





SERVICE DELIVERY STRATEGY

FORM 1

COUNTY: CLAY

I. GENERAL INSTRUCTIONS:

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

OPTION A Revising or Adding to the SDS

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

OPTION B Extending the Existing SDS

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

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

- 7. If any of the conditions described in the existing Summary of Land Use Agreements form (FORM 3) have changed or if it has been ten (10) or more years since the most recent FORM 3 was filed, update and include FORM 3 with the submittal.
- 8. Email the completed forms and any attachments as .pdf attachments to: pemd.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

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 delivery strategy.	the service
City of Bluffton, Clay County, City of Fort Gaines	
only of Diamon, only or one our or our or	
III. SERVICES INCLUDED IN THE EXISTING SERVICE DELIVERY STRATEGY THAT ARE BEING EXTENDED	WITHOUT
CHANGE:	WITHOUT
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.	
Court Services, Coroner, Development Authority, Department of Family & Children Services,	
Development Council, Elections, Emergency Medical Services, Extension Service, Fire Depa Protection, Garbage Service, Fort Gaines Hospital Authority, Mail, Land Use Planning, Law	rtment &
Enforcement, Library Services, Mental Health Services, Neighborhood Services Center, Publ	o Hoolth
Services, Public Transportation, Recreation, SW Georgia Housing Authority, Roads, Sewer, S	
Citizens Center, Tax Digest, Water, Zoning	Jernor
onizono ocintor, rax bigost, vvator, zoning	
	a cad firm
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 submittal. For each item listed here, a separate Summary of Service Delivery Arrangements form (FORM 2) must be completed.	revised in this
Fort Gaines Downtown Development Authority, Lower Chattahoochee Regional Airport Authority	rity, SW
Georgia Regional Development Authority, Lower Chattahoochee Regional E-911 Authority, S	W Georgia
Regional Jail Authority, SW Georgia Regional Technology Authority	







FORM 4: Certifications

Instructions:

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

COUNTY: CLAY

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

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

JURISDICTION	TITLE	NAME	SIGNATURE	DATE
CITY OF BLUFFTON	Mayor	Deloris Redding	Delovie Reading	
CLAY COUNTY	Chairman	David Shivers		
CITY OF FORT GAINES	Mayor	Samuel Johnson	Samuel J. Ja	

Resolution

A RESOLUTION TO REVISE THE SERVICE DELIVERY STRATEGY FOR CLAY COUNTY

- Whereas, Our service delivery strategy continues to promote the delivery of local government services in the most efficient, effective, and responsive manner for all residents, individuals and property owners throughout the county (O.C.G.A. 36-70-24(1));
- Whereas, Our service delivery strategy continues to provide that water or sewer fees charged to customers located outside the geographic boundaries of a service provider are reasonable and are not arbitrarily higher than the fees charged to customers located within the geographic boundaries of the service provider (O.C.G.A. 36-70-24 (2));
- Whereas, Our service delivery strategy continues to ensure 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));
- Whereas, Our Service Delivery Strategy continues to ensure that the officially adopted County and City land use plans of all local governments located in the County are compatible and non-conflicting (O.C.G.A. 36-70-24 (4)(A));
- Whereas, Our Service Delivery Strategy continues to ensure that the provision of extraterritorial water and sewer services by any jurisdiction is consistent with all County and City land use plans and ordinances (O.C.G.A. 36-70-24 (4)(B)); and
- Whereas, Our Service Delivery Strategy continues to contain an agreed upon process between the county government and each city located in the county to resolve land use classification disputes when the county objects to the proposed land use of an area to be annexed into a city within the county (O.C.G.A. 36-70-24 (4)(C))1 and;
- Now therefore be it resolved, the Bluffton City Council has reviewed our existing Service Delivery Strategy and has revised the Strategy to reflect our preferred arrangements for providing local services.

Resolved this / = day of february , 2010.

Attest:

Deloris Redding

Mayor

Gail Hubbard City Clerk

Jail Hubbard

Resolution

A RESOLUTION TO REVISE THE SERVICE DELIVERY STRATEGY FOR CLAY COUNTY

- Whereas, Our service delivery strategy continues to promote the delivery of local government services in the most efficient, effective, and responsive manner for all residents, individuals and property owners throughout the county (O.C.G.A. 36-70-24(1));
- Whereas, Our service delivery strategy continues to provide that water or sewer fees charged to customers located outside the geographic boundaries of a service provider are reasonable and are not arbitrarily higher than the fees charged to customers located within the geographic boundaries of the service provider (O.C.G.A. 36-70-24 (2));
- Whereas, Our service delivery strategy continues to ensure 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));
- Whereas, Our Service Delivery Strategy continues to ensure that the officially adopted County and City land use plans of all local governments located in the County are compatible and nonconflicting (O.C.G.A. 36-70-24 (4)(A));
- Whereas, Our Service Delivery Strategy continues to ensure that the provision of extraterritorial water and sewer services by any jurisdiction is consistent with all County and City land use plans and ordinances (O.C.G.A. 36-70-24 (4)(B)); and
- Whereas, Our Service Delivery Strategy continues to contain an agreed upon process between the county government and each city located in the county to resolve land use classification disputes when the county objects to the proposed land use of an area to be annexed into a city within the county (O.C.G.A. 36-70-24 (4)(C))1 and;

Now therefore be it resolved, the Fort Gaines City Council has reviewed our existing Service Delivery Strategy and has revised the Strategy to reflect our preferred arrangements for providing local services.

Resolved this 9th day of MARCH, 2010.

Attest:

Samuel Johnson

Mayor

Marion Lindsey

Lindse

City Clerk

Resolution 10-044

A RESOLUTION TO REVISE THE SERVICE DELIVERY STRATEGY FOR CLAY COUNTY

- Whereas, Our service delivery strategy continues to promote the delivery of local government services in the most efficient, effective, and responsive manner for all residents, individuals and property owners throughout the county (O.C.G.A. 36-70-24(1));
- Whereas, Our service delivery strategy continues to provide that water or sewer fees charged to customers located outside the geographic boundaries of a service provider are reasonable and are not arbitrarily higher than the fees charged to customers located within the geographic boundaries of the service provider (O.C.G.A. 36-70-24 (2));
- Whereas, Our service delivery strategy continues to ensure 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));
- Whereas, Our Service Delivery Strategy continues to ensure that the officially adopted County and City land use plans of all local governments located in the County are compatible and non-conflicting (O.C.G.A. 36-70-24 (4)(A));
- Whereas, Our Service Delivery Strategy continues to ensure that the provision of extraterritorial water and sewer services by any jurisdiction is consistent with all County and City land use plans and ordinances (O.C.G.A. 36-70-24 (4)(B)); and
- Whereas, Our Service Delivery Strategy continues to contain an agreed upon process between the county government and each city located in the county to resolve land use classification disputes when the county objects to the proposed land use of an area to be annexed into a city within the county (O.C.G.A. 36-70-24 (4)(C))1 and;
- Now therefore be it resolved, the Clay County Board of Commissioners has reviewed our existing Service Delivery Strategy and has revised the Strategy to reflect our preferred arrangements for providing local services.

Resolved this 16 day of Johnson, 2010.

Attest:

David Shivers

Board of Commissioners Chairman

Adria Williams County Clerk



County:	Clay County	Service: Clay Development Authority
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listed on p	age 1. Answer each o	uestion below, attachin	h service listed on page 1, Section III. Use exactly the same service names ng additional pages as necessary. If the contact person for this service (listed at ed to the Department of Community Affairs.
County:	Clay County		Service: Coroner
1. Check	the box that bes	t describes the agre	eed upon delivery arrangement for this service:
Service service	e provider. (If thi	rided countywide (s box is checked, i	(i.e., including all cities and unincorporated areas) by a single identify the government, authority or organization providing th
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Local Government or Autho	rity:	Fundin	g Method:	
Clay County	General Fund			
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4. How will the strategy change the county?	the previous arrangements fo	r providii	ng and/or funding this	service within
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County: Clay County	Service: Court Services
1. Check the box that best describes the	agreed upon delivery arrangement for this service:
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Service will be provided only in the (If this box is checked, identify the go service.):	e unincorporated portion of the county by a single service provider. overnment, authority or organization providing the
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Local Government or Author	ority: Fund	ing Method:	
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4. How will the strategy change the county?	the previous arrangements for provid	ling and/or funding this	service with
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County:	Clay County		Service: Dept. of Family & Children Services
1. Check	the box that b	est describes the agre	greed upon delivery arrangement for this service:
service	e provider. (If t	this box is checked, i	e (i.e., including all cities and unincorporated areas) by a single, identify the government, authority or organization providing th
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Local Government or Authori	ty:	Fundin	g Method:		T. I
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/A					
List any formal service delivery	왕성 내 그리고 보다를 받아?				
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Agreement Name: ster Service Delivery Agreement	Contracting Clay County, Bluffton, Fort	Gaines	Effect	tive and End 10/31/2017	ing Dates:
Agreement Name: ster Service Delivery Agreement	Contracting I	Gaines		Committee of the Commit	ing Dates:
Agreement Name: ster Service Delivery Agreement	Contracting Clay County, Bluffton, Fort	Gaines		Committee of the Commit	ing Dates:
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Agreement Name: ster Service Delivery Agreement	Contracting Clay County, Bluffton, Fort	Gaines		Committee of the Commit	ing Dates:
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Agreement Name: ster Service Delivery Agreement ot. of Family & Children Svcs Agreement What other mechanisms (if any)	Contracting I	Gaines FCS ent the strate	10/31/2007 -	10/31/2017	ordinances,
Agreement Name: ster Service Delivery Agreement ot. of Family & Children Svcs Agreement What other mechanisms (if any)	Contracting I	Gaines FCS ent the strate	10/31/2007 -	10/31/2017	ordinances,
Agreement Name: ster Service Delivery Agreement pt. of Family & Children Svcs Agreement What other mechanisms (if any)	Contracting I	Gaines FCS ent the strate	10/31/2007 -	10/31/2017	ordinances,
Agreement Name: ster Service Delivery Agreement pt. of Family & Children Svcs Agreement What other mechanisms (if any resolutions, local acts of the Ger	Contracting Dicease Clay County, Bluffton, Fort of Clay County, Clay County Dicease Clay Clay County Dicease Clay Clay County Dicease Clay Clay County Dicease Clay Clay Clay Clay Clay Clay Clay Clay	Gaines FCS ent the strate	10/31/2007 -	10/31/2017	ordinances,
Agreement Name: ster Service Delivery Agreement pt. of Family & Children Svcs Agreement What other mechanisms (if any)	Contracting Dicease Clay County, Bluffton, Fort of Clay County, Clay County Dicease Clay Clay County Dicease Clay Clay County Dicease Clay Clay Clay Clay Clay Clay Clay Clay	Gaines FCS ent the strate	gy for this seetc.), and wh	10/31/2017	ordinances,
Agreement Name: ster Service Delivery Agreement pt. of Family & Children Svcs Agreement What other mechanisms (if any resolutions, local acts of the Ger Person completing form: Allison S Phone number: (706) 256-2910	Clay County, Bluffton, Fort of Clay County, Clay County Did on the C	ent the strate ee changes,	gy for this seetc.), and wh	ervice (e.g., cen will they	ordinances, take effect
Agreement Name: ster Service Delivery Agreement ot. of Family & Children Svcs Agreement What other mechanisms (if any resolutions, local acts of the Ger Person completing form: Allison S Phone number: (706) 256-2910	Clay County, Bluffton, Fort of Clay County, Clay County Did on the C	ent the strate ee changes,	gy for this seetc.), and wh	ervice (e.g., cen will they	ordinances, take effect



County: Clay County	Service: Economic Development Council
1. Check the box that best describes the agr	reed upon delivery arrangement for this service:
Service will be provided countywide service provider. (If this box is checked, service.):	(i.e., including all cities and unincorporated areas) by a single identify the government, authority or organization providing th
Service will be provided only in the un (If this box is checked, identify the government):	nincorporated portion of the county by a single service provider rnment, authority or organization providing the
	ervice only within their incorporated boundaries, and the service reas. (If this box is checked, identify the government(s), ervice:
	ervice only within their incorporated boundaries, and the county d areas. (If this box is checked, identify the government(s), ervice.):
	legible map delineating the service area of each service uthority, or other organization that will provide service within
2. In developing the strategy, were overlapped this service identified? ☐ Yes ☑ No	oing service areas, unnecessary competition and/or duplication
arrangement (i.e., overlapping but higher	strategy, attach an explanation for continuing the levels of service (See O.C.G.A. 36-70-24(1)), overriding overlapping service areas or competition cannot be eliminated).
	the strategy, attach an implementation schedule listing each them, the responsible party and the agreed upon deadline for

Local Government or Auth	ority: Fund	ling Method:
Clay County	General Fund	ang memua.
Bluffton	General Fund	
Fort Gaines	General Fund	
	et et hande de transferiel de la	
How will the strategy change the county?	e the previous arrangements for provid	ling and/or funding this service within
N/A		
5. List any farmal agging delice		- National Services
5. List any format service denv	cry agreements or intergovernmental	contracts that will be used to
implement the strategy for the		
implement the strategy for the Agreement Name:	Contracting Parties: Clay County, Bluffton, Fort Gaines	Effective and Ending Dates:
implement the strategy for the Agreement Name:	is service: Contracting Parties:	Effective and Ending Dates:
implement the strategy for the Agreement Name:	is service: Contracting Parties:	Effective and Ending Dates:
implement the strategy for the Agreement Name:	is service: Contracting Parties:	Effective and Ending Dates:
implement the strategy for the	is service: Contracting Parties:	Effective and Ending Dates:
Agreement Name: Agreement Name: Master Service Delivery Agreement 6. What other mechanisms (if a	Contracting Parties: Clay County, Blufton, Fort Gaines (In Strain of County), Blufton, Fort Gaines (In Strain of County), Blufton, Fort Gaines	Effective and Ending Dates:
Agreement Name: Agreement Name: Master Service Delivery Agreement 6. What other mechanisms (if a resolutions, local acts of the Control of	Contracting Parties: Clay County, Bluffton, Fort Gaines ny) will be used to implement the stra General Assembly, rate or fee changes	Effective and Ending Dates: 10/31/2007 - 10/31/2017 tegy for this service (e.g., ordinances, etc.), and when will they take effect
Agreement Name: Agreement Name: Master Service Delivery Agreement 6. What other mechanisms (if a resolutions, local acts of the C	Contracting Parties: Clay County, Bluffton, Fort Gaines ny) will be used to implement the stra General Assembly, rate or fee changes	Effective and Ending Dates: 10/31/2007 - 10/31/2017 tegy for this service (e.g., ordinances, etc.), and when will they take effect
Agreement Name: Agreement Name: Master Service Delivery Agreement 6. What other mechanisms (if a resolutions, local acts of the Control of	Contracting Parties: Clay County, Bluffton, Fort Gaines ny) will be used to implement the stra General Assembly, rate or fee changes	tegy for this service (e.g., ordinances, etc.), and when will they take effect it 10/09/2007



nsted on p	age 1. Answer each	nd complete one f ch question below, ages, this should be	attaching additio	nnal nages as n	ecessary If th	e contact ner	y the same serv	ice names vice (listed at
County:	Clay County			Service:	Elections			
1. Check	the box that b	est describes th	ne agreed upo	on delivery a	arrangemer	nt for this s	ervice:	
Service service	e provider. (If	rovided county this box is chec	ked, identify	cluding all c	ment, author	ority or org	ted areas) by	a single oviding the
Ser (If this service	box is checke	ovided only in ed, identify the	government,	authority or	on of the co	ounty by a on providi	single servicing the	e provider
will no	t be provided	s will provide the substitution of the substit	ed areas. (If	this box is c	hecked, id	entify the	government(the service s),
will pr author	ovide the serv	s will provide the side in unincorportion providing s	orated areas.	(If this box	eir incorpo is checked	orated bour , identify th	ndaries, and he governme	the county ent(s),
provid	ler, and identi	is checked, atta	ent, authority	, or other or	ganization	that will p	rovide servi	e rvice ce within
2. In development of this	eloping the str	ategy, were ove			1.007			plication
arrangei	ment (i.e., ove	continue under rlapping but hig ion, or reasons	gher levels of	service (Se	e O.C.G.A	. 36-70-24	(1)), overrid	ing minated).
	tion that will	be eliminated unbe taken to elim						

		iding Method:
lay County luffton	General Fund	
ort Gaines	General Fund General Fund	
art Games	General Fund	
the county? //A		
implement the strategy for this Agreement Name:	Contracting Parties:	Effective and Ending Dates.
aster Service Delivery Agreement	Clay County, Bluffton, Fort Gaines	10/31/2007 - 10/31/2017
dater Cervice Benvery Agreement		
asial carries serior, Agreeman		
add our not ball of Agreement		
5. What other mechanisms (if an	ny) will be used to implement the st	rategy for this service (e.g., ordinances
6. What other mechanisms (if an	y) will be used to implement the steeneral Assembly, rate or fee change	rategy for this service (e.g., ordinances es, etc.), and when will they take effect
6. What other mechanisms (if an	eneral Assembly, rate or fee chang	rategy for this service (e.g., ordinances es, etc.), and when will they take effected.

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



County:	Clay County			A A	_Service:	Emergency Me	edical Services	
l. Check	the box that be	est describe	es the agre	ed upon	delivery a	rrangement fo	or this service:	
Service service	rvice will be prepriete provider. (If t	ovided cou his box is c	ntywide (checked, ic	i.e., includentify the	nding all c ne governi	ities and uning ment, authorit	corporated area y or organization	as) by a single on providing th
☐Ser (If this service	vice will be prospected by the prospection will be prospected by the p	ovided only d, identify	the govern	nment, au	thority or	on of the coun organization	ty by a single sproviding the	service provide
will no	e or more cities ot be provided i ity or organizat	n unincorp	orated are	as. (If th	is box is c	hecked, ident	fy the governr	and the service ment(s),
will pr	e or more cities ovide the servi ity or organizat	ce in uninc	orporated	areas. (I				
provid	er (If this box i ler, and identif ervice area.):							
of this	eloping the stra service identification		overlappi	ing servi	ce areas, u	nnecessary co	ompetition and	or duplication
arrange	conditions will ment (i.e., over of the duplicati	lapping bu	t higher le	evels of s	ervice (Se	e O.C.G.A. 3	6-70-24(1)), or	
						an impleme		

Local Government or Author	ority: Fund	ling Method:
Clay County	General Fund, User Fees	
ort Gaines	General Fund	
How will the strategy change the county?	the previous arrangements for provio	ding and/or funding this service with
The City of Fort Gaines provid	des quarters for on-duty personne	el in City Hall.
laster Service Delivery Agreement	Clay County, Bluffton, Fort Gaines	Effective and Ending Dates 10/31/2007 - 10/31/2017
		ategy for this service (e.g., ordinances s, etc.), and when will they take effec
7. Person completing form: Allison	n Slocum	
7. Person completing form: Alibon Phone number: (706) 256-2910	n Slocum Date complete	d: 10/09/2007
Phone number: (706) 256-2910 8. Is this the person who should government projects are consi		evaluating whether proposed local gy? Yes No
8. Is this the person who should government projects are consi	Date completed be contacted by state agencies when stent with the service delivery strateg	evaluating whether proposed local gy? Yes No
Phone number: (706) 256-2910 8. Is this the person who should government projects are consi If not, provide designated con	be contacted by state agencies when stent with the service delivery strateg tact person(s) and phone number(s) be	evaluating whether proposed local gy? ☑Yes ☐No pelow:
Phone number: (706) 256-2910 8. Is this the person who should government projects are consi If not, provide designated con	be contacted by state agencies when stent with the service delivery strateg tact person(s) and phone number(s) be	evaluating whether proposed local gy? ☑Yes □No pelow:
Phone number: (706) 256-2910 8. Is this the person who should government projects are consi If not, provide designated con	Date completed be contacted by state agencies when stent with the service delivery strateg	evaluating whether proposed local gy? ✓Yes ☐No



County: Clay County	Service:	Extension Service		
1. Check the box that best describes the agreed up	oon delivery a	arrangement for this	service:	
Service will be provided countywide (i.e., is service provider. (If this box is checked, identified service.):	fy the govern	ment, authority or o	rated areas) by rganization pr	a single oviding th
Service will be provided only in the unincor (If this box is checked, identify the government service.):	porated portions, authority or	on of the county by organization provide	a single servic	e provide
One or more cities will provide this service will not be provided in unincorporated areas. (I authority or organization providing the service:	f this box is c	checked, identify the	e government(
One or more cities will provide this service will provide the service in unincorporated areas authority or organization providing the service.	s. (If this box	neir incorporated bo is checked, identify	undaries, and the government	the county ent(s),
Other (If this box is checked, attach a legib provider, and identify the government, authoricach service area.):	le map deline	eating the service aganization that will	area of each s provide servi	ervice ce within
2. In developing the strategy, were overlapping so of this service identified? ☐Yes ☑No	ervice areas, u	innecessary compet	ition and/or du	aplication
f these conditions will continue under the strateg arrangement (i.e., overlapping but higher levels benefits of the duplication, or reasons that overlap	of service (Se	ee O.C.G.A. 36-70-2	24(1)), overrid	
If these conditions will be eliminated under the state or action that will be taken to eliminate them				

Local Government or Author	rity: Fundi	ing Method:
Clay County	General Fund, State Funds	
4. How will the strategy change the county?	the previous arrangements for provid	ing and/or funding this service within
N/A		
5. List any formal service deliver	ry agreements or intergovernmental c	ontracts that will be used to
implement the strategy for this		
implement the strategy for this Agreement Name:	Service: Contracting Parties:	ontracts that will be used to Effective and Ending Dates:
implement the strategy for this Agreement Name: Memorandum of Agreement	Contracting Parties: Clay County, UGA Extension Service	Effective and Ending Dates:
implement the strategy for this Agreement Name: Memorandum of Agreement	Service: Contracting Parties:	
implement the strategy for this Agreement Name: Memorandum of Agreement	Contracting Parties: Clay County, UGA Extension Service	Effective and Ending Dates:
implement the strategy for this Agreement Name: Memorandum of Agreement Master Service Delivery Agreement	Contracting Parties: Clay County, UGA Extension Service Clay County, Bluffton, Fort Gaines	Effective and Ending Dates: 10/31/2007 - 10/31/2017
implement the strategy for this Agreement Name: Memorandum of Agreement Master Service Delivery Agreement 6. What other mechanisms (if an	Clay County, UGA Extension Service Clay County, Bluffton, Fort Gaines y) will be used to implement the strate	Effective and Ending Dates:
implement the strategy for this Agreement Name: Memorandum of Agreement Master Service Delivery Agreement 6. What other mechanisms (if an	Clay County, UGA Extension Service Clay County, Bluffton, Fort Gaines y) will be used to implement the strate	Effective and Ending Dates: 10/31/2007 - 10/31/2017 regy for this service (e.g., ordinances,
Agreement Name: Agreement Name: Memorandum of Agreement Master Service Delivery Agreement 6. What other mechanisms (if an resolutions, local acts of the G	Clay County, UGA Extension Service Clay County, Bluffton, Fort Gaines y) will be used to implement the strate eneral Assembly, rate or fee changes	Effective and Ending Dates: 10/31/2007 - 10/31/2017 regy for this service (e.g., ordinances,
Agreement Name: Agreement Name: Memorandum of Agreement Master Service Delivery Agreement 6. What other mechanisms (if an	Clay County, UGA Extension Service Clay County, Bluffton, Fort Gaines y) will be used to implement the strate eneral Assembly, rate or fee changes	Effective and Ending Dates: 10/31/2007 - 10/31/2017 regy for this service (e.g., ordinances, etc.), and when will they take effect?

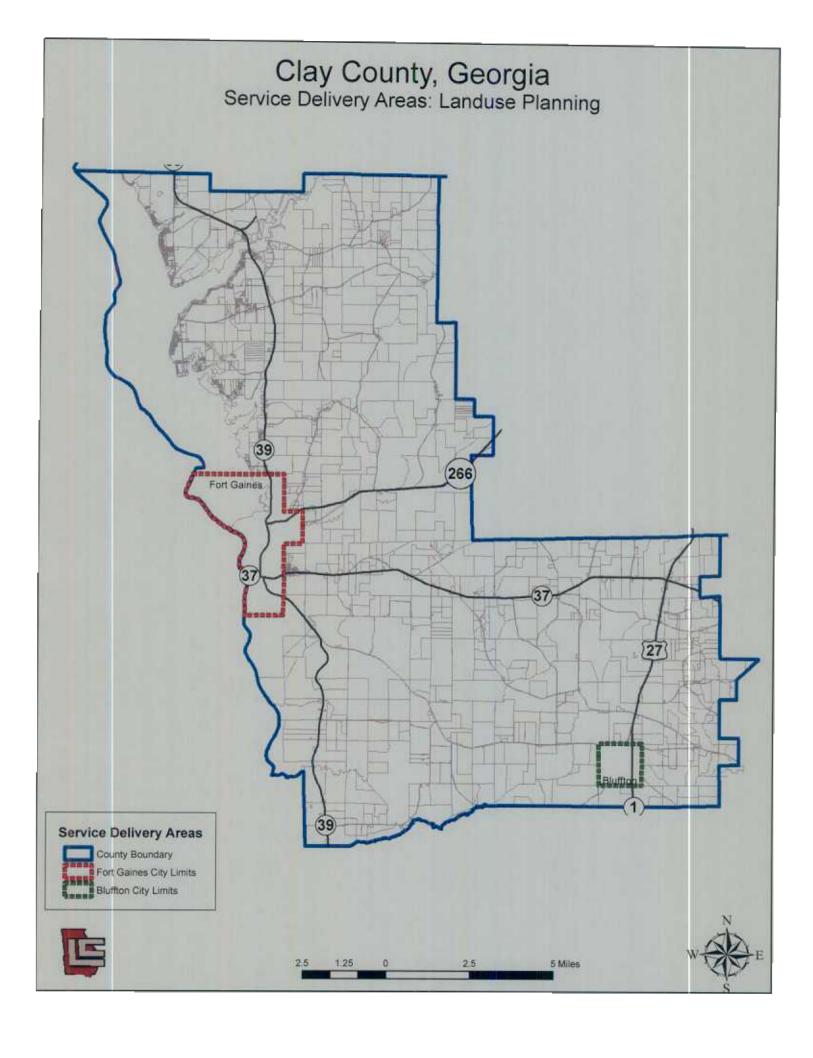


Instructions:					
listed on page	 Answer each q 	uestion below, attachir	a service listed on page ag additional pages as n and to the Department of	ecessary. If the contact per	y the same service names son for this service (listed at
County: Cla	ay County		Service:	Fire Department & Pro	tection
1. Check the	e box that bes	t describes the agr	eed upon delivery a	arrangement for this s	service:
service pr	ovider. (If thi		dentify the govern		ated areas) by a single ganization providing the
Service (If this boservice.):	x is checked,	ided only in the ur identify the gover	nment, authority or	on of the county by a organization providing	single service provider.
will not b	e provided in	unincorporated are	eas. (If this box is o	neir incorporated bou checked, identify the	ndaries, and the service government(s),
will provi	de the service		l areas. (If this box	neir incorporated bou is checked, identify t	ndaries, and the county the government(s),
	and identify			eating the service ar	rea of each service provide service within
	vice identifie		ing service areas, t	unnecessary competit	ion and/or duplication
arrangeme	nt (i.e., overla	apping but higher l	evels of service (S	explanation for conee O.C.G.A. 36-70-2- areas or competition	tinuing the 4(1)), overriding cannot be eliminated).
If these con step or action completing	on that will be	e eliminated under taken to eliminate	the strategy, attac them, the respons	h an implementation ible party and the agr	n schedule listing each eed upon deadline for

Local Government or Author	ority: Fundin	g Method:
Clay County	General Fund, Federal & State Grants	
Bluffton	General Fund, Federal & State Grants	
Fort Gaines	General Fund, Federal & State Grants	
Georgia Forestry Commission	State Funds, Federal Funds	
4. How will the strategy change the county?	the previous arrangements for providing	ng and/or funding this service withi
	equipment for the Clay County Fire agreements or intergovernmental costs service:	
Agreement Name:	Contracting Parties:	Effective and Ending Dates.
Master Service Delivery Agreement	Clay County, Bluffton, Fort Gaines	10/31/2007 - 10/31/2017
Memorandum of Agreement	Clay County, Georgia Forestry Commission	
Memorandum of Agreement	Clay County, Bluffton	
	ny) will be used to implement the strategeneral Assembly, rate or fee changes, e	
	Date completed: be contacted by state agencies when evistent with the service delivery strategy?	aluating whether proposed local



nsted on p	age 1. Answer each question belo	ne for each service listed on page 1, ow, attaching additional pages as nece i be reported to the Department of Co	Section III. Use exactly the same service name service. (list same) same service (list same) amounts Affairs.	es ted at
County:	Clay County	Service: Fo	ort Gaines Downtown Development Authori	ity
1. Check	the box that best describe	s the agreed upon delivery arra	angement for this service:	
Se service	e provider. (If this box is cl	ntywide (i.e., including all citic hecked, identify the governme	es and unincorporated areas) by a sing ent, authority or organization providing	gle g th
☐Ser (If this service	s box is checked, identify the	in the unincorporated portion he government, authority or or	of the county by a single service prov rganization providing the	rider
will no	e or more cities will provid ot be provided in unincorpo ity or organization providi	orated areas. (If this box is che	r incorporated boundaries, and the ser ecked, identify the government(s),	vice
will pr	e or more cities will provid ovide the service in uninco ity or organization providin	orporated areas. (If this box is	r incorporated boundaries, and the couchecked, identify the government(s),	unty
provid	er (If this box is checked, a ler, and identify the govern ervice area.):	nment, authority, or other orga	ting the service area of each service unization that will provide service with	hin
of this	eloping the strategy, were of service identified?		necessary competition and/or duplicati	ion
arrange	ment (i.e., overlapping but	higher levels of service (See	planation for continuing the O.C.G.A. 36-70-24(1)), overriding eas or competition cannot be eliminate	ed).
	ction that will be taken to e		an implementation schedule listing early and the agreed upon deadline f	



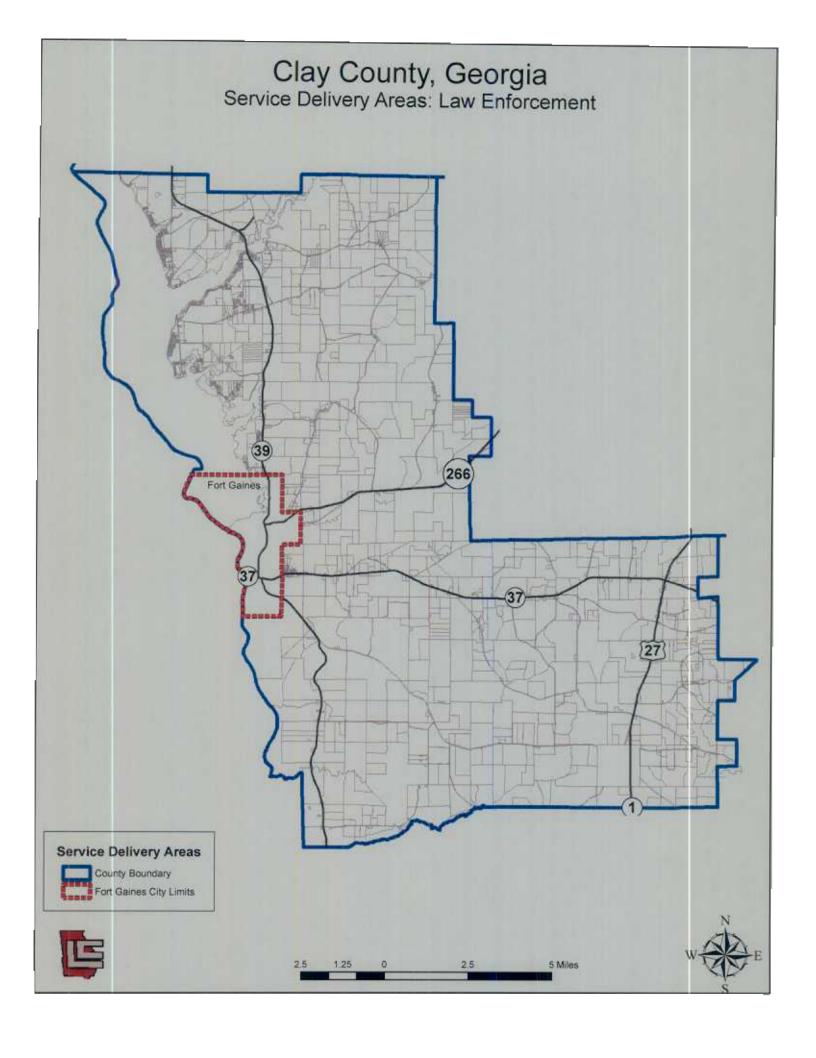


Instructions:

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

County: Clay County	Service: Law Enforcement
1. Check the box that best describes the	agreed upon delivery arrangement for this service:
service provider. (If this box is check	ide (i.e., including all cities and unincorporated areas) by a single ed, identify the government, authority or organization providing the
Service will be provided only in the (If this box is checked, identify the goservice.):	ne unincorporated portion of the county by a single service provider overnment, authority or organization providing the
One or more cities will provide this will not be provided in unincorporate authority or organization providing the	is service only within their incorporated boundaries, and the service d areas. (If this box is checked, identify the government(s), he service:
Close on more sitting will suith it a state	
will provide the service in unincorpor authority or organization providing th	rated areas. (If this box is checked, identify the government(s),
will provide the service in unincorpor authority or organization providing the Other (If this box is checked, attack)	rated areas. (If this box is checked, identify the government(s),
will provide the service in unincorpor authority or organization providing the Other (If this box is checked, attacprovider, and identify the government each service area.): Clay County, Fort Gaines	ch a legible map delineating the service area of each service
will provide the service in unincorpor authority or organization providing the support of the condition of the condition of the conditions will continue under the conditions will be conditions will continue under the conditions will be conditioned as the condition will be conditioned as the c	ch a legible map delineating the service area of each service nt, authority, or other organization that will provide service within
will provide the service in unincorpor authority or organization providing the provider, and identify the government each service area.): Clay County, Fort Gaines 2. In developing the strategy, were over of this service identified? Yes No If these conditions will continue under the transpersent (i.e., overlapping but high benefits of the duplication, or reasons the fifthese conditions will be eliminated under the transpersence of the duplication of the duplicat	ch a legible map delineating the service area of each service nt, authority, or other organization that will provide service within lapping service areas, unnecessary competition and/or duplication the strategy, attach an explanation for continuing the ner levels of service (See O.C.G.A. 36-70-24(1)), overriding

Local Government or Aut	thority:	Funding	g Method:	
Clay County	General Fund			2.6
Fort Gaines	General Fund			
				Ŧ
			- A - Ing. 2 A -	
4. How will the strategy chan the county?	ge the previous arrangements	for providin	g and/or funding this s	ervice within
N/A				
그러움에 그 사람들이 사람이				
5. List any formal service del implement the strategy for Agreement Name:			tracts that will be used Effective and Er	
implement the strategy for Agreement Name: Master Service Delivery Agreement	this service: **Contracting of Clay County, Bluffton, Fort**	Parties:		
implement the strategy for Agreement Name: Master Service Delivery Agreement	this service: Contracting	Parties:	Effective and E	
implement the strategy for Agreement Name: Master Service Delivery Agreement	this service: **Contracting of Clay County, Bluffton, Fort**	Parties:	Effective and E	
implement the strategy for Agreement Name: Master Service Delivery Agreement	this service: **Contracting of Clay County, Bluffton, Fort**	Parties:	Effective and E	
implement the strategy for	this service: **Contracting of Clay County, Bluffton, Fort**	Parties:	Effective and E	
implement the strategy for Agreement Name: Master Service Delivery Agreement Memorandum of Agreement 6. What other mechanisms (if	this service: Contracting of Clay County, Bluffton, Fort Clay County, Bluffton	Parties: Gaines ent the strateg	Effective and En 10/31/2007 - 10/31/2017	nding Dates:
Agreement Name: Agreement Name: Master Service Delivery Agreement Memorandum of Agreement 6. What other mechanisms (if	Contracting Clay County, Bluffton, Fort Clay County, Bluffton Fany) will be used to implement	Parties: Gaines ent the strateg	Effective and En 10/31/2007 - 10/31/2017	nding Dates:
Agreement Name: Agreement Name: Master Service Delivery Agreement Memorandum of Agreement 6. What other mechanisms (if	Contracting Clay County, Bluffton, Fort Clay County, Bluffton Fany) will be used to implement	Parties: Gaines ent the strateg	Effective and En 10/31/2007 - 10/31/2017	nding Dates:
Agreement Name: Master Service Delivery Agreement Memorandum of Agreement 6. What other mechanisms (if	Contracting Clay County, Bluffton, Fort Clay County, Bluffton Fany) will be used to implement	Parties: Gaines ent the strateg	Effective and En 10/31/2007 - 10/31/2017	nding Dates:
Agreement Name: Agreement Name: Master Service Delivery Agreement Memorandum of Agreement 6. What other mechanisms (if	Contracting Clay County, Bluffton, Fort Clay County, Bluffton Fany) will be used to implement	Parties: Gaines ent the strateg	Effective and En 10/31/2007 - 10/31/2017	nding Dates:
Agreement Name: Agreement Name: Master Service Delivery Agreement Memorandum of Agreement 6. What other mechanisms (if	Contracting Clay County, Bluffton, Fort Clay County, Bluffton Fany) will be used to implement	Parties: Gaines ent the strateg	Effective and En 10/31/2007 - 10/31/2017	nding Dates:
Agreement Name: Agreement Name: Master Service Delivery Agreement Memorandum of Agreement 6. What other mechanisms (if resolutions, local acts of the	Contracting Clay County, Bluffton, Fort Clay County, Bluffton f any) will be used to impleme e General Assembly, rate or f	Parties: Gaines ent the strateg	Effective and En 10/31/2007 - 10/31/2017	nding Dates:
Agreement Name: Agreement Name: Master Service Delivery Agreement Memorandum of Agreement 6. What other mechanisms (if resolutions, local acts of the	Contracting Clay County, Bluffton, Fort Clay County, Bluffton f any) will be used to impleme e General Assembly, rate or f	Parties: Gaines ent the stratege changes, e	Effective and End 10/31/2007 - 10/31/2017 The sy for this service (e.g. tc.), and when will the	nding Dates:
Agreement Name: Agreement Name: Master Service Delivery Agreement Memorandum of Agreement 6. What other mechanisms (if resolutions, local acts of the	Contracting Clay County, Bluffton, Fort Clay County, Bluffton f any) will be used to impleme e General Assembly, rate or f	Parties: Gaines ent the strateg	Effective and End 10/31/2007 - 10/31/2017 The sy for this service (e.g. tc.), and when will the	nding Dates:
Agreement Name: Agreement Name: Master Service Delivery Agreement Memorandum of Agreement 6. What other mechanisms (if resolutions, local acts of the Phone number: (706) 256-2910 8. Is this the person who shou	Contracting Clay County, Bluffton, Fort Clay County, Bluffton f any) will be used to impleme e General Assembly, rate or f	Parties: Gaines ent the strategie changes, e	Effective and End 10/31/2007 - 10/31/2017 The service (e.g. tc.), and when will the service (e.g. tc.) and tc.	ordinances, y take effect





instruction	is:						
nsted on pa	ge 1. Answer ea	ch question below	v, attaching addition	nal pages as n	1, Section III. Use ecessary. If the cont Community Affairs.	act person for the	e service names is service (listed at
County:	Clay County			Service:	Library Services		
1. Check	the box that	best describes	the agreed upor	n delivery a	rrangement for	this service:	
Service service	provider. (If	rovided count this box is ch	tywide (i.e., inc ecked, identify	luding all c	ities and uninco ment, authority o	rporated area or organizatio	s) by a single on providing the
Serv (If this service	box is check	rovided only i ed, identify th	n the unincorpo e government, a	rated portion	on of the county organization pr	by a single so	ervice provider
will not	t be provided	in unincorpor	this service on rated areas. (If t g the service: _	ly within th	eir incorporated hecked, identify	boundaries, the governm	and the service ent(s),
will pro	ovide the serv	ice in unincor	this service on porated areas. (g the service.):	ly within th If this box	eir incorporated is checked, iden	boundaries, tify the gover	and the county rnment(s),
provide	er (If this box er, and ident rvice area.):	is checked, at fy the govern	ttach a legible ment, authority,	map deline or other or	eating the servion	ce area of eacwill provide s	ch service ervice within
2. In deve of this s ☐Yes	service identi	ategy, were offied?	verlapping serv	ice areas, u	nnecessary com	petition and/o	or duplication
arrangen	nent (i.e., ove	rlapping but h	nigher levels of	service (Se	explanation for e O.C.G.A. 36-7 areas or competi	70-24(1)), ove	erriding
If these co step or act completin	tion that will	be eliminated be taken to eli	l under the strat iminate them, th	egy, attach ne responsil	an implementable party and the	ation schedu e agreed upon	le listing each deadline for

Local Government or Author		ing Method:
Clay County Fort Gaines	General Fund	
	General Fund	
Clay County Board of Education	State Funds, Local Funds	
Kinchafoonee Regional Library System	State Funds	
the county?	io previous arrangements for provide	ling and/or funding this service within
		Add to the second of the secon
	y agreements or intergovernmental of	contracts that will be used to
implement the strategy for this	service:	
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
	Clay County, Fort Gaines, Bluffton	10/31/2007 - 10/31/2017
Master Service Delivery Agreement	Clay County, Fort Gaines, Bluffton	10/31/2007 - 10/31/2017
	유주제 [발표 [자연 전 대신] - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	The state of the s
		tegy for this service (e.g., ordinances, etc.), and when will they take effect
resolutions, local acts of the Ge	neral Assembly, rate or fee changes	
resolutions, local acts of the Ge 7. Person completing form: Allison	neral Assembly, rate or fee changes	, etc.), and when will they take effect
resolutions, local acts of the Ge	neral Assembly, rate or fee changes	, etc.), and when will they take effect
7. Person completing form: Allison Phone number: (706) 256-2910	Slocum Date completed	d: 10/09/2007
7. Person completing form: Allison: Phone number: (706) 256-2910 8. Is this the person who should b	Slocum Date complete e contacted by state agencies when	d: 10/09/2007 evaluating whether proposed local
7. Person completing form: Allison: Phone number: (706) 256-2910 8. Is this the person who should b	Slocum Date completed	d: 10/09/2007 evaluating whether proposed local
7. Person completing form: Allison Phone number: (706) 256-2910 8. Is this the person who should be government projects are consists	Date completed e contacted by state agencies when tent with the service delivery strateg	d: 10/09/2007 evaluating whether proposed local ty? Yes \(\sumsymbol{\text{No}} \)
7. Person completing form: Allison Phone number: (706) 256-2910 8. Is this the person who should be government projects are consists	Slocum Date complete e contacted by state agencies when	d: 10/09/2007 evaluating whether proposed local ty? Yes \(\sumsymbol{\text{No}} \)
7. Person completing form: Allison Phone number: (706) 256-2910 8. Is this the person who should be government projects are consistent.	Date completed e contacted by state agencies when tent with the service delivery strateg	d: 10/09/2007 evaluating whether proposed local ty? Yes \(\sumsymbol{\text{No}} \)
7. Person completing form: Allison Phone number: (706) 256-2910 8. Is this the person who should be government projects are consists	Date completed e contacted by state agencies when tent with the service delivery strateg	d: 10/09/2007 evaluating whether proposed local ty? Yes \(\sumsymbol{\text{No}} \)



Instructions:

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

the bottom	of the page) changes, this	should be reported to the I	onal pages as necessary. If the contact person for Department of Community Affairs.	r this service (listed at
County:	Clay County		Service: Lower Chattahoochee Reg. /	Airport Authority
1. Check	the box that best des	cribes the agreed upo	on delivery arrangement for this service	e:
	e provider. (If this box		cluding all cities and unincorporated a the government, authority or organization	
	box is checked, iden		orated portion of the county by a singl authority or organization providing th	
will no		corporated areas. (If	nly within their incorporated boundaries this box is checked, identify the government.	
will pr		nincorporated areas.	aly within their incorporated boundarie (If this box is checked, identify the go	
provid			map delineating the service area of , or other organization that will provide	
of this	eloping the strategy, service identified?	were overlapping ser	vice areas, unnecessary competition a	nd/or duplication
arrange	ment (i.e., overlappin	g but higher levels of	, attach an explanation for continuing free service (See O.C.G.A. 36-70-24(1)), sing service areas or competition cann	overriding
	ction that will be take		ategy, attach an implementation schoother responsible party and the agreed u	

Local Government or Authori	ty:	Fund	ding Method:
Clay County	General Fund		
ower Chattahoochee Reg. Airport Autho	rity Federal & State Gran	nts & Loans, Bo	onds
	and the second		
			A PART OF THE PART
4. How will the strategy change the the county?	e previous arrangemen	ts for provid	ding and/or funding this service withi
The Lower Chattahoochee Reg	ional Airport Authorit	y was not ii	included in the last strategy.
implement the strategy for this s Agreement Name: Master Service Delivery Agreement	Contracting Clay County, Fort Gaines		Effective and Ending Dates. 10/31/2007 - 10/31/2017
Memorandum of Understanding	Clay Co, Quitman Co, Ran	dolph Co,	
	Calhoun Co		
100			
		<u> </u>	
			ategy for this service (e.g., ordinances s, etc.), and when will they take effect
resolutions, local acts of the Ge 7. Person completing form: Allison S	neral Assembly, rate or	fee changes	s, etc.), and when will they take effec
resolutions, local acts of the Ge	neral Assembly, rate or		s, etc.), and when will they take effec



Ins		

County:	Clay County	Service: Lower Chattahoochee Reg. E-911 Authority
l. Check	the box that best describes	the agreed upon delivery arrangement for this service:
	e provider. (If this box is che	ywide (i.e., including all cities and unincorporated areas) by a single ecked, identify the government, authority or organization providing the
☐Ser (If this service	box is checked, identify the	n the unincorporated portion of the county by a single service provider e government, authority or organization providing the
will no	ot be provided in unincorpora	this service only within their incorporated boundaries, and the service ated areas. (If this box is checked, identify the government(s), g the service:
will pr		this service only within their incorporated boundaries, and the county porated areas. (If this box is checked, identify the government(s), g the service.):
		tach a legible map delineating the service area of each service nent, authority, or other organization that will provide service within
each so		verlapping service areas, unnecessary competition and/or duplication
each seed arrange	eloping the strategy, were or service identified? No conditions will continue under	Name of State of Stat

Local Government or Authority:		Funding Method:		
Clay County		General Fund		
Lower Chattahoochee Reg. E-911 A	Authority	Federal & State Grants & Loans, Bor	nds	
4. How will the strategy change the county?	the prev	vious arrangements for provid	ing and/or funding this service withi	
The Lower Chattahoochee Re	egional	E-911 Authority was not inc	cluded in the last strategy.	
		17 77		
5. List any formal service delive implement the strategy for thi		e:		
Agreement Name:	loi-	Contracting Parties:	Effective and Ending Dates	
		0 1 5 10 1 5 5 6		
	The second secon	County, Fort Gaines, Bluffton	10/31/2007 - 10/31/2017	
	Clay	Co, Quitman Co, Randolph Co,		
	Clay			
Master Service Delivery Agreement Memorandum of Understanding	Clay Stew	Co, Quitman Co, Randolph Co, vart Co	10/31/2007 - 10/31/2017	
Memorandum of Understanding 6. What other mechanisms (if an	Clay Stew	Co, Quitman Co, Randolph Co, vart Co be used to implement the strat		
Memorandum of Understanding 6. What other mechanisms (if an	Clay Stew	Co, Quitman Co, Randolph Co, vart Co be used to implement the strat	10/31/2007 - 10/31/2017 egy for this service (e.g., ordinances	
Memorandum of Understanding 6. What other mechanisms (if an	Stew ny) will General	Co, Quitman Co, Randolph Co, vart Co be used to implement the strat	tegy for this service (e.g., ordinances, etc.), and when will they take effect	



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

the county?	e within
	e within
the county?	e withir
N/A	
	Control of the Contro
Master Service Delivery Agreement Clay County, Fort Gaines, Bluffton 10/31/2007 - 10/31/2017 Memorandum of Agreement Clay County, New Horizons Board	
	:
6 What other mechanisms (if any) will be used to implement the strategy for this service (e.g. ordi	IIIAIII. PC
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinesolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they tak	te effect
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordine resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take	e effect
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinesolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they tak	e effect
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinesolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they tak	te effect
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinesolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they tak	re effect
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinesolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they tak	e effect
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinesolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they tak	e effect
resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they tak	e effect
7. Person completing form: Allison Slocum	te effect
resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they tak	e effect
7. Person completing form: Allison Slocum Phone number: (706) 256-2910 8. Is this the person who should be contacted by state agencies when evaluating whether proposed	e effect
7. Person completing form: Allison Slocum Phone number: (708) 256-2910 Date completed: 10/09/2007	e effect



listed on page 1. A	Answer each question below,	attaching additional pages as necessary. If the contact person for this service (lie reported to the Department of Community Affairs.	
County: Clay	County	Service: Neighborhood Service Center	
1. Check the b	oox that best describes the	the agreed upon delivery arrangement for this service:	
		ywide (i.e., including all cities and unincorporated areas) by a since cked, identify the government, authority or organization provide	
		n the unincorporated portion of the county by a single service programment, authority or organization providing the	ovider.
will not be p	provided in unincorpora	this service only within their incorporated boundaries, and the sated areas. (If this box is checked, identify the government(s), g the service:	ervice
will provide		this service only within their incorporated boundaries, and the c porated areas. (If this box is checked, identify the government(s) g the service.):	
	nd identify the governm	tach a legible map delineating the service area of each service ment, authority, or other organization that will provide service w	
2. In developing of this service	ce identified?	verlapping service areas, unnecessary competition and/or duplic	ation
arrangement	(i.e., overlapping but hi	er the strategy, attach an explanation for continuing the higher levels of service (See O.C.G.A. 36-70-24(1)), overriding s that overlapping service areas or competition cannot be elimin	ated).
If these condit step or action completing it.	that will be taken to elim	I under the strategy, attach an implementation schedule listing iminate them, the responsible party and the agreed upon deadline	g each e for

Local Government or Authority:	Fund	ing Method:
Clay County	General Fund, User Fees	
4. How will the strategy change the the county?	previous arrangements for provid	ing and/or funding this service within
N/A		
		ille in a liberal resolution
Agreement Name: Master Service Delivery Agreement	Clay County, Fort Gaines, Bluffton	Effective and Ending Dates: 10/31/2007 - 10/31/2017
Musici Corvice Delivery Agreement	olay County, Fort Games, Blumon	10/31/2007 - 10/31/2017
o. What other mechanisms (if any) w	and de used to implement the strain	egy for this service (e.g., ordinances,
		egy for this service (e.g., ordinances, etc.), and when will they take effect
resolutions, local acts of the Gener	ral Assembly, rate or fee changes	etc.), and when will they take effect
resolutions, local acts of the Gener	ral Assembly, rate or fee changes	etc.), and when will they take effect
7. Person completing form: Allison Sloot Phone number: (706) 256-2910 8. Is this the person who should be consistent	Date completed ontacted by state agencies when early with the service delivery strategrants.	evaluating whether proposed local y? Yes \ No
7. Person completing form: Allison Sloca Phone number: (706) 256-2910 8. Is this the person who should be contained to the c	Date completed ontacted by state agencies when early with the service delivery strategrants.	evaluating whether proposed local y? Yes \ No
7. Person completing form: Allison Sloot Phone number: (706) 256-2910 8. Is this the person who should be consistent	Date completed ontacted by state agencies when early with the service delivery strategrants.	evaluating whether proposed local y? Yes \ No
7. Person completing form: Allison Sloot Phone number: (706) 256-2910 8. Is this the person who should be consistent	Date completed ontacted by state agencies when early with the service delivery strategrants.	evaluating whether proposed local y? Yes \ No



listed on p	age 1. Answer each que	estion below, attaching a	ervice listed on page 1, Section III. Use of additional pages as necessary. If the conta of the Department of Community Affairs.	exactly the same service names ct person for this service (listed at
County:	Clay County		Service: Public Health Service	vices
1. Check	the box that best	describes the agreed	d upon delivery arrangement for t	his service:
servic	e provider. (If this	box is checked, ide	e., including all cities and unincor intify the government, authority o	porated areas) by a single r organization providing the
(If this	s box is checked, ic	ed only in the unin lentify the governm	corporated portion of the county lent, authority or organization pro	by a single service provider oviding the
will no	ot be provided in u	nincorporated areas	ce only within their incorporated s. (If this box is checked, identify ice:	the government(s),
will p	rovide the service i		ce only within their incorporated reas. (If this box is checked, identice.):	
provid	der, and identify the ervice area.):	e government, auth	gible map delineating the service cority, or other organization that w	will provide service within
of this		y, were overlapping	g service areas, unnecessary comp	
arrange	ment (i.e., overlap	ping but higher leve	itegy, attach an explanation for els of service (See O.C.G.A. 36-7 rlapping service areas or competi	0-24(1)), overriding
If these of a step or a completi	ction that will be to	eliminated under the aken to eliminate th	e strategy, attach an implementatem, the responsible party and the	ation schedule listing each agreed upon deadline for



SERVICE DELIVERY STRATEGY SUMMARY OF LAND USE AGREEMENTS

PAGE 3

Instructions:

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

County: Clay County	_
1. What incompatibilities or conflicts between the land use plans of local go service delivery strategy?	vernments were identified in the process of developing the
None.	
2. Check the boxes indicating how these incompatibilities or conflicts were	addressed:
☐ amendments to existing comprehensive plans	Note: If the necessary plan amendments,
☐ adoption of a joint comprehensive plan	regulations, ordinances, etc. have not yet been formally adopted, indicate when each of the
☐ other measures (amend zoning ordinances, add environmental regulation	ns, etc. affected local governments will adopt them.
If "other measures" was checked, describe these measures:	
N/A	
Summarize the process that will be used to resolve disputes when a count areas to be annexed into a city. If the conflict resolution process will vary	
, , ,	•
Prior to initiating any formal annexation activities, city will notify cou of agreement or objection with details. The county must reply in 45	
will require the use of mediation. If mediation results in no consens	
4. What policies, procedures and/or processes have been established by loc	
that new extraterritorial water and sewer service will be consistent with all a	•
Clay County and the Cities of Bluffton and Fort Gaines have an agree water and sewer services will be consistent with all applicable land	
5. Person completing form: Allison Slocum	
Phone number: (706) 256-2910 Date comple	ted: 10/09/2007
6. Is this the person who should be contacted by state agencies when evaluate	ing whether proposed local government projects are
consistent with land use plans of applicable jurisdictions? ☐ Yes ▼No	
If not, provide designated contact person(s) and phone number(s) below:	

		dina Mathada
Local Government or Authority: ort Gaines	General Fund	ding Method:
ort Gaines Downtown Development Authority		nts and Loans
2 42 5		
		中华(B) (大学) (大学) (大学) (大学) (大学) (大学) (大学) (大学
4. How will the strategy change the pr the county?	evious arrangements for prov	iding and/or funding this service within
The Fort Gaines Downtown Develo	pment Authority was not in	cluded in the last strategy.
Agreement Name:	ce: Contracting Parties:	Effective and Ending Dates:
	ay County, Fort Gaines, Bluffton	10/31/2007 - 10/31/2017
) / g		
		25일 : 전에 100명 : 100
		rategy for this service (e.g., ordinances, es, etc.), and when will they take effect
resolutions, local acts of the Genera 7. Person completing form: Allison Slocum	Assembly, rate or fee chang	es, etc.), and when will they take effect
	Assembly, rate or fee chang	es, etc.), and when will they take effect



listed on pag	es of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names ge 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed of the page) changes, this should be reported to the Department of Community Affairs.
County:	Clay County
1. Check the	the box that best describes the agreed upon delivery arrangement for this service:
Service processervice.)	vice will be provided countywide (i.e., including all cities and unincorporated areas) by a single provider. (If this box is checked, identify the government, authority or organization providing to it.):
Service.)	ice will be provided only in the unincorporated portion of the county by a single service provide box is checked, identify the government, authority or organization providing the):
will not	or more cities will provide this service only within their incorporated boundaries, and the service be provided in unincorporated areas. (If this box is checked, identify the government(s), y or organization providing the service:
will prov	or more cities will provide this service only within their incorporated boundaries, and the count vide the service in unincorporated areas. (If this box is checked, identify the government(s), y or organization providing the service.):
provide	r (If this box is checked, attach a legible map delineating the service area of each service er, and identify the government, authority, or other organization that will provide service within vice area.):
	loping the strategy, were overlapping service areas, unnecessary competition and/or duplication ervice identified? No
arrangem	anditions will continue under the strategy, attach an explanation for continuing the nent (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding f the duplication, or reasons that overlapping service areas or competition cannot be eliminated)
	nditions will be eliminated under the strategy, attach an implementation schedule listing each ion that will be taken to eliminate them, the responsible party and the agreed upon deadline for g it.

Local Government or Autho	rity:	Funding	Method:
Clay County	General Fund	A 18	
Fort Gaines Hospital Authority	Federal & State Gran	ts & Loans, Bonds	
4. How will the strategy change the county?	the previous arrangement	s for providing	and/or funding this service with
The Fort Gaines Hospital Auth	nority was not included	in the last stra	itegy.
			the state of the s
Agreement Name: Master Service Delivery Agreement	Clay County, Fort Gaines,		Effective and Ending Dates 10/31/2007 - 10/31/2017
		7.0	
6. What other mechanisms (if an resolutions, local acts of the G	ny) will be used to implement the eneral Assembly, rate or	ent the strategy	for this service (e.g., ordinances
6. What other mechanisms (if an resolutions, local acts of the G	y) will be used to implement assembly, rate or	nent the strategy fee changes, etc	for this service (e.g., ordinances
6. What other mechanisms (if an resolutions, local acts of the G	y) will be used to implement to implement assembly, rate or	ent the strategy fee changes, etc	for this service (e.g., ordinances c.), and when will they take effect
6. What other mechanisms (if an resolutions, local acts of the G	y) will be used to implement to implement and assembly, rate or	ent the strategy fee changes, etc	for this service (e.g., ordinances c.), and when will they take effec
6. What other mechanisms (if an resolutions, local acts of the G	ay) will be used to implement the energy and a sembly, rate or	ent the strategy fee changes, etc	for this service (e.g., ordinances
6. What other mechanisms (if an resolutions, local acts of the G	ay) will be used to implement the seneral Assembly, rate or	nent the strategy fee changes, etc	for this service (e.g., ordinances
6. What other mechanisms (if an resolutions, local acts of the G	ay) will be used to implement assembly, rate or	nent the strategy fee changes, etc	for this service (e.g., ordinances), and when will they take effect
resolutions, local acts of the G	eneral Assembly, rate or	ent the strategy fee changes, etc	for this service (e.g., ordinances
resolutions, local acts of the G	eneral Assembly, rate or	ent the strategy fee changes, etc	c.), and when will they take effect
7. Person completing form: Alisor Phone number: (706) 256-2910	Dat be contacted by state ager	e completed:	uating whether proposed local
7. Person completing form: Alisor Phone number: (706) 256-2910 8. Is this the person who should	Dat be contacted by state agerstent with the service deli	e completed: _10 ncies when eval	uating whether proposed local
7. Person completing form: Alisor Phone number: (706) 256-2910 8. Is this the person who should government projects are consistent.	Dat be contacted by state agerstent with the service deli	e completed: _10 ncies when eval	uating whether proposed local Yes _No
7. Person completing form: Alisor Phone number: (706) 256-2910 8. Is this the person who should government projects are consist	Dat be contacted by state agerstent with the service deli	e completed: _10 ncies when eval	uating whether proposed local



listed on page 1. Answer each question below, atta	each service listed on page 1, Section III. Use exactly the same service names ching additional pages as necessary. If the contact person for this service (listed at
the bottom of the page) changes, this should be rep	norted to the Department of Community Affairs.
County: Clay County	Service: Garbage Service
1. Check the box that best describes the a	agreed upon delivery arrangement for this service:
Service will be provided countywick service provider. (If this box is checked service.):	de (i.e., including all cities and unincorporated areas) by a single d, identify the government, authority or organization providing the
Service will be provided only in the (If this box is checked, identify the gov service.):	e unincorporated portion of the county by a single service provider vernment, authority or organization providing the
will not be provided in unincorporated	service only within their incorporated boundaries, and the service areas. (If this box is checked, identify the government(s), service:
One or more cities will provide this will provide the service in unincorpora authority or organization providing the	service only within their incorporated boundaries, and the county ted areas. (If this box is checked, identify the government(s), service.):
Other (If this box is checked, attach provider, and identify the government, each service area.):	a legible map delineating the service area of each service, authority, or other organization that will provide service within
2. In developing the strategy, were overla of this service identified? ☐Yes ☑No	apping service areas, unnecessary competition and/or duplication
arrangement (i.e., overlapping but highe	e strategy, attach an explanation for continuing the er levels of service (See O.C.G.A. 36-70-24(1)), overriding toverlapping service areas or competition cannot be eliminated).
If these conditions will be eliminated und step or action that will be taken to eliminate completing it.	ter the strategy, attach an implementation schedule listing each ate them, the responsible party and the agreed upon deadline for

Local Governmen	nt or Authorit	v:	Fundi	ng Method:
Clay County		General Fund, U		S. T. SHIVE
4. How will the strate the county?	egy change the	e previous arrange	ments for providi	ng and/or funding this service with
The City of Fort Ga	ines provides	s yard trash pick	up for city resid	ents.
implement the stra	tegy for this se	ervice:		ontracts that will be used to
implement the stra Agreement N	tegy for this se	ervice:	ting Parties:	Effective and Ending Dates 10/31/2007 - 10/31/2017
Agreement No. Agreement No. Master Service Delivery Ag	tegy for this se	ervice: Contrac	ting Parties:	Effective and Ending Dates
implement the stra Agreement N	tegy for this se	ervice: Contrac	ting Parties:	Effective and Ending Dates
Agreement No. Agreement No. Master Service Delivery Ag	tegy for this se	ervice: Contrac	ting Parties:	Effective and Ending Dates
implement the stra Agreement No Master Service Delivery Ag	tegy for this se	ervice: Contrac	ting Parties:	Effective and Ending Dates
Agreement No. Master Service Delivery Agreement No. 6. What other mechanisms	ame: greement nisms (if any)	Contrace Clay County, Bluffton	ting Parties: n, Fort Gaines plement the strate	Effective and Ending Dates
Agreement No. Master Service Delivery Agreement No. 6. What other mechanisms	tegy for this so	Contract Clay County, Bluffton will be used to imperal Assembly, rate	ting Parties: n, Fort Gaines plement the strate	Effective and Ending Dates 10/31/2007 - 10/31/2017 egy for this service (e.g., ordinances etc.), and when will they take effect



PAGE 2

Instructions:

County:	Clay County	Service: Jail
1. Checl	k the box that best describ	pes the agreed upon delivery arrangement for this service:
servic	e provider. (If this box is	untywide (i.e., including all cities and unincorporated areas) by a single checked, identify the government, authority or organization providing the
(If thi	s box is checked, identify	y in the unincorporated portion of the county by a single service provide the government, authority or organization providing the
will n	ot be provided in unincor	ide this service only within their incorporated boundaries, and the service porated areas. (If this box is checked, identify the government(s), ling the service:
will p		ide this service only within their incorporated boundaries, and the count corporated areas. (If this box is checked, identify the government(s), ding the service.):
provie	der, and identify the governice area.):	, attach a legible map delineating the service area of each service ernment, authority, or other organization that will provide service within

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

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

Local Government or Autho	rity: Fund	ling Method:
Clay County	General Fund	
Fort Gaines	General Fund, Fines	
4. How will the strategy change the county?	the previous arrangements for provio	ling and/or funding this service within
N/A		
Memorandum of Agreement	Clay County, Miller County	
	They county, thinier county	
	, , , , , , , , , , , , , , , , , , , ,	
6 What other machinisms (if an		to our four this gameire (a granding)
	y) will be used to implement the stra	tegy for this service (e.g., ordinances, etc.), and when will they take effect
7. Person completing form: Allison	y) will be used to implement the stra eneral Assembly, rate or fee changes	, etc.), and when will they take effect
resolutions, local acts of the G	y) will be used to implement the stra eneral Assembly, rate or fee changes	, etc.), and when will they take effect
7. Person completing form: Allison Phone number: (706) 256-2910 8. Is this the person who should government projects are consist	y) will be used to implement the stra eneral Assembly, rate or fee changes Date completed be contacted by state agencies when estent with the service delivery strategers.	d: 10/09/2007 evaluating whether proposed local ty?
7. Person completing form: Allison Phone number: (706) 256-2910 8. Is this the person who should government projects are consist	y) will be used to implement the stra eneral Assembly, rate or fee changes Date completed be contacted by state agencies when	d: 10/09/2007 evaluating whether proposed local ty?
7. Person completing form: Allison Phone number: (706) 256-2910 8. Is this the person who should government projects are consist	y) will be used to implement the stra eneral Assembly, rate or fee changes Date completed be contacted by state agencies when estent with the service delivery strategers.	d: 10/09/2007 evaluating whether proposed local ty?
7. Person completing form: Allison	y) will be used to implement the stra eneral Assembly, rate or fee changes	, etc.), and when will they take effe



Instructions:	
Make copies of this form and complete one for each service listed on page 1, Sect listed on page 1. Answer each question below, attaching additional pages as necessary the bottom of the page) changes, this should be reported to the Department of Communication.	V. If the contact person for this service (listed at
County: Clay County Service: Land	Use Planning
1. Check the box that best describes the agreed upon delivery arrange	ement for this service:
Service will be provided countywide (i.e., including all cities a service provider. (If this box is checked, identify the government, a service.):	nd unincorporated areas) by a single authority or organization providing the
Service will be provided only in the unincorporated portion of the (If this box is checked, identify the government, authority or organ service.):	he county by a single service provider. ization providing the
One or more cities will provide this service only within their inc will not be provided in unincorporated areas. (If this box is checked authority or organization providing the service:	d, identify the government(s),
One or more cities will provide this service only within their inc will provide the service in unincorporated areas. (If this box is checauthority or organization providing the service.):	
Other (If this box is checked, attach a legible map delineating provider, and identify the government, authority, or other organizateach service area.):	ation that will provide service within
 2. In developing the strategy, were overlapping service areas, unnece of this service identified? ☐ Yes ☑ No 	
If these conditions will continue under the strategy, attach an explanarrangement (i.e., overlapping but higher levels of service (See O.C benefits of the duplication, or reasons that overlapping service areas of	.G.A. 36-70-24(1)), overriding
If these conditions will be eliminated under the strategy, attach an instep or action that will be taken to eliminate them, the responsible parcompleting it.	nplementation schedule listing each rty and the agreed upon deadline for

Clay County	: Fund	ing Method:
olay County	General Fund, State Funds, User Fe	

4. How will the strategy change the the county?	previous arrangements for provid	ling and/or funding this service within
N/A		
		2
5. List any formal service delivery		contracts that will be used to
implement the strategy for this se	ervice:	
Agracus aut Namas	Contracting Parties	Effective and Ending Dates
Agreement Name: Master Service Delivery Agreement	Clay County, Fort Gaines, Bluffton	Effective and Ending Dates: 10/31/2007 - 10/31/2017
laster Service Delivery Agreement	Clay County, Fort Gaines, Blumon	10/31/2007 - 10/31/2017
6. What other mechanisms (if any)	will be used to implement the stra	tegy for this service (e.g., ordinances,
resolutions, local acts of the Gen	eral Assembly, rate or fee changes	, etc.), and when will they take effect
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이 병원 중요한 이렇게 그렇게 된 것이 되는데 하나 해		
		.00
	The second second	
7. Person completing form: Allison Sic Phone number: (706) 256-2910		1: 10/09/2007
Phone number: (706) 256-2910	Date completed	
Phone number: (706) 256-2910 8. Is this the person who should be	Date completed contacted by state agencies when	evaluating whether proposed local
Phone number: (706) 256-2910 8. Is this the person who should be	Date completed	evaluating whether proposed local
Phone number: (706) 256-2910 8. Is this the person who should be government projects are consistent.	Date completed contacted by state agencies when	evaluating whether proposed local cy? Yes No



completing it.

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS PAGE 2

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

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

Local Government or Auth	ority: Fund	ing Method:
Clay County		clude user fees & service contracts)
4. How will the strategy change the county?	e the previous arrangements for provid	ling and/or funding this service within
V/A	And the second s	
VA		
Agreement Name: Master Service Delivery Agreement	Contracting Parties: Clay County, Fort Gaines, Bluffton	Effective and Ending Dates: 10/31/2007 - 10/31/2017
Agreement Name: Master Service Delivery Agreement		AND THE RESERVE OF THE PROPERTY OF THE PROPERT
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		AND THE RESERVE OF THE PROPERTY OF THE PROPERT
		AND THE RESERVE OF THE PARTY OF
Aaster Service Delivery Agreement 6. What other mechanisms (if a		tegy for this service (e.g., ordinances,
Aaster Service Delivery Agreement 6. What other mechanisms (if a resolutions, local acts of the o	ny) will be used to implement the strategeneral Assembly, rate or fee changes	tegy for this service (e.g., ordinances, , etc.), and when will they take effect
Aaster Service Delivery Agreement 6. What other mechanisms (if a	ny) will be used to implement the stra	tegy for this service (e.g., ordinances, , etc.), and when will they take effect



Instructions:

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

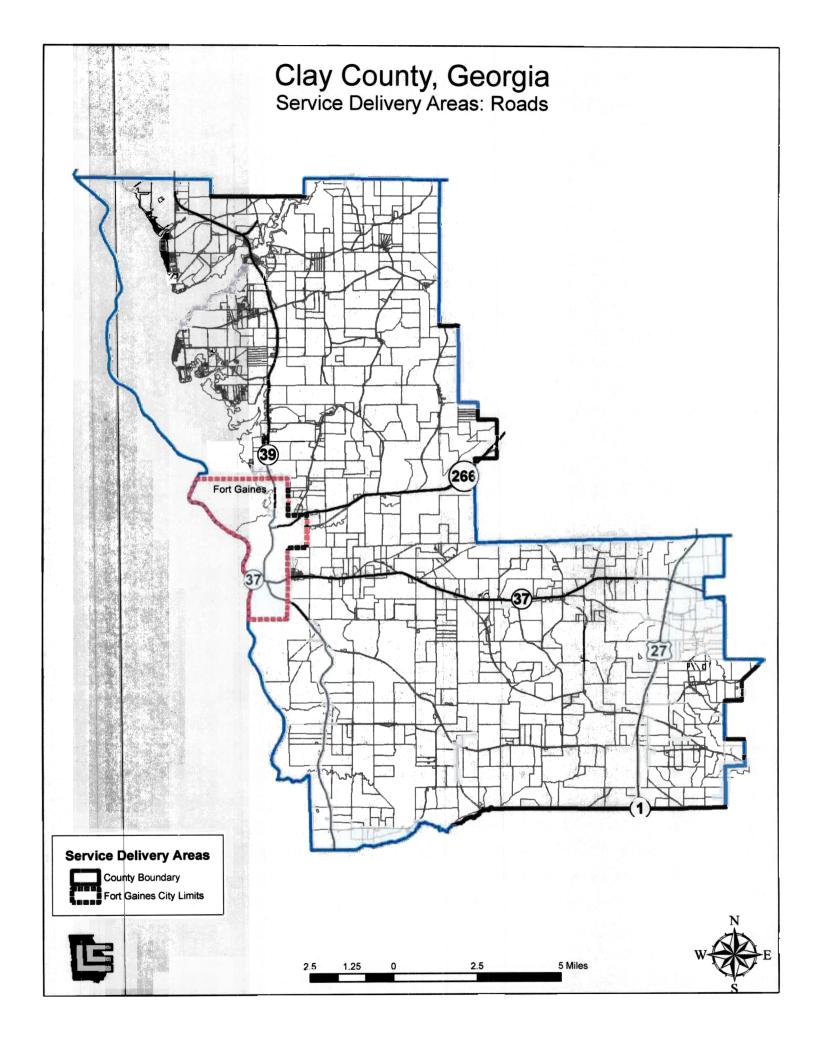
	taching additional pages as necessary. If the contact person for this service (listed at eported to the Department of Community Affairs.
County: Clay County	Service: Recreation
1. Check the box that best describes the	e agreed upon delivery arrangement for this service:
service provider. (If this box is check	ride (i.e., including all cities and unincorporated areas) by a single ted, identify the government, authority or organization providing the
	ne unincorporated portion of the county by a single service provider. overnment, authority or organization providing the
will not be provided in unincorporate	is service only within their incorporated boundaries, and the service ed areas. (If this box is checked, identify the government(s), he service:
	is service only within their incorporated boundaries, and the county rated areas. (If this box is checked, identify the government(s), he service.):
	ch a legible map delineating the service area of each service nt, authority, or other organization that will provide service within
2. In developing the strategy, were over of this service identified? ☐ Yes ☑ No	rlapping service areas, unnecessary competition and/or duplication
arrangement (i.e., overlapping but hig	the strategy, attach an explanation for continuing the her levels of service (See O.C.G.A. 36-70-24(1)), overriding hat overlapping service areas or competition cannot be eliminated).
	nder the strategy, attach an implementation schedule listing each inate them, the responsible party and the agreed upon deadline for

Local Government or Authorit		ling Method:	
Clay County	General Fund, User Fees		
Fort Gaines	General Fund, User Fees		
Bluffton	General Fund		
			<u> </u>
4. How will the strategy change the the county?	e previous arrangements for provid	ding and/or funding this servi	ce withir
N/A			
5. List any formal service delivery implement the strategy for this services.		contracts that will be used to	
Agreement Name:	Contracting Parties:	Effective and Endin	g Dates:
Master Service Delivery Agreement	Clay County, Fort Gaines, Bluffton	Effective and Endin	g Dates:
Master Service Delivery Agreement			g Dates:
Master Service Delivery Agreement	Clay County, Fort Gaines, Bluffton		g Dates:
Master Service Delivery Agreement Fort Gaines-Clay County Recreation Comm.	Clay County, Fort Gaines, Bluffton Clay County, Fort Gaines	10/31/2007 - 10/31/2017	
Master Service Delivery Agreement Fort Gaines-Clay County Recreation Comm. 6. What other mechanisms (if any)	Clay County, Fort Gaines, Bluffton Clay County, Fort Gaines	10/31/2007 - 10/31/2017 ategy for this service (e.g., or	dinances,
Master Service Delivery Agreement fort Gaines-Clay County Recreation Comm. 6. What other mechanisms (if any)	Clay County, Fort Gaines, Bluffton Clay County, Fort Gaines will be used to implement the stra	10/31/2007 - 10/31/2017 ategy for this service (e.g., or	dinances,
Master Service Delivery Agreement fort Gaines-Clay County Recreation Comm. 6. What other mechanisms (if any)	Clay County, Fort Gaines, Bluffton Clay County, Fort Gaines will be used to implement the strateral Assembly, rate or fee changes	tegy for this service (e.g., ores, etc.), and when will they ta	dinances,



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

Local Government or Auth	ority: Fund	ling Method:
Clay County	General Fund	
Fort Gaines	General Fund	
4. How will the strategy change the county?	e the previous arrangements for provide	ding and/or funding this service within
N/A		
implement the strategy for th		
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
Master Service Delivery Agreement	Clay County, Fort Gaines, Bluffton	10/31/2007 - 10/31/2017
Memorandum of Agreement	Clay County, Bluffton	
		tegy for this service (e.g., ordinances, etc.), and when will they take effect
resolutions, local acts of the C		
7. Person completing form: Alia		
	on Slocum	d: 10/09/2007
7. Person completing form: Allest Phone number: (1706) 256-2910 8. Is this the person who should government projects are cons		evaluating whether proposed local gy? Yes No

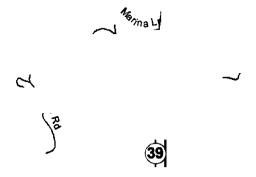


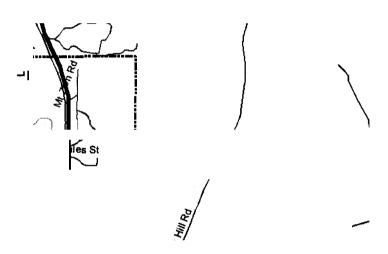


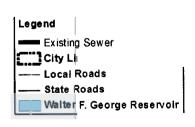
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County: Clay County Service: Sewer
1. Check the box that best describes the agreed upon delivery arrangement for this service:
Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If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

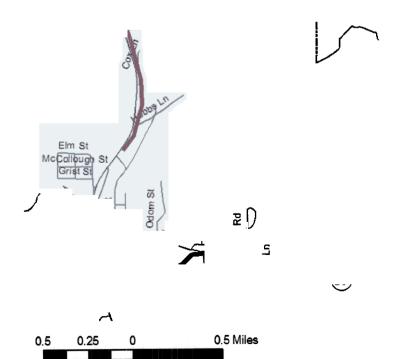
Local Government or Author Fort Gaines	Water-Sewer Revenue Fund, User F	ing Method:
		ees
4. How will the strategy change t the county?	the previous arrangements for providi	ing and/or funding this service within
Sewer was not included in the	last strategy.	
	y agreements or intergovernmental co	. Plat is also consider the recommendation of the property of the problem of the problem of the consideration and the constant of the problem of the constant
implement the strategy for this Agreement Name:		F
Master Service Delivery Agreement	Clay County, Bluffton, Fort Gaines	Effective and Ending Dates: 10/31/2007 - 10/31/2017
	Clay County, Blumon, Fort Games	10/31/2007 - 10/31/2017
5. What other mechanisms (if any resolutions, local acts of the Ge	r) will be used to implement the strate meral Assembly, rate or fee changes,	egy for this service (e.g., ordinances, etc.), and when will they take effect?
*		
Donor completing forms Avenue	No. 11.	
		4000007
7. Person completing form: Allison S Phone number: (706) 256-2910	Slocum	10/09/2007
Phone number: (706) 256-2910 Is this the person who should be		valuating whether proposed local

Fort Gaines, Georgia Sewer Service













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

Local Government or Author	ority: Fundi	ng Method:
Clay County	General Fund	
Fort Gaines	General Fund	AND AND
		a superior and the supe
How will the strategy change the county?	the previous arrangements for providi	ng and/or funding this service with
N/A		
implement the strategy for thi Agreement Name:		Effective and Ending Dates 10/31/2007 - 10/31/2017
Agreement Name: Master Service Delivery Agreement	S service: Contracting Parties: Clay County, Fort Gaines, Bluffton	
implement the strategy for thi Agreement Name: Master Service Delivery Agreement	s service: Contracting Parties:	
implement the strategy for thi Agreement Name: Master Service Delivery Agreement	S service: Contracting Parties: Clay County, Fort Gaines, Bluffton	
implement the strategy for thi Agreement Name: Master Service Delivery Agreement Memorandum of Agreement	Contracting Parties: Clay County, Fort Gaines, Bluffton Clay County, Direct Services Corporation	10/31/2007 - 10/31/2017
Agreement Name: Agreement Name: Master Service Delivery Agreement Memorandum of Agreement 6. What other mechanisms (if an	S service: Contracting Parties: Clay County, Fort Gaines, Bluffton	10/31/2007 - 10/31/2017 egy for this service (e.g., ordinances
implement the strategy for thi Agreement Name: Master Service Delivery Agreement Memorandum of Agreement 6. What other mechanisms (if an	Contracting Parties: Clay County, Fort Gaines, Bluffton Clay County, Direct Services Corporation Ty) will be used to implement the strate	10/31/2007 - 10/31/2017 egy for this service (e.g., ordinances
Agreement Name: Agreement Name: Master Service Delivery Agreement Memorandum of Agreement 6. What other mechanisms (if ar resolutions, local acts of the Co	Clay County, Fort Gaines, Bluffton Clay County, Direct Services Corporation Ty) will be used to implement the strate General Assembly, rate or fee changes,	10/31/2007 - 10/31/2017 egy for this service (e.g., ordinances
Agreement Name: Agreement Name: Master Service Delivery Agreement Memorandum of Agreement 6. What other mechanisms (if ar resolutions, local acts of the C	Clay County, Fort Gaines, Bluffton Clay County, Direct Services Corporation Ty) will be used to implement the strate General Assembly, rate or fee changes,	egy for this service (e.g., ordinance etc.), and when will they take effect
Agreement Name: Agreement Name: Master Service Delivery Agreement Memorandum of Agreement 6. What other mechanisms (if ar resolutions, local acts of the Company of the	Clay County, Fort Gaines, Bluffton Clay County, Direct Services Corporation my) will be used to implement the strate General Assembly, rate or fee changes,	egy for this service (e.g., ordinance: etc.), and when will they take effect to 10/09/2007
Agreement Name: Agreement Name: Master Service Delivery Agreement Memorandum of Agreement 6. What other mechanisms (if ar resolutions, local acts of the Company of the	Clay County, Fort Gaines, Bluffton Clay County, Direct Services Corporation my) will be used to implement the strate General Assembly, rate or fee changes, Date completed: be contacted by state agencies when every contacted by state agencies a	egy for this service (e.g., ordinance etc.), and when will they take effectively.



listed on pa	ge 1. Answer each question below	for each service listed on page 1, Section III. Use exactly the same service names , attaching additional pages as necessary. If the contact person for this service (listed at be reported to the Department of Community Affairs.
County:	Clay County	Service: Southwest Georgia Reg. Development Authority
1. Check	the box that best describes	the agreed upon delivery arrangement for this service:
Service service	provider. (If this box is che	ywide (i.e., including all cities and unincorporated areas) by a single ecked, identify the government, authority or organization providing the
(If this	box is checked, identify the	n the unincorporated portion of the county by a single service provider government, authority or organization providing the
will no	t be provided in unincorpora	this service only within their incorporated boundaries, and the service ated areas. (If this box is checked, identify the government(s), g the service:
will pr		this service only within their incorporated boundaries, and the county porated areas. (If this box is checked, identify the government(s), g the service.):
provid each se	er, and identify the governmervice area.):	etach a legible map delineating the service area of each service ment, authority, or other organization that will provide service within
2. In deve	cloping the strategy, were over service identified?	verlapping service areas, unnecessary competition and/or duplication
arranger	nent (i.e., overlapping but h	er the strategy, attach an explanation for continuing the nigher levels of service (See O.C.G.A. 36-70-24(1)), overriding s that overlapping service areas or competition cannot be eliminated).
	tion that will be taken to eli	under the strategy, attach an implementation schedule listing each iminate them, the responsible party and the agreed upon deadline for

Local Government or Author	ority:	Fund	ding Method:
Clay County		eral Fund	
Southwest Georgia Reg. Development	Authority Fede	eral & State Grants & Loans, B	onds
	LA TRACT		
	A Marian		
4. How will the strategy change the county?	the previou	s arrangements for provi	ding and/or funding this service with
The Southwest Georgia Regi	onal Develo	opment Authority was i	not included in the last strategy.
Agreement Name:		Contracting Parties:	Effective and Ending Dates
	Clay Cou		
Master Service Delivery Agreement		Contracting Parties: nty, Fort Gaines, Bluffton Quitman Co, Randolph Co,	Effective and Ending Dates 10/31/2007 - 10/31/2017
Master Service Delivery Agreement		nty, Fort Gaines, Bluffton Quitman Co, Randolph Co,	
Master Service Delivery Agreement	Clay Co, (nty, Fort Gaines, Bluffton Quitman Co, Randolph Co,	
Master Service Delivery Agreement Memorandum of Understanding	Clay Co, (Stewart C	nty, Fort Gaines, Bluffton Quitman Co, Randolph Co, o	10/31/2007 - 10/31/2017
Master Service Delivery Agreement Memorandum of Understanding 6. What other mechanisms (if a	Clay Co, C Stewart C	nty, Fort Gaines, Bluffton Quitman Co, Randolph Co, o	
Master Service Delivery Agreement Memorandum of Understanding 6. What other mechanisms (if a	Clay Co, C Stewart C	nty, Fort Gaines, Bluffton Quitman Co, Randolph Co, o	ategy for this service (e.g., ordinance s, etc.), and when will they take effect



PAGE 2

Instructions:

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

the bottom of the page) changes, this should b	be reported to the Department of Community Affairs.
County: Clay County	Service: Southwest Georgia Housing Authority
1. Check the box that best describes	the agreed upon delivery arrangement for this service:
Service will be provided count service provider. (If this box is che service.):	tywide (i.e., including all cities and unincorporated areas) by a single ecked, identify the government, authority or organization providing the
Service will be provided only in (If this box is checked, identify the service.):	n the unincorporated portion of the county by a single service provider e government, authority or organization providing the
	this service only within their incorporated boundaries, and the service rated areas. (If this box is checked, identify the government(s), g the service:
	this service only within their incorporated boundaries, and the county porated areas. (If this box is checked, identify the government(s), g the service.):
	ttach a legible map delineating the service area of each service ment, authority, or other organization that will provide service within
2. In developing the strategy, were of this service identified? ☐Yes ☑No	verlapping service areas, unnecessary competition and/or duplication
arrangement (i.e., overlapping but h	er the strategy, attach an explanation for continuing the higher levels of service (See O.C.G.A. 36-70-24(1)), overriding as that overlapping service areas or competition cannot be eliminated).
	d under the strategy, attach an implementation schedule listing each iminate them, the responsible party and the agreed upon deadline for

Local Government or Auth	ority:	Fund	ing Method:
Southwest Georgia Housing Authority		Federal & State Grants & Loans	
		1 	
4. How will the strategy chang the county?	e the pr	evious arrangements for provid	ing and/or funding this service with
he Southwest Georgia Hou	ising Au	uthority was not included in t	he last strategy.
implement the strategy for th			
Agreement Name:		Contracting Parties:	Effective and Ending Date
aster Service Delivery Agreement	CONTRACTOR OF THE PARTY OF THE	ay County, Fort Gaines, Bluffton	10/31/2007 - 10/31/2017
aster Service Delivery Agreement	Cla	y Co, Calhoun Co, Randolph Co,	10/31/2007 - 10/31/2017
aster Service Delivery Agreement	Cla		10/31/2007 - 10/31/2017
aster Service Delivery Agreement	Cla	y Co, Calhoun Co, Randolph Co,	10/31/2007 - 10/31/2017
laster Service Delivery Agreement	Cla	y Co, Calhoun Co, Randolph Co,	10/31/2007 - 10/31/2017
daster Service Delivery Agreement lemorandum of Understanding 6. What other mechanisms (if a	Cla Ea any) wil	ny Co, Calhoun Co, Randolph Co, rly Co I be used to implement the strai	tegy for this service (e.g., ordinance, etc.), and when will they take effect
daster Service Delivery Agreement lemorandum of Understanding 6. What other mechanisms (if a	Cla Ea any) wil	ny Co, Calhoun Co, Randolph Co, rly Co I be used to implement the strai	tegy for this service (e.g., ordinance
dester Service Delivery Agreement demorandum of Understanding 6. What other mechanisms (if a resolutions, local acts of the	Classian Ear	ny Co, Calhoun Co, Randolph Co, rly Co I be used to implement the strai Assembly, rate or fee changes	tegy for this service (e.g., ordinance, etc.), and when will they take effect
laster Service Delivery Agreement lemorandum of Understanding 5. What other mechanisms (if a	Classian Ear	ny Co, Calhoun Co, Randolph Co, rly Co I be used to implement the strai	tegy for this service (e.g., ordinance, etc.), and when will they take effect
Asser Service Delivery Agreement emorandum of Understanding 5. What other mechanisms (if a resolutions, local acts of the Phone number: (706) 256-2910 8. Is this the person who should	Cla Ear	ny Co, Calhoun Co, Randolph Co, rly Co I be used to implement the strail Assembly, rate or fee changes	tegy for this service (e.g., ordinance, etc.), and when will they take effectively. 1: 10/09/2007 Evaluating whether proposed local

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



Instructions:

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

County: Clay County	Service: Southwest Georgia Regional Jail Authority
1. Check the box that best descri	bes the agreed upon delivery arrangement for this service:
	ountywide (i.e., including all cities and unincorporated areas) by a single checked, identify the government, authority or organization providing the
	ly in the unincorporated portion of the county by a single service provider the government, authority or organization providing the
	ride this service only within their incorporated boundaries, and the service roorated areas. (If this box is checked, identify the government(s), ding the service:
One or more cities will pro will provide the service in uni authority or organization prov	ride this service only within their incorporated boundaries, and the county acorporated areas. (If this box is checked, identify the government(s), ding the service.):
	d, attach a legible map delineating the service area of each service ernment, authority, or other organization that will provide service within
2. In developing the strategy, we of this service identified? ☐Yes ☑No	re overlapping service areas, unnecessary competition and/or duplication
arrangement (i.e., overlapping	under the strategy, attach an explanation for continuing the out higher levels of service (See O.C.G.A. 36-70-24(1)), overriding asons that overlapping service areas or competition cannot be eliminated).
If these conditions will be elimi- step or action that will be taken completing it.	ated under the strategy, attach an implementation schedule listing each o eliminate them, the responsible party and the agreed upon deadline for

Local Government or Auth	ority:	Fui	iding Method:	no i a producina Produktivo na nasti i i i i i i na nasti i i i i i i i i i i i i i i i i i i
Clay County		General Fund		
Southwest Georgia Regional Jail Auth	hority	Federal & State Grants & Loans,	Bonds	
	7			
4. How will the strategy chang the county?	e the pre	vious arrangements for prov	riding and/or fundi	ing this service withi
The Southwest Georgia Reg	ional Ja	l Authority was not includ	led in the last str	ategy.
- 1 g		14 A		
Agreement Name:		Contracting Parties:		
Master Service Delivery Agreement		Contracting Parties: County, Fort Gaines, Bluffton Co, Quitman Co, Randolph Co,	Effectiv	
Master Service Delivery Agreement	Clay	County, Fort Gaines, Bluffton		
Master Service Delivery Agreement	Clay	County, Fort Gaines, Bluffton Co, Quitman Co, Randolph Co,		e and Ending Dates: /31/2017
Master Service Delivery Agreement	Clay	County, Fort Gaines, Bluffton Co, Quitman Co, Randolph Co,		
Agreement Name: Master Service Delivery Agreement Memorandum of Understanding 6. What other mechanisms (if a resolutions, local acts of the	Clay Stew	County, Fort Gaines, Bluffton Co, Quitman Co, Randolph Co, art Co be used to implement the st	10/31/2007 - 10	vice (e.g., ordinances
Master Service Delivery Agreement Memorandum of Understanding 6. What other mechanisms (if a	Clay Stew	County, Fort Gaines, Bluffton Co, Quitman Co, Randolph Co, art Co be used to implement the st	10/31/2007 - 10	vice (e.g., ordinances
Master Service Delivery Agreement Memorandum of Understanding 6. What other mechanisms (if a	Stew Stew Stew Stew Stew Stew Stew Stew	County, Fort Gaines, Bluffton Co, Quitman Co, Randolph Co, art Co be used to implement the st	10/31/2007 - 10	vice (e.g., ordinances
Master Service Delivery Agreement Memorandum of Understanding 6. What other mechanisms (if a resolutions, local acts of the	Stew Stew Stew Stew Stew Stew Stew Stew	County, Fort Gaines, Bluffton Co, Quitman Co, Randolph Co, art Co be used to implement the st	rategy for this serves, etc.), and when	vice (e.g., ordinances



instructions:	
Make copies of this form and complete one for each service listed on page 1. Answer each question below, attaching additi the bottom of the page) changes, this should be reported to the	elisted on page 1, Section III. Use exactly the same service names onal pages as necessary. If the contact person for this service (listed at Department of Community Affairs.
County: Clay County	Service: Southwest Georgia Reg. Technology Authority
Check the box that best describes the agreed upon	on delivery arrangement for this service:
Service will be provided countywide (i.e., in service provider. (If this box is checked, identify service.):	cluding all cities and unincorporated areas) by a single to the government, authority or organization providing the
	orated portion of the county by a single service provider authority or organization providing the
One or more cities will provide this service o will not be provided in unincorporated areas. (If authority or organization providing the service:	nly within their incorporated boundaries, and the service this box is checked, identify the government(s),
One or more cities will provide this service of will provide the service in unincorporated areas, authority or organization providing the service.)	nly within their incorporated boundaries, and the county (If this box is checked, identify the government(s),
Other (If this box is checked, attach a legible provider, and identify the government, authority each service area.):	e map delineating the service area of each service y, or other organization that will provide service within
2. In developing the strategy, were overlapping ser of this service identified? ☐ Yes ✓ No	vice areas, unnecessary competition and/or duplication
If these conditions will continue under the strategy arrangement (i.e., overlapping but higher levels o benefits of the duplication, or reasons that overlapping	
	ategy, attach an implementation schedule listing each the responsible party and the agreed upon deadline for

Local Government or Auth	ority: Fund	ding Method:	PORTE DESCRIPTION
Clay County	General Fund		
Southwest Georgia Reg. Technology	Authority Federal & State Grants & Loans, Bo	onds	100
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
4. How will the strategy change the county?	e the previous arrangements for provio	ding and/or funding this service	within
The Southwest Georgia Regi	ional Technology Authority was no	ot included in the last strategy	y.
		2.*	
implement the strategy for th Agreement Name: Master Service Delivery Agreement	Contracting Parties:	Effective and Ending	Dates:
-		Effective and Ending	Dates:
Agreement Name:			Dates:
Agreement Name: Master Service Delivery Agreement	Contracting Parties:		Dates:
Agreement Name: Master Service Delivery Agreement	Contracting Parties: Clay County, Fort Gaines, Bluffton		Dates:
Agreement Name: Master Service Delivery Agreement	Contracting Parties: Clay County, Fort Gaines, Bluffton Clay Co, Quitman Co, Randolph Co,		Dates:
Agreement Name: Master Service Delivery Agreement	Contracting Parties: Clay County, Fort Gaines, Bluffton Clay Co, Quitman Co, Randolph Co,		Dates:
Agreement Name: Master Service Delivery Agreement Memorandum of Understanding 6. What other mechanisms (if a	Contracting Parties: Clay County, Fort Gaines, Bluffton Clay Co, Quitman Co, Randolph Co,	10/31/2007 - 10/31/2017 ategy for this service (e.g., ordin	nances,
Agreement Name: Master Service Delivery Agreement Memorandum of Understanding 6. What other mechanisms (if a	Contracting Parties: Clay County, Fort Gaines, Bluffton Clay Co, Quitman Co, Randolph Co, Stewart Co any) will be used to implement the stra	10/31/2007 - 10/31/2017 ategy for this service (e.g., ordin	nances,
Agreement Name: Master Service Delivery Agreement Memorandum of Understanding 6. What other mechanisms (if a	Clay County, Fort Gaines, Bluffton Clay Co, Quitman Co, Randolph Co, Stewart Co any) will be used to implement the stra General Assembly, rate or fee change	ategy for this service (e.g., ordins, etc.), and when will they take	nances,
Agreement Name: Master Service Delivery Agreement Memorandum of Understanding 6. What other mechanisms (if a resolutions, local acts of the control of th	Contracting Parties: Clay County, Fort Gaines, Bluffton Clay Co, Quitman Co, Randolph Co, Stewart Co any) will be used to implement the stra General Assembly, rate or fee change	ategy for this service (e.g., ordings, etc.), and when will they take	nances,



Instructions:

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

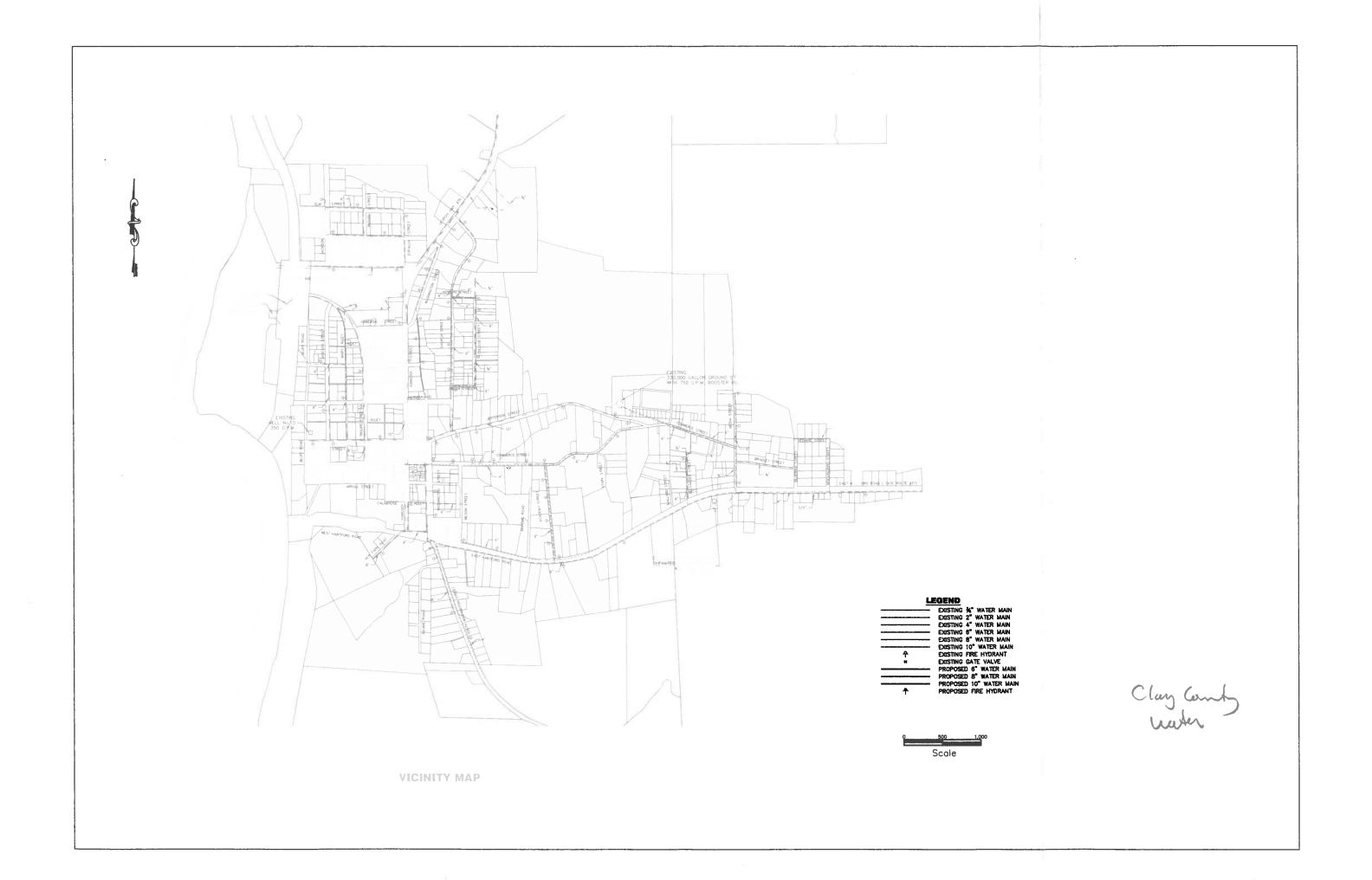
the bottom of the page) changes, this shoul	d be reported to the Department	artment of Community Affairs.	act person for this service (listed at
County: Clay County		Service: Tax Digest	
1. Check the box that best describe	es the agreed upon d	lelivery arrangement for	this service:
Service will be provided couservice provider. (If this box is a service.):	ntywide (i.e., include the cked, identify the	ding all cities and uninco	rporated areas) by a single or organization providing the
Service will be provided only (If this box is checked, identify service.):	the government, aut	ted portion of the county hority or organization pr	by a single service provider oviding the
One or more cities will provide will not be provided in unincorp authority or organization provided.	orated areas. (If this	s box is checked, identify	boundaries, and the service the government(s),
One or more cities will provide will provide the service in uninc authority or organization provide Clay County, Fort Gaines	orporated areas. (If	within their incorporated this box is checked, iden	boundaries, and the county tify the government(s),
Other (If this box is checked, provider, and identify the govereach service area.):		r other organization that	
 In developing the strategy, were of this service identified? ☐Yes ☑No 	overlapping service	e areas, unnecessary com	petition and/or duplication
If these conditions will continue un arrangement (i.e., overlapping bu benefits of the duplication, or reason	t higher levels of se	rvice (See O.C.G.A. 36-	70-24(1)), overriding
If these conditions will be eliminat step or action that will be taken to completing it.			

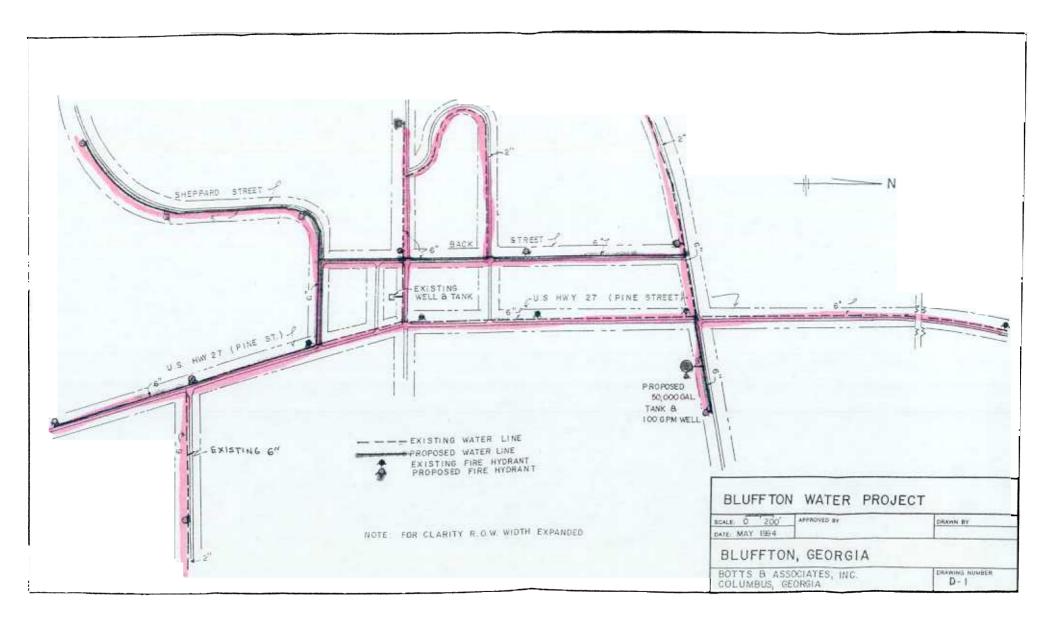
Local Government or Aut	hority: Fund	ling Method:
Clay County	General Fund	
Fort Gaines	General Fund	
4. How will the strategy chang the county?	ge the previous arrangements for provid	ling and/or funding this service within
N/A		
	A CONTRACTOR OF THE SECOND	All the second of the second
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
		Effective and Ending Dates:
	Contracting Parties: Clay County, Fort Gaines, Bluffton	Effective and Ending Dates: 10/31/2007 - 10/31/2017
Master Service Delivery Agreement	Clay County, Fort Gaines, Bluffton	10/31/2007 - 10/31/2017
Master Service Delivery Agreement 6. What other mechanisms (if		tegy for this service (e.g., ordinances,
Master Service Delivery Agreement 6. What other mechanisms (if resolutions, local acts of the	Clay County, Fort Gaines, Bluffton any) will be used to implement the strat General Assembly, rate or fee changes	tegy for this service (e.g., ordinances,
Master Service Delivery Agreement 6. What other mechanisms (if	Clay County, Fort Gaines, Bluffton any) will be used to implement the strat General Assembly, rate or fee changes	tegy for this service (e.g., ordinances, etc.), and when will they take effect



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

Local Government or	Authority	: Fund	ing Method:
Clay County		Federal & State Grants & Loans, Loa	
Fort Gaines		Federal & State Grants & Loans, Loa	cal Funds, & User Fees
Bluffton		Federal & State Grants & Loans, Loc	cal Funds, & User Fees
4. How will the strategy of	hange the	previous arrangements for provid	ing and/or funding this service with
the county?	munge inv	provious arrangements for provid	ing and or randing this service with
Water was not included	in the las	t strategy.	
the state of the s			
implement the strategy	for this ser	greements or intergovernmental c vice:	ontracts that will be used to
			T100 .1 .1 T1 .1. T1
Agreement Name:		Contracting Parties:	Effective and Ending Dates
		Contracting Parties: Clay County, Fort Gaines, Bluffton	10/31/2007 - 10/31/2017
Agreement Name: Master Service Delivery Agreem			
Master Service Delivery Agreem	as (if any) v	Clay County, Fort Gaines, Bluffton	
Master Service Delivery Agreem	as (if any) v	Clay County, Fort Gaines, Bluffton	10/31/2007 - 10/31/2017 egy for this service (e.g., ordinances
Master Service Delivery Agreem	as (if any) v	Clay County, Fort Gaines, Bluffton	10/31/2007 - 10/31/2017 egy for this service (e.g., ordinances
Master Service Delivery Agreem	as (if any) v	Clay County, Fort Gaines, Bluffton	10/31/2007 - 10/31/2017 egy for this service (e.g., ordinances
Master Service Delivery Agreem	as (if any) v	Clay County, Fort Gaines, Bluffton	10/31/2007 - 10/31/2017 egy for this service (e.g., ordinances
Master Service Delivery Agreem	as (if any) v	Clay County, Fort Gaines, Bluffton	10/31/2007 - 10/31/2017 egy for this service (e.g., ordinances
Aaster Service Delivery Agreem 6. What other mechanism resolutions, local acts o	us (if any) v	Clay County, Fort Gaines, Bluffton vill be used to implement the strat ral Assembly, rate or fee changes,	10/31/2007 - 10/31/2017 egy for this service (e.g., ordinances
Asster Service Delivery Agreem 6. What other mechanism resolutions, local acts o	us (if any) v of the Gene	Clay County, Fort Gaines, Bluffton vill be used to implement the strat ral Assembly, rate or fee changes,	egy for this service (e.g., ordinances, etc.), and when will they take effect
Aaster Service Delivery Agreem 6. What other mechanism resolutions, local acts o	us (if any) v of the Gene	Clay County, Fort Gaines, Bluffton vill be used to implement the strat ral Assembly, rate or fee changes,	egy for this service (e.g., ordinances, etc.), and when will they take effect
6. What other mechanism resolutions, local acts o Phone number: (706) 256-2	n: Allison Sloce	vill be used to implement the strat ral Assembly, rate or fee changes,	egy for this service (e.g., ordinances, etc.), and when will they take effect
6. What other mechanism resolutions, local acts o Phone number: (706) 256-2 8. Is this the person who s government projects are	n: Allison Sloceshould be coe consisten	vill be used to implement the strat ral Assembly, rate or fee changes, Date completed contacted by state agencies when e	egy for this service (e.g., ordinances, etc.), and when will they take effect the service (e.g., ordinances, etc.) and when will they take effect the service (e.g., ordinances, etc.) and when will they take effect the service (e.g., ordinances, etc.) and when will they take effect the service (e.g., ordinances, etc.) and when will they take effect the service (e.g., ordinances, etc.) and when will they take effect the service (e.g., ordinances, etc.) and when will they take effect the service (e.g., ordinances, etc.) and when will they take effect the service (e.g., ordinances, etc.) and when will they take effect the service (e.g., ordinances, etc.) and when will they take effect the service (e.g., ordinances, etc.) and when will they take effect the service (e.g., ordinances, etc.) and when will they take effect the service (e.g., ordinances, etc.) and when will they take effect the service (e.g., ordinances, etc.) and when will they take effect the service (e.g., ordinances, etc.) and effect the service (e.g., ordinances, etc.) and effect the service (e.g., ordinances, etc.) are service (e.g., ordinances, etc.) and effect the service (e.g., ordinances, etc.) are service (e.g., ordinances, etc.) and effect the service (e.g., ordinances, etc.) are







Instructions:

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Service: Zoning
best describes the agreed upon delivery arrangement for this service:
provided countywide (i.e., including all cities and unincorporated areas) by a single if this box is checked, identify the government, authority or organization providing the
provided only in the unincorporated portion of the county by a single service provider ked, identify the government, authority or organization providing the
ies will provide this service only within their incorporated boundaries, and the service d in unincorporated areas. (If this box is checked, identify the government(s), zation providing the service:
ies will provide this service only within their incorporated boundaries, and the county rvice in unincorporated areas. (If this box is checked, identify the government(s), zation providing the service.):
x is checked, attach a legible map delineating the service area of each service tify the government, authority, or other organization that will provide service within
strategy, were overlapping service areas, unnecessary competition and/or duplication tified?
ill continue under the strategy, attach an explanation for continuing the verlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding ation, or reasons that overlapping service areas or competition cannot be eliminated).
ill be eliminated under the strategy, attach an implementation schedule listing each li be taken to eliminate them, the responsible party and the agreed upon deadline for
I III ii i

7 . 10			
Local Government	or Authorit		ng Method:
Clay County		General Fund	
Fort Gaines Bluffton		General Fund	
Biulion	The second	General Fund	
4. How will the strateg the county?	y change the	e previous arrangements for providi	ng and/or funding this service within
Bluffton is in the proc	ess of writing	ng a zoning ordinance.	
bidiitoir is iii tile proc	ess of willi	ng a zoning ordinance.	
Agreement Nan	ie:		
Agreement Nan		Clay County Fort Gaines Bluffton	Effective and Ending Dates:
Master Service Delivery Agre		Clay County, Fort Gaines, Bluffton	10/31/2007 - 10/31/2017
Master Service Delivery Agre Zoning Contract			
Master Service Delivery Agre Zoning Contract		Clay County, Fort Gaines, Bluffton Clay County, Lower Chattahoochee RDC	10/31/2007 - 10/31/2017 07/01/2007 - 06/30/2008
Master Service Delivery Agre Zoning Contract Zoning Contract	ement	Clay County, Fort Gaines, Bluffton Clay County, Lower Chattahoochee RDC Fort Gaines, Lower Chattahoochee RDC	10/31/2007 - 10/31/2017 07/01/2007 - 06/30/2008 07/01/2007 - 06/30/2008
Master Service Delivery Agreezoning Contract Zoning Contract 6. What other mechanis	ement sms (if any)	Clay County, Fort Gaines, Bluffton Clay County, Lower Chattahoochee RDC Fort Gaines, Lower Chattahoochee RDC will be used to implement the strate	10/31/2007 - 10/31/2017 07/01/2007 - 06/30/2008
Master Service Delivery Agree Zoning Contract Zoning Contract 6. What other mechanis resolutions, local act	sms (if any) s of the Gen	Clay County, Fort Gaines, Bluffton Clay County, Lower Chattahoochee RDC Fort Gaines, Lower Chattahoochee RDC will be used to implement the strate eral Assembly, rate or fee changes,	10/31/2007 - 10/31/2017 07/01/2007 - 06/30/2008 07/01/2007 - 06/30/2008 egy for this service (e.g., ordinances
Master Service Delivery Agree Zoning Contract Zoning Contract 6. What other mechanis resolutions, local act	sms (if any) s of the Gen	Clay County, Fort Gaines, Bluffton Clay County, Lower Chattahoochee RDC Fort Gaines, Lower Chattahoochee RDC will be used to implement the strate eral Assembly, rate or fee changes,	10/31/2007 - 10/31/2017 07/01/2007 - 06/30/2008 07/01/2007 - 06/30/2008 egy for this service (e.g., ordinances, etc.), and when will they take effect
Master Service Delivery Agree Zoning Contract Zoning Contract 6. What other mechanis resolutions, local act	sms (if any) s of the Gen	Clay County, Fort Gaines, Bluffton Clay County, Lower Chattahoochee RDC Fort Gaines, Lower Chattahoochee RDC will be used to implement the strate eral Assembly, rate or fee changes,	10/31/2007 - 10/31/2017 07/01/2007 - 06/30/2008 07/01/2007 - 06/30/2008 egy for this service (e.g., ordinances, etc.), and when will they take effect
Master Service Delivery Agree Zoning Contract Zoning Contract 6. What other mechanis resolutions, local act 7. Person completing for Phone number: (706) 2	sms (if any) s of the Gen orm: Allison Sk 56-2910 o should be	Clay County, Fort Gaines, Bluffton Clay County, Lower Chattahoochee RDC Fort Gaines, Lower Chattahoochee RDC will be used to implement the strate eral Assembly, rate or fee changes,	10/31/2007 - 10/31/2017 07/01/2007 - 06/30/2008 07/01/2007 - 06/30/2008 egy for this service (e.g., ordinances, etc.), and when will they take effect
Master Service Delivery Agree Zoning Contract Zoning Contract 6. What other mechanis resolutions, local act 7. Person completing for Phone number: (706) 2 8. Is this the person wh government projects	sms (if any) s of the Gen Drm: Allison Sk 56-2910 o should be are consiste	Clay County, Fort Gaines, Bluffton Clay County, Lower Chattahoochee RDC Fort Gaines, Lower Chattahoochee RDC will be used to implement the strate eral Assembly, rate or fee changes, Date completed:	10/31/2007 - 10/31/2017 07/01/2007 - 06/30/2008 07/01/2007 - 06/30/2008 egy for this service (e.g., ordinances etc.), and when will they take effect 10/09/2007 valuating whether proposed local ? ✓ Yes □ No