## **Cook County Commissioners**

229-896-2266 229-896-6888 Fax

1200 S. Hutchinson Ave. Adel, Georgia 31620

JUN 11 2010

June 8, 2010

Georgia Department of Community Affairs Attn: Office of Planning and Quality Growth 60 Executive Park South, NE Atlanta, GA 30329

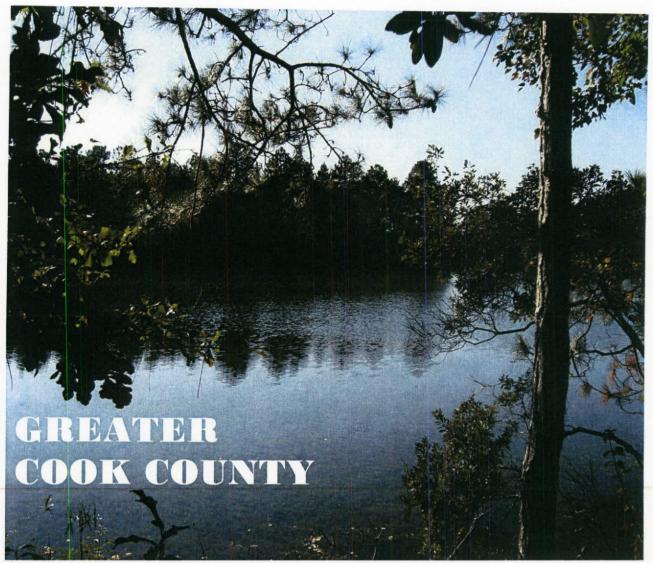
To Whom It May Concern:

Nanufle Dickerson

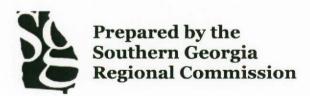
Please find enclosed a signed copy of the Service Delivery Strategy for Cook County.

Sincerely,

Nanette Dickerson Deputy Clerk



**MAY 2010** 









COUNTY: COOK

#### 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 OPTION B** Revising or Adding to the SDS Extending the Existing SDS 4. List all services provided or primarily funded by each 4. In Section IV type, "NONE." general purpose local government and authority within 5. Complete one copy of the Certifications for Extension of the county which are revised or added to the SDS in Existing SDS form (FORM 5) and have it signed by the Section IV, below. (It is acceptable to break a service into separate authorized representatives of the participating local components if this will facilitate description of the service delivery governments. [Please note that DCA cannot validate the strategy strategy.) unless it is signed by the local governments required by law (see 5. For **each** service or service component listed in Section Instructions, FORM 5).] IV, complete a separate, updated Summary of Service Proceed to step 7, below. Delivery Arrangements form (FORM 2). 6. Complete one copy of the Certifications form (FORM 4) For answers to most frequently asked and have it signed by the authorized representatives of questions on Georgia's Service Delivery Act. participating local governments. [Please note that DCA cannot links and helpful publications, visit DCA's validate the strategy unless it is signed by the local governments website at www.dca.servicedelivery.org, required by law (see Instructions, FORM 4).] 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: <a href="mailto:pemd.opqga@dca.ga.gov">pemd.opqga@dca.ga.gov</a>, or mail the completed forms along with any attachments to: <a href="mailto:GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS">GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS</a>
  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.

ook County, City of Adel, City of Cecil, City of Lenox, City of Sparks

## 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.

Airport

**Animal Control** 

Cemetary

Chamber of Commerce

Electrical

Garbage Disposal

Library

Maintenance Shop

Natural Gas

**Public Housing** 

Public Transportation

Road Construction

Sewer

ax Assessment

Water

#### 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.

Board of Elections (Added)

Building Inspection/Code Enforcement/Zoning

Courts

Downtown Development Authority (Added)

**Economic Development** 

Emergency Management (Added)

EMT-EMS-911

Fire Protection

Garbage Collection

Hazardous Materials (Added)

Indigent Care (Deleted)

Indigenet Defense

Jail

Police

Recreation

Sheriff

Street Maintenance

x Collection

Tourism

#### PAGE 2

## SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



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: Cook		Service:	Airport	
1. Check the box that best of	describes the agreed upon deliver	y arrangeme	nent for this service:	
is checked, identify th	ded countywide (i.e., including al ne government, authority or organ irport Authority		I unincorporated areas) by a single service provider. (If this oviding the service.)	box
Service will be provide			e county by a single service provider. (If this box is checke service.)	d,
			orporated boundaries, and the service will not be provided in ment(s), authority or organization providing the service.)	n
			proprieted boundaries, and the county will provide the service ment(s), authority or organization providing the service.)	ce in
	checked, attach a legible map do y, or other organization that will		the service area of each service provider, and identify the vice within each service area.)	E
2. In developing the strateg	gy, were overlapping service area	as, unnecess	sary competition and/or duplication of this service identifie	:d?
	e O.C.G.A. 36-70-24(1)), overrid		ation for continuing the arrangement (i.e., overlapping b ts of the duplication, or reasons that overlapping service are	
	eliminated under the strategy, att. e responsible party and the agreed		plementation schedule listing each step or action that will dline for completing it.	be
			ce and indicate how the service will be funded (e.g., enterp motel taxes, franchise taxes. Impact fees, bonded indebtedr	
Local Government or Authority:	Funding Method:			
Cook County Airpor	t Authority - User Fee	700	. Wey &	
City of Adel	General I			
Cook County	General	F 1		
	General	runa		
4 How will the strategy ch	ange the annulus and			
4. How will the strategy ch	ange the previous arrangements i	for providing	ng and/or funding this service within the county?	
No change				
			ă.	
			*	
<ol><li>List any formal service de</li></ol>	elivery agreements or intergovern	nmental con	ntracts that will be used to implement the strategy for this s	ervice
Agreement Name:	Contracting	Parties:	Effective and Ending Dates	
6. What other mechanisms (	(if any) will be used to implement se changes, etc.), and when will t	nt the strateg	gy for this service (e.g., ordinances, resolutions, local acts	of the
,,	e changes, etc.), and when will t	they take eff	lect?	
7. Person completing form:	Faye Hughes, County A	Adm.		
Phone number: 912-89	6-2266		1176/98	
	Dale co	ompleted: _		
are consistent with the service	a delivery state agencie	es when eva	aluating whether proposed local government projects	
f not, provide designated co	e delivery strategy?	no pelow		
		.,	50	



PAGE 2

Instructions:

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

County:Cook	Service:Animal_Control
1. Check the box that best de-	scribes the agreed upon delivery arrangement for this service:
☐ Service will be provide	d countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box government, authority or organization providing the service.)
Service will be provided identify the government	d only in the unincorporated portion of the county by a single service provider. (If this box is checked, authority or organization providing the service.)
One or more cities will punincorporated areas. (If Cities of Adel a	provide this service only within their incorporated boundaries, and the service will not be provided in f this box is checked, identify the government(s), authority or organization providing the service.)
One or more cities will r	provide this service only within their incorporated boundaries, and the county will provide the service in this box is checked, identify the government(s), authority or organization providing the service.)
Other. (If this box is che government, authority, o	cked, attach a legible map delineating the service area of each service provider, and identify the other organization that will provide service within each service area.)
☐ yes ☐ no	were overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will continu- higher levels of service (See O or competition cannot be elimi	the under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas nated).
If these conditions will be elim aken to eliminate them, the re-	inated under the strategy, attach an implementation schedule listing each step or action that will be sponsible party and the agreed upon deadline for completing it.
<ol><li>List each government or aut funds, user fees, general funds</li></ol>	thority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise, special service district revenues, hotel/motel taxes, franchise taxes. Impact fees, bonded indebtedness, etc.
ocal Government or Authority:	Funding Method:
City of Adel	General Funds
City of Sparks	General Funds
. How will the strategy chang No change in strateg	e the previous arrangements for providing and/or funding this service within the county?
11	
greement Name:	cry agreements or intergovernmental contracts that will be used to implement the strategy for this service:  Contracting Parties:  Effective and Ending Dates:
What other machanisms (if	
deneral Assembly, rate or fee c	any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the hanges, etc.), and when will they take effect?
	Faye Hughes, County Adm.
Person completing form: 912-896-226	11/6/08
	Date completed:
a couristent with the service of	d be contacted by state agencies when evaluating whether proposed local government projects believery strategy?  yes no ct person(s) and phone number(s) below:







## FORM 2: Summary of Service Delivery Arrangements

Make copies of this form and complete one for each service li Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	sted on FORM 1, Section III. Use exactly the same service names listed on FORM 1. sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:COOK	Service:Board of Elections
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, authorities authorities are considered to the service will be provided countywide (i.e., including the service will be provided to the service will be pro	ng all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): <b>Cook County</b>
Service will be provided only in the unincorporate checked, identify the government, authority or organ	ed portion of the county by a single service provider. (If this box is nization providing the service.):
One or more cities will provide this service only win unincorporated areas. (If this box is checked, idea	within their incorporated boundaries, and the service will not be provided ntify the government(s), authority or organization providing the service:
One or more cities will provide this service only we 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, <u>attach a legible maidentify</u> 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	tach an explanation for continuing the arrangement (i.e., a. 36-70-24(1)), overriding benefits of the duplication, or reasons that iminated).
If these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party a	ly, 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 Authori		ling Method	
Cook County	General Fund		
City of Adel	General Fund		
City of Cecil	General Fund		
City of Lenox	General Fund		
City of Sparks	General Fund		
4. How will the strategy change the	previous arrangements for providing and/or	funding this service within the county?	
5. List any formal service delivery ag this service:	preements or intergovernmental contracts th	at will be used to implement the strategy for	
Agreement Name	Contracting Parties	Effective and Ending Dates	
6. What other mechanisms (if any) was acts of the General Assembly, rate	will be used to implement the strategy for this or fee changes, etc.), and when will they ta	s service (e.g., ordinances, resolutions, local ake effect?	
7. Person completing form: Vicki Pa Phone number: (229) 896-2266	rrish, County Clerk Date completed: April 30, 2010		
3. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ⊠Yes □No			
If not, provide designated contact person(s) and phone number(s) below:			







# Service Delivery Strategy FORM 2: Summary of Service Delivery Arrangements

Make copies of this form and complete one for each service li Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	isted on FORM 1, Section III. Use exactly the same service names listed on FORM 1. sary. If the contact person for this service (listed at the bottom of the page) changes, this		
COUNTY:COOK	Service: Code Enforcement/Building Inspections/Zoning		
1. Check the box that best describes the agreed upon Service will be provided countywide (i.e., including this box is checked, identify the government, authorities).	n delivery arrangement for this service: ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.):Cook 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 nization 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.):			
	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>attach an explanation for continuing the arrangement</u> (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).			
If these conditions will be eliminated under the strategy, <u>attach an implementation schedule</u> listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.			
	Page 1 of 2		

Local Government or Author		ng Method
City of Adel	General Fund, Permit Fees	
City of Sparks	General Fund, Permit Fees	
City of Lenox	General Fund, Permit Fees	
City of Cecil	General Fund, Permit Fees	
Cook County	General Fund, Permit Fees	
I. How will the strategy change the	ne previous arrangements for providing and/or fu	unding this service within the county?
	•	
List any formal panies deliver	agrammata as interesting and a set of the	A
this service:	agreements or intergovernmental contracts tha	t will be used to implement the strategy for
THO SOLVIOO.		
Agreement Name	Contracting Parties	Effective and Ending Dates
Code Enforcment	Cook, Adel, Cecil, Lenox and Sparks	Effective - End
. What other mechanisms (if any	) will be used to implement the strategy for this	service (e.g., ordinances, resolutions, loca
acts of the General Assembly, r	ate or fee changes, etc.), and when will they tak	e effect?
. Person completing form: Vicki Phone number: (229) 896-2266		
Priorie number. (229) 696-2266	Date completed: April 30, 2010	
. Is this the person who should b	e contacted by state agencies when evaluating	whether proposed local government
	service delivery strategy? ⊠Yes □No	Jeremen Proposition Jerement
If not, provide designated conta	ct person(s) and phone number(s) below:	



PAGE 2

Instruction

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, estaching 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: COOK	Service:	CEMETERY
1. Check the box that best de	scribes the agreed upon delivery arrangement for	this service:
☐ Service will be provide		Official areas) by a single semiler annuity (15 th )
Service will be provided identify the government	d only in the unincorporated portion of the county t, authority or organization providing the service.	y by a single service provider. (If this box is checked,
One or more cities will unincorporated areas. (I	provide this service only within their incorporate f this box is checked, identify the government(s).	ed boundaries, and the service will not be provided in a authority or organization providing the service.)
City of Sparks, (		
One or more cities will unincorporated areas. (I	provide this service only within their incorporates f this box is checked, identify the government(s),	d boundaries, and the county will provide the service in , authority or organization providing the service.)
Other. (If this box is che government, authority, o	scked, attach a legible map delineating the service with or other organization that will provide service with	vice area of each service provider, and identify the thin each service area.)
yes in no If these conditions will contin	ue under the strategy, attach an explanation for	mpetition and/or duplication of this service identified?
higher levels of service (See ( or competition cannot be elim	D.C.G.A. 36-70-24(1)), overriding benefits of the inated).	duplication, or reasons that overlapping service areas
	ninated under the strategy, attach an implement esponsible party and the agreed upon deadline for	tation schedule listing each step or action that will be r completing it.
		indicate how the service will be funded (e.g., enterprise axes, franchise taxes, impací fees, bonded indebtedness, etc.)
ocal Government or Authority:	Punding Method:	
CITY OF SPARKS	General Fund, Lot Sales	
CITY OF LENOX	General Fund	
	L	
No change in strate	ge the previous arrangements for providing and/o	or funding this service within the county?
		**
	*	
. List any formal service deli	very agreements or intergovernmental contracts	that will be used to implement the strategy for this service:
Agreement Name:	Contracting Parties:	Effective and Ending Detes:
	f any) will be used to implement the strategy for changes, etc.), and when will they take effect?	this service (e.g., ordinances, resolutions, local acts of the
7. Person completing form:	Faye Hughes, County Adm.	
Phone number: 912-8	396-2266 Date completed:11	/6/98
Is this the person who shoure consistent with the service	uld be contacted by state/agencies when evaluating delivery strategy?   yes and phone number(s) below:	

### SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

PAGE 2



Make replies 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: Cook		Sarrica		
1. Check the box that best de	cribes the agreed t	DOR delivery arrangem	Chamber of Commerce	
Service will be provided is checked, identify the Cook County Ch	d countywide (i.e., government, authoniamber of Com	including all cities and rity or organization pro	unincorporated areas) by a single viding the service.)	
identify the government	only in the uninco authority or organ	orporated portion of the sization providing the s	county by a single service provi ervice.)	der. (If this box is checked,
One or more cities will punincorporated areas. (If	rovide this service this box is checke	only within their incord, identify the government	porated boundaries, and the servent(s), authority or organization	ice will not be provided in providing the service.)
One or more cities will punincorporated areas. (If	rovide this service this box is checke	only within their incord, identify the government	porated boundaries, and the cour ent(s), authority or organization	nty will provide the service in providing the service.)
Other. (If this box is che government, authority, o	cked, attach a legi r other organization	ble map delineating the that will provide serv	ne service area of each service pice within each service area.)	provider, and identify the
yes mo			ry competition and/or duplication	
If these conditions will continue higher levels of service (See O or competition cannot be elimi	.C.U.A. 30-70-240	y, attach an explanat 1)), overriding benefits	on for continuing the arrange of the duplication, or reasons the	ment (i.e., overlapping but at overlapping service areas
If these conditions will be elim taken to eliminate them, the res	inated under the st ponsible party and	rategy, attach an impli the agreed upon dead!	ementation schedule listing each	h step or action that will be
3. List each government or aut funds, user fees, general funds	hority that will hel , special service di	p to pay for this service strict revenues, hotel/m	and indicate how the service wi	Il be funded (e.g., enterprise
	Punding Method:	¥0.		
Cook County	General 1	Fund		
City of Adel	General I	fund		
4. How will the strategy chang	e the previous arran	ngements for providing	and/or funding this service with	in the county?
No change in ser	vice strateov			
	, rec bernea,	*		
		2 <b>.</b> 6	**	.≅'
<ol> <li>List any formal service deliveragement Name;</li> </ol>	ery agreements or i		acts that will be used to implem	The second of th
regionality (resis.		Contracting Parties:		Effective and Ending Dates:
				1.
6. What other mechanisms (if a	ny) will be used to	implement the strategy	for this service (e.g., ordinance	s, resolutions, local acts of the
General Assembly, rate or fee c	hanges, etc.), and	when will they take effe	ct?	
			*	
_				
7. Person completing form: Fa	ye Hughes, Co	ounty Adm.	11///00	-
Phone number: Date completed:				
<ol><li>Is this the person who should are consistent with the service d If not, provide designated conta</li></ol>	elivery strategy?	Ves Do	uating whether proposed local g	overnment projects
		7. Is		







## FORM 2: Summary of Service Delivery Arrangements

Make copies of this form and complete one for each service li Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	isted on FORM 1, Section III. Use exactly the same service names listed on FORM 1. sary. If the contact person for this service (listed at the bottom of the page) changes, this	
COUNTY:COOK	Service: Courts	
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, authorities box is checked.)	ng 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 nization 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: Cook County, City of Adel, City of Cecil, City of Lenox, City of Sparks		
☐One or more cities will provide this service only w	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>at</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be elements.)	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	(5) 科特的基础工作 不多 集實
City of Adel	General Fund	
City of Sparks	General Fund	
City of Lenox	General Fund	
City of Cecil	General Fund	
Cook County	General Fund	
4. How will the strategy change the pre-	vious arrangements for providing and/or funding this	service within the county?
		,
5. List any formal service delivery agree	ements or intergovernmental contracts that will be us	sed to implement the strategy for
this service:		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
A		
Agreement Name	Contracting Parties	Effective and Ending Dates
6 What other mechanisms (if any) will h	be used to implement the strategy for this service (e.	a ordinances resolutions local
	fee changes, etc.), and when will they take effect?	g., ordinances, resolutions, local
7. Person completing form: Vicki Parris	h County Clerk	
	Date completed: April 30, 2010	
of the control of th		
	acted by state agencies when evaluating whether productions at the second state of the	roposed local government
projects are consistent with the service	e delivery strategy? Myes Ino	
If not, provide designated contact person(s) and phone number(s) below:		
and the second section of the	Visit Management 1 to represent the second of the second o	







## FORM 2: Summary of Service Delivery Arrangements

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	sted on FORM 1, Section III. Use exactly the same service names listed on FORM 1. sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:COOK	Service: Economic Deveelopment
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, author	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.):Adel Industrial a Joint Development Authority, Cook County Economic
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 nization 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 a 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, <u>attach a legible m</u> identify 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 servi identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
If these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G./ overlapping service areas or competition cannot be e	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
these conditions will be eliminated under the strate is to 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.

party and the agreed upon deadline for completing it.

Local Government or Authority		d	
Adel Industrial Development Author	ty Financing Fees		
City of Adel	General Fund, Hotel/Motel Taxes	General Fund, Hotel/Motel Taxes	
Cook County	General Fund, Hotel/Motel Taxes		
4 How will the strategy change the pr	evious arrangements for providing and/or funding this	convine within the county?	
4. From will the strategy change the pr	evious arrangements for providing and/or funding this	s service within the county?	
E. Lint and formal continued allies			
b. List any formal service delivery agree this service:	eements or intergovernmental contracts that will be us	sed to implement the strategy for	
this service.			
Agreement Name	Contracting Parties	Effective and Ending Dates	
0.14/1			
	be used to implement the strategy for this service (e or fee changes, etc.), and when will they take effect?	.g., ordinances, resolutions, local	
acts of the General Assembly, rate t	in the changes, etc.), and when will they take effect?		
<u> </u>			
7. Person completing form: Vicki Parr	ich County Clark		
Phone number: (229) 896-2266	Date completed: April 30, 2010		
	ntacted by state agencies when evaluating whether p	proposed local government	
projects are consistent with the serv	ce delivery strategy? ⊠Yes ∐No		
If not, provide designated contact person(s) and phone number(s) below:			

#### PAGE 2

### SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



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, estaching 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.

mi	should be reported to the	Department of Community	Affairs.		
ntyı	Cook		Service: Flectr		
	and the same of th	s the agreed upon del	ivery arrangement for this so	ervice:	14. (18.1.) har
Service	will be provided cou	ntywide (i.e., includin rnment, authority or o	g all cities and unincorpora- rganization providing the se	rvice.)	
Service	will be provided only	y in the unincorporate hority or organization	d portion of the county by a providing the service.)	single service provider. (If	
1			within their incorporated bout tify the government(s), auth	indaries, and the service will cority or organization provid	l not be provided in ling the service.)
	527 (75%) 2				
One or uninco	more cities will prov rporated areas. (If thi	a DOX to ellectron,	within their incorporated borning the government(s), authorized		
gover	nment, authority, or o	diei organization and	ap delineating the service will provide service within		
	y.	landa servic	e areas, unnecessary compe	tition and/or duplication of	this service identified?
In devel	oping the strategy, we	te overtapping service			
	CVes		ttach an explanation for co overriding benefits of the du		(i.e. overlapping but
igher leve r competi	tion cannot be elimin	ated).	wash as implementati	on schedule listing each st	
these co	nditions will be elimi	ponsible party and the	agreed upon deadline for c	ompleting it.	
3. List ca	ch government or auti	nority that will help to	pay for this service and ind revenues, hotel/motel taxe	icate how the service will hes, franchise taxes, impact f	e funded (e.g., enterprise ees, bonded indebtedness,
funds, use	er ices, general fullus,	special service district			
	Billion or Franch	User Fees		· 	
ity of	Adel	USEL TEES		·	
4 How	will the strategy chan	ge the previous arrang	gements for providing and/o	r funding this service within	the county?
No c	hange in servi	e strategy.			
			240	38	
			ntergovernmental contracts		ent the strategy for this ser
	av formal service del	ivery agreements or in	ntergovernmental contracts	that will be used to imp	Effective and Ending Dates:
Agreeman	M Name:		Contracting Parties:		
Agreement					
-					
			implement the strategy for when will they take effect?	this service (e.g., ordinance	es, resolutions, local acts o
6. Wh	at other mechanisms	(if any) will be used to	implement the strategy to		
Genera	Assembly, rate or fo	e changes, etc.), and	when will they take effect?		
1					
1					
		Fave Hughes	County Adm		
7. Per	rson completing form	-896-2266	Date completed:	11/6/98	
			state agencies when evalua	ting whether proposed loca	government projects
8. ls	this the person who s	hould be contacted by vice delivery strategy?	yes no	PT	
are co	naistent with the serv	contact person(s) and	phone number(s) below:		
II BOI	H brostoe onsignano	-			







## 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:COOK	Service: Emergency Management	
	in delivery arrangement for this service: ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.):Cook County	
Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):		
	within their incorporated boundaries, and the service will not be provided intify the government(s), authority or organization providing the service:	
	vithin 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, <u>attach a legible maidentify</u> 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 documentation as described, below)		
⊠No		
If these conditions will continue under this strategy, at overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be elements.)	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	

	Funding Method	
Cook County	General Fund, State Grants	
How will the strategy change the pre	vious arrangements for providing and/or funding this	service within the county?
<ol> <li>List any formal service delivery agree this service:</li> </ol>	ements or intergovernmental contracts that will be use	ed to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
<b>\</b>		
	be used to implement the strategy for this service (e.g fee changes, etc.), and when will they take effect?	g., ordinances, resolutions, local
7. Person completing form: Vicki Parris Phone number: (229) 896-2266	sh, County Clerk Date completed: April 30, 2010	
Is this the person who should be con projects are consistent with the service	tacted by state agencies when evaluating whether pro e delivery strategy? ⊠Yes ⊡No	oposed local government
If not, provide designated contact per	son(s) and phone number(s) below:	







## FORM 2: Summary of Service Delivery Arrangements

	sted on FORM 1, Section III. Use exactly the same service names listed on FORM 1. sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:COOK	Service: EMT-EMS-911
	n delivery arrangement for this service:  ng all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.):Cook 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 nization providing the service.):
	within their incorporated boundaries, and the service will not be provided ntify the government(s), authority or organization providing the service:
service in unincorporated areas. (If this box is chec service.):	vithin 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 midentify the government, authority, or other organization)	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
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 liminated).
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

Local Government or Authority	Funding Method	经现金通过的 医多种性
Cook County	General Fund, User Fees	
City of Adel	General Fund	
4. How will the strategy change the pr	revious arrangements for providing and/or funding this	service within the county?
5. List any formal service delivery agr	eements or intergovernmental contracts that will be use	ed to implement the strategy for
this service:	centeries of intergovernmental contracts that will be use	ed to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
	I be used to implement the strategy for this service (e.g	g., ordinances, resolutions, local
acts of the General Assembly, rate	or fee changes, etc.), and when will they take effect?	
7. Person completing form: Vicki Pari		
Phone number: (229) 896-2266 Date completed: April 30, 2010		
8 Is this the person who should be co	ntacted by state agencies when evaluating whether pr	oposed local government
projects are consistent with the serv		oposed local government
p. 0,1000 and 00000	,	
If not, provide designated contact person(s) and phone number(s) below:		







## FORM 2: Summary of Service Delivery Arrangements

Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	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:COOK	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.): Cook County, City of Adel,
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 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 docume	entation as described, below)
⊠No	
f these conditions will continue under this strategy, at overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be elements.	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).
f 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.

Local Government or Authority	Funding Method	
City of Adel	General Fund	
Cook County	Insurance Premium Rebate	
City of Cecil	General Fund, SPLOST	
Cityof Lenox	General Fund	
City of Sparks	General Fund, SPLOST	
4. How will the strategy change the pre	vious arrangements for providing and/or funding this	service within the county?
this service:	ements or intergovernmental contracts that will be use	
Agreement Name	Contracting Parties	Effective and Ending Dates
	be used to implement the strategy for this service (e.g. fee changes, etc.), and when will they take effect?	g., ordinances, resolutions, local
7. Person completing form: Vicki Parris Phone number: (229) 896-2266	sh, County Clerk Date completed: April 30, 2010	
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ⊠Yes □No		
If not, provide designated contact person(s) and phone number(s) below:		







## FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

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

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:COOK	Service: Garbage Collection
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, authorized by the countywide (i.e., include this box is checked, identify the government, authorized by the countywide (i.e., include this box is checked, identify the government, authorized by the countywide (i.e., include this box is checked, identify the government, authorized by the countywide (i.e., include this box is checked, identify the government, authorized by the countywide (i.e., include this box is checked, identify the government).	ling all cities and unincorporated areas) by a single service provider. (If ority or organization providing the service.):
Service will be provided only in the unincorporat checked, identify the government, authority or organization.	ted portion of the county by a single service provider. (If this box is anization providing the service.):
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
Cook County, City of Adel, City of Cecil, City of	Lenox, City of Sparks
	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 ration that will provide service within each service area.):
2. In developing this strategy, were overlapping servi identified?	ice areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation 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.
	D4(0

Page 1 of 2

Local Government or Authority	Funding Method	
City of Adel	User Fees	
Cook County	User Fees, Enterprise Fund, Insurance Premium	Tax
City of Cecil	General Fund	
Cityof Lenox	User Fees	
City of Sparks	General Fund, SPLOST, User Fees	
How will the strategy change the prev	ious arrangements for providing and/or funding this	s service within the county?
this service:	ments or intergovernmental contracts that will be us	sed to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
. What other mechanisms (if any) will be acts of the General Assembly, rate or t	e used to implement the strategy for this service (e.fee changes, etc.), and when will they take effect?	.g., ordinances, resolutions, loca
. Person completing form: Vicki Parrisi Phone number: (229) 896-2266	n, County Clerk Date completed: April 30, 2010	
. Is this the person who should be conta projects are consistent with the service	acted by state agencies when evaluating whether p e delivery strategy? ⊠Yes ⊡No	roposed local government
If not, provide designated contact person	on(s) and phone number(s) below:	

### SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

PAGE 2

### SERVICE DELIVERY STRATEGY



Make replies 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: COOK	Service: GAR	BAGE DISPOSAL
1. Check the box that best des	cribes the agreed upon delivery arrangement for thi	
Service will be provided is checked, identify the p	countywide (i.e., including all cities and unincorporate government, authority or organization providing the	orated areas) by a single service provider. (If this box e service.)
☐ Service will be provided	only in the unincorporated portion of the county be authority or organization providing the service.)	y a single service provider. (If this box is checked,
One or more cities will punincorporated areas. (If	provide this service only within their incorporated by this box is checked, identify the government(s), an	coundaries, and the service will not be provided in athority or organization providing the service.)
One or more cities will p unincorporated areas. (If	provide this service only within their incorporated by this box is checked, identify the government(s), au	coundaries, and the county will provide the service in athority or organization providing the service.)
Other. (If this box is che government, authority, o	cked, attach a legible map delineating the service or other organization that will provide service within	e area of each service provider, and identify the n each service area.)
2. In developing the strategy,  ☐ yes ☑ no	were overlapping service areas, unnecessary comp	etition and/or duplication of this service identified?
If these conditions will continu higher levels of service (See O or competition cannot be elimi	ue under the strategy, attach an explanation for c O.C.G.A. 36-70-24(1)), overriding benefits of the di inated).	ontinuing the arrangement (i.e., overlapping but uplication, or reasons that overlapping service areas
If these conditions will be elim taken to eliminate them, the re	ninated under the strategy, attach an implementati sponsible party and the agreed upon deadline for co	on schedule listing each step or action that will be ompleting it.
<ol><li>List each government or au funds, user fees, general funds</li></ol>	thority that will help to pay for this service and indi , special service district revenues, hotel/motel taxe	icate how the service will be funded (e.g., enterprise s, franchise taxes, impact fees, bonded indebtedness, etc.)
Local Government or Authority:	Funding Method:	
COOK COUNTY	USER FEES/SPLOST	
	•	
4. How will the strategy chang	ge the previous arrangements for providing and/or f	unding this service within the county?
No change in servi		
	, m	4
		¥
<ol> <li>List any formal service deliving Agreement Name:</li> </ol>	very agreements or intergovernmental contracts that Contracting Parties:	t will be used to implement the strategy for this service:
The state of the s	Contracting Fartes:	Effective and Ending Dates:
6 What other mechanisms (if	any will be used to be be seen to be seen to be	
General Assembly, rate or fee	any) will be used to implement the strategy for this changes, etc.), and when will they take effect?	service (e.g., ordinances, resolutions, local acts of the
T.	ave Hughes County Ad-	
41/-040	aye Hughes, County Adm.	98
Phone number:	Date completed:	
are consistent with the service of	d be contacted by state agencies when evaluating we delivery strategy?  yes no	vhether proposed local government projects
Provide designated confi	act person(s) and phone number(s) below:	







## FORM 2: Summary of Service Delivery Arrangements

Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	isted on FORM 1, Section III. Use exactly the same service names listed on FORM 1. sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:COOK	Service:Indigent Defense
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, authorities authorities are considered to the service will be provided countywide (i.e., including the service will be provided to the service will be pro	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): <b>Cook County</b>
Service will be provided only in the unincorporate checked, identify the government, authority or organ	ed portion of the county by a single service provider. (If this box is nization providing the service.):
One or more cities will provide this service only with in unincorporated areas. (If this box is checked, ide	within their incorporated boundaries, and the service will not be provided ntify the government(s), authority or organization providing the service:
One or more cities will provide this service only we 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, <u>attach a legible maidentify</u> the government, authority, or other organiza	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 iminated).
If these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party a	ly, 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		
Cook County	General Fund, Indigent Defense Council Gr	rant
City of Adel	General Fund, Indigent Defense Council Gr	rant
City of Cecil	General Fund, Indigent Defense Council Gra	ant
Cityof Lenox General Fund, Indigent Defense Council Grant		
City of Sparks	General Fund, Indigent Defense Council Gr	rant
How will the strategy change the pr	revious arrangements for providing and/or fundin	ng this service within the county?
this service:	eements or intergovernmental contracts that will	be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
What other mechanisms (if any) wil acts of the General Assembly, rate	be used to implement the strategy for this servi or fee changes, etc.), and when will they take eff	ice (e.g., ordinances, resolutions, loc fect?
Person completing form: Vicki Parr Phone number: (229) 896-2266	ish, County Clerk Date completed: April 30, 2010	
Is this the person who should be co projects are consistent with the serv	ntacted by state agencies when evaluating whet ice delivery strategy? ⊠Yes  □No	ther proposed local government
f not, provide designated contact pe	erson(s) and phone number(s) below:	







## FORM 2: Summary of Service Delivery Arrangements

Make copies of this form and complete one for each service I Answer each question below, attaching additional pages as necessional be reported to the Department of Community Affairs.	listed on FORM 1, Section III. Use exactly the same service names listed on FORM 1. ssary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:COOK	Service: Jail
Check the box that best describes the agreed upo	n delivery arrangement for this service:
	ling all cities and unincorporated areas) by a single service provider. (If prity or organization providing the service.):Cook County
Service will be provided only in the unincorporat checked, identify the government, authority or organization.	ted portion of the county by a single service provider. (If this box is anization providing the service.):
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the
Other (If this box is checked, attach a legible midentify the government, authority, or other organization)	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	nentation 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./ overlapping service areas or competition cannot be e	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

Local Government or Authority	Funding Method		
Cook County	General Fund, Jail Surcharges		
City of Adel	General Fund - Contract with County		
City of Lenox	General Fund - Contract with County		
Cityof Sparks	General Fund - Contract with County		

City of Adel	General Fund - Contract with County	General Fund - Contract with County			
City of Lenox	General Fund - Contract with County  General Fund - Contract with County				
Cityof Sparks					
. How will the strategy change the	e previous arrangements for providing and/or fund	ing this service within the county?			
Researching possibility of limited	joint jail services countywide.				
List any formal service delivery a this service:	agreements or intergovernmental contracts that wi	Il be used to implement the strategy for			
Agreement Name	Contracting Parties	Effective and Ending Dates			
	will be used to implement the strategy for this sente or fee changes, etc.), and when will they take e				
. Person completing form: Vicki P Phone number: (229) 896-2266	Parrish, County Clerk Date completed: April 30, 2010				
	contacted by state agencies when evaluating whe ervice delivery strategy? ⊠Yes □No	ether proposed local government			
If not, provide designated contact	t person(s) and phone number(s) below:				

PAGE 2

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, estaching 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.

m	should be reported to the	e Department of Commu	nity Affairs.			
ounty:	Cook					-
		es the agreed upon	delivery arrangement for	r this service:		
		ide (i e. inclu	ding all cities and uninc or organization providin	corporated areas) by a st	ingle service provider. (If this	s box
Cook Service identify	will be provided on the government, au	ly in the unincorpor	ated portion of the cour ion providing the servic	nty by a single service po e.)	rovider. (If this box is checke	
One or unincom	more cities will pro porated areas. (If th	vide this service onl is box is checked, id	y within their incorpora lentify the government(	ted boundaries, and the s), authority or organiza	service will not be provided ation providing the service.)	in
One or uninco	more cities will pro	vide this service onl is box is checked, is	y within their incorpora dentify the government	ated boundaries, and the (s), authority or organiza	county will provide the serv ation providing the service.)	ice in
Other.	(If this box is check ament, authority, or	ed, attach a legible other organization the	map delineating the s hat will provide service	ervice area of each ser within each service area	vice provider, and identify a.)	the
				competition and/or dup	lication of this service identi-	fied?
. In develo	oping the strategy.	ere overlapping ser	vice areas, unnecessary	compension and a ser		
TVAC	√∏ no				rangement (i.e., overlapping ons that overlapping service	z but
higher leve	is of service (See U.	C.U.M. 30 10 5 (1)				
			degy, attach an implen	nentation schedule listi	ing each step or action that w	III oc
If these cor	minate them, the res	ponsible party and t	the agreed upon deadling	e for completing it.		
MACH TO OIL			to nev for this service t	and indicate how the ser	vice will be funded (e.g., ent s. impact fees, bonded indebt	erprise edness, etc
funds, use	r tees, general lunds	, apooral out the	rict revenues, hotel/mo	tel taxes, franchise taxes	s. impact fees, bonded indebt	
	ment or Authority:	Punding Method:	Funds			
Cook Co		General				
City of	Adel	General				
		-				
		1		and/or funding this serv	vice within the county?	
4. How w	ill the strategy char	ge the previous arra	ngements for provious	-		
	change in serv					
110	change -					
				(€.	A	
					to implement the strategy for Effective and Ending	this servic
5 List an	v formal service de	livery agreements or	intergovernmental con	tracts that will be used .	Effective and Ending	Dates:
Agreement	Name:		Contracting Parties:			
-						
				e utili semiles (s.e.	ordinances, resolutions, loc	al acts of th
6 What	other mechanisms	(if any) will be used	to implement the strate	Rect?	, ordinances, resolutions, loca	
General	Assembly, rate or f	ee changes, etc.), an	d when will they take e			
1						
		Fana Unahan	County Adm.			
7. Pers	on completing form	Faye Hughes -896-2266	Date completed	. 11/6/98	720	
Phone	number:912-	-070-7700	Date completed		osed local government proje	cts
2 to th	is the person who s	hould be contacted !	by state agencies when	evaluating whether pro-	posed local government proje	
are cor	is the person who saistent with the ser	rice delivery strateg	y? Wyes Uso	w:		
If not.	provide designated	contact person(s) an	d phone number(s) belo			

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: _Cook		Services	Maintenance Shop	
1. Check the box that best	describes the agreed upon	delivery arrangem	ent for this service:	
☐ Service will be provide	ded countywide (i.e., include the government, authority o	ding all cities and		gle service provider. (If this box
☐ Service will be provid		ued portion of the	county by a six along t	vider. (If this box is checked,
One or more cities wi unincorporated areas.	Il provide this service only (If this box is checked, ide	within their incomentify the government	porated boundaries, and the se ent(s), authority or organization	rvice will not be provided in on providing the service.)
One or more cities wil unincorporated areas. Cook County, Ci	(at mile boy is cliecked, ide	within their incorntify the governm	porated boundaries, and the co ent(s), authority or organizatio	unty will provide the service in in providing the service.)
Other. (If this box is c government, authority	hecked, attach a legible m , or other organization that	nap delineating the	ne service area of each service ice within each service area.)	provider, and identify the
2. In developing the strateg  ☐ yes ☑ no	y, were overlapping servic	e areas, unnecessa	ry competition and/or duplicat	tion of this service identified?
If these conditions will conti higher levels of service (See or competition cannot be eli	U.C.U.A. 30-70-24(1)), o	tach an explanat verriding benefits	on for continuing the arrang of the duplication, or reasons t	gement (i.e., overlapping but that overlapping service areas
	iminated under the strategy	y, attach an imple greed upon deadl	ementation schedule listing es ine for completing it.	ach step or action that will be
3. List each government or a funds, user fees, general fun	authority that will help to p ds, special service district	say for this service revenues, hotel/m	and indicate how the service votel taxes, franchise taxes, Imp	will be funded (e.g., enterprise set fees, bonded indebtedness, etc.)
ocal Government or Authority:	Funding Method:			
Cook County	General Fund, E	nterprise Fu	nd.	
City of Adel	General Fund, U			
No change in serv	ice strategy.		and/or funding this service wi	thin the county?
greement Name:		overnmental contracting Parties:	racts that will be used to imple	Effective and Ending Dates:
. What other mechanisms (i Jeneral Assembly, rate or fed	f any) will be used to imple changes, etc.), and when	ement the strategy will they take effe	for this service (e.g., ordinand	ces, resolutions, local acts of the
Person completing form:	Faye Hughes, Cour	nty Adm.		
hone number: 912-896-	2266 D	ate completed: _	11/6/98	
Is this the person who shore consistent with the service not, provide designated cor	e delivery strategy? [V] w	es Deo	uating whether proposed local	government projects

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.

unty: COOK	Service: NA	TURAL GAS
7)	escribes the agreed upon delivery arrangement for t	his service:
	ed countywide (i.e., including all cities and unincore government, authority or organization providing t	porated areas) by a single service provider. (If this box the service.)
	ed only in the unincorporated portion of the county nt, authority or organization providing the service.)	by a single service provider. (If this box is checked,
One or more cities will unincorporated areas. City of Adel	Il provide this service only within their incorporated (If this box is checked, identify the government(s),	boundaries, and the service will not be provided in authority or organization providing the service.)
One or more cities will unincorporated areas.	Il provide this service only within their incorporated (If this box is checked, identify the government(s),	boundaries, and the county will provide the service in authority or organization providing the service.)
Other. (If this box is of government, authority	thecked, attach a legible map delineating the serve, or other organization that will provide service with	rice area of each service provider, and identify the hin each service area.)
yes no		npetition and/or duplication of this service identified?
these conditions will con gher levels of service (Se competition cannot be el	e O.C.G.A. 36-70-24(1)), overriding benefits of the iminated).	r continuing the arrangement (i.e., overlapping but duplication, or reasons that overlapping service areas
these conditions will be	eliminated under the strategy, attach an implement e responsible party and the agreed upon deadline for	tation schedule listing each step or action that will be r completing it.
		indicate how the service will be funded (e.g., enterprise axes, franchise taxes. Impact fees, bonded indebtedness,
cal Government or Authority:	Funding Method:	
CITY OF ADEL	USER FEES	•
OTTT OF IMPE		
	hange the previous arrangements for providing and/	
No change in se	rvice strategy.	
List any formal service	delivery agreements or intergovernmental contracts	that will be used to implement the strategy for this servi
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
	of and will be used to implement the strategy for	r this service (e.g., ordinances, resolutions, local acts of t
General Assembly, rate of	fee changes, etc.), and when will they take effect?	
7 Person completing for	Faye Hughes, County Adm.	
7. Person completing for 912	-896-2266 Date completed:	1/6/98
Phone number:	should be contacted by state agencies when evaluat	ting whether proposed local government projects
are consistent with the ser	should be contacted by state agencies when evaluativities delivery strategy?   yes no contact person(s) and phone number(s) below:	







## FORM 2: Summary of Service Delivery Arrangements

Make copies of this form and complete one for each service li Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	isted on FORM 1, Section III. Use exactly the same service names listed on FORM 1. ssary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:COOK	Service:Police
Check the box that best describes the agreed upon	n delivery arrangement for this service:
Service will be provided countywide (i.e., including this box is checked, identify the government, authority the government, authority the government.	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.):
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is inization providing the service.):
	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 eked, identify the government(s), authority or organization providing the
Other (If this box is checked, <u>attach a legible m</u> identify the government, authority, or other 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	
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	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	Method		
City of Adel	General Fund, User Fees			
Cityof Lenox	General Fund, User Fees			
City of Sparks	General Fund, User Fees			
How will the strategy change the pr	evious arrangements for providing and/or fun	ding this service within the county?		
	eements or intergovernmental contracts that v	will be used to implement the strategy f		
his service:				
Agreement Name	Contracting Parties	Effective and Ending Date		
		1		
	be used to implement the strategy for this se			
icts of the General Assembly, rate of	or fee changes, etc.), and when will they take	effect?		
Person completing form: Vicki Parr	ish, County Clerk Date completed: April 30, 2010			
Phone number: (229) 896-2266	Date completed: April 30, 2010  ntacted by state agencies when evaluating when	hether proposed local government		
whone number: (229) 896-2266 s this the person who should be co- rojects are consistent with the serv	Date completed: April 30, 2010  ntacted by state agencies when evaluating when	hether proposed local government		
Phone number: (229) 896-2266 s this the person who should be co- rojects are consistent with the serv	Date completed: April 30, 2010  ntacted by state agencies when evaluating wlice delivery strategy? ⊠Yes □No	hether proposed local government		

### SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



PAGE 2 Make replies 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 Affa	airs.		
County: COOK		Service:	PUBLIC HOUSING	
1. Check the box that best desc	ribes the agreed upon deliver;	y arrangement i	for this service:	
Service will be provided is checked, identify the g	overnment, authority or organ	ization providi	scorporated areas) by a single ng the service.)	service provider. (If this box
☐ Service will be provided	y of the City of Ade only in the unincorporated po- authority or organization prov	rtion of the cou		er. (If this box is checked,
			ated boundaries, and the services), authority or organization p	
			ated boundaries, and the count (s), authority or organization p	
	ked, attach a legible map de other organization that will p		ervice area of each service p within each service area.)	rovider, and identify the
2. In developing the strategy, v				
If these conditions will continu higher levels of service (See O. or competition cannot be eliminated)	.C.G.A. 36-70-24(1)), overrid	an explanation ling benefits of	for continuing the arranger the duplication, or reasons the	nent (i.e., overlapping but it overlapping service areas
If these conditions will be elim taken to eliminate them, the res	inated under the strategy, atta ponsible party and the agreed	ach an implem I upon deadline	entation schedule listing each for completing it.	step or action that will be
3. List each government or aut funds, user fees, general funds	hority that will help to pay for , special service district reven	r this service an ues, hotel/mote	nd indicate how the service will taxes, franchise taxes, impac	Il be funded (e.g., enterprise rí fees, bonded indebtedness, etc.)
	Punding Method:			
HOUSING AUTHORITY Ad	1 RENTAL FEES/ STAT	E ASSISTAN	ČE	
4. How will the strategy chang	e the previous arrangements	for providing a	nd/or funding this service with	nin the county?
No change in serv	ice strategy.			
			cts that will be used to implen	nent the strategy for this service:
Agreement Name:	Contracting	Parties:		Milective and Diving Deess.
6. What other mechanisms (if	any) will be used to impleme	ent the strategy	for this service (e.g., ordinance	es, resolutions, local acts of the
General Assembly, rate or fee	changes, etc.), and when will	they take effec	t?	
			*	
		*		
7. Person completing form: F	aye Hughes, County A	dm.	11/6/09	_
Phone number: 912-896		completed:		
8. Is this the person who show are consistent with the service If not, provide designated con	delivery strategy? Dyes	□ no	uating whether proposed local	government projects
is not, provide designated con	mer. Personds) and buone name			



### 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:	Cook	Service: Public T	ransportation
1. Check the	box that best des	cribes the agreed upon delivery arrangement for this service:	
is chee	e will be provided cked, identify the p	countywide (i.e., including all cities and unincorporated areas) by government, authority or organization providing the service.)	y a single service provider. (If this box
☐ Service	e will be provided	only in the unincorporated portion of the county by a single service authority or organization providing the service.)	ice provider. (If this box is checked,
		provide this service only within their incorporated boundaries, and this box is checked, identify the government(s), authority or organ	
		provide this service only within their incorporated boundaries, and this box is checked, identify the government(s), authority or orga	
		cked, attach a legible map delineating the service area of each or other organization that will provide service within each service	
2. In develo		were overlapping service areas, unnecessary competition and/or d	duplication of this service identified?
higher level	ditions will continues of service (See Con cannot be elim	ue under the strategy, attach an explanation for continuing the O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or re- inated).	arrangement (i.e., overlapping but easons that overlapping service areas
If these contaken to elim	ditions will be elim ninate them, the re	ninated under the strategy, attach an implementation schedule li sponsible party and the agreed upon deadline for completing it.	isting each step or action that will be
3. List each funds, user	government or au fees, general fund	thority that will help to pay for this service and indicate how the s s, special service district revenues, hotel/motel taxes, franchise tax	service will be funded (e.g., enterprise tes. impaci fees, bonded indebtedness, etc.)
ocal Governm	neat or Authority:	Punding Method:	
Cook		User Fees, General Fund, State and Federal	Funds
		<u> </u>	
		ge the previous arrangements for providing and/or funding this serice strategy.	rvice within the county?
		very agreements or intergovernmental contracts that will be used  Contracting Parties:	Effective and Ending Dates:
Agreement No	ime:	Constitute a tree.	
6. What oth General Ass	her mechanisms (i sembly, rate or fee	f any) will be used to implement the strategy for this service (e.g., changes, etc.), and when will they take effect?	ordinances, resolutions, local acts of the
7. Person c	ompleting form:	Faye Hughes, County Adm.	
Phone num	012-89	6-2266 Date completed:11/6/98	
are consiste	ent with the service	uld be contacted by state agencies when evaluating whether propose delivery strategy? [V] yes  no ntact person(s) and phone number(s) below:	osed local government projects







#### SERVICE DELIVERY STRATEGY

## FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

Make copies of this form and complete one for each service of Answer each question below, attaching additional pages as necessional be reported to the Department of Community Affairs.	<b>listed on FORM 1, Section III.</b> Use exactly the same service names listed on FORM 1. essary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:COOK	Service:Recreation
Check the box that best describes the agreed upo	on delivery arrangement for this service:
Service will be provided countywide (i.e., includ this box is checked, identify the government, authorities and the countywide (i.e., include the countywide the countywide the countywide (i.e., include the countywide (i.e., include the countywide	ting all cities and unincorporated areas) by a single service provider. (If prity or organization providing the service.):Cook County
Service will be provided only in the unincorporat checked, identify the government, authority or organization.	ted portion of the county by a single service provider. (If this box is anization providing the service.):
One or more cities will provide this service only in unincorporated areas. (If this box is checked, ide	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	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 ation that will provide service within each service area.):
2. In developing this strategy, were overlapping serving identified?	ice areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation 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

#### SDS FORM 2, continued

Local Government or Authority	Funding	Method
Cook County	User Fees, LOST	
How will the strategy change the pre-	vious arrangements for providing and/or fund	ding this service within the county?
List any formal service delivery agree his service:	ements or intergovernmental contracts that w	rill be used to implement the strategy f
List any formal service delivery agree his service:  Agreement Name	ements or intergovernmental contracts that w	rill be used to implement the strategy f
nis service:		
Agreement Name  What other mechanisms (if any) will be		Effective and Ending Date  rvice (e.g., ordinances, resolutions, loc
Agreement Name  What other mechanisms (if any) will be	Contracting Parties  Doe used to implement the strategy for this see	Effective and Ending Date  rvice (e.g., ordinances, resolutions, loc
Agreement Name  What other mechanisms (if any) will be	Contracting Parties  Doe used to implement the strategy for this see	Effective and Ending Date  rvice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) will be cts of the General Assembly, rate or erson completing form: Vicki Parris	Contracting Parties  De used to implement the strategy for this ser fee changes, etc.), and when will they take of	Effective and Ending Date  rvice (e.g., ordinances, resolutions, lo

#### SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



PAGE 2

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4		7
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Make cupies 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, estaching additional pages as necessary. If the contact person for this service (listed at the bostom of the page) changes, this should be reported to the Department of Community Affairs.

County: Cook	Service: Road	Construction
1. Check the box that best des	cribes the agreed upon delivery arrangement for this service:	
Service will be provided is checked, identify the	countywide (i.e., including all cities and unincorporated are government, authority or organization providing the service.)	as) by a single service provider. (If this box
Service will be provided identify the government,	only in the unincorporated portion of the county by a single authority or organization providing the service.)	service provider. (If this box is checked,
One or more cities will p unincorporated areas. (If	rovide this service only within their incorporated boundaries this box is checked, identify the government(s), authority or	s, and the service will not be provided in organization providing the service.)
	rovide this service only within their incorporated boundaries this box is checked, identify the government(s), authority or	
Cook County and th	ne City of Adel	
	cked, attach a legible map delineating the service area of r other organization that will provide service within each ser	
2. In developing the strategy,  yes ano	were overlapping service areas, unnecessary competition and	d/or duplication of this service identified?
	ue under the strategy, attach an explanation for continuing D.C.G.A. 36-70-24(1)), overriding benefits of the duplication, insted).	
	ninated under the strategy, attach an implementation sched sponsible party and the agreed upon deadline for completing	
3. List each government or au- funds, user fees, general funds	thority that will help to pay for this service and indicate how s, special service district revenues, hotel/motel taxes, franchis	the service will be funded (e.g., enterprise se taxes. impact flees, bonded indebtedness, etc.)
	Punding Method:	
Cook County City of Adel	General Funds, SPLOST, State Aid State Aid, General Funds, SPLOST	
	L	
No change in service	ge the previous arrangements for providing and/or funding the strategy.	is service within the country?
5. List any formal service deli-	very agreements or intergovernmental contracts that will be u	used to implement the strategy for this service:
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
6. What other mechanisms (if General Assembly, rate or fee	any) will be used to implement the strategy for this service (changes, etc.), and when will they take effect?	(e.g., ordinances, resolutions, local acts of the
	Carre Buchas Courses 12	
7. Ferson completing 10-11.	Faye Hughes, County Adm.	
Phone number:	Date completed:	roposed local government projects
are consistent with the service		appendition government projects



## 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: Cook	Service: Sewer
1. Check the box that best describ	es the agreed upon delivery arrangement for this service:
☐ Service will be provided cou	ntywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is ment, 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, nority or organization providing the service.)
One or more cities will provi unincorporated areas. (If this	de this service only within their incorporated boundaries, and the service will not be provided in box is checked, identify the government(s), authority or organization providing the service.)
One or more cities will provi unincorporated areas. (If this	de this service only within their incorporated boundaries, and the county will provide the service in box is checked, identify the government(s), authority or organization providing the service.)
Other. (If this box is checked government, authority, or other controls of the control of the co	, attach a legible map delineating the service area of each service provider, and identify the ser organization that will provide service within each service area.)
2. In developing the strategy, were ☐ Yes ☑ No	overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will continue u higher levels of service (See O.C. competition cannot be eliminated)	nder the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or
If these conditions will be elimina taken to eliminate them, the respon	ted under the strategy, attach an implementation schedule listing each step or action that will be asible party and the agreed upon deadline for completing it.
3. List each government or authori	ty that will help to pay for this service and indicate how the service will be funded (e.g., enterprise special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:
City of Adel	user fees
City of Sparks	user fees
City of Lenox	user fees
City of Cecil	user fees, Grant Funds
	e previous arrangements for providing and/or funding this service within the county?  vide the City of Cecil with a sewer service area.

RECEIVED

MAIN A MINISTRATIVE SECTION

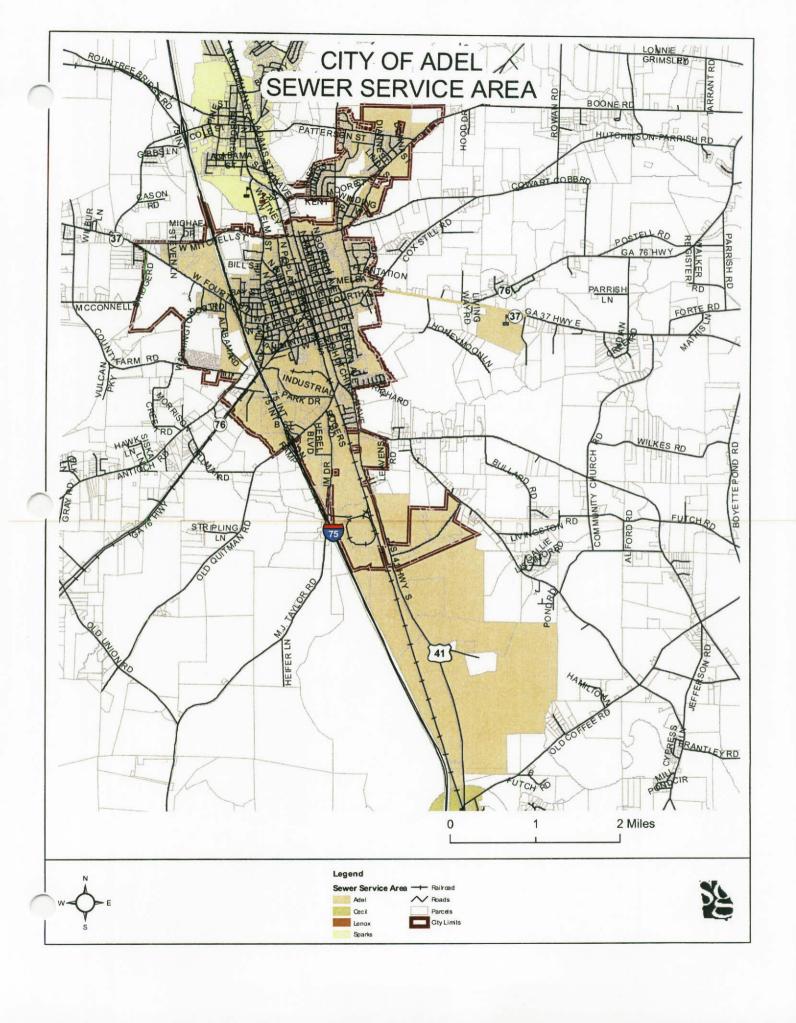
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
Intergovernomental Agreement	Jerry Permenter, City of Adel	03-20-03
6. What other mechanisms (if any) will be	used to implement the strategy for this service (e.g.,	ordinances, resolutions, local acts of t
General Assembly, rate or fee changes,	etc.), and when will they take effect?	
7. Person completing form: Michael K.	etc.), and when will they take effect?	
General Assembly, rate or fee changes,	etc.), and when will they take effect?	
7. Person completing form: Michael K.  Phone number: 229-794-9302	Yates, Mayor, City of Cecil  Date completed: 01-26-04  d by state agencies when evaluating whether proposes.	

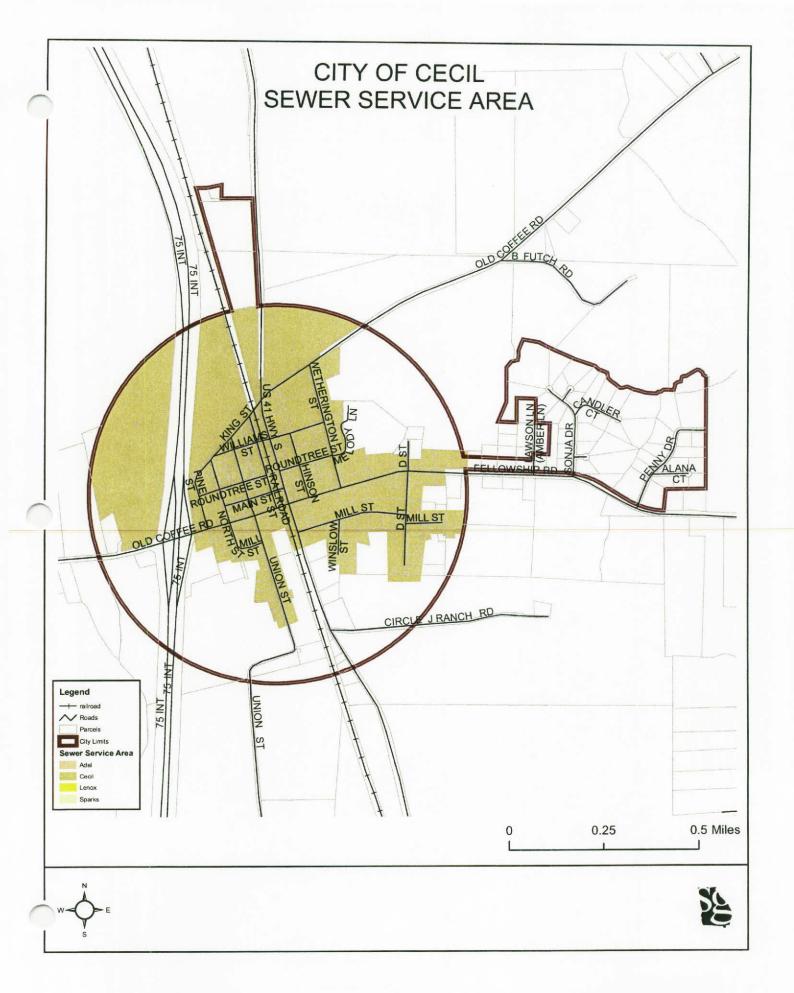
PAGE 2 (continued)

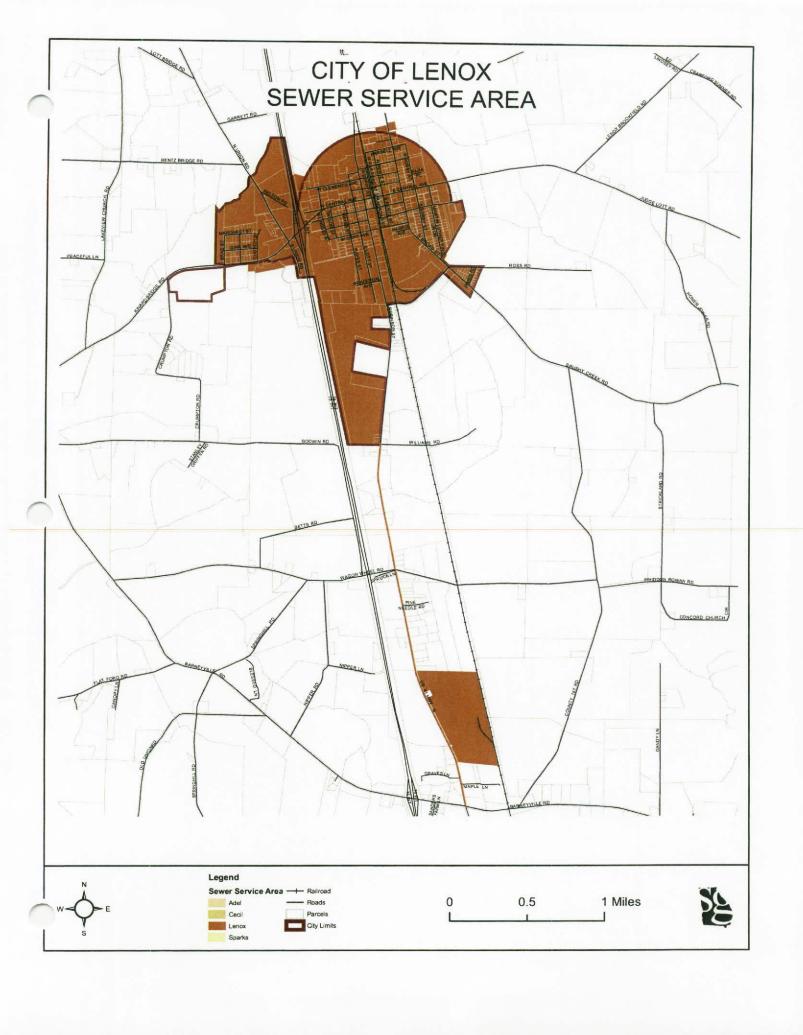
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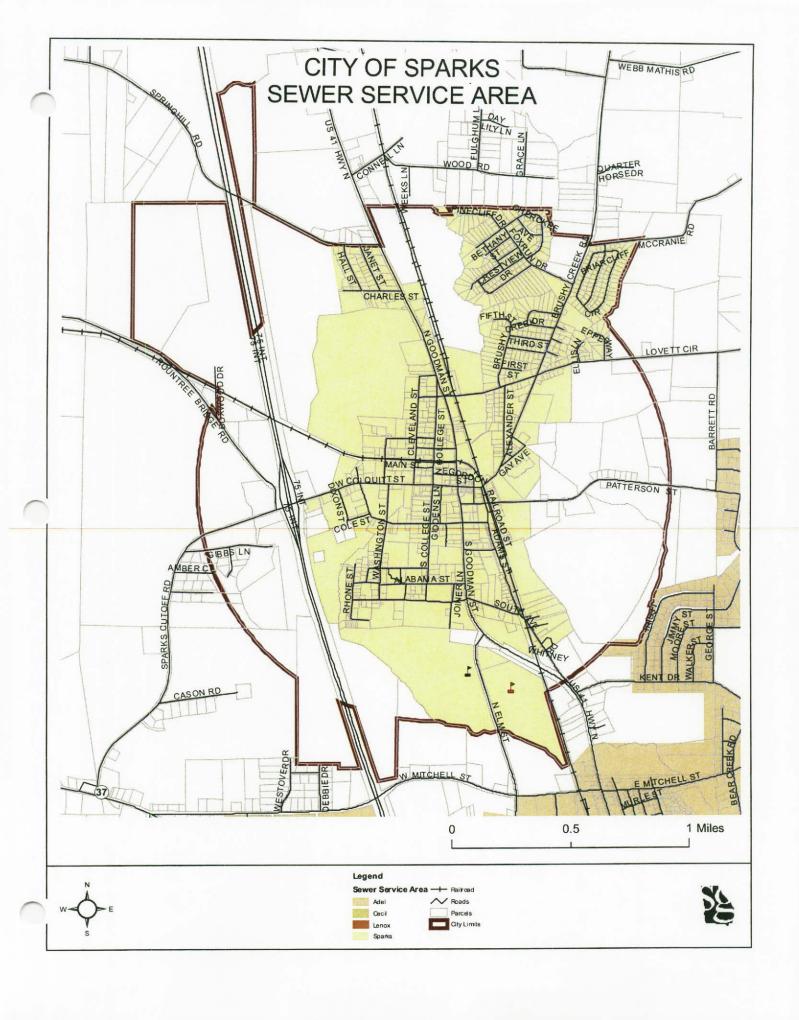
MAR | 5 2004

ADMINISTRATIVE SECTION















#### SERVICE DELIVERY STRATEGY

## FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

Make copies of this form and complete one for each service I Answer each question below, attaching additional pages as necessional be reported to the Department of Community Affairs.	listed on FORM 1, Section III. Use exactly the same service names listed on FORM 1. ssary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:COOK	Service: Sheriff
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, authority the government).	ling all cities and unincorporated areas) by a single service provider. (If prity or organization providing the service.):Cook County
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	sed 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 serving 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	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

#### SDS FORM 2, continued

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

Local Government or Author	rity Funding	Method
Cook County	General Fund, User Fees	
How will the strategy change the	e previous arrangements for providing and/or fund	ding this service within the county?
(ict constants) consider delivery		ill be weed to involve and the stanton of
List any formai service delivery a his service:	agreements or intergovernmental contracts that w	viii be used to implement the strategy f
1110 001 1100.		
Agreement Name	Contracting Parties	Effective and Ending Date
What other mechanisms (if any)	will be used to implement the strategy for this se	ervice (e.g., ordinances, resolutions, loc
	will be used to implement the strategy for this se te or fee changes, etc.), and when will they take	
acts of the General Assembly, ra	te or fee changes, etc.), and when will they take	
ects of the General Assembly, ra	te or fee changes, etc.), and when will they take	
acts of the General Assembly, ra	te or fee changes, etc.), and when will they take	
Person completing form: Vicki Forme number: (229) 896-2266 s this the person who should be	te or fee changes, etc.), and when will they take	effect?
Person completing form: Vicki Febrone number: (229) 896-2266 Is this the person who should be projects are consistent with the second	te or fee changes, etc.), and when will they take  arrish, County Clerk Date completed: April 30, 2010  contacted by state agencies when evaluating when	effect?
Person completing form: Vicki F Phone number: (229) 896-2266 Is this the person who should be projects are consistent with the s	te or fee changes, etc.), and when will they take  **Parrish, County Clerk**  Date completed: April 30, 2010  contacted by state agencies when evaluating when the county	effect?







# FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

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

COUNTY:COOK	Service:Street Maintenance
Check the box that best describes the agree	eed upon delivery arrangement for this service:
Service will be provided countywide (i.e this box is checked, identify the government	e., including all cities and unincorporated areas) by a single service provider. (If nt, authority or organization providing the service.):
Service will be provided only in the uninconcecked, identify the government, authority	corporated portion of the county by a single service provider. (If this box is y or organization providing the service.):
One or more cities will provide this service in unincorporated areas. (If this box is check	ce only within their incorporated boundaries, and the service will not be provided cked, identify the government(s), authority or organization providing the service:
	ce only within their incorporated boundaries, and the county will provide the c is checked, identify the government(s), authority or organization providing the c of Cecil, City of Lenox, City of Sparks
	egible map delineating the service area of each service provider, and organization that will provide service within each service area.):
2. In developing this strategy, were overlappin identified?	ng service areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional	I documentation as described, below)
⊠No	
	ategy, attach an explanation for continuing the arrangement (i.e., O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that not be eliminated).
	e strategy, <u>attach an implementation schedule</u> listing each step or action that le party and the agreed upon deadline for completing it.
	Page 1 of 2

#### SDS FORM 2, continued

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

Local Government or Authority	Funding	Method
Cook County	General Fund, LARP	
City of Adel	General Fund, LARP	
City of Cecil	General Fund	
City of Lenox	General Fund, LARP	
City of Sparks	General Fund, LARP	
How will the strategy change the prev	ious arrangements for providing and/or fund	ding this service within the county?
List any formal service delivery agree his service:  Agreement Name	ments or intergovernmental contracts that w	vill be used to implement the strategy f
	e used to implement the strategy for this ser fee changes, etc.), and when will they take o	
cts of the General Assembly, rate or the completing form: Vicki Parris	fee changes, etc.), and when will they take o	
Person completing form: Vicki Parris	h, County Clerk Date completed: April 30, 2010 acted by state agencies when evaluating wh	effect?
Person completing form: Vicki Parris Phone number: (229) 896-2266  Is this the person who should be conta	h, County Clerk Date completed: April 30, 2010 acted by state agencies when evaluating when ev	effect?

#### PAGE 2

#### SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS



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, essenting additional pages as necessary. If the contact person for this service (listed at the bostom of the page) changes, this should be reported to the Department of Community Affairs.

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, destify the government, sutherity or organization providing the service.)  Cook. County  Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, destify the government, sutherity 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), sutherity 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), sutherity or organization providing the service in unincorporated areas. (If this box is checked, identify the government(s), sutherity or organization providing the service in unincorporated areas. (If this box is checked, identify the government(s), sutherity or organization providing the service in unincorporated areas. (If this box is checked, identify the government(s), sutherity or organization providing the service area of each service provider, and identify the government, sutherity, or other organization that will provide service within each service provider, and identify the government, sutherity, or other organization that will provide service area of each service provider, and identify the government, organization that will provide service will be used to online the strategy are service areas, unnecessary competition and/or duplication of this service is dentified?  In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service (see O.C.O.A. 35-70-24(1)), overriding benefits of the duplication, or reason that overlapping provide the service (see O.C.O.A. 35-70-24(	Service will be provided countywide (i.e., including all citles and unincorporated areas) by a single service provider. (If 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 provide unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service winincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service of the unincorporated areas. (If this box is checked, attach a legible map delineating the service area of each service provider, and ident government, authority, or other organization that will provide service within each service provider, and ident 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 the service of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping servipher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping servipher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping servipher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping servipher levels are service distr	ecked,  ded in e.)  service in e.)  tify the  entified?  ping but vice areas  at will be
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5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of General Assembly, rate or fee changes, etc.), and when will they take effect?  7. Person completing form:  Faye Hughes, County Adm.  Phone number:  Phone number:  Says Hughes, County Adm.  Phone number:  Tays Hughes, County Adm.  Phone number:  Tays Hughes, County Adm.  Phone number:  Tays Hughes, County Adm.  Tays Hughes, County Adm.	No change in service strategy.	
Agreement Name:  6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of General Assembly, rate or fee changes, etc.), and when will they take effect?  7. Person completing form:  912-896-2266  Date completed:  11/6/98  Phone number:  2 Date completed:  11/6/98  8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects		
Agreement Name:  6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of General Assembly, rate or fee changes, etc.), and when will they take effect?  7. Person completing form:  912-896-2266  Date completed:  11/6/98  Phone number:  2 Date completed:  11/6/98  8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects		
Agreement Name:  6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of General Assembly, rate or fee changes, etc.), and when will they take effect?  7. Person completing form:  912-896-2266  Date completed:  11/6/98  Phone number:  2 Date completed:  11/6/98  8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects		
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Agreement Name:  6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of General Assembly, rate or fee changes, etc.), and when will they take effect?  7. Person completing form:  912-896-2266  Date completed:  11/6/98  Phone number:  2 Date completed:  11/6/98  8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects	5. List any formal service delivery agreements or intergovernmental contracts that will be used to the Effective and Er	ding Dates:
7. Person completing form: Faye Hughes, County Adm.  7. Person completing form: Faye Hughes, County Adm.  7. Person completing form: Paye Hughes, County Adm.  7. Person completing form: Paye Hughes, County Adm.  912-896-2266 Date completed: 11/6/98  Phone number: Date completed: 11/6/98  8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects  8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects	Agreement Name: Contracting Parties:	
7. Person completing form: Faye Hughes, County Adm.  7. Person completing form: Faye Hughes, County Adm.  7. Person completing form: Paye Hughes, County Adm.  7. Person completing form: Paye Hughes, County Adm.  912-896-2266 Date completed: 11/6/98  Phone number: Date completed: 11/6/98  8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects  8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects		
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7. Person completing 10 in 912-896-2266  Phone number:  Bate completed:  11/6/98  Phone number:  S. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects  11/6/98		
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7. Person completing 10 in 912-896-2266  Phone number:  Bate completed:  11/6/98  Phone number:  S. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects  11/6/98		
Phone number:		
	712-070-2200 Pate completed.	
	Is this the person who should be contacted by state agencies when evaluating whether proposed local government pr	ojects
L. J. balant	are consistent with the service delivery strategy?  yes ano If not, provide designated contact person(s) and phone number(s) below:	ojects







#### 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. ssary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:COOK	Service: Tax Collection
Check the box that best describes the agreed upon	n 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 the countywide (i.e., include the countywide (i.e., include the countywide (i.e., include the countywide the countywid	ing all cities and unincorporated areas) by a single service provider. (If ority 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 il, City of Lenox, City of Sparks
	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	
	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 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.
	Dago 1 of 2

#### **SDS FORM 2, continued**

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

und und
und
und
und
und

4. How will the strategy change the previous arrangements for providing	and/or funding this service within the county?
City of Adel contracts with the County Tax Commissioner to provide tax	collection services.

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

Agreement Name	Contracting Parties	Effective and Ending Dates
Tax Collectioni	Cook County and the City of Adel	

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

7. Person completing form: Vicki Parrish, County Clerk
Phone number: (229) 896-2266 Date completed: April 30, 2010

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

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







#### SERVICE DELIVERY STRATEGY

### FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

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

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

#### SDS FORM 2, continued

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

Local Government or Authority	Funding I	Method
Cook County Tourism Authority	Hotel/Motel Taxes	
How will the strategy change the pre	evious arrangements for providing and/or fund	ing this service within the county?
	ements or intergovernmental contracts that wi	ill be used to implement the strategy fo
this service:		
Agreement Name	Contracting Parties	Effective and Ending Dates
What other mechanisms (if any) will	be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, loca
acts of the General Assembly, rate o	r fee changes, etc.), and when will they take e	effect?
Person completing form: Vicki Parri	sh, County Clerk	
	sh, County Clerk Date completed: April 30, 2010	
Person completing form: Vicki Parri Phone number: (229) 896-2266	Date completed: April 30, 2010	
Phone number: (229) 896-2266  Is this the person who should be cor	Date completed: April 30, 2010  ntacted by state agencies when evaluating who	ether proposed local government
Phone number: (229) 896-2266  Is this the person who should be corprojects are consistent with the service.	Date completed: April 30, 2010  ntacted by state agencies when evaluating who	ether proposed local government
Phone number: (229) 896-2266  Is this the person who should be corprojects are consistent with the service.	Date completed: April 30, 2010  ntacted by state agencies when evaluating whose delivery strategy? ⊠Yes □No	ether proposed local government



## 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.

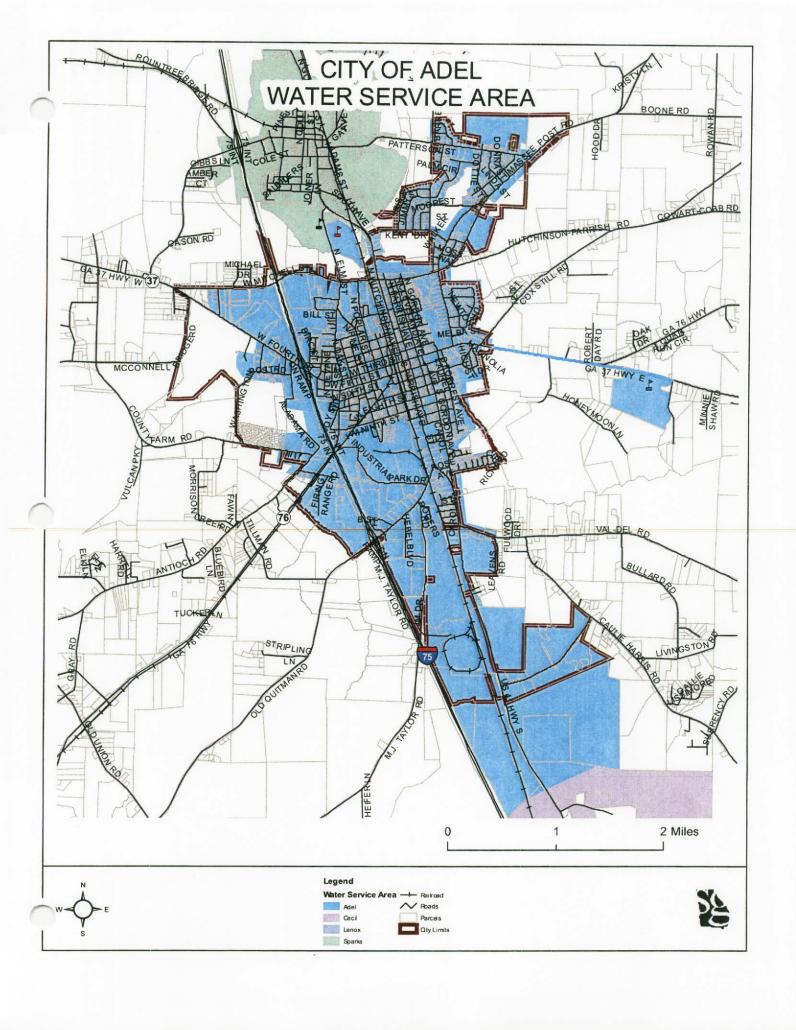
County:	Cook	Service: Water	
1. Check the b	ox that best descri	es the agreed upon delivery arrangement for this service:	
☐ Service w	vill be provided con	ntywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this ment, authority or organization providing the service.)	box is
☐ Service w	vill be provided onl	in the unincorporated portion of the county by a single service provider. (If this box is checked nority or organization providing the service.)	1,
One or m	ore cities will prov	de this service only within their incorporated boundaries, and the service will not be provided in box is checked, identify the government(s), authority or organization providing the service.)	a
One or m	ore cities will provi	de this service only within their incorporated boundaries, and the county will provide the service box is checked, identify the government(s), authority or organization providing the service.)	c in
Of Other. (If	this box is checked	attach a legible map delineating the service area of each service provider, and identify the	
2. In developin  Yes 3 No	g the strategy, wer	A overlapping service areas, unnecessary competition and/or duplication of this service identified	1?
competition car f these condition	anot be eliminated) ons will be elimina	ed under the strategy, attach an implementation schedule listing each step or action that will be	eas or
List each gov funds, user for indebtedness	vernment or authorities, general funds, t, etc.).	sible party and the agreed upon deadline for completing it.  by that will help to pay for this service and indicate how the service will be funded (e.g., enterprince and service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded	
ocal Governm	ent or Authority:	Funding Method:	
City of		user fees	
City of	Sparks	user fees	
City of	Lenox	user fees	
City of	Cecil	user fees	
	amendment w	previous arrangements for providing and/or funding this service within the county?  11 enlarge City of Adel's and City of Cecil's future water	

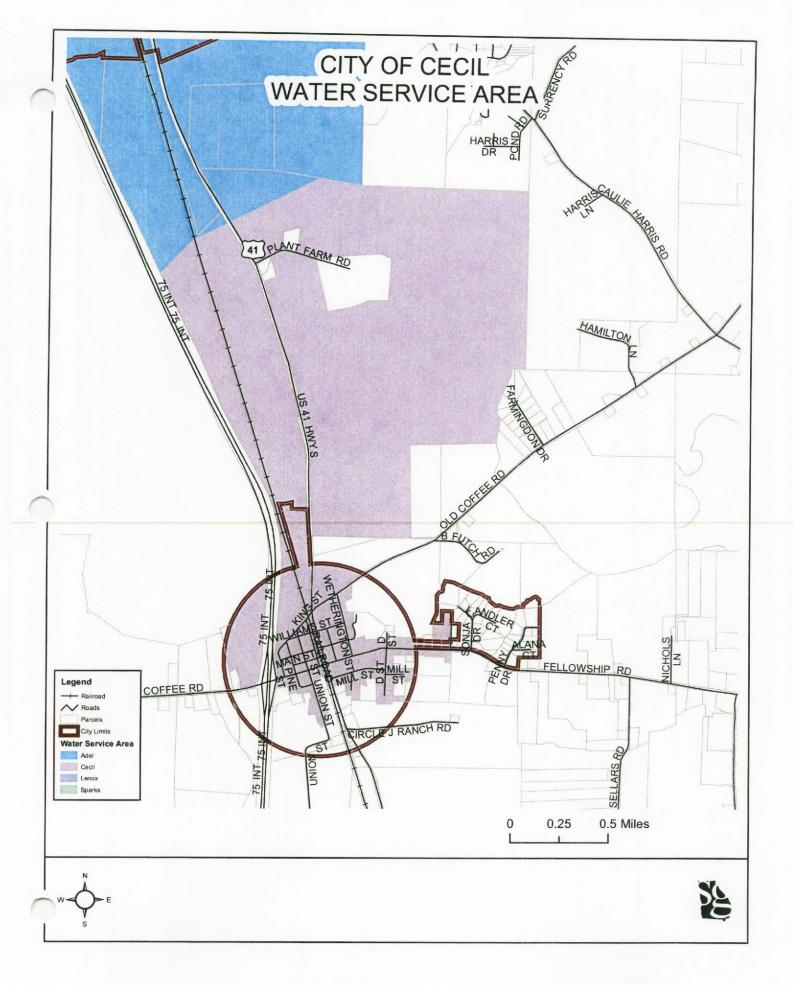
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
General Assembly, rate or fee ch	will be used to implement the strategy for this stanges, etc.), and when will they take effect?	ervice (e.g., ordinances, resolutions, local acts of t
	Jerry W. Permenter, City Manag	
Phone number:	Jerry W. Permenter, City Manages 504 Date completed: Recontacted by state agencies when evaluating when	vised September 25, 2003

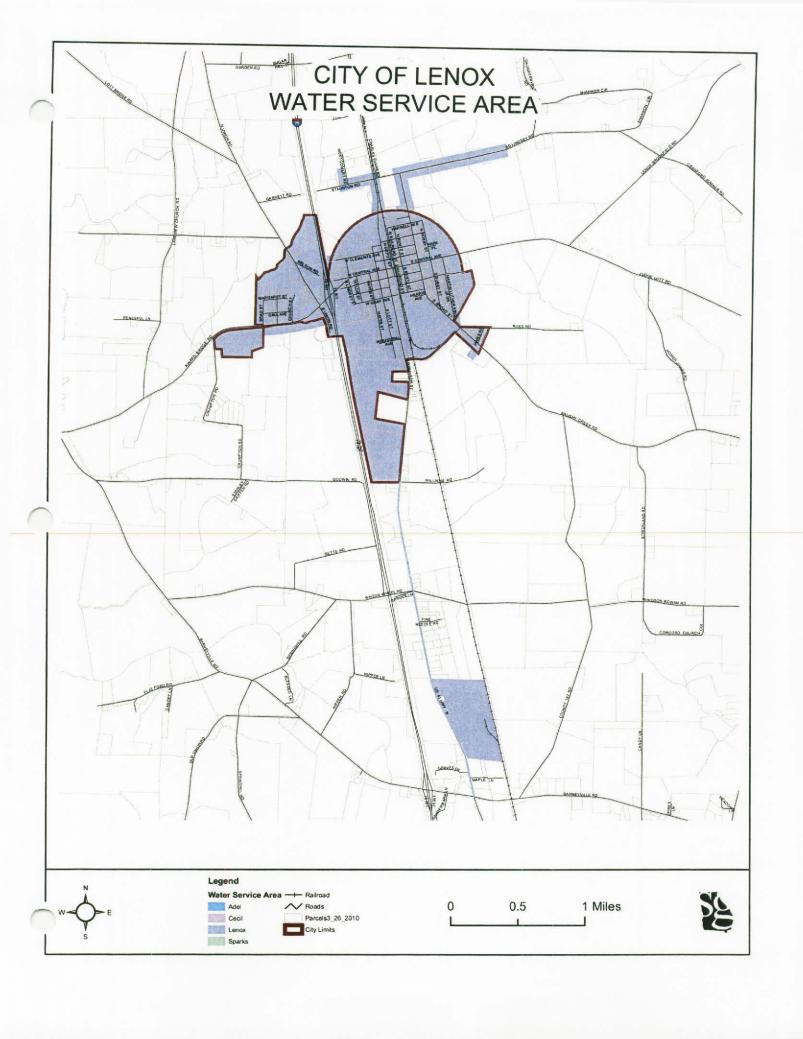
PAGE 2 (continued)

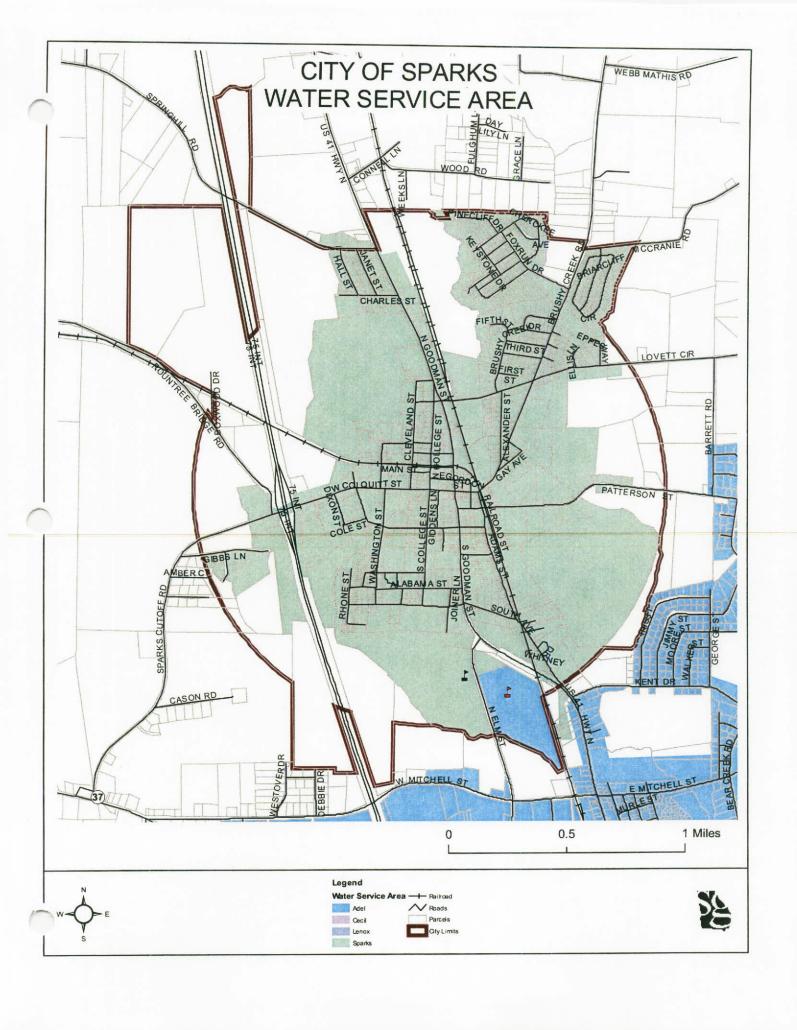
# ATTACHMENT A SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS WATER SERVICE

Cook County has no water service. The City of Sparks provides water service only within their corporate limits. The City of Lenox serves both inside and outside their corporate limits in accordance with a previously updated Service Delivery Arrangement amendment. A revised service area map for the cities of Cecil and Adel is attached.















# SERVICE DELIVERY STRATEGY FORM 3: Summary of Land Use Agreements

#### Instructions:

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

#### COUNTY: COOK

1. What incompatibilities or conflicts between the land use plans of local governments were identified in the process of developing the service delivery strategy?

As a result of the Southern Georgia Regional Commission preparing the Cook County Comprehensive Plan, no incompatabilities or conflicts were identified in developing this Service Delivery Strategy.

2. Check the boxes indicating how these incompatibilities or conflicts were addressed:	NOTE:
Amendments to existing comprehensive plans	If the necessary plan amendments,
Adoption of a joint comprehensive plan	regulations, ordinances, etc. have not yet been formally adopted, indicate when
Other measures (amend zoning ordinances, add environmental regulations, etc.)	each of the affected local governments will adopt them.
If "other measures" was checked, describe these measures:	
n/a	
3. What policies, procedures and/or processes have been established by local governm authorities) to ensure that new extraterritorial water and sewer service will be consistent and ordinances? Through the adoption of this Service Delivery Strategy, the jurisdictions provisions of extraterritorial water and sewer services shall be consistent with all applical. The notification of intent to extend services extraterritorially shall include a synopsis of the opportunity for the affected local government to review the planned extension to ensure tihwi all applicable land use plans and ordinances.	with all applicable land use plans s of Cook County agree that the ble land use plans and ordinances. ne proposed project and an
4. Person completing form: Vicki Parrish, County Clerk	
Phone number: <b>229-896-2266</b> Date completed: April 30, 2010	
5. 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
If not, provide designated contact person(s) and phone number(s) below:	







## SERVICE DELIVERY STRATEGY FORM 4: Certifications

#### Instructions:

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

COUNTY: COOK

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);
- 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
COOK COUNTY	Chairman	Michael Dinnerman	Ruh Farr	5-20-1
CITY OF ADEL	Mayor	Richard Barr	Runf Fam	5-21-1
CITY OF CECIL	Mayor	James Spencer, Sr.	Joans M. Sprans	1.6-2-10
CITY OF LENOX	Mayor	Dot Cloud	Samuel wilro	6/2/10
CITY OF SPARKS	Mayor	Samuel Wilson	Samuel Wilson	5-27-

Pursuant to the Official Code of Georgia, Title 36, Chapter 70, the local governments of Cook County have completed their service delivery strategy process. This included a review of all existing services currently provided throughout the county and their funding mechanisms, and developed a strategy for the provision of these services that is efficient, equitable and responsible to citizens of the county.

The Cook County Service Delivery Strategy includes (1) an identification of all services provided and a description of the geographic service area, (2) an assignment as to the provider of the service, (3) a description of the funding sources and (4) an identification of the mechanisms to be used to facilitate the implementation. The aforementioned is evidenced on the Georgia Department of Community Affairs Service Delivery Strategy for Cook County pages 1-4, herein after referred to as the Cook Service Delivery Strategy.

By adoption of this resolution Cook County hereby adopts the Cook Service Delivery Strategy and authorizes the Chairman to sign the Cook Service Delivery Strategy and submit the strategy to the Georgia Department of Community Affairs for verification. The adoption of this resolution further authorizes the Chairman to certify that the Cook Service Delivery Strategy: (1) provides an accurate depiction of the agreed upon strategy, (2) promotes the most efficient, effective and responsive delivery of services, (3) provides that water and sewer fee for extraterritorial services are reasonable and not arbitrarily higher, (4) provides that extraterritorial water and sewer extensions will be consistent with all applicable land use plans and ordinances, (5) ensures that the cost of services provided primarily for the benefit of unincorporated area residents are paid for by unincorporated area revenues and (6) provides a process for resolving land use disputes arising over annexation.

Duly adopted this 17th day of May, 2010.

Michael Dinnerman, Chairman

**Cook County** 

ATTEST:

Vicki Parrish, County

Pursuant to the Official Code of Georgia, Title 36, Chapter 70, the local governments of Cook County have completed their service delivery strategy process. This included a review of all existing services currently provided throughout the county and their funding mechanisms, and developed a strategy for the provision of these services that is efficient, equitable and responsible to citizens of the county.

The Cook County Service Delivery Strategy includes (1) an identification of all services provided and a description of the geographic service area, (2) an assignment as to the provider of the service, (3) a description of the funding sources and (4) an identification of the mechanisms to be used to facilitate the implementation. The aforementioned is evidenced on the Georgia Department of Community Affairs Service Delivery Strategy for Cook County pages 1-4, herein after referred to as the Cook Service Delivery Strategy.

By adoption of this resolution the City of Adel hereby adopts the Cook Service Delivery Strategy and authorizes the Mayor to sign the Cook Service Delivery Strategy and submit the strategy to the Georgia Department of Community Affairs for verification. The adoption of this resolution further authorizes the Mayor to certify that the Cook Service Delivery Strategy: (1) provides an accurate depiction of the agreed upon strategy, (2) promotes the most efficient, effective and responsive delivery of services, (3) provides that water and sewer fee for extraterritorial services are reasonable and not arbitrarily higher, (4) provides that extraterritorial water and sewer extensions will be consistent with all applicable land use plans and ordinances, (5) ensures that the cost of services provided primarily for the benefit of unincorporated area residents are paid for by unincorporated area revenues and (6) provides a process for resolving land use disputes arising over annexation.

Duly adopted this 17th day of May, 2010.

Richard Barr, Mayor,

City of Adel

Rhonda P. Rowe, City Clerk

THIS IS TO CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF RESOLUTION #10-09 AS ADOPTED BY THE MAYOR AND COUNCIL OF THE CITY OF ADEL, GEORGIA

ON MAX 17, 2010.

RHONDA P. ROWE

CITY CLERK

Pursuant to the Official Code of Georgia, Title 36, Chapter 70, the local governments of Cook County have completed their service delivery strategy process. This included a review of all existing services currently provided throughout the county and their funding mechanisms, and developed a strategy for the provision of these services that is efficient, equitable and responsible to citizens of the county.

The Cook County Service Delivery Strategy includes (1) an identification of all services provided and a description of the geographic service area, (2) an assignment as to the provider of the service, (3) a description of the funding sources and (4) an identification of the mechanisms to be used to facilitate the implementation. The aforementioned is evidenced on the Georgia Department of Community Affairs Service Delivery Strategy for Cook County pages 1-4, herein after referred to as the Cook Service Delivery Strategy.

By adoption of this resolution the City of Cecil hereby adopts the Cook Service Delivery Strategy and authorizes the Mayor to sign the Cook Service Delivery Strategy and submit the strategy to the Georgia Department of Community Affairs for verification. The adoption of this resolution further authorizes the Mayor to certify that the Cook Service Delivery Strategy: (1) provides an accurate depiction of the agreed upon strategy, (2) promotes the most efficient, effective and responsive delivery of services, (3) provides that water and sewer fee for extraterritorial services are reasonable and not arbitrarily higher, (4) provides that extraterritorial water and sewer extensions will be consistent with all applicable land use plans and ordinances, (5) ensures that the cost of services provided primarily for the benefit of unincorporated area residents are paid for by unincorporated area revenues and (6) provides a process for resolving land use disputes arising over annexation.

Duly adopted this 13th day of May, 2010.

James Spencer, Sr., Mayor,

City of Cecil

ATTEST:

Florence Guest, City Clerk

Pursuant to the Official Code of Georgia, Title 36, Chapter 70, the local governments of Cook County have completed their service delivery strategy process. This included a review of all existing services currently provided throughout the county and their funding mechanisms, and developed a strategy for the provision of these services that is efficient, equitable and responsible to citizens of the county.

The Cook County Service Delivery Strategy includes (1) an identification of all services provided and a description of the geographic service area, (2) an assignment as to the provider of the service, (3) a description of the funding sources and (4) an identification of the mechanisms to be used to facilitate the implementation. The aforementioned is evidenced on the Georgia Department of Community Affairs Service Delivery Strategy for Cook County pages 1-4, herein after referred to as the Cook Service Delivery Strategy.

By adoption of this resolution the City of Lenox hereby adopts the Cook Service Delivery Strategy and authorizes the Mayor to sign the Cook Service Delivery Strategy and submit the strategy to the Georgia Department of Community Affairs for verification. The adoption of this resolution further authorizes the Mayor to certify that the Cook Service Delivery Strategy: (1) provides an accurate depiction of the agreed upon strategy, (2) promotes the most efficient, effective and responsive delivery of services, (3) provides that water and sewer fee for extraterritorial services are reasonable and not arbitrarily higher, (4) provides that extraterritorial water and sewer extensions will be consistent with all applicable land use plans and ordinances, (5) ensures that the cost of services provided primarily for the benefit of unincorporated area residents are paid for by unincorporated area revenues and (6) provides a process for resolving land use disputes arising over annexation.

Duly adopted this 3rd day of May, 2010.

Dot Cloud, Mayor,

City of Lenox

TEST:

Teresa Barber, City Clerk

Pursuant to the Official Code of Georgia, Title 36, Chapter 70, the local governments of Cook County have completed their service delivery strategy process. This included a review of all existing services currently provided throughout the county and their funding mechanisms, and developed a strategy for the provision of these services that is efficient, equitable and responsible to citizens of the county.

The Cook County Service Delivery Strategy includes (1) an identification of all services provided and a description of the geographic service area, (2) an assignment as to the provider of the service, (3) a description of the funding sources and (4) an identification of the mechanisms to be used to facilitate the implementation. The aforementioned is evidenced on the Georgia Department of Community Affairs Service Delivery Strategy for Cook County pages 1-4, herein after referred to as the Cook Service Delivery Strategy.

By adoption of this resolution the City of Sparks hereby adopts the Cook Service Delivery Strategy and authorizes the Mayor to sign the Cook Service Delivery Strategy and submit the strategy to the Georgia Department of Community Affairs for verification. The adoption of this resolution further authorizes the Mayor to certify that the Cook Service Delivery Strategy: (1) provides an accurate depiction of the agreed upon strategy, (2) promotes the most efficient, effective and responsive delivery of services, (3) provides that water and sewer fee for extraterritorial services are reasonable and not arbitrarily higher, (4) provides that extraterritorial water and sewer extensions will be consistent with all applicable land use plans and ordinances, (5) ensures that the cost of services provided primarily for the benefit of unincorporated area residents are paid for by unincorporated area revenues and (6) provides a process for resolving land use disputes arising over annexation.

Duly adopted this 10th day of May, 2010.

Samuel Wilson, Mayor,

City of Sparks

ATTEST

Sonya Philpot, City Clerk

#### **COOK COUNTY**

## INTERGOVERNMENTAL AGREEMENT Process For Provision of Extraterritorial

Water and Sewer Services

WHEREAS, the respective member governments of Cook County, which include the Cook County Board of Commissioners, and the Mayor/Councils of the cities of Adel, Sparks, Lenox and Cecil have, pursuant to Georgia Laws and Acts, prepared and adopted a joint countywide comprehensive plan and service delivery strategy; and

WHEREAS, the 2010 Greater Cook County Comprehensive Plan, as duly amended, was developed jointly and includes a single land use classification plan for the unincorporated and incorporated areas of the county; and

WHEREAS, these governments have formed a joint countywide Planning Advisory Commission to assist the respective member governments in their local planning, plan implementation, and land use regulatory programs; and

WHEREAS, it is the intent of the respective governments party to this agreement to establish a process whereby the provision of extraterritorial water and sewer services by any jurisdiction shall be consistent with all applicable land use plans and ordinances so as to meet both the requirements of law and spirit of cooperation and coordination outlined in the Georgia Service Delivery Act.

NOW THEREFORE BE IT RESOLVED THAT: The Cities of Adel, Sparks, Lenox and Cecil, and Cook County, hereby agree to implement the following process for the provision or extraterritorial water and sewer services effective April 1, 1999.

1. Prior to initiating any extension of water or sewer services outside the boundaries of that respective local government the City will notify the county government of the proposed extension. The notification will include, at a minimum, information on location of property, size of the proposed extension, proposed purpose of the extension (i.e. proposed change in land use) and the current land use and zoning classification. For the purposes of official notification of the county as required by this agreement, notification of the county shall be achieved by delivery of the required information to the county clerk.

Concurrent with the notification to the county, the city will forward the proposed extraterritorial extension data required above to the countywide planning commission for its review and recommendation. Cook County and its cities recognize that role of the "plan caretakers" rests with their planning commission, and agree that the planning commission's recommendation will be given full and complete consideration in the extraterritorial water and sewer services extension process.

- 2. Within fifteen working days following receipt of the above information, the county will forward to the city a statement:
  - (a) Indicating that the county has **no objection** to the proposed extraterritorial water or sewer extension and its consistency with land use; or

- (b) Describing its objection to the proposed water or sewer extension or land use consistency, and providing supporting information including a listing of any possible stipulations or conditions that would alleviate the county's objections;
- 3. If the county has no objection, or fails to respond within the aforementioned timeframe, to the city's proposed extraterritorial water or sewer extension or land use consistency, the city is free to proceed with the provision of the service.
- 4. If the county notifies the city that it has an objection, the city will respond to the county in writing within fifteen working days by either:
  - (a) agreeing with the county and stopping action on the proposed extraterritorial water or sewer extension;
  - (b) agreeing to implement the county's stipulations and conditions and thereby resolving the county's objection;
  - (c) initiating a 30-day (maximum) Mediation process to discuss possible compromises; or
  - (d) Disagreeing that the county's objection is bona fide and notifying the county that the city will seek a declaratory judgment.

If the city initiates 4(c) Mediation, the city and county will agree on a mediator, a mediation schedule and participants in the mediation. The city and county shall agree to share equally any costs associated with mediation.

- 5. If no resolution of the county's objection results from the mediation, the city:
  - (a) Will abandon and not proceed with the proposed extension, or
  - (b) Will notify the county that the city will seek a declaratory judgement in court.
- 6. If the city and county reach agreement as described in step 4(b) or 4(c), the City is free to proceed with the extraterritorial

This extraterritorial process for water and sewer services shall remain in force and effect until amended by agreement of each party or unless otherwise terminated by operation of law.

IN WITNESS WHEREOF the undersigned parties have hereunto affixed its names and seals on this day of March, 1999.

Attest

Authorized Representative of Cook County Board of

Commissioners

3-1-99

goda Henly

Date

Attest  3-11-99  Date	Win W. to Pager
Attest	Authorized Representative of City of Adel
3-11-99 Date	
Sandtu / Seamun Attest	Authorized Representative of City of Sparks
3-19-99 Date	
Attest Attest	Aythorized Representative of City of Lenox
Attest  3 - 23 - 99  Date	
Marjarie Harnage	Authorized Representative of City of Cecil