Marren County Board of Commissioners

Warrenton, Georgia 30828

Richard Burley, Jr. Commissioner, District 1

Terry M. Johnson Commissioner, District 2 706-465-2171 FAX 706-465-1300 TDD 706-465-2171

> John R. Graham Chairman

Cathy Toulson Finance Clerk

Pamela H. Lester County Clerk

RECEIVED

DEC 1 0 2009

December 7, 2009

Georgia Department of **Community Affairs** Renetta Hobson 60 Executive Park South, N.E. Atlanta, Georgia 30329-2231

Dear Ms. Hobson,

Enclosed you will find Form 2 for each item of the Warren County Service Delivery Strategy that you requested. I have also enclosed a new Form 1 which excludes Housing Authority. The City of Warrenton has no agreement with the Housing Authority and receives no funds from them. The City of Warrenton only appoints members to the Housing Authority Board. Please make the necessary changes to our report.

If you need any other assistance or have any questions, please do not hesitate to call.

Sincerely,

John R. Graham

Chairman

Enclosure







COUNTY: WARREN COUNTY

I. GENERAL INSTRUCTIONS:

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

OPTION A Revising or Adding to the SDS

- 4. List all services provided or primarily funded by each general purpose local government and authority within the county which are revised or added to the SDS in Section IV, below. (It is acceptable to break a service into separate components if this will facilitate description of the service delivery strategy.)
- For each service or service component listed in Section IV, complete a separate, updated Summary of Service Delivery Arrangements form (FORM 2).
- 6. Complete one copy of the Certifications form (FORM 4) and have it signed by the authorized representatives of participating local governments. [Please note that DCA cannot validate the strategy unless it is signed by the local governments required by law (see Instructions, FORM 4).]

OPTION B Extending the Existing SDS

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

For answers to most frequently asked questions on Georgia's Service Delivery Act, links and helpful publications, visit DCA's website at www.dca.servicedelivery.org, or call the Office of Planning and Quality Growth at (404) 679-5279.

- 7. If any of the conditions described in the existing Summary of Land Use Agreements form (FORM 3) have changed or if it has been ten (10) or more years since the most recent FORM 3 was filed, update and include FORM 3 with the submittal.
- 8. Email the completed forms and any attachments as .pdf attachments to: pemd.opgga@dca.ga.gov, or mail the completed forms along with any attachments to: GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS
 OFFICE OF PLANNING AND QUALITY GROWTH
 60 Executive Park South, N.E.
 Atlanta, Georgia 30329

NOTE: ANY FUTURE CHANGES TO THE SERVICE DELIVERY ARRANGEMENTS DESCRIBED ON THESE FORMS WILL REQUIRE AN OFFICIAL UPDATE OF THE SERVICE DELIVERY STRATEGY AND SUBMITTAL OF REVISED FORMS AND ATTACHMENTS TO THE GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS UNDER THE "OPTION A" PROCESS DESCRIBED, ABOVE.

II. LOCAL GOVERNMENTS INCLUDED IN THE SERVICE DELIVERY STRATEGY:

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

Warren County Board of Commissioners

City of Camak

City of Norwood

City of Warrenton

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

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

Clerk of Court

Code Enforcement

Coroner

Dispatch

Economic Development

Emergency Management

EMS

Extension Service

Fire Service

GA Forestry

Jail (Prisoner Cost)

Landfill

Law Enforcement

Magistrate Court

Municipal Court

Nutrition Program

Probate Court

Public Health Service

Public Transportation

Regional Commission

Rescue

Road/Street Maintenance

Senior Citizens

Sidewalk Maintenance

Social Services

Solid Waste Collection

Solid Waste Disposal

Street Lights

Superior Court

Tax Assessor

Tax Collection

Traffic Lights

Voter Registration

Yard Waste Collection

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

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

Cemeteries
Indigent Defense
Inert Landfill
Library
Parking Facilities
Parks & Recreation
Sewer
Water
Zoning Administration







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

should be reported to the Department of Community Affairs.	
COUNTY:WARREN COUNTY	Service:Clerk of Court
1. Check the box that best describes the agreed t	upon delivery arrangement for this service:
	cluding all cities and unincorporated areas) by a single service provider. (If uthority or organization providing the service.): Warren County
Service will be provided only in the unincorport checked, identify the government, authority or contact the contact of the con	orated portion of the county by a single service provider. (If this box is organization providing the service.):
One or more cities will provide this service or in unincorporated areas. (If this box is checked,	nly within their incorporated boundaries, and the service will not be provided, identify the government(s), authority or organization providing the service:
One or more cities will provide this service or service in unincorporated areas. (If this box is c service.):	nly within their incorporated boundaries, and the county will provide the checked, identify the government(s), authority or organization providing the
Other (If this box is checked, <u>attach a legibl</u> identify the government, authority, or other organization)	e map delineating the service area of each service provider, and anization that will provide service within each service area.):
2. In developing this strategy, were overlapping s identified?	service areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional doc	cumentation as described, below)
⊠No	
If these conditions will continue under this strateg overlapping but higher levels of service (See O.C overlapping service areas or competition cannot l	gy, <u>attach an explanation for continuing the arrangement</u> (i.e., c.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that be eliminated).
If these conditions will be eliminated under the str will be taken to eliminate them, the responsible pa	rategy, attach an implementation schedule listing each step or action that arty and the agreed upon deadline for completing it.
	Dama 4 of 2

Page 1 of 2

Local Government or Authority	Funding I	Method
Varren County	General Fund	Sec. (1) 10 10 10 10 10 10 10 10 10 10 10 10 10
low will the strategy change the n	revious arrangements for providing and/or fund	ing this convice within the county?
	revious arrangements for providing and/or fund	ing this service within the county?
	eements or intergovernmental contracts that wi	ill be used to implement the strategy
is service:		,
is service: Agreement Name	Contracting Parties	
	Contracting Parties	
Agreement Name What other mechanisms (if any) wi	Il be used to implement the strategy for this ser	Effective and Ending Date vice (e.g., ordinances, resolutions, le
Agreement Name What other mechanisms (if any) wi		Effective and Ending Date vice (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if any) wi	Il be used to implement the strategy for this ser	Effective and Ending Date vice (e.g., ordinances, resolutions, le
Agreement Name What other mechanisms (if any) wi	Il be used to implement the strategy for this ser	Effective and Ending Date vice (e.g., ordinances, resolutions, le
Vhat other mechanisms (if any) wi	Il be used to implement the strategy for this ser	Effective and Ending Date vice (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if any) wi	Il be used to implement the strategy for this ser	Effective and Ending Date vice (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if any) wi	Il be used to implement the strategy for this ser or fee changes, etc.), and when will they take e	Effective and Ending Date vice (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if any) wincts of the General Assembly, rate Person completing form: John R. Chone number: 706-465-2171 So this the person who should be constant.	Il be used to implement the strategy for this ser or fee changes, etc.), and when will they take e	Effective and Ending Date vice (e.g., ordinances, resolutions, leffect?







FORM 2: Summary of Service Delivery Arrangements

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Make copies of this form and complete one for each service listed on FORM 1, Section III. Use exactly the same service names listed on FORM 1. Answer each question below, attaching additional pages as 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:WARREN COUNTY	Service:Code Enforcement
Check the box that best describes the agreed up	oon delivery arrangement for this service:
Service will be provided countywide (i.e., inclutions box is checked, identify the government, authors.)	uding all cities and unincorporated areas) by a single service provider. (If nority or organization providing the service.):
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ated portion of the county by a single service provider. (If this box is ganization providing the service.): Warren County
☐One or more cities will provide this service only in unincorporated areas. (If this box is checked, is	y within their incorporated boundaries, and the service will not be provided dentify the government(s), authority or organization providing the service:
One or more cities will provide this service only service in unincorporated areas. (If this box is choservice.):	y within their incorporated boundaries, and the county will provide the ecked, identify the government(s), authority or organization providing the
Other (If this box is checked, attach a legible identify the government, authority, or other organ	map delineating the service area of each service provider, and ization that will provide service within each service area.):
In developing this strategy, were overlapping ser identified?	rvice areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docu	mentation as described, below)
⊠No	
If these conditions will continue under this strategy, overlapping but higher levels of service (See O.C.C overlapping service areas or competition cannot be	, <u>attach an explanation for continuing the arrangement</u> (i.e., G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that e eliminated).
If these conditions will be eliminated under the stra will be taken to eliminate them, the responsible par	tegy, attach an implementation schedule listing each step or action that ty and the agreed upon deadline for completing it.
	Page 1 of 2

List each government or authority enterprise funds, user fees, general fees, bonded indebtedness, etc.).	that will help to pay for this service and indicate al funds, special service district revenues, hotel	e how the service will be funded (e.g., /motel taxes, franchise taxes, impact
Local Government or Authority	/ Funding	Method
Warren County	General Fund	metriod
. How will the strategy change the p	revious arrangements for providing and/or fund	ding this service within the county?
. List any formal service delivery agr	reements or intergovernmental contracts that w	vill be used to implement the strategy for
this service:		
Agreement Name	Contracting Parties	Effective and Ending Dates
 What other mechanisms (if any) w acts of the General Assembly, rate 	ill be used to implement the strategy for this se or fee changes, etc.), and when will they take	rvice (e.g., ordinances, resolutions, loc effect?
. Person completing form: John R. Phone number: 706-465-2171	Graham, Chairman Date completed: 12/4/09	
. Is this the person who should be c	ontacted by state agencies when evaluating when evaluating when evaluating when evaluating when the control of	hether proposed local government
	person(s) and phone number(s) below:	
in not, provide designated contact p	Action(s) and phone number(s) below.	







FORM 2: Summary of Service Delivery Arrangements

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

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

Local Government or Author	rity Funding I	Method
Varren County	General Fund	
I (11 4b 4 4 4b 4b		
low will the strategy change the	e previous arrangements for providing and/or fund	ing this service within the county?
ist any formal service delivery a	arreements or interdovernmental contracts that wi	iii ne risea la implement the strateav
	agreements or intergovernmental contracts that wi	in be deed to implement the endlegy
	agreements of intergovernmental contracts that wi	in be used to important the strategy
	Contracting Parties	
is service:		
is service:		
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is service:		
nis service:		
Agreement Name	Contracting Parties	Effective and Ending Dat
Agreement Name What other mechanisms (if any)	Contracting Parties Will be used to implement the strategy for this ser	Effective and Ending Date vice (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if any)	Contracting Parties	Effective and Ending Date vice (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if any)	Contracting Parties Will be used to implement the strategy for this ser	Effective and Ending Date vice (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if any)	Contracting Parties Will be used to implement the strategy for this ser	Effective and Ending Date vice (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if any)	Contracting Parties Will be used to implement the strategy for this ser	Effective and Ending Date vice (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if any)	Contracting Parties Will be used to implement the strategy for this ser	Effective and Ending Date vice (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if any)	Contracting Parties Will be used to implement the strategy for this ser	Effective and Ending Date vice (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if any) cts of the General Assembly, ra	will be used to implement the strategy for this ser	Effective and Ending Date vice (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if any)	will be used to implement the strategy for this ser	Effective and Ending Date vice (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if any) cts of the General Assembly, rather the General Assembly and the Chone number: 706-465-2171	will be used to implement the strategy for this sente or fee changes, etc.), and when will they take e	Effective and Ending Date vice (e.g., ordinances, resolutions, logeffect?
What other mechanisms (if any) cts of the General Assembly, rather than completing form: John Former number: 706-465-2171 sthis the person who should be	will be used to implement the strategy for this serete or fee changes, etc.), and when will they take e	Effective and Ending Date vice (e.g., ordinances, resolutions, logeffect?







FORM 2: Summary of Service Delivery Arrangements

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should be reported to the Department of Community Affairs.	essary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:WARREN COUNTY	Service: Dispatch
Check the box that best describes the agreed up	on delivery arrangement for this service:
	iding all cities and unincorporated areas) by a single service provider. (If nority or organization providing the service.): Warren County
Service will be provided only in the unincorpora checked, identify the government, authority or org	ated portion of the county by a single service provider. (If this box is ganization providing the service.):
	y within their incorporated boundaries, and the service will not be provided dentify the government(s), authority or organization providing the service:
	y within their incorporated boundaries, and the county will provide the ecked, identify the government(s), authority or organization providing the
Other (If this box is checked, attach a legible identify the government, authority, or other organization)	map delineating the service area of each service provider, and ization that will provide service within each service area.):
In developing this strategy, were overlapping ser identified?	vice areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional documents	mentation as described, below)
⊠No	
If these conditions will continue under this strategy, overlapping but higher levels of service (See O.C.G overlapping service areas or competition cannot be	attach an explanation for continuing the arrangement (i.e., G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strat will be taken to eliminate them, the responsible part	tegy, <u>attach an implementation schedule</u> listing each step or action that ty and the agreed upon deadline for completing it.
	Page 1 of 2

Local Government or Authority	Funding Method
Varren County	General Fund
ity of Warrenton	General Fund
low will the strategy change the prev	rious arrangements for providing and/or funding this service within the county?

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

7. Person completing form: **John R. Graham**Phone number: **706-465-2171**Date completed: 12/4/09

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

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







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY:WARREN COUNTY	Service: Economic Development
Check the box that best describes the agree	ed upon delivery arrangement for this service:
	including all cities and unincorporated areas) by a single service provider. (If authority or organization providing the service.):
Service will be provided only in the unincochecked, identify the government, authority of	orporated portion of the county by a single service provider. (If this box is or organization providing the service.):
☐One or more cities will provide this service in unincorporated areas. (If this box is checked	e only within their incorporated boundaries, and the service will not be provided ed, identify the government(s), authority or organization providing the service:
	e only within their incorporated boundaries, and the county will provide the is checked, identify the government(s), authority or organization providing the
Other (If this box is checked, attach a legidentify the government, authority, or other o	ible map delineating the service area of each service provider, and organization that will provide service within each service area.):
In developing this strategy, were overlapping identified?	g service areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional of	documentation as described, below)
⊠No	
If these conditions will continue under this strategy overlapping but higher levels of service (See Coverlapping service areas or competition cannot be considered by the conditions will continue under this strategy overlapping but higher levels of service (See Coverlapping service areas or competition cannot be conditionally be	ttegy, attach an explanation for continuing the arrangement (i.e., D.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that not be eliminated).
If these conditions will be eliminated under the will be taken to eliminate them, the responsible	e strategy, <u>attach an implementation schedule</u> listing each step or action that e party and the agreed upon deadline for completing it.
	Page 1 of 2

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

Ver de la constitución de la con	ty Funding	g Method
Warren County	General Fund	
City of Warrenton	General Fund	
Llow will the strategy shapes the		dia dia dia manana dia manana dia dia dia dia dia dia dia dia dia di
riow will the strategy change the	previous arrangements for providing and/or fur	iding this service within the county?
	greements or intergovernmental contracts that	will be used to implement the strategy for
this service:		
Agreement Name	Contracting Parties	Effective and Ending Dates
What other mechanisms (if any) v	will be used to implement the strategy for this s	ervice (e.g., ordinances, resolutions, loc
What other mechanisms (if any) vacts of the General Assembly, rate	will be used to implement the strategy for this see or fee changes, etc.), and when will they take	ervice (e.g., ordinances, resolutions, loc e effect?
What other mechanisms (if any) vacts of the General Assembly, rate	will be used to implement the strategy for this see or fee changes, etc.), and when will they take	ervice (e.g., ordinances, resolutions, loc e effect?
What other mechanisms (if any) vacts of the General Assembly, rate	will be used to implement the strategy for this s e or fee changes, etc.), and when will they take	ervice (e.g., ordinances, resolutions, loc e effect?
What other mechanisms (if any) vacts of the General Assembly, rate	will be used to implement the strategy for this se or fee changes, etc.), and when will they take	ervice (e.g., ordinances, resolutions, loc e effect?
What other mechanisms (if any) vacts of the General Assembly, rate	will be used to implement the strategy for this s e or fee changes, etc.), and when will they take	ervice (e.g., ordinances, resolutions, loc e effect?
What other mechanisms (if any) vacts of the General Assembly, rate	will be used to implement the strategy for this see or fee changes, etc.), and when will they take	ervice (e.g., ordinances, resolutions, loc e effect?
What other mechanisms (if any) vacts of the General Assembly, rate	will be used to implement the strategy for this s e or fee changes, etc.), and when will they take	ervice (e.g., ordinances, resolutions, loc e effect?
acts of the General Assembly, rate	e or fee changes, etc.), and when will they take	ervice (e.g., ordinances, resolutions, loc e effect?
acts of the General Assembly, rate	e or fee changes, etc.), and when will they take	ervice (e.g., ordinances, resolutions, loc e effect?
Person completing form: John R. Phone number: 706-465-2171	e or fee changes, etc.), and when will they take Graham, Chairman Date completed: 12/4/09	e effect?
Person completing form: John R. Phone number: 706-465-2171	e or fee changes, etc.), and when will they take Graham, Chairman Date completed: 12/4/09 contacted by state agencies when evaluating was a second contacted.	e effect?
Person completing form: John R. Phone number: 706-465-2171 Is this the person who should be projects are consistent with the se	e or fee changes, etc.), and when will they take Graham, Chairman Date completed: 12/4/09 contacted by state agencies when evaluating vervice delivery strategy? ⊠Yes □No	e effect?
Person completing form: John R. Phone number: 706-465-2171 Is this the person who should be projects are consistent with the se	e or fee changes, etc.), and when will they take Graham, Chairman Date completed: 12/4/09 contacted by state agencies when evaluating was a second contacted.	e effect?
Person completing form: John R. Phone number: 706-465-2171 Is this the person who should be projects are consistent with the se	e or fee changes, etc.), and when will they take Graham, Chairman Date completed: 12/4/09 contacted by state agencies when evaluating vervice delivery strategy? ⊠Yes □No	e effect?







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

onodia be reported to the Department of Community Analis	2.
COUNTY:WARREN COUNTY	Service: Emergency Management
Check the box that best describes the agree	d upon delivery arrangement for this service:
	including all cities and unincorporated areas) by a single service provider. (If authority or organization providing the service.): Warren County
Service will be provided only in the unincorchecked, identify the government, authority o	rporated portion of the county by a single service provider. (If this box is or organization providing the service.):
One or more cities will provide this service in unincorporated areas. (If this box is checked	only within their incorporated boundaries, and the service will not be provided ed, identify the government(s), authority or organization providing the service:
One or more cities will provide this service service in unincorporated areas. (If this box is service.):	only within their incorporated boundaries, and the county will provide the schecked, identify the government(s), authority or organization providing the
Other (If this box is checked, <u>attach a legi</u> identify the government, authority, or other or	ible map delineating the service area of each service provider, and rganization that will provide service within each service area.):
In developing this strategy, were overlapping identified?	g service areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional of	documentation as described, below)
⊠No	
If these conditions will continue under this strat overlapping but higher levels of service (See O overlapping service areas or competition cannot	tegy, attach an explanation for continuing the arrangement (i.e., b.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that of be eliminated).
If these conditions will be eliminated under the will be taken to eliminate them, the responsible	strategy, attach an implementation schedule listing each step or action that a party and the agreed upon deadline for completing it.

Page 1 of 2

Local Government or Authority	Funding	Method
Varren County	General Fund	
low will the strategy change the pro-	evious arrangements for providing and/or fund	ding this service within the county?
et any formal convice delivery agre	to an internal contracts that w	vill he used to implement the strategy
	eements or intergovernmental contracts that w	m be used to implement the strategy
is service:		
	Contracting Parties	
is service:		
is service: Agreement Name	Contracting Parties	Effective and Ending Date
is service: Agreement Name What other mechanisms (if any) wil	Contracting Parties be used to implement the strategy for this se	rvice (e.g., ordinances, resolutions, I
Agreement Name What other mechanisms (if any) wil	Contracting Parties	rvice (e.g., ordinances, resolutions, le
is service: Agreement Name What other mechanisms (if any) wil	Contracting Parties be used to implement the strategy for this se	rvice (e.g., ordinances, resolutions, le
is service: Agreement Name What other mechanisms (if any) wil	Contracting Parties be used to implement the strategy for this se	rvice (e.g., ordinances, resolutions, le
is service: Agreement Name What other mechanisms (if any) wil	Contracting Parties be used to implement the strategy for this se	rvice (e.g., ordinances, resolutions, I
Agreement Name What other mechanisms (if any) wil	Contracting Parties be used to implement the strategy for this se	rvice (e.g., ordinances, resolutions, le
Agreement Name What other mechanisms (if any) wil	Contracting Parties be used to implement the strategy for this se	rvice (e.g., ordinances, resolutions, le
Agreement Name What other mechanisms (if any) will cts of the General Assembly, rate of the General Assembly, rate of the General Assembly and the General Assembly are the General Assembly are the General Assembly and the General Assembly are th	Contracting Parties be used to implement the strategy for this seem fee changes, etc.), and when will they take	rvice (e.g., ordinances, resolutions, le
What other mechanisms (if any) will cts of the General Assembly, rate of the General Assembly, rate of those number: 706-465-2171	Contracting Parties The be used to implement the strategy for this seem fee changes, etc.), and when will they take the strategy for this seem fee changes, etc.) and when will they take the strategy for this seem fee changes, etc.) and when will they take the strategy for this seem fee changes, etc.) and when will they take the strategy for this seem fee changes, etc.) and when will they take the strategy for this seem fee changes, etc.) and when will they take the strategy for this seem fee changes.	rvice (e.g., ordinances, resolutions, leffect?
Agreement Name What other mechanisms (if any) will obts of the General Assembly, rate of the General Assembly, rate of those number: 706-465-2171 So this the person who should be considered.	Contracting Parties be used to implement the strategy for this seem fee changes, etc.), and when will they take	rvice (e.g., ordinances, resolutions, leffect?







FORM 2: Summary of Service Delivery Arrangements

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COUNTY:WARREN COUNTY	Service: EMS
Check the box that best describes the agreed up	on delivery arrangement for this service:
	iding all cities and unincorporated areas) by a single service provider. (If nority or organization providing the service.): Warren County
Service will be provided only in the unincorpora checked, identify the government, authority or organization.	ated portion of the county by a single service provider. (If this box is ganization providing the service.):
	within their incorporated boundaries, and the service will not be provided dentify the government(s), authority or organization providing the service:
One or more cities will provide this service only service in unincorporated areas. (If this box is che service.):	y within their incorporated boundaries, and the county will provide the ecked, identify the government(s), authority or organization providing the
Other (If this box is checked, attach a legible identify the government, authority, or other organ	map delineating the service area of each service provider, and ization that will provide service within each service area.):
In developing this strategy, were overlapping ser identified?	vice areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docu	mentation as described, below)
⊠No	
If these conditions will continue under this strategy, overlapping but higher levels of service (See O.C.C overlapping service areas or competition cannot be	attach an explanation for continuing the arrangement (i.e., 6.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the stra will be taken to eliminate them, the responsible par	tegy, attach an implementation schedule listing each step or action that ty and the agreed upon deadline for completing it.
	Page 1 of 2

 List each government or author enterprise funds, user fees, gen- fees, bonded indebtedness, etc. 	ity that will help to pay for this service and indica eral funds, special service district revenues, hote).	ate how the service will be funded (e.g., el/motel taxes, franchise taxes, impact
Local Government or Author	rity Funding	g Method
Warren County	General Fund	
. How will the strategy change the	e previous arrangements for providing and/or fur	nding this service within the county?
. List any formal service delivery a this service:	agreements or intergovernmental contracts that	will be used to implement the strategy fo
Agreement Name	Contracting Parties	Effective and Ending Dates
. What other mechanisms (if any) acts of the General Assembly, ra	will be used to implement the strategy for this sate or fee changes, etc.), and when will they take	ervice (e.g., ordinances, resolutions, locale effect?
. Person completing form: John l	R. Graham, Chairman	
Phone number: 706-465-2171	Date completed: 12/4/09	
Is this the person who should be projects are consistent with the	e contacted by state agencies when evaluating v service delivery strategy? ⊠Yes ⊡No	whether proposed local government
If not, provide designated contact	ct person(s) and phone number(s) below:	







FORM 2: Summary of Service Delivery Arrangements

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nould be reported to the Department of Community Affairs.	
COUNTY:WARREN COUNTY	Service:Extension Service
Check the box that best describes the agreed u	pon delivery arrangement for this service:
	uding all cities and unincorporated areas) by a single service provider. (If thority or organization providing the service.): Warren County
Service will be provided only in the unincorporchecked, identify the government, authority or or	rated portion of the county by a single service provider. (If this box is rganization providing the service.):
One or more cities will provide this service on in unincorporated areas. (If this box is checked,	ly within their incorporated boundaries, and the service will not be provided identify the government(s), authority or organization providing the service:
One or more cities will provide this service on service in unincorporated areas. (If this box is cheservice.):	ly within their incorporated boundaries, and the county will provide the necked, identify the government(s), authority or organization providing the
Other (If this box is checked, attach a legible identify the government, authority, or other organ	e map delineating the service area of each service provider, and nization that will provide service within each service area.):
2. In developing this strategy, were overlapping se identified?	ervice areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional doc	umentation as described, below)
⊠No	
If these conditions will continue under this strategy overlapping but higher levels of service (See O.C. overlapping service areas or competition cannot be	y, <u>attach an explanation for continuing the arrangement</u> (i.e., G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that be eliminated).
If these conditions will be eliminated under the strawill be taken to eliminate them, the responsible pa	ategy, attach an implementation schedule listing each step or action that arty and the agreed upon deadline for completing it.

Page 1 of 2

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.). Local Government or Authority **Funding Method** Warren County General Fund 4. How will the strategy change the previous arrangements for providing and/or funding this service within the county? 5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service: **Contracting Parties** Effective and Ending Dates Agreement Name 6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect? 7. Person completing form: John R. Graham, Chairman Phone number: **706-465-2171** Date completed: 12/4/09 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ⊠Yes □No If not, provide designated contact person(s) and phone number(s) below:







FORM 2: Summary of Service Delivery Arrangements

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

 List each government or authority that will help to pay for this service and indicate how the service will be funded enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, im fees, bonded indebtedness, etc.). 	(e.g., npact
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Local Government or Authority	Funding	Method
Warren County	General Fund	
City of Camak	General Fund	
City of Norwood	General Fund	
City of Warrenton	General Fund	
. How will the strategy change the pre	vious arrangements for providing and/or fund	ing this service within the county?
5. List any formal service delivery agree this service:	ements or intergovernmental contracts that w	ill be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
. What other mechanisms (if any) will acts of the General Assembly, rate or	be used to implement the strategy for this ser fee changes, etc.), and when will they take e	rvice (e.g., ordinances, resolutions, localeffect?
	Date completed: 12/4/09 Itacted by state agencies when evaluating when	nether proposed local government
If not, provide designated contact per		







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

Answer each question below, attaching additional pages as necesor should be reported to the Department of Community Affairs.	essary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:WARREN COUNTY	Service: GA Forestry
Check the box that best describes the agreed upon	on delivery arrangement for this service:
	ding all cities and unincorporated areas) by a single service provider. (If ority or organization providing the service.): Warren County
Service will be provided only in the unincorpora checked, identify the government, authority or org	anization providing the service.):
One or more cities will provide this service only in unincorporated areas. (If this box is checked, id	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
One or more cities will provide this service only service in unincorporated areas. (If this box is che service.):	within their incorporated boundaries, and the county will provide the ecked, identify the government(s), authority or organization providing the
Other (If this box is checked, <u>attach a legible r</u> identify the government, authority, or other organization)	map delineating the service area of each service provider, and zation that will provide service within each service area.):
2. In developing this strategy, were overlapping servidentified?	vice areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docur	mentation as described, below)
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If these conditions will continue under this strategy, overlapping but higher levels of service (See O.C.G overlapping service areas or competition cannot be	attach an explanation for continuing the arrangement (i.e., i.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strat will be taken to eliminate them, the responsible part	egy, attach an implementation schedule listing each step or action that by and the agreed upon deadline for completing it.
	Page 1 of 2

Local Government or Au	thority Funding I	Method
Warren County	General Fund	
How will the strategy change	e the previous arrangements for providing and/or fund	ling this service within the county?
List any formal service delive	ery agreements or intergovernmental contracts that wi	ill be used to implement the strategy f
uns service.		
Agreement Name	Contracting Parties	Effective and Ending Date
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Agreement Name What other mechanisms (if a	any) will be used to implement the strategy for this ser	rvice (e.g., ordinances, resolutions, loc
Agreement Name What other mechanisms (if a	any) will be used to implement the strategy for this ser	rvice (e.g., ordinances, resolutions, lo
What other mechanisms (if a acts of the General Assemble Person completing form: Jo	any) will be used to implement the strategy for this ser y, rate or fee changes, etc.), and when will they take e	rvice (e.g., ordinances, resolutions, loc
What other mechanisms (if a acts of the General Assemble Person completing form: Jo Phone number: 706-465-217	any) will be used to implement the strategy for this ser y, rate or fee changes, etc.), and when will they take e	rvice (e.g., ordinances, resolutions, loceffect?







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COUNTY:WARREN COUNTY	Service: Jail (Prisoner Cost)
Check the box that best describes the agreed upo	
Service will be provided countywide (i.e., includ this box is checked, identify the government, author	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.):
Service will be provided only in the unincorporat checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is anization providing the service.):
One or more cities will provide this service only in unincorporated areas. (If this box is checked, ide	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the
Other (If this box is checked, attach a legible midentify the government, authority, or other organization)	nap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping serving identified?	ice areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	nentation as described, below)
⊠No	
If these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G. overlapping service areas or competition cannot be expected to the contract of the service areas or competition.	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	egy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

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should be reported to the Department of Community Affai	irs.
COUNTY:WARREN COUNTY	Service:Landfill
Check the box that best describes the agree	ed upon delivery arrangement for this service:
Service will be provided countywide (i.e., this box is checked, identify the government	including all cities and unincorporated areas) by a single service provider. (If t, authority or organization providing the service.): Warren County
Service will be provided only in the unincochecked, identify the government, authority	orporated portion of the county by a single service provider. (If this box is or organization providing the service.):
	e only within their incorporated boundaries, and the service will not be provided ked, identify the government(s), authority or organization providing the service:
One or more cities will provide this service service in unincorporated areas. (If this box service.):	e only within their incorporated boundaries, and the county will provide the is checked, identify the government(s), authority or organization providing the
Other (If this box is checked, attach a legidentify the government, authority, or other of	gible map delineating the service area of each service provider, and organization that will provide service within each service area.):
2. In developing this strategy, were overlappin identified?	ng service areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional	documentation as described, below)
⊠No	
If these conditions will continue under this stra overlapping but higher levels of service (See overlapping service areas or competition cann	ategy, attach an explanation for continuing the arrangement (i.e., O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that not be eliminated).
If these conditions will be eliminated under the will be taken to eliminate them, the responsible	e strategy, attach an implementation schedule listing each step or action that le party and the agreed upon deadline for completing it.
	Page 4 of 2

Local Government or Authority	/ Funding	Method
Varren County	General Fund	
How will the strategy change the p	revious arrangements for providing and/or fund	ding this service within the county?
ist any formal service delivery agnis service:	reements or intergovernmental contracts that w	vill be used to implement the strategy
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	Contracting Parties	Effective and Ending Dat
Agreement Name	Contracting Parties	Effective and Ending Date
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	Contracting Parties	Effective and Ending Date
Agreement Name What other mechanisms (if any) w	ill be used to implement the strategy for this se or fee changes, etc.), and when will they take	rvice (e.g., ordinances, resolutions, le
Agreement Name What other mechanisms (if any) w	ill be used to implement the strategy for this se	rvice (e.g., ordinances, resolutions, le
Agreement Name What other mechanisms (if any) w	ill be used to implement the strategy for this se	rvice (e.g., ordinances, resolutions, I
Agreement Name What other mechanisms (if any) w	ill be used to implement the strategy for this se	rvice (e.g., ordinances, resolutions, le
Agreement Name What other mechanisms (if any) w	ill be used to implement the strategy for this se	rvice (e.g., ordinances, resolutions, le
Agreement Name What other mechanisms (if any) works of the General Assembly, rate Person completing form: John R.	ill be used to implement the strategy for this se or fee changes, etc.), and when will they take	rvice (e.g., ordinances, resolutions, le
Agreement Name What other mechanisms (if any) works of the General Assembly, rate Person completing form: John R. Phone number: 706-465-2171 s this the person who should be completed to the complete of t	ill be used to implement the strategy for this se or fee changes, etc.), and when will they take	rvice (e.g., ordinances, resolutions, leeffect?







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

Page 1 of 2

fees, bonded indebtedness, etc.). Local Government or Authority		10-d1
Warren County	General Fund	Method
City of Warrenton	General Fund	
oxy of transmon	General Fund	
How will the strategy change the prev	rious arrangements for providing and/or fund	ling this service within the county?
List any formal service delivery agree this service:	ments or intergovernmental contracts that w	ill be used to implement the strategy for
	ments or intergovernmental contracts that w Contracting Parties	ill be used to implement the strategy for Effective and Ending Dates
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this service: Agreement Name What other mechanisms (if any) will be		Effective and Ending Date
his service: Agreement Name What other mechanisms (if any) will be	Contracting Parties The contracting Parties The contracting Parties	Effective and Ending Date
this service: Agreement Name What other mechanisms (if any) will be	Contracting Parties The contracting Parties The contracting Parties	Effective and Ending Date
his service: Agreement Name What other mechanisms (if any) will be	Contracting Parties The contracting Parties The contracting Parties	Effective and Ending Date rvice (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if any) will bacts of the General Assembly, rate or Person completing form: John R. gra	contracting Parties December used to implement the strategy for this ser fee changes, etc.), and when will they take e	Effective and Ending Date rvice (e.g., ordinances, resolutions, lo







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should be reported to the Department of Community Affairs.	
COUNTY:WARREN COUNTY	Service:Magistrate Court
Check the box that best describes the agreed up	oon delivery arrangement for this service:
	uding all cities and unincorporated areas) by a single service provider. (If hority or organization providing the service.): Warren County
Service will be provided only in the unincorpor checked, identify the government, authority or organization.	rated portion of the county by a single service provider. (If this box is ganization providing the service.):
One or more cities will provide this service only in unincorporated areas. (If this box is checked, is	y within their incorporated boundaries, and the service will not be provided dentify the government(s), authority or organization providing the service:
One or more cities will provide this service only service in unincorporated areas. (If this box is choservice.):	y within their incorporated boundaries, and the county will provide the ecked, identify the government(s), authority or organization providing the
Other (If this box is checked, attach a legible identify the government, authority, or other organ	map delineating the service area of each service provider, and nization that will provide service within each service area.):
In developing this strategy, were overlapping ser identified?	rvice areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docu	umentation as described, below)
⊠No	
If these conditions will continue under this strategy overlapping but higher levels of service (See O.C.C overlapping service areas or competition cannot be	, attach an explanation for continuing the arrangement (i.e., G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that e eliminated).
If these conditions will be eliminated under the stra will be taken to eliminate them, the responsible par	ategy, <u>attach an implementation schedule</u> listing each step or action that rty and the agreed upon deadline for completing it.
	Page 4 of 2

Local Government or Authority		Method
Varren County	General Fund	
low will the strategy change the p	revious arrangements for providing and/or fund	ding this service within the county?
ist any formal service delivery agr	reements or intergovernmental contracts that w	vill be used to implement the strategy
is service:	3	
is service.		
Agreement Name	Contracting Parties	Effective and Ending Dat
	Contracting Parties	Effective and Ending Dat
	Contracting Parties	Effective and Ending Dat
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Agreement Name What other mechanisms (if any) wi	ill be used to implement the strategy for this se	ervice (e.g., ordinances, resolutions, k
Agreement Name What other mechanisms (if any) wi	ill be used to implement the strategy for this se	ervice (e.g., ordinances, resolutions, k
Agreement Name What other mechanisms (if any) wi	ill be used to implement the strategy for this se	ervice (e.g., ordinances, resolutions, logeflect?
Agreement Name What other mechanisms (if any) wi	ill be used to implement the strategy for this se	ervice (e.g., ordinances, resolutions, lo
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Agreement Name What other mechanisms (if any) wincts of the General Assembly, rate Person completing form: John R. Connenumber: 706-465-2171 Is this the person who should be considered as the content of the conten	ill be used to implement the strategy for this se or fee changes, etc.), and when will they take	ervice (e.g., ordinances, resolutions, lo







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should be reported to the Department of Community Affairs.	necessary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:WARREN COUNTY	Service:Municipal Court
Check the box that best describes the agreed	upon delivery arrangement for this service:
	ncluding all cities and unincorporated areas) by a single service provider. (If authority or organization providing the service.):
	porated portion of the county by a single service provider. (If this box is organization providing the service.): City of Warrenton
	only within their incorporated boundaries, and the service will not be provided d, identify the government(s), authority or organization providing the service:
	only within their incorporated boundaries, and the county will provide the checked, identify the government(s), authority or organization providing the
Other (If this box is checked, attach a legible identify the government, authority, or other organization)	ole map delineating the service area of each service provider, and ganization that will provide service within each service area.):
In developing this strategy, were overlapping identified?	service areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional do	ocumentation as described, below)
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If these conditions will continue under this strate overlapping but higher levels of service (See O. overlapping service areas or competition cannot	egy, attach an explanation for continuing the arrangement (i.e., C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that the eliminated).
If these conditions will be eliminated under the s will be taken to eliminate them, the responsible	strategy, attach an implementation schedule listing each step or action that party and the agreed upon deadline for completing it.
	Page 1 of 2

Local Government or Author		Method
City of Warrenton	General Fund	
low will the strategy shapes the		
low will the strategy change the	e previous arrangements for providing and/or fund	ling this service within the county?
ist any formal service delivery a	agreements or intergovernmental contracts that w	ill be used to implement the strategy
	-greenene er mitergerenmiental contracte that h	in se deed to implement the otherogy
nis service:		
is service:	Contracting Parties	
is service: Agreement Name	Contracting Parties	
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Agreement Name		Effective and Ending Date
Agreement Name What other mechanisms (if any)	will be used to implement the strategy for this ser	Effective and Ending Date vice (e.g., ordinances, resolutions, le
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Service Delivery Strategy FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY:WARREN COUNTY	Service: Nutrition Program
Check the box that best describes the agreed	d upon delivery arrangement for this service:
Service will be provided countywide (i.e., in this box is checked, identify the government, a	ncluding all cities and unincorporated areas) by a single service provider. (If authority or organization providing the service.): Warren County
Service will be provided only in the unincorporate checked, identify the government, authority or	porated portion of the county by a single service provider. (If this box is organization providing the service.):
☐One or more cities will provide this service of in unincorporated areas. (If this box is checked	only within their incorporated boundaries, and the service will not be provided d, identify the government(s), authority or organization providing the service:
One or more cities will provide this service service in unincorporated areas. (If this box is service.):	only within their incorporated boundaries, and the county will provide the checked, identify the government(s), authority or organization providing the
Other (If this box is checked, attach a legit identify the government, authority, or other organization)	ble map delineating the service area of each service provider, and ganization that will provide service within each service area.):
2. In developing this strategy, were overlapping identified?	service areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional d	ocumentation as described, below)
⊠No	
overlapping but higher levels of service (See O. overlapping service areas or competition cannot	
If these conditions will be eliminated under the will be taken to eliminate them, the responsible	strategy, attach an implementation schedule listing each step or action that party and the agreed upon deadline for completing it.

Page 1 of 2

Local Government or Authority	Funding	Method
Varren County	General Fund	
low will the strategy change the pre	evious arrangements for providing and/or fund	ling this service within the county?
	ements or intergovernmental contracts that w	ill be used to implement the strategy
	ements or intergovernmental contracts that w	ill be used to implement the strategy
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	ements or intergovernmental contracts that w Contracting Parties	ill be used to implement the strategy Effective and Ending Date
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Agreement Name Vhat other mechanisms (if any) will		Effective and Ending Date rvice (e.g., ordinances, resolutions, lo
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Agreement Name What other mechanisms (if any) will	Contracting Parties be used to implement the strategy for this ser	Effective and Ending Date rvice (e.g., ordinances, resolutions, lo
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What other mechanisms (if any) will cts of the General Assembly, rate of	be used to implement the strategy for this sen	Effective and Ending Date rvice (e.g., ordinances, resolutions, le
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What other mechanisms (if any) will cts of the General Assembly, rate of the General Assembly, rate of the General Assembly and the General Assembly are completed to the General Assembly and the General Assembly are completed to the General Assembly and the General Assembly are completed to the General Assembly and the General Assembly are completed to the General Assembly and the General Assembly are completed to the General Assembly and the General Assembly are completed to the General Assembly and the General Assembly are completed to the General Assembly and the General Assembly are completed to the General Assembly and the General Assembly are completed to the General Assembly and the General Assembly are completed to the General Assembly and the General Assembly are completed to the General Assembly and the General Assembly are completed to the General Assembly and the General Assembly are completed to the General Assembly and the General Assembly are completed to the General Assembly and the General Assembly are completed to the Genera	be used to implement the strategy for this sen	Effective and Ending Date rvice (e.g., ordinances, resolutions, lo
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What other mechanisms (if any) will cts of the General Assembly, rate of thone number: 706-465-2171 Is this the person who should be co	be used to implement the strategy for this set or fee changes, etc.), and when will they take a craham, Chairman Date completed: 12/4/09 Intacted by state agencies when evaluating when the complete interest in the complet	rvice (e.g., ordinances, resolutions, leffect?
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FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

should be reported to the Department of Community Affairs.	recary. If the contact person for this service (listed at the bettern of the page) changes, this
COUNTY:WARREN COUNTY	Service: Probate Court
Check the box that best describes the agreed upon	on delivery arrangement for this service:
	ding all cities and unincorporated areas) by a single service provider. (If ority or organization providing the service.): Warren County
Service will be provided only in the unincorpora checked, identify the government, authority or org	atted portion of the county by a single service provider. (If this box is anization providing the service.):
One or more cities will provide this service only in unincorporated areas. (If this box is checked, id	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
One or more cities will provide this service only service in unincorporated areas. (If this box is che service.):	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the
Other (If this box is checked, attach a legible ridentify the government, authority, or other organization)	map delineating the service area of each service provider, and zation that will provide service within each service area.):
In developing this strategy, were overlapping servidentified?	vice areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docur	mentation as described, below)
⊠No	
If these conditions will continue under this strategy, overlapping but higher levels of service (See O.C.G overlapping service areas or competition cannot be	attach an explanation for continuing the arrangement (i.e., .A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible part	egy, attach an implementation schedule listing each step or action that y and the agreed upon deadline for completing it.
	Page 1 of 2

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Local Government or Authorit	y Funding I	Method
/arren County	General Fund	
ow will the strategy change the p	previous arrangements for providing and/or fund	ing this service within the county?
	reements or intergovernmental contracts that wi	ill be used to implement the strategy
is service:		
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	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
is service: Agreement Name	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
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Agreement Name What other mechanisms (if any) w	vill be used to implement the strategy for this ser e or fee changes, etc.), and when will they take e	rvice (e.g., ordinances, resolutions, le
What other mechanisms (if any) we can be completed from: John R. hone number: 706-465-2171	will be used to implement the strategy for this ser e or fee changes, etc.), and when will they take e	rvice (e.g., ordinances, resolutions, leffect?







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY:WARREN COUNTY	Service: Public Health Service
Check the box that best describes the agreed upo	n delivery arrangement for this service:
	ling all cities and unincorporated areas) by a single service provider. (If prity or organization providing the service.): Warren County
Service will be provided only in the unincorporat checked, identify the government, authority or organization.	ted portion of the county by a single service provider. (If this box is anization providing the service.):
One or more cities will provide this service only in unincorporated areas. (If this box is checked, ide	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
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Other (If this box is checked, attach a legible midentify the government, authority, or other organization)	nap delineating the service area of each service provider, and cation that will provide service within each service area.):
2. In developing this strategy, were overlapping serv identified?	ice areas, unnecessary competition and/or duplication of this service
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If these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G. overlapping service areas or competition cannot be	attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	egy, attach an implementation schedule listing each step or action that y and the agreed upon deadline for completing it.
	Page 1 of 2

Local Government or Authori		Method
Varren County	General Fund	
low will the strategy change the	previous arrangements for providing and/or fundi	ing this service within the county?
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	greements or intergovernmental contracts that wi	in be used to implement the strategy
	greements of intergovernmental contracts that wi	in be used to implement the strategy
	Contracting Parties	Effective and Ending Dat
nis service:		
Agreement Name	Contracting Parties	Effective and Ending Dat
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What other mechanisms (if any) octs of the General Assembly, rate the Person completing form: John Rehone number: 706-465-2171 sthis the person who should be	will be used to implement the strategy for this ser	Effective and Ending Date vice (e.g., ordinances, resolutions, leffect?







FORM 2: Summary of Service Delivery Arrangements

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

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

How will the strategy change the previous arrangements for providing and/or funding this service within the county? List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy his service:	Local Government or Author	rity Funding	Method
ist any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy is service: Agreement Name Contracting Parties Effective and Ending Da Vhat other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, lets of the General Assembly, rate or fee changes, etc.), and when will they take effect? Person completing form: John R. Graham, Chairman hone number: 706-465-2171 Date completed: 12/4/09 In this the person who should be contacted by state agencies when evaluating whether proposed local government	/arren County		
ist any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy is service: Agreement Name Contracting Parties Effective and Ending Da Vhat other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, I cts of the General Assembly, rate or fee changes, etc.), and when will they take effect? Person completing form: John R. Graham, Chairman hone number: 706-465-2171 Date completed: 12/4/09 Is this the person who should be contacted by state agencies when evaluating whether proposed local government			
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Agreement Name Contracting Parties Effective and Ending Date Vhat other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, leads of the General Assembly, rate or fee changes, etc.), and when will they take effect? Person completing form: John R. Graham, Chairman hone number: 706-465-2171 Date completed: 12/4/09 Set this the person who should be contacted by state agencies when evaluating whether proposed local government			
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Person completing form: John R. Graham, Chairman hone number: 706-465-2171 Date completed: 12/4/09 sethis the person who should be contacted by state agencies when evaluating whether proposed local government		Contracting Parties	Effective and Ending Date
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Person completing form: John R. Graham, Chairman Phone number: 706-465-2171 Date completed: 12/4/09 Set this the person who should be contacted by state agencies when evaluating whether proposed local government		Contracting Parties	Effective and Ending Date
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hone number: 706-465-2171 Date completed: 12/4/09 s this the person who should be contacted by state agencies when evaluating whether proposed local government	Agreement Name Vhat other mechanisms (if any)	will be used to implement the strategy for this se	ervice (e.g., ordinances, resolutions, k
hone number: 706-465-2171 Date completed: 12/4/09 s this the person who should be contacted by state agencies when evaluating whether proposed local government	Agreement Name Vhat other mechanisms (if any)	will be used to implement the strategy for this se	ervice (e.g., ordinances, resolutions, k
hone number: 706-465-2171 Date completed: 12/4/09 s this the person who should be contacted by state agencies when evaluating whether proposed local government	Agreement Name Vhat other mechanisms (if any)	will be used to implement the strategy for this se	ervice (e.g., ordinances, resolutions, k
s this the person who should be contacted by state agencies when evaluating whether proposed local government rojects are consistent with the service delivery strategy? ⊠Yes □No	Agreement Name What other mechanisms (if any)	will be used to implement the strategy for this se	ervice (e.g., ordinances, resolutions, k
	Agreement Name What other mechanisms (if any) ots of the General Assembly, rate of the General	will be used to implement the strategy for this seate or fee changes, etc.), and when will they take	ervice (e.g., ordinances, resolutions, k







FORM 2: Summary of Service Delivery Arrangements

Instructions:

Answer each question below, attaching additional pages as no should be reported to the Department of Community Affairs.	ecessary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:WARREN COUNTY	Service:Regional Commission
Check the box that best describes the agreed upon the control of the control	upon delivery arrangement for this service:
Service will be provided countywide (i.e., inc this box is checked, identify the government, au	luding all cities and unincorporated areas) by a single service provider. (If athority or organization providing the service.):
Service will be provided only in the unincorport checked, identify the government, authority or o	prated portion of the county by a single service provider. (If this box is organization providing the service.):
One or more cities will provide this service or in unincorporated areas. (If this box is checked,	nly within their incorporated boundaries, and the service will not be provided identify the government(s), authority or organization providing the service:
⊠One or more cities will provide this service or service in unincorporated areas. (If this box is c service.): Warren County, City of Camak, City	nly within their incorporated boundaries, and the county will provide the hecked, identify the government(s), authority or organization providing the of Norwood, City of Warrenton
Other (If this box is checked, attach a legible identify the government, authority, or other organization)	e map delineating the service area of each service provider, and anization that will provide service within each service area.):
In developing this strategy, were overlapping seidentified?	ervice areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional doc	cumentation as described, below)
⊠No	
If these conditions will continue under this strateg overlapping but higher levels of service (See O.C overlapping service areas or competition cannot be	y, attach an explanation for continuing the arrangement (i.e., .G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that be eliminated).
If these conditions will be eliminated under the str will be taken to eliminate them, the responsible pa	rategy, $\underline{\text{attach an implementation schedule}}$ listing each step or action that arty and the agreed upon deadline for completing it.

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

	Funding	Method
Varren County	General Fund	
City of Camak	General Fund	
ity of Norwood	General Fund	
City of Warrenton	General Fund	
How will the strategy change the prev	vious arrangements for providing and/or fund	ding this service within the county?
List any formal service delivery agreenis service: Agreement Name	ments or intergovernmental contracts that w	vill be used to implement the strategy Effective and Ending Date
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What other mechanisms (if any) will bacts of the General Assembly, rate or	be used to implement the strategy for this ser fee changes, etc.), and when will they take	rvice (e.g., ordinances, resolutions, le
Person completing form: John R. Graphone number: 706-465-2171	aham Date completed: 12/4/09 tacted by state agencies when evaluating when the complete of the	effect?







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

should be reported to the Department of Community Affairs	S.
COUNTY:WARREN COUNTY	Service:Rescue
1. Check the box that best describes the agree	d upon delivery arrangement for this service:
	including all cities and unincorporated areas) by a single service provider. (If authority or organization providing the service.): Warren County
Service will be provided only in the uninconchecked, identify the government, authority of	rporated portion of the county by a single service provider. (If this box is or organization providing the service.):
One or more cities will provide this service in unincorporated areas. (If this box is checked	e only within their incorporated boundaries, and the service will not be provided ed, identify the government(s), authority or organization providing the service:
	e only within their incorporated boundaries, and the county will provide the s checked, identify the government(s), authority or organization providing the
	ible map delineating the service area of each service provider, and rganization that will provide service within each service area.):
2. In developing this strategy, were overlapping identified?	g service areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional of	documentation as described, below)
⊠No	
If these conditions will continue under this strat overlapping but higher levels of service (See O overlapping service areas or competition cannot	tegy, attach an explanation for continuing the arrangement (i.e., D.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that of be eliminated).
If these conditions will be eliminated under the will be taken to eliminate them, the responsible	strategy, <u>attach an implementation schedule</u> listing each step or action that a party and the agreed upon deadline for completing it.
	Page 1 of 2

Local Government or Author	ority Funding	Method
Warren County	General Fund	
How will the strategy change t	he previous arrangements for providing and/or fund	ding this service within the county?
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List any formal service delivery this service:	y agreements or intergovernmental contracts that v	will be used to implement the strategy
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
What other mechanisms (if an	y) will be used to implement the strategy for this se rate or fee changes, etc.), and when will they take	ervice (e.g., ordinances, resolutions, lo
What other mechanisms (if an	y) will be used to implement the strategy for this se	ervice (e.g., ordinances, resolutions, lo
What other mechanisms (if an	y) will be used to implement the strategy for this se	ervice (e.g., ordinances, resolutions, lo
What other mechanisms (if an	y) will be used to implement the strategy for this se	ervice (e.g., ordinances, resolutions, lo
What other mechanisms (if an	y) will be used to implement the strategy for this se	ervice (e.g., ordinances, resolutions, lo
What other mechanisms (if an acts of the General Assembly,	y) will be used to implement the strategy for this se rate or fee changes, etc.), and when will they take	ervice (e.g., ordinances, resolutions, lo
What other mechanisms (if an acts of the General Assembly, Person completing form: John Phone number: 706-465-2171	y) will be used to implement the strategy for this serate or fee changes, etc.), and when will they take	ervice (e.g., ordinances, resolutions, lo effect?







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

should be reported to the Department of Community Affairs.		
COUNTY:WARREN COUNTY	Service:Road/Street Maintenance	
Check the box that best describes the agreed upon the control of the control	upon delivery arrangement for this service:	
Service will be provided countywide (i.e., inc this box is checked, identify the government, au	cluding all cities and unincorporated areas) by a single service provider. (If athority or organization providing the service.): T	
Service will be provided only in the unincorporchecked, identify the government, authority or o	prated portion of the county by a single service provider. (If this box is organization providing the service.):	
One or more cities will provide this service or in unincorporated areas. (If this box is checked,	nly within their incorporated boundaries, and the service will not be provided identify the government(s), authority or organization providing the service:	
	nly within their incorporated boundaries, and the county will provide the hecked, identify the government(s), authority or organization providing the of Norwood, City of Warrenton	
Other (If this box is checked, attach a legible identify the government, authority, or other organization)	e map delineating the service area of each service provider, and anization that will provide service within each service area.):	
In developing this strategy, were overlapping so identified?	ervice areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional doc	cumentation as described, below)	
⊠No		
If these conditions will continue under this strateg overlapping but higher levels of service (See O.C overlapping service areas or competition cannot be	y, <u>attach an explanation for continuing the arrangement</u> (i.e., .G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that be eliminated).	
If these conditions will be eliminated under the str will be taken to eliminate them, the responsible pa	rategy, attach an implementation schedule listing each step or action that arty and the agreed upon deadline for completing it.	
	Page 1 of 2	

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

Local Government or Authority	Funding	Method
Warren County	General Fund	
City of Camak	General Fund	
City of Norwood	General Fund	
City of Warrenton	General Fund	
4. How will the strategy change the pre	vious arrangements for providing and/or fund	ding this service within the county?
 List any formal service delivery agree this service: 	ements or intergovernmental contracts that w	vill be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
	be used to implement the strategy for this se	rvice (e.g., ordinances, resolutions, loca
acts of the General Assembly, rate or	ree changes, etc.), and when will they take	
7. Person completing form: John R. Gr Phone number: 706-465-2171 8. Is this the person who should be con	aham, Chairman Date completed: 12/4/09 tacted by state agencies when evaluating when	effect?
7. Person completing form: John R. Gr Phone number: 706-465-2171	aham, Chairman Date completed: 12/4/09 tacted by state agencies when evaluating whee delivery strategy? ⊠Yes ⊡No	effect?







FORM 2: Summary of Service Delivery Arrangements

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should be reported to the Department of Community Affairs.			
COUNTY:WARREN COUNTY	Service: Senior Citizens		
Check the box that best describes the agreed u	upon delivery arrangement for this service:		
	cluding all cities and unincorporated areas) by a single service provider. (If athority or organization providing the service.): Warren County		
Service will be provided only in the unincorpo checked, identify the government, authority or o	prated portion of the county by a single service provider. (If this box is organization providing the service.):		
	nly within their incorporated boundaries, and the service will not be provided identify the government(s), authority or organization providing the service:		
	nly within their incorporated boundaries, and the county will provide the hecked, identify the government(s), authority or organization providing the		
	e map delineating the service area of each service provider, and inization that will provide service within each service area.):		
In developing this strategy, were overlapping se identified?	ervice areas, unnecessary competition and/or duplication of this service		
☐ Yes (if "Yes," you must attach additional doc	:umentation as described, below)		
⊠No			
If these conditions will continue under this strategy overlapping but higher levels of service (See O.C. overlapping service areas or competition cannot be	y, attach an explanation for continuing the arrangement (i.e., .G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that be eliminated).		
If these conditions will be eliminated under the strawill be taken to eliminate them, the responsible pa	rategy, attach an implementation schedule listing each step or action that arty and the agreed upon deadline for completing it.		

Page 1 of 2

Local Government or Authori	ty Funding N	Method
Jarren County	General Fund	
ow will the strategy change the	previous arrangements for providing and/or fundi	ing this service within the county?
et any formal convice delivery a	groomants or intorgovernmental contracts that wi	III h
	greements or intergovernmental contracts that wi	ill be used to implement the strategy
	greements of intergovernmental contracts that wi	ill be used to implement the strategy
is service:		
	Contracting Parties	Effective and Ending Date
is service:		
is service: Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name What other mechanisms (if any)		vice (e.g., ordinances, resolutions, l
Agreement Name Vhat other mechanisms (if any)	Contracting Parties Will be used to implement the strategy for this services	vice (e.g., ordinances, resolutions, l
Agreement Name What other mechanisms (if any)	Contracting Parties Will be used to implement the strategy for this services	vice (e.g., ordinances, resolutions, l
Agreement Name What other mechanisms (if any)	Contracting Parties Will be used to implement the strategy for this services	vice (e.g., ordinances, resolutions, l
Agreement Name What other mechanisms (if any)	Contracting Parties Will be used to implement the strategy for this services	Effective and Ending Date vice (e.g., ordinances, resolutions, I
Agreement Name Vhat other mechanisms (if any)	Contracting Parties Will be used to implement the strategy for this services	Effective and Ending Date vice (e.g., ordinances, resolutions, I
Agreement Name What other mechanisms (if any)	Contracting Parties Will be used to implement the strategy for this services	Effective and Ending Date vice (e.g., ordinances, resolutions, I
Agreement Name What other mechanisms (if any)	Contracting Parties Will be used to implement the strategy for this services	vice (e.g., ordinances, resolutions, l
What other mechanisms (if any) octs of the General Assembly, rate	will be used to implement the strategy for this sense or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, l
What other mechanisms (if any) octs of the General Assembly, rate	Contracting Parties will be used to implement the strategy for this serve or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, l
What other mechanisms (if any) octs of the General Assembly, rate	will be used to implement the strategy for this sense or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, l
Agreement Name What other mechanisms (if any) was of the General Assembly, rate the derivative of the General Assembly, rate that the person who should be service:	Contracting Parties will be used to implement the strategy for this serve or fee changes, etc.), and when will they take etc. Graham, Chairman Date completed: 12/4/09 contacted by state agencies when evaluating when	vice (e.g., ordinances, resolutions, leffect?
What other mechanisms (if any) octs of the General Assembly, rate the completing form: John R hone number: 706-465-2171 as this the person who should be	will be used to implement the strategy for this serve or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, leffect?







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

should be reported to the Department of Community Affairs.	necessary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:WARREN COUNTY	Service: Sidewalk Maintenance
Check the box that best describes the agreed	upon delivery arrangement for this service:
Service will be provided countywide (i.e., including this box is checked, identify the government, as	cluding all cities and unincorporated areas) by a single service provider. (If uthority or organization providing the service.):
Service will be provided only in the unincorporate checked, identify the government, authority or one of the checked.	orated portion of the county by a single service provider. (If this box is organization providing the service.):
	inly within their incorporated boundaries, and the service will not be provided in identify the government(s), authority or organization providing the service:
	only within their incorporated boundaries, and the county will provide the checked, identify the government(s), authority or organization providing the
Other (If this box is checked, attach a legible identify the government, authority, or other organization)	le map delineating the service area of each service provider, and anization that will provide service within each service area.):
2. In developing this strategy, were overlapping s identified?	service areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional do	cumentation as described, below)
⊠No	
If these conditions will continue under this strategoverlapping but higher levels of service (See O.C overlapping service areas or competition cannot	gy, <u>attach an explanation for continuing the arrangement</u> (i.e., C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that be eliminated).
If these conditions will be eliminated under the st will be taken to eliminate them, the responsible p	trategy, <u>attach an implementation schedule</u> listing each step or action that party and the agreed upon deadline for completing it.
	Page 1 of 2

Local Government or Authority	Funding I	Method
ty of Warrenton	General Fund	
ow will the strategy change the pro-	evious arrangements for providing and/or fund	ling this service within the county?
st any formal service delivery agre	eements or intergovernmental contracts that w	ill he used to implement the strategy
Stally lollial service delivery agre		
is service:		
	Contracting Parties	Effective and Ending Da
s service:		
s service:		
is service:		
is service:		
is service: Agreement Name	Contracting Parties	Effective and Ending Da
Agreement Name /hat other mechanisms (if any) will	Contracting Parties I be used to implement the strategy for this ser	Effective and Ending Da
Agreement Name //hat other mechanisms (if any) will	Contracting Parties	Effective and Ending Da
Agreement Name /hat other mechanisms (if any) will	Contracting Parties I be used to implement the strategy for this ser	Effective and Ending Da
Agreement Name /hat other mechanisms (if any) will	Contracting Parties I be used to implement the strategy for this ser	Effective and Ending Da
is service: Agreement Name What other mechanisms (if any) will	Contracting Parties I be used to implement the strategy for this ser	Effective and Ending Da
is service: Agreement Name What other mechanisms (if any) will	Contracting Parties I be used to implement the strategy for this ser	Effective and Ending Da
Agreement Name //hat other mechanisms (if any) will sts of the General Assembly, rate of the General Assembly, rate of the General Assembly (if any) will sts of the General Assembly, rate of the General Assembly (if any) will sts of the General Assembly, rate of the General Assembly (if any) will sts of the General Assemb	Contracting Parties I be used to implement the strategy for this ser fee changes, etc.), and when will they take e	Effective and Ending Da
Agreement Name What other mechanisms (if any) will ots of the General Assembly, rate of the General Assembly, rate of the number: 706-465-2171 So this the person who should be considered the constant of t	Contracting Parties I be used to implement the strategy for this ser or fee changes, etc.), and when will they take e	rvice (e.g., ordinances, resolutions, leffect?







FORM 2: Summary of Service Delivery Arrangements

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

should be reported to the Department of Community Affairs.	necessary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:WARREN COUNTY	Service: Social Services
Check the box that best describes the agreed	upon delivery arrangement for this service:
	cluding all cities and unincorporated areas) by a single service provider. (If uthority or organization providing the service.): Warren County
Service will be provided only in the unincorp checked, identify the government, authority or o	porated portion of the county by a single service provider. (If this box is organization providing the service.):
	only within their incorporated boundaries, and the service will not be provided d, identify the government(s), authority or organization providing the service:
	only within their incorporated boundaries, and the county will provide the checked, identify the government(s), authority or organization providing the
	le map delineating the service area of each service provider, and anization that will provide service within each service area.):
In developing this strategy, were overlapping sidentified?	service areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional do	cumentation as described, below)
⊠No	
If these conditions will continue under this strategoverlapping but higher levels of service (See O.C overlapping service areas or competition cannot	gy, <u>attach an explanation for continuing the arrangement</u> (i.e., C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that be eliminated).
If these conditions will be eliminated under the st will be taken to eliminate them, the responsible p	trategy, <u>attach an implementation schedule</u> listing each step or action that party and the agreed upon deadline for completing it.
	Page 1 of 2

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		ntinued
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enterprise funds, user fees, general	hat will help to pay for this service and indicate funds, special service district revenues, hotel/	how the service will be funded (e.g., motel taxes, franchise taxes, impact
fees, bonded indebtedness, etc.).		
Local Government or Authority	Funding	Method
Warren County	General Fund	
4. How will the strategy change the pr	evious arrangements for providing and/or fund	ing this service within the county?
 List any formal service delivery agre this service: 	eements or intergovernmental contracts that w	ill be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
6. What other mechanisms (if any) will acts of the General Assembly, rate	I be used to implement the strategy for this ser or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, local effect?
7. Person completing form: John R. G Phone number: 706-465-2171	Graham, Chairman Date completed: 12/4/09	
Is this the person who should be co projects are consistent with the serv	ontacted by state agencies when evaluating where delivery strategy? ⊠Yes □No	ether proposed local government
If not, provide designated contact pe	erson(s) and phone number(s) below:	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

Answer each question below, attaching additional pages should be reported to the Department of Community Affa	as necessary. If the contact person for this service (listed at the bottom of the page) changes, this airs.
COUNTY:WARREN COUNTY	Service: Solid Waste Collection
Check the box that best describes the agre	eed upon delivery arrangement for this service:
	, including all cities and unincorporated areas) by a single service provider. (If t, authority or organization providing the service.):
Service will be provided only in the uninc checked, identify the government, authority	corporated portion of the county by a single service provider. (If this box is or organization providing the service.):
☐One or more cities will provide this service in unincorporated areas. (If this box is check	ce only within their incorporated boundaries, and the service will not be provided ked, identify the government(s), authority or organization providing the service:
⊠One or more cities will provide this service service in unincorporated areas. (If this box service.): Warren County, City of Camak,	ce only within their incorporated boundaries, and the county will provide the is checked, identify the government(s), authority or organization providing the City of Norwood, City of Warrenton
Other (If this box is checked, attach a legidentify the government, authority, or other	gible map delineating the service area of each service provider, and organization that will provide service within each service area.):
2. In developing this strategy, were overlappir identified?	ng service areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional	documentation as described, below)
⊠No	
If these conditions will continue under this stra overlapping but higher levels of service (See overlapping service areas or competition can	ategy, attach an explanation for continuing the arrangement (i.e., O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that not be eliminated).
If these conditions will be eliminated under the will be taken to eliminate them, the responsib	e strategy, attach an implementation schedule listing each step or action that le party and the agreed upon deadline for completing it.
	Page 1 of 2

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

Funding Method	
General Fund	
General Fund	
General Fund	
General Fund/User Fee	

City of Warrenton	General Fund/User Fee	
. How will the strategy change th	ne previous arrangements for providing and/or fund	ling this service within the county?
List any formal service delivery this service:	agreements or intergovernmental contracts that w	rill be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name	Contracting Farties	Ellective and Ellaing Dates
. What other mechanisms (if any acts of the General Assembly,	y) will be used to implement the strategy for this serate or fee changes, etc.), and when will they take of	rvice (e.g., ordinances, resolutions, local effect?
. Person completing form: John Phone number: 706-465-9261	R. Graham Date completed: 12/4/09	
B. Is this the person who should be projects are consistent with the	be contacted by state agencies when evaluating where service delivery strategy? ⊠Yes □No	nether proposed local government
If not, provide designated conta	act person(s) and phone number(s) below:	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

Make conies of this form and complete one for each service listed	on FORM 1, Section III. Use exactly the same service names listed on FORM 1.	
make copies of this form and complete one for each service listed	of Form 1, Section III. Ose exactly the same service names listed on Form 1.	
Answer each question below, attaching additional pages as necessary.	If the contact person for this service (listed at the bottom of the page) changes, this	5
should be reported to the Department of Community Affairs		

COUNTY:WARREN COUNTY	Service:Solid Waste Disposal		
Check the box that best describes the agreed upon delivery arrangement for this service:			
☐ Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):			
	Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):		
One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service:			
⊠One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.): Warren County, City of Camak, City of Norwood, City of Warrenton			
Other (If this box is checked, <u>attach a legible map delineating the service area of each service provider</u> , and identify the government, authority, or other organization that will provide service within each service area.):			
2. In developing this strategy, were overlapping servi identified?	2. In developing this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?		
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)		
⊠No			
If these conditions will continue under this strategy, <u>attach an explanation for continuing the arrangement</u> (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 strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.		
Page 1 of 2			

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			con	4:	
		To IVI	con	TIME	ea

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

Local Government or Authority	Funding Metho	od -
Warren County	General Fund	
City of Camak General Fund		
City of Norwood	General Fund	
City of Warrenton	General Fund/User Fee	
How will the strategy change the prev	ious arrangements for providing and/or funding th	is service within the county?
List any formal service delivery agree this service:	ments or intergovernmental contracts that will be ເ	used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
6. What other mechanisms (if any) will b acts of the General Assembly, rate or	e used to implement the strategy for this service (fee changes, etc.), and when will they take effect?	e.g., ordinances, resolutions, local
Is this the person who should be cont projects are consistent with the service.	ate completed: 12/4/09 acted by state agencies when evaluating whether e delivery strategy? ⊠Yes □No	proposed local government
If not, provide designated contact pers	son(s) and phone number(s) below.	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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should be reported to the Department of Community Affairs.		
COUNTY:WARREN COUNTY	Service:Street Lights	
Check the box that best describes the agreed upon	on delivery arrangement for this service:	
☐ Service will be provided countywide (i.e., include this box is checked, identify the government, auth	ding all cities and unincorporated areas) by a single service provider. (If ority or organization providing the service.):	
Service will be provided only in the unincorpora checked, identify the government, authority or org	ated portion of the county by a single service provider. (If this box is anization providing the service.):	
	within their incorporated boundaries, and the service will not be provided dentify the government(s), authority or organization providing the service:	
	within their incorporated boundaries, and the county will provide the ecked, identify the government(s), authority or organization providing the of Norwood, City of Warrenton	
Other (If this box is checked, attach a legible ridentify the government, authority, or other organic	map delineating the service area of each service provider, and zation that will provide service within each service area.):	
In developing this strategy, were overlapping servidentified?	vice areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional docur	mentation as described, below)	
⊠No		
If these conditions will continue under this strategy, overlapping but higher levels of service (See O.C.G overlapping service areas or competition cannot be	attach an explanation for continuing the arrangement (i.e., i.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).	
If these conditions will be eliminated under the strat will be taken to eliminate them, the responsible part	egy, attach an implementation schedule listing each step or action that by and the agreed upon deadline for completing it.	
	Page 1 of 2	

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

arren County ty of Camak	runding	Method
-	General Fund	
	General Fund General Fund	
ty of Norwood		
ty of Warrenton	General Fund	
ow will the strategy change the pre	evious arrangements for providing and/or fund	ding this service within the county?
st any formal service delivery agre is service:	ements or intergovernmental contracts that w	vill be used to implement the strategy
Agreement Name	Contracting Parties	Effective and Ending Dat
	be used to implement the strategy for this se r fee changes, etc.), and when will they take	
erson completing form: John R. G none number: 706-465-2171	raham, Chairman Date completed: 12/4/09	
none number: 706-465-2171 this the person who should be cor		nether proposed local government







FORM 2: Summary of Service Delivery Arrangements

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Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.		
COUNTY:WARREN COUNTY	Service: Superior Court	
Check the box that best describes the agreed up	oon delivery arrangement for this service:	
	uding all cities and unincorporated areas) by a single service provider. (If hority or organization providing the service.): Warren County	
Service will be provided only in the unincorpor checked, identify the government, authority or or	rated portion of the county by a single service provider. (If this box is ganization providing the service.):	
	ly within their incorporated boundaries, and the service will not be provided identify the government(s), authority or organization providing the service:	
	ly within their incorporated boundaries, and the county will provide the lecked, identify the government(s), authority or organization providing the	
Other (If this box is checked, <u>attach a legible</u> identify the government, authority, or other organ	map delineating the service area of each service provider, and nization that will provide service within each service area.):	
In developing this strategy, were overlapping selidentified?	rvice areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional docu	umentation as described, below)	
⊠No		
	r, attach an explanation for continuing the arrangement (i.e., G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that e eliminated).	
	ategy, attach an implementation schedule listing each step or action that rty and the agreed upon deadline for completing it.	
	Page 1 of 2	

Local Government or Authority	Funding I	Method
Varren County	General Fund	
How will the strategy change the pre	evious arrangements for providing and/or fundi	ing this service within the county?
ist any formal service delivery agre-	ements or intergovernmental contracts that wi	ill be used to implement the strategy f
his service:		
his service: Agreement Name	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
Agreement Name What other mechanisms (if any) will	be used to implement the strategy for this sen	vice (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if any) will	be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, loc
Agreement Name What other mechanisms (if any) will	be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if any) will	be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if any) will	be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if any) will octs of the General Assembly, rate of the Ge	be used to implement the strategy for this ser r fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) will acts of the General Assembly, rate of the General Assembly,	be used to implement the strategy for this sent fee changes, etc.), and when will they take expenses the completed: 12/4/09 Intacted by state agencies when evaluating evaluatin	vice (e.g., ordinances, resolutions, locality)







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes the

should be reported to the Department of Community Affa	airs.
COUNTY:WARREN COUNTY	Service: Tax Assessor
Check the box that best describes the agree	eed upon delivery arrangement for this service:
	., including all cities and unincorporated areas) by a single service provider. (If nt, authority or organization providing the service.): Warren County
Service will be provided only in the uninc checked, identify the government, authority	corporated portion of the county by a single service provider. (If this box is or organization providing the service.):
One or more cities will provide this service in unincorporated areas. (If this box is check	ce only within their incorporated boundaries, and the service will not be provided ked, identify the government(s), authority or organization providing the service:
	ce only within their incorporated boundaries, and the county will provide the county identify the government(s), authority or organization providing the
Other (If this box is checked, attach a le identify the government, authority, or other	egible map delineating the service area of each service provider, and organization that will provide service within each service area.):
In developing this strategy, were overlappi identified?	ng service areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additiona	Il documentation as described, below)
⊠No	
If these conditions will continue under this str overlapping but higher levels of service (See overlapping service areas or competition can	rategy, attach an explanation for continuing the arrangement (i.e., O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that mot be eliminated).
If these conditions will be eliminated under the will be taken to eliminate them, the responsible	ne strategy, attach an implementation schedule listing each step or action that ble party and the agreed upon deadline for completing it.
	Page 1 of 2

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.). Local Government or Authority **Funding Method** Warren County General Fund 4. How will the strategy change the previous arrangements for providing and/or funding this service within the county? 5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service: **Contracting Parties** Effective and Ending Dates Agreement Name 6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect? 7. Person completing form: John R. Graham, Chairman Phone number: 706-465-2171 Date completed: 12/4/09 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ⊠Yes □No If not, provide designated contact person(s) and phone number(s) below:







FORM 2: Summary of Service Delivery Arrangements

Instructions:

Answer each question below, attaching additional pages as necesshould be reported to the Department of Community Affairs.	listed on FORM 1, Section III. Use exactly the same service names listed on FORM 1. ssary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:WARREN COUNTY	Service: Tax Collection
Check the box that best describes the agreed upo	on delivery arrangement for this service:
	ding all cities and unincorporated areas) by a single service provider. (If prity or organization providing the service.): Warren County
Service will be provided only in the unincorporal checked, identify the government, authority or organization.	ted portion of the county by a single service provider. (If this box is anization providing the service.):
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the
Other (If this box is checked, attach a legible not identify the government, authority, or other organization)	nap delineating the service area of each service provider, and zation that will provide service within each service area.):
2. In developing this strategy, were overlapping serv identified?	vice areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	nentation as described, below)
⊠No	
If these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G. overlapping service areas or competition cannot be	attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	egy, attach an implementation schedule listing each step or action that y and the agreed upon deadline for completing it.
	Page 4 of 2

How will the strategy change the previous arrange List any formal service delivery agreements or intended the service: Agreement Name	ements for providing a		this service within the county?
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Agreement Name			
Agreement Name			
	Contracting Parties		Effective and Ending Da
What other mechanisms (if any) will be used to in	rplement the strategy	for this service	e (e.g., ordinances, resolutions,
icts of the General Assembly, rate or fee changes	s, etc.), and when will	they take effect	ct?
Person completing form: John R. Graham, Chair			
Phone number: 706-465-2171 Date complete	.ed: 12/4/09		
Is this the person who should be contacted by sta	ite agencies when eva	aluating whether	er proposed local government
Is this the person who should be contacted by sta	ate agencies when eva rategy? ⊠Yes ⊟No	aluating whether	er proposed local government
Is this the person who should be contacted by sta projects are consistent with the service delivery st	ate agencies when eva rategy? ⊠Yes ⊡No	aluating whethe	er proposed local government







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

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

Local Government or Authori	ty Funding	Method
City of Warrenton	General Fund	motivos .
How will the strategy change the	previous arrangements for providing and/or fund	ding this condes within the county?
riow will the strategy change the	previous arrangements for providing and/or fund	uning this service within the county?
	greements or intergovernmental contracts that w	vill be used to implement the strategy
his service:		
Agreement Name	Contracting Parties	
	Contracting Parties	Effective and Ending Date
	Contracting Parties	
Agreement Name What other mechanisms (if any)	will be used to implement the strategy for this se	Effective and Ending Date
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What other mechanisms (if any) acts of the General Assembly, rat	will be used to implement the strategy for this se	Effective and Ending Date
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What other mechanisms (if any) acts of the General Assembly, rat	will be used to implement the strategy for this se	Effective and Ending Date
What other mechanisms (if any) racts of the General Assembly, rate	will be used to implement the strategy for this se e or fee changes, etc.), and when will they take	Effective and Ending Date
What other mechanisms (if any) acts of the General Assembly, rat	will be used to implement the strategy for this se e or fee changes, etc.), and when will they take	Effective and Ending Date
What other mechanisms (if any) acts of the General Assembly, raterovide Details Here Person completing form: John Rephone number: 706-465-2171	will be used to implement the strategy for this se e or fee changes, etc.), and when will they take Graham, Chairman Date completed: 12/4/09	ervice (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if any) rects of the General Assembly, rate rovide Details Here Person completing form: John Rechone number: 706-465-2171 s this the person who should be	will be used to implement the strategy for this se e or fee changes, etc.), and when will they take	ervice (e.g., ordinances, resolutions, le







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

Answer each question below, attaching additional pages should be reported to the Department of Community Affa	as necessary. If the contact person for this service (listed at the bottom of the page) changes, this airs.
COUNTY:WARREN COUNTY	Service: Voter Registration
Check the box that best describes the agree	eed upon delivery arrangement for this service:
	, including all cities and unincorporated areas) by a single service provider. (If it, authority or organization providing the service.): Warren County
Service will be provided only in the uninc checked, identify the government, authority	corporated portion of the county by a single service provider. (If this box is or organization providing the service.):
One or more cities will provide this service in unincorporated areas. (If this box is check	ce only within their incorporated boundaries, and the service will not be provided ked, identify the government(s), authority or organization providing the service:
One or more cities will provide this service service in unincorporated areas. (If this box service.):	ce only within their incorporated boundaries, and the county will provide the cis checked, identify the government(s), authority or organization providing the
Other (If this box is checked, attach a legidentify the government, authority, or other	gible map delineating the service area of each service provider, and organization that will provide service within each service area.):
2. In developing this strategy, were overlapping identified?	ng service areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional	I documentation as described, below)
⊠No	
	ategy, <u>attach an explanation for continuing the arrangement</u> (i.e., O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that not be eliminated).
If these conditions will be eliminated under th will be taken to eliminate them, the responsib	te strategy, <u>attach an implementation schedule</u> listing each step or action that ble party and the agreed upon deadline for completing it.
	Page 4 of 2

Local Government or Authority	Funding I	Method
Varren County	General Fund	
How will the strategy change the prev	vious arrangements for providing and/or fund	ing this service within the county?
List any formal service delivery agree	ements or intergovernmental contracts that wi	ill be used to implement the strategy
List arry formal service delivery agree	sments of intergovernmental contracts that wi	in be ased to implement the strategy
this service:		
this service: Agreement Name	Contracting Parties	Effective and Ending Date
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	Contracting Parties	Effective and Ending Date
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Agreement Name What other mechanisms (if any) will be	be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if any) will be	be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if any) will be	be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) will bacts of the General Assembly, rate or	be used to implement the strategy for this ser fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) will be acts of the General Assembly, rate or Person completing form: John R. Gr Phone number: 706-465-2171	be used to implement the strategy for this ser fee changes, etc.), and when will they take e raham, Chairman Date completed: 12/4/09	vice (e.g., ordinances, resolutions, lo







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

should be reported to the Department of Community Affairs.	
COUNTY:WARREN COUNTY	Service: Yard Waste Collection
Check the box that best describes the agreed upon	n delivery arrangement for this service:
Service will be provided countywide (i.e., includ this box is checked, identify the government, author	ling all cities and unincorporated areas) by a single service provider. (If ority or organization providing the service.):
Service will be provided only in the unincorporat checked, identify the government, authority or organization.	ted portion of the county by a single service provider. (If this box is anization providing the service.):
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the
Other (If this box is checked, <u>attach a legible m</u> identify the government, authority, or other organiz	nap delineating the service area of each service provider, and cation that will provide service within each service area.):
In developing this strategy, were overlapping servi identified?	ice areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	nentation as described, below)
⊠No	
If these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G. overlapping service areas or competition cannot be expected to the contract of the service areas or competition.	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	egy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

Page 1 of 2

Local Government or Authority	Funding	Method
ty of Warrenton	General Fund	
*		
ow will the strategy change the pre-	vious arrangements for providing and/or fund	ding this service within the county?
et any formal service delivery agree	ements or intergovernmental contracts that w	will be used to implement the strategy
	ements of intergovernmental contracts that w	viii be used to implement the strategy
	ements of intergovernmental contracts that w	viii be used to implement the strategy
s service:		
	Contracting Parties	
s service:		
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name /hat other mechanisms (if any) will I	Contracting Parties be used to implement the strategy for this se	Effective and Ending Date
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S service: Agreement Name /hat other mechanisms (if any) will I	Contracting Parties be used to implement the strategy for this se	Effective and Ending Date
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Agreement Name /hat other mechanisms (if any) will I	Contracting Parties be used to implement the strategy for this se	Effective and Ending Date ervice (e.g., ordinances, resolutions, lo
Agreement Name /hat other mechanisms (if any) will I	Contracting Parties be used to implement the strategy for this se	Effective and Ending Date
Agreement Name /hat other mechanisms (if any) will lets of the General Assembly, rate or	be used to implement the strategy for this ser fee changes, etc.), and when will they take	Effective and Ending Date ervice (e.g., ordinances, resolutions, lo
Agreement Name //hat other mechanisms (if any) will lets of the General Assembly, rate or erson completing form: John R. Gr	contracting Parties be used to implement the strategy for this ser fee changes, etc.), and when will they take	Effective and Ending Date ervice (e.g., ordinances, resolutions, lo
Agreement Name //hat other mechanisms (if any) will lets of the General Assembly, rate or erson completing form: John R. Gr	be used to implement the strategy for this ser fee changes, etc.), and when will they take	Effective and Ending Date
Agreement Name //hat other mechanisms (if any) will lets of the General Assembly, rate or the General Assembly and the completing form: John R. Granne number: 706-465-2171	be used to implement the strategy for this ser fee changes, etc.), and when will they take that the completed: 12/4/09	Effective and Ending Date ervice (e.g., ordinances, resolutions, lo
Agreement Name That other mechanisms (if any) will lead to the General Assembly, rate or the General Assembly, rate or the none number: 706-465-2171 This the person who should be con	Contracting Parties be used to implement the strategy for this ser fee changes, etc.), and when will they take that the completed: 12/4/09 stacted by state agencies when evaluating whether the completed is a completed.	Effective and Ending Date ervice (e.g., ordinances, resolutions, lo
Agreement Name That other mechanisms (if any) will lead to the General Assembly, rate or the General Assembly, rate or the none number: 706-465-2171 This the person who should be con	Contracting Parties be used to implement the strategy for this ser fee changes, etc.), and when will they take that the completed: 12/4/09 stacted by state agencies when evaluating whether the completed is a completed.	ervice (e.g., ordinances, resolutions, lo
Agreement Name //hat other mechanisms (if any) will lets of the General Assembly, rate or the order of the none number: 706-465-2171	Contracting Parties be used to implement the strategy for this ser fee changes, etc.), and when will they take that the completed: 12/4/09 stacted by state agencies when evaluating whether the completed is a completed.	Effective and Ending Date ervice (e.g., ordinances, resolutions, lo
Agreement Name /hat other mechanisms (if any) will lets of the General Assembly, rate or none number: 706-465-2171 this the person who should be conojects are consistent with the services.	Contracting Parties be used to implement the strategy for this ser fee changes, etc.), and when will they take that the completed: 12/4/09 stacted by state agencies when evaluating whether the completed is a completed.	Effective and Ending Date ervice (e.g., ordinances, resolutions, lo

Marren County Board of Commissioners

P.O. Box 46 Warrenton, Georgia 30828 706-465-2171 FAX 706-465-1300 TDD 706-465-2171

Richard Burley, Jr. Commissioner, District 1

Terry M. Johnson Commissioner, District 2 John R. Graham

Cathy Toulson
Finance Clerk

Pamela H. Lester County Clerk

RECEIVED

OCT 26 2009

October 22, 2009

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

To Whom It May Concern:

Enclosed you will find the complete and executed *Service Delivery Strategy* for Warren County.

If you have any questions, please give us a call.

Sincerely,

John R. Graham

Chairman

Enclosure







FORM 3: Summary of Land Use Agreements

Instructions:

Answer each question below, attaching additional pages as necessary. Please note that any changes to the answers provided will require an update 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.

Community Affairs.	•
COUNTY:WARREN COUNTY	
What incompatibilities or conflicts between the land use plans of local governments we developing the service delivery strategy? None	ere identified in the process of
2. Check the boxes indicating how these incompatibilities or conflicts were addressed:	NOTE:
☐ Amendments to existing comprehensive plans	If the necessary plan amendments,
Adoption of a joint comprehensive plan	regulations, ordinances, etc. have not yet
Other measures (amend zoning ordinances, add environmental regulations, etc.)	been formally adopted, indicate when each of the affected local governments will adopt them.
If "other measures" was checked, describe these measures:	
3. What policies, procedures and/or processes have been established by local governmental authorities) to ensure that new extraterritorial water and sewer service will be consistent and ordinances? The Intergovenmental Agreement will provide that each city and the conservices.	with all applicable land use plans
Person completing form: John R. Graham, Chairman Phone number: 706-465-2171 Date completed: October 19, 2009	

5. Is this the person who should be contacted by state agencies when evaluating whether proposed local government

projects are consistent with the service delivery strategy? ⊠Yes □No

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







SERVICE DELIVERY STRATEGY FORM 4: Certifications

Instructions:

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

COUNTY: WARREN COUNTY

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

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

JURISDICTION	TITLE	NAME	SIGNATURE	DATE
CAMAK, CITY OF	Mayor	Brenda Cooper	Bunda M. Caga	10-19-09
NORWOOD, CITY OF	Mayor	David Harper	Dound Hayon	10-22-0
WARRENTON, CITY OF	Mayor	Tony Mimbs	Jy and	10-19-09
WARREN, COUNTY OF	Chairman	John R. Graham	John R. Hrahan	10-19-09
		· ·		
			Supplied to	