





COUNTY: GLASCOCK

I. GENERAL INSTRUCTIONS:

- 1. FORM 1 is required for **ALL** SDS submittals. Only one set of these forms should be submitted per county. The completed forms should clearly present the collective agreement reached by all cities and counties that were party to the service delivery strategy.
- 2. List each local government and/or authority that provides services included in the service delivery strategy in Section II 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.)
- 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.opqqa@dca.ga.gov, or mail the completed forms along with any attachments to: GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS
 OFFICE OF PLANNING AND QUALITY GROWTH
 60 Executive Park South, N.E.
 Atlanta, Georgia 30329

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

II. LOCAL GOVERNMENTS INCLUDED IN THE SERVICE DELIVERY STRATEGY:

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

Gibson, Mitchell, EdgeHill, Glascock County

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

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

Electricity

Water Treatment

Water Distribution

Wastewater Treatment

Fire Protection

Sheriff Law Enforcement

Police

Recreation Programs

Mental Health

Bridge and Road Repair

Hospital

Emergency Medical Service

911 Emergency Service

Animal Control

Senior Citizen's Programs Health Screening Service

Waste Disposal Family Health

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

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







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

Answer each question below, attaching additional pages as necesshould be reported to the Department of Community Affairs.	ssary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:GLASCOCK	Service:911 EMERGENCY SERVICE
Check the box that best describes the agreed upo	n delivery arrangement for this service:
Service will be provided countywide (i.e., includ this box is checked, identify the government, authometric BellSouth	ling all cities and unincorporated areas) by a single service provider. (If prity or organization providing the service.): McDuffie County and
Service will be provided only in the unincorporat checked, identify the government, authority or organization.	ted portion of the county by a single service provider. (If this box is anization providing the service.):
☐One or more cities will provide this service only in unincorporated areas. (If this box is checked, ide	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
☐One or more cities will provide this service only service in unincorporated areas. (If this box is check service.):	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the
Other (If this box is checked, attach a legible midentify the government, authority, or other organization)	nap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping servi identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
If these conditions will continue under this strategy, <u>a</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

				_	
DS.	-	 		1	_
	- T		. cont		

Glascock County General Revenue How will the strategy change the previous arrangements for providing and/or funding this service within the count of the strategy change the previous arrangements for providing and/or funding this service within the count of the service delivery agreements or intergovernmental contracts that will be used to implement the strates service: Agreement Name Contracting Parties Effective and Ending Master Service Delivery What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolution acts of the General Assembly, rate or fee changes, etc.), and when will they take effect? None Person completing form: Shontrill M. Baskin, Regional Planner, CSRA Regional Commission Phone number: 706-210-2000 Date completed: 05/31/10 Is this the person who should be contacted by state agencies when evaluating whether proposed local governments.	Local Government or Author	ity Funding N	fethod
List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strates service: Agreement Name Contracting Parties Effective and Ending Master Service Delivery What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolution acts of the General Assembly, rate or fee changes, etc.), and when will they take effect? Ione Person completing form: Shontrill M. Baskin, Regional Planner, CSRA Regional Commission Phone number: 706-210-2000 Date completed: 05/31/10 Is this the person who should be contacted by state agencies when evaluating whether proposed local governments.			
List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strates service: Agreement Name Contracting Parties Effective and Ending laster Service Delivery What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolution acts of the General Assembly, rate or fee changes, etc.), and when will they take effect? One Person completing form: Shontrill M. Baskin, Regional Planner, CSRA Regional Commission Phone number: 706-210-2000 Date completed: 05/31/10 Is this the person who should be contacted by state agencies when evaluating whether proposed local governments.			
List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strates service: Agreement Name Contracting Parties Effective and Ending laster Service Delivery What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolution acts of the General Assembly, rate or fee changes, etc.), and when will they take effect? One Person completing form: Shontrill M. Baskin, Regional Planner, CSRA Regional Commission Phone number: 706-210-2000 Date completed: 05/31/10 Is this the person who should be contacted by state agencies when evaluating whether proposed local governments.			
List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strates service: Agreement Name Contracting Parties Effective and Ending laster Service Delivery What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolution acts of the General Assembly, rate or fee changes, etc.), and when will they take effect? One Person completing form: Shontrill M. Baskin, Regional Planner, CSRA Regional Commission Phone number: 706-210-2000 Date completed: 05/31/10 Is this the person who should be contacted by state agencies when evaluating whether proposed local governments.			
List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strates service: Agreement Name Contracting Parties Effective and Ending Master Service Delivery What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolution acts of the General Assembly, rate or fee changes, etc.), and when will they take effect? Ione Person completing form: Shontrill M. Baskin, Regional Planner, CSRA Regional Commission Phone number: 706-210-2000 Date completed: 05/31/10 Is this the person who should be contacted by state agencies when evaluating whether proposed local governments.			
List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strates service: Agreement Name Contracting Parties Effective and Ending Master Service Delivery What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolution acts of the General Assembly, rate or fee changes, etc.), and when will they take effect? Ione Person completing form: Shontrill M. Baskin, Regional Planner, CSRA Regional Commission Phone number: 706-210-2000 Date completed: 05/31/10 Is this the person who should be contacted by state agencies when evaluating whether proposed local governments.			
List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strates service: Agreement Name	How will the strategy change the	previous arrangements for providing and/or fundi	ng this service within the county?
List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strates service: Agreement Name			
List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strates service: Agreement Name			
Agreement Name Contracting Parties Effective and Ending Master Service Delivery What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolution acts of the General Assembly, rate or fee changes, etc.), and when will they take effect? Person completing form: Shontrill M. Baskin, Regional Planner, CSRA Regional Commission Phone number: 706-210-2000 Date completed: 05/31/10 Is this the person who should be contacted by state agencies when evaluating whether proposed local governments.	lo change		
Agreement Name Contracting Parties Effective and Ending Master Service Delivery What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolution acts of the General Assembly, rate or fee changes, etc.), and when will they take effect? Person completing form: Shontrill M. Baskin, Regional Planner, CSRA Regional Commission Phone number: 706-210-2000 Date completed: 05/31/10 Is this the person who should be contacted by state agencies when evaluating whether proposed local governments.			
Agreement Name Contracting Parties Effective and Ending Master Service Delivery What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolution acts of the General Assembly, rate or fee changes, etc.), and when will they take effect? Person completing form: Shontrill M. Baskin, Regional Planner, CSRA Regional Commission Phone number: 706-210-2000 Date completed: 05/31/10 Is this the person who should be contacted by state agencies when evaluating whether proposed local governments.			
Agreement Name Contracting Parties Effective and Ending Master Service Delivery What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolution acts of the General Assembly, rate or fee changes, etc.), and when will they take effect? Person completing form: Shontrill M. Baskin, Regional Planner, CSRA Regional Commission Phone number: 706-210-2000 Date completed: 05/31/10 Is this the person who should be contacted by state agencies when evaluating whether proposed local governments.	List on Assessed on the delivery		
Agreement Name Contracting Parties Effective and Ending Master Service Delivery What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolution acts of the General Assembly, rate or fee changes, etc.), and when will they take effect? Hone Person completing form: Shontrill M. Baskin, Regional Planner, CSRA Regional Commission Date completed: 05/31/10 Is this the person who should be contacted by state agencies when evaluating whether proposed local government.		igreements or intergovernmental contracts that wil	ii be used to implement the strategy t
Master Service Delivery What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolution acts of the General Assembly, rate or fee changes, etc.), and when will they take effect? Ione Person completing form: Shontrill M. Baskin, Regional Planner, CSRA Regional Commission Date completed: 05/31/10 Is this the person who should be contacted by state agencies when evaluating whether proposed local government.			
What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolution acts of the General Assembly, rate or fee changes, etc.), and when will they take effect? Identify the property of the General Assembly, rate or fee changes, etc.), and when will they take effect? Person completing form: Shontrill M. Baskin, Regional Planner, CSRA Regional Commission Date completed: 05/31/10 Is this the person who should be contacted by state agencies when evaluating whether proposed local governments.			
Person completing form: Shontrill M. Baskin, Regional Planner, CSRA Regional Commission Phone number: 706-210-2000 Date completed: 05/31/10 Is this the person who should be contacted by state agencies when evaluating whether proposed local governments.		Contracting Parties	Effective and Ending Date
Person completing form: Shontrill M. Baskin, Regional Planner, CSRA Regional Commission Phone number: 706-210-2000 Date completed: 05/31/10 Is this the person who should be contacted by state agencies when evaluating whether proposed local governments.		Contracting Parties	Effective and Ending Date
Person completing form: Shontrill M. Baskin, Regional Planner, CSRA Regional Commission Phone number: 706-210-2000 Date completed: 05/31/10 Is this the person who should be contacted by state agencies when evaluating whether proposed local governments.		Contracting Parties	Effective and Ending Date
Person completing form: Shontrill M. Baskin, Regional Planner, CSRA Regional Commission Phone number: 706-210-2000 Date completed: 05/31/10 Is this the person who should be contacted by state agencies when evaluating whether proposed local governments.		Contracting Parties	Effective and Ending Date
Person completing form: Shontrill M. Baskin, Regional Planner, CSRA Regional Commission Phone number: 706-210-2000 Date completed: 05/31/10 Is this the person who should be contacted by state agencies when evaluating whether proposed local governments.		Contracting Parties	Effective and Ending Date
lone Person completing form: Shontrill M. Baskin, Regional Planner, CSRA Regional Commission Phone number: 706-210-2000 Date completed: 05/31/10 Is this the person who should be contacted by state agencies when evaluating whether proposed local governments.		Contracting Parties	Effective and Ending Date
Person completing form: Shontrill M. Baskin, Regional Planner, CSRA Regional Commission Phone number: 706-210-2000 Date completed: 05/31/10 Is this the person who should be contacted by state agencies when evaluating whether proposed local government.		Contracting Parties	Effective and Ending Date
Person completing form: Shontrill M. Baskin, Regional Planner, CSRA Regional Commission Phone number: 706-210-2000 Date completed: 05/31/10 Is this the person who should be contacted by state agencies when evaluating whether proposed local governments.	Master Service Delivery What other mechanisms (if any)	will be used to implement the strategy for this serv	vice (e.g., ordinances, resolutions, loc
Person completing form: Shontrill M. Baskin, Regional Planner, CSRA Regional Commission Phone number: 706-210-2000 Date completed: 05/31/10 Is this the person who should be contacted by state agencies when evaluating whether proposed local governments.	Master Service Delivery What other mechanisms (if any)	will be used to implement the strategy for this serv	vice (e.g., ordinances, resolutions, loc
Phone number: 706-210-2000 Date completed: 05/31/10 Is this the person who should be contacted by state agencies when evaluating whether proposed local governments	Master Service Delivery What other mechanisms (if any) acts of the General Assembly, ra	will be used to implement the strategy for this serv	vice (e.g., ordinances, resolutions, loc
Phone number: 706-210-2000 Date completed: 05/31/10 Is this the person who should be contacted by state agencies when evaluating whether proposed local governments.	Master Service Delivery What other mechanisms (if any) acts of the General Assembly, ra	will be used to implement the strategy for this serv	vice (e.g., ordinances, resolutions, loc
Phone number: 706-210-2000 Date completed: 05/31/10 Is this the person who should be contacted by state agencies when evaluating whether proposed local governments.	Master Service Delivery What other mechanisms (if any) acts of the General Assembly, ra	will be used to implement the strategy for this serv	vice (e.g., ordinances, resolutions, loc
	Master Service Delivery What other mechanisms (if any) acts of the General Assembly, ra	will be used to implement the strategy for this serv	vice (e.g., ordinances, resolutions, loc
projects are consistent with the service delivery strategy? □Yes ⊠No	What other mechanisms (if any) acts of the General Assembly, ra	will be used to implement the strategy for this service or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, loc ffect?
f not, provide designated contact person(s) and phone number(s) below:	What other mechanisms (if any) acts of the General Assembly, ratione Person completing form: Shontr Phone number: 706-210-2000	will be used to implement the strategy for this servate or fee changes, etc.), and when will they take etc. ill M. Baskin, Regional Planner, CSRA Regiona Date completed: 05/31/10 contacted by state agencies when evaluating whe	vice (e.g., ordinances, resolutions, local frect?







FORM 2: Summary of Service Delivery Arrangements

instructions:

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

Local Government or Authority	Funding N	Method
Glascock County	General Revenue	
How will the strategy change the pre	vious arrangements for providing and/or fundi	ing this service within the county?
lo change		
List any formal service delivery agree	ements or intergovernmental contracts that wi	II be used to implement the strategy f
	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name Master Service Delivery What other mechanisms (if any) will	Contracting Parties be used to implement the strategy for this sen received the changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, loc
Agreement Name Master Service Delivery What other mechanisms (if any) will acts of the General Assembly, rate of	be used to implement the strategy for this sen	vice (e.g., ordinances, resolutions, lo
Agreement Name Master Service Delivery What other mechanisms (if any) will acts of the General Assembly, rate or	be used to implement the strategy for this sen	vice (e.g., ordinances, resolutions, loc
Agreement Name Master Service Delivery What other mechanisms (if any) will acts of the General Assembly, rate of None Person completing form: Shontrill N	be used to implement the strategy for this sen	vice (e.g., ordinances, resolutions, loc iffect?
Agreement Name Master Service Delivery What other mechanisms (if any) will acts of the General Assembly, rate of the General Assembly, rate of the Person completing form: Shontrill Mechanisms (if any) will acts of the General Assembly, rate of	be used to implement the strategy for this sent fee changes, etc.), and when will they take etc. Baskin, Regional Planner, CSRA Regional Date completed: 05/31/10	vice (e.g., ordinances, resolutions, localifect?







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	ssary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:GLASCOCK	Service:BRIDGE AND ROAD REPAIR
Check the box that best describes the agreed upor	n delivery arrangement for this service:
Service will be provided countywide (i.e., including this box is checked, identify the government, authority the government, authority the government.	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.):
Service will be provided only in the unincorporate checked, identify the government, authority or orga	ed portion of the county by a single service provider. (If this box is inization providing the service.):
One or more cities will provide this service only vin unincorporated areas. (If this box is checked, ide	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
☑One or more cities will provide this service only v service in unincorporated areas. (If this box is check service.): Glascock County, City of Gibson, Town	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the n of Mitchell, City of EdgeHill
Other (If this box is checked, attach a legible maidentify the government, authority, or other organization)	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
If these conditions will continue under this strategy, <u>at</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be el	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).
If these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

Local Government or Authority	Funding	Method
Glascock County	General Revenue and LARP	
City of Gibson	LARP	
Town of Mitchell	LARP	
City of EdgeHill	LARP	
No change		
5. List any formal service delivery agree	ements or intergovernmental contracts that w	vill be used to implement the strategy for
5. List any formal service delivery agree this service:	-	
5. List any formal service delivery agree this service: Agreement Name	ements or intergovernmental contracts that w Contracting Parties	rill be used to implement the strategy for Effective and Ending Dates
5. List any formal service delivery agree this service:	-	
5. List any formal service delivery agree this service: Agreement Name	-	
5. List any formal service delivery agree this service: Agreement Name	-	
5. List any formal service delivery agree this service: **Agreement Name**	-	
5. List any formal service delivery agree this service: Agreement Name	-	

7. Person completing form: Shontrill M. Baskin, Regional Planner, CSRA Regional Commission

Phone number: **706-210-2000** Date completed: 05/31/10

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

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

ANTHONTY GRISWELL, GLASCOCK COUNTY, 706-598-2671; GREGG KELLEY, CITY OF GIBSON, 706-598-3900; SCOTT LAMB, TOWN OF MITCHELL, 706-598-2004; W. DURHAM MILBURN, CITY OF EDGEHEILL, 706-598-0244







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

Glascock County	ority Funding N	Method
	General Funds, User Fees	
		
How will the strategy change the	he previous arrangements for providing and/or fundi	ing this service within the county?
No change		
onange		
List any formal service delivery this service:	y agreements or intergovernmental contracts that wi	II be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
Master Service Delivery		
	y) will be used to implement the strategy for this sen rate or fee changes, etc.), and when will they take e	
	- '	
acts of the General Assembly,		
acts of the General Assembly,		
acts of the General Assembly,		
acts of the General Assembly, a	ntrill M. Baskin, Regional Planner, CSRA Regiona Date completed: 05/31/10	al Commission







SERVICE DELIVERY STRATEGY FORM 2: Summary of Service Delivery Arrangements

Instructions:

	Isted on FORM 1, Section III. Use exactly the same service names listed on FORM 1. isary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:GLASCOCK	Service:FIRE PROTECTION
Check the box that best describes the agreed upor	n delivery arrangement for this service:
	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): Glascock County Volunteer
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is inization providing the service.):
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).
If these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	D 4 60

Local Government or Authority	Funding	Method
Glascock County	General Funds	
City of Gibson	General Funds	
Town of Mitchell	General Funds	
City of EdgeHill	General Funds	
No change		
. List any formal service delivery agree this service:		
this service: Agreement Name	ments or intergovernmental contracts that v Contracting Parties	vill be used to implement the strategy fo Effective and Ending Dates
this service:		
this service: Agreement Name		
this service: Agreement Name Master Service Delivery . What other mechanisms (if any) will b		Effective and Ending Dates vice (e.g., ordinances, resolutions, local
this service: Agreement Name Master Service Delivery . What other mechanisms (if any) will b	Contracting Parties The used to implement the strategy for this se	Effective and Ending Dates vice (e.g., ordinances, resolutions, local

7. Person completing form: Shontrill M. Baskin, Regional Planner, CSRA Regional Commission

Phone number: **706-210-2000** Date completed: 05/31/10

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy?

Yes
No

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

ANTHONY GRISWELL, GLASCOCK COUNTY, 706-598-2671; GREGG KELLY, CITY OF GIBSON, 706-598-3900; SCOTT LAMB, TOWN OF MITCHELL, 706-598-2004; AND W. DURHAM MILBURN, CITY OF EDGEHILL, 706-598-0244







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

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

DS	 RI				
	 	'	-7.1	חווה	

Local Government or Author	rity Funding M	lethod
Glascock County	General Revenue, \$1,400 per mth service f	ee
How will the strategy change the	e previous arrangements for providing and/or fundir	ng this service within the county?
No change		
	agreements or intergovernmental contracts that will	be used to implement the strategy for
this service: Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
Agreement Name Master Service Delivery . What other mechanisms (if any)	Contracting Parties will be used to implement the strategy for this service or fee changes, etc.), and when will they take eff	ice (e.g., ordinances, resolutions, loc
Agreement Name Master Service Delivery What other mechanisms (if any) acts of the General Assembly, ra	will be used to implement the strategy for this servi	ice (e.g., ordinances, resolutions, loc
Agreement Name Master Service Delivery What other mechanisms (if any) acts of the General Assembly, ra	will be used to implement the strategy for this servi	ice (e.g., ordinances, resolutions, loc
Agreement Name Master Service Delivery What other mechanisms (if any) acts of the General Assembly, range of the General Assembly acts of the General Assembly	will be used to implement the strategy for this servi	ice (e.g., ordinances, resolutions, loc fect?
Agreement Name Master Service Delivery What other mechanisms (if any) acts of the General Assembly, rance of the General A	will be used to implement the strategy for this servente or fee changes, etc.), and when will they take effortions.	ice (e.g., ordinances, resolutions, loc fect?







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

Local Government or Auth	hority Funding I	Method
Glascock County	General Funds	
How will the strategy change	the previous arrangements for providing and/or fundi	ing this service within the county?
No change		
List any formal service delive this service:	ry agreements or intergovernmental contracts that wi	ill be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
Master Service Delivery What other mechanisms (if a	ny) will be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, loc
Master Service Delivery What other mechanisms (if a	ny) will be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, loc
Master Service Delivery . What other mechanisms (if an acts of the General Assembly	ny) will be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, loc
What other mechanisms (if an acts of the General Assembly	ny) will be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, loc
Master Service Delivery What other mechanisms (if an acts of the General Assembly	ny) will be used to implement the strategy for this sere, rate or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, loc iffect?
Master Service Delivery . What other mechanisms (if ar acts of the General Assembly None . Person completing form: Sho Phone number: 706-210-2000	ny) will be used to implement the strategy for this sere, rate or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, localifect?







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

-	S	3	-	-		_					-
	_	_	8	- 2		,	0	1.1		 - T	4
 - 1	_	-	-,		1 k			1 8 1		 	•

City of Gibson General Revenue General Revenue General Revenue How will the strategy change the previous arrangements for providing and/or funding and/o	
List any formal service delivery agreements or intergovernmental contracts that will be this service: Agreement Name Contracting Parties Master Service Delivery What other mechanisms (if any) will be used to implement the strategy for this service acts of the General Assembly, rate or fee changes, etc.), and when will they take effect	
List any formal service delivery agreements or intergovernmental contracts that will be this service: Agreement Name Contracting Parties Master Service Delivery What other mechanisms (if any) will be used to implement the strategy for this service acts of the General Assembly, rate or fee changes, etc.), and when will they take effect	
List any formal service delivery agreements or intergovernmental contracts that will be this service: Agreement Name Contracting Parties Master Service Delivery What other mechanisms (if any) will be used to implement the strategy for this service acts of the General Assembly, rate or fee changes, etc.), and when will they take effect	his service within the county?
Agreement Name Contracting Parties Master Service Delivery What other mechanisms (if any) will be used to implement the strategy for this service acts of the General Assembly, rate or fee changes, etc.), and when will they take effect	
What other mechanisms (if any) will be used to implement the strategy for this service acts of the General Assembly, rate or fee changes, etc.), and when will they take effect	used to implement the strategy f
What other mechanisms (if any) will be used to implement the strategy for this service acts of the General Assembly, rate or fee changes, etc.), and when will they take effect	Effective and Ending Date
acts of the General Assembly, rate or fee changes, etc.), and when will they take effect	
acts of the General Assembly, rate or fee changes, etc.), and when will they take effect	
acts of the General Assembly, rate or fee changes, etc.), and when will they take effect	
acts of the General Assembly, rate or fee changes, etc.), and when will they take effect	
None	
Person completing form: Shontrill M. Baskin, Regional Planner, CSRA Regional Completed: 05/31/10 Date completed: 05/31/10	ommission
Is this the person who should be contacted by state agencies when evaluating whether projects are consistent with the service delivery strategy? ☐Yes ☒No	r proposed local government







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.	
COUNTY:GLASCOCK	Service:RECREATION PROGRAMS
	ing all cities and unincorporated areas) by a single service provider. (If
	ed portion of the county by a single service provider. (If this box is inization providing the service.):
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
If these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be expressed to the condition of the service areas or competition.	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that diminated).
If these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

					_									
	•	S		•	R	.₹	, 1					-	_	. 1
•	•	~ 1	-	•		II.		7-4-1	\mathbf{c}	 14	11			

lascock County	General Revenue	
·		
How will the strategy change the previo	ous arrangements for providing and/or fund	ling this service within the county?
	arrangements for providing and/or fund	ing this service within the county?
o change		
ist any formal sontino delivery agreem	anto ar intergovernmental contracts that we	ill be used to implement the stretching
nis service:	ents or intergovernmental contracts that w	in be used to implement the strategy
Agreement Name	Contracting Parties	Effective and Ending Date
aster Service Delivery		
N/I		
	used to implement the strategy for this ser e changes, etc.), and when will they take e	
cts of the General Assembly, fate of te	e changes, etc.), and when will they take e	mect;
one		
Dancan commission forms Chautaill M. F	leakin Danianal Blancas CCDA Daniana	al Carranat I to a
	Baskin, Regional Planner, CSRA Regiona de completed: 05/31/10	ai Commission
Hone Hamber. 100-210-2000	e completed. 03/3 // 10	
s this the person who should be contactorized are consistent with the service	eted by state agencies when evaluating whedelivery strategy? ∐Yes ⊠No	ether proposed local government
•		







FORM 2: Summary of Service Delivery Arrangements

instructions:

should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:GLASCOCK	Service:SENIOR CITIZEN'S PROGRAMS
Check the box that best describes the agreed upor	n delivery arrangement for this service:
	ing all cities and unincorporated areas) by a single service provider. (If crity or organization providing the service.): Glascock County
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is inization providing the service.):
☐One or more cities will provide this service only win unincorporated areas. (If this box is checked, ide	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
One or more cities will provide this service only v service in unincorporated areas. (If this box is check service.):	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
Other (If this box is checked, attach a legible maidentify the government, authority, or other organization)	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).
If these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

Local Government or Auth	ority Funding M	lethod
Glascock County	General Revenue	
· · · · · · · · · · · · · · · · · · ·		
How will the strategy change	the previous arrangements for providing and/or funding	ng this service within the county?
No change		
List any formal service deliver	y agreements or intergovernmental contracts that will	I be used to implement the strategy for
	y agreements of intergovernmental contracts that will	. Do dood to implement the challegy to
	Contracting Parties	Effective and Ending Date
this service: Agreement Name		
this service:		
this service: Agreement Name Master Service Delivery What other mechanisms (if an		Effective and Ending Dates vice (e.g., ordinances, resolutions, loc
Agreement Name Master Service Delivery What other mechanisms (if ar acts of the General Assembly,	Contracting Parties The service of the strategy for this service of the strategy for the	Effective and Ending Dates vice (e.g., ordinances, resolutions, loc
this service: Agreement Name Master Service Delivery What other mechanisms (if an acts of the General Assembly,	Contracting Parties The service of the strategy for this service of the strategy for the	Effective and Ending Dates vice (e.g., ordinances, resolutions, loc
this service: Agreement Name Master Service Delivery What other mechanisms (if ar acts of the General Assembly,	Contracting Parties The strategy for this serve rate or fee changes, etc.), and when will they take efter the strategy for this serve rate or fee changes, etc.) and when will they take efter the strategy for this serve rate or fee changes, etc.) and when will they take efter the strategy for this serve rate or fee changes, etc.) and when will they take efter the strategy for this serve rate or fee changes, etc.) and when will they take efter the strategy for this serve rate or fee changes, etc.) and when will they take efter the strategy for this serve rate or fee changes, etc.) and when will they take efter the strategy for this serve rate or fee changes, etc.) and when will they take efter the strategy for this serve rate or fee changes, etc.) and when will they take efter the strategy for this serve rate or fee changes, etc.) and when will they take efter the strategy for this serve rate or fee changes, etc.) and when will they take efter the strategy for this serve rate or fee changes.	rice (e.g., ordinances, resolutions, locations)
Agreement Name Master Service Delivery What other mechanisms (if ar acts of the General Assembly, None Person completing form: Shore Phone number: 706-210-2000 Is this the person who should	Contracting Parties The strategy for this serve rate or fee changes, etc.), and when will they take efter the strategy for this serve rate or fee changes, etc.) and when will they take efter the strategy for this serve rate or fee changes, etc.) and when will they take efter the strategy for this serve rate or fee changes, etc.) and when will they take efter the strategy for this serve rate or fee changes, etc.) and when will they take efter the strategy for this serve rate or fee changes, etc.) and when will they take efter the strategy for this serve rate or fee changes, etc.) and when will they take efter the strategy for this serve rate or fee changes, etc.) and when will they take efter the strategy for this serve rate or fee changes, etc.) and when will they take efter the strategy for this serve rate or fee changes, etc.) and when will they take efter the strategy for this serve rate or fee changes, etc.) and when will they take efter the strategy for this serve rate or fee changes.	rice (e.g., ordinances, resolutions, locifect?







FORM 2: Summary of Service Delivery Arrangements

instructions:

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

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

Page 1 of 2

S
D
S
O
R
Į,
1
2.
CO
П
ti
U
e
,

Local Government or Author	ity Funding I	Funding Method		
Glascock County	General Revenue			
How will the strategy change the	previous arrangements for providing and/or fund	ling this service within the county?		
lo change				
				
List any formal service delivery a	greements or intergovernmental contracts that w	ill be used to implement the strategy t		
his service:	igreements of intergovernmental contracts that w	in be used to implement the strategy i		
Agreement Name	Contracting Parties	Effective and Ending Date		
	Contracting Parties	Effective and Ending Date		
	Contracting Parties	Effective and Ending Date		
	Contracting Parties	Effective and Ending Date		
Agreement Name Master Service Delivery	Contracting Parties	Effective and Ending Date		
	Contracting Parties	Effective and Ending Date		
	Contracting Parties	Effective and Ending Date		
	Contracting Parties	Effective and Ending Date		
Master Service Delivery	Contracting Parties Will be used to implement the strategy for this ser			
Master Service Delivery What other mechanisms (if any)		vice (e.g., ordinances, resolutions, lo		
Master Service Delivery What other mechanisms (if any)	will be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, loc		
Master Service Delivery What other mechanisms (if any)	will be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo		
What other mechanisms (if any) acts of the General Assembly, ra	will be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo		
What other mechanisms (if any) acts of the General Assembly, ra	will be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo		
What other mechanisms (if any) acts of the General Assembly, ra	will be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo		
What other mechanisms (if any) acts of the General Assembly, ra	will be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo		
What other mechanisms (if any) acts of the General Assembly, ra	will be used to implement the strategy for this ser te or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, loceffect?		
What other mechanisms (if any) acts of the General Assembly, ra	will be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo		
What other mechanisms (if any) acts of the General Assembly, rational one Person completing form: Shontr Phone number: 706-210-2000	will be used to implement the strategy for this ser te or fee changes, etc.), and when will they take e ill M. Baskin, Regional Planner, CSRA Regional Date completed: 05/31/10	vice (e.g., ordinances, resolutions, locaffect?		
What other mechanisms (if any) acts of the General Assembly, rational one Person completing form: Shontr Phone number: 706-210-2000	will be used to implement the strategy for this ser te or fee changes, etc.), and when will they take e ill M. Baskin, Regional Planner, CSRA Regiona Date completed: 05/31/10	vice (e.g., ordinances, resolutions, loeffect?		







FORM 2: Summary of Service Delivery Arrangements

instructions:

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

Local Government or Authority	Funding	Method
Glascock County	Tipping Fees	
City of Gibson	General Funds	
Town of Mitchell	General Funds	
City of EdgeHill	General Funds	
. How will the strategy change the prev	ious arrangements for providing and/or fund	ing this service within the county?
No change		
5. List any formal service delivery agree this service: **Agreement Name**	ments or intergovernmental contracts that w Contracting Parties	
Master Service Delivery		
i i		
	e used to implement the strategy for this ser fee changes, etc.), and when will they take e	
acts of the General Assembly, rate or		
None 7. Person completing form: Shontrill M.		effect?

598-3900; SCOTT LAMB, TOWN OF MITCHELL, 706-598-2004; W. DURHAM MILBURN, CITY OF EDGEHILL, 706-598-

0244







FORM 2: Summary of Service Delivery Arrangements

instructions:

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

	eral fun	vill help to pay for this service and indicate how ds, special service district revenues, hotel/mote		
Local Government or Author	rity	Funding Method		
City of Gibson Town of Mitchell		General Funds, User Fees		
		General Funds, User Fees		
4. How will the strategy change th	e previo	us arrangements for providing and/or funding t	this service within the county?	
No change				
5. List any formal service delivery this service:	agreem	ents or intergovernmental contracts that will be	used to implement the strategy for	
Agreement Name		Contracting Parties	Effective and Ending Dates	
Master Service Delivery				
		used to implement the strategy for this service e changes, etc.), and when will they take effec		
None				
7. Person completing form: Shor t Phone number: 706-210-2000		Baskin, Regional Planner, CSRA Regional Co e completed: 05/31/10	ommission	
8. Is this the person who should b projects are consistent with the		eted by state agencies when evaluating whethe delivery strategy?	er proposed local government	
		n(s) and phone number(s) below: 6-598-3900 AND SCOTT LAMB, TOWN OF N	IITCHELL, 706-598-2004	







FORM 2: Summary of Service Delivery Arrangements

instructions:

should be reported to the Department of Community Affairs.	ssary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:GLASCOCK	Service:WATER TREATMENT
Check the box that best describes the agreed upon	on delivery arrangement for this service:
Service will be provided countywide (i.e., include this box is checked, identify the government, authorities and the countywide (i.e., include the countywide).	ding all cities and unincorporated areas) by a single service provider. (If ority or organization providing the service.):
Service will be provided only in the unincorporal checked, identify the government, authority or organized	ted portion of the county by a single service provider. (If this box is anization providing the service.):
One or more cities will provide this service only in unincorporated areas. (If this box is checked, ide	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
☑One or more cities will provide this service only service in unincorporated areas. (If this box is checkervice.): City of Gibson and Town of Mitchell	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the
	nap delineating the service area of each service provider, and cation that will provide service within each service area.):
2. In developing this strategy, were overlapping serving identified?	ice areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	nentation as described, below)
⊠No	
	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

	that will help to pay for this service and indicate al funds, special service district revenues, hotel/	
<u> </u>		
Local Government or Authority		Method
City of Gibson	General Funds, User Fees	
Town of Mitchell	General Funds, User Fees	
4. How will the strategy change the p	revious arrangements for providing and/or fund	ling this service within the county?
No change		
b. List any formal service delivery aging this service:	reements or intergovernmental contracts that w	ill be used to implement the strategy to
Agreement Name	Contracting Parties	Effective and Ending Dates
	Contracting Parties	Effective and Ending Dates
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name Master Service Delivery 6. What other mechanisms (if any) w	Contracting Parties ill be used to implement the strategy for this ser or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, loca
Agreement Name Master Service Delivery 6. What other mechanisms (if any) w	ill be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, loca
Agreement Name Master Service Delivery 6. What other mechanisms (if any) w	ill be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, loca
Agreement Name Master Service Delivery 6. What other mechanisms (if any) w	ill be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, loca
Agreement Name Master Service Delivery 6. What other mechanisms (if any) w acts of the General Assembly, rate	ill be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, loca
Agreement Name Master Service Delivery 6. What other mechanisms (if any) w acts of the General Assembly, rate	ill be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, loca
Agreement Name Master Service Delivery 6. What other mechanisms (if any) w acts of the General Assembly, rate	ill be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, local

If not, provide designated contact person(s) and phone number(s) below: GREGG KELLY, CITY OF GIBSON, 706-598-3900 AND SCOTT LAMB, TOWN OF MITCHELL, 706-598-2004







FORM 3: Summary of Land Use Agreements

Instructions:

Answer each question below, attaching additional pages as necessary. Please note that any changes to the a service delivery strategy. If the contact person for this service (listed at the bottom of this page) changes, this Community Affairs.	answers provided will require an update of the should be reported to the Department of
COUNTY:GLASCOCK	
1. What incompatibilities or conflicts between the land use plans of local governments w developing the service delivery strategy? There were no incompatibilities or conflicts between the land use plans of local governments the service delivery strategy. Glascock County, Gibson, Mitchell, EdgeHill participated in City/County Comprehensive Plan in 2010	nents identified during development of
Check the boxes indicating how these incompatibilities or conflicts were addressed:	NOTE:
☐ Amendments to existing comprehensive plans	
Adoption of a joint comprehensive plan	If the necessary plan amendments, regulations, ordinances, etc. have not yet
Other measures (amend zoning ordinances, add environmental regulations, etc.)	been formally adopted indicate when each of the affected local governments
If "other measures" was checked, describe these measures: Describe "Other" Measures Here	will adopt them,
3. What policies, procedures and/or processes have been established by local governm authorities) to ensure that new extraterritorial water and sewer service will be consistent and ordinances? The cities of Gibson and Mitchell are the sole providers of water servic and the unicorporated areas use well water and septic tanks. Mitchell use septic tanks as	with all applicable land use plans the to Gibson and Mitchell. EdgeHill
4. Person completing form: Shontrill M. Baskin, Regional Planner CSRA Regional Co	mmission
Phone number: 706.210.2000 Date completed: 05/31/10	
5. Is this the person who should be contacted by state agencies when evaluating whethe projects are consistent with the service delivery strategy? ☐Yes ☒No	r proposed local government
If not, provide designated contact person(s) and phone number(s) below:	
ANTHONY GRISWELL, CHAIRMAN, GLASCOCK COUNTY, 706-598-2671	

ASSESSOR

PAGE 02/02

7062102006

CSRA RDC

7065952129

10:19:32 a.m. 07-01-2010

ASSESSOR

2/2

06/25/2010 11:58

706-598-2011

RECEIVED 07/01/2010 10:17

CITY OF GIBSON, GA.

PAGE 82

96/14/2818 81:8E

7065900124

GLASCOCK COUNTY COMM

PAGE 82/82







STRVICE DILLIVERY STRATTGY

FORM 4: Certifications

This two plage form must, at a minimum, he signed by an authorized representative of the totaling governments: 1) the county; 3) the city serving as the soundy; sens; 3) at other having a 2000 population of ever 9,000 residing within the county; and 4) no less them 50% of all other spec with a 2000 population of behavior and county; and 4) no less them 50% of all other spec with a 2000 population perow 500 and local authorities providing services under the straining sets and resident to displace the services under the straining sets and resident to displace the services under the straining sets and resident to displace the services under the straining sets and resident to displace the services under the straining sets and resident to the services under the servic

COUNTY: GLASCOCK

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

- We have associated agreements for implementation of our service delivery strategy and the attached forms
- 2.

- The name execution agreements for impromentation of our service delivery strategy and the asserted forms provide at accurate depiction of our agreed upon strategy (O.C.G.A 36-70-21);
 Our service delivery strategy promotes the delivery of local government services in the most efficient, affective, and responsive manner (O.C.G.A. 36-70-24 (1));
 Our service delivery strategy provides that water or sever fees charged to customers located outside the geographic boundaries of a service provider are reasonable and are not arbitrarily higher than the fees absented to a service provider are reasonable and are not arbitrarily higher than the fees 3. charged to customers tocated within the geographic boundaries of the service provider (O.C.G.A. 38-70-24 (20); and '
- Our service delivery strategy ensures that the cost of any services the county government provides (including those jointy 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 auch service (O.C.G.A. 36-70-24 (3)). 4,

* JUMSBICHON	FOR STILE THE	NAME:	BIONATURE	DATE	
CITY OF GERSON	Mayor	Gregg Kelley	Dregg/blly	19.25	10
TOWN OF MITCHELL	Meyor	Scott V. Lamb	Statt Land	4/	10
CITY OF EDGEHILL	Mayor	W, Durhem Milbum	W. Weerlandld	12/6	10
GLASCOCK COUNTY	Cheirmen	Anthony Griswell	Mark	delat	6
			1		