | W-100-10-10-10-10-10-10-10-10-10-10-10-10                                   |
| Town of Newington  | Enterprise Fund, User Fees  |   |
| Town of Hiltonia   | Enterprise Fund, User Fees  |   |
| Town of Rocky Ford   | Enterprise Fund, User Fees  | 1702-170  |
| 4. How will the strategy change the p the county?  | previous arrangements for providing   | and/or funding this service within  |
| No change.   |   |   |
| 8  |   |   |
| Agreement Name:  | Contracting Parties:  | Effective and Ending Dates:   |
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| What other mechanisms (if any) v resolutions, local acts of the General None.  | vill be used to implement the strateg<br>ral Assembly, rate or fee changes, et  | y for this service (e.g., ordinances, tc.), and when will they take effect? |
| 7. Person completing form: Rick Jordan Phone number: (912) 564-7535  8. Is this the person who should be a government projects are consistent. | Date completed: _   | aluating whether proposed local   |
| If not, provide designated contact Alternate: Carter Crawford, City Manager, C   | person(s) and phone number(s) belo<br>city of Sylvania, (912) 564-7411  | ow:   |



## Screven County Service Delivery Strategy Water and Sewer Service Areas - Hiltonia 0.125 Coastal Cleorgia Regional Development Center Miles DISCLAIMER: This map has been prepared to facilitate public access to information. Data shown is for planning purposes only and it's accuracy is NOT warranted, CGRDC assumes no liability for the quality, content, accuracy or completeness of the information and other items contained in this map, individuals are advised to independently verify information before use. Draft Geographic Information Systems/Information Technology Department December 2008 Hiltonia Legend **Highways Water Service** Sewer Service Roads City Boundaries Railroads **County Boundary Rivers**

## Screven County Service Delivery Strategy Water and Sewer Service Areas - Newington



Geographic Information Systems/Information Technology Department

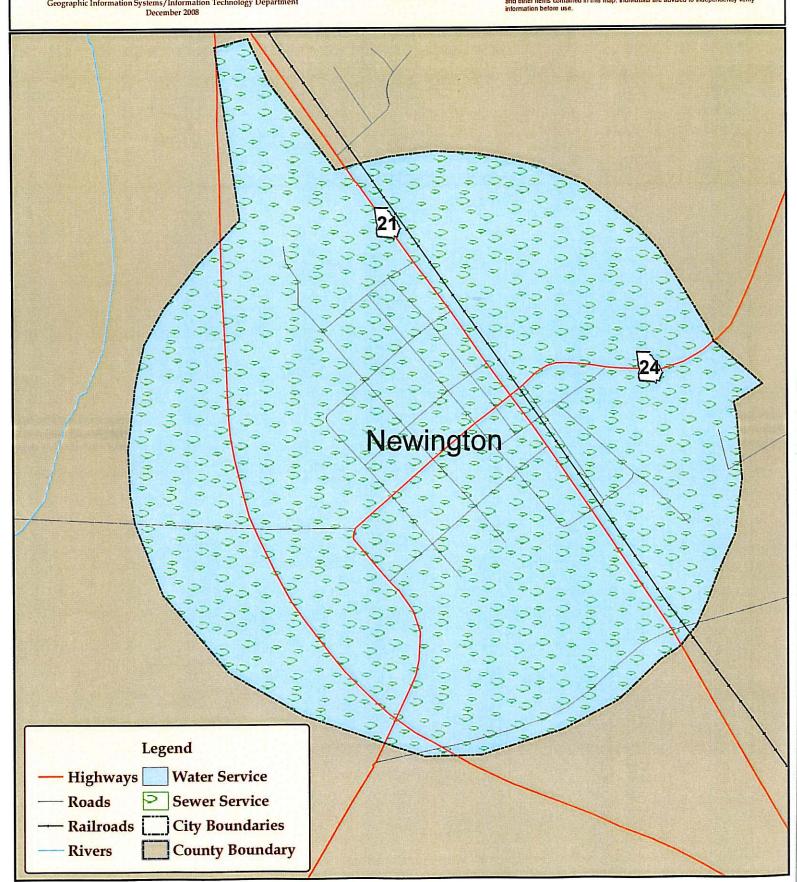






Draft

DISCLAIMER: This map has been prepared to facilitate public access to information. Data shown is for planning purposes only and it's accuracy is NOT warranted. CGRDC assumes no liability for the quality, content, accuracy or completeness of the information and other items contained in this map, Individuals are advised to independently verify



# Screven County Service Delivery Strategy Water and Sewer Service Areas - Oliver DISCLAIMER: This map has been prepared to facilitate public access to information. Data shown is for planning purposes only and it's accuracy is NOT warranted. GGRDC assumes no liability for the quality, content, accuracy or completeness of the information and other items contained in this map. Individuals are advised to independently verify Draft Geographic Information Systems/Information Technology Department December 2008 Oliver Legend Water Service **Highways** Sewer Service Roads City Boundaries Railroads **County Boundary** Rivers

# Screven County Service Delivery Strategy Water and Sewer Service Areas - Rocky Ford Regional Development Center DISCLAIMER: This map has been prepared to facilitate public access to information. Data shown is for planning purposes only and it's accuracy is NOT warranted, CGRDC assumes no liability for the quality, content, accuracy or completeness of the information and other items contained in this map, individuals are advised to independently verify information before use. Draft Geographic Information Systems/Information Technology Department December 2008 Rocky Ford Legend Highways Water Service Sewer Service Roads City Boundaries Railroads **County Boundary Rivers**

## Screven County Service Delivery Strategy Water and Sewer Service Areas - Sylvania



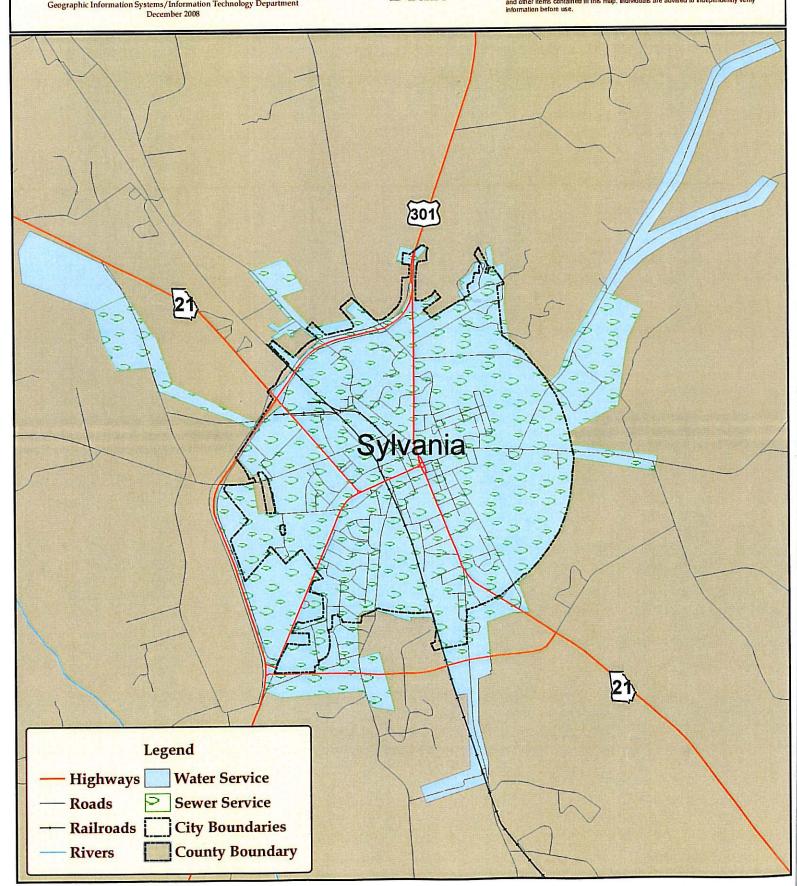
Geographic Information Systems/Information Technology Department





Draft

DISCLAIMER: This map has been prepared to facilitate public access to information. Data shown is for planning purposes only and it's accuracy is NOT warranted. CGRDC assumes no liability for the quality, content, accuracy or completeness of the information and other items contained in this map. Individuals are advised to independently verify





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

#### Instructions:

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

| e bottom of the  | page) changes, this should be reported to the Department of Community Affairs.  |
|--|---|
| ounty: Scree   | venService: Recreation  |
| Check the b  | box that best describes the agreed upon delivery arrangement for this service:  |
| service prov   | will be provided countywide (i.e., including all cities and unincorporated areas) by a single vider. (If this box is checked, identify the government, authority or organization providing the Greven County provides financial support/services of Recreation Department for all cities and unincorporated areas of County |
| Service (If this box service.):_                             | will be provided only in the unincorporated portion of the county by a single service provider is checked, identify the government, authority or organization providing the   |
| will not be  | nore cities will provide this service only within their incorporated boundaries, and the service provided in unincorporated areas. (If this box is checked, identify the government(s), r organization providing the service:   |
| will provid  | more cities will provide this service only within their incorporated boundaries, and the county e the service in unincorporated areas. (If this box is checked, identify the government(s), r organization providing the service.):   |
| Other (I provider, a each service                            | f this box is checked, attach a legible map delineating the service area of each service and identify the government, authority, or other organization that will provide service within the area.):   |
| . In develop<br>of this serv<br>\[\textstyle Yes \[\sigms]\] | oing the strategy, were overlapping service areas, unnecessary competition and/or duplication vice identified?  No  |
| rrangemen  | itions will continue under the strategy, attach an explanation for continuing the at (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding the duplication, or reasons that overlapping service areas or competition cannot be eliminated)   |
| f these cond<br>step or action<br>completing i               | litions will be eliminated under the strategy, attach an implementation schedule listing each in that will be taken to eliminate them, the responsible party and the agreed upon deadline for t.  |
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| Local Government or Authority:   | : Fundi   | ng Method:   |
|--|---|--|
| reven County   | General Fund, SPLOST  |  |
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| 4. How will the strategy change the the county?  | previous arrangements for providi                                   | ing and/or funding this service withi  |
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| he revised agreement absolves<br>screven County Recreation Depa  |   | nancial contributions to the   |
| creven County Necreation Depa  | artification.   | , s ·  |
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| 1 1 10 10 10 10 10 10 10 10 10 10 10 10  |   |  |
| 5. List any formal service delivery a  |   | ontracts that will be used to  |
| implement the strategy for this ser  | rvice:  |  |
| Agree and Manual   | Contracting Parties:  | Effective and Ending Dates   |
| Agreement Name: creven County Recreation Department  | Screven County/City of Sylvania                                     | May 13, 2003   |
| dieven eeding rediedlen bepariment   | Caracter, Coarrig, City of Cyrrains                                 |  |
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|  |   | tegy for this service (e.g., ordinance, etc.), and when will they take effec   |
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| resolutions, local acts of the Gene  |   |  |
| resolutions, local acts of the Gene  |   |  |
| resolutions, local acts of the Gene  |   |  |
| resolutions, local acts of the Gene  |   |  |
| resolutions, local acts of the Gene  | eral Assembly, rate or fee changes                                  |  |
| resolutions, local acts of the Gene  | eral Assembly, rate or fee changes                                  | , etc.), and when will they take effe  |
| 7. Person completing form: Rick Jordan Phone number: (912) 564-7535  8. Is this the person who should be                                     | eral Assembly, rate or fee changes  an, County Manager              | d: 12/8/08 evaluating whether proposed local   |
| 7. Person completing form: Rick Jordan Phone number: (912) 564-7535  8. Is this the person who should be a government projects are consister | an, County Manager  Date completed contacted by state agencies when | d: 12/8/08  evaluating whether proposed local ty? ✓ Yes □ No   |

3. List each government or authority that will help to pay for this service and indicate how the service will

PAGE 2 (continued)

#### GEORGIA, SCREVEN COUNTY

AMENDMENT TO INTERGOVERNMENTAL AGREEMENT
BETWEEN SCREVEN COUNTY, GEORGIA AND
THE CITY OF SYLVANIA, GEORGIA
FOR THE FINANCIAL SUPPORT OF THE
SCREVEN COUNTY RECREATION DEPARTMENT

#### WITNESSETH:

WHEREAS, Screven County, Georgia and the City of Sylvania, Georgia entered into an Intergovernmental Agreement For The Financial Support of the Screven County Recreation Department in October, 1999, a copy of which is attached hereto as Exhibit "A", and is made a part hereof; and

WHEREAS, the Screven County Board of Commissioners has determined that Screven County, Georgia shall take over the funding and operation of the Screven County Recreation Department; and

WHEREAS, as a result, the City of Sylvania shall no longer provide funding for the Screven County Recreation Department pursuant to the above-referenced agreement; and

WHEREAS, the parties are desirous of amending said agreement pursuant to O. C. G. A. § 36-70-28(b)(2) in order to terminate said agreement effective June 30, 2003.

NOW THEREFORE, for and in consideration of the mutual and reciprocal benefits flowing to each of the

parties hereto, the parties do contract and agree as follows:

-1-

Paragraph 4 of the Intergovernmental Agreement
Between Screven County, Georgia And The City of Sylvania,
Georgia For The Financial Support Of The Screven County
Recreation Department is hereby amended by deleting
Paragraph 4 in its entirety, and adding the following:

-4-

This agreement shall terminate effective June 30, 2003.

IN WITNESS WHEREOF, the undersigned parties have, by and through their duly designated officials, executed the same and affixed their seals on the \_\_\_\_\_\_ day of

MAY, 2003.

BY: GEORGIA

Chairman

ATTEST: County Glerk Manager

(SEAL)

Signed sealed and delivered in the presence of:

Unofficial Witness

Notary Public

My Commission Expires: 6-15-06

PAGE 3 - CONTINUATION OF SIGNATURES
AMENDMENT TO INTERGOVERNMENTAL AGREEMENT
BETWEEN SCREVEN COUNTY, GEORGIA, AND THE
CITY OF SYLVANIA, GEORGIA FOR THE FINANCIAL
SUPPORT OF THE SCREVEN COUNTY RECREATION DEPT.

BY:

CITY OF SYLVANIA, GEORGIA

BY:

City Manager

(SEAL)

Clerk

Signed, sealed and delivered

in the presence of:

Unofficial Witness

Notary Public

My Commission Expires:

My Commission Expires:

My Commission Expires

#### GEORGIA, SCREVEN COUNTY

RESOLUTION OF THE MAYOR AND COUNCIL OF THE CITY OF SYLVANIA TO AUTHORIZE EXECUTION OF CONTRACT AMENDING RECREATION CONTRACT WITH COUNTY

BE IT RESOLVED by the Mayor and Council of the City of Sylvania, Georgia, and it is hereby resolved by authority of the same, that the City Manager is authorized to execute that certain Amendment To The Intergovernmental Agreement Between Screven County, Georgia and The City of Sylvania, Georgia For The Financial Support Of the Screven County Recreation Department dated October, 1999, the effect of said Amendment being to terminate said Agreement effective June 30, 2003.

This 20 +4 day of \_\_\_\_\_\_, 2003.

CITY OF SYLVANIA, GEORGIA

Mayor

Clerk

(SEAL)

ATTEST:

Signed, sealed and delivered V

in the presence of:

Unofficial Witness

Notary Public, Screven County, Georgia My Commission Expires: My Commission Expires October 8, 2006

## INTERGOVERNMENTAL AGREEMENT BETWEEN SCREVEN COUNTY, GEORGIA

## AND

## THE CITY OF SYLVANIA, GEORGIA FOR THE

## FINANCIAL SUPPORT OF THE SCREVEN COUNTY RECREATION DEPARTMENT

WHEREAS, the respective member governments of Screven County (Board of Commissioners) and the City of Sylvania (Mayor and Council) have, pursuant to Georgia Laws and Acts, prepared and adopted a joint county-wide Comprehensive Plan and Service Delivery Strategy; and,

WHEREAS, the Comprehensive Plan, as duly amended, and Service Delivery Strategy were developed jointly and require joint financial support of the Screven County Recreation Department (herein, the "Recreation Department") at a level to be determined annually by a joint resolution of the City and County; and,

WHEREAS, it is the intent of the respective governments, as parties to this agreement, to establish a means of determining their individual financial support of the Recreation Department, so as to meet both the requirements of law and the spirit of cooperation and coordination contemplated by the Georgia Service Delivery Act; and,

WHEREAS, the parties are authorized pursuant to the Intergovernmental Contracts provision of the Georgia Constitution, Article 9, Section III, Paragraph 1, to contract with each other for a period not exceeding fifty (50) years;

NOW, THEREFORE, for and in consideration of the mutual and reciprocal benefits enuring to each of the parties, the City of Sylvania, Georgia (herein, the "City") and Screven County, Georgia (herein, the "County") contract and agree as follows:

- 1. <u>Funding</u>. The total contribution of the parties to the Recreation Department shall be determined by a joint meeting of the governing bodies to be held in April of each year. For the county's current fiscal year, beginning July 1, 1999, through June 30, 2000, the total financial support to the Recreation Department shall be \$236,521.00.
- 2. <u>Contribution of the Parties</u>. For the period beginning July 1, 1999, through June 30, 2000, the City shall contribute forty-six and five tenths percent (46.5%) of the total contribution of the parties and the County shall contribute fifty-three and five tenths percent (53.5%).

- 3. Adjustment of Contribution Levels. Over the next four years, in as nearly equal increments as is practicable, the City's portion of the total contribution shall be reduced as compared to the County's contribution so that in the County's fiscal year beginning July 1, 2003, and ending June 30, 2004, and thereafter, the City's contribution is twenty-one percent (21%) of the total, or such other percentage as may be calculated, based upon more recent or accurate population data, by dividing the total population of the City by the total population of the County, and the result being expressed as a percentage.
- 4. Term. This agreement shall be effective as of July 1, 1999, and the initial term shall expire on June 30, 2004. Thereafter, the agreement shall automatically renew for successive one year periods unless terminated by either party in writing on or before March 31, 2004, or on or before March 31 in any subsequent year, which termination shall be effective for the succeeding fiscal year. In any event, this agreement shall terminate, if not sooner terminated, on June 30, 2049.
- 5. Merger. This writing constitutes the entire agreement by and between the parties regarding the funding of the Screven County Recreation Department. Amendments, additions or deletions shall be in writing and dated subsequent to this writing to be enforceable.
- 6. Severance. In the event a court of competent jurisdiction declares any part or parts of this agreement to be unlawful or unenforceable, such part or parts shall be severed from the agreement and the remaining part or parts shall remain enforceable in order to carry out the original purposes and intent of this agreement to the extent reasonably practicable.

IN WITNESS WHEREOF the undersigned parties have, by and through their duly designated officials, executed the same and affixed their seals on the \_\_\_\_\_ day of October, 1999.

Screven County, Georgia

By:

D. Hobson Parker, Chairman

Board of Commissioners

os. County Clerk

SIGNATURES CONTINUE ON FOLLOWING PAGE

## The City of Sylvania, Georgia

By:

Carter Crawford, City Administrator

Attest:

Judy Ø. Hill, Øty Clerk



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

| Instructions:   |   |
|---|---|
| Make copies of this form and complete one for each s<br>listed on page 1. Answer each question below, attaching<br>the bottom of the page) changes, this should be reported                                     | ervice listed on page 1, Section III. Use exactly the same service names additional pages as necessary. If the contact person for this service (listed at to the Department of Community Affairs. |
| County: Screven   | Service: Roads, Streets, Bridge Construction  |
| 1. Check the box that best describes the agree  | ed upon delivery arrangement for this service:  |
| Service will be provided countywide (i. service provider. (If this box is checked, id service.):  | e., including all cities and unincorporated areas) by a single entify the government, authority or organization providing the   |
| Service will be provided only in the unit (If this box is checked, identify the government):  | ncorporated portion of the county by a single service provider, ment, authority or organization providing the   |
| One or more cities will provide this serv will not be provided in unincorporated area authority or organization providing the ser   | vice only within their incorporated boundaries, and the service as. (If this box is checked, identify the government(s), vice:  |
| One or more cities will provide this serv<br>will provide the service in unincorporated<br>authority or organization providing the ser<br>Screven County, Clifes of Sylvania and Oliver, Towns of Hiltonia, New |   |
| Other (If this box is checked, attach a l provider, and identify the government, au each service area.):  | egible map delineating the service area of each service thority, or other organization that will provide service within   |
| <ul><li>2. In developing the strategy, were overlappi of this service identified?</li><li>☐Yes ✓No</li></ul>  | ng service areas, unnecessary competition and/or duplication  |
| arrangement (i.e., overlapping but higher le  | rategy, attach an explanation for continuing the evels of service (See O.C.G.A. 36-70-24(1)), overriding verlapping service areas or competition cannot be eliminated).                           |
| If these conditions will be eliminated under step or action that will be taken to eliminate completing it.  | the strategy, <b>attach an implementation schedule</b> listing each them, the responsible party and the agreed upon deadline for  |

| 3. List each government or authority to be funded (e.g., enterprise funds, us taxes, franchise taxes, impact fees, | er fees, general funds, special ser  | ee and indicate how the service will<br>vice district revenues, hotel/motel  |
|--|--|--|
| Local Government or Authority:   | Fundin   | g Method:  |
| Screven County   | General Fund - SPLOST  | 8  |
| Cities of Sylvania and Oliver  | General Funds  | A 140 - 100  |
| Towns of Hiltonia, Newington and Rocky Ford  | General Funds  | A CONTRACTOR OF THE CONTRACTOR |
| Towns of Fillering, Novington and Nootly Far   |  |  |
|  |  | The second secon |
| How will the strategy change the p the county?   | revious arrangements for providin  | ng and/or funding this service within  |
| There are no plans to alter this ser   | vice.  |  |
| List any formal service delivery ag implement the strategy for this service.                                       |  | ontracts that will be used to  |
| 4  | Contracting Parties  | Effective and Ending Dates:  |
| Agreement Name:  | Contracting Parties:   | Lifective and Litting Dates.   |
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|  | The section of contrasts and the section of the sec |  |
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|  | ST Standarder -  |  |
| 6. What other mechanisms (if any) we resolutions, local acts of the General  | rill be used to implement the strat<br>al Assembly, rate or fee changes,   | egy for this service (e.g., ordinances, etc.), and when will they take effect?   |
| None   |  |  |
| 7. Person completing form: Rick Jordan Phone number: (912) 564-7535  | , County Manager  Date completed   | ; 12/8/08  |
| 8. Is this the person who should be c government projects are consistent   | ontacted by state agencies when e  | evaluating whether proposed local y? Yes No  |
| If not, provide designated contact<br>Alternate: Carter Crawford, City Manager, C                                  | 7  | elow:  |

PAGE 2 (continued)



### SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

PAGE 2

### Instructions:

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

| County: Screven  | Service: Roads, Streets and Bridge Maintenance  |
|--|---|
| 1. Check the box that best describes t   | he agreed upon delivery arrangement for this service:   |
| Service will be provided county service provider. (If this box is che service.):   | wide (i.e., including all cities and unincorporated areas) by a single cked, identify the government, authority or organization providing the           |
| Service will be provided only in (If this box is checked, identify the service.):  | the unincorporated portion of the county by a single service provider government, authority or organization providing the                               |
| will not be provided in unincorpora  | this service only within their incorporated boundaries, and the service ated areas. (If this box is checked, identify the government(s), g the service: |
| One or more cities will provide<br>will provide the service in unincor<br>authority or organization providing<br>Screven County, Clties of Sylvania and Oliver, Towns of |   |
| Other (If this box is checked, at provider, and identify the government each service area.):   | ttach a legible map delineating the service area of each service ment, authority, or other organization that will provide service within                |
| 2. In developing the strategy, were of this service identified?  ☐ Yes ✓ No  | verlapping service areas, unnecessary competition and/or duplication  |
| If these conditions will continue und  | er the strategy, attach an explanation for continuing the   |

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

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

| taxes, numerice tarres, impact rece,   | oonded indebtedness, etc.).  | ce district revenues, hotel/motel  |
|--|--|--|
| Local Government or Authority:   | Funding  | Method:  |
| Screven County   | General Fund   |  |
| Cities of Sylvania and Oliver  | General Funds  |  |
| Towns of Hiltonia, Newington and Rocky Ford  | General Funds  |  |
| Towns of Finding, Newington and Rooky Ford   | Constant Ends  |  |
|  |  |  |
| 4. How will the strategy change the protection the county?   | revious arrangements for providing   | and/or funding this service within   |
| There are no plans to alter this ser   |  |  |
| 5. List any formal service delivery ag implement the strategy for this service.  **Agreement Name:**   | vice:  Contracting Parties:  | Effective and Ending Dates:  |
|  | A STATE OF THE STA |  |
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|  | 44.000   | The second secon |
|  |  |  |
| 6. What other mechanisms (if any) w resolutions, local acts of the Gener   | rill be used to implement the strates<br>al Assembly, rate or fee changes, e   | gy for this service (e.g., ordinances, etc.), and when will they take effect?  |
| None   |  |  |
|  |  |  |
| 7. Person completing form: Rick Jordan Phone number: (912) 564-7535  8. Is this the person who should be c government projects are consistent. | Date completed:  | valuating whether proposed local   |

PAGE 2 (continued)



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

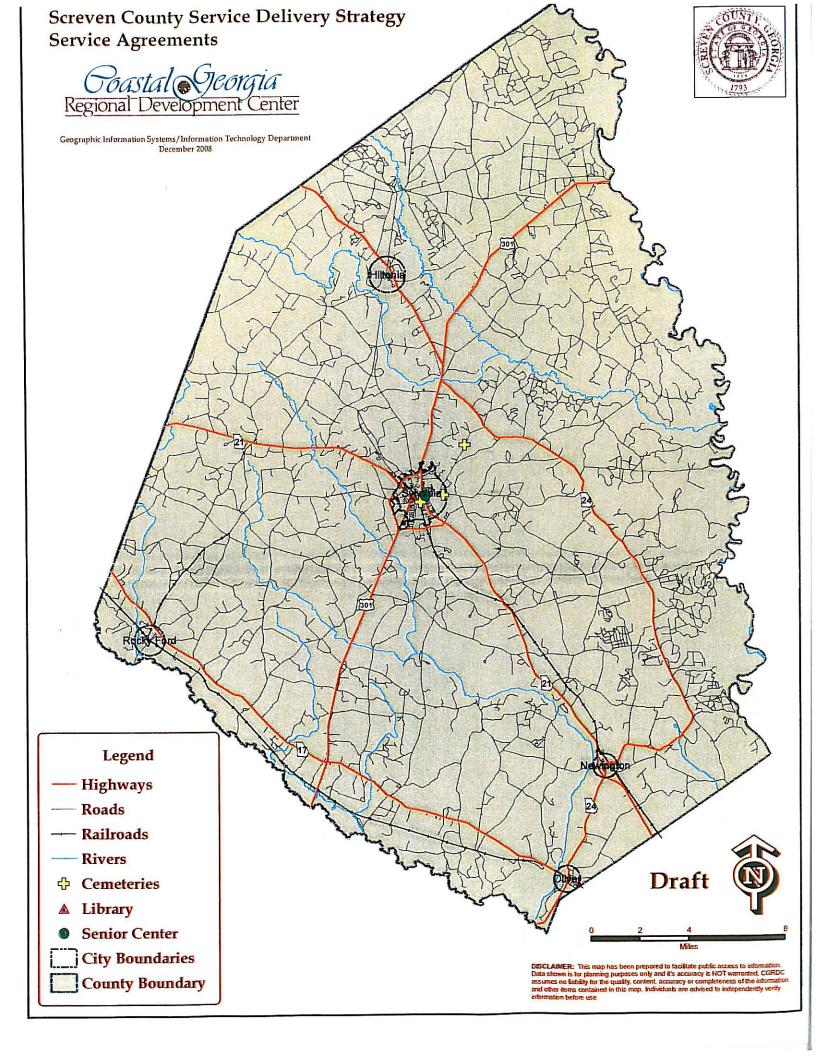
### Instructions:

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

| ounty: Screven  | Service: Senior Citizens Center   |
|---|---|
| Check the box that best describ   | es the agreed upon delivery arrangement for this service:   |
| Service will be provided conservice provider. (If this box is service.): Senior Citizens Center: Sylv | untywide (i.e., including all cities and unincorporated areas) by a single checked, identify the government, authority or organization providing the rania/Screven County                                   |
| Service will be provided onl (If this box is checked, identify service.):                             | y in the unincorporated portion of the county by a single service provider the government, authority or organization providing the  |
| will not be provided in unincor   | ide this service only within their incorporated boundaries, and the service porated areas. (If this box is checked, identify the government(s), ding the service:   |
| One or more cities will prov<br>will provide the service in unin<br>authority or organization provide | ride this service only within their incorporated boundaries, and the county acorporated areas. (If this box is checked, identify the government(s), ding the service.):                                     |
| Other (If this box is checked provider, and identify the gove each service area.):                    | d, attach a legible map delineating the service area of each service ernment, authority, or other organization that will provide service within   |
| . In developing the strategy, were of this service identified?  ☐ Yes ☑ No                            | re overlapping service areas, unnecessary competition and/or duplication  |
| rrangement (i.e., overlapping b   | under the strategy, attach an explanation for continuing the out higher levels of service (See O.C.G.A. 36-70-24(1)), overriding asons that overlapping service areas or competition cannot be eliminated). |
| tep or action that will be taken t  | nated under the strategy, attach an implementation schedule listing each o eliminate them, the responsible party and the agreed upon deadline for   |
| ompleting it.   |   |

| Local Government or Author                            |   | ding Method:   |
|---|---|--|
| creven County   | General Fund                            |  |
| ity of Sylvania                                       | General Fund                            |  |
|   |   |  |
|   |   |  |
| . How will the strategy change the county?            | the previous arrangements for provi     | ding and/or funding this service within  |
|   |   |  |
|   |   |  |
| Agreement Name: enior Citizens Center Service Agreeme | Contracting Parties:                    | Effective and Ending Dates:  |
| sillar chilzens denter dervice Agreeme                | The Screver County/City of Cytvaria     | Waldi 51, 2550   |
|   |   |  |
|   |   |  |
|   |   |  |
|   |   | rategy for this service (e.g., ordinances, es, etc.), and when will they take effect |
| resolutions, local acts of the C                      |   |  |
| 7. Person completing form:                            |   |  |
|   | Jordan, County Manager<br>Date complete | ed: 12/8/08  |

PAGE 2 (continued)



# INTERGOVERNMENTAL AGREEMENT BETWEEN SCREVEN COUNTY, GEORGIA AND THE CITY OF SYLVANIA, GEORGIA, FOR THE FINANCIAL SUPPORT OF THE SCREVEN COUNTY SENIOR CITIZENS CENTER

WHEREAS, the respective member governments of Screven County (Board of Commissioners) and the City of Sylvania (Mayor and Council) have, pursuant to Georgia Laws and Acts, prepared and adopted a joint county-wide Comprehensive Plan and Service Delivery Strategy; and

WHEREAS, the Comprehensive Plan, as duly amended, and Service Delivery Strategy was developed jointly and requires joint financial support of the Screven County Senior Citizens Center (herein, the "Center") at a level to be determined annually by a joint resolution of the City and County; and

WHEREAS, it is the intent of the respective governments party to this agreement to establish a means of determining their individual financial support of the Screven County Senior Citizens Center, so as to meet both the requirements of law and the spirit of cooperation and coordination contemplated by the Georgia Service Delivery Act; and

WHEREAS, each of the parties hereto are authorized under the Intergovernmental Contracts Provision of the Georgia Constitution, Article 9, Sec. III, Paragraph 1, to contract with each other for a period not exceeding fifty (50) years.

NOW THEREFORE, for and in consideration of the mutual and reciprocal benefits inuring to each of the parties hereto, the parties do contract and agree as follows:

- 1. Advisory Board. There shall be an Advisory Board established by the City and County consisting of members, one-half of which shall be appointed by the City, and one-half of which shall be appointed by the County, which members shall serve at the pleasure of the respective appointing governing bodies.
- 2. Funding. The total funding for the Center shall be determined by a joint meeting of the governing bodies to be held in October of each year. For the current fiscal year, July 1, 1999, through June 30, 2000, the total financial support to the Center shall be \$ 70,069.
- 3. Contribution of the Parties. For the period beginning July 1, 1999, through June 30, 2000, and for succeeding fiscal years during the term of this agreement,

and any renewals thereof, the City and County shall each contribute fifty per cent (50%) of the total funding for the Center.

- 4. Employees. All employees of the Screven County Senior Citizens Center shall be employees of the City, and shall be governed by the Personnel Resolution and Policies of the City.
- January 1, 1999, and the initial term shall expire December 31, 2003. Thereafter, the agreement shall automatically renew for successive one year periods unless terminated by either party in writing on or before March 31, 2003, or on or before March 31<sup>st</sup> in any subsequent year, which termination shall be effective for the succeeding fiscal year (July 1<sup>st</sup> through June 30<sup>th</sup>). In any event, this agreement shall terminate, if not sooner terminated, on December 31, 2048.
- 5. Merger. This writing constitutes the entire agreement by and between the parties regarding funding of the Center. In any amendment, additions or deletions shall be in writing, and dated subsequent to this writing to be enforceable.

In the event any Court of 6. Severance. competent jurisdiction declares any part or parts of this agreement to be unlawful or unenforceable, such parts or parts shall be severed from the agreement, and the remaining part or parts shall remain enforceable in order to carry out the original purposes and intent of this agreement to the extent reasonably practicable.

IN WITNESS WHEREOF, the undersigned parties have, by and through their duly designated officials, executed and affixed their seals effective as of the 1st day of April, 1999.

SCREVEN COUNTY, GEORGIA

D. Hobson Parker, Chairman

Board of Commissioners

ATTEST: 764

Betty Phillips, County Clerk

CITY OF SYLVANIA, GEORGIA

City Manager

ATTEST:



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

Instructions:

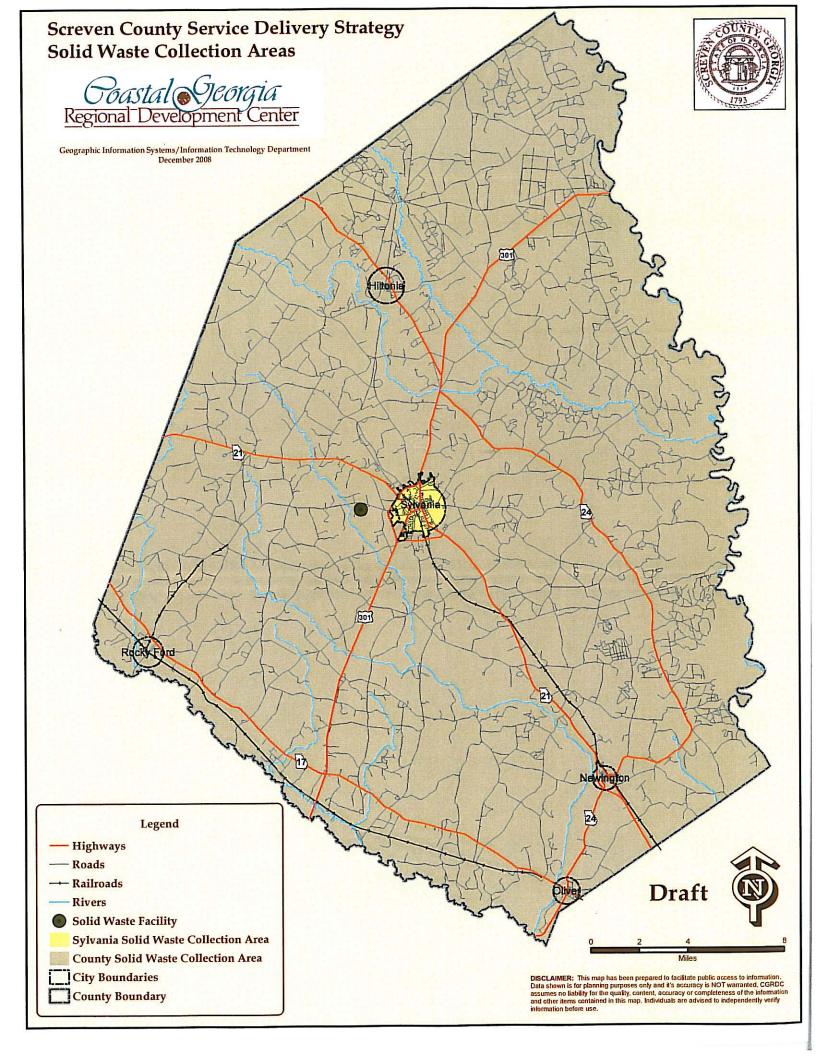
completing it.

| Make copies of this form and complete one for each listed on page 1. Answer each question below, attach the bottom of the page) changes, this should be report | ch service listed on page 1, Section III. Use exactly the same service names ing additional pages as necessary. If the contact person for this service (listed at ted to the Department of Community Affairs. |
|--|---|
| County: Screven  | Service: Solid Waste Collection   |
| 1. Check the box that best describes the ag  | reed upon delivery arrangement for this service:  |
|  | e (i.e., including all cities and unincorporated areas) by a single identify the government, authority or organization providing the  |
|  | unincorporated portion of the county by a single service provider ernment, authority or organization providing the  |
| will not be provided in unincorporated a   | service only within their incorporated boundaries, and the service areas. (If this box is checked, identify the government(s), service:   |
| One or more cities will provide this s<br>will provide the service in unincorporate<br>authority or organization providing the s                               | service only within their incorporated boundaries, and the county ed areas. (If this box is checked, identify the government(s), service.):   |
|  | a legible map delineating the service area of each service authority, or other organization that will provide service within  |
| 2. In developing the strategy, were overlap of this service identified?  ☐Yes ☑No  | pping service areas, unnecessary competition and/or duplication   |
| arrangement (i.e., overlapping but higher  | e strategy, attach an explanation for continuing the r levels of service (See O.C.G.A. 36-70-24(1)), overriding overlapping service areas or competition cannot be eliminated).                               |
|  | er the strategy, attach an implementation schedule listing each ate them, the responsible party and the agreed upon deadline for  |

| Local Government or Authority:  | Fundin  | g Method:  |
|---|---|--|
| creven County   | User Fees and General Fund  |  |
| ity of Sylvania   | User Fees and General Fund  |  |
|   |   | - A secretary and the secretar |
|   |   | 5.05.45.00   |
|   |   | ALCOHOLOGICA CONTRACTOR CONTRACTO |
| 4. How will the strategy change the p<br>the county?  | previous arrangements for providin  | g and/or funding this service withir   |
| here are no plans to alter this se  | rvice.  |  |
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| F. T  |   | ntroots that will be used to   |
| <ol><li>List any formal service delivery against implement the strategy for this ser</li></ol>                      |   | ntracts that will be used to   |
| implement the strategy for this ser   | vice.   |  |
| Agreement Name:   | Contracting Parties:  | Effective and Ending Dates.  |
| 11greement 1 tunet  | Community 1 and 10 and |  |
| A. Lewisses   | 2 (1) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2  |  |
|   |   |  |
| MAAA 19 19 19 19 19 19 19 19 19 19 19 19 19   |   |  |
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|   |   |  |
|   | will be used to implement the strate<br>ral Assembly, rate or fee changes,  |  |
| resolutions, local acts of the General  |   |  |
| resolutions, local acts of the General  |   |  |
| resolutions, local acts of the General  |   |  |
| 6. What other mechanisms (if any) verselutions, local acts of the General None                                      |   |  |
| resolutions, local acts of the General  |   |  |
| resolutions, local acts of the General None   | ral Assembly, rate or fee changes,  |  |
| resolutions, local acts of the General None  7. Person completing form: Rick Jordan                                 | ral Assembly, rate or fee changes,  | etc.), and when will they take effec   |
| resolutions, local acts of the General  | ral Assembly, rate or fee changes,  | etc.), and when will they take effec   |
| 7. Person completing form: Rick Jordan Phone number: (912) 564-7535  8. Is this the person who should be completed. | n, County Manager  Date completed:  | 12/8/08 valuating whether proposed local   |

3. List each government or authority that will help to pay for this service and indicate how the service will

PAGE 2 (continued)





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

completing it.

| Instructions:   |   |
|---|---|
| listed on page 1. Answer ea   | nd complete one for each service listed on page 1, Section III. Use exactly the same service names the question below, attaching additional pages as necessary. If the contact person for this service (listed at ages, this should be reported to the Department of Community Affairs. |
| County: Screven   | Service: Solid Waste Disposal   |
| 1. Check the box that   | pest describes the agreed upon delivery arrangement for this service:   |
| Service will be p<br>service provider. (If<br>service.): Screven Co | provided countywide (i.e., including all cities and unincorporated areas) by a single this box is checked, identify the government, authority or organization providing the unty  |
| Service will be p<br>(If this box is check<br>service.):            | rovided only in the unincorporated portion of the county by a single service provider. ed, identify the government, authority or organization providing the   |
| will not be provided  | es will provide this service only within their incorporated boundaries, and the service in unincorporated areas. (If this box is checked, identify the government(s), action providing the service:   |
| will provide the ser  | es will provide this service only within their incorporated boundaries, and the county vice in unincorporated areas. (If this box is checked, identify the government(s), cation providing the service.):   |
| Other (If this bo provider, and iden each service area.):           | x is checked, attach a legible map delineating the service area of each service tify the government, authority, or other organization that will provide service within  |
| 2. In developing the softhis service iden Yes No                    | trategy, were overlapping service areas, unnecessary competition and/or duplication ified?  |
| arrangement (i.e., o  | Ill continue under the strategy, attach an explanation for continuing the verlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding ation, or reasons that overlapping service areas or competition cannot be eliminated).   |
| If these conditions w<br>step or action that wi                     | ill be eliminated under the strategy, attach an implementation schedule listing each ll be taken to eliminate them, the responsible party and the agreed upon deadline for  |

| 3. List each government or authority t be funded (e.g., enterprise funds, us taxes, franchise taxes, impact fees,  | er fees, general funds, special serv   | and indicate how the service will<br>ice district revenues, hotel/motel       |
|--|--|---|
| 10 Test 10 Tes |  | Method:   |
| Local Government or Authority: Screven County  | User Fees, General Fund, SPLOST  | Memour  |
| A second  |  |   |
|  |  | 201   |
|  |  |   |
|  |  |   |
| 4. How will the strategy change the p the county?  | revious arrangements for providing   | g and/or funding this service within  |
| There are no plans to alter this ser   | vice.  |   |
|  |  |   |
|  |  |   |
| 5. List any formal service delivery ag implement the strategy for this service.  Agreement Name:   | vice:  Contracting Parties:  | Effective and Ending Dates:   |
|  |  |   |
|  | AMARIAN DE LA CONTRACTOR DE LA CONTRACTO |   |
| 3  | No. of the Control of |   |
|  |  |   |
| 6. What other mechanisms (if any) w resolutions, local acts of the General   | rill be used to implement the strate ral Assembly, rate or fee changes,  | gy for this service (e.g., ordinances, etc.), and when will they take effect? |
| None   |  | 4   |
|  |  |   |
|  |  |   |
| 7. Person completing form: Rick Jordan   | i, County Manager  | 10-20-  |
| Phone number: (912) 564-7535   | Date completed:  | 12/8/08   |
| 8. Is this the person who should be c government projects are consisten  | ontacted by state agencies when every twith the service delivery strategy  | valuating whether proposed local<br>? ☑Yes ☐No                                |
| If not, provide designated contact Alternate: Carter Crawford, City Manager, C   | person(s) and phone number(s) be<br>lity of Sylvania, (912) 564-7411   | low:  |



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

### Instructions:

lis th

| the bottom o | of the page) changes, this shoul   | ow, attaching additional pages as necessary. If the contact person for this service (listed at d be reported to the Department of Community Affairs.                 |
|--------------|--|--|
| County: _    | Screven  | Service: Tax Appraisal and Assessment  |
| 1. Check     |  | es the agreed upon delivery arrangement for this service:  |
| service      | vice will be provided cou<br>provider. (If this box is a<br>.): Screven County       | intywide (i.e., including all cities and unincorporated areas) by a single checked, identify the government, authority or organization providing the                 |
| (If this     | box is checked, identify   | in the unincorporated portion of the county by a single service provider the government, authority or organization providing the                                     |
| will no      | t be provided in unincorp  | de this service only within their incorporated boundaries, and the service porated areas. (If this box is checked, identify the government(s), ling the service:     |
| will pro     | or more cities will provi<br>ovide the service in uning<br>ty or organization provid | de this service only within their incorporated boundaries, and the county corporated areas. (If this box is checked, identify the government(s), ling the service.): |
| provid       | er (If this box is checked<br>ler, and identify the gove<br>ervice area.):           | , attach a legible map delineating the service area of each service rnment, authority, or other organization that will provide service within                        |
| of this      | eloping the strategy, were service identified?                                       | e overlapping service areas, unnecessary competition and/or duplication  |
| If these c   | conditions will continue ument (i.e., overlapping b                                  | under the strategy, attach an explanation for continuing the ut higher levels of service (See O.C.G.A. 36-70-24(1)), overriding                                      |

I benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

| Local Government or Authority:   | Funding   | Method:  |
|--|---|--|
| creven County  | General Fund  |  |
|  |   | and the second s |
|  |   |  |
| - Martine - Mart | <u> </u>  |  |
|  |   |  |
| 4. How will the strategy change the p<br>the county?   | revious arrangements for providin                                       | g and/or funding this service within   |
| Γhere are no plans to alter this ser   | vice.   |  |
|  |   |  |
| <ol> <li>List any formal service delivery ag<br/>implement the strategy for this service.</li> <li>Agreement Name:</li> </ol>  |   | Effective and Ending Dates:  |
| Agreement Frame.   |   |  |
|  |   |  |
|  |   |  |
|  |   | 100  |
|  |   |  |
|  |   |  |
| 6. What other mechanisms (if any) w resolutions, local acts of the Gener   | rill be used to implement the strate ral Assembly, rate or fee changes, | gy for this service (e.g., ordinances, etc.), and when will they take effect   |
| 6. What other mechanisms (if any) we resolutions, local acts of the General None   | rill be used to implement the strate ral Assembly, rate or fee changes, | gy for this service (e.g., ordinances, etc.), and when will they take effect   |
| resolutions, local acts of the Gener   | vill be used to implement the strate ral Assembly, rate or fee changes, | gy for this service (e.g., ordinances, etc.), and when will they take effect   |
| resolutions, local acts of the Gener   | ral Assembly, rate or fee changes,                                      | gy for this service (e.g., ordinances, etc.), and when will they take effect   |
| resolutions, local acts of the Gener   | ral Assembly, rate or fee changes,                                      | etc.), and when will they take effect  |
| 7. Person completing form: Rick Jordan Phone number: (912) 564-7535  8. Is this the person who should be completed.  | County Manager Date completed:  | 12/8/08 valuating whether proposed local   |



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

| listed on page 1. Answer each question b   | e one for each service listed on page 1, Section III. Use exactly the same service names below, attaching additional pages as necessary. If the contact person for this service (listed at bould be reported to the Department of Community Affairs. |
|--|--|
| County: Screven  | Service: Tax Collection  |
| 1. Check the box that best descri  | ibes the agreed upon delivery arrangement for this service:  |
| Service will be provided c service provider. (If this box i service.):   | ountywide (i.e., including all cities and unincorporated areas) by a single s checked, identify the government, authority or organization providing the  |
| Service will be provided or (If this box is checked, identification):  | nly in the unincorporated portion of the county by a single service provider.  fy the government, authority or organization providing the  |
| will not be provided in uninco   | ovide this service only within their incorporated boundaries, and the service orporated areas. (If this box is checked, identify the government(s), viding the service:  |
| One or more cities will prowill provide the service in unauthority or organization province County, Ottles of Sylvania and Oliver, |  |
| Other (If this box is check provider, and identify the go each service area.):   | ed, attach a legible map delineating the service area of each service vernment, authority, or other organization that will provide service within  |
| 2. In developing the strategy, w of this service identified?  ☐ Yes ✓ No   | ere overlapping service areas, unnecessary competition and/or duplication  |
| If these conditions will continu   | e under the strategy, attach an explanation for continuing the   |

arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

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

| Local Government or Authority:   |   | g Method:  |
|--|---|--|
| creven County  | General Fund  |  |
| ties of Sylvania and Oliver  | General Funds   | 1/4 (1/4)  |
| wns of Newington and Rocky Ford  | General Funds   |  |
|  |   |  |
| 4. How will the strategy change the the county?  | previous arrangements for providin  | g and/or funding this service within   |
| here are no plans to alter this se   | rvice.  |  |
| 5. List any formal service delivery a implement the strategy for this ser  |   | ntracts that will be used to   |
|  |   |  |
| 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 be used to implement the strate  | gy for this service (e.g., ordinances,                                       |
| 6. What other mechanisms (if any)  | will be used to implement the strate  |  |
| 6. What other mechanisms (if any) versolutions, local acts of the General  | will be used to implement the strate  | gy for this service (e.g., ordinances,                                       |
| 6. What other mechanisms (if any) versolutions, local acts of the General  | will be used to implement the strate  | gy for this service (e.g., ordinances,                                       |
| 6. What other mechanisms (if any) versolutions, local acts of the General None   | will be used to implement the strate ral Assembly, rate or fee changes,                                     | gy for this service (e.g., ordinances,                                       |
| 5. What other mechanisms (if any) or resolutions, local acts of the Gene   | will be used to implement the strate ral Assembly, rate or fee changes,                                     | gy for this service (e.g., ordinances, etc.), and when will they take effect |
| 6. What other mechanisms (if any) or resolutions, local acts of the General None  7. Person completing form: Rick Jorda Phone number: (912) 554-7535 | will be used to implement the strate ral Assembly, rate or fee changes,  n, County Manager  Date completed: | gy for this service (e.g., ordinances etc.), and when will they take effect  |

PAGE 2 (continued)



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

| Ir | ct | TI | 10 | ti. | n | n | C | • |
|----|----|----|----|-----|---|---|---|---|

of this service identified?

☐Yes ✓No

| ( | County: Screven  | Service: Voter Registration   |
|---|--|---|
| 1 | 1. Check the box that best describes th  | e agreed upon delivery arrangement for this service:  |
|   | service provider. (If this box is chec   | vide (i.e., including all cities and unincorporated areas) by a single ked, identify the government, authority or organization providing the            |
|   | Service will be provided only in a (If this box is checked, identify the service.):                        | the unincorporated portion of the county by a single service provider, government, authority or organization providing the                              |
|   | will not be provided in unincorporate  | his service only within their incorporated boundaries, and the service ted areas. (If this box is checked, identify the government(s), the service:     |
|   | One or more cities will provide t will provide the service in unincorp authority or organization providing | his service only within their incorporated boundaries, and the county orated areas. (If this box is checked, identify the government(s), the service.): |
|   | Other (If this box is checked, att provider, and identify the government each service area.):              | each a legible map delineating the service area of each service area, authority, or other organization that will provide service within                 |

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

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

| 3. List each government or authority<br>be funded (e.g., enterprise funds, u<br>taxes, franchise taxes, impact fees,  | ser fees, general funds, special serv   | and indicate how the service will<br>ice district revenues, hotel/motel       |
|---|---|---|
|   |   | Method:   |
| Local Government or Authority: Screven County   | General Fund  | Memou.  |
|   |   |   |
|   |   |   |
| Water Committee |   |   |
|   |   |   |
| 4. How will the strategy change the p<br>the county?  | previous arrangements for providing   | g and/or funding this service within  |
| There are no plans to alter this se   | rvice.  |   |
|   |   |   |
|   |   |   |
|   |   |   |
| 5. List any formal service delivery a   | greements or intergovernmental con  | ntracts that will be used to  |
| implement the strategy for this ser   | vice:   |   |
| Anna ann and Name as  | Contracting Parties:  | Effective and Ending Dates:   |
| Agreement Name:   | Contracting Turnes.   | Hy/centre and Smaring Dates.  |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
| 6. What other mechanisms (if any) versolutions, local acts of the General   | will be used to implement the strate<br>ral Assembly, rate or fee changes, or | gy for this service (e.g., ordinances, etc.), and when will they take effect? |
| None  |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
| 7. Person completing form: Rick Jorda   | n County Manager  |   |
| Phone number: (912) 564-7535  | Date completed:   | 12/8/08   |
|   | •   |   |
| 8. Is this the person who should be a government projects are consister   | contacted by state agencies when event with the service delivery strategy     | ? ✓Yes ☐No  |
| If not, provide designated contact<br>Alternate: Carter Crawford, City Manager, U   | person(s) and phone number(s) be<br>Dity of Sylvania, (912) 564-7411          | low:  |
|   |   |   |

### SERVICE DELIVERY STRATEGY SUMMARY OF LAND USE AGREEMENTS

PAGE 3

| Inc | ++1 | int | in | nc |
|-----|-----|-----|----|----|

Answer each question below, attaching additional pages as necessary. Please note that any changes to the answers provided will require updating of the service delivery strategy. If the contact person for this service (listed at the bottom of this page) changes, this should be reported to the Department of Community Affairs.

| County: Screven  |   |
|--|---|
| 1. What incompatibilities or conflicts between the land use plans of local governments service delivery strategy?  | s were identified in the process of developing the  |
| There are none.  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
| 2. Check the boxes indicating how these incompatibilities or conflicts were addressed  | 1:  |
| <ul> <li>□ amendments to existing comprehensive plans</li> <li>□ adoption of a joint comprehensive plan</li> <li>□ other measures (amend zoning ordinances, add environmental regulations, etc.</li> </ul>                     | Note: If the necessary plan amendments, regulations, ordinances, etc. have not yet been formally adopted, indicate when each of the affected local governments will adopt them. |
| If "other measures" was checked, describe these measures:  |   |
| N/A  |   |
|  |   |
|  |   |
|  |   |
| Summarize the process that will be used to resolve disputes when a county disagre areas to be annexed into a city. If the conflict resolution process will vary for different conflict resolution process.                     | es with the proposed land use classification(s) for erent cities in the county, summarize each process.   |
| The Service Delivery Strategy Dispute Resolution Process Agreements; whand the Cities of Sylvania and Oliver, as well as the Towns of Hiltonia, New July 1, 1998; remain in effect.  | nich were signed between Screven County<br>vington and Rocky Ford, respectively, on   |
| Copies of the Agreements are attached.   | ,   |
| 4. What policies, procedures and/or processes have been established by local government that new extraterritorial water and sewer service will be consistent with all applicable.  | nments (and water and sewer authorities) to ensure e land use plans and ordinances?   |
| The Service Delivery Strategy Dispute Resolution Process Extra Territorial which were signed between Screven County and the Cities of Sylvania and Newington and Rocky Ford, respectively, on April 6, 1999; remain in effect. | l Oliver, as well as the Towns of Hiltonia,   |
| Copies of the Agreements are attached.   |   |
| 5. Person completing form: Rick Jordan, County Manager   |   |
| Phone number: (912) 564-7535 Date completed: 12  | /8/08   |
|  |   |
| 6. Is this the person who should be contacted by state agencies when evaluating whe consistent with land use plans of applicable jurisdictions?   ✓ Yes □ No   | uner proposed tocat government projects are   |
| If not, provide designated contact person(s) and phone number(s) below:<br>Alternate: Carter Crawford, Sylvania City Manager, (912) 564-7411   |   |

### SERVICE DELIVERY STRATEGY DISPUTE RESOLUTION PROCESS

The city of HILTONIA and SCREVEN County hereby agree to implement the following process for resolving land use disputes over annexation, effective July 1, 1998.

1. Prior to initiating any formal annexation activities, the City will notify the county government of a proposed annexation and provide information on location of property, size of area, and proposed land use of zoning classification(s) (if applicable) of the property upon annexation.

Within 30 working days following receipt of the above information, the county will forward to the city a statement either: (a) indicating that the county has no objection to the proposed land use for the property: of (b) describing its bona fide objection(s) to the city's proposed land use classification, providing supporting information, and listing any possible stipulations or conditions that would alleviate the county's objection(s).

- 2. If the county has no objection to the city's proposed land use of zoning classification, the city is free to proceed with the annexation. The city agrees to not propose a land use or zoning change on the property for 12 months from the day the annexation becomes effective. If the county fails to respond to the city's notice in writing within the deadline, the city is free to proceed with the annexation and the county loses its right to invoke the dispute resolution process, stop the annexation or object to land use changes after annexation.
- 3. If the County notifies the city that it has a bona fide land use classification objection(s), the city will respond to the county in writing within 30 working days of receiving the county's objection(s) by either: (a) agreeing to implement the county's stipulations and conditions and thereby resolving the county's objection(s); (b) agreeing with the county and stopping action on the proposed annexation; (c) disagreeing that the county's objection(s) are bona fide and notifying the county that the city will seek a declaratory judgement in count; or (d) initiating a 30-day (maximum) mediation process to discuss possible compromises.
- 4. If the city initiates mediation, the city and county will agree on a mediator, mediation schedule and determine participants in the mediation. The city and county agrees to share equally any costs associated with the mediation.
- 5. If no resolution of the county's *bona fide* land use classification objections(s) results from the mediation, the city will not proceed with the proposed annexation.

6. If the city and county reach agreement as described in step 3(a) or as a result of the mediation, they will draft an annexation agreement for execution of the city and county governments and the property owner(s).

Regardless of future changes in land use or zoning classification, any site-specific mitigation or enhancement measures or site-design stipulations included in the agreement will be binding on all parties for the duration of the annexation agreement. the agreement shall become final when signed by the city, county and the property owners(s).

This annexation dispute resolution agreement shall remain in force and effect until amended by agreement of each party or unless otherwise terminated by operation of law.

Attest

Authorized Representative the City of Hiltonia

Betty S. Philips

Authorized Representative of Screven County

## SERVICE DELIVERY STRATEGY DISPUTE RESOLUTION PROCESS

The city of Rocky Ford and SCREVEN County hereby agree to implement the following process for resolving land use disputes over annexation, effective July 1, 1998.

1. Prior to initiating any formal annexation activities, the City will notify the county government of a proposed annexation and provide information on location of property, size of area, and proposed land use of zoning classification(s) (if applicable) of the property upon annexation.

Within 30 working days following receipt of the above information, the county will forward to the city a statement either: (a) indicating that the county has no objection to the proposed land use for the property: of (b) describing its bona fide objection(s) to the city's proposed land use classification, providing supporting information, and listing any possible stipulations or conditions that would alleviate the county's objection(s).

- 2. If the county has no objection to the city's proposed land use of zoning classification, the city is free to proceed with the annexation. The city agrees to not propose a land use or zoning change on the property for 12 months from the day the annexation becomes effective. If the county fails to respond to the city's notice in writing within the deadline, the city is free to proceed with the annexation and the county loses its right to invoke the dispute resolution process, stop the annexation or object to land use changes after annexation.
- 3. If the County notifies the city that it has a bona fide land use classification objection(s), the city will respond to the county in writing within 30 working days of receiving the county's objection(s) by either: (a) agreeing to implement the county's stipulations and conditions and thereby resolving the county's objection(s); (b) agreeing with the county and stopping action on the proposed annexation; (c) disagreeing that the county's objection(s) are bona fide and notifying the county that the city will seek a declaratory judgement in count; or (d) initiating a 30-day (maximum) mediation process to discuss possible compromises.
- 4. If the city initiates mediation, the city and county will agree on a mediator, mediation schedule and determine participants in the mediation. The city and county agrees to share equally any costs associated with the mediation.
- 5. If no resolution of the county's *bona fide* land use classification objections(s) results from the mediation, the city will not proceed with the proposed annexation.

6. If the city and county reach agreement as described in step 3(a) or as a result of the mediation, they will draft an annexation agreement for execution of the city and county governments and the property owner(s).

Regardless of future changes in land use or zoning classification, any site-specific mitigation or enhancement measures or site-design stipulations included in the agreement will be binding on all parties for the duration of the annexation agreement. the agreement shall become final when signed by the city, county and the property owners(s).

This annexation dispute resolution agreement shall remain in force and effect until amended by agreement of each party or unless otherwise terminated by operation of law.

Attest

Betty & Philips

Authorized Representative the City of Rocky Ford

Authorized Representative of Screven County

# SERVICE DELIVERY STRATEGY DISPUTE RESOLUTION PROCESS

The city of NEWINGTON and SCREVEN County hereby agree to implement the following process for resolving land use disputes over annexation, effective July 1, 1998.

1. Prior to initiating any formal annexation activities, the City will notify the county government of a proposed annexation and provide information on location of property, size of area, and proposed land use of zoning classification(s) (if applicable) of the property upon annexation.

Within 30 working days following receipt of the above information, the county will forward to the city a statement either: (a) indicating that the county has no objection to the proposed land use for the property: of (b) describing its bona fide objection(s) to the city's proposed land use classification, providing supporting information, and listing any possible stipulations or conditions that would alleviate the county's objection(s).

- 2. If the county has no objection to the city's proposed land use of zoning classification, the city is free to proceed with the annexation. The city agrees to not propose a land use or zoning change on the property for 12 months from the day the annexation becomes effective. If the county fails to respond to the city's notice in writing within the deadline, the city is free to proceed with the annexation and the county loses its right to invoke the dispute resolution process, stop the annexation or object to land use changes after annexation.
- 3. If the County notifies the city that it has a bona fide land use classification objection(s), the city will respond to the county in writing within 30 working days of receiving the county's objection(s) by either: (a) agreeing to implement the county's stipulations and conditions and thereby resolving the county's objection(s); (b) agreeing with the county and stopping action on the proposed annexation; (c) disagreeing that the county's objection(s) are bona fide and notifying the county that the city will seek a declaratory judgement in count; or (d) initiating a 30-day (maximum) mediation process to discuss possible compromises.
- 4. If the city initiates mediation, the city and county will agree on a mediator, mediation schedule and determine participants in the mediation. The city and county agrees to share equally any costs associated with the mediation.
- 5. If no resolution of the county's *bona fide* land use classification objections(s) results from the mediation, the city will not proceed with the proposed annexation.

6. If the city and county reach agreement as described in step 3(a) or as a result of the mediation, they will draft an annexation agreement for execution of the city and county governments and the property owner(s).

Regardless of future changes in land use or zoning classification, any site-specific mitigation or enhancement measures or site-design stipulations included in the agreement will be binding on all parties for the duration of the annexation agreement. the agreement shall become final when signed by the city, county and the property owners(s).

This annexation dispute resolution agreement shall remain in force and effect until amended by agreement of each party or unless otherwise terminated by operation of law.

Attest

A Donatti Krene Parkeni

Attest

Betty D. Philips

Authorized Representative of Screven County

Authorized Representative the City of Newington

# SERVICE DELIVERY STRATEGY DISPUTE RESOLUTION PROCESS

The city of SYLVANIA and SCREVEN County hereby agree to implement the following process for resolving land use disputes over annexation, effective July 1, 1998.

1. Prior to initiating any formal annexation activities, the City will notify the county government of a proposed annexation and provide information on location of property, size of area, and proposed land use of zoning classification(s) (if applicable) of the property upon annexation.

Within 30 working days following receipt of the above information, the county will forward to the city a statement either: (a) indicating that the county has no objection to the proposed land use for the property: of (b) describing its bona fide objection(s) to the city's proposed land use classification, providing supporting information, and listing any possible stipulations or conditions that would alleviate the county's objection(s).

- 2. If the county has no objection to the city's proposed land use of zoning classification, the city is free to proceed with the annexation. The city agrees to not propose a land use or zoning change on the property for 12 months from the day the annexation becomes effective. If the county fails to respond to the city's notice in writing within the deadline, the city is free to proceed with the annexation and the county loses its right to invoke the dispute resolution process, stop the annexation or object to land use changes after annexation.
- 3. If the County notifies the city that it has a bona fide land use classification objection(s), the city will respond to the county in writing within 30 working days of receiving the county's objection(s) by either: (a) agreeing to implement the county's stipulations and conditions and thereby resolving the county's objection(s); (b) agreeing with the county and stopping action on the proposed annexation; (c) disagreeing that the county's objection(s) are bona fide and notifying the county that the city will seek a declaratory judgement in count; or (d) initiating a 30-day (maximum) mediation process to discuss possible compromises.
- 4. If the city initiates mediation, the city and county will agree on a mediator, mediation schedule and determine participants in the mediation. The city and county agrees to share equally any costs associated with the mediation.
- 5. If no resolution of the county's *bona fide* land use classification objections(s) results from the mediation, the city will not proceed with the proposed annexation.

6. If the city and county reach agreement as described in step 3(a) or as a result of the mediation, they will draft an annexation agreement for execution of the city and county governments and the property owner(s).

Regardless of future changes in land use or zoning classification, any site-specific mitigation or enhancement measures or site-design stipulations included in the agreement will be binding on all parties for the duration of the annexation agreement. the agreement shall become final when signed by the city, county and the property owners(s).

This annexation dispute resolution agreement shall remain in force and effect until amended by agreement of each party or unless otherwise terminated by operation of law.

Attest

Authorized Representative, City of Sylvania

Detty A. Therips

Authorized Representative of Screven County

# SERVICE DELIVERY STRATEGY DISPUTE RESOLUTION PROCESS

The city of OLIVER and SCREVEN County hereby agree to implement the following process for resolving land use disputes over annexation, effective July 1, 1998.

1. Prior to initiating any formal annexation activities, the City will notify the county government of a proposed annexation and provide information on location of property, size of area, and proposed land use of zoning classification(s) (if applicable) of the property upon annexation.

Within 30 working days following receipt of the above information, the county will forward to the city a statement either: (a) indicating that the county has no objection to the proposed land use for the property: of (b) describing its bona fide objection(s) to the city's proposed land use classification, providing supporting information, and listing any possible stipulations or conditions that would alleviate the county's objection(s).

- 2. If the county has no objection to the city's proposed land use of zoning classification, the city is free to proceed with the annexation. The city agrees to not propose a land use or zoning change on the property for 12 months from the day the annexation becomes effective. If the county fails to respond to the city's notice in writing within the deadline, the city is free to proceed with the annexation and the county loses its right to invoke the dispute resolution process, stop the annexation or object to land use changes after annexation.
- 3. If the County notifies the city that it has a bona fide land use classification objection(s), the city will respond to the county in writing within 30 working days of receiving the county's objection(s) by either: (a) agreeing to implement the county's stipulations and conditions and thereby resolving the county's objection(s); (b) agreeing with the county and stopping action on the proposed annexation; (c) disagreeing that the county's objection(s) are bona fide and notifying the county that the city will seek a declaratory judgement in count; or (d) initiating a 30-day (maximum) mediation process to discuss possible compromises.
- 4. If the city initiates mediation, the city and county will agree on a mediator, mediation schedule and determine participants in the mediation. The city and county agrees to share equally any costs associated with the mediation.
- 5. If no resolution of the county's *bona fide* land use classification objections(s) results from the mediation, the city will not proceed with the proposed annexation.

6. If the city and county reach agreement as described in step 3(a) or as a result of the mediation, they will draft an annexation agreement for execution of the city and county governments and the property owner(s).

Regardless of future changes in land use or zoning classification, any site-specific mitigation or enhancement measures or site-design stipulations included in the agreement will be binding on all parties for the duration of the annexation agreement. the agreement shall become final when signed by the city, county and the property owners(s).

This annexation dispute resolution agreement shall remain in force and effect until amended by agreement of each party or unless otherwise terminated by operation of law.

Gloria Pittman

Authorized Representative, City of Oliver

Betty S. Fillips

Authorized Representative of Screven County

The City of Sylvania and Screven County hereby agree to implement the following process for resolving disputes concerning water/sewer services outside the City's boundaries, effective April 6, 1999.

- 1. If the County believes that the water/sewer fees that are charged to customers outside the geographic boundaries of the City are arbitrary and unreasonable, the County will notify the City in writing to produce evidence that its water/sewer rates to the customers outside the City limits are justified. Within 30 working days following receipt of the County's notice, the City will show in writing, justification of the rate differential.
- 2. If the County is not satisfied with the City's response, then a qualified engineer will be hired to prepare a rate study of the water/sewer rates. The City and County agree to share equally any costs associated with the Engineering
- 3. If either the City or the County are not satisfied with the results of the Engineering water/sewer rate study, then either party may initiate mediation. The City and County will agree on a mediator, medication schedule and determine participants in the mediation. The City and County agrees to share equally any costs associated with mediation.
- 4. If mediation is unsuccessful, the disputing local government may challenge the arbitrary rate differential in a court of law.
- 5. A proposal to extend extra territorial water/sewer service shall not be implemented until any bona fide land use plan or land use ordinance inconsistencies are resolved pursuant to the dispute resolution process.

This Extra Territorial water/sewer services dispute resolution shall remain in force and effect until amended by agreement of each party or unless otherwise terminated by operation of law.

Chairman, Screven County Board

Of Commissioners

The City of Newington and Screven County hereby agree to implement the following process for resolving disputes concerning water/sewer services outside the City's boundaries, effective April 6, 1999.

- 1. If the County believes that the water/sewer fees that are charged to customers outside the geographic boundaries of the City are arbitrary and unreasonable, the County will notify the City in writing to produce evidence that its water/sewer rates to the customers outside the City limits are justified. Within 30 working days following receipt of the County's notice, the City will show in writing, justification of the rate differential.
- 2. If the County is not satisfied with the City's response, then a qualified engineer will be hired to prepare a rate study of the water/sewer rates. The City and County agree to share equally any costs associated with the Engineering
- 3. If either the City or the County are not satisfied with the results of the Engineering water/sewer rate study, then either party may initiate mediation. The City and County will agree on a mediator, medication schedule and determine participants in the mediation. The City and County agrees to share equally any costs associated with
- 4. If mediation is unsuccessful, the disputing local government may challenge the arbitrary rate differential in a court of law.
- 5. A proposal to extend extra territorial water/sewer service shall not be implemented until any bona fide land use plan or land use ordinance inconsistencies are resolved pursuant to the dispute resolution process.

This Extra Territorial water/sewer services dispute resolution shall remain in force and effect until amended by agreement of each party or unless otherwise terminated by operation of law.

Mayor, City of Newington

Chairman, Screven County Board

Of Commissioners

The City of Oliver and Screven County hereby agree to implement the following process for resolving disputes concerning water/sewer services outside the City's boundaries, effective April 6, 1999.

- 1. If the County believes that the water/sewer fees that are charged to customers outside the geographic boundaries of the City are arbitrary and unreasonable, the County will notify the City in writing to produce evidence that its water/sewer rates to the customers outside the City limits are justified. Within 30 working days following receipt of the County's notice, the City will show in writing, justification of the rate differential.
- 2. If the County is not satisfied with the City's response, then a qualified engineer will be hired to prepare a rate study of the water/sewer rates. The City and County agree to share equally any costs associated with the Engineering Study.
- 3. If either the City or the County are not satisfied with the results of the Engineering water/sewer rate study, then either party may initiate mediation. The City and County will agree on a mediator, medication schedule and determine participants in the mediation. The City and County agrees to share equally any costs associated with mediation.
- 4. If mediation is unsuccessful, the disputing local government may challenge the arbitrary rate differential in a court of law.
- 5. A proposal to extend extra territorial water/sewer service shall not be implemented until any bona fide land use plan or land use ordinance inconsistencies are resolved pursuant to the dispute resolution process.

This Extra Territorial water/sewer services dispute resolution shall remain in force and effect until amended by agreement of each party or unless otherwise terminated by operation of law.

Sau Chan Attest

eyor, City of Oliver

Chairman, Screven County Board

Of Commissioners

Anna

The City of Hiltonia and Screven County hereby agree to implement the following process for resolving disputes concerning water/sewer services outside the City's boundaries, effective April 6, 1999.

- 1. If the County believes that the water/sewer fees that are charged to customers outside the geographic boundaries of the City are arbitrary and unreasonable, the County will notify the City in writing to produce evidence that its water/sewer rates to the customers outside the City limits are justified. Within 30 working days following receipt of the County's notice, the City will show in writing, justification of the rate differential.
- 2. If the County is not satisfied with the City's response, then a qualified engineer will be hired to prepare a rate study of the water/sewer rates. The City and County agree to share equally any costs associated with the Engineering Study.
- 3. If either the City or the County are not satisfied with the results of the Engineering water/sewer rate study, then either party may initiate mediation. The City and County will agree on a mediator, medication schedule and determine participants in the mediation. The City and County agrees to share equally any costs associated with mediation.
- 4. If mediation is unsuccessful, the disputing local government may challenge the arbitrary rate differential in a court of law.
- 5. A proposal to extend extra territorial water/sewer service shall not be implemented until any bona fide land use plan or land use ordinance inconsistencies are resolved pursuant to the dispute resolution process.

This Extra Territorial water/sewer services dispute resolution shall remain in force and effect until amended by agreement of each party or unless otherwise terminated by operation of law.

Chairman, Screven County Board

Of Commissioners

The City of Rocky Ford and Screven County hereby agree to implement the following process for resolving disputes concerning water/sewer services outside the City's boundaries, effective April 6, 1999.

- 1. If the County believes that the water/sewer fees that are charged to customers outside the geographic boundaries of the City are arbitrary and unreasonable, the County will notify the City in writing to produce evidence that its water/sewer rates to the customers outside the City limits are justified. Within 30 working days following receipt of the County's notice, the City will show in writing, justification of the rate differential.
- 2. If the County is not satisfied with the City's response, then a qualified engineer will be hired to prepare a rate study of the water/sewer rates. The City and County agree to share equally any costs associated with the Engineering Study.
- 3. If either the City or the County are not satisfied with the results of the Engineering water/sewer rate study, then either party may initiate mediation. The City and County will agree on a mediator, medication schedule and determine participants in the mediation. The City and County agrees to share equally any costs associated with mediation.
- 4. If mediation is unsuccessful, the disputing local government may challenge the arbitrary rate differential in a court of law.
- 5. A proposal to extend extra territorial water/sewer service shall not be implemented until any bona fide land use plan or land use ordinance inconsistencies are resolved pursuant to the dispute resolution process.

This Extra Territorial water/sewer services dispute resolution shall remain in force and effect until amended by agreement of each party or unless otherwise terminated by operation of law.

Chairman, Screven County Board

Of Commissioners

### SERVICE DELIVERY STRATEGY UPDATE CERTIFICATIONS

Instructions:

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

|     | UI  | PDAT               | TED SERVICE DELIVERY STRATEGY FOR Screven  | COUNTY   |  |  |  |  |
|-----|---|--------------------|--|--|--|--|--|--|
| We  | Ve, the undersigned authorized representatives of the jurisdictions listed below, certify that: |                    |  |  |  |  |  |  |
| 1.  |   |                    | reviewed our existing Service Delivery Strategy and have determined that: only one box for question #1)  |  |  |  |  |  |
|     |   | Α.                 | Our Strategy continues to accurately reflect our preferred arrangements for proviounty and no changes in our Strategy are needed at this time; or  | iding local services throughout our                  |  |  |  |  |
|     | 7   | B.                 | Our Strategy has been revised to reflect our preferred arrangements for providing  | g local services.                                    |  |  |  |  |
| lfC | ption   | A is               | s selected, only this form, signed by the appropriate local government representative  | ves must be provided to DCA.                         |  |  |  |  |
|     |   | n B is             | s selected, this form, signed by the appropriate local government representatives, r   | nust be submitted to DCA along                       |  |  |  |  |
| wit | n:<br>•<br>•  | any<br>an i<br>pro | updated "Summary of Service Arrangements" form (page 2) for each local service v supporting local agreements pertaining to each of these services that has been revupdated service area map depicting the agreed upon service area for each provider ovider for each service that has been revised/updated within the county, and if the ancide with local political boundaries. | vised/updated; and if there is more than one service |  |  |  |  |
| 2.  | reso  | lutio              | our governing bodies (County Commission and City Councils) that are a party to the sagreeing to the Service Delivery arrangements identified in our strategy and has entation of our service delivery strategy (O.C.G.A. 36-70-21);  |  |  |  |  |  |
| 3.  |   |                    | ice delivery strategy continues to promote the delivery of local government service on sive manner for all residents, individuals and property owners throughout the continues to promote the delivery of local government services.   |  |  |  |  |  |
| 4.  | geog  | graph              | vice delivery strategy continues to provide that water or sewer fees charged to cust hic boundaries of a service provider are reasonable and are not arbitrarily higher the within the geographic boundaries of the service provider (O.C.G.A. 36-70-24 (2))   | nan the fees charged to customers                    |  |  |  |  |
| 5.  | thos  | se joi<br>nty a    | rice delivery strategy continues to ensure that the cost of any services the county gointly funded by the county and one or more municipalities) primarily for the benefite borne by the unincorporated area residents, individuals, and property owners w 4 (3));   | it of the unincorporated area of the                 |  |  |  |  |
|     |   |                    |  |  |  |  |  |  |

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

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

|    | agreed upon process exists:_ | •                               |          |  |       |  |
|----|------------------------------|---------------------------------|----------|--|-------|--|
|    | SIGNATURE:                   | NAME:<br>(Please print or type) | TITLE:   | JURISDICTION:  | DATE: |  |
|    | Stan Dheggard                | Stan Sheppard<br>Margaret Evans | Chairman | Screven county   |       |  |
| 1  | Medical Eyous                | Margaret Evans                  | Mayor    | Sylvania   |       |  |
|    | Landol Sant                  | Donald Scott                    | Mayor    | Newington  |       |  |
| 16 | Bury Sorthur                 |                                 | Mayor    | Hiltonia   |       |  |
|    | James Williams               | James Hankinson                 | Mayor    | Rocky Ford   |       |  |
|    | pushine 1. (oran             | Justine Brown                   | Mayor    | Oliver   |       |  |
| •  | Sterge Stackburn             | George Blackburn                | Chairman | Sylvania-Screven<br>County Airport<br>Authority          |       |  |
|    | David Birdslyand             | David Boddiford                 | Chairman | Screven County<br>Hospital Authority                     |       |  |
|    | David Birtskipend            | David Boddiford                 | Chairman | Screven County<br>Industrial<br>Development<br>Authority |       |  |
|    |                              |                                 | 8        |  |       |  |
|    |                              |                                 |          |  |       |  |
|    |                              |                                 |          |  |       |  |
|    |                              |                                 |          | 4  |       |  |
|    |                              |                                 |          |  |       |  |
|    |                              |                                 |          |  |       |  |
|    |                              |                                 |          |  |       |  |