

SERVICE DELIVERY STRATEGY for CHATHAM COUNTY, GEORGIA

February 2010

Prepared by

The Chatham County-Savannah Metropolitan Planning Commission

Chatham County Service Delivery Strategy

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SERVICE DELIVERY STRATEGY

FORM 1

COUNTY: CHATHAM

I. GENERAL INSTRUCTIONS:

OPTION A

- 1. FORM 1 is required for **ALL** SDS submittals. Only one set of these forms should be submitted per county. The completed forms should clearly present the collective agreement reached by all cities and counties that were party to the service delivery strategy.
- List each local government and/or authority that provides services included in the service delivery strategy in Section II below.
- 3. List all services provided or primarily funded by each general purpose local government and authority within the county 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 B

Revising or Adding to the SDS	Extending the Existing 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.) 5. For each service or service component listed in Section IV, complete a separate, updated Summary of Service Delivery Arrangements form (FORM 2).	 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.
6. Complete one copy of the <i>Certifications</i> 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).]	For answers to most frequently asked questions on Georgia's Service Delivery Act, links and helpful publications, visit DCA's website at www.dca.servicedelivery.org, or call the Office of Planning and Quality Growth at (404) 679-5279.

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

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

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

II. LOCAL GOVERNMENTS INCLUDED IN THE SERVICE DELIVERY STRATEGY:

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

Chatham County

City of Savannah (county seat)

City of Pooler.

City of Bloomingdale

City of Port Wentworth

City of Garden City

Town of Thunderbolt

City of Tybee Island

City of Vernonburg

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.

Animal Control

Street Lighting

Emergency Medical

Hazardous Materials

Emergency Management Jail

Courts

Legal Defense

Health Services

New Road Construction

Tax Billing and Collecting

Bus Transit

Airport

Mosquito Control

Libraries

Cemeteries

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.

Water Supply/Distribution (municipal boundaries)

Sewage Collection|Treatment (municipal boundaries)

Police Protection (municipal boundaries/City-County force)

Fire Protection (municipal boundaries)

Parks and Recreation (municipal boundaries)

Cultural Affairs (municipal boundaries)

Seniors Programs (municipal boundaries)

Social Services (municipal boundaries)

Road Paving (municipal boundaries)

Road Maintenance (municipal boundaries)

Traffic Control (municipal boundaries)

Street Sweeping (municipal boundaries)

Road Right-of-Way Mowing (municipal boundaries)

Stormwater Management (municipal boundaries)

Refuse Collection and Disposal (municipal boundaries)

Code Enforcement (municipal boundaries)

Building Inspection (municipal boundaries)

Planning (municipal boundaries)

Purchasing (municipal boundaries)

Historic Preservation (municipal boundaries)

Instructions:

County: Chatham	Service: Building Inspection
1. Check the box that best describes the agreed upon delivery	arrangement for this service:
Service will be provided countywide (i.e. including all cithis box is checked, identify the government, authority, o	ties and unincorporated areas) by a single service provider. If r organization providing this service:
Service will be provided only in the unincorporated porticle checked, identify the government, authority, or organizate	on of the county by a single service provider If this box is ion providing this service:
One or more cities will provide this service only within the provided in unincorporated areas. If this box is checked, providing this service:	•
1 X 1	heir incorporated boundaries, and the county will provide the lentify the government, authority, or organization providing oler, Thunderbolt, Bloomingdale, Garden City, Port
Other. If this box is checked, <u>attach a legible map delineating</u> the government, authority, or other organization that will	
2. In developing this strategy, were overlapping service areas identified?	
Yes. (If "yes", attach additional documentation as described l	pelow.)
x No.	
If these conditions will continue under this strategy, <u>attach a</u> overlapping but high levels of service (See O.C.G.A 36-70-2-overlapping service areas or competition cannot be eliminated. If these conditions will be eliminated under this strategy, <u>attach a</u> that will be taken to eliminate them, the responsible party and	4(1), overriding benefits of duplication, or reasons that d.) ach and implementation schedule listing each step or action

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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 fees, impact fees,
bonded indebtedness, etc.).

Local Government or Authority	Funding Method
Chatham County	Special Service District revenues
Savannah	General Fund
Thunderbolt	General Fund; Permits and fees
Bloomingdale	General Fund; User fees
Port Wentworth	General Fund; User Fees
Tybee Island	General Fund; Permits and Fees
Garden City	General Fund; User Fees
Pooler	General Fund; User fees
Vernonburg	General Fund

Port Wentworth	General Fund; User	Fees
Tybee Island General Fund; Permits and Fees		nits and Fees
Garden City General Fund; User Fees		Fees
Pooler General Fund; User fees		fees
Vernonburg	General Fund	
	ious arrangements for providing and/or fut arrangement for providing or funding this set Tybee Island on a contractual basis.	
for this service.	ments or intergovernmental contracts that	
Agreement Name	Contracting Parties	Effective and Ending Dates
Building Inspections Contract	City of Tybee Island and Chatham County	Current/Continuing
local acts of the General Assembly, rate	be used to implement the strategy for this or fee changes, etc.), and when will they t	
N/A		
Commission	ton, Director of Comprehensive Plannin	Metropolitan Planning
Phone Number: 912-651-1450	Date completed: January 15, 20	10
8. Is this the person who should be conta projects are consistent with the service d	acted by state agencies when evaluating we elivery strategy?	hether proposed local government
If not, provide designated contact person	n(s) and phone number(s) below:	

Instructions:

County: Chatham	Service: Code Enforcement
1. Check the box that best describes the agreed upon deliver	ry arrangement for this service:
Service will be provided countywide (i.e. including all citi this box is checked, identify the government, authority, or	ies and unincorporated areas) by a single service provider. If or organization providing this service: Chatham County
Service will be provided only in the unincorporated porticle checked, identify the government, authority, or organization	ion of the county by a single service provider If this box is ation providing this service:
One or more cities will provide this service only within the provided in unincorporated areas. If this box is checked, providing this service:	·
One or more cities will provide this service only within the service in unincorporated areas. If this box is checke providing this service: Chatham County and Cities of Savann Wentworth, Tybee Island, Vernonburg	
Other. If this box is checked, <u>attach a legible map delineatin</u> government, authority, or other organization that will pr	
2. In developing this strategy, were overlapping service areas service identified? Yes. (If "yes", attach additional documentation as described	
x No.	
If these conditions will continue under this strategy, <u>attach an exp</u> high levels of service (See O.C.G.A 36-70-24(1), overriding benefits competition cannot be eliminated.) If these conditions will be eliminated under this strategy, <u>attach ar</u> taken to eliminate them, the responsible party and the agreed upon	of duplication, or reasons that overlapping service areas or nd implementation schedule listing each step or action that will be

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 fees, impact fees, bonded indebtedness, etc.).

Local Government or Authority	Funding Method
Chatham County	Special Service District revenues
Savannah	General Fund
Thunderbolt	General Fund; User Fees
Bloomingdale	General Fund; User fees
Port Wentworth	General Fund; User Fees
Tybee Island	General Fund
Garden City	General Fund; User Fees/Assessments
Pooler	General Fund; User fees
Vernonburg	General Fund

rybee island	General Fund	
Garden City	General Fund; l	Jser Fees/Assessments
Pooler	General Fund; l	Jser fees
Vernonburg	General Fund	
4. How will the strategy change the prev		or funding this service within the county?
This strategy will not change the curren	at arrangement for providing or funding this	s service.
5. List any formal service delivery agreer strategy for this service. N/A	ments or intergovernmental contracts	that will be used to implement the
Agreement Name	Contracting Parties	Effective and Ending Dates
6. What other mechanisms (if any) will be local acts of the General Assembly, rate	•	his service (e.g. ordinances, resolutions, ey take effect?
14/74		
7. Person completing form: Dennis Hutt	on, Director of Comprehensive Planni	
Dhana Numban 013 CE1 14E0	Data samulatadi Isausami 15	Metropolitan Planning Commission
Phone Number: 912-651-1450	Date completed: January 15,	,
Phone Number: 912-651-1450 8. Is this the person who should be cont projects are consistent with the service	acted by state agencies when evaluation	2010

Instructions:

Make copies of this form and complete one for each service listed on Form 1, Section III. Use exactly the same 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: Chatham	Service: Planning
1. Check the box that best describes the agreed upon deliver	ry arrangement for this service:
Service will be provided countywide (i.e. including all cit this box is checked, identify the government, authority,	ies and unincorporated areas) by a single service provider. If or organization providing this service: Chatham County
Service will be provided only in the unincorporated port checked, identify the government, authority, or organization	ion of the county by a single service provider If this box is ation providing this service:
One or more cities will provide this service only within the provided in unincorporated areas. If this box is checked, providing this service:	neir incorporated boundaries, and the service will not be identify the government(s), authority, or organization
One or more cities will provide this service only within the service in unincorporated areas. If this box is checked providing this service: Chatham County and Cities of Savanna Wentworth, Tybee Island, Vernonburg	
Other. If this box is checked, <u>attach a legible map delineating</u> government, authority, or other organization that will provide the state of the st	g the service area of each service provider, and identify the rovide this service within each service area:
2. In developing this strategy, were overlapping service area service identified?Yes. (If "yes", attach additional documentation as described	
x No.	
If these conditions will continue under this strategy, <u>attach an exp</u> high levels of service (See O.C.G.A 36-70-24(1), overriding benefits	

competition cannot be eliminated.)

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

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

Local Government or Authority	Funding Method
Chatham County	Special Service District revenues; Solid Waste
·	Management Fund
Savannah	General Fund; Federal and State grants
Thunderbolt	General Fund
Bloomingdale	General Fund
Port Wentworth	General Fund; User Fees
Tybee Island	General Fund; User Fees
Garden City	General Fund; User Fees
Pooler	General Fund
Vernonburg	General Fund

Garden City	General Fund; Us	er Fees	
Pooler	General Fund		
Vernonburg	General Fund	General Fund	
4. How will the strategy change the prev This strategy will not change the curren	vious arrangements for providing and/or arrangement for providing or funding this seements or intergovernmental contracts the	ervice.	
Agreement Name	Contracting Parties	Effective and Ending Dates	
Chatham County-Savannah	Chatham County and City of	Current/Continuing	
Metropolitan Planning Commission	Savannah	- Carrotta Community	
Coastal Region Metropolitan Plannig Organization Chatham County and all municipalities		Current/Continuing	
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? N/A			
7. Person completing form: Dennis Hutton, Director of Comprehensive Planning, Chatham County-Savannah Metropolitan Planning Commission			
Phone Number: 912-651-1450 Date completed: January 15, 2010			
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? XYes No			
If not, provide designated contact perso	n(s) and phone number(s) below:		
Page 2 of 2			

Instructions:

competition cannot be eliminated.)

Make copies of this form and complete one for each service listed on Form 1, Section III. Use exactly the same 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: Chatham	Service: Purchasing
1. Check the box that best describes the agreed upon deliver	y arrangement for this service:
Service will be provided countywide (i.e. including all citi this box is checked, identify the government, authority, or	es and unincorporated areas) by a single service provider. If or organization providing this service: Chatham County
Service will be provided only in the unincorporated portichecked, identify the government, authority, or organization	on of the county by a single service provider If this box is tion providing this service:
One or more cities will provide this service only within the provided in unincorporated areas. If this box is checked, providing this service:	•
One or more cities will provide this service only within the the service in unincorporated areas. If this box is checked providing this service:	neir incorporated boundaries, and the county will provide d, identify the government, authority, or organization
Other. If this box is checked, <u>attach a legible map deline</u> the government, authority, or other organization that w County will provide this service countywide. The Cities of Savanna Bloomingdale, Garden City, Port Wentworth, and Tybee Island wi (See jurisdictional map in Appendix A)	h, Pooler, Thunderbolt,
2. In developing this strategy, were overlapping service areas service identified? Yes. (If "yes", attach additional documentation as described	
x No.	
If these conditions will continue under this strategy, <u>attach an exp</u> high levels of service (See O.C.G.A 36-70-24(1), overriding benefits	

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

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

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

Local Government or Authority	Funding Method
Chatham County	General Fund M & 0 revenue; Special Service District
•	revenues
Savannah	Chargebacks to user departments
Thunderbolt	General Fund
Bloomingdale	General Fund
Port Wentworth	General Fund
Tybee Island	General Fund; Water/Sewer Fund
Garden City	General Fund
Pooler	General Fund
Vernonburg	General Fund

Tybee Island	General Fund; Wat	er/Sewer Fund	
Garden City	General Fund		
Pooler General Fund			
Vernonburg General Fund			
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county? This strategy will not change the current arrangement for providing or funding this service.			
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service.			
Agreement Name	Contracting Parties	Effective and Ending Dates	
Minority/Women Business Enterprise Joint Outreach Purchasing Program Agreement	Chatham County. City of Savannah, and Savannah-Chatham County Board of Public Education	Current/Continuing	
T dronasing i regiani Agreement	Doard of Education		
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? N/A			
7. Person completing form: Dennis Hutton, Director of Comprehensive Planning, Chatham County-Savannah Metropolitan Planning Commission			
Phone Number: 912-651-1450 Date completed: January 15, 2010			
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? XYes No			
If not, provide designated contact person(s) and phone number(s) below:			
Page 2 of 2			

Georgia Department of Community Affairs SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

County: Chatham	Service: Tax Billing and Collecting	
1. Check the box that best describes the agreed upon delive	ery 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 this service:		
Service will be provided only in the unincorporated por checked, identify the government, authority, or organize	tion of the county by a single service provider If this box is ation providing this service:	
One or more cities will provide this service only within to provided in unincorporated areas. If this box is checked providing this service:	their incorporated boundaries, and the service will not be , identify the government(s), authority, or organization	
One or more cities will provide this service only within the service in unincorporated areas. If this box is checked providing this service:	their incorporated boundaries, and the county will provide ed, identify the government, authority, or organization	
A		
2. In developing this strategy, were overlapping service area service identified?		
Yes. (If "yes", attach additional documentation as described	i below.)	
x No.		
If these conditions will continue under this strategy, <u>attach an ex</u> high levels of service (See O.C.G.A 36-70-24(1), overriding benefit competition cannot be eliminated.) If these conditions will be eliminated under this strategy, <u>attach attach</u> taken to eliminate them, the responsible party and the agreed up	s of duplication, or reasons that overlapping service areas or and implementation schedule listing each step or action that will be	
taken to eminimate them, the responsible party and the agreed up	on deading 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 fees,
impact fees, bonded indebtedness, etc.).

Local Government or Authority	Funding Method
Chatham County	General Fund
Savannah	General Fund
Thunderbolt	General Fund
Tybee Island	General Fund
Pooler	General Fund
Port Wentworth	General Fund

rategy will not change the current arrangement for providing or funding this service. Chatham Cours tax billing and collecting for the City of Tybee Island and Port Wentworth on a contractual basis.

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

Agreement Name	Contracting Parties	Effective and Ending Dates
Tax Billing and Collecting Contract	City of Tybee Island and Port Wentworth	Current/Continuing
	with Chatham County	
Intergovernmental Special Purpose Local Option Sales Tax Agreement	Chatham County and all municipalities	Current/Continuing

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

N/A

7. Person completing form: **Dennis Hutton, Director of Comprehensive Planning, Chatham County-Savannah**Metropolitan Planning Commission

Phone Number: **912-651-1450** Date completed: **January 15, 2010**

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? χ Yes χ No

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



Instructions:

County: Chatham	Service: Courts	
1. Check the box that best describes the agreed upon deliver	ry arrangement for this service:	
Service will be provided countywide (i.e. including all cit this box is checked, identify the government, authority,	ies and unincorporated areas) by a single service provider. If or organization providing this service: Chatham County	
Service will be provided only in the unincorporated porticular checked, identify the government, authority, or organization	ion of the county by a single service provider If this box is ation providing this service:	
One or more cities will provide this service only within the provided in unincorporated areas. If this box is checked, providing this service:	neir incorporated boundaries, and the service will not be identify the government(s), authority, or organization	
One or more cities will provide this service only within the the service in unincorporated areas. If this box is checked providing this service	neir incorporated boundaries, and the county will provide d, identify the government, authority, or organization	
Other. If this box is checked, <u>attach a legible map deline</u> the government, authority, or other organization that w	tating the service area of each service provider, and identify ill provide this service within each service area:	
2. In developing this strategy, were overlapping service area service identified? Yes. (If "yes", attach additional documentation as described		
	,	
x No.		
If these conditions will continue under this strategy, <u>attach an explanation for continuing the arrangement</u> (e.g. overlapping but high levels of service (See O.C.G.A 36-70-24(1), overriding benefits of duplication, or reasons that overlapping service areas or competition cannot be eliminated.)		
If these conditions will be eliminated under this strategy, <u>attach ar</u> taken to eliminate them, the responsible party and the agreed upon		
If these conditions will continue under this strategy, <u>attach an exp</u> high levels of service (See O.C.G.A 36-70-24(1), overriding benefits competition cannot be eliminated.) If these conditions will be eliminated under this strategy, <u>attach ar</u>	lanation for continuing the arrangement (e.g. overlapping but of duplication, or reasons that overlapping service areas or and implementation schedule listing each step or action that will be	

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 fees,
impact fees, bonded indebtedness, etc.).

Local Government or Authority	Funding Method	
Chatham County	General Fund M & 0 User fees; Fines	revenues; Special Service District revenues
4. How will the strategy change the prev	vious arrangements for providing and/or	funding this service within the county?
system operated by Chatham Cou The City of Savannah operates the and unincorporated Chatham Cou	current arrangement for providing or fununty includes Superior, Magistrate, Probe Chatham County Recorder's Court wanty and is partially funded by Chatham ept the City of Vernonburg operate indi	pate, State, and Juvenile courts. hich serves the City of Savannah County. All municipalities party to
5. List any formal service delivery agreed strategy for this service. N/A	ments or intergovernmental contracts th	at will be used to implement the
Agreement Name	Contracting Parties	Effective and Ending Dates
	be used to implement the strategy for the or fee changes, etc.), and when will they	
N/A		
7. Person completing form: Dennis Hutt	ton, Director of Comprehensive Planning	g, Chatham County-Savannah Metropolitan Planning Commission
Phone Number: 912-651-1450	Date completed: January 15, 20	•
8. Is this the person who should be cont projects are consistent with the service	tacted by state agencies when evaluating delivery strategy? XYes No	whether proposed local government
If not, provide designated contact person	on(s) and phone number(s) below:	

Instructions:

County: Chatham	Service: Jail	
1. Check the box that best describes the agreed upon delive	ry arrangement for this service:	
Service will be provided countywide (i.e. including all cit this box is checked, identify the government, authority,	ies and unincorporated areas) by a single service provider. If or organization providing this service: Chatham County	
Service will be provided only in the unincorporated port checked, identify the government, authority, or organization	ion of the county by a single service provider If this box is ation providing this service:	
One or more cities will provide this service only within the provided in unincorporated areas. If this box is checked, providing this service:	heir incorporated boundaries, and the service will not be identify the government(s), authority, or organization	
One or more cities will provide this service only within the service in unincorporated areas. If this box is checked providing this service	heir incorporated boundaries, and the county will provide d, identify the government, authority, or organization	
Other. If this box is checked, <u>attach a legible map deline</u> the government, authority, or other organization that w	eating the service area of each service provider, and identify ill provide this service within each service area:	
 In developing this strategy, were overlapping service area service identified? Yes. (If "yes", attach additional documentation as described 		
x No.		
If these conditions will continue under this strategy, attach an explanation for continuing the arrangement (e.g. overlapping but high levels of service (See O.C.G.A 36-70-24(1), overriding benefits of duplication, or reasons that overlapping service areas or competition cannot be eliminated.)		
If these conditions will be eliminated under this strategy, <u>attach a</u> taken to eliminate them, the responsible party and the agreed upon	nd implementation schedule listing each step or action that will be on 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 fees,
impact fees, bonded indebtedness, etc.).

Local Government or Authority	Funding Method	
Chatham County	General Fund M & 0 re	evenues; User fees
4. How will the strategy change the prev	vious arrangements for providing and/or f	funding this service within the county?
This strategy would not change the curren	nt arrangement for providing or funding this serv	ice.
This stategy would not ename and care	a management to providing or running this servi-	
E List any formal convice delivery agrees	ments or intergovernmental contracts the	at will be used to implement the
strategy for this service. N/A	ments or intergovernmental contracts tha	it will be used to implement the
strategy for this service. N/A		
Agreement Name	Contracting Parties	Effective and Ending Dates
	g and a	
6. What other mechanisms (if any) will k	oe used to implement the strategy for this	s service (e.g. ordinances, resolutions,
local acts of the General Assembly, rate	or fee changes, etc.), and when will they	take effect?
N/A		
7 Daniel - Carlo Barrett II II	District Committee of a Blood of	Charles of Carrier Constraint
7. Person completing form: Dennis Hutt	con, Director of Comprehensive Planning,	, Chatham County-Savannan Metropolitan Planning Commission
Phone Number: 912-651-1450	ا Date completed: January 15, 201	,
1 Hone Number: 312-031-1430	Date completed. January 13, 201	
8. Is this the person who should be cont	acted by state agencies when evaluating v	whether proposed local government
projects are consistent with the service		Bereimen
, ,,	X X X X X X	
If not, provide designated contact perso	on(s) and phone number(s) below:	

Georgia Department of Community Affairs SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

County: Chatham	Service: Legal Defence
this box is checked, identify the government, authority,	ry arrangement for this service: ies and unincorporated areas) by a single service provider. If or organization providing this service: Chatham County and
Tybee Island	
Service will be provided only in the unincorporated porticular checked, identify the government, authority, or organization	on of the county by a single service provider If this box is tion providing this service:
One or more cities will provide this service only within the provided in unincorporated areas. If this box is checked, providing this service:	•
One or more cities will provide this service only within the service in unincorporated areas. If this box is checked providing this service	neir incorporated boundaries, and the county will provide d, identify the government, authority, or organization
Other. If this box is checked, <u>attach a legible map deline</u> the government, authority, or other organization that w	ating the service area of each service provider, and identify ill provide this service within each service area:
2. In developing this strategy, were overlapping service areas service identified? Yes. (If "yes", attach additional documentation as described	
No.	
If these conditions will continue under this strategy, <u>attach an exp</u> high levels of service (See O.C.G.A 36-70-24(1), overriding benefits competition cannot be eliminated.)	of duplication, or reasons that overlapping service areas or nd implementation schedule listing each step or action that will be

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 fees,
impact fees, bonded indebtedness, etc.).

Local Government or Authority		Funding Method	
Chatham County		General Fund M &	0 revenues; Special Service District
		revenues; User fees	
Tybee Island		General Fund; User	
Port Wentworth		General Fund; User	· fees
4. How will the strategy change the pre-	vious arrangements f	or providing and/or f	funding this service within the county?
This strategy will not change the c	current arrangement	for providing or fund	ding this service.
This strategy this not sharige the s	ranioni anangomoni	roi providing or rain	29 1
C. List and formal complex delivery agree			
5. List any formal service delivery agrees strategy for this service. N/A	ments or intergovern	imental contracts tha	at will be used to implement the
strategy for this service. N/A			
Agreement Name	Contracting Parties	•	Effective and Ending Dates
Agreement between the City of Tybee	City of Tybee Island		Current and continuing
Island and the Office of the Circuit	Wentworth with th		current and continuing
Public Defender; Agreement between	Circuit Public Defen		
Port Wentworth and the Office of the			
Circuit Public Defender			
	1		
6. What other mechanisms (if any) will be	oe used to implemen	t the strategy for this	s service (e.g. ordinances, resolutions,
local acts of the General Assembly, rate	or fee changes, etc.)	, and when will they	take effect?
N/A			
·			
7. Person completing form: Dennis Hutt	ion, Director of Com		•
Metropolitan Planning Commission			
Phone Number: 912-651-1450	Date comple	eted: January 15, 20 1	10
		حمنهم باميم مصطبي ممنا	hathan aranga and lagal garrange ant
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government			
projects are consistent with the service	uenvery strategy?	X Yes No	
If not, provide designated contact person(s) and phone number(s) below:			
ii not, provide designated contact perso	•		
	Page	7 ∩t 7	

Page **2** of **2**



Instructions:

County: Chatham	Service: Health Services	
1. Check the box that best describes the agreed upon delivery arrangement for this service:		
Service will be provided countywide (i.e. including all cit this box is checked, identify the government, authority,	ies and unincorporated areas) by a single service provider. If or organization providing this service: Chatham	
Service will be provided only in the unincorporated porticle checked, identify the government, authority, or organization	ion of the county by a single service provider If this box is ation providing this service:	
One or more cities will provide this service only within the provided in unincorporated areas. If this box is checked, providing this service:	·	
One or more cities will provide this service only within the the service in unincorporated areas. If this box is checke providing this service	neir incorporated boundaries, and the county will provide d, identify the government, authority, or organization	
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 this service within each service area:		
2. In developing this strategy, were overlapping service area service identified?	s, unnecessary competition, and/or duplication of this	
Yes. (If "yes", attach additional documentation as described	below.)	
x No.		
If these conditions will continue under this strategy, <u>attach an exp</u> high levels of service (See O.C.G.A 36-70-24(1), overriding benefits competition cannot be eliminated.) If these conditions will be eliminated under this strategy, <u>attach are taken</u> to eliminate them, the responsible party and the agreed upon	of duplication, or reasons that overlapping service areas or nd implementation schedule listing each step or action that will be	

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 fees,
mpact fees, bonded indebtedness, etc.).

Local Government or Authority	Fui	unding Method	
Chatham County		General Fund M & 0 revenues; Special Service District (SSD) evenues	
	101	7 Oldes	
		_	
4. How will the strategy change the prev	vious arrangements for p	providing and/or funding this service within the county?	
This strategy will not change the current arrangement for providing or funding this service.			
5. List any formal service delivery agreed strategy for this service. N/A	ments or intergovernmer	ental contracts that will be used to implement the	
Agreement Name	Contracting Parties	Effective and Ending Dates	
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g. ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?			
N/A			
7. Person completing form: Dennis Hutton, Director of Comprehensive Planning, Chatham County-Savannah Metropolitan Planning Commission Phone Number: 912-651-1450 Date completed: January 15, 2010			
8. Is this the person who should be cont projects are consistent with the service	· · · · · · · · · · · · · · · · · · ·	s when evaluating whether proposed local government Yes No	
If not, provide designated contact perso	on(s) and phone number(s	r(s) below:	
	Page 2 of	NF 2	

Instructions:

Make copies of this form and complete one for each service listed on Form 1, Section III. Use exactly the same 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: Chatham	Service: Social Services	
1. Check the box that best describes the agreed upon delivery arrangement for this service:		
Service will be provided countywide (i.e. including all cit this box is checked, identify the government, authority,	ies and unincorporated areas) by a single service provider. If or organization providing this service:	
Service will be provided only in the unincorporated port checked, identify the government, authority, or organization	ion of the county by a single service provider If this box is ation providing this service:	
One or more cities will provide this service only within the provided in unincorporated areas. If this box is checked, providing this service:	neir incorporated boundaries, and the service will not be identify the government(s), authority, or organization	
One or more cities will provide this service only within the service in unincorporated areas. If this box is checked providing this service	neir incorporated boundaries, and the county will provide d, identify the government, authority, or organization	
x Other. If this box is checked, attach a legible map deline the government, authority, or other organization that we Chatham County will provide this service countywide. The Citic City, Port Wentworth, and Tybee Island will provide service to Appendix A) 2. In developing this strategy, were overlapping service area service identified? Yes. (If "yes", attach additional documentation as described	tes of Savannah, Pooler, Thunderbolt, Bloomingdale, Garden residents of their corporate area. (See jurisdictional map in s, unnecessary competition, and/or duplication of this	
No. If these conditions will continue under this strategy, <u>attach an exp</u> high levels of service (See O.C.G.A 36-70-24(1), overriding benefits		

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

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

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

Local Government or Authority	Funding Method
Chatham County	General Fund M & 0 revenues; Special Service District (SSD)
	revenues
City of Savannah	General Fund; Community Development Block Grant
City of Pooler	General Fund
Town of Thunderbolt	General Fund
City of Bloomingdale	General Fund
City of Garden City	General Fund
City of Port Wentworth	General Fund
City of Tybee Island	General Fund

4. How will the strategy change the previous arrangements for providing and/or funding this service within the cou	4. How will the strates	gy change the previo	ous arrangements for	providing and/	or funding	this service	within the cour	ıtv?
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This strategy will not change the current arrangement for providing or funding this service. Chatham County M & 0 funds are directed to countywide services including Family and Children Services, Food Stamp Program, and Greenbriar Children's Home. Chatham County grants-in-aid to social service agencies are General Funds for selected countywide services and SSD funds for services directed to residents of the unincorporated area.

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

Agreement Name	Contracting Parties	Effective and Ending Dates
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g. ordinances, resolutions,		

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?

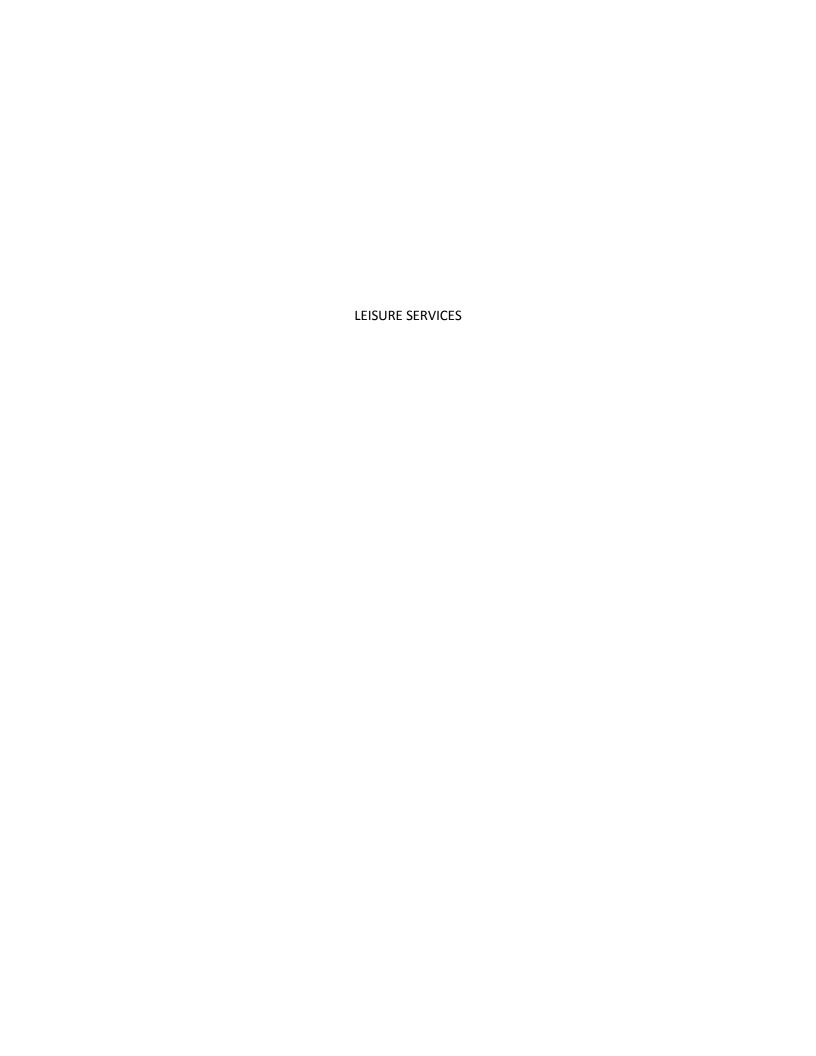
N/A	
-----	--

7. Person completing form: **Dennis Hutton, Director of Comprehensive Planning, Chatham County-Savannah Metropolitan Planning Commission**

Phone Number: **912-651-1450** Date completed: **January 15, 2010**

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? $\sqrt{\chi}$ Yes $\sqrt{\chi}$ No

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



Instructions:

Make copies of this form and complete one for each service listed on Form 1, Section III. Use exactly the same 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: Chatham	Service: Cultural Affairs
1. Check the box that best describes the agreed upon delive	ry arrangement for this service:
Service will be provided countywide (i.e. including all cit this box is checked, identify the government, authority,	ies and unincorporated areas) by a single service provider. If or organization providing this service: Chatham County
Service will be provided only in the unincorporated port checked, identify the government, authority, or organization	cion of the county by a single service provider If this box is ation providing this service:
One or more cities will provide this service only within t provided in unincorporated areas. If this box is checked, providing this service:	heir incorporated boundaries, and the service will not be identify the government(s), authority, or organization
One or more cities will provide this service only within t the service in unincorporated areas. If this box is checked providing this service	heir incorporated boundaries, and the county will provide ed, identify the government, authority, or organization
	dents of all other municipalities and to residents of
 In developing this strategy, were overlapping service area service identified? Yes. (If "yes", attach additional documentation as described 	
x No.	
If these conditions will continue under this strategy, attach an exphigh levels of service (See O.C.G.A 36-70-24(1), overriding benefits	

competition cannot be eliminated.)

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

CDC FORMA	/
SDS FORM 2 (CONTINUED
	CONTINUCA

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 fees, impact fees, bonded indebtedness, etc.).

Local Government or Authority	Funding Method
Chatham County	General Fund M & 0 revenues; Special Service District Revenue
City of Savannah	General Fund; Class/Workshop Fees
City of Tybee Island	General Fund

<u> </u>	vious arrangements for providing and/or	
This strategy would not change the curren	it arrangement for providing or funding this ser	vice.
5. List any formal service delivery agreed strategy for this service. N/A	ments or intergovernmental contracts th	at will be used to implement the
Agreement Name	Contracting Parties	Effective and Ending Dates
N/A	or fee changes, etc.), and when will they on, Director of Comprehensive Planning	g, Chatham County-Savannah
Phone Number: 912-651-1450	Date completed: January 15, 20	Metropolitan Planning Commission
	,	
projects are consistent with the service	acted by state agencies when evaluating delivery strategy? XYes No	whether proposed local government
If not, provide designated contact person(s) and phone number(s) below:		

Instructions:

competition cannot be eliminated.)

Make copies of this form and complete one for each service listed on Form 1, Section III. Use exactly the same 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: Chatham	Service: Parks and Recreation	
1. Check the box that best describes the agreed upon delivery arrangement for this service:		
Service will be provided countywide (i.e. including all citi this box is checked, identify the government, authority, or	ies and unincorporated areas) by a single service provider. If or organization providing this service:	
Service will be provided only in the unincorporated porticle checked, identify the government, authority, or organization	ion of the county by a single service provider If this box is ation providing this service:	
One or more cities will provide this service only within the provided in unincorporated areas. If this box is checked, providing this service:		
One or more cities will provide this service only within the the service in unincorporated areas. If this box is checked providing this service	neir incorporated boundaries, and the county will provide d, identify the government, authority, or organization	
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 this service within each service area: Chatham County will provide this service countywide. The Cities of Savannah, Pooler, Thunderbolt, Bloomingdale, Garden City, Port Wentworth, and Tybee Island will provide service to residents of their corporate area but available also to residents of all other municipalities and to residents of unincorporated Chatham County. (See jurisdictional map in Appendix A)		
2. In developing this strategy, were overlapping service areas service identified? Yes. (If "yes", attach additional documentation as described		
x No.		
If these conditions will continue under this strategy, <u>attach an exp</u>		

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

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

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

Local Government or Authority	Funding Method
Chatham County	User Fees; General Fund M & 0 revenues; Sales Tax
City of Savannah	General Fund; Participant Fees
City of Pooler	General Fund; User Fees
Town of Thunderbolt	General Fund; Grants; Donations
City of Bloomingdale	General Fund; Grants; SPLOST; Donations; User Fees
City of Garden City	General Fund; User Fees
City of Port Wentworth	General Fund; User Fees
City of Tybee Island	General Fund; SPLOST; Grants; User Fees

City of Garden City	General Tuliu, Osei Te	CS	
City of Port Wentworth	f Port Wentworth General Fund; User Fees		
y of Tybee Island General Fund; SPLOST; Grants; User Fees			
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county? This strategy would not change the current arrangement for providing or funding this service.			
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service. N/A			
Agreement Name	Contracting Parties	Effective and Ending Dates	
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g. ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect? N/A			
14/1			
7. Person completing form: Dennis Hutton, Director of Comprehensive Planning, Chatham County-Savannah Metropolitan Planning Commission			
Phone Number: 912-651-1450	Date completed: January 15, 20	10	
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	on(s) and phone number(s) below:		

Instructions:

Make copies of this form and complete one for each service listed on Form 1, Section III. Use exactly the same 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: Chatham	Service: Seniors' Programs
1. Check the box that best describes the agreed upon deliver	y arrangement for this service:
Service will be provided countywide (i.e. including all cities this box is checked, identify the government, authority, or	es and unincorporated areas) by a single service provider. If or organization providing this service: Chatham County
Service will be provided only in the unincorporated portice checked, identify the government, authority, or organization	on of the county by a single service provider If this box is tion providing this service:
One or more cities will provide this service only within the provided in unincorporated areas. If this box is checked, providing this service:	
One or more cities will provide this service only within the the service in unincorporated areas. If this box is checked providing this service	neir incorporated boundaries, and the county will provided, identify the government, authority, or organization
Other. If this box is checked, <u>attach a legible map deline</u> the government, authority, or other organization that we Chatham County will provide this service countywide, The Cities of City, Port Wentworth, and Tybee Island will provide service to reservise of all other municipalities and to residents of unincorporate	f Savannah, Pooler, Thunderbolt, Bloomingdale, Garden idents oftheir corporate area but available also to
2. In developing this strategy, were overlapping service areasservice identified? Yes. (If "yes", attach additional documentation as described	
	ociow.,
x No.	
If these conditions will continue under this strategy, <u>attach an exp</u> high levels of service (See O.C.G.A 36-70-24(1), overriding benefits	

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

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

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

Local Government or Authority	Funding Method
Chatham County	General Fund M & 0 revenues; Special Service District Revenue
City of Savannah	General Fund; Program Fees; State Grants
City of Tybee Island	General Fund
City of Pooler	General Fund
Town of Thunderbolt	General Fund
City of Bloomingdale	General Fund
City of Garden City	General Fund; User Fees; Federal Funds (Title III)
City of Port Wentworth	General Fund; User Fees; Federal Funds (Title III)

4. How will the str	rategy change the previo	us arrangements for prov	iding and/or fund	ding this service	within the county?

This strategy would not change the current arrangement for providing or funding this service. Bloomingdale and Pooler participate in a joint funding agreement for the Pooler/Bloomingdale Seniors Center.

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

Agreement Name	Contracting Parties	Effective and Ending Dates
Seniors Services Agreement	Cities of Bloomingdale and Pooler	Current/Continuing

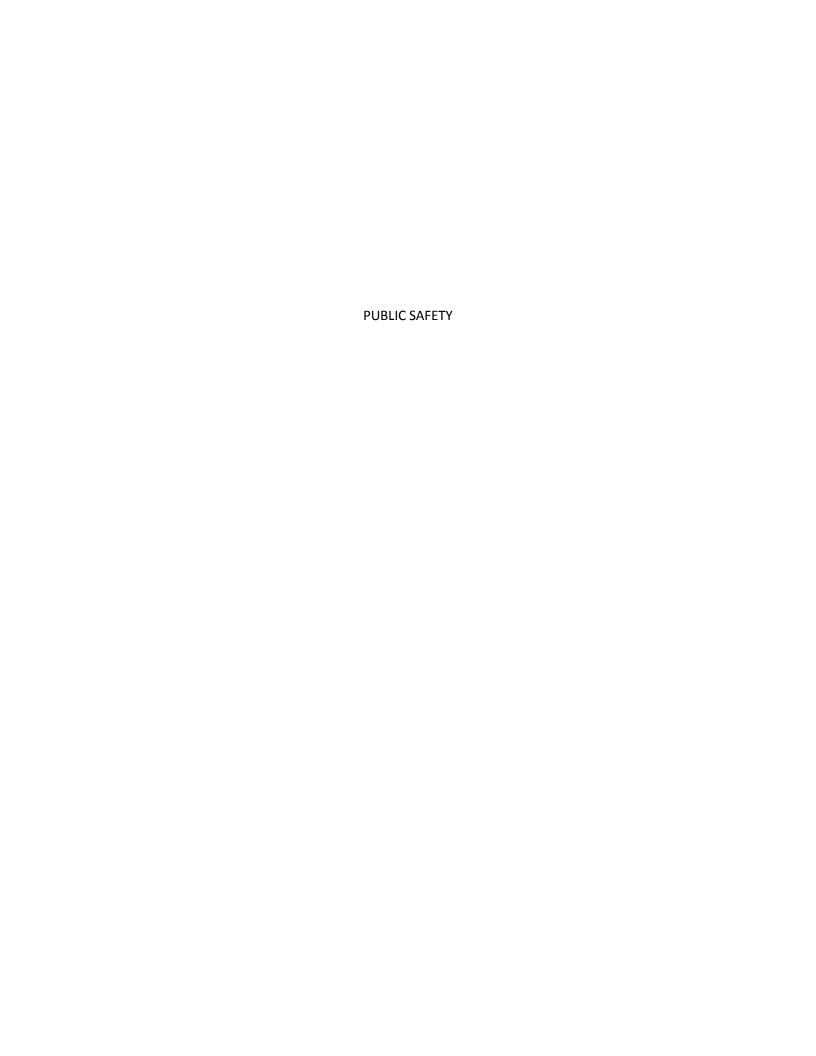
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g. ordinances	, resolutions,
local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?	

N/A

7. Person completing form: **Dennis Hutton, Director of Comprehensive Planning, Chatham County-Savannah**Metropolitan Planning Commission

Phone Number: 912-651-1450 Date completed: January 15, 2010

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



Instructions:

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

Coi	unty: Chatham	Service: Animal Control	
1. (1. Check the box that best describes the agreed upon delivery arrangement for this service:		
х		ties and unincorporated areas) by a single service provider. If or organization providing this service: Chatham County	
	Service will be provided only in the unincorporated por checked, identify the government, authority, or organize	tion of the county by a single service provider If this box is ation providing this service:	
	One or more cities will provide this service only within to provided in unincorporated areas. If this box is checked providing this service:	their incorporated boundaries, and the service will not be , identify the government(s), authority, or organization	
	One or more cities will provide this service only within the service in unincorporated areas. If this box is checked providing this service:	their incorporated boundaries, and the county will provide ed, identify the government, authority, or organization	
	Other. If this box is checked, attach a legible map deline the government, authority, or other organization that we have a supplied to the control of the co	eating the service area of each service provider, and identify vill provide this service within each service area:	
	n developing this strategy, were overlapping service area vice identified?	as, unnecessary competition, and/or duplication of this	
	Yes. (If "yes", attach additional documentation as descr	ibed below.)	
х	No.		
higl con If th	n levels of service (See O.C.G.A 36-70-24(1), overriding benefit apetition cannot be eliminated.)	and implementation schedule listing each step or action that will be	

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 fees,
mpact fees, bonded indebtedness, etc.).

Local Government or Authority	Funding Meth	nod
Chatham County		cense fees; user fees
4. How will the strategy change the pre-	vious arrangements for providing an	d/or funding this service within the county?
	arrangement for providing or funding this overnight holding before transport by the C	service. Tybee Island also provides a County to the central County holding facility
5. List any formal service delivery agree strategy for this service. N/A	ments or intergovernmental contrac	ts that will be used to implement the
strategy for this service. N/A		
	Contractina Parties	Effective and Endina Dates
Agreement Name	Contracting Parties	Effective and Ending Dates
	Contracting Parties	Effective and Ending Dates
	Contracting Parties	Effective and Ending Dates
Agreement Name		Effective and Ending Dates or this service (e.g. ordinances, resolutions,
Agreement Name	be used to implement the strategy fo	or this service (e.g. ordinances, resolutions,
Agreement Name 6. What other mechanisms (if any) will be	be used to implement the strategy fo	or this service (e.g. ordinances, resolutions,
Agreement Name 6. What other mechanisms (if any) will be	be used to implement the strategy fo	or this service (e.g. ordinances, resolutions,
6. What other mechanisms (if any) will I local acts of the General Assembly, rate	be used to implement the strategy fo	or this service (e.g. ordinances, resolutions,
6. What other mechanisms (if any) will local acts of the General Assembly, rate	be used to implement the strategy for fee changes, etc.), and when will	or this service (e.g. ordinances, resolutions, they take effect?
6. What other mechanisms (if any) will I local acts of the General Assembly, rate	be used to implement the strategy for fee changes, etc.), and when will	or this service (e.g. ordinances, resolutions, they take effect?
6. What other mechanisms (if any) will be local acts of the General Assembly, rate N/A 7. Person completing form: Dennis Hutter	oe used to implement the strategy for fee changes, etc.), and when will	or this service (e.g. ordinances, resolutions, they take effect? nning, Chatham County-Savannah Metropolitan Planning Commission
6. What other mechanisms (if any) will local acts of the General Assembly, rate	be used to implement the strategy for fee changes, etc.), and when will	or this service (e.g. ordinances, resolutions, they take effect? nning, Chatham County-Savannah Metropolitan Planning Commission
6. What other mechanisms (if any) will I local acts of the General Assembly, rate N/A 7. Person completing form: Dennis Hutter Phone Number: 912-651-1450	be used to implement the strategy for fee changes, etc.), and when will ton, Director of Comprehensive Plan Date completed: January 1	or this service (e.g. ordinances, resolutions, they take effect? nning, Chatham County-Savannah Metropolitan Planning Commission
6. What other mechanisms (if any) will I local acts of the General Assembly, rate N/A 7. Person completing form: Dennis Hutt Phone Number: 912-651-1450 8. Is this the person who should be cont	be used to implement the strategy for or fee changes, etc.), and when will ton, Director of Comprehensive Plan Date completed: January 1 tacted by state agencies when evaluated delivery strategy?	or this service (e.g. ordinances, resolutions, they take effect? nning, Chatham County-Savannah Metropolitan Planning Commission 5, 2010
6. What other mechanisms (if any) will I local acts of the General Assembly, rate N/A 7. Person completing form: Dennis Hutter Phone Number: 912-651-1450 8. Is this the person who should be contained by projects are consistent with the service	be used to implement the strategy for or fee changes, etc.), and when will ton, Director of Comprehensive Plan Date completed: January 1 tacted by state agencies when evaluated delivery strategy?	or this service (e.g. ordinances, resolutions, they take effect? nning, Chatham County-Savannah Metropolitan Planning Commission 5, 2010
6. What other mechanisms (if any) will I local acts of the General Assembly, rate N/A 7. Person completing form: Dennis Hutter Phone Number: 912-651-1450 8. Is this the person who should be cont projects are consistent with the service	be used to implement the strategy for or fee changes, etc.), and when will ton, Director of Comprehensive Plan Date completed: January 1 tacted by state agencies when evaluated delivery strategy?	or this service (e.g. ordinances, resolutions, they take effect? nning, Chatham County-Savannah Metropolitan Planning Commission 5, 2010

Instructions:

Make copies of this form and complete one for each service listed on Form 1, Section III. Use exactly the same 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: Chatham	Service: Emergency Management		
1. Check the box that best describes the agreed upon delivery arrangement for this service:			
	ties and unincorporated areas) by a single service provider. If or organization providing this service: Chatham County		
Service will be provided only in the unincorporated port checked, identify the government, authority, or organize	cion of the county by a single service provider If this box is ation providing this service:		
One or more cities will provide this service only within t provided in unincorporated areas. If this box is checked providing this service:	heir incorporated boundaries, and the service will not be , identify the government(s), authority, or organization		
One or more cities will provide this service only within the service in unincorporated areas. If this box is checked providing this service	heir incorporated boundaries, and the county will provide ed, identify the government, authority, or organization		
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 this service within each service area:			
2. In developing this strategy, were overlapping service area service identified?	s, unnecessary competition, and/or duplication of this		
Yes. (If "yes", attach additional documentation as descri	ibed below.)		
x No.			
If these conditions will continue under this strategy, <u>attach an explanation for continuing the arrangement</u> (e.g. overlapping but high levels of service (See O.C.G.A 36-70-24(1), overriding benefits of duplication, or reasons that overlapping service areas or competition cannot be eliminated.) If these conditions will be eliminated under this strategy, <u>attach and implementation schedule</u> listing each step or action that will be			

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 fees,
mpact fees, bonded indebtedness, etc.).

Local Government or Authority		Funding Method		
Chatham County		General Fund		
4. Have still the attentions about a state of the				
4. How will the strategy change the prev	nous arrangements i	for providing and/or f	unding this service within the county:	•
This strategy would not change the currer	nt arrangement for provi	ding or funding this serv	ice.	
5. List any formal service delivery agreer	ments or intergovern	nmental contracts tha	t will be used to implement the	
strategy for this service. N/A	mente et intergeven			
51. 41.0 ₆ , 10. 11.10 co. 11.00 11.1, 1				
Agreement Name	Contracting Parties	s	Effective and Ending Dates	
	J		- ,,	
				_
6. What other mechanisms (if any) will b	e used to implemen	t the strategy for this	service (e.g. ordinances, resolutions,	
local acts of the General Assembly, rate	·			
•		•		
N/A				
N/A				
7. Person completing form: Dennis Hutt	on, Director of Com	prehensive Planning,	Chatham County-Savannah	
		ſ	Metropolitan Planning Commission	
Phone Number: 912-651-1450	Date comple	eted: January 15, 201	.0	
8. Is this the person who should be cont	acted by state agenc	cies when evaluating v	whether proposed local government	
projects are consistent with the service	_	Type I No		
	delivery strategy?	Yes No		
	delivery strategy?	X res No		
If not, provide designated contact perso	L	<u></u>		
If not, provide designated contact perso	L	<u></u>		
If not, provide designated contact perso	L	<u></u>		
If not, provide designated contact perso	L	<u></u>		
If not, provide designated contact perso	L n(s) and phone num	<u></u>		

Instructions:

competition cannot be eliminated.)

Make copies of this form and complete one for each service listed on Form 1, Section III. Use exactly the same 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: Chatham		Service: Emergency Medical
1. Check the box that be	st describes the agreed upon deliv	very arrangement for this service:
· ·	, ,	cities and unincorporated areas) by a single service provider. If y, or organization providing this service:
	ded only in the unincorporated po e government, authority, or organ	rtion of the county by a single service provider If this box is ization providing this service:
	·	their incorporated boundaries, and the service will not be d, identify the government(s), authority, or organization
	·	their incorporated boundaries, and the county will provide ked, identify the government, authority, or organization
the government, au	thority, or other organization that	neating the service area of each service provider, and identify will provide this service within each service area: The the map, Chatham County EMS Districts, in Attachment A.
2. In developing this stra service identified?	itegy, were overlapping service are	eas, unnecessary competition, and/or duplication of this
Yes. (If "yes", attach	additional documentation as desc	cribed below.)
x No.		
		xplanation for continuing the arrangement (e.g. overlapping but its of duplication, or reasons that overlapping service areas or

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

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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 fees,
impact fees, bonded indebtedness, etc.).

Local Government or Authority		Funding Method	
Chatham County		User fees	
•			
4. How will the strategy change the prev This strategy will not change the complete Medstar (private) and Southside-Moservice zones which together cover the attached map, 5. List any formal service delivery agreements strategy for this service. N/A	urrent arrangement f Mercy (private) provider the entire county. T	for providing or fund de emergency medi The Chatham Coun	ding this service. Chatham County cal service within separate ty EMS service area is shown on
,			
Agreement Name	Contracting Parties		Effective and Ending Dates
6. What other mechanisms (if any) will b local acts of the General Assembly, rate N/A			
7. Person completing form: Dennis Hutton, Director of Comprehensive Planning, Chatham County-Savannah Metropolitan Planning Commission Phone Number: 912-651-1450 Date completed: January 15, 2010 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	n(s) and phone numb	er(s) below:	

Georgia Department of Community Affairs 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 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.

Cou	inty: Chatham	Service: Fire Protection		
	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 this service:			
Ser	vice will be provided only in the unincorporated portion checked, identify the government, authority, or organiz			
	provided in unincorporated areas. If this box is checked	their incorporated boundaries, and the service will not be I, identify the government(s), authority, or organization erbolt, Bloomingdale, Garden City, Port Wentworth, Tybee Island		
	One or more cities will provide this service only within the service in unincorporated areas. If this box is check providing this service:	their incorporated boundaries, and the county will provide ed, identify the government, authority, or organization		
х	Other. If this box is checked, attach a legible map deline the government, authority, or other organization that we have a supplied to the control of the supplied to the supp	neating the service area of each service provider, and identify will provide this service within each service area:		
	n developing this strategy, were overlapping service are vice identified?	as, unnecessary competition, and/or duplication of this		
	Yes. (If "yes", attach additional documentation as described as descri	ibed below.)		
high com If th	n levels of service (See O.C.G.A 36-70-24(1), overriding benefit apetition cannot be eliminated.)	and implementation schedule listing each step or action that will be		

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 fees, impact fees, bonded indebtedness, etc.).

Local Government or Authority	Funding Method
City of Savannah (County Seat)	General Fund
City of Pooler	General Fund; Service Contracts
City of Bloomingdale	General Fund
City of Port Wentworth	General Fund; Fees; Service Contracts
City of Garden City	General Fund; Contributions
Town of Thunderbolt	General Fund; Subscription Fees
City of Tybee Island	General Fund; Subscription Fees
City of Vernonburg	General Fund

ŀ. I	How will the strategy change the previous arrangements for providing and/or funding this service within the county?
	This strategy will not change the current arrangement for providing or funding this service. The Cities of Savannah, Thunderbolt, Bloomingdale, Garden City, Port Wentworth, and Tybee Island provide service to some individual subscribers within unincorporated Chatham County. The City of Savannah provides extraterritorial fire protection to three unincorporated Constitutional Industrial Districts shown on the accompanying map (Attachment A). Most of unincorporatedChatham County is served by a private fire department.

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

Agreement Name	Contracting Parties	Effective and Ending Dates

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

7. Person completing form: **Dennis Hutton, Director of Comprehensive Planning, Chatham County-Savannah**Metropolitan Planning Commission

Phone Number: 912-651-1450 Date completed: January 15, 2010

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? $\sqrt{\chi}$ Yes $\sqrt{\chi}$ No

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

Instructions:

Make copies of this form and complete one for each service listed on Form 1, Section III. Use exactly the same 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: Chatham	Service: Hazardous Materials	
1. Check the box that best describes the agreed upon delivery arrangement for this service:		
Service will be provided countywide (i.e. including all cit this box is checked, identify the government, authority,	ies and unincorporated areas) by a single service provider. If or organization providing this service: City of Savannah	
Service will be provided only in the unincorporated portichecked, identify the government, authority, or organization	ion of the county by a single service provider If this box is ation providing this service:	
One or more cities will provide this service only within the provided in unincorporated areas. If this box is checked, providing this service:		
One or more cities will provide this service only within the the service in unincorporated areas. If this box is checke providing this service	neir incorporated boundaries, and the county will provide d, identify the government, authority, or organization	
Other. If this box is checked, <u>attach a legible map deline</u> the government, authority, or other organization that w	eating the service area of each service provider, and identify ill provide this service within each service area:	
2. In developing this strategy, were overlapping service area service identified?	s, unnecessary competition, and/or duplication of this	
Yes. (If "yes", attach additional documentation as descri	bed below.)	
x No.		
If these conditions will continue under this strategy, <u>attach an exp</u> high levels of service (See O.C.G.A 36-70-24(1), overriding benefits competition cannot be eliminated.) If these conditions will be eliminated under this strategy, <u>attach ar</u>		

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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 fees,
impact fees, bonded indebtedness, etc.).

Local Government or Authority	Funding Method
City of Savannah	General Fund; Special Haz Mat Industrial Tax

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

This strategy will not change the current arrangement for providing or funding this service. Program funding is 50% by private industry, 25% by Chatham County, and 25% by City of Savannah. Chatham County funds a program analyst position located in the Chatham Emergency Management Agency office.

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

Agreement Name	Contracting Parties	Effective and Ending Dates
Hazardous Materials Agreement	Chatham County and City of Savannah	Current/Continuing

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?	

N/A

7. Person completing form: **Dennis Hutton, Director of Comprehensive Planning, Chatham County-Savannah**Metropolitan Planning Commission

Phone Number: 912-651-1450 Date completed: January 15, 2010

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? XYes No

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

Instructions:

Make copies of this form and complete one for each service listed on Form 1, Section III. Use exactly the same 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: Chatham	Service: Police Protection
1. Check the box that best describes the agreed upon deliver	y arrangement for this service:
Service will be provided countywide (i.e. including all cities this box is checked, identify the government, authority, or	es and unincorporated areas) by a single service provider. If or organization providing this service:
Service will be provided only in the unincorporated portion of checked, identify the government, authority, or organization	, , , , , , , , , , , , , , , , , , , ,
One or more cities will provide this service only within the provided in unincorporated areas. If this box is checked, providing this service:	
the service in unincorporated areas. If this box is checke	nah provide service to the City, Vernonburg, and the unincorporated
Other. If this box is checked, <u>attach a legible map deline</u> the government, authority, or other organization that w	ating the service area of each service provider, and identify ill provide this service within each service area:
2. In developing this strategy, were overlapping service area service identified?	s, unnecessary competition, and/or duplication of this
Yes. (If "yes", attach additional documentation as descri	ped below.)
x No.	
If these conditions will continue under this strategy, <u>attach an exp</u> high levels of service (See O.C.G.A 36-70-24(1), overriding benefits competition cannot be eliminated.)	

If these conditions will be eliminated under this strategy, <u>attach and implementation schedule</u> listing each step or action that will be

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 fees, impact fees, bonded indebtedness, etc.).

Local Government or Authority	Funding Method
Chatham County	Special Service District taxes/revenues; General Fund
•	M & 0 taxes/revenues
City of Savannah (County Seat)	General Fund; False alarm fees; Report fees; 911 fees; Traffic
, , , ,	citation fees
City of Pooler	General Fund
City of Bloomingdale	General Fund
City of Port Wentworth	General Fund
City of Garden City	General Fund
Town of Thunderbolt	General Fund
City of Tybee Island	General Fund
City of Vernonburg	General Fund

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

This strategy will not change the current arrangement for providing or funding this service. Chatham County operates the Savannah-Chatham Counter Narcotics Team under the terms of an agreement with all municipalities except the City of Vernonburg. The City of Savannah/Chatham County provides general police service to Vernonburg on a contractual basis.

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

Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement for operation of the	Cities of Savannah, Pooler,	Current/Continuing
Savannah-Chathan County counter	Bloomingdale, Port Wentworth,	
narcotics team	Garden City, Thunderbolt, Tybee	
	Island, and Chatham County	
Police Protection Contract	Chatham County and City of Savannah	Current/Continuing
Police Protection Contract	Vernonburg and City of	Current/Continuing
	Savannah/Chatham County	

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

NI/A		
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7. Person completing form: **Dennis Hutton, Director of Comprehensive Planning, Chatham County-Savannah**Metropolitan Planning Commission

Phone Number: 912-651-1450 Date completed: January 15, 2010

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? XYes No			
If not, provide designated contact person(s) and phone number(s) below:			
	Page 3 of 3		

Instructions:

Make copies of this form and complete one for each service listed on Form 1, Section III. Use exactly the same 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: Chatham	Service: Street Lighting
1. Check the box that best describes the agreed upon delive	ry arrangement for this service:
Service will be provided countywide (i.e. including all cit this box is checked, identify the government, authority,	ies and unincorporated areas) by a single service provider. If or organization providing this service:
Service will be provided only in the unincorporated port checked, identify the government, authority, or organization	ion of the county by a single service provider If this box is ation providing this service:
One or more cities will provide this service only within to provided in unincorporated areas. If this box is checked, providing this service:	heir incorporated boundaries, and the service will not be identify the government(s), authority, or organization
One or more cities will provide this service only within the service in unincorporated areas. If this box is checked providing this service: Chatham County, Cities of Savanna Wentworth, Tybee Island and Vernon burg	, -
Other. If this box is checked, <u>attach a legible map deline</u> the government, authority, or other organization that w	eating the service area of each service provider, and identify ill provide this service within each service area:
2. In developing this strategy, were overlapping service area service identified?	s, unnecessary competition, and/or duplication of this
Yes. (If "yes", attach additional documentation as descri	bed below.)
x No.	
If these conditions will continue under this strategy, <u>attach an exp</u> high levels of service (See O.C.G.A 36-70-24(1), overriding benefits	

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

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 fees, impact fees, bonded indebtedness, etc.).

Local Government or Authority	Funding Method
Chatham County	User fees
City of Savannah	General Fund
City of Pooler	General Fund
Town of Thunderbolt	General Fund
City of Bloomingdale	General Fund
City of Garden City	General Fund
City of Port Wentworth	General Fund
City of Tybee Island	General Fund
City of Vernon burg	General Fund

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

This strategy will not change the current arrangement for providing or funding this service. Service by Chatham County is to portions of the unincorporated area only. The City of Savannah also maintains lighting on 1-16, 1-516, and high level bridge approaches.

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

Agreement Name	Contracting Parties	Effective and Ending Dates

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

7. Person completing form: **Dennis Hutton, Director of Comprehensive Planning, Chatham County-Savannah**Metropolitan Planning Commission

Phone Number: 912-651-1450 Date completed: January 15, 2010

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



Instructions:

Make copies of this form and complete one for each service listed on Form 1, Section III. Use exactly the same 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: Chatham	Service: New Road Construction
1. Check the box that best describes the agreed upon delive	ery arrangement for this service:
1 ^ 1	ties and unincorporated areas) by a single service provider. If or organization providing this service: Chatham County
Service will be provided only in the unincorporated port checked, identify the government, authority, or organize	tion of the county by a single service provider If this box is ation providing this service:
One or more cities will provide this service only within to provided in unincorporated areas. If this box is checked providing this service:	their incorporated boundaries, and the service will not be , identify the government(s), authority, or organization
One or more cities will provide this service only within the service in unincorporated areas. If this box is checked providing this service	their incorporated boundaries, and the county will provide ed, identify the government, authority, or organization
Other. If this box is checked, <u>attach a legible map deline</u> the government, authority, or other organization that w	eating the service area of each service provider, and identify vill provide this service within each service area:
2. In developing this strategy, were overlapping service area service identified?	as, unnecessary competition, and/or duplication of this
Yes. (If "yes", attach additional documentation as described	below.)
x No.	
If these conditions will continue under this strategy, attach an explicit high levels of service (See O.C.G.A 36-70-24(1), overriding benefit competition cannot be eliminated.)	s of duplication, or reasons that overlapping service areas or
If these conditions will be eliminated under this strategy, attach a taken to eliminate them, the responsible party and the agreed up	and implementation schedule listing each step or action that will be on 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 fees,
mpact fees, bonded indebtedness, etc.).

Local Government or Authority	Funding Method	
Chatham County	Special Purpose Loc	al Option Sales Tax
4. How will the strategy change the pre-	vious arrangements for providing and/or	funding this service within the county?
This strategy will not change the currer	nt arrangement for providing or funding this s	ervice.
-	ments or intergovernmental contracts th	at will be used to implement the
strategy for this service. N/A		
Agraement Name	Contracting Parties	Effective and Ending Dates
Agreement Name		Effective and Ending Dates
I SPICIST Agreement	I (hatham (ounty and Municipalities	Current/Continuing
SPLOST Agreement	Chatham County and Municipalities	Current/Continuing
6. What other mechanisms (if any) will I	be used to implement the strategy for th or fee changes, etc.), and when will they	s service (e.g. ordinances, resolutions,
6. What other mechanisms (if any) will I	be used to implement the strategy for th	s service (e.g. ordinances, resolutions,
6. What other mechanisms (if any) will I local acts of the General Assembly, rate	be used to implement the strategy for th	s service (e.g. ordinances, resolutions,
6. What other mechanisms (if any) will local acts of the General Assembly, rate	be used to implement the strategy for th or fee changes, etc.), and when will they	s service (e.g. ordinances, resolutions, take effect?
6. What other mechanisms (if any) will local acts of the General Assembly, rate	be used to implement the strategy for th	s service (e.g. ordinances, resolutions, take effect?
6. What other mechanisms (if any) will local acts of the General Assembly, rate	be used to implement the strategy for th or fee changes, etc.), and when will they	s service (e.g. ordinances, resolutions, take effect? g, Chatham County-Savannah Metropolitan Planning Commission
6. What other mechanisms (if any) will I local acts of the General Assembly, rate N/A 7. Person completing form: Dennis Hutter Phone Number: 912-651-1450	ton, Director of Comprehensive Planning Date completed: January 15, 20	s service (e.g. ordinances, resolutions, take effect? g, Chatham County-Savannah Metropolitan Planning Commission
6. What other mechanisms (if any) will I local acts of the General Assembly, rate N/A 7. Person completing form: Dennis Hutter Phone Number: 912-651-1450	ton, Director of Comprehensive Planning Date completed: January 15, 20	s service (e.g. ordinances, resolutions, take effect? g, Chatham County-Savannah Metropolitan Planning Commission
6. What other mechanisms (if any) will I local acts of the General Assembly, rate N/A 7. Person completing form: Dennis Hutt Phone Number: 912-651-1450 8. Is this the person who should be cont	Date completed: January 15, 20 tacted by state agencies when evaluating delivery strategy?	s service (e.g. ordinances, resolutions, take effect? g, Chatham County-Savannah Metropolitan Planning Commission
6. What other mechanisms (if any) will I local acts of the General Assembly, rate N/A 7. Person completing form: Dennis Hutt Phone Number: 912-651-1450 8. Is this the person who should be cont projects are consistent with the service	Date completed: January 15, 20 tacted by state agencies when evaluating delivery strategy?	s service (e.g. ordinances, resolutions, take effect? g, Chatham County-Savannah Metropolitan Planning Commission
6. What other mechanisms (if any) will I local acts of the General Assembly, rate N/A 7. Person completing form: Dennis Hutt Phone Number: 912-651-1450 8. Is this the person who should be cont projects are consistent with the service	Date completed: January 15, 20 tacted by state agencies when evaluating delivery strategy?	s service (e.g. ordinances, resolutions, take effect? g, Chatham County-Savannah Metropolitan Planning Commission
6. What other mechanisms (if any) will I local acts of the General Assembly, rate N/A 7. Person completing form: Dennis Hutt Phone Number: 912-651-1450 8. Is this the person who should be cont projects are consistent with the service	Date completed: January 15, 20 tacted by state agencies when evaluating delivery strategy?	s service (e.g. ordinances, resolutions, take effect? g, Chatham County-Savannah Metropolitan Planning Commission

Instructions:

Make copies of this form and complete one for each service listed on Form 1, Section III. Use exactly the same 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: Chatham	Service: Refuse Collection and Disposal
1. Check the box that best describes the agreed upon deliver	y arrangement for this service:
Service will be provided countywide (i.e. including all citi this box is checked, identify the government, authority, or	es and unincorporated areas) by a single service provider. If or organization providing this service: Chatham County
Service will be provided only in the unincorporated porticle checked, identify the government, authority, or organization	on of the county by a single service provider If this box is tion providing this service:
One or more cities will provide this service only within the provided in unincorporated areas. If this box is checked, providing this service:	·
One or more cities will provide this service only within the the service in unincorporated areas. If this box is checked providing this service: Chatham County and Cities of Savann Wentworth, Tybee Island, Vernonburg (Note: Chatham County disposal only. Household waste pickup and disposal is provided to the control of the county of the	ah, Pooler, Thunderbolt, Bloomingdale, Garden City, Port y provides yard waste and bulky materials pickup and
Other. If this box is checked, <u>attach a legible map delineatin</u> government, authority, or other organization that will pr	- · · · · · · · · · · · · · · · · · · ·
2. In developing this strategy, were overlapping service areas service identified?Yes. (If "yes", attach additional documentation as described	
x No.	
If these conditions will continue under this strategy, <u>attach an exp</u>	

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

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

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

Local Government or Authority	Funding Method
Chatham County	Special Service District revenues; Solid Waste
·	Management Fund; Solid Waste Fee
Savannah	Solid Waste Fees; Commercial Refuse Fees
Thunderbolt	General Fund; User Fees
Bloomingdale	General Fund
Port Wentworth	General Fund; User Fees
Tybee Island	General Fund; User Fees
Garden City	General Fund; User Fees
Pooler	User Fees
Vernonburg	General Fund

4.	How will the strategy change the previous arrangements for providing and/or funding this service within the county?
	This strategy will not change the current arrangement for providing or funding this service. The City of Savannah and the City of Port Wentworth provide extraterritorial service to individual subscribers.

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

Agreement Name	Contracting Parties	Effective and Ending Dates
Recycling Intergovernmental	Chatham County and Thunderbolt	Current/Continuing
Agreement		

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

N/A

7. Person completing form: Dennis Hutton ,	Director of Comprehensive Planning, Chatham County-Savannah
	Metropolitan Planning Commission

Phone Number: 912-651-1450 Date completed: January 15, 2010

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? χ Yes χ No

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

Instructions:

Make copies of this form and complete one for each service listed on Form 1, Section III. Use exactly the same 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: Chatham	Service: Road Maintenance	
1. Check the box that best describes the agreed upon delivery arrangement for this service:		
Service will be provided countywide (i.e. including all cities this box is checked, identify the government, authority, or the countywide (i.e. including all cities this box is checked, identify the government, authority, or the countywide (i.e. including all cities this box is checked, identify the government, authority, or the countywide (i.e. including all cities this box is checked, identify the government, authority, or the countywide (i.e. including all cities this box is checked, identify the government, authority, or the countywide (i.e. including all cities this box is checked, identify the government).	es and unincorporated areas) by a single service provider. If or organization providing this service: Chatham County	
Service will be provided only in the unincorporated portichecked, identify the government, authority, or organization	ion of the county by a single service provider If this box is ation providing this service:	
One or more cities will provide this service only within the provided in unincorporated areas. If this box is checked, providing this service:		
One or more cities will provide this service only within the service in unincorporated areas. If this box is checked providing this service: Chatham County and Cities of Savanna Wentworth, Tybee Island, Vernon burg		
Other. If this box is checked, <u>attach a legible map delineating</u> government, authority, or other organization that will prove the state of the stat		
 In developing this strategy, were overlapping service area service identified? Yes. (If "yes", attach additional documentation as described 		
x No.		
If these conditions will continue under this strategy, <u>attach an exp</u> high levels of service (See O.C.G.A 36-70-24(1), overriding benefits competition cannot be eliminated.)		

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

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

Local Government or Authority	Funding Method
Chatham County	Special Service District Fund revenues
Savannah	General Fund
Thunderbolt	General Fund
Bloomingdale	General Fund; LARP
Port Wentworth	General Fund; LARP
Tybee Island	General Fund
Garden City	General Fund
Pooler	General Fund
Vernonburg	General Fund

FOIL WEILWOILII	General Fund, LA	IXF
Tybee Island	General Fund	
Garden City	General Fund	
Pooler	General Fund	
Vernonburg	General Fund	
This strategy will not change the current	vious arrangements for providing and/one arrangement for providing or funding this arrangement for providing and/one arrangement for providing or funding this arrangement for providing the providing	
strategy for this service. N/A		
Agreement Name	Contracting Parties	Effective and Ending Dates
	-	
6. What other mechanisms (if any) will local acts of the General Assembly, rate	oe used to implement the strategy for the or fee changes, etc.), and when will the	
7. Person completing form: Dennis Hutt Phone Number: 912-651-1450	con, Director of Comprehensive Plannin Date completed: January 15, 20	Metropolitan Planning Commission
8. Is this the person who should be cont projects are consistent with the service	facted by state agencies when evaluating delivery strategy? $\boxed{\chi}$ Yes $\boxed{}$ No	g whether proposed local government
If not, provide designated contact person	un(s) and phone number(s) helow:	
	mi(s) and phone number(s) below.	

Instructions:

Make copies of this form and complete one for each service listed on Form 1, Section III. Use exactly the same 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: Chatham	Service: Road Paving
1. Check the box that best describes the agreed upon deliver	ry arrangement for this service:
Service will be provided countywide (i.e. including all cit this box is checked, identify the government, authority,	ies and unincorporated areas) by a single service provider. If or organization providing this service:
Service will be provided only in the unincorporated port checked, identify the government, authority, or organization	ion of the county by a single service provider If this box is ation providing this service:
One or more cities will provide this service only within the provided in unincorporated areas. If this box is checked, providing this service:	neir incorporated boundaries, and the service will not be identify the government(s), authority, or organization
x One or more cities will provide this service only within the service in unincorporated areas. If this box is checked providing this service: Chatham County and Cities of Savar Island, and Garden City.	
Other. If this box is checked, <u>attach a legible map deline</u> the government, authority, or other organization that w	eating the service area of each service provider, and identify ill provide this service within each service area:
2. In developing this strategy, were overlapping service area service identified?Yes. (If "yes", attach additional documentation as described	
x No.	
If these conditions will continue under this strategy, attach an exp high levels of service (See O.C.G.A 36-70-24(1), overriding benefits competition cannot be eliminated.) If these conditions will be eliminated under this strategy, attach an	

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 fees, impact fees, bonded indebtedness, etc.).

ocal Government or Authority	Funding Method	
Chatham County	Special Purpose Local Option Sales Tax; Sp District Funds; DOT Local Assistance Road (LARP)	
avannah	General Obligation Bonds; General Fund; SPLOST	; DOT LARP;
hunderbolt	DOT City contracts; DOT LARP; General	Fund revenues
Bloomingdale	SPLOST; DOT matching funds	
Port Wentworth	SPLOST; General Fund	
ybee Island	SPLOST; General Fund	
Sarden City	SPLOST; General Fund	
		I
i. List any formal service delivery ago trategy for this service. N/A	ements or intergovernmental contracts that will be used to implem	ment the
	ements or intergovernmental contracts that will be used to implem Contracting Parties Effective and Ending D	
trategy for this service. N/A		
trategy for this service. N/A		
trategy for this service. N/A Agreement Name 5. What other mechanisms (if any) w		Dates
Agreement Name 5. What other mechanisms (if any) woodal acts of the General Assembly, rows. N/A 7. Person completing form: Dennis H	be used to implement the strategy for this service (e.g. ordinances or fee changes, etc.), and when will they take effect? Ston, Director of Comprehensive Planning, Chatham County-Savar Metropolitan Planning County County County Chatham Chatham County Chatham County Chatham County Chatham County Chatham County Chatham County Chatham Chatha	es, resolutions,
is. What other mechanisms (if any) woocal acts of the General Assembly, r.	be used to implement the strategy for this service (e.g. ordinances or fee changes, etc.), and when will they take effect?	es, resolutions,
is. What other mechanisms (if any) wo ocal acts of the General Assembly, rown of the Number: 912-651-1450	be used to implement the strategy for this service (e.g. ordinances or fee changes, etc.), and when will they take effect? Ston, Director of Comprehensive Planning, Chatham County-Savar Metropolitan Planning County Date completed: January 15, 2010 Stacted by state agencies when evaluating whether proposed local edelivery strategy? Yes No	es, resolutions, unnah Commission

Instructions:

Make copies of this form and complete one for each service listed on Form 1, Section III. Use exactly the same 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: Chatham	Service: Road Right-of-Way Mowing
1. Check the box that best describes the agreed upon deliver	ry arrangement for this service:
Service will be provided countywide (i.e. including all cit this box is checked, identify the government, authority,	ies and unincorporated areas) by a single service provider. If or organization providing this service:
Service will be provided only in the unincorporated port checked, identify the government, authority, or organization	ion of the county by a single service provider If this box is ation providing this service:
One or more cities will provide this service only within the provided in unincorporated areas. If this box is checked, providing this service:	heir incorporated boundaries, and the service will not be identify the government(s), authority, or organization
One or more cities will provide this service only within the service in unincorporated areas. If this box is checked providing this service: Chatham County and Cities of Savanna Wentworth, Tybee Island, Vernonburg	
Other. If this box is checked, <u>attach a legible map delineating</u> government, authority, or other organization that will provide the state of the st	ng the service area of each service provider, and identify the rovide this service within each service area:
2. In developing this strategy, were overlapping service area service identified? Yes. (If "yes", attach additional documentation as described	
	·
x No.	
If these conditions will continue under this strategy, <u>attach an exp</u> high levels of service (See O.C.G.A 36-70-24(1), overriding benefits competition cannot be eliminated.) If these conditions will be eliminated under this strategy, <u>attach are the second transfer.</u>	

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 fees, impact fees, bonded indebtedness, etc.).

Local Government or Authority	Funding Method
Chatham County	Special Service District Fund revenues
Savannah	General Fund
Thunderbolt	General Fund
Bloomingdale	General Fund
Port Wentworth	General Fund
Tybee Island	General Fund
Garden City	General Fund
Pooler	General Fund
Vernonburg	General Fund

Garden City	General Fund	
Pooler	General Fund	
Vernonburg	General Fund	
4. How will the strategy change the prev This strategy will not change the current	vious arrangements for providing and/or at arrangement for providing or funding this se	ervice.
strategy for this service. N/A		
Agreement Name	Contracting Parties	Effective and Ending Dates
Intergovernmental Agreement	Chatham County and Thunderbolt	Current/Continuing
· · · · · · · · · · · · · · · · · · ·	oe used to implement the strategy for this or fee changes, etc.), and when will they	· ·
7. Person completing form: Dennis Hutt	on, Director of Comprehensive Planning	, Chatham County-Savannah Metropolitan Planning Commission
Phone Number: 912-651-1450	Date completed: January 15, 20	10
8. Is this the person who should be cont projects are consistent with the service If not, provide designated contact person		whether proposed local government

Instructions:

Make copies of this form and complete one for each service listed on Form 1, Section III. Use exactly the same 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: Chatham	Service: Stormwater Management
1. Check the box that best describes the agreed upon deliver	ry arrangement for this service:
Service will be provided countywide (i.e. including all citi this box is checked, identify the government, authority, or	ies and unincorporated areas) by a single service provider. If or organization providing this service:
Service will be provided only in the unincorporated porticle checked, identify the government, authority, or organization	ion of the county by a single service provider If this box is ation providing this service:
One or more cities will provide this service only within the provided in unincorporated areas. If this box is checked, providing this service:	
One or more cities will provide this service only within the the service in unincorporated areas. If this box is checke providing this service: Chatham County and Cities of Savann Wentworth, Tybee Island, Vernonburg	
Other. If this box is checked, <u>attach a legible map delineatin</u> government, authority, or other organization that will pr	- · · · · · · · · · · · · · · · · · · ·
2. In developing this strategy, were overlapping service areas service identified? Yes. (If "yes", attach additional documentation as described	
x No.	
If these conditions will continue under this strategy, <u>attach an exp</u> high levels of service (See O.C.G.A 36-70-24(1), overriding benefits competition cannot be eliminated.) If these conditions will be eliminated under this strategy, <u>attach ar</u>	of duplication, or reasons that overlapping service areas or

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 fees, impact fees, bonded indebtedness, etc.).

Local Government or Authority	Funding Method
Chatham County	Special Service District revenues; SPLOST
Savannah	General Fund; Electricity Sales revenue; SPLOST
Thunderbolt	General Fund; SPLOST
Bloomingdale	General Fund; SPLOST
Port Wentworth	General Fund; SPLOST
Tybee Island	General Fund; SPLOST
Garden City	Stormwater Utility Fee;SPLOST;General Fund
Pooler	General Fund; SPLOST
Vernonburg	General Fund; SPLOST

Garden City Stormwater Utility Fee;SPLOST;General Fund			
Pooler	-	General Fund; SPLOST	
Vernonburg General Fund; SPLOST		LOST	
This strategy will not change the curren	vious arrangements for providing and/or t arrangement for providing or funding this se	ervice.	
Agreement Name	Contracting Parties	Effective and Ending Dates	
Intergovernmental Agreement for Canal Maintenance	Chatham County, Thunderbolt, Garden City, Port Wentworth, Tybee	Current/Continuing	
Intergovernmental Agreement – as required	Chatham County and Thunderbolt	Current/Continuing	
local acts of the General Assembly, rate	oe used to implement the strategy for this or fee changes, etc.), and when will they		
N/A	N/A		
7. Person completing form: Dennis Hutt Phone Number: 912-651-1450	on, Director of Comprehensive Planning Date completed: January 15, 20	Metropolitan Planning Commission	
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? XYes No			
If not, provide designated contact person(s) and phone number(s) below:			
Page 2 of 2			

Instructions:

Make copies of this form and complete one for each service listed on Form 1, Section III. Use exactly the same 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: Chatham	Service: Street Sweeping
1. Check the box that best describes the agreed upon deliver	ry arrangement for this service:
Service will be provided countywide (i.e. including all cit this box is checked, identify the government, authority,	ies and unincorporated areas) by a single service provider. If or organization providing this service:
Service will be provided only in the unincorporated port checked, identify the government, authority, or organization	ion of the county by a single service provider If this box is ation providing this service:
One or more cities will provide this service only within the provided in unincorporated areas. If this box is checked, providing this service:	neir incorporated boundaries, and the service will not be identify the government(s), authority, or organization
One or more cities will provide this service only within the service in unincorporated areas. If this box is checked providing this service: Chatham County and Cities of Savanna Wentworth, Tybee Island, Vernon burg	
Other. If this box is checked, <u>attach a legible map delineating</u> government, authority, or other organization that will prove the state of the stat	
2. In developing this strategy, were overlapping service area service identified?Yes. (If "yes", attach additional documentation as described	
x No.	
If these conditions will continue under this strategy, <u>attach an exp</u> high levels of service (See O.C.G.A 36-70-24(1), overriding benefits	

competition cannot be eliminated.)

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

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

Local Government or Authority	Funding Method
Chatham County	Special Service District Fund revenues
Savannah	General Fund and citation fees
Thunderbolt	General Fund
Bloomingdale	General Fund
Port Wentworth	General Fund
Tybee Island	General Fund
Garden City	General Fund
Pooler	General Fund
Vernonburg	General Fund

Garden City	General Fund	
Pooler	General Fund	
Vernonburg	General Fund	
4. How will the strategy change the prev This strategy will not change the current	vious arrangements for providing and/or nt arrangement for providing or funding this so	ervice.
strategy for this service. N/A		
Agreement Name	Contracting Parties	Effective and Ending Dates
Intergovernmental Agreement	Chatham County and Thunderbolt	Current/Continuing
· · · · · · · · · · · · · · · · · · ·	oe used to implement the strategy for thi or fee changes, etc.), and when will they	
7. Person completing form: Dennis Hutt Phone Number: 912-651-1450	con, Director of Comprehensive Planning Date completed: January 15, 20	Metropolitan Planning Commission
8. Is this the person who should be cont projects are consistent with the service If not, provide designated contact person		whether proposed local government

Instructions:

Make copies of this form and complete one for each service listed on Form 1, Section III. Use exactly the same 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: Chatham	Service: Traffic Control
county. Chatham	Service. Tranic control
1. Check the box that best describes the agreed upon deliver	ry arrangement for this service:
Service will be provided countywide (i.e. including all cities this box is checked, identify the government, authority, or	es and unincorporated areas) by a single service provider. If or organization providing this service:
Service will be provided only in the unincorporated porticle checked, identify the government, authority, or organization	ion of the county by a single service provider If this box is ition providing this service:
One or more cities will provide this service only within the provided in unincorporated areas. If this box is checked, providing this service:	·
One or more cities will provide this service only within the the service in unincorporated areas. If this box is checke providing this service: Chatham County and Cities of Savann Wentworth, Tybee Island, Vernon burg	
Other. If this box is checked, <u>attach a legible map delineatin</u> government, authority, or other organization that will pr	
2. In developing this strategy, were overlapping service areas service identified? Yes. (If "yes", attach additional documentation as described	
x No.	
If these conditions will continue under this strategy, attach an exp high levels of service (See O.C.G.A 36-70-24(1), overriding benefits competition cannot be eliminated.)	of duplication, or reasons that overlapping service areas or
If these conditions will be eliminated under this strategy, <u>attach ar</u> taken to eliminate them, the responsible party and the agreed upon	

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 fees, impact fees, bonded indebtedness, etc.).

Local Government or Authority	Funding Method
Chatham County	Special Service District Fund revenues
Savannah	General Fund
Thunderbolt	General Fund
Bloomingdale	General Fund
Port Wentworth	General Fund; GA DOT funds (State highways)
Tybee Island	General Fund; GA DOT funds (State highways)
Garden City	General Fund; GA DOT funds (State highways)
Pooler	General Fund
Vernonburg	General Fund

Poolei	General i unu	
Vernonburg	General Fund	
4. How will the strategy change the prev	vious arrangements for providing and/or	funding this service within the county?
This strategy will not change the currer provides service to Chatham County or	nt arrangement for providing or funding this son a contractual basis.	ervice. The City of Savannah
5. List any formal service delivery agree strategy for this service.	ments or intergovernmental contracts th	at will be used to implement the
Agreement Name	Contracting Parties	Effective and Ending Dates
Intergovernmental Agreement for	Chatham County and City of	Current/Continuing

Agreement Name	Contracting Parties	Effective and Ending Dates
Intergovernmental Agreement for	Chatham County and City of	Current/Continuing
Signal Maintenance	Savannah	
Intergovernmental Agreement – as	Chatham County and Thunderbolt	Current/Continuing
needed		

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?

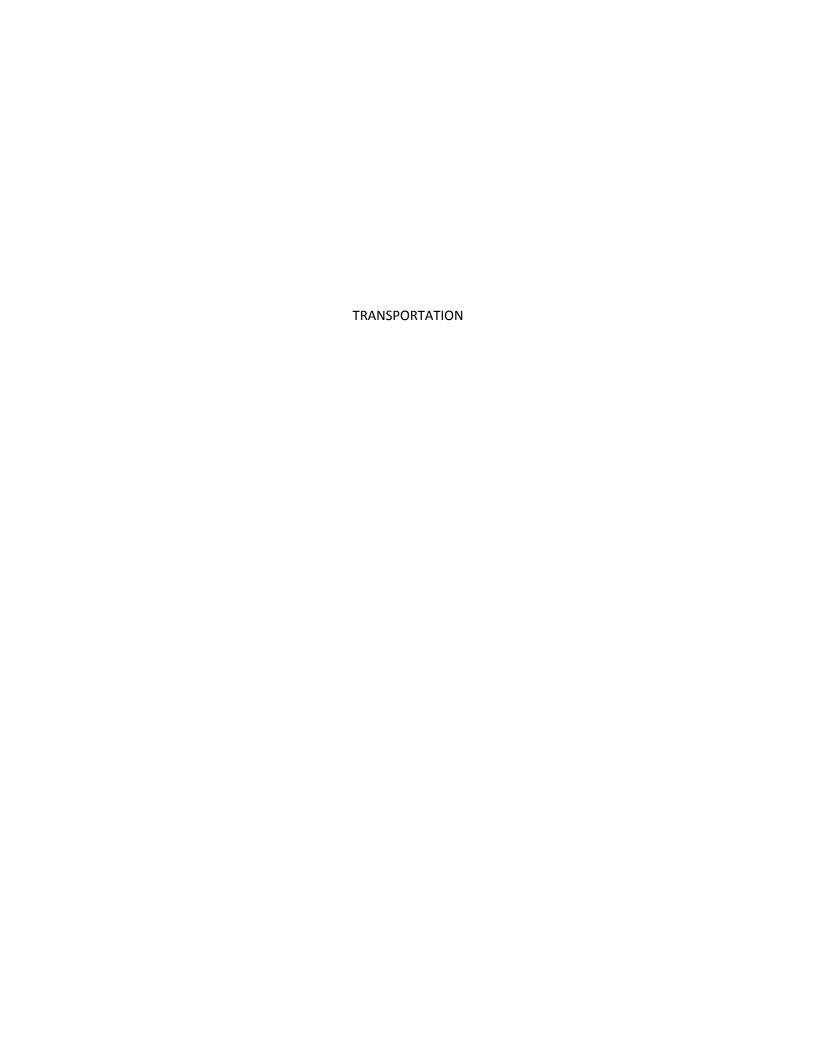
7. Person completing form: **Dennis Hutton, Director of Comprehensive Planning, Chatham County-Savannah**Metropolitan Planning Commission

Phone Number: 912-651-1450 Date completed: January 15, 2010

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? $\sqrt{\chi}$ Yes $\sqrt{\chi}$ No

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

N/A



Instructions:

Make copies of this form and complete one for each service listed on Form 1, Section III. Use exactly the same 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: Chatham	Service: Airport			
1. Check the box that best describes the agreed upon delivery arrangement for this service:				
Service will be provided countywide (i.e. including all cit this box is checked, identify the government, authority,	ies and unincorporated areas) by a single service provider. If or organization providing this service: City of Savannah			
Service will be provided only in the unincorporated portice checked, identify the government, authority, or organization	ion of the county by a single service provider If this box is ation providing this service:			
One or more cities will provide this service only within the provided in unincorporated areas. If this box is checked, providing this service:				
One or more cities will provide this service only within the the service in unincorporated areas. If this box is checked providing this service:	neir incorporated boundaries, and the county will provide d, identify the government, authority, or organization			
Other. If this box is checked, <u>attach a legible map delineatin</u> government, authority, or other organization that will pr				
2. In developing this strategy, were overlapping service areasservice identified?				
Yes. (If "yes", attach additional documentation as described	below.)			
x No.				
If these conditions will continue under this strategy, <u>attach an exp</u> high levels of service (See O.C.G.A 36-70-24(1), overriding benefits competition cannot be eliminated.)	of duplication, or reasons that overlapping service areas or			
If these conditions will be eliminated under this strategy, <u>attach ar</u> taken to eliminate them, the responsible party and the agreed upon	nd implementation schedule listing each step or action that will be on 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 fees,
mpact fees, bonded indebtedness, etc.).

Local Government or Authority		Funding Method		
City of Savannah		User Fees		
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?				
This strategy will not change the currer	nt arrangement for prov	iding or funding this se	ervice.	
Ims strategy will not change the carrel	artungement for prov	raing of randing time se		
5. List any formal service delivery agree	ments or intergovern	mental contracts tha	at will he used to implement the	
· -	ments of mitergovers		we will be used to implement the	
strategy for this service. N/A				
Agraement Name	Contracting Parties	•	Effective and Ending Dates	
Agreement Name	Contracting Parties	5	Effective and Ending Dates	
Agreement Name	Contracting Parties	5	Effective and Ending Dates	
Agreement Name	Contracting Parties	5	Effective and Ending Dates	
6. What other mechanisms (if any) will I	be used to implemen	t the strategy for this	s service (e.g. ordinances, resolutions,	
	be used to implemen	t the strategy for this	s service (e.g. ordinances, resolutions,	
6. What other mechanisms (if any) will I	be used to implemen	t the strategy for this	s service (e.g. ordinances, resolutions,	
6. What other mechanisms (if any) will I local acts of the General Assembly, rate	be used to implemen	t the strategy for this	s service (e.g. ordinances, resolutions,	
6. What other mechanisms (if any) will I	be used to implemen	t the strategy for this	s service (e.g. ordinances, resolutions,	
6. What other mechanisms (if any) will I local acts of the General Assembly, rate	be used to implemen	t the strategy for this	s service (e.g. ordinances, resolutions,	
6. What other mechanisms (if any) will be local acts of the General Assembly, rate	be used to implemen or fee changes, etc.)	t the strategy for this , and when will they	s service (e.g. ordinances, resolutions, take effect?	
6. What other mechanisms (if any) will I local acts of the General Assembly, rate	be used to implemen or fee changes, etc.)	t the strategy for this , and when will they prehensive Planning	s service (e.g. ordinances, resolutions, take effect? Chatham County-Savannah	
6. What other mechanisms (if any) will I local acts of the General Assembly, rate N/A 7. Person completing form: Dennis Hutt	be used to implement or fee changes, etc.)	t the strategy for this, and when will they	s service (e.g. ordinances, resolutions, take effect? , Chatham County-Savannah Metropolitan Planning Commission	
6. What other mechanisms (if any) will be local acts of the General Assembly, rate	be used to implement or fee changes, etc.)	t the strategy for this , and when will they prehensive Planning	s service (e.g. ordinances, resolutions, take effect? , Chatham County-Savannah Metropolitan Planning Commission	
6. What other mechanisms (if any) will I local acts of the General Assembly, rate N/A 7. Person completing form: Dennis Hutt Phone Number: 912-651-1450	ton, Director of Com	t the strategy for this, and when will they prehensive Planning eted: January 15, 201	s service (e.g. ordinances, resolutions, take effect? , Chatham County-Savannah Metropolitan Planning Commission	
6. What other mechanisms (if any) will I local acts of the General Assembly, rate N/A 7. Person completing form: Dennis Hutte Phone Number: 912-651-1450 8. Is this the person who should be cont	ton, Director of Com Date completed by state agence	t the strategy for this, and when will they prehensive Planning eted: January 15, 203	s service (e.g. ordinances, resolutions, take effect? , Chatham County-Savannah Metropolitan Planning Commission	
6. What other mechanisms (if any) will I local acts of the General Assembly, rate N/A 7. Person completing form: Dennis Hutt Phone Number: 912-651-1450	ton, Director of Com Date completed by state agence	t the strategy for this, and when will they prehensive Planning eted: January 15, 203	s service (e.g. ordinances, resolutions, take effect? , Chatham County-Savannah Metropolitan Planning Commission	
6. What other mechanisms (if any) will be local acts of the General Assembly, rate N/A 7. Person completing form: Dennis Hutte Phone Number: 912-651-1450 8. Is this the person who should be contemprojects are consistent with the service	ton, Director of Com Date completed by state agency delivery strategy?	t the strategy for this, and when will they prehensive Planning eted: January 15, 202 dies when evaluating	s service (e.g. ordinances, resolutions, take effect? , Chatham County-Savannah Metropolitan Planning Commission	
6. What other mechanisms (if any) will I local acts of the General Assembly, rate N/A 7. Person completing form: Dennis Hutte Phone Number: 912-651-1450 8. Is this the person who should be cont	ton, Director of Com Date completed by state agency delivery strategy?	t the strategy for this, and when will they prehensive Planning eted: January 15, 202 dies when evaluating	s service (e.g. ordinances, resolutions, take effect? , Chatham County-Savannah Metropolitan Planning Commission	
6. What other mechanisms (if any) will be local acts of the General Assembly, rate N/A 7. Person completing form: Dennis Hutte Phone Number: 912-651-1450 8. Is this the person who should be contemprojects are consistent with the service	ton, Director of Com Date completed by state agency delivery strategy?	t the strategy for this, and when will they prehensive Planning eted: January 15, 202 dies when evaluating	s service (e.g. ordinances, resolutions, take effect? , Chatham County-Savannah Metropolitan Planning Commission	
6. What other mechanisms (if any) will be local acts of the General Assembly, rate N/A 7. Person completing form: Dennis Hutte Phone Number: 912-651-1450 8. Is this the person who should be contemprojects are consistent with the service	ton, Director of Com Date completed by state agency delivery strategy?	t the strategy for this, and when will they prehensive Planning eted: January 15, 202 dies when evaluating	s service (e.g. ordinances, resolutions, take effect? , Chatham County-Savannah Metropolitan Planning Commission	
6. What other mechanisms (if any) will be local acts of the General Assembly, rate N/A 7. Person completing form: Dennis Hutte Phone Number: 912-651-1450 8. Is this the person who should be contemprojects are consistent with the service	ton, Director of Com Date completed by state agency delivery strategy?	t the strategy for this, and when will they prehensive Planning eted: January 15, 202 dies when evaluating	s service (e.g. ordinances, resolutions, take effect? , Chatham County-Savannah Metropolitan Planning Commission	
6. What other mechanisms (if any) will be local acts of the General Assembly, rate N/A 7. Person completing form: Dennis Hutte Phone Number: 912-651-1450 8. Is this the person who should be contemprojects are consistent with the service	ton, Director of Com Date completacted by state agency delivery strategy?	t the strategy for this, and when will they prehensive Planning eted: January 15, 202 dies when evaluating	s service (e.g. ordinances, resolutions, take effect? , Chatham County-Savannah Metropolitan Planning Commission	

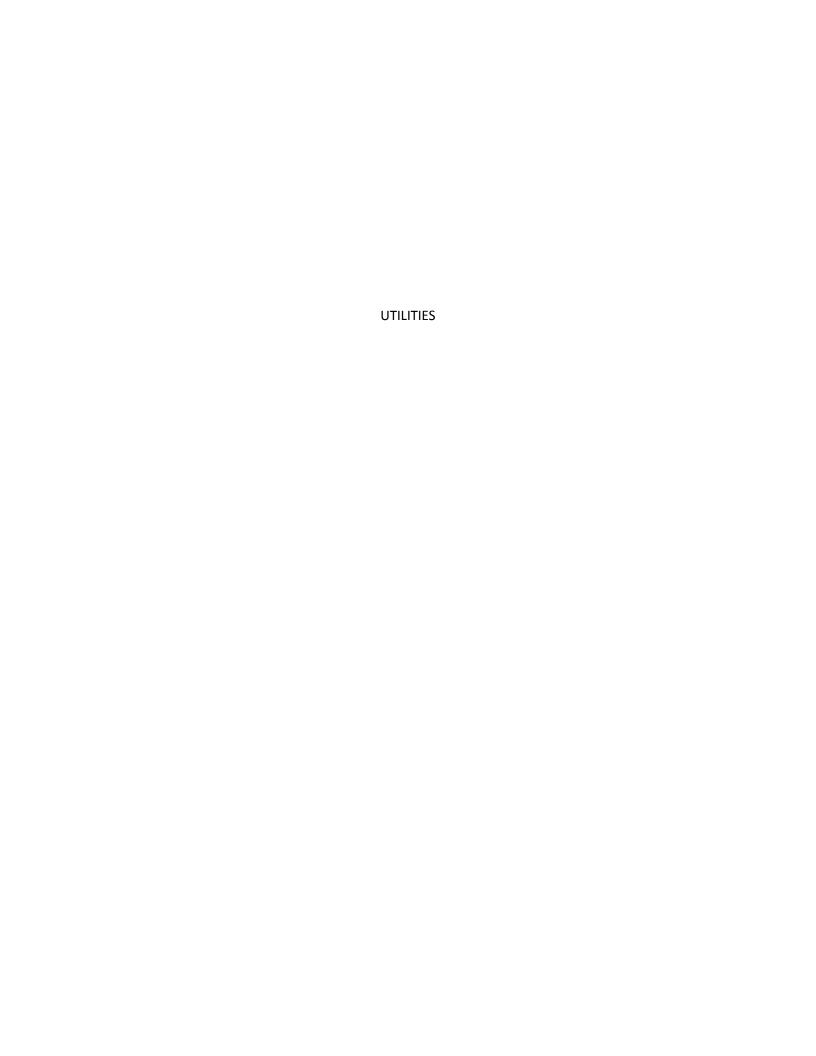
Instructions:

Make copies of this form and complete one for each service listed on Form 1, Section III. Use exactly the same 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: Chatham	Service: Bus Service			
1. Check the box that best describes the agreed upon delivery arrangement for this service:				
x Service will be provided countywide (i.e. including all cit this box is checked, identify the government, authority,	ies and unincorporated areas) by a single service provider. If or organization providing this service: Chatham County			
Service will be provided only in the unincorporated port checked, identify the government, authority, or organization	ion of the county by a single service provider If this box is ation providing this service:			
provided in unincorporated areas. If this box is checked, providing this service:				
One or more cities will provide this service only within the service in unincorporated areas. If this box is checked providing this service:	neir incorporated boundaries, and the county will provide d, identify the government, authority, or organization			
Other. If this box is checked, <u>attach a legible map delineatir</u> government, authority, or other organization that will p	ng the service area of each service provider, and identify the rovide this service within each service area:			
2. In developing this strategy, were overlapping service area service identified?				
Yes. (If "yes", attach additional documentation as described	below.)			
x No.				
If these conditions will continue under this strategy, <u>attach an exp</u> high levels of service (See O.C.G.A 36-70-24(1), overriding benefits competition cannot be eliminated.)	of duplication, or reasons that overlapping service areas or			
taken to eliminate them, the responsible party and the agreed upon	nd implementation schedule listing each step or action that will be on 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 fees,
mpact fees, bonded indebtedness, etc.).

Objectly and Objects		Funding Method
Chatham County		Chatham County General Fund M & 0 - Non-Departmental
1 How will the strategy change the pre-	ious arrangements f	or providing and/or funding this service within the county
This strategy will not change the current	it arrangement for prov	ding or funding this service.
,	ments or intergovern	mental contracts that will be used to implement the
strategy for this service. N/A		
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name	contracting raities	Effective and Enamy Dates
6. What other mechanisms (if any) will be	pe used to implemen	t the strategy for this service (e.g. ordinances, resolutions,
6. What other mechanisms (if any) will be local acts of the General Assembly, rate	· ·	•
•	· ·	•
•	· ·	•
local acts of the General Assembly, rate	· ·	•
local acts of the General Assembly, rate	or fee changes, etc.)	, and when will they take effect?
local acts of the General Assembly, rate	or fee changes, etc.)	orehensive Planning, Chatham County-Savannah
local acts of the General Assembly, rate	or fee changes, etc.)	orehensive Planning, Chatham County-Savannah Metropolitan Planning Commission
N/A 7. Person completing form: Dennis Hutt	or fee changes, etc.)	orehensive Planning, Chatham County-Savannah
N/A 7. Person completing form: Dennis Hutt Phone Number: 912-651-1450	con, Director of Compared Completers acted by state agence	orehensive Planning, Chatham County-Savannah Metropolitan Planning Commission eted: January 15, 2010 ies when evaluating whether proposed local government
N/A 7. Person completing form: Dennis Hutt Phone Number: 912-651-1450	con, Director of Compared Completers acted by state agence	orehensive Planning, Chatham County-Savannah Metropolitan Planning Commission eted: January 15, 2010
N/A 7. Person completing form: Dennis Hutt Phone Number: 912-651-1450 8. Is this the person who should be cont projects are consistent with the service	con, Director of Composite Complete Complete Complete Complete Complete Composite Comp	orehensive Planning, Chatham County-Savannah Metropolitan Planning Commission eted: January 15, 2010 lies when evaluating whether proposed local government XYes No
N/A 7. Person completing form: Dennis Hutt Phone Number: 912-651-1450 8. Is this the person who should be cont	con, Director of Composite Complete Complete Complete Complete Complete Composite Comp	orehensive Planning, Chatham County-Savannah Metropolitan Planning Commission eted: January 15, 2010 lies when evaluating whether proposed local government XYes No
N/A 7. Person completing form: Dennis Hutt Phone Number: 912-651-1450 8. Is this the person who should be cont projects are consistent with the service	con, Director of Composite Complete Complete Complete Complete Complete Composite Comp	orehensive Planning, Chatham County-Savannah Metropolitan Planning Commission eted: January 15, 2010 lies when evaluating whether proposed local government XYes No
N/A 7. Person completing form: Dennis Hutt Phone Number: 912-651-1450 8. Is this the person who should be cont projects are consistent with the service	con, Director of Composite Complete Complete Complete Complete Complete Composite Comp	orehensive Planning, Chatham County-Savannah Metropolitan Planning Commission eted: January 15, 2010 lies when evaluating whether proposed local government XYes No
N/A 7. Person completing form: Dennis Hutt Phone Number: 912-651-1450 8. Is this the person who should be cont projects are consistent with the service	con, Director of Composite Complete Complete Complete Complete Complete Composite Comp	prehensive Planning, Chatham County-Savannah Metropolitan Planning Commission eted: January 15, 2010 eies when evaluating whether proposed local government Yes No eer(s) below:



Georgia Department of Community Affairs SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

County: Cl	hatham	Service: Sewage Collection/Treatment
	e box that best describes the agreed upon deliv	
	will be provided countywide (i.e. including all ox is checked, identify the government, authority	ities and unincorporated areas) by a single service provider. If v, or organization providing this service:
	will be provided only in the unincorporated pod, identify the government, authority, or organ	rtion of the county by a single service provider If this box is zation providing this service:
provide		their incorporated boundaries, and the service will not be d, identify the government(s), authority, or organization
the ser	·	their incorporated boundaries, and the county will provide ked, identify the government, authority, or organization
the gov	Chatham County City of Savannah (County Seat) City of Pooler City of Bloomingdale City of Port Wentworth City of Garden City Town of Thunderbolt City of Tybee Island City of Vernonburg	neating the service area of each service provider, and identify will provide this service within each service area:
See Attachi	ment A for map identifying sewage collection a	nd treatment service areas.

2. In developing this strategy, were overlapping service areas service identified?	s, unnecessary competition, and/or duplication of this
Yes. (If "yes", attach additional documentation as descri	bed below.)
x No.	
If these conditions will continue under this strategy, <u>attach an exp</u> high levels of service (See O.C.G.A 36-70-24(1), overriding benefits competition cannot be eliminated.) If these conditions will be eliminated under this strategy, <u>attach ar</u> taken to eliminate them, the responsible party and the agreed upon	of duplication, or reasons that overlapping service areas or and implementation schedule listing each step or action that will be
3. List each government or authority that will help to pay for (e.g., enterprise funds, user fees, general funds, special servi impact fees, bonded indebtedness, etc.).	
Land Carrament and Authority	From diam a Adapth and

Local Government or Authority	Funding Method
Chatham County	User Fees
City of Savannah (County Seat)	User Fees; Surcharges; Interfund Fees
City of Pooler	User Fees; Tap-In Fees
City of Bloomingdale	User Fees
City of Port Wentworth	User Fees; Tap-In Fees; Impact Fees
City of Garden City	User Fees; Tap-In Fees
Town of Thunderbolt	User Fees; Tap-In Fees
City of Tybee Island	User Fees; General Fund
City of Vernonburg	User Fees

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

This strategy will not change the current arrangement for providing or funding this service. The City of Pooler provides sewage treatment to the City of Bloomingdale under the terms of an agreement. The City of Savannah provides sewage treatment to the City of Pooler, Town of Thunderbolt, and Chatham County under the terms of separate agreements with each governmental entity. There are areas within each municipality that are not served by municipal sewer (e.g. Lazaretto Creek area), but there is general agreement on who will provide this service if and when sewer lines are extended.

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

Agreement Name	Contracting Parties	Effective and Ending Dates
Sewage Treatment Agreement	City of Pooler and City of	Current/July 24, 2022
	Savannah	
Sewage Treatment Agreement	City of Bloomingdale and Pooler	CurrentlContinuing
Sewage Treatment Agreement	Chatham County and City of	CurrentlContinuing
	Savannah	
Sewage Treatment Agreement	Vernonburg and City of Savannah	CurrentlContinuing

bewage	Treatment rigreement	vernoriburg and only or oavannan	Odricitioontinaing
	• • • • • • • • • • • • • • • • • • • •	oe used to implement the strategy for this or fee changes, etc.), and when will they	. •
	N/A		
			Metropolitan Planning Commission
Phone N	lumber: 912-651-1450	Date completed: January 15, 20 3	10
	the person who should be cont are consistent with the service	cacted by state agencies when evaluating delivery strategy? XYes No	whether proposed local government
If not, p	rovide designated contact perso	on(s) and phone number(s) below:	

Georgia Department of Community Affairs 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 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.

Cou	ınty: Chatham		Service: Water Supply/Distribution
1. 0	Check the box tha	at best describes the agreed upon delive	ery arrangement for this service:
	•	provided countywide (i.e. including all cinced, identify the government, authority,	ties and unincorporated areas) by a single service provider. If or organization providing this service:
	•	rovided only in the unincorporated por y the government, authority, or organiz	tion of the county by a single service provider If this box is ation providing this service:
		ncorporated areas. If this box is checked	their incorporated boundaries, and the service will not be , identify the government(s), authority, or organization
		nincorporated areas. If this box is check	their incorporated boundaries, and the county will provide ed, identify the government, authority, or organization
х			eating the service area of each service provider, and identify will provide this service within each service area:

City of Vernonburg

	developing this strategy, were overlapping service areas, unnecessary competition, and/or duplication of this ice identified?
	Yes. (If "yes", attach additional documentation as described below.)
х	No.
	ese conditions will continue under this strategy, <u>attach an explanation for continuing the arrangement</u> (e.g. overlapping but levels of service (See O.C.G.A 36-70-24(1), overriding benefits of duplication, or reasons that overlapping service areas or

ιt competition cannot be eliminated.)

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

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

Local Government or Authority	Funding Method
Chatham County	User Fees; Tap-in Fees
City of Savannah (County Seat)	User Fees; Surcharges; Interfund Fees
City of Pooler	User Fees; Tap-In Fees; Grants
City of Bloomingdale	User Fees; Tap-In Fees; Grants
City of Port Wentworth	User Fees; Tap-In Fees; Impact Fees
City of Garden City	User Fees; Tap-In Fees
Town of Thunderbolt	User Fees
City of Tybee Island	User Fees; General Fund
City of Vernonburg	User Fees

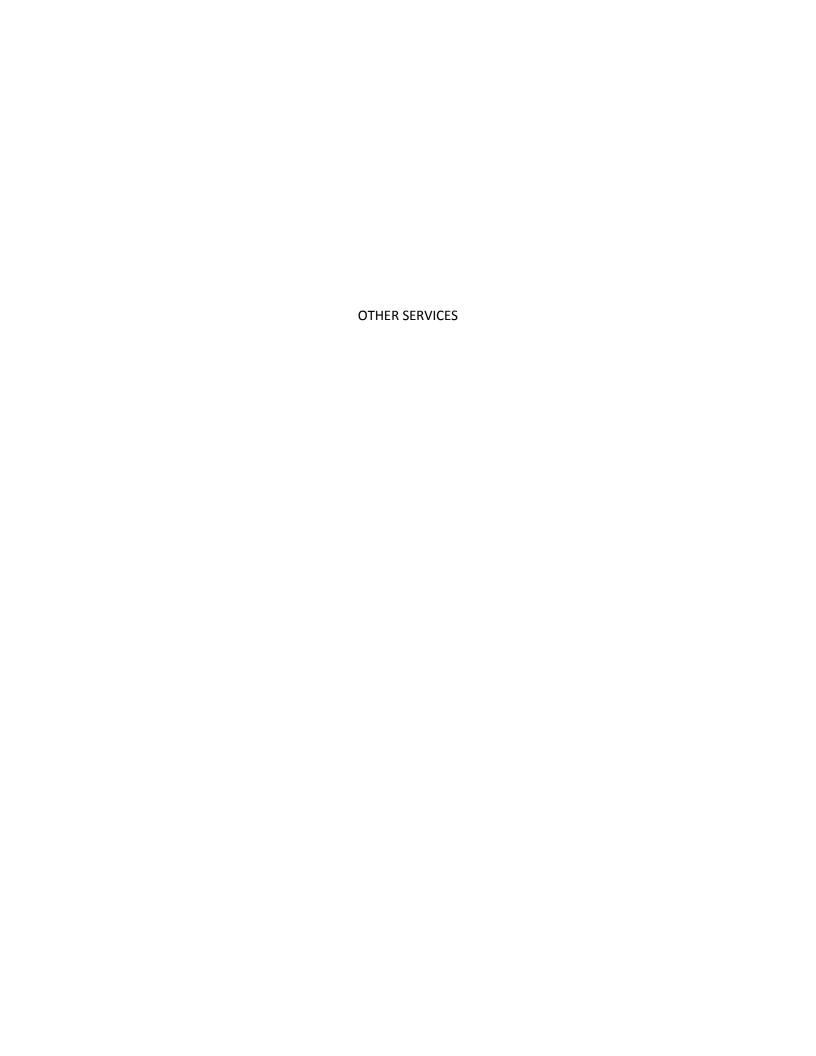
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?

This strategy will not change the current arrangement for providing or funding this service. The City of Savannah provides water to the City of Pooler, Bloomingdale, Thunderbolt, Vernonburg and to the City of Garden City under the terms of water supply agreements.

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

Agreement Name	Contracting Parties	Effective and Ending Dates
Water Supply Agreement	City of Pooler and City of Savannah	Current/July 24, 2022
Water Supply Agreement	Garden City and City of Savannah	CurrentlContinuing
Water Supply Agreement	Vernonburg and City of Savannah	CurrentlContinuing
Water Supply Agreement	Thunderbolt and the City of Savannah	Current/Continuing
Water Supply Agreement	Bloomingdale and the City of	Current/Continuing
,	Savannah	· ·

N/A	
Person completing form: Dennis Hutto	on, Director of Comprehensive Planning, Chatham County-Savannah
	Metropolitan Planning Commission
one Number: 912-651-1450	Date completed: January 15, 2010
s this the person who should be conta ejects are consistent with the service of	acted by state agencies when evaluating whether proposed local governmen delivery strategy?
ot, provide designated contact persor	n(s) and phone number(s) below:



Georgia Department of Community Affairs SERVICE DELIVERY STRATEGY FORM 2: Summary of Service Delivery Arrangements

Instructions:

County: Chatham	Service: Cemeteries			
1. Check the box that best describes the agreed upon delivery arrangement for this service:				
1	ies and unincorporated areas) by a single service provider. If or organization providing this service: City of Savannah and			
Service will be provided only in the unincorporated porticular checked, identify the government, authority, or organization	ion of the county by a single service provider If this box is ation providing this service:			
One or more cities will provide this service only within the provided in unincorporated areas. If this box is checked, providing this service:				
One or more cities will provide this service only within the the service in unincorporated areas. If this box is checked providing this service:	neir incorporated boundaries, and the county will provide d, identify the government, authority, or organization			
Other. If this box is checked, <u>attach a legible map delineating</u> government, authority, or other organization that will pr				
2. In developing this strategy, were overlapping service areasservice identified?				
Yes. (If "yes", attach additional documentation as described	below.)			
x No.				
If these conditions will continue under this strategy, <u>attach an exp</u> high levels of service (See O.C.G.A 36-70-24(1), overriding benefits competition cannot be eliminated.) If these conditions will be eliminated under this strategy, <u>attach ar</u> taken to eliminate them, the responsible party and the agreed upon	of duplication, or reasons that overlapping service areas or nd implementation schedule listing each step or action that will be			

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 fees, impact fees, bonded indebtedness, etc.).

Local Government or Authority		Funding Method		
Local Government of Authority		T diffallig Wicthou		
Savannah		General Fund, Bur	ial and other fees,	
		Burial lot sales		
Pooler		General Fund, Bur Burial lot sales	ial and other fees,	
		Buriai lot sales		
4. How will the strategy change the pre-	vious arrangements f	or providing and/or f	funding this service within the cour	ntv?
				TC y :
This strategy will not change the currer	nt arrangement for provi	iding or funding this se	rvice.	
5. List any formal service delivery agree	monts or intergovern	montal contracts tha	it will be used to implement the	
strategy for this service. N/A	ments of intergovern	imental contracts tha	it will be used to implement the	
strategy for time services type				
Agreement Name	Contracting Parties		Effective and Ending Dates	
6 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
6. What other mechanisms (if any) will I	•			ns,
local acts of the General Assembly, rate	or ree changes, etc.)	, and when will they	take effect?	
21/2				
N/A				
7. Person completing form: Dennis Hutt	ton, Director of Comp			
			Metropolitan Planning Commissio	n
Phone Number: 912-651-1450			Λ	
9 Is this the person who should be cont	Date comple	eted: January 15, 201	.0	
	·	•		
	tacted by state agenc	ies when evaluating	whether proposed local governme	
projects are consistent with the service	tacted by state agenc	•		
•	tacted by state agenc delivery strategy?	ies when evaluating v		
projects are consistent with the service	tacted by state agenc delivery strategy?	ies when evaluating v		
projects are consistent with the service	tacted by state agenc delivery strategy?	ies when evaluating volume in the second sec		

Georgia Department of Community Affairs SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

County: Chatham	Service: Historic Preservation
1. Check the box that best describes the agreed upon delive	ry arrangement for this service:
Service will be provided countywide (i.e. including all cit this box is checked, identify the government, authority,	cies and unincorporated areas) by a single service provider. If or organization providing this service:
Service will be provided only in the unincorporated port checked, identify the government, authority, or organization	cion of the county by a single service provider If this box is ation providing this service:
One or more cities will provide this service only within t provided in unincorporated areas. If this box is checked providing this service:	heir incorporated boundaries, and the service will not be , identify the government(s), authority, or organization
One or more cities will provide this service only within the service in unincorporated areas. If this box is checked providing this service: Chatham County and Cities of Sava	•
Other. If this box is checked, <u>attach a legible map delineating</u> government, authority, or other organization that will p	ng the service area of each service provider, and identify the rovide this service within each service area:
2. In developing this strategy, were overlapping service area service identified?	
Yes. (If "yes", attach additional documentation as described	below.)
x No.	
If these conditions will continue under this strategy, attach an exphigh levels of service (See O.C.G.A 36-70-24(1), overriding benefits competition cannot be eliminated.) If these conditions will be eliminated under this strategy, attach a taken to eliminate them, the responsible party and the agreed up	s of duplication, or reasons that overlapping service areas or nd implementation schedule listing each step or action that will be

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 fees,
impact fees, bonded indebtedness, etc.).

Local Government or Authority		Funding Method	
Chatham County			ants from State Historic Preservation
Savannah		General Fund	
Garden City		General Fund	
Port Wentworth		General Fund	_
Tybee Island		General Fund	
Tybee Island		General Fund	
4. How will the strategy change the prevalence of the current of the strategy will not change the current of the strategy will not change the current of the strategy for this service delivery agreed strategy for this service. N/A	nt arrangement for prov	iding or funding this se	rvice.
Agreement Name	Contracting Parties	5	Effective and Ending Dates
6. What other mechanisms (if any) will be local acts of the General Assembly, rate			
 7. Person completing form: Dennis Hutt Phone Number: 912-651-1450 8. Is this the person who should be cont projects are consistent with the service 	Date comple tacted by state agenc	I eted: January 15, 201	Metropolitan Planning Commission LO
If not, provide designated contact perso	L		

Georgia Department of Community Affairs SERVICE DELIVERY STRATEGY FORM 2: Summary of Service Delivery Arrangements

Instructions:

County: Chatham	Service: Mosquito Control
County. Chatham	Service. Wosquito Control
1. Check the box that best describes the agreed upon deliver	ry arrangement for this service:
Service will be provided countywide (i.e. including all cit this box is checked, identify the government, authority,	ies and unincorporated areas) by a single service provider. If or organization providing this service: Chatham County
Service will be provided only in the unincorporated porticle checked, identify the government, authority, or organization	on of the county by a single service provider If this box is tion providing this service:
One or more cities will provide this service only within the provided in unincorporated areas. If this box is checked, providing this service:	·
One or more cities will provide this service only within the the service in unincorporated areas. If this box is checked providing this service:	neir incorporated boundaries, and the county will provide d, identify the government, authority, or organization
Other. If this box is checked, <u>attach a legible map delineatin</u> government, authority, or other organization that will pr	
2. In developing this strategy, were overlapping service areas service identified? Yes. (If "yes", attach additional documentation as described	
x No.	
If these conditions will continue under this strategy, <u>attach an exp</u> high levels of service (See O.C.G.A 36-70-24(1), overriding benefits competition cannot be eliminated.) If these conditions will be eliminated under this strategy, <u>attach ar</u> taken to eliminate them, the responsible party and the agreed upon	of duplication, or reasons that overlapping service areas or and implementation schedule listing each step or action that will be

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 fees,
mpact fees, bonded indebtedness, etc.).

		Funding Method	
Chatham County		General Fund M & ()
- Chairmann Scanney			-
4. How will the strategy change the pre-	vious arrangements f	or providing and/or for	unding this service within the county?
This strategy will not change the currer	nt arrangement for prov	iding or funding this ser	vice.
5. List any formal service delivery agree	ments or intergoverr	imental contracts tha	t will be used to implement the
strategy for this service. N/A			
Agreement Name	Contracting Parties	s	Effective and Ending Dates
6. What other mechanisms (if any) will I		t the strategy for this	service (e.g. ordinances, resolutions,
6. What other mechanisms (if any) will local acts of the General Assembly, rate		t the strategy for this	service (e.g. ordinances, resolutions,
local acts of the General Assembly, rate		t the strategy for this	service (e.g. ordinances, resolutions,
		t the strategy for this	service (e.g. ordinances, resolutions,
local acts of the General Assembly, rate		t the strategy for this	service (e.g. ordinances, resolutions,
local acts of the General Assembly, rate	or fee changes, etc.)	t the strategy for this , and when will they t	service (e.g. ordinances, resolutions, take effect?
N/A 7. Person completing form: Dennis Hutt	or fee changes, etc.)	t the strategy for this , and when will they t prehensive Planning,	service (e.g. ordinances, resolutions, take effect? Chatham County-Savannah Metropolitan Planning Commission
local acts of the General Assembly, rate	or fee changes, etc.)	t the strategy for this , and when will they t prehensive Planning,	service (e.g. ordinances, resolutions, take effect? Chatham County-Savannah Metropolitan Planning Commission
N/A 7. Person completing form: Dennis Hutt	ton, Director of Com Date completacted by state agence	t the strategy for this, and when will they to prehensive Planning, Neted: January 15, 201	service (e.g. ordinances, resolutions, ake effect? Chatham County-Savannah Metropolitan Planning Commission 0
N/A 7. Person completing form: Dennis Hutt Phone Number: 912-651-1450 8. Is this the person who should be cont projects are consistent with the service	ton, Director of Com Date completacted by state agency delivery strategy?	t the strategy for this, and when will they to prehensive Planning, Notes and the strategy for this they to prehensive Planning, Notes when evaluating very strategy of the st	service (e.g. ordinances, resolutions, ake effect? Chatham County-Savannah Metropolitan Planning Commission 0
N/A 7. Person completing form: Dennis Hutt Phone Number: 912-651-1450 8. Is this the person who should be cont	ton, Director of Com Date completacted by state agency delivery strategy?	t the strategy for this, and when will they to prehensive Planning, Notes and the strategy for this they to prehensive Planning, Notes when evaluating very strategy of the st	service (e.g. ordinances, resolutions, ake effect? Chatham County-Savannah Metropolitan Planning Commission 0
N/A 7. Person completing form: Dennis Hutt Phone Number: 912-651-1450 8. Is this the person who should be cont projects are consistent with the service	ton, Director of Com Date completacted by state agency delivery strategy?	t the strategy for this, and when will they to prehensive Planning, Notes and the strategy for this they to prehensive Planning, Notes when evaluating very strategy of the st	service (e.g. ordinances, resolutions, ake effect? Chatham County-Savannah Metropolitan Planning Commission 0
N/A 7. Person completing form: Dennis Hutt Phone Number: 912-651-1450 8. Is this the person who should be cont projects are consistent with the service	ton, Director of Com Date completacted by state agency delivery strategy?	t the strategy for this, and when will they to prehensive Planning, Notes and the strategy for this they to prehensive Planning, Notes when evaluating very strategy of the st	service (e.g. ordinances, resolutions, ake effect? Chatham County-Savannah Metropolitan Planning Commission 0

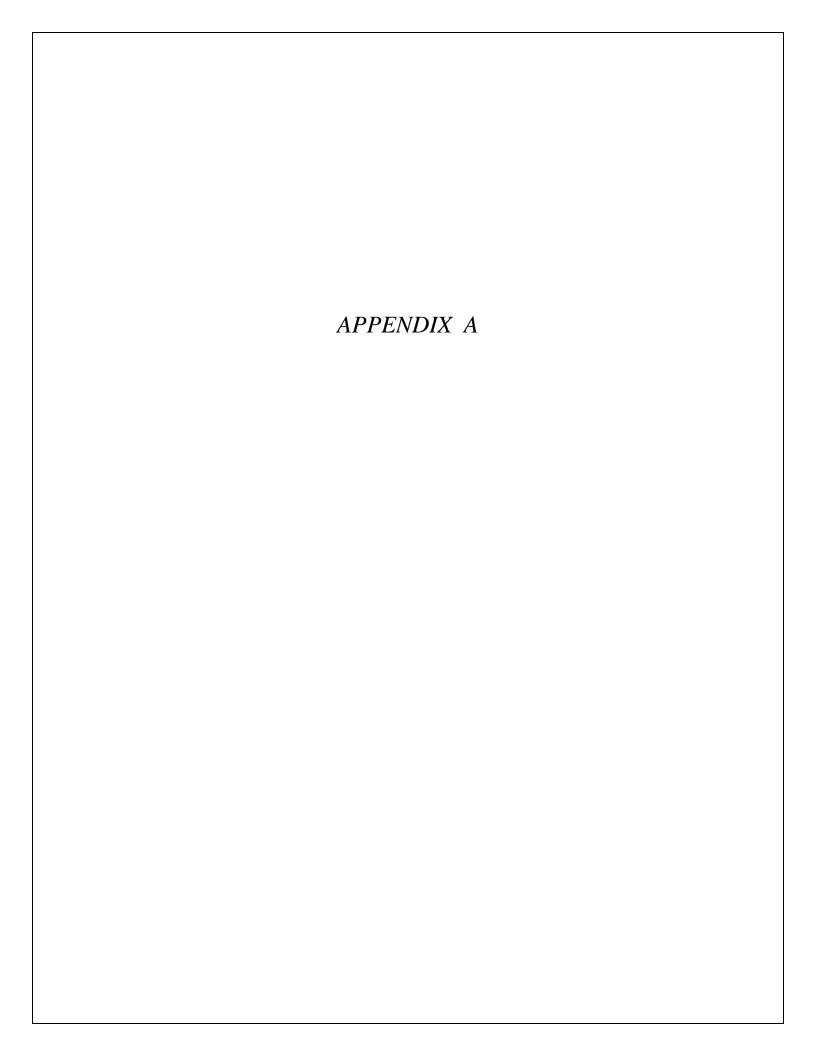
Georgia Department of Community Affairs SERVICE DELIVERY STRATEGY FORM 2: Summary of Service Delivery Arrangements

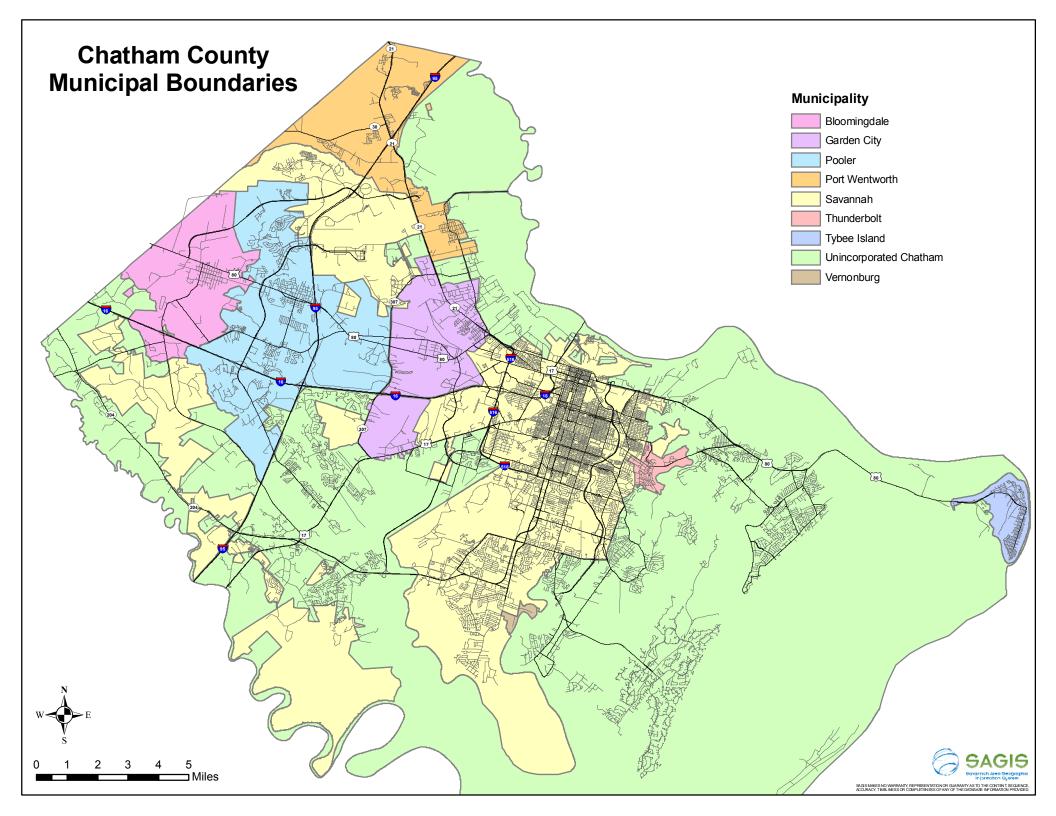
Instructions:

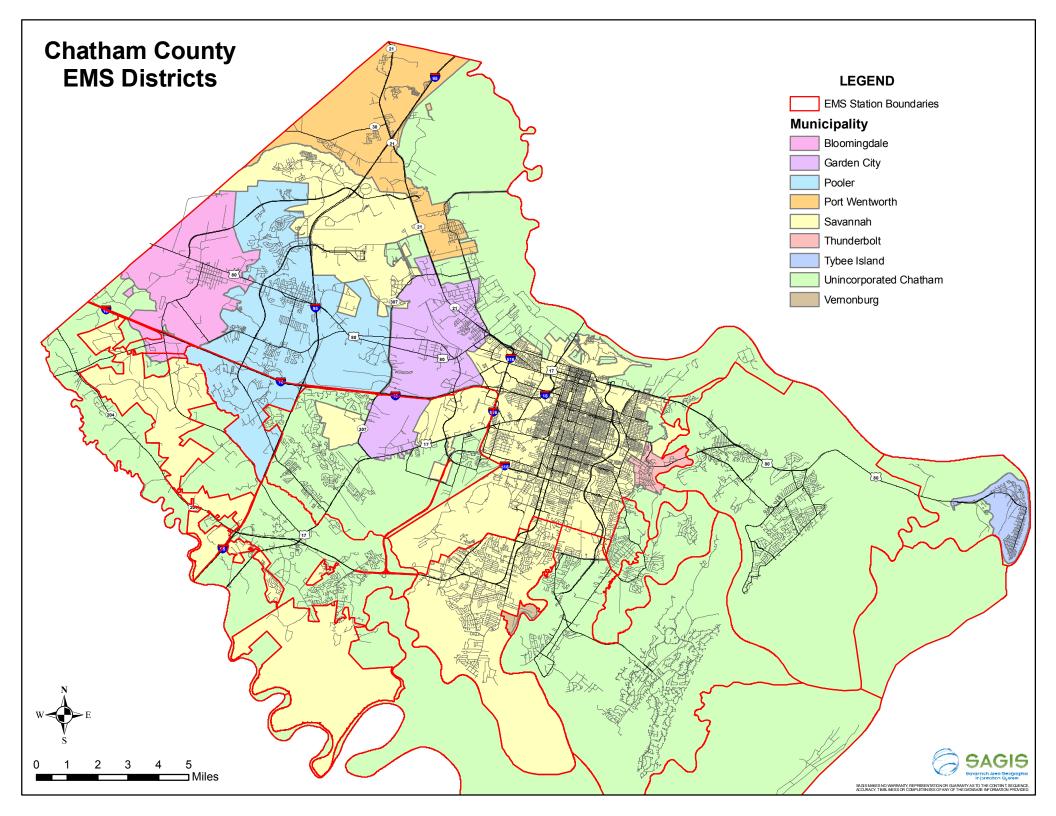
County: Chatham	Service: Mosquito Control
County. Chatham	Service. Wosquito Control
1. Check the box that best describes the agreed upon deliver	ry arrangement for this service:
Service will be provided countywide (i.e. including all cit this box is checked, identify the government, authority,	ies and unincorporated areas) by a single service provider. If or organization providing this service: Chatham County
Service will be provided only in the unincorporated porticle checked, identify the government, authority, or organization	on of the county by a single service provider If this box is tion providing this service:
One or more cities will provide this service only within the provided in unincorporated areas. If this box is checked, providing this service:	·
One or more cities will provide this service only within the the service in unincorporated areas. If this box is checked providing this service:	neir incorporated boundaries, and the county will provide d, identify the government, authority, or organization
Other. If this box is checked, <u>attach a legible map delineatin</u> government, authority, or other organization that will pr	
2. In developing this strategy, were overlapping service areas service identified? Yes. (If "yes", attach additional documentation as described	
x No.	
If these conditions will continue under this strategy, <u>attach an exp</u> high levels of service (See O.C.G.A 36-70-24(1), overriding benefits competition cannot be eliminated.) If these conditions will be eliminated under this strategy, <u>attach ar</u> taken to eliminate them, the responsible party and the agreed upon	of duplication, or reasons that overlapping service areas or and implementation schedule listing each step or action that will be

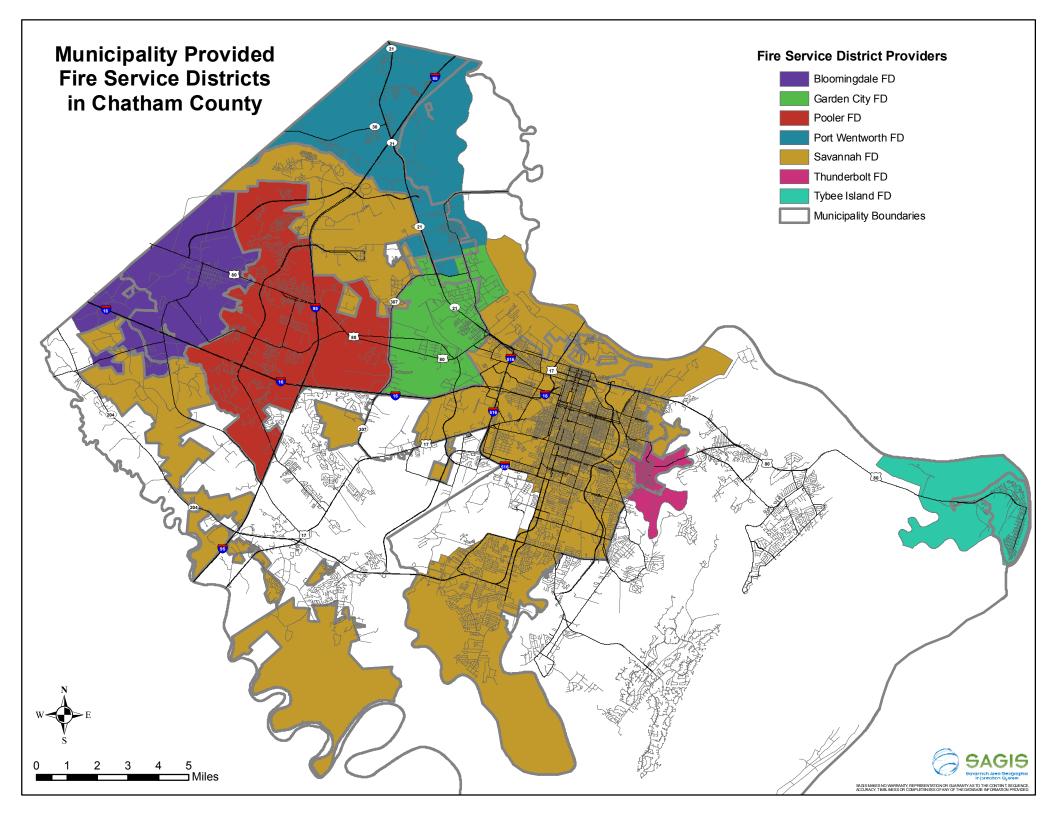
3. List each government or authority that will help to pay for this service and indicate how the service will be funded
e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise fees,
mpact fees, bonded indebtedness, etc.).

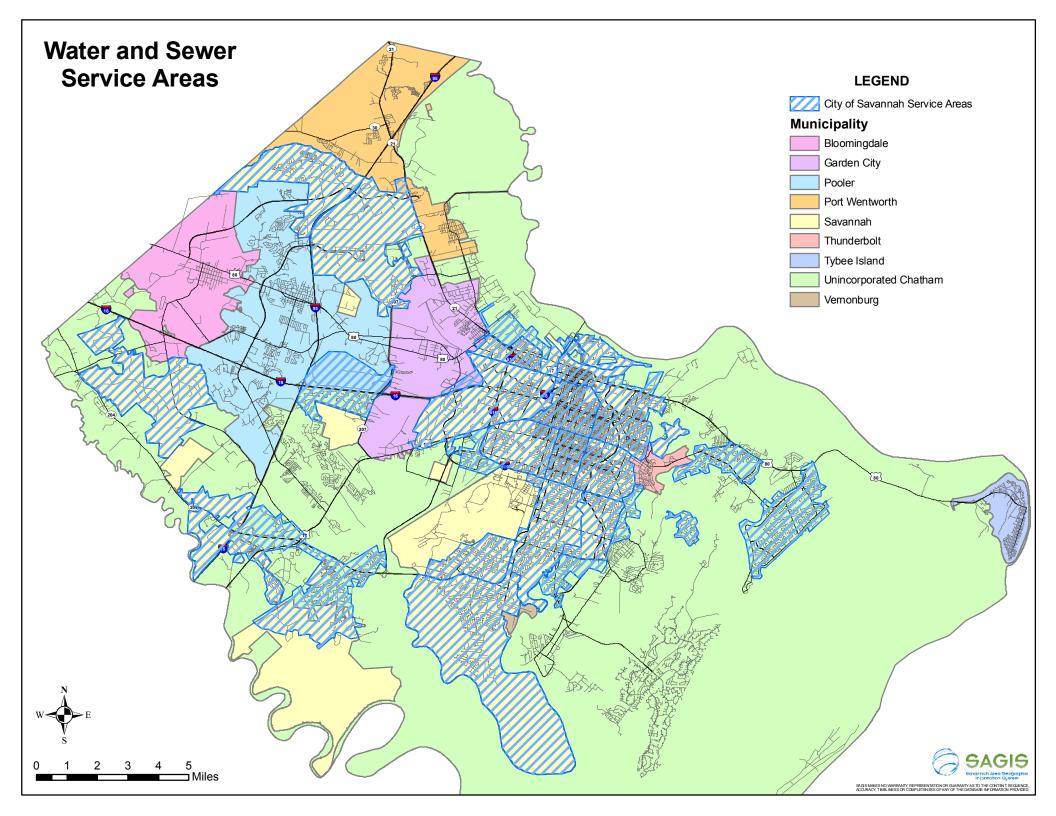
		Funding Method	
Chatham County		General Fund M & ()
- Chairmann Scanney			-
4. How will the strategy change the pre-	vious arrangements f	or providing and/or for	unding this service within the county?
This strategy will not change the currer	nt arrangement for prov	iding or funding this ser	vice.
5. List any formal service delivery agree	ments or intergoverr	imental contracts tha	t will be used to implement the
strategy for this service. N/A			
Agreement Name	Contracting Parties	s	Effective and Ending Dates
6. What other mechanisms (if any) will I		t the strategy for this	service (e.g. ordinances, resolutions,
6. What other mechanisms (if any) will local acts of the General Assembly, rate		t the strategy for this	service (e.g. ordinances, resolutions,
local acts of the General Assembly, rate		t the strategy for this	service (e.g. ordinances, resolutions,
		t the strategy for this	service (e.g. ordinances, resolutions,
local acts of the General Assembly, rate		t the strategy for this	service (e.g. ordinances, resolutions,
local acts of the General Assembly, rate	or fee changes, etc.)	t the strategy for this , and when will they t	service (e.g. ordinances, resolutions, take effect?
N/A 7. Person completing form: Dennis Hutt	or fee changes, etc.)	t the strategy for this , and when will they t prehensive Planning,	service (e.g. ordinances, resolutions, take effect? Chatham County-Savannah Metropolitan Planning Commission
local acts of the General Assembly, rate	or fee changes, etc.)	t the strategy for this , and when will they t prehensive Planning,	service (e.g. ordinances, resolutions, take effect? Chatham County-Savannah Metropolitan Planning Commission
N/A 7. Person completing form: Dennis Hutt	ton, Director of Com Date completacted by state agence	t the strategy for this, and when will they to prehensive Planning, Neted: January 15, 201	service (e.g. ordinances, resolutions, ake effect? Chatham County-Savannah Metropolitan Planning Commission 0
N/A 7. Person completing form: Dennis Hutt Phone Number: 912-651-1450 8. Is this the person who should be cont projects are consistent with the service	ton, Director of Com Date completacted by state agency delivery strategy?	t the strategy for this, and when will they to prehensive Planning, Notes and the strategy for this they to prehensive Planning, Notes when evaluating very strategy of the st	service (e.g. ordinances, resolutions, ake effect? Chatham County-Savannah Metropolitan Planning Commission 0
N/A 7. Person completing form: Dennis Hutt Phone Number: 912-651-1450 8. Is this the person who should be cont	ton, Director of Com Date completacted by state agency delivery strategy?	t the strategy for this, and when will they to prehensive Planning, Notes and the strategy for this they to prehensive Planning, Notes when evaluating very strategy of the st	service (e.g. ordinances, resolutions, ake effect? Chatham County-Savannah Metropolitan Planning Commission 0
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SERVICE DELIVERY STRATEGY

FORM 3: Summary of Land Use Agreements

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:CHATHAM
1. What incompatibilities or conflicts between the land use plans of local governments were identified in the process of developing the service delivery strategy? In the process of developing this Service Delivery Strategy, each local government within Chatham County reviewed the land use plans of adjoining jurisdictions to determine if incompatibilities or conflicts exist, especially in boundary areas. The conclusion from this assessment is that there are no incompatibilities or conflicts between the land use plans of local governments within Chatham County.
2. Check the boxes indicating how these incompatibilities or conflicts were addressed: NOTE: If the necessary plan amendments,
Adoption of a joint comprehensive plan regulations, ordinances, etc. have not yet been formally adopted, indicate when
Other measures (amend zoning ordinances, add environmental regulations, etc.) each of the affected local governments will adopt them.
If "other measures" was checked, describe these measures: N/A
3. What policies, procedures and/or processes have been established by local governments (and water and sewer authorities) to ensure that new extraterritorial water and sewer service will be consistent with all applicable land use plans
and ordinances? The Service Delivery Strategy for Chatham County certifies that the provision of extraterritorial water and sewer services by any jurisdiction shall be consistent with all applicable land use plans and ordinances. This assurance is included as a specific item in the Service Delivery Strategy Certification
4. Person completing form: Dennis Hutton
Phone number: 912-651-1450 Date completed: January 15, 2010
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:

TYPE CONTACT NAME, TITLE & PHONE HERE	

Page 1 of 1

Georgia Department of Community Affairs

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; 4) no less than 50% of all other cities with a 2000 population of between 500 and 9,000 residents residing within the county. Cities with a 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: CHATHAM

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

- We have executed agreements for implementation of our service delivery strategy and the attached forms provide an accurate depiction of our 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. 37-70-24(1);
- Our service delivery strategy provides that water and sewer fees charged to customers located outside the geographic boundaries of a service provider are reasonable and 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 Signed
Chatham County	Chairman, County Commission	Pete Liakakis		
Savannah	Mayor	Otis Johnson		
Pooler	Mayor	Mike Lamb		
Bloomingdale	Mayor	Wayne E. Tipton		
Port Wentworth	Mayor	Glenn Jones		
Garden City	Mayor	Tennyson Holder		
Thunderbolt	Mayor	Anna Maria Thomas		
Tybee Island	Mayor	Jason Buelterman		
Vernonburg	Mayor	James Hungerpillar		

Jurisdiction	Title	Name	Signature	Date Signed
Chatham County	Chairman, County Commission	Pete Liakakis		and the second s
Savannah	Mayor	Otis Johnson		
Pooler	Mayor	Mike Lamb	Mike Saul	2-16-10
Bloomingdale	Mayor	Wayne E. Tipton		
Port Wentworth	Mayor	Glenn Jones		
Garden City	Mayor	Tennyson Holder		
Thunderbolt	Mayor	Anna Maria Thomas		
Tybee Island	Mayor	Jason Buelterman		
Vernonburg	Mayor	James Hungerpillar		

Jurisdiction	Title	Name	Signature	Date Signed
Chatham County	Chairman, County Commission	Pete Liakakis	Rete Liabakis	
Savannah	Mayor	Otis Johnson		7.0,0
Pooler	Mayor	Mike Lamb		:
Bloomingdale	Mayor	Wayne E. Tipton		
Port Wentworth	Mayor	Glenn Jones		
Garden City	Mayor	Tennyson Holder		,
Thunderbolt	Mayor	Anna Maria Thomas		
Tybee Island	Mayor	Jason Buelterman		
Vernonburg	Mayor	James Hungerpillar		

Jurisdiction	Title	Name	Signature	Date Signed
Chatham County	Chairman, County Commission	Pete Liakakis		
Savannah	Mayor	Otis Johnson		
Pooler	Mayor	Mike Lamb		
Bloomingdale	Mayor	Wayne E. Tipton		
Port Wentworth	Mayor	Glenn Jones		
Garden City	Mayor	Tennyson Holder	TenneponHolder	
Thunderbolt	Mayor	Anna Maria Thomas	0	
Tybee Island	Mayor	Jason Buelterman		A CONTRACTOR OF THE CONTRACTOR
Vernonburg	Mayor	James Hungerpillar		

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· WETROPOLITAN PLANNING COMMISSION

TYPE CONTACT NAME, TITLE & PHONE HERE

ANNA MARIA THOMAS, MAYOR - TOWN OF THUNDERBOLT

912 354-5533 - OFFICE 912 661-0070 - CELL

SIGNATURE

01/15/10 DATE

Page 1 of 1

Jurisdiction	Title	Name	Signature	Date Signed
Chatham County	Chairman, County Commission	Pete Liakakis		
Savannah	Mayor	Otis Johnson	Ohod Jan	2/16/10
Pooler	Mayor	Mike Lamb	<i>\(\)</i>	
Bloomingdale	Mayor	Wayne E. Tipton		
Port Wentworth	Mayor	Glenn Jones		
Garden City	Mayor	Tennyson Holder	4 1	
Thunderbolt	Mayor	Anna Maria Thomas		
Tybee Island	Mayor	Jason Buelterman		
Vernonburg	Mayor	James Hungerpillar		

Jurisdiction	Title	Name	Signature	Date
Chatham County	Chairman, County Commission	Pete Liakakis		Signed
Savannah	Mayor	Otis Johnson		
Pooler	Mayor	Mike Lamb		
Bloomingdale	Mayor	Wayne E. Tipton		
Port Wentworth	Mayor	Glenn Jones		
Garden City	Mayor	Tennyson Holder		
Thunderbolt	Mayor	Anna Maria Thomas		
Tybee Island	Mayor	Jason Buelterman	J. Tula	1/281,=
Vernonburg	Mayor	James Hungerpillar		

Jurisdiction	Title .	Name	Signature	Date Signed
Chatham County	Chairman, County Commission	Pete Liakakis		
Savannah	Mayor	Otis Johnson		
Pooler	Mayor	Mike Lamb		
Bloomingdale	Mayor	Wayne E. Tipton	Ware of	2/24/10
Port Wentworth	Mayor	Glenn Jones		
Garden City	Mayor	Tennyson Holder		
Thunderbolt	Mayor	Anna Maria Thomas		
Tybee Island	Mayor	Jason Buelterman		
Vernonburg	Mayor	James Hungerpillar		