





FORM 1

COUNTY: CHATTOOGA

I. GENERAL INSTRUCTIONS:

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

OPTION B OPTION A Revising or Adding to the SDS Extending the Existing SDS 4. In Section IV type, "NONE." 4. List all services provided or primarily funded by each 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 6. Proceed to step 7, below. Delivery Arrangements form (FORM 2).

6. Complete one copy of the Certifications form (FORM 4) and have it signed by the authorized representatives of participating local governments. [Please note that DCA cannot validate the strategy unless it is signed by the local governments required by law (see Instructions, FORM 4).]

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

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

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

II. LOCAL GOVERNMENTS INCLUDED IN THE SERVICE DELIVERY STRATEGY:

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

Chattooga County

Lyerly

Menlo

Summerville

Trion

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

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

Animal Control

Building Inspection

Business License

Cemetery

Civic Center

Coroner

Cooperative Extension Service

Courts (Municipal)

Courts (Superior, Magistrate, Probate, State, Juvenile)

DFACS

Drug Task Force

E-911

Economic Development

Emergency Management Agency

Emergency Medical Services-Ambulance

Fire Service

Health Department

Indigent Defense

Jail

Law Enforcement

Library

Nature Gas Service

Public Works

Recreation

Registar

Senior Center

Sewer

Solid Waste Collection

Solid Waste Disposal

Tax Commission

Transit

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.

Natural Gas, Sewer, Water		

Page 2 of 2







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:CHATTOOGA	Service: Animal Control
Check the box that best describes the agreed upon	n delivery arrangement for this service:
	ing all cities and unincorporated areas) by a single service provider. (If
Service will be provided only in the unincorporat checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is anization providing the service.):
One or more cities will provide this service only in unincorporated areas. (If this box is checked, ide	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
One or more cities will provide this service only service in unincorporated areas. (If this box is checkervice.):	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the
Other (If this box is checked, attach a legible midentify the government, authority, or other organization)	nap delineating the service area of each service provider, and ration that will provide service within each service area.):
2. In developing this strategy, were overlapping serving identified?	ice areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	nentation as described, below)
⊠No	
If these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G. overlapping service areas or competition cannot be a	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	egy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 4 of 2

SDS FORM 2, continued

Local Government or Author	rity Funding Met	hod
Chattooga County	General Fund	
Summerville	General Fund, Adoption Fees	
Trion	General Fund	
		\
. How will the strategy change the	e previous arrangements for providing and/or funding	this service within the county?
No Change		
	agreements or intergovernmental contracts that will b	ne used to implement the strategy fo
this service:		
this service: Agreement Name	Contracting Parties	Effective and Ending Dates
this service: Agreement Name		
this service: Agreement Name	Contracting Parties	Effective and Ending Dates
this service: Agreement Name	Contracting Parties	Effective and Ending Dates
this service: Agreement Name	Contracting Parties	Effective and Ending Dates
this service:	Contracting Parties	Effective and Ending Dates
this service: Agreement Name Animal Control . What other mechanisms (if any	Contracting Parties	Effective and Ending Dates January - December - Yearly e (e.g., ordinances, resolutions, local
this service: Agreement Name Animal Control . What other mechanisms (if any	Contracting Parties Chattooga County, Summerville, Trion will be used to implement the strategy for this service	Effective and Ending Dates January - December - Yearly e (e.g., ordinances, resolutions, local
this service: Agreement Name Animal Control . What other mechanisms (if any	Contracting Parties Chattooga County, Summerville, Trion will be used to implement the strategy for this service	Effective and Ending Dates January - December - Yearly e (e.g., ordinances, resolutions, local
Agreement Name Animal Control . What other mechanisms (if any acts of the General Assembly, re	Contracting Parties Chattooga County, Summerville, Trion will be used to implement the strategy for this service	Effective and Ending Dates January - December - Yearly e (e.g., ordinances, resolutions, loc

If not, provide designated contact person(s) and phone number(s) below: JASON WINTERS, CHATTOOGA COUNTY COMMISSIONER, 706-857-0700

<u>AGREEMENT</u>

This Agreement is made and entered into this 3th day of November, 2010 by and between Chattooga County, a political subdivision of the State of Georgia (the "County") and the City of Summerville ("City").

Whereas, the County and City have various agreements regarding service delivery strategies and cost sharing of services provided to citizens of the City and County, including unincorporated Chattooga County and;

Whereas, the City and County provide essential and necessary services for their citizens and;

Whereas the County is collecting sales tax and property tax from the City residents and;

Whereas, the County and City desire to document their understanding and contractual agreement to continue said services;

Now, Therefore, the County and the City have negotiated certain cost shares and constitutes and understanding made in this agreement, and for consideration, the County and the City agree as follows:

Section I. The County will operate the 911 Center and provide necessary 911 services to the citizens of the City and dispatch police, fire, and other emergency personnel of the City. The City will contribute

\$100,000.00 per fiscal year beginning fiscal 2011 and each year thereafter, and in addition provide such increment increases that are reasonable and necessary for the operation of the services. In the event the parties cannot agree, said services may be subject to mediation pursuant to Section IX below.

Section II. Animal Control. The County will operate, maintain, and the County will pay all operating expense, maintenance, supplies, or charges at the City's facility which the City will provide for the County's use. In addition, the City will contribute \$25,200.00 each Summerville fiscal year and each year thereafter, and in addition provide such increment increases that are reasonable and necessary for the operation of the services. In the event the parties cannot agree, said services may be subject to mediation pursuant to Section IX below.

1. <u>Building and improvements</u>: The City will lease to the County the building and improvements wherein the current animal control services are provided. The County will pay to the City ONE (\$1.00) DOLLAR per year for its use of the building and all personal property belonging to the City located therein. During the life of this Agreement, the City will be responsible for maintaining the building, including roof, plumbing, and electrical systems, but shall not be responsible for damage

caused to the building due to negligence by tenant. The City shall also provide routine care to the grounds of said building, including lawn cutting and debris and/or leaf clearing. Except as provided above, tenant will maintain payments for the water, gas, electrical, sewage and telephone, and comply with all state, federal, and local standards with respect to the maintenance contained in said environmental and maintain the environment in a safe and clean manner.

- 2. Supplies: The County will provide all food, medicine, storage containers, hoses, euthanasia drugs, adoption and other forms necessary for record keeping, and all supplies necessary to maintain an animal control facility.
- 3. <u>Insurance</u>: The County shall provide general liability insurance and insurance on the personal property inside the building. The City shall provide liability and fire insurance on the building. The County shall not be obligated to provide insurance on the building itself.
- 4. Records and Reports: The County will do all intake and adoption of City of Summerville animals and shall maintain the following records on said animals: ownership, stray, adoption and euthanasia and will submit reports to the City according to the following schedule: said reports shall be filed with the City within thirty (30) days of the conclusion of any

bi-monthly reporting period. The City shall have the right to audit said records upon reasonable notice to the County.

- 5. <u>Fees</u>: All impound fees and revenue from board/quarantine shall be paid to the County as of the date of the County beginning the animal control services.
- 6. Terms of Contract: This contract shall be on a year-to-year basis. At the expiration of said one-year period, the parties hereto shall meet in order to discuss renewal for an additional period.
- 7. Termination of Contract: Either party may cancel the contract upon 90 days notice to the other party.

Section III. Recreation Department City of Summerville. The City will operate the Recreation Department for the City of Summerville and make services available for unincorporated residents. The County will contribute \$125,000.00 in Summerville fiscal 2011 and every year thereafter. The City shall not increase participation fees charged to residents of the unincorporated area so long as the county provides for an increment increase at a minimum of \$11,000.00 per year until the County's contribution is \$180,000.00. Upon reaching \$180,000.00, there shall be such increment increases as necessary to provide a proper allocation of expenses as relates to unincorporated resident's use of the facility. In the

event the parties cannot agree, said services may be subject to mediation pursuant to Section IX below.

Section IV. Public Works. The parties (City of Summerville and Chattooga County) agree to provide water to each other on an as needed and as available basis. The parties previously entered into a contract in 2008 wherein the City of Summerville agreed to sell water to the Chattooga Water District No. 1. The parties deemed it advisable to make said provisions reciprocal so that the City of Summerville may purchase water from Chattooga County under the same terms and conditions by which Summerville is obligated to sell to Chattooga County Water District No. 1.

The County will contribute \$100,000.00 beginning in Summerville fiscal year 2011 and each year thereafter for the City's part of state tax and tax receipts paid for City services to the County. The County shall provide increment increases as necessary for a proper allocation of the City's part of said revenues. In the event the parties cannot agree, said services may be subject to mediation pursuant to Section IX below.

Section V. Fire Department. The County and City will make appropriate allocations of funds for fire protection and endeavor to provide for a multi-jurisdiction agreement to provide fire protection services to the municipalities and County.

Section VI. Library. The parties will endeavor to enter into a multijurisdictional approach to library funding.

Section VII. Building Inspector, Zoning and Planning. The parties will endeavor to enter into a multi-jurisdictional approach to said services.

Section VIII. Amendments. This Agreement shall not be amended or modified except by agreement in writing executed by the governing authorities of the County and the City. However, the parties may enter into separate agreements as set forth above as to other services or to such services not covered by this Agreement.

Section IX. Governing Law. This Agreement shall be deemed to have been made and shall be construed and enforced in accordance with the laws of the State of Georgia.

Section X. Severability. Should any phrase, clause, sentence, or paragraph of this Agreement be held invalid or unconstitutional, the remainder of the Agreement shall remain in full force and effect as if such invalid or unconstitutional provision were not contained in the Agreement unless the elimination of such provision detrimentally reduces the consideration that any party is to receive under this Agreement or materially affects the operation of this Agreement.

Section XI. Compliance with Law. The County and the City shall comply with all applicable local, state, and federal statutes, ordinances, rules and regulations.

Section XII. Consent to Breach. No consent or waiver, express or implied, by any party to this Agreement, to any breach of any covenant, condition or duty of another party shall be construed as a consent to or waiver of any future breach of the same.

Section XIII. Counterparts. This Agreement may be executed in several counterparts, each of which shall be an original and all of which shall constitute but one and the same instrument.

Section IX. Mediation. The County and City agree to submit any controversy arising under this Agreement to mediation for a resolution. The parties to the mediation shall mutually select a neutral party to serve as mediator. In the event the parties cannot agree on a mediator, the mediator will be selected by the Senior Superior Court Judge of the Lookout Mountain Judicial Circuit. Costs of mediation shall be shared equally among the parties to the mediation.

In Witness Whereof, the County and the City acting through their duly authorized agents have caused this Agreement to be signed, sealed and

delivered	for	final	execution	by	the	County	and	the	City	on	the	date
indicated	herei	in.					ŧ					
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(Seal)												

GEORGIA, CHATTOOGA COUNTY

AGREEMENT

This Agreement, made			4 1	;	I	
between the Town of Tr	on, hereinafter	referred to	as "the I	own," and	Chattooga	County
hereinafter referred to as	"County".					
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	WI	INESSET	<u>H:</u>			
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The Town of Trion is a municipal corporation that is currently contracting for animal control within the Town and is desirous of transferring the animal control operation under this contract to Chattooga County. It is the intention of this Agreement that the County will be authorized to provide, and be compensated for providing, animal control services such as currently are provided to the Town of Trion. The County meets all federal, state, and municipal standards with respect to the providing of animal services as contemplated under this contract and during the term of said contract will be licensed and authorized to provide said services.

- 1. Supplies: The County will provide all food, medicine, storage containers, hoses, euthanasia drugs, adoption and other forms necessary for record keeping, and all supplies necessary to maintain an animal control facility.
- 2. Records and Reports: The County will do all intake and adoption of the Town of Trion animals and shall maintain the following records on said animals: ownership, stray, adoption and euthanasia and will submit reports to the Town according to the following schedule: said reports shall be filed bi-monthly, or once every two (2) months. Said reports shall be filed with the Town within thirty (30) days of the conclusion of any bi-monthly reporting period. The Town shall have the right to audit said records upon reasonable notice to the County.
- 3. Fees: All impound fees and revenue from hoard/quarantine shall he paid to the County as of the date of the County beginning the animal control pervices.

- 4. Terms of Contract: This contract shall be effective beginning July 1, 2004, and shall be for a term of one year. At the expiration of said one-year period, the parties hereto shall meet in order to discuss renewal for an additional period.
- 5. Termination of Contract: Either party may cancel the contract upon 30 days notice to the other party.
- 6. Payment for Services: The Town will pay as consideration for the services provided by the County pursuant to this contract the sum of NINE HUNDRED (\$900.00) DOLLARS per month beginning July 1, 2004. The initial payment shall be due and payable on July 1, 2004, and all other payments shall be due on the 1st day of each month during the term of this Agreement.
- 7. Other Issues: Any disputes with respect to the contract and communication as to the activities of the parties in connection with this contract shall be communicated in writing to the Town directed to the Mayor and to the County through its Commissioner.

IN WITNESS WHEREOF, the parties hereto have executed, or caused to be executed by their duly authorized officials, this Agreement in duplicate each of which shall be deemed an original on the date first above written.

TOWN OF TRION

CHATTOOGA COUNTY

Attest:

PARKER, COMMISSIONER







FORM 2: Summary of Service Delivery Arrangements

Instructions:

Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY: CHATTOOGA	Service: Building Inspection
d. Observation is an about the state of the control of the	n delivery arrangement for this convice:
Check the box that best describes the agreed upon	n delivery arrangement for this service.
Service will be provided countywide (i.e., includ this box is checked, identify the government, autho	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 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:
One or more cities will provide this service only service in unincorporated areas. (If this box is check service.):	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the
Other (If this box is checked, attach a legible midentify the government, authority, or other organization)	nap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping serving identified?	ice areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	nentation as described, below)
⊠No	
If these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G. overlapping service areas or competition cannot be expected to the contract of the service areas or competition.	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	egy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

SDS FORM 2, continued						
List each government or authority that enterprise funds, user fees, general fu fees, bonded indebtedness, etc.).	nt will help to pay for this service and indicate how the unds, special service district revenues, hotel/motel ta	e service will be funded (e.g., xes, franchise taxes, impact				
Local Government or Authority	Funding Method					
Summerville	General Fund, User Fees					
Trion	General Fund, User Fees					
4. How will the strategy change the prev	vious arrangements for providing and/or funding this	service within the county?				
No Change						
List any formal service delivery agree this service:	ements or intergovernmental contracts that will be use	ed to implement the strategy for				
Agreement Name	Contracting Parties	Effective and Ending Dates				
	1.					
	be used to implement the strategy for this service (e.gree changes, etc.), and when will they take effect?	g., ordinances, resolutions, local				

7. Person completing form: **David Howerin, Planning Director, Northwest Georgia RC**Phone number: **706-295-6485** Date completed: April 1, 2011

None

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: JASON WINTERS, CHATTOOGA COUNTY COMMISSIONER, 706-857-0700







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: CHATTOOGA	Service: Building License	
Check the box that best describes the agreed upor	n delivery arrangement for this service:	
Service will be provided countywide (i.e., including this box is checked, identify the government, authority	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:	
One or more cities will provide this service only service in unincorporated areas. (If this box is checkervice.):	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 organiz	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 servidentified?	ice areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional docum	nentation as described, below)	
⊠No		
If these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G. overlapping service areas or competition cannot be a	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).	
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	egy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.	
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Page 1 of 2

	SDS FORM 2, continued
3. List each government or authorit enterprise funds, user fees, gene fees, bonded indebtedness, etc.)	ty that will help to pay for this service and indicate how the service will be funded (e.g., eral funds, special service district revenues, hotel/motel taxes, franchise taxes, impact
Local Government or Author	rity Funding Method
Summerville	User Fees
Trion	User Fees
4. How will the strategy change the	e previous arrangements for providing and/or funding this service within the county?
None	
this service:	agreements or intergovernmental contracts that will be used to implement the strategy for
Agreement Name	Contracting Parties Effective and Ending Dates
None	
6. What other mechanisms (if any) acts of the General Assembly, ra	will be used to implement the strategy for this service (e.g., ordinances, resolutions, local ate or fee changes, etc.), and when will they take effect?
None	
7. Person completing form: David Phone number: 706-295-6485	Howerin, Planning Director, Northwest Georgia RC Date completed: April 1, 2011
	e contacted by state agencies when evaluating whether proposed local government service delivery strategy? ☐Yes ⊠No
	ct person(s) and phone number(s) below: GA COUNTY COMMISSIONER, 706-857-0700







FORM 2: Summary of Service Delivery Arrangements

Instructions:

Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY: CHATTOOGA	Service: Cemetery
Check the box that best describes the agreed upon	n delivery arrangement for this service:
	57 (A)
this box is checked, identify the government, autho	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.):
Service will be provided only in the unincorporat checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is anization providing the service.):
⊠One or more cities will provide this service only in unincorporated areas. (If this box is checked, ide Trion	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
One or more cities will provide this service only service in unincorporated areas. (If this box is checkervice.):	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the
Other (If this box is checked, attach a legible midentify the government, authority, or other organization)	nap delineating the service area of each service provider, and ration that will provide service within each service area.):
2. In developing this strategy, were overlapping servidentified?	ice areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	nentation as described, below)
⊠No	
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If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	egy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

	SDS FORM 2, continued			
List each government or author enterprise funds, user fees, genfees, bonded indebtedness, etc.	ty that will help to pay for this service and indicate how the ral funds, special service district revenues, hotel/motel to	e service will be funded (e.g., axes, franchise taxes, impact		
Local Government or Author	Local Government or Authority Funding Method			
Trion	General Fund, User fees			
		parties within the county?		
How will the strategy change th	e previous arrangements for providing and/or funding this	service within the county?		
No Change				
List any formal service delivery this service:	agreements or intergovernmental contracts that will be us	sed to implement the strategy for		
Agreement Name	Contracting Parties	Effective and Ending Dates		
None				
What other mechanisms (if any acts of the General Assembly, r	will be used to implement the strategy for this service (eate or fee changes, etc.), and when will they take effect?	.g., ordinances, resolutions, local		
,				
None				
7. Person completing form: David Phone number: 706-295-6485	Howerin, Planning Director, Northwest Georgia RC Date completed: April 1, 2011			
8. Is this the person who should be projects are consistent with the	e contacted by state agencies when evaluating whether pservice delivery strategy? ☐Yes ⊠No	proposed local government		
If not, provide designated conta JASON WINTERS, CHATTOO	ct person(s) and phone number(s) below: GA COUNTY COMMISSIONER, 706-857-0700			







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY: CHATTOOGA	Service: Civic Center
Check the box that best describes the agreed upon	n delivery arrangement for this service:
	ing all cities and unincorporated areas) by a single service provider. (If or organization providing the service.):Chattooga County
Service will be provided only in the unincorporat checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is anization providing the service.):
	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 eation that will provide service within each service area.):
In developing this strategy, were overlapping serving identified?	ice areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	nentation as described, below)
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	, continued
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Local Government or Authority	/ Funding Me	ethod
Chattooga County	General Fund, Rental Fees	,
How will the strategy change the p	previous arrangements for providing and/or fundin	g this service within the county?
No Change		
. List any formal service delivery ag this service:	reements or intergovernmental contracts that will	be used to implement the strategy fo
Agreement Name	Contracting Parties	Effective and Ending Dates
None		
	vill be used to implement the strategy for this serve or fee changes, etc.), and when will they take ef	
acts of the General Assembly, rate		
acts of the General Assembly, rate		fect?
None None Person completing form: David H Phone number: 706-295-6485 Is this the person who should be	e or fee changes, etc.), and when will they take ef	fect?
None 7. Person completing form: David H Phone number: 706-295-6485 8. Is this the person who should be oppojects are consistent with the self not, provide designated contact	owerin, Planning Director, Northwest Georgia Date completed: April 1, 2011 contacted by state agencies when evaluating whe	fect?







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.

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COUNTY: CHATTOOGA	Service: Cooperative Extension Service
Check the box that best describes the agreed upon	n delivery arrangement for this service:
Service will be provided countywide (i.e., includ this box is checked, identify the government, author	ing all cities and unincorporated areas) by a single service provider. (If ority or organization providing the service.):Chattooga 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:
One or more cities will provide this service only service in unincorporated areas. (If this box is chesservice.):	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the
Other (If this box is checked, attach a legible nidentify the government, authority, or other organization)	nap delineating the service area of each service provider, and zation that will provide service within each service area.):
In developing this strategy, were overlapping servidentified?	rice areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docun	nentation as described, below)
⊠No	
If these conditions will continue under this strategy, overlapping but higher levels of service (See O.C.G. overlapping service areas or competition cannot be	attach an explanation for continuing the arrangement (i.e., .A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible part	egy, <u>attach an implementation schedule</u> listing each step or action that y and the agreed upon deadline for completing it.
	Page 1 of 2

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 List each government or authori enterprise funds, user fees, gen- fees, bonded indebtedness, etc. 	eral funds,	help to pay for this service and indicate ho special service district revenues, hotel/mo	w the service will be funded (e.g., tel taxes, franchise taxes, impact
Local Government or Author	rity	Funding Met	thod
Chattooga County		eneral Fund, State	
Shakooga County			
4. How will the strategy change th	e previous	arrangements for providing and/or funding	this service within the county?
No Change		,	
List any formal service delivery this service:	agreemen	ts or intergovernmental contracts that will b	
Agreement Name		Contracting Parties	Effective and Ending Dates
None			
6. What other mechanisms (if any acts of the General Assembly, r	y) will be us rate or fee	sed to implement the strategy for this service changes, etc.), and when will they take effe	ce (e.g., ordinances, resolutions, local ect?
None			
7. Person completing form: David Phone number: 706-295-6485	l Howerin, Date	, Planning Director, Northwest Georgia I completed: April 1, 2011	RC
8. Is this the person who should be projects are consistent with the	oe contacte service de	ed by state agencies when evaluating whet elivery strategy?	her proposed local government
If not, provide designated conta JASON WINTERS, CHATTOO	act person(GA COUN	(s) and phone number(s) below: ITY COMMISSIONER, 706-857-0700	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

Answer each question below, attaching additional pages as necess should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY: CHATTOOGA	Service: Coroner
Check the box that best describes the agreed upor	n delivery arrangement for this service:
Service will be provided countywide (i.e., includi	ng all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.):Chattooga County
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is nization providing the service.):
One or more cities will provide this service only vin unincorporated areas. (If this box is checked, ide	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
One or more cities will provide this service only versions in unincorporated areas. (If this box is check service.):	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
Other (If this box is checked, attach a legible midentify the government, authority, or other organization)	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
In developing this strategy, were overlapping servi identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
If these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G.A. overlapping service areas or competition cannot be expected to the condition of the service areas or competition cannot be expected.	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

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Local Government or Authority	Funding M	lethod
Chattooga County	General Fund	
		· ·
How will the strategy change the pre	vious arrangements for providing and/or fundi	ng this service within the county?
lo Change	G.	
List any formal popular delivery agra	amenta or intergovernmental contracts that wil	I ha used to implement the strategy for
this service:	ements or intergovernmental contracts that wil	in be used to implement the strategy is
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Agreement Name	Contracting Parties	Effective and Ending Dates
None		
	be used to implement the strategy for this serv	
	be used to implement the strategy for this serv r fee changes, etc.), and when will they take e	
acts of the General Assembly, rate o		
acts of the General Assembly, rate o		
acts of the General Assembly, rate o		
acts of the General Assembly, rate o		
acts of the General Assembly, rate o		ffect?
None Person completing form: David How Phone number: 706-295-6485 Is this the person who should be cor	r fee changes, etc.), and when will they take e verin, Planning Director, Northwest Georgia Date completed: April 1, 2011 ntacted by state agencies when evaluating whe	RC
None Person completing form: David Hove Phone number: 706-295-6485	r fee changes, etc.), and when will they take e verin, Planning Director, Northwest Georgia Date completed: April 1, 2011 ntacted by state agencies when evaluating who ce delivery strategy? ☐Yes ☒No	RC







FORM 2: Summary of Service Delivery Arrangements

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should be reported to the Department of Community Affairs.	
COUNTY: CHATTOOGA	Service: Courts (Municipal)
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
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is nization providing the service.):
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
Other (If this box is checked, <u>attach a legible m</u> identify the government, authority, or other organize	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 expected to the contract of the service areas or competition.	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

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

Local Government or Authority	Funding Method	
Summerville	General Fund, Fines	
Trion	General Fund, Fines	
How will the strategy change the prev	ious arrangements for providing and/or funding this	service within the county?
	NG 100 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
No Change		
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të.		
List any formal service delivery agree this service:	ments or intergovernmental contracts that will be use	ed to implement the strategy fo
	ments or intergovernmental contracts that will be use	ed to implement the strategy fo
this service: Agreement Name		, , , , , , , , , , , , , , , , , , , ,
this service: Agreement Name		, ,
this service: Agreement Name		, ,
this service: Agreement Name		, ,
this service: Agreement Name		, , , , , , , , , , , , , , , , , , , ,
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this service: Agreement Name		
this service: Agreement Name None What other mechanisms (if any) will be		Effective and Ending Date
this service: Agreement Name None What other mechanisms (if any) will be	Contracting Parties The used to implement the strategy for this service (e.g.	Effective and Ending Date
this service: Agreement Name None What other mechanisms (if any) will be	Contracting Parties The used to implement the strategy for this service (e.g.	Effective and Ending Dates
Mone What other mechanisms (if any) will b acts of the General Assembly, rate or	Contracting Parties The used to implement the strategy for this service (e.g.	Effective and Ending Date

7. Person completing form: **David Howerin, Planning Director, Northwest Georgia RC**Phone number: **706-295-6485** Date completed: April 1, 2011

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: JASON WINTERS, CHATTOOGA COUNTY COMMISSIONER, 706-857-0700







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY: CHATTOOGA	Service: Courts (Superior, Magistrate, Probate, State, Juvenile)
1. 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, author	ing all cities and unincorporated areas) by a single service provider. (If ority or organization providing the service.): Chattooga County
Service will be provided only in the unincorporat checked, identify the government, authority or organization.	red portion of the county by a single service provider. (If this box is anization providing the service.):
One or more cities will provide this service only in unincorporated areas. (If this box is checked, ide	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
One or more cities will provide this service only service in unincorporated areas. (If this box is checkervice.):	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the
Other (If this box is checked, attach a legible midentify the government, authority, or other organization)	nap delineating the service area of each service provider, and ration that will provide service within each service area.):
2. In developing this strategy, were overlapping serv identified?	ice areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	nentation as described, below)
⊠No	
If these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G. overlapping service areas or competition cannot be	attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	egy, attach an implementation schedule listing each step or action that y and the agreed upon deadline for completing it.
	Page 1 of 2

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 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	itv	Funding Metho	od	
Chattooga County	General Fund, Fines,			
Chattooga County	Contrary and I most			
4. How will the strategy change the	previous arrangements for p	roviding and/or funding th	is service within the county?	
No Change				
List any formal service delivery this service:				
Agreement Name	Contractin	g Parties	Effective and Ending Dates	
None				

6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?				
None				
7. Person completing form: David Phone number: 706-295-6485	Howerin, Planning Director Date completed: April 1, 2			
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: JASON WINTERS, CHATTOOGA COUNTY COMMISSIONER, 706-857-0700				







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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: CHATTOOGA	Service: Department of Family and Children Services
1. Check the box that best describes the agreed upon Service will be provided countywide (i.e., included).	n delivery arrangement for this service: ing all cities and unincorporated areas) by a single service provider. (If
this box is checked, identify the government, autho	rity or organization providing the service.):Chattooga County ed portion of the county by a single service provider. (If this box is
☐ One or more cities will provide this service only in unincorporated areas. (If this box is checked, ide	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
One or more cities will provide this service only service in unincorporated areas. (If this box is checkervice.):	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the
Other (If this box is checked, attach a legible midentify the government, authority, or other organization)	nap delineating the service area of each service provider, and eation that will provide service within each service area.):
In developing this strategy, were overlapping serving identified?	ice areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	nentation as described, below)
No If these conditions will continue under this strategy is	attach an explanation for continuing the arrangement (i.e.
overlapping service areas or competition cannot be	attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	egy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Done 4 of 2

	SDS FORW 2, continued			
3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.).				
Local Government or Author				
Chattooga County	General Fund, State, Federal			
4. How will the strategy change th	e previous arrangements for providing and/or funding this	service within the county?		
No Change 5. List any formal service delivery this service:	agreements or intergovernmental contracts that will be use	ed to implement the strategy for		
tills service.				
Agreement Name	Contracting Parties	Effective and Ending Dates		
None				
	•			
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?				
None				
7. Person completing form: David Phone number: 706-295-6485	Howerin, Planning Director, Northwest Georgia RC Date completed: April 1, 2011			
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: JASON WINTERS, CHATTOOGA COUNTY COMMISSIONER, 706-857-0700				







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should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, and
COUNTY: CHATTOOGA	Service: Drug Task Force
Check the box that best describes the agreed upon	n delivery arrangement for this service:
⊠ Service will be provided countywide (i.e., includ this box is checked, identify the government, autho Summerville participates.	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): Chattooga County.
Service will be provided only in the unincorporat checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is anization providing the service.):
One or more cities will provide this service only in unincorporated areas. (If this box is checked, ide	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
One or more cities will provide this service only service in unincorporated areas. (If this box is checkervice.):	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the
Other (If this box is checked, attach a legible midentify the government, authority, or other organization)	nap delineating the service area of each service provider, and cation that will provide service within each service area.):
In developing this strategy, were overlapping serving identified?	ice areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	nentation as described, below)
⊠No	
If these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G. overlapping service areas or competition cannot be	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	egy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

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3. List each government or authority the enterprise funds, user fees, general fees, bonded indebtedness, etc.).	hat will help to pay for this service and indicate how funds, special service district revenues, hotel/mot	w the service will be funded (e.g., tel taxes, franchise taxes, impact		
Local Government or Authority	Funding Met	hod		
Chattooga County	Fines, General Fund, State, Federal	nou.		
Griattooga Godinty	Tilles, deficial tulia, otate, i edelal			
	1			
How will the strategy change the pr	revious arrangements for providing and/or funding	this service within the county?		
No Change 5. List any formal service delivery agrethis service:	eements or intergovernmental contracts that will b	e used to implement the strategy for		
Agreement Name	Contracting Parties	Effective and Ending Dates		
None				
	ll be used to implement the strategy for this service or fee changes, etc.), and when will they take effe			
None				
7. Person completing form: David Ho Phone number: 706-295-6485	werin, Planning Director, Northwest Georgia R Date completed: April 1, 2011	С		
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: JASON WINTERS, CHATTOOGA COUNTY COMMISSIONER, 706-857-0700				







FORM 2: Summary of Service Delivery Arrangements

Instructions:

not detenor	
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: CHATTOOGA	Service: <i>E-911</i>
Check the box that best describes the agreed upon	n delivery arrangement for this service:
Service will be provided countywide (i.e., includ this box is checked, identify the government, autho Summerville and Trion contribute to the operat	ing all cities and unincorporated areas) by a single service provider. (If or organization providing the service.):Chattooga County (ional cost)
Service will be provided only in the unincorporat checked, identify the government, authority or organization.	red portion of the county by a single service provider. (If this box is anization providing the service.):
One or more cities will provide this service only in unincorporated areas. (If this box is checked, ide	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
One or more cities will provide this service only service in unincorporated areas. (If this box is checkervice.):	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the
Other (If this box is checked, attach a legible midentify the government, authority, or other organization)	nap delineating the service area of each service provider, and cation that will provide service within each service area.):
In developing this strategy, were overlapping servidentified?	ice areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	nentation as described, below)
⊠No	
If these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G. overlapping service areas or competition cannot be expressed.	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	egy, attach an implementation schedule listing each step or action that y and the agreed upon deadline for completing it.

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Local Government or Authority	Funding Method
Chattooga County	General Fund
Summerville	General Fund
Trion	General Fund
. How will the strategy change the prev	ious arrangements for providing and/or funding this service within the county?
	ious arrangements for providing and/or funding this service within the county?
No Change	ious arrangements for providing and/or funding this service within the county? ments or intergovernmental contracts that will be used to implement the strategy for

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

None			

- 7. Person completing form: **David Howerin, Planning Director, Northwest Georgia RC**Phone number: **706-295-6485**Date completed: April 1, 2011
- 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







FORM 2: Summary of Service Delivery Arrangements

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

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fees, bonded indebtedness, etc.). Local Government or Authority	Funding Me	othod
Chattooga County IDA	General Fund	,ti/04
Summerville IDA	General Fund	
NW Georgia Joint Development Auth	General Fund	
	ious arrangements for providing and/or funding	
No Change		
F 1 ! 1 C 1	ments or intergovernmental contracts that will	he used to implement the strategy for
this service:		
this service: Agreement Name	Contracting Parties	Effective and Ending Dates
this service:		
this service: Agreement Name		
this service: Agreement Name None 6. What other mechanisms (if any) will be		Effective and Ending Dates ce (e.g., ordinances, resolutions, local
this service: Agreement Name None 6. What other mechanisms (if any) will be	Contracting Parties Doe used to implement the strategy for this servi	Effective and Ending Dates Ce (e.g., ordinances, resolutions, local







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: CHATTOOGA	Service: Emergency Management Agency
Check the box that best describes the agreed upor	n delivery arrangement for this service:
Service will be provided countywide (i.e., including this box is checked, identify the government, authority	ing all cities and unincorporated areas) by a single service provider. (If prity or organization providing the service.):Chattooga County
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	red portion of the county by a single service provider. (If this box is anization providing the service.):
One or more cities will provide this service only in unincorporated areas. (If this box is checked, ide	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
One or more cities will provide this service only service in unincorporated areas. (If this box is checkervice.):	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the
Other (If this box is checked, <u>attach a legible m</u> identify the government, authority, or other organiz	nap delineating the service area of each service provider, and ration that will provide service within each service area.):
2. In developing this strategy, were overlapping servidentified?	ice areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	nentation as described, below)
⊠No	
If these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G. overlapping service areas or competition cannot be a	attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	egy, attach an implementation schedule listing each step or action that y and the agreed upon deadline for completing it.
	Page 4 of 2

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Local Government or Authority	Funding N	Method
Chattooga County	General Fund	
		- Line -
How will the strategy change the pro-	evious arrangements for providing and/or fundi	ing this service within the county?
*		
No Change		
	eements or intergovernmental contracts that wi	ill be used to implement the strategy for
this service:		
uns service.		
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name None		
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Agreement Name None What other mechanisms (if any) wil		rvice (e.g., ordinances, resolutions, loc
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Agreement Name None What other mechanisms (if any) wil acts of the General Assembly, rate of the General Assembly, rate of the Phone number: 706-295-6485 Is this the person who should be concepted are consistent with the service.	I be used to implement the strategy for this ser or fee changes, etc.), and when will they take experience. Werin, Planning Director, Northwest Georgia Date completed: April 1, 2011	rvice (e.g., ordinances, resolutions, loceffect?







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

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fees, bonded indebtedness, etc.)		othod
Local Government or Author		etnoa
Chattooga County	Service provided by private hospital	
	e previous arrangements for providing and/or funding	og this convice within the county?
lo Change	provided directions for providing arrange ranta.	
his service:	agreements or intergovernmental contracts that will	
Agreement Name	Contracting Parties	Effective and Ending Date
lone		
	will be used to implement the strategy for this servate or fee changes, etc.), and when will they take ef	
acts of the General Assembly, ra		
None Person completing form: David		fect?
None Person completing form: David Phone number: 706-295-6485 Is this the person who should be projects are consistent with the second	te or fee changes, etc.), and when will they take ef	RC







FORM 2: Summary of Service Delivery Arrangements

Instructions:

Make copies of this form and complete one for each service li Answer each question below, attaching additional pages as necesshould 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: CHATTOOGA	Service: Fire Services
Check the box that best describes the agreed upon	
Service will be provided countywide (i.e., including this box is checked, identify the government, authorized and the countywide (i.e., including this box is checked, identify the government, authorized and the countywide (i.e., including this box is checked, identify the government, authorized and including the countywide (i.e., including this box is checked, identify the government, authorized this box is checked.	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 anization providing the service.):
One or more cities will provide this service only in unincorporated areas. (If this box is checked, ide	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
⊠One or more cities will provide this service only service in unincorporated areas. (If this box is checkervice.): Chattooga County (Volunteer Fire Dep	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the partment) Lyerly, Menlo, Summerville, Trion
Other (If this box is checked, attach a legible midentify the government, authority, or other organization)	nap delineating the service area of each service provider, and cation that will provide service within each service area.):
In developing this strategy, were overlapping servidentified?	ice areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	nentation as described, below)
⊠No	
If these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G. overlapping service areas or competition cannot be a	attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	egy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

Page 1 of 2

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

Local Government or Authority	Funding Method	
Chattooga County	General Fund, Private Donations, State, User Fees	
Lyerly	General Fund, Private Donation, State, User Fees	
Menlo	General Fund, Private Donation, State, User Fees	
Summerville	General Fund, Private Donation, State, User Fees	
Trion	General Fund, Private Donation, State, User Fees	

Trion	General Fund, Private Donation, State, User F	ees
4. How will the strategy change the բ	previous arrangements for providing and/or funding t	his service within the county?
No Change		
List any formal service delivery ag this service:	reements or intergovernmental contracts that will be	e used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
None		
	vill be used to implement the strategy for this service or fee changes, etc.), and when will they take effect	
None		
13/2/2004 (1004) P 1004		
7. Person completing form: David H Phone number: 706-295-6485	owerin, Planning Director, Northwest Georgia Ro Date completed: April 1, 2011	C
8. Is this the person who should be	contacted by state agencies when evaluating whether	er proposed local government

projects are consistent with the service delivery strategy? ☐Yes ☒No







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: CHATTOOGA	Service: Health Department
1. 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	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): Chattooga County
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is anization providing the service.):
☐One or more cities will provide this service only in unincorporated areas. (If this box is checked, ide	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
☐One or more cities will provide this service only service in unincorporated areas. (If this box is check service.):	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the
Other (If this box is checked, attach a legible n identify the government, authority, or other organization)	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 serv identified?	ice areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	nentation as described, below)
⊠No	
If these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G. overlapping service areas or competition cannot be	attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	egy, attach an implementation schedule listing each step or action that y and the agreed upon deadline for completing it.
	Page 4 of 2

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 List each government or authori enterprise funds, user fees, gene fees, bonded indebtedness, etc. 	eral fui	will help to pay for this service and indicate how the nds, special service district revenues, hotel/motel tax	e service will be funded (e.g., kes, franchise taxes, impact
Local Government or Author	ritv	Funding Method	
Chattooga County		General Fund	
4. How will the strategy change th	e prev	ious arrangements for providing and/or funding this	service within the county?
No Change			
5. List any formal service delivery this service:	agree	ments or intergovernmental contracts that will be us	ed to implement the strategy for
Agreement Name		Contracting Parties	Effective and Ending Dates
None			
6. What other mechanisms (if any acts of the General Assembly, r) will b ate or	e used to implement the strategy for this service (e. fee changes, etc.), and when will they take effect?	g., ordinances, resolutions, local
None			
7. Person completing form: David Phone number: 706-295-6485		erin, Planning Director, Northwest Georgia RC eate completed: April 1, 2011	
8. Is this the person who should be projects are consistent with the	e cont servic	acted by state agencies when evaluating whether p e delivery strategy?	roposed local government
If not, provide designated conta JASON WINTERS, CHATTOO	ct pers GA C	son(s) and phone number(s) below: DUNTY COMMISSIONER, 706-857-0700	







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:CHATTOOGA	Service: Indigent Defense
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, author	ing all cities and unincorporated areas) by a single service provider. (If prity or organization providing the service.): Chattooga County
Service will be provided only in the unincorporat checked, identify the government, authority or organization.	red portion of the county by a single service provider. (If this box is anization providing the service.):
One or more cities will provide this service only in unincorporated areas. (If this box is checked, ide	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
One or more cities will provide this service only service in unincorporated areas. (If this box is cheeservice.):	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 n identify the government, authority, or other organization)	nap delineating the service area of each service provider, and ration that will provide service within each service area.):
In developing this strategy, were overlapping serv identified?	ice areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	nentation as described, below)
⊠No	
If these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G. overlapping service areas or competition cannot be	attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	egy, <u>attach an implementation schedule</u> listing each step or action that y and the agreed upon deadline for completing it.
	Page 1 of 2

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SDS FORM 2, contin	7-1	W 0-(0)	1	I V		m4 0			

Chattooga County General Fund How will the strategy change the previous arrangements for providing and/or funding this service within the county? No Change List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy f this service: Agreement Name Contracting Parties Effective and Ending Date None . What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, locats of the General Assembly, rate or fee changes, etc.), and when will they take effect?	Local Government or Author	rity Funding	Method
List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy fithis service: Agreement Name			
List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy fithis service: Agreement Name	,		
List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy fithis service: Agreement Name			
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List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy fithis service: Agreement Name	How will the strategy change th	e previous arrangements for providing and/or fund	ding this service within the county?
List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy fithis service: **Agreement Name** Contracting Parties* Effective and Ending Date None** 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? **None** Person completing form: David Howerin, Planning Director, Northwest Georgia RC Phone number: 706-295-6485 Date completed: May 2, 2011 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? \[\subseteq Yes \boxed{\text{No}} \end{\text{No}}	Thow will the strategy change th	e previous arrangements for providing analor land	
List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy of this service: Agreement Name			
List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy of this service: Agreement Name			
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What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, locats of the General Assembly, rate or fee changes, etc.), and when will they take effect? None Person completing form: David Howerin, Planning Director, Northwest Georgia RC Phone number: 706-295-6485 Date completed: May 2, 2011 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	this service:		
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None Person completing form: David Howerin, Planning Director, Northwest Georgia RC Phone number: 706-295-6485 Date completed: May 2, 2011 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		Contracting Parties	Effective and Ending Date
None Person completing form: David Howerin, Planning Director, Northwest Georgia RC Phone number: 706-295-6485 Date completed: May 2, 2011 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		Contracting Parties	Effective and Ending Date
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. Person completing form: David Howerin, Planning Director, Northwest Georgia RC Phone number: 706-295-6485 Date completed: May 2, 2011 . 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	None		
. Person completing form: David Howerin, Planning Director, Northwest Georgia RC Phone number: 706-295-6485 Date completed: May 2, 2011 . 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	None . What other mechanisms (if any) will be used to implement the strategy for this se	ervice (e.g., ordinances, resolutions, loc
. Person completing form: David Howerin, Planning Director, Northwest Georgia RC Phone number: 706-295-6485 Date completed: May 2, 2011 . 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	None What other mechanisms (if any) will be used to implement the strategy for this se	ervice (e.g., ordinances, resolutions, loc
Phone number: 706-295-6485 Date completed: May 2, 2011 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	None . What other mechanisms (if any) will be used to implement the strategy for this se	ervice (e.g., ordinances, resolutions, loc
Phone number: 706-295-6485 Date completed: May 2, 2011 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	What other mechanisms (if any acts of the General Assembly, r) will be used to implement the strategy for this se	ervice (e.g., ordinances, resolutions, loc
Phone number: 706-295-6485 Date completed: May 2, 2011 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	What other mechanisms (if any acts of the General Assembly, r) will be used to implement the strategy for this se	ervice (e.g., ordinances, resolutions, loc
Phone number: 706-295-6485 Date completed: May 2, 2011 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	None . What other mechanisms (if any) will be used to implement the strategy for this se	ervice (e.g., ordinances, resolutions, loc
projects are consistent with the service delivery strategy? ☐Yes ☒No	What other mechanisms (if any acts of the General Assembly, r) will be used to implement the strategy for this seate or fee changes, etc.), and when will they take	ervice (e.g., ordinances, resolutions, loc effect?
If not provide designated contact person(s) and phone number(s) below:	None What other mechanisms (if any acts of the General Assembly, recommendation). None) will be used to implement the strategy for this seate or fee changes, etc.), and when will they take	ervice (e.g., ordinances, resolutions, loc effect?
	None What other mechanisms (if any acts of the General Assembly, remainder) None Person completing form: David Phone number: 706-295-6485) will be used to implement the strategy for this seate or fee changes, etc.), and when will they take I Howerin, Planning Director, Northwest George Date completed: May 2, 2011 be contacted by state agencies when evaluating we	ervice (e.g., ordinances, resolutions, loc effect?







FORM 2: Summary of Service Delivery Arrangements

Instructions:

Make copies of this form and complete one for each service If 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: CHATTOOGA	Service: Law Enforcement
Check the box that best describes the agreed upon	n delivery arrangement for this service:
Service will be provided countywide (i.e., includ this box is checked, identify the government, autho	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 organization.	ed portion of the county by a single service provider. (If this box is anization providing the service.):
One or more cities will provide this service only in unincorporated areas. (If this box is checked, ide	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
One or more cities will provide this service only service in unincorporated areas. (If this box is checkervice.):	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the
identify the government, authority, or other organiz County Sheriff's Department provides this serv	nap delineating the service area of each service provider, and cation that will provide service within each service area.): Chattooga rice for the unincorporated areas of the county and for the palities of Summerville and Trion provide this service in their
2. In developing this strategy, were overlapping servidentified?	ice areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	nentation as described, below)
⊠No	
If these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G. overlapping service areas or competition cannot be expressed to the condition of the control of the condition of the conditions will continue under this strategy, a condition of the conditions will continue under this strategy, and the condition of the	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 strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.

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

		Method	
Chattooga County	General Fund, Fines, State, Federal		
Summerville	General Fund, Fines, State		
Trion	General Fund, Fines, State		
How will the strategy change the p	revious arrangements for providing and/or fundi	ing this service within the county?	
No Change			
this service: Agreement Name	reements or intergovernmental contracts that wi Contracting Parties	Effective and Ending Dates	
None	Contracting Fartisc		
TOTIC			
What other mechanisms (if any) wacts of the General Assembly, rate	rill be used to implement the strategy for this ser or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, loc effect?	
What other mechanisms (if any) wacts of the General Assembly, rate	rill be used to implement the strategy for this ser or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, loc effect?	
. What other mechanisms (if any) wacts of the General Assembly, rate	rill be used to implement the strategy for this ser or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, loc effect?	
acts of the General Assembly, rate	vill be used to implement the strategy for this ser e or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, loc leffect?	
acts of the General Assembly, rate	rill be used to implement the strategy for this ser or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, loc effect?	
. What other mechanisms (if any) wacts of the General Assembly, rate	rill be used to implement the strategy for this ser or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, loc effect?	
acts of the General Assembly, rate	owerin, Planning Director, Northwest Georgia	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

should be reported to the Department of Community Affairs.		
COUNTY: CHATTOOGA	Service: Library	
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 (Contributions by Lyerly, Menlo, Summerville, Technology).	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): Chattooga County [rion]	
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is inization providing the service.):	
☐One or more cities will provide this service only 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 sked, identify the government(s), authority or organization providing the	
Other (If this box is checked, attach a legible midentify the government, authority, or other organiz	nap delineating the service area of each service provider, and ation that will provide service within each service area.):	
In developing this strategy, were overlapping servi identified?	ice areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional docum	nentation as described, below)	
⊠No		
If these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G., overlapping service areas or competition cannot be expected to the condition of the service areas or competition.	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).	
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	egy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.	

SDS FORM 2, continued

Local Government or Authority	Funding Met	hod
Chattooga County	General Fund (Contribution from Lyerly, Men	lo, Summerville, Trion)
. How will the strategy change the prev	vious arrangements for providing and/or funding	this service within the county?
No Change		
. List any formal service delivery agree this service:	ements or intergovernmental contracts that will b	e used to implement the strategy fo
Agreement Name	Contracting Parties	Effective and Ending Dates
None		
	be used to implement the strategy for this service fee changes, etc.), and when will they take effe	
acts of the General Assembly, rate or		
acts of the General Assembly, rate or		
acts of the General Assembly, rate or		
acts of the General Assembly, rate or None Person completing form: David How		ct?
Acts of the General Assembly, rate or None 7. Person completing form: David How Phone number: 706-295-6485	erin, Planning Director, Northwest Georgia R Date completed: April 1, 2011 tacted by state agencies when evaluating wheth	ct?







FORM 2: Summary of Service Delivery Arrangements

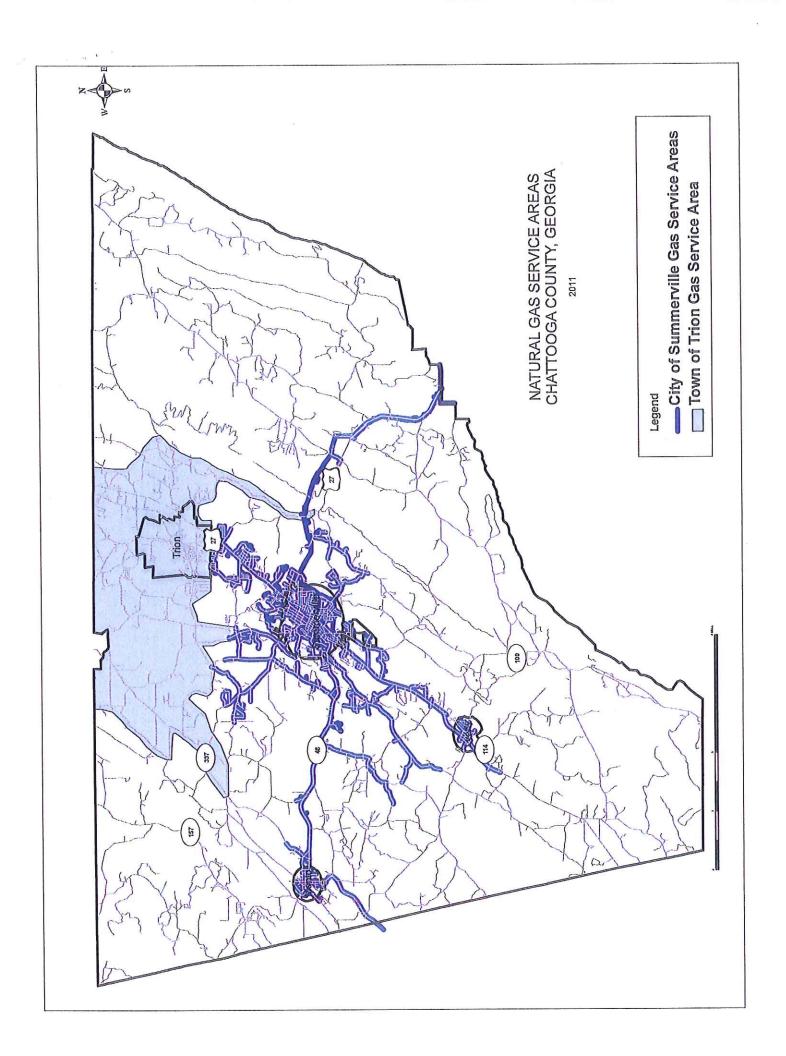
Instructions:

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

Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY: CHATTOOGA	Service: Natural Gas Service
Check the box that best describes the agreed upon Service will be provided countywide (i.e., including this box is checked, identify the government, authority).	ing all cities and unincorporated areas) by a single service provider. (If
,	ed portion of the county by a single service provider. (If this box is
	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
⊠Other (If this box is checked, <u>attach a legible m</u> identify the government, authority, or other organiz Trion	ap delineating the service area of each service provider, and ation that will provide service within each service area.): Summerville,
In developing this strategy, were overlapping servi identified?	ice areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	nentation as described, below)
⊠No	
If these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G., overlapping service areas or competition cannot be expected to the condition of the service areas or competition cannot be expected to the service areas or competition cannot be expected to the service areas or competition cannot be expected to the service areas or competition.	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

SDS FORM 2, continued

	eral fur	will help to pay for this service and indicate how the nds, special service district revenues, hotel/motel ta	
Local Government or Author	rity	Funding Method	
Summerville		User Fees	
Trion		User Fees	
4. How will the strategy change th	e previ	ous arrangements for providing and/or funding this	service within the county?
The service delivery map has be	en upd	ated.	
5. List any formal service delivery this service:	agreer	nents or intergovernmental contracts that will be use	ed to implement the strategy for
Agreement Name		Contracting Parties	Effective and Ending Dates
None			
		e used to implement the strategy for this service (e.gee changes, etc.), and when will they take effect?	g., ordinances, resolutions, local
None			ys.
7. Person completing form: David Phone number: 706-295-6485		rin, Planning Director, Northwest Georgia RC ate completed: April 1, 2011	
		acted by state agencies when evaluating whether predelivery strategy? ☐Yes ☑No	roposed local government
		on(s) and phone number(s) below: UNTY COMMISSIONER, 706-857-0700	









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: CHATTOOGA	Service: Public Works	
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	
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is inization providing the service.):	
One or more cities will provide this service only in unincorporated areas. (If this box is checked, ide	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:	
⊠One or more cities will provide this service only service in unincorporated areas. (If this box is checkervice.): Chattooga County, Lyerly, Menlo, Sun	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the immerville, Trion	
Other (If this box is checked, attach a legible midentify the government, authority, or other organization)	nap delineating the service area of each service provider, and eation that will provide service within each service area.):	
In developing this strategy, were overlapping serving identified?	ice areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional docum	nentation as described, below)	
⊠No		
If these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G. overlapping service areas or competition cannot be expressed to the condition of the service areas or competition cannot be expressed to the conditions of the conditions are serviced to the conditions of the conditions are serviced to the conditions of the condi	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).	
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	egy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.	
	D 4 of 0	

Page 1 of 2

SDS FORM 2, continued

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

Local Government or Authority	Funding Method	
Chattooga County	General Fund, SPLOST	
Lyerly	General Fund	
Menlo	General Fund	
Summerville	General Fund	
Trion	General Fund	
-		
4. How will the strategy change the prev	ious arrangements for providing and/or funding this s	service within the county?
No Change		
this service:	ments or intergovernmental contracts that will be use	ed to implement the strategy for Effective and Ending Dates
Agreement Name None	Contracting Parties	Ellective and Ending Dates
None		
		I
What other mechanisms (if any) will b acts of the General Assembly, rate or	e used to implement the strategy for this service (e.g fee changes, etc.), and when will they take effect?	g., ordinances, resolutions, local
None		

7. Person completing form: David Howerin, Planning Director, Northwest Georgia RC Phone number: **706-295-6485** Date completed: April 1, 2011

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







FORM 2: Summary of Service Delivery Arrangements

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: CHATTOOGA	Service: Recreation	
Check the box that best describes the agreed upor	n delivery arrangement for this service:	
☐ Service will be provided countywide (i.e., including this box is checked, identify the government, authority	ing all cities and unincorporated areas) by a single service provider. (If 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 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:	
service in unincorporated areas. (If this box is check service.): Lverly, Menlo, Summervile, and Trion	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the operate recreation departments. Chattooga County contributes to at activities are open to any resident of the county.	
Other (If this box is checked, attach a legible midentify the government, authority, or other organization)	nap delineating the service area of each service provider, and cation that will provide service within each service area.):	
2. In developing this strategy, were overlapping serving identified?	ice areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional docum	nentation as described, below)	
⊠No		
If these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G. overlapping service areas or competition cannot be expected.)	attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).	
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	egy, attach an implementation schedule listing each step or action that y and the agreed upon deadline for completing it.	

SDS FORM 2, c	CHARLES IN
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3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.).

Local Government or Authority	Funding Method
Chattooga County	General Fund
Lyerly	General Fund, User Fees
Menlo	General Fund, User Fees
Summerville	General Fund, User Fees
Trion	General Fund, User Fees

. How will the	e strategy change the	previous arrangements	s for providing and/or	funding this service	within the county?
No Change					
no onango					

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
None		

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

None	

- 7. Person completing form: **David Howerin, Planning Director, Northwest Georgia RC**Phone number: **706-295-6485**Date completed: April 1, 2011
- 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







FORM 2: Summary of Service Delivery Arrangements

Instructions:

Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY: CHATTOOGA	Service: Registrar
Check the box that best describes the agreed upon	n delivery arrangement for this service:
	ing all cities and unincorporated areas) by a single service provider. (If
Service will be provided only in the unincorporat checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is anization providing the service.):
One or more cities will provide this service only in unincorporated areas. (If this box is checked, ide	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
One or more cities will provide this service only service in unincorporated areas. (If this box is checkervice.):	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the
identify the government, authority, or other organiz	nap delineating the service area of each service provider, and cation that will provide service within each service area.): Chattooga and national elections. The municipalities of Lyerly, Menlo, municipal elections.
In developing this strategy, were overlapping servidentified?	ice areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	nentation as described, below)
⊠No	
If these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G. overlapping service areas or competition cannot be	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 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.

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3. List each government or auth	ority that will help to	pay for this service and ir	idicate how the ser	vice will be funded (e.g.,
enterprise funds, user fees, go	eneral funds, special	service district revenues,	hotel/motel taxes,	franchise taxes, impact
fees, bonded indebtedness, e	etc.).			

Local Government or Authority	Funding Method
Chattooga County	General Fund
Lyerly	General Fund
Menlo	General Fund
Summerville	General Fund
Trion	General Fund

Summerville	General Fund		
Trion	General Fund		
0.00000 grants			
I. How will the strategy change the	previous arrangements for providing and	/or funding this	service within the county?
No Change			
5. List any formal service delivery a this service:	agreements or intergovernmental contract	s that will be use	ed to implement the strategy for
Agreement Name	Contracting Parties		Effective and Ending Dates
None			
6. What other mechanisms (if any) acts of the General Assembly, ra	will be used to implement the strategy for te or fee changes, etc.), and when will the	this service (e.e.ey take effect?	g., ordinances, resolutions, local
None			
7. Person completing form: David Phone number: 706-295-6485	Howerin, Planning Director, Northwest Date completed: April 1, 2011	Georgia RC	
Is this the person who should be projects are consistent with the s	e contacted by state agencies when evalu service delivery strategy? ☐Yes ⊠No	ating whether pr	roposed local government
	et person(s) and phone number(s) below: GA COUNTY COMMISSIONER, 706-857-	0700	







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

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 List each government or authority tha enterprise funds, user fees, general funded indebtedness, etc.). 	t will help to pay for this service and indicate hands, special service district revenues, hotel/m	now the service will be funded (e.g., notel taxes, franchise taxes, impact
Local Government or Authority	Funding M	ethod
Chattooga County	General Fund, State, Federal	<u> </u>
. How will the strategy change the prev	rious arrangements for providing and/or fundin	ng this service within the county?
No Change		e.
5. List any formal service delivery agree this service:	ments or intergovernmental contracts that will	be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
None		
*		
	be used to implement the strategy for this serv fee changes, etc.), and when will they take ef	
None		
	erin, Planning Director, Northwest Georgia Date completed: April 1, 2011	RC
projects are consistent with the service		ther proposed local government
If not, provide designated contact per JASON WINTERS, CHATTOOGA CO	son(s) and phone number(s) below: DUNTY COMMISSIONER, 706-857-0700	







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.

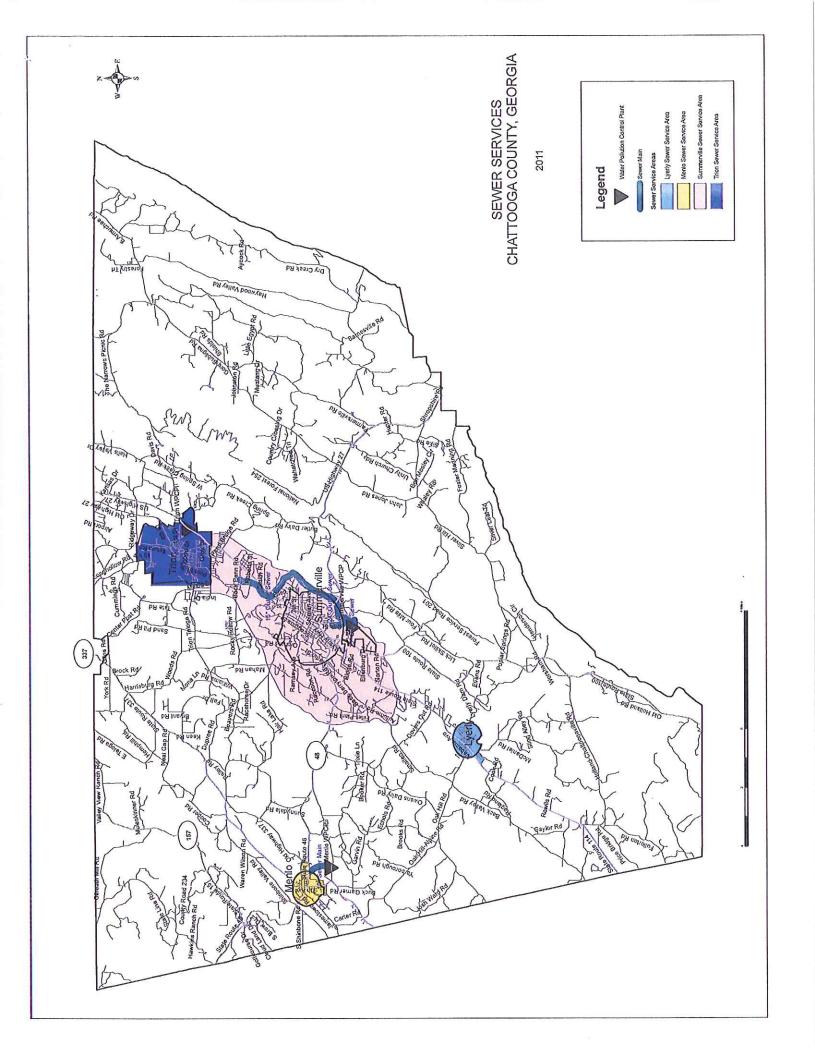
Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.				
COUNTY: CHATTOOGA	Service: Sewer			
1. Check the box that best describes the agreed upon Service will be provided countywide (i.e., including this box is checked, identify the government, authority.)	ing all cities and unincorporated areas) by a single service provider. (If			
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:			
One or more cities will provide this service only service in unincorporated areas. (If this box is check service.):	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the			
⊠Other (If this box is checked, <u>attach a legible midentify</u> the government, authority, or other organiz Summerville, Trion	nap delineating the service area of each service provider, and ation that will provide service within each service area.): Lyerly. Menlo,			
In developing this strategy, were overlapping servi identified?	ice areas, unnecessary competition and/or duplication of this service			
☐ Yes (if "Yes," you must attach additional docum	nentation as described, below)			
⊠No				
If these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G. overlapping service areas or competition cannot be expected to the contract of the service areas or competition cannot be expected to the service areas or competition cannot be expected to the service areas or competition cannot be expected to the service areas or competition.	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).			
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	egy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.			

SDS FORM 2, continued

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

Local Government or Authority	Funding Method	
Lyerly	User Fees, State, Federal, SPLOST	
Menlo	User Fees, State, Federal, SPLOST	
Summerville	User Fees, State, Federal, SLPOST	
Trion	User Fees, Water Fund, SPLOST	
4. How will the strategy change the prev	ious arrangements for providing and/or funding this	service within the county?
The service delivery map has been upo	dated.	
List any formal service delivery agree this service:	ments or intergovernmental contracts that will be us	sed to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
None		
What other mechanisms (if any) will b acts of the General Assembly, rate or	e used to implement the strategy for this service (e fee changes, etc.), and when will they take effect?	.g., ordinances, resolutions, local
None		2
	erin, Planning Director, Northwest Georgia RC ate completed: April 1, 2011	

projects are consistent with the service delivery strategy? ☐Yes ☒No









FORM 2: Summary of Service Delivery Arrangements

Instructions:

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: CHATTOOGA	Service: Solid Waste Collection
Check the box that best describes the agreed upon Service will be provided countywide (i.e., include)	n delivery arrangement for this service: ing all cities and unincorporated areas) by a single service provider. (If
this box is checked, identify the government, autho	rity or organization providing the service.): ed portion of the county by a single service provider. (If this box is
checked, identify the government, authority or orga	anization providing the service.):
One or more cities will provide this service only in unincorporated areas. (If this box is checked, ide	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
⊠One or more cities will provide this service only service in unincorporated areas. (If this box is check service.): Chattooga County, Lyerly, Menlo, Sun	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the nmerville, Trion
Other (If this box is checked, <u>attach a legible m</u> identify the government, authority, or other organiz	nap delineating the service area of each service provider, and cation that will provide service within each service area.):
2. In developing this strategy, were overlapping servidentified?	ice areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	nentation as described, below)
If these conditions will continue under this strategy,	attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	egy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

Page 1 of 2

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

Local Government or Authority	Funding Method
Chattooga County	General Fund, User Fees
Lyerly	General Fund, User Fees
Menlo	User Fees
Summerville	General Fund, User Fees
Trion	General Fund, User Fees
Trion	General Fund, Oser Fees

General Fund, Oser Fees		
General Fund, User Fees		
vious arrangements for providing and/or funding this	service within the county?	
ements or intergovernmental contracts that will be us		
Contracting Parties	Effective and Ending Dates	
8		
be used to implement the strategy for this service (er fee changes, etc.), and when will they take effect?	e.g., ordinances, resolutions, local	
	ements or intergovernmental contracts that will be us	

7. Person completing form: David Howerin, Planning Director, Northwest Georgia RC Phone number: **706-295-6485** Date completed: April 1, 2011

8. Is this the person who should be contacted by state agen<u>cies</u> wh<u>en</u> evaluating whether proposed local government projects are consistent with the service delivery strategy? ☐Yes ☒No







FORM 2: Summary of Service Delivery Arrangements

Instructions:

ch service listed on FORM 1, Section III. Use exactly the same service names listed on FORM 1.

Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY: CHATTOOGA	Service: Solid Waste Disposal
	a delicent arrangement for this continue:
Check the box that best describes the agreed upon	n delivery arrangement for this service.
Service will be provided countywide (i.e., includ this box is checked, identify the government, author	ing all cities and unincorporated areas) by a single service provider. (If brity or organization providing the service.): Chattooga County
Service will be provided only in the unincorporat checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is anization providing the service.):
One or more cities will provide this service only in unincorporated areas. (If this box is checked, ide	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
One or more cities will provide this service only service in unincorporated areas. (If this box is checkervice.):	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the
Other (If this box is checked, attach a legible midentify the government, authority, or other organization)	nap delineating the service area of each service provider, and cation that will provide service within each service area.):
2. In developing this strategy, were overlapping serv identified?	ice areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	nentation as described, below)
⊠No	
If these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G. overlapping service areas or competition cannot be	attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	egy, attach an implementation schedule listing each step or action that y and the agreed upon deadline for completing it.
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Page 1 of 2

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Local Government or Authority	Funding Metho	d
Chattooga County	General Fund, User Fees	
How will the strategy change the prev	rious arrangements for providing and/or funding thi	s service within the county?
	20 20 10	
No Change		
List any formal service delivery agree this service:	ments or intergovernmental contracts that will be u	used to implement the strategy for
·	,	
Agreement Name		
	Contracting Parties	Effective and Ending Dates
	Contracting Parties	Effective and Ending Dates
	Contracting Parties	Effective and Ending Dates
	Contracting Parties	Effective and Ending Dates
	Contracting Parties	Effective and Ending Dates
	Contracting Parties	Effective and Ending Dates
What other mechanisms (if any) will be	be used to implement the strategy for this service (e.g., ordinances, resolutions, loc
None . What other mechanisms (if any) will be		e.g., ordinances, resolutions, loc
What other mechanisms (if any) will be	be used to implement the strategy for this service (e.g., ordinances, resolutions, loc
What other mechanisms (if any) will be acts of the General Assembly, rate or	be used to implement the strategy for this service (e.g., ordinances, resolutions, loc
What other mechanisms (if any) will be acts of the General Assembly, rate or	be used to implement the strategy for this service (e.g., ordinances, resolutions, loc
. What other mechanisms (if any) will be acts of the General Assembly, rate or	be used to implement the strategy for this service (e.g., ordinances, resolutions, loc
What other mechanisms (if any) will be acts of the General Assembly, rate or None Person completing form: David How	be used to implement the strategy for this service (e.g., ordinances, resolutions, loc
What other mechanisms (if any) will be acts of the General Assembly, rate or None Person completing form: David How Phone number: 706-295-6485	be used to implement the strategy for this service (fee changes, etc.), and when will they take effect? erin, Planning Director, Northwest Georgia RC Date completed: April 1, 2011 tacted by state agencies when evaluating whether	e.g., ordinances, resolutions, loo
None . What other mechanisms (if any) will be acts of the General Assembly, rate or None . Person completing form: David How Phone number: 706-295-6485 . Is this the person who should be con	erin, Planning Director, Northwest Georgia RC Date completed: April 1, 2011 tacted by state agencies when evaluating whether be delivery strategy? □Yes ⊠No	e.g., ordinances, resolutions, lo







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: CHATTOOGA	Service: Tax Commission (collection and assessment)
Check the box that best describes the agreed upon Service will be provided countywide (i.e., including).	ing all cities and unincorporated areas) by a single service provider. (If
this box is checked, identify the government, autho	rity or organization providing the service.): ed portion of the county by a single service provider. (If this box is
☐One or more cities will provide this service only in unincorporated areas. (If this box is checked, ide	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
One or more cities will provide this service only service in unincorporated areas. (If this box is checkervice.):	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the
⊠Other (If this box is checked, <u>attach a legible midentify</u> the government, authority, or other organiz County provides this service county-wide. Lyen	nap delineating the service area of each service provider, and ration that will provide service within each service area.): Chattoogarly, Menlo, and Trion collect municipal taxes.
In developing this strategy, were overlapping serving identified?	ice areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	nentation as described, below)
⊠No	
If these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G. overlapping service areas or competition cannot be expected to the condition of the service areas or competition cannot be expected to the service areas or competition cannot be expected.	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	egy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

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

Local Government or Authority	Funding Method
Chattooga County	General Fund
Lyerly	General Fund
Menlo	General Fund
Trion	General Fund

Trion	General Fund	
4. How will the strategy change th	e previous arrangements for providing and/or fun	nding this service within the county?
No Change		
5. List any formal service delivery this service:	agreements or intergovernmental contracts that \	will be used to implement the strategy for
	O-de-disc D-disc	Effective and Ending Dates
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name None	Contracting Parties	Enective and Ending Dates
	Contracting Parties	Enective and Ending Dates
	Contracting Parties	Enective and Ending Dates
	Contracting Parties	Enective and Ending Dates
	Contracting Parties	Enective and Ending Dates
	Contracting Parties	Enective and Ending Dates
None 6. What other mechanisms (if any) will be used to implement the strategy for this seate or fee changes, etc.), and when will they take	ervice (e.g., ordinances, resolutions, local

7. Person completing form: **David Howerin, Planning Director, Northwest Georgia RC**Phone number: **706-295-6485**Date completed: April 1, 2011

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: JASON WINTERS, CHATTOGA COUNTY COMMISSIONER, 706-857-0700







SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

Make copies of this form and complete one for each service li Answer each question below, attaching additional pages as necess 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: CHATTOOGA	Service: Transit
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, authority).	n delivery arrangement for this service: ing all cities and unincorporated areas) by a single service provider. (If writy or organization providing the service.):Chattooga County
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is anization providing the service.):
☐One or more cities will provide this service only vin unincorporated areas. (If this box is checked, ide	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
☐One or more cities will provide this service only versive in unincorporated areas. (If this box is check service.):	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the
Other (If this box is checked, attach a legible midentify the government, authority, or other organiz	nap delineating the service area of each service provider, and ation that will provide service within each service area.):
In developing this strategy, were overlapping servi identified?	ice areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	nentation as described, below)
⊠No	
If these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G., overlapping service areas or competition cannot be expressed to the service areas or competition cannot be expressed to the service areas or competition.	attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	egy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

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	eral fu	will help to pay for this service and indicate how ands, special service district revenues, hotel/motel	
Local Government or Autho	rity	Funding Metho	od
Chattooga County		General Fund, State, Federal,User Fees	
4. How will the strategy change th	e prev	ous arrangements for providing and/or funding th	is service within the county?
No Change		5	
5. List any formal service delivery this service:	agreer	ments or intergovernmental contracts that will be u	used to implement the strategy for
Agreement Name		Contracting Parties	Effective and Ending Dates
None			
		e used to implement the strategy for this service (ee changes, etc.), and when will they take effect?	
None			
7. Person completing form: David Phone number: 706-295-6485		rin, Planning Director, Northwest Georgia RC ate completed: April 1, 2011	
8. Is this the person who should be projects are consistent with the		acted by state agencies when evaluating whether e delivery strategy? ☐Yes ☑No	proposed local government
		on(s) and phone number(s) below: UNTY COMMISSIONER, 706-857-0700	







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.

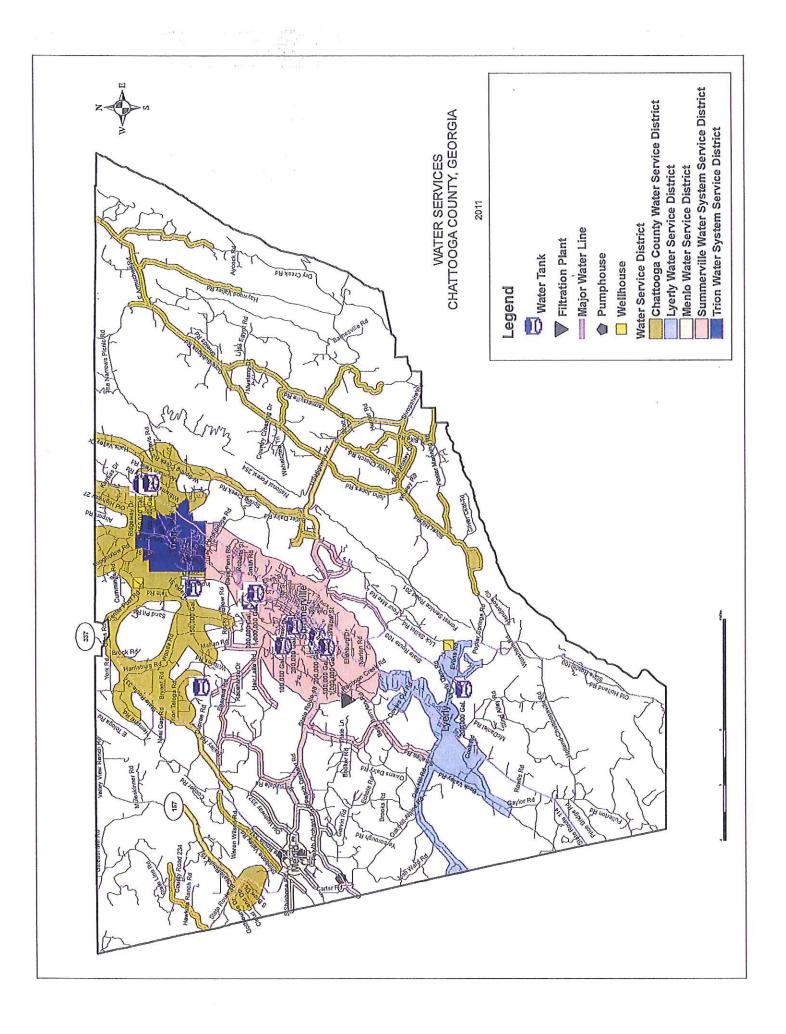
Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	ssary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY: CHATTOOGA	Service: Water
Check the box that best describes the agreed upor	n delivery arrangement for this service:
Service will be provided countywide (i.e., including this box is checked, identify the government, authority the government, authority the government.	ing all cities and unincorporated areas) by a single service provider. (If writy 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 anization providing the service.):
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the
Other (If this box is checked, <u>attach a legible midentify</u> the government, authority, or other organize County, Lyerly, Menlo, Summerville, Trion	nap delineating the service area of each service provider, and ation that will provide service within each service area.): Chattooga
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	nentation as described, below)
⊠No	
	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	egy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

SDS FORM 2, continued

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

Local Government or Authority	Funding Method
Chattooga County	User Fees, General Fund, State, Federal, SPLOST
Lyerly	User Fees, State, Federal, SPLOST
Menlo	User Fees, State, Federal, SPLOST
Summerville	User Fees, State, Federal, SPLOST
Trion	User Fees, State, Federal, SPLOST

Summerville	User Fees, State, Federal, SPLOST	
Trion	User Fees, State, Federal, SPLOST	
4. How will the strategy change the	previous arrangements for providing and/or funding	g this service within the county?
The service delivery map has bee	n updated.	
5. Liet any formal carvice delivery a	greements or intergovernmental contracts that will	he used to implement the strategy for
this service:	igreements of intergovernmental contracts that will	be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
None		
	will be used to implement the strategy for this servite or fee changes, etc.), and when will they take eff	
to the state of th		
None		
None		
7. Person completing form: David I Phone number: 706-295-6485	Howerin, Planning Director, Northwest Georgia Date completed: April 1, 2011	RC
	contacted by state agencies when evaluating whe ervice delivery strategy? ☐Yes ☑No	ther proposed local government
	t person(s) and phone number(s) below: A COUNTY COMMISSIONER, 706-857-0700	









SERVICE DELIVERY STRATEGY

FORM 3: Summary of Land Use Agreements

-	-			
Inc	trı	ict	ion	0

Answer each question below, attaching additional pages as necessary. Please note that any changes to the a service delivery strategy. If the contact person for this service (listed at the bottom of this page) changes, this community Affairs.	nswers provided will require an update of the should be reported to the Department of			
COUNTY: CHATTOOGA				
What incompatibilities or conflicts between the land use plans of local governments we developing the service delivery strategy? None	ere identified in the process of			
2. Check the boxes indicating how these incompatibilities or conflicts were addressed:	NOTE:			
☐ Amendments to existing comprehensive plans	If the necessary plan amendments,			
☐ Adoption of a joint comprehensive plan	regulations, ordinances, etc. have not yet			
☐ Other measures (amend zoning ordinances, add environmental regulations, etc.)	been formally adopted, indicate when each of the affected local governments will adopt them.			
If "other measures" was checked, describe these measures: Describe "Other" Measures Here				
3. What policies, procedures and/or processes have been established by local governmental authorities) to ensure that new extraterritorial water and sewer service will be consistent and ordinances? Chattooga County, Lyerly, Menlo, Summerville, and Trion have signed process for the provision of extraterritorial water and sewer services by any jurisdiction stand use plans and ordinances.	with all applicable land use plans resolutions which establish a			
4. Person completing form: David Howerin, Planning Director, Northwest Georgia Ro				
Phone number: 706-295-6485 Date completed: April 1, 2011				
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	er proposed local government			
If not, provide designated contact person(s) and phone number(s) below:				
JASON WINTERS, CHATTOOGA COUNTY COMMISSIONER, 706-857-0700				

THE PROVISION OF EXTRATERRITORIAL WATER AND SEWER SERVICES BY ANY JURISDICTION SHALL BE CONSISTENT WITH ALL APPLICABLE LAND USE PLANS AND ORDINANCES

- 1. Prior to initiating the development of water and sewer services in extraterritorial boundaries, the local government proposing the new service will notify the adjacent government of the proposed new service by providing information on location of property, size of area, and existing/proposed land use associated with the property, and the location, size and purpose of the proposed water and/or sewer extension.
- 2. Within 10 working days following receipt of the above information, the local government receiving the notice of water/sewer extension will forward to the local government proposing the extension a statement either: (a) indicating that the proposal is compatible with that community's land use plan and all applicable ordinances; or (b) a description of why the proposal is inconsistent with the land use plan or ordinances providing supporting evidence. If the community proposing the service extension does not receive a response in writing within the deadline, the proposal shall be determined to be consistent with the community's land use plan or land use ordinances.
- 3. If the community desiring to extend the water or sewer services receives a notification that the proposal is incompatible with the land use plan, the community may respond in writing within 10 working days of receiving the notification of land use inconsistency by: (a) requesting a meeting to discuss a formal change to the land use plan; or (b) agreeing with the content of the notification and stopping action on the proposed service extension.
- 4. In the event the respective jurisdictions seek mediation, the governments will agree on a mediator, mediation schedule and determine participants in the mediation. Any costs associated with the mediation will be shared pro rata by the county and the city based on population in accordance with the most recent decennial census.

- 5. A proposal to extend extraterritorial water and sewer service shall not be implemented until any bona fide land use plan or land use ordinance inconsistencies are resolved pursuant to the dispute resolution process.
- 6. However, the final determination of consistency with the land use plan or land use ordinances will be accorded to the governing body receiving the proposed service extension.
- 7. All ordinances and resolutions in conflict herewith are hereby repealed.

Jim Parker County Commissioner	Asto Pledger Mayor
June 3, 1999 Date	June 7, 1999 Date
ATTEST:	ATTEST:
Martha a. Latta County Clerk	Eugenia Patty City Clerk

THE PROVISION OF EXTRATERRITORIAL WATER AND SEWER SERVICES BY ANY JURISDICTION SHALL BE CONSISTENT WITH ALL APPLICABLE LAND USE PLANS AND ORDINANCES

- 1. Prior to initiating the development of water and sewer services in extraterritorial boundaries, the local government proposing the new service will notify the adjacent government of the proposed new service by providing information on location of property, size of area, and existing/proposed land use associated with the property, and the location, size and purpose of the proposed water and/or sewer extension.
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- However, the final determination of consistency with the land use plan or land use ordinances will be accorded to the governing body receiving the proposed service extension.
- 7. All ordinances and resolutions in conflict herewith are hereby repealed.

County Commissioner	Thursa Canada
June 3, 1999 Date	June 3, 1999 Dave
Martha a. Latta	ATTEST: <u>Dannas Sentells</u> City Clerk

THE PROVISION OF EXTRATERRITORIAL WATER AND SEWER SERVICES BY ANY JURISDICTION SHALL BE CONSISTENT WITH ALL APPLICABLE LAND USE PLANS AND ORDINANCES

- 1. Prior to initiating the development of water and sewer services in extraterritorial boundaries, the local government proposing the new service will notify the adjacent government of the proposed new service by providing information on location of property, size of area, and existing/proposed land use associated with the property, and the location, size and purpose of the proposed water and/or sewer extension.
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- 4. In the event the respective jurisdictions seek mediation, the governments will agree on a mediator, mediation schedule and determine participants in the mediation. Any costs associated with the mediation will be shared pro rata by the county and the city based on population in accordance with the most recent decennial census.

- 5. A proposal to extend extraterritorial water and sewer service shall not be implemented until any bona fide land use plan or land use ordinance inconsistencies are resolved pursuant to the dispute resolution process.
- 6. However, the final determination of consistency with the land use plan or land use ordinances will be accorded to the governing body receiving the proposed service extension.
- 7. All ordinances and resolutions in conflict herewith are hereby repealed.

County Commissioner	Ja C. Herto Mayor
June 3, 1999 Date	<u>6- √- 9 9</u> Date
ATTEST: Martha Q. Latta County Clerk	ATTEST: City Clerk

THE PROVISION OF EXTRATERRITORIAL WATER AND SEWER SERVICES BY ANY JURISDICTION SHALL BE CONSISTENT WITH ALL APPLICABLE LAND USE PLANS AND ORDINANCES

- 1. Prior to initiating the development of water and sewer services in extraterritorial boundaries, the local government proposing the new service will notify the adjacent government of the proposed new service by providing information on location of property, size of area, and existing/proposed land use associated with the property, and the location, size and purpose of the proposed water and/or sewer extension.
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- 4. In the event the respective jurisdictions seek mediation, the governments will agree on a mediator, mediation schedule and determine participants in the mediation. Any costs associated with the mediation will be shared pro rata by the county and the city based on population in accordance with the most recent decennial census.

- 5. A proposal to extend extraterritorial water and sewer service shall not be implemented until any bona fide land use plan or land use ordinance inconsistencies are resolved pursuant to the dispute resolution process.
- 6. However, the final determination of consistency with the land use plan or land use ordinances will be accorded to the governing body receiving the proposed service extension.
- 7. All ordinances and resolutions in conflict herewith are hereby repealed.

Jem Parker County Commissioner	Mayor Mayor
5-26-99 Date	May 25, 1999 Date 1
ATTEST:	ATTEST:
Martha Litta County Clerk	City Clerk

Service Delivery Strategy Dispute Resolution Process [See O.C.G.A. 36-70-24 (4) (c)]

The City of Lyerly and Chattooga County hereby agree to implement the following process for resolving land use classification disputes over annexation effective July 1, 1998.

1. Prior to initiating any formal annexation activities, the city will notify the county government of a proposed annexation and provide information on location of property, size of area, and proposed land use or zoning classification(s) (if applicable) of the property upon annexation.

Within ten working days following receipt of the above information, the county will forward to the city a statement either: (a) indicating that the county has no objection to the proposed land use for the property; or (b) describing its bona fide objection(s) to the city's proposed land use classification, providing supporting information and listing any possible stipulations or conditions that would alleviate the county's objection(s);

- 2. If the county has no objection to the city's proposed land use or zoning classification, the city is free to proceed with the annexation. If the county fails to respond to the city's notice in writing within the deadline, the city is free to proceed with the annexation and the county loses its right to invoke the dispute resolution process, stop the annexation or object to land use changes after the annexation.
- 3. If the county notifies the city that it has a bona fide land use classification objection(s), the city will respond to the county in writing within thirty working days of receiving the county's objection(s) by either: (a) agreeing to implement the county's stipulations and conditions and thereby resolving the county's objection(s); (b) agreeing with the county and stopping action on the proposed annexation; (c) disagreeing that the county's objection(s) are bona fide and notifying the county that the city will seek a declaratory judgment in court; or (d) initiating a 30 day (maximum) mediation process to discuss possible compromises.

- 4. If the city initiates mediation, the city and county will agree on a mediator, mediation schedule and determine participants in the mediation. The city and county agree to share equally any costs associated with the mediation.
- On or after July 1, 1998, an annexation shall not be effective until any bona fide land use classification objections raised by the county relative to the area to be annexed are resolved pursuant to the dispute resolution process required by subparagraph (c) of paragraph (4) of Code Section 36-70-24.
- 6. If the city and county reach agreement as described in step 3(a) or as a result of the mediation, they will draft an annexation agreement for execution by the city and county governments and the property owner(s).

Regardless of future changes in land use or zoning classification, any site-specific mitigation or enhancement measures or site-design stipulations included in the agreement will be binding on all parties for the duration of the annexation agreement. The agreement shall become final when signed by the city, the county and the property owner(s).

This annexation dispute resolution agreement shall remain in force and effect until amended by agreement of each party or unless otherwise terminated by operation of law.

Mayor City of Lyerly Attest

Date

Commissioner

Chattooga County

Martha Latta
Attest

Date

Service Delivery Strategy Dispute Resolution Process [See O.C.G.A. 36-70-24 (4) (c)]

The City of Menlo and Chattooga County hereby agree to implement the following process for resolving land use classification disputes over annexation effective July 1, 1998.

1. Prior to initiating any formal annexation activities, the city will notify the county government of a proposed annexation and provide information on location of property, size of area, and proposed land use or zoning classification(s) (if applicable) of the property upon annexation.

Within ten working days following receipt of the above information, the county will forward to the city a statement either: (a) indicating that the county has no objection to the proposed land use for the property; or (b) describing its bona fide objection(s) to the city's proposed land use classification, providing supporting information and listing any possible stipulations or conditions that would alleviate the county's objection(s);

.'.

- 2. If the county has no objection to the city's proposed land use or zoning classification, the city is free to proceed with the annexation. If the county fails to respond to the city's notice in writing within the deadline, the city is free to proceed with the annexation and the county loses its right to invoke the dispute resolution process, stop the annexation or object to land use changes after the annexation.
- 3. If the county notifies the city that it has a bona fide land use classification objection(s), the city will respond to the county in writing within thirty working days of receiving the county's objection(s) by either: (a) agreeing to implement the county's stipulations and conditions and thereby resolving the county's objection(s); (b) agreeing with the county and stopping action on the proposed annexation; (c) disagreeing that the county's objection(s) are bona fide and notifying the county that the city will seek a declaratory judgment in court; or (d) initiating a 30 day (maximum) mediation process to discuss possible compromises.

- If the city initiates mediation, the city and county will agree on a mediator, mediation 4. schedule and determine participants in the mediation. The city and county agree to share equally any costs associated with the mediation.
- On or after July 1, 1998, an annexation shall not be effective until any bona fide land use 5. classification objections raised by the county relative to the area to be annexed are resolved pursuant to the dispute resolution process required by subparagraph (c) of paragraph (4) of Code Section 36-70-24.
- If the city and county reach agreement as described in step 3(a) or as a result of the 6. mediation, they will draft an annexation agreement for execution by the city and county governments and the property owner(s).

Regardless of future changes in land use or zoning classification, any site-specific mitigation or enhancement measures or site-design stipulations included in the agreement will be binding on all parties for the duration of the annexation agreement. The agreement shall become final when signed by the city, the county and the property owner(s).

This annexation dispute resolution agreement shall remain in force and effect until amended by agreement of each party or unless otherwise terminated by operation of law.

City of Menlo

Chattooga County

Martha Latta

Service Delivery Strategy Dispute Resolution Process [See O.C.G.A. 36-70-24 (4) (c)]

The City of Summerville and Chattooga County hereby agree to implement the following process for resolving land use classification disputes over annexation effective July 1, 1998.

- 1. Prior to initiating any formal annexation activities, the city will notify the county government of a proposed annexation and provide information on location of property, size of area, and proposed land use or zoning classification(s) (if applicable) of the property upon annexation.
 - Within ten working days following receipt of the above information, the county will forward to the city a statement either: (a) indicating that the county has no objection to the proposed land use for the property; or (b) describing its bona fide objection(s) to the city's proposed land use classification, providing supporting information and listing any possible stipulations or conditions that would alleviate the county's objection(s);
- 2. If the county has no objection to the city's proposed land use or zoning classification, the city is free to proceed with the annexation. If the county fails to respond to the city's notice in writing within the deadline, the city is free to proceed with the annexation and the county loses its right to invoke the dispute resolution process, stop the annexation or object to land use changes after the annexation.
- 3. If the county notifies the city that it has a bona fide land use classification objection(s), the city will respond to the county in writing within thirty working days of receiving the county's objection(s) by either: (a) agreeing to implement the county's stipulations and conditions and thereby resolving the county's objection(s); (b) agreeing with the county and stopping action on the proposed annexation; (c) disagreeing that the county's objection(s) are bona fide and notifying the county that the city will seek a declaratory judgment in court; or (d) initiating a 30 day (maximum) mediation process to discuss possible compromises.

- If the city initiates mediation, the city and county will agree on a mediator, mediation 4. schedule and determine participants in the mediation. The city and county agree to share equally any costs associated with the mediation.
- On or after July 1, 1998, an annexation shall not be effective until any bona fide land use 5. classification objections raised by the county relative to the area to be annexed are resolved pursuant to the dispute resolution process required by subparagraph (c) of paragraph (4) of Code Section 36-70-24.
- If the city and county reach agreement as described in step 3(a) or as a result of the б. mediation, they will draft an annexation agreement for execution by the city and county governments and the property owner(s).

Regardless of future changes in land use or zoning classification, any site-specific mitigation or enhancement measures or site-design stipulations included in the agreement will be binding on all parties for the duration of the annexation agreement. The agreement shall become final when signed by the city, the county and the property owner(s).

This annexation dispute resolution agreement shall remain in force and effect until amended by agreement of each party or unless otherwise terminated by operation of law.

ity of Summervile

Martha Latta 6-30-98

ommissioner Chattooga County

Service Delivery Strategy Dispute Resolution Process [See O.C.G.A. 36-70-24 (4) (c)]

The Town of Trion and Chattooga County hereby agree to implement the following process for resolving land use classification disputes over annexation effective July 1, 1998.

1. Prior to initiating any formal annexation activities, the town will notify the county government of a proposed annexation and provide information on location of property, size of area, and proposed land use or zoning classification(s) (if applicable) of the property upon annexation.

Within ten working days following receipt of the above information, the county will forward to the town a statement either: (a) indicating that the county has no objection to the proposed land use for the property; or (b) describing its bona fide objection(s) to the town's proposed land use classification, providing supporting information and listing any possible stipulations or conditions that would alleviate the county's objection(s);

- 2. If the county has no objection to the town's proposed land use or zoning classification, the town is free to proceed with the annexation. If the county fails to respond to the town's notice in writing within the deadline, the town is free to proceed with the annexation and the county loses its right to invoke the dispute resolution process, stop the annexation or object to land use changes after the annexation.
- 3. If the county notifies the town that it has a bona fide land use classification objection(s), the town will respond to the county in writing within thirty working days of receiving the county's objection(s) by either: (a) agreeing to implement the county's stipulations and conditions and thereby resolving the county's objection(s); (b) agreeing with the county and stopping action on the proposed annexation; (c) disagreeing that the county's objection(s) are bona fide and notifying the county that the town will seek a declaratory judgment in court; or (d) initiating a 30 day (maximum) mediation process to discuss possible compromises.

- 4. If the town initiates mediation, the town and county will agree on a mediator, mediation schedule and determine participants in the mediation. The town and county agree to share equally any costs associated with the mediation.
- On or after July 1, 1998, an annexation shall not be effective until any bona fide land use classification objections raised by the county relative to the area to be annexed are resolved pursuant to the dispute resolution process required by subparagraph (c) of paragraph (4) of Code Section 36-70-24.
- 6. If the town and county reach agreement as described in step 3(a) or as a result of the mediation, they will draft an annexation agreement for execution by the town and county governments and the property owner(s).

Regardless of future changes in land use or zoning classification, any site-specific mitigation or enhancement measures or site-design stipulations included in the agreement will be binding on all parties for the duration of the annexation agreement. The agreement shall become final when signed by the town, the county and the property owner(s).

This annexation dispute resolution agreement shall remain in force and effect until amended by agreement of each party or unless otherwise terminated by operation of law.

Mayor

Town of Trion

Attact

Man 28, 1998 Date

Commissioner

Chattooga County

Martha Latta
Attest

Date







Service Delivery Strategy FORM 4: Certifications

Instructions:

This 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: CHATTOOGA

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

- 1. We have executed agreements for implementation of our service delivery strategy and the attached forms provide an accurate depiction of our agreed upon strategy (O.C.G.A 36-70-21);
- 2. Our service delivery strategy promotes the delivery of local government services in the most efficient, effective, and responsive manner (O.C.G.A. 36-70-24 (1));
- 3. 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
<u>CHATTOOGA</u>	COMMISSIONER	JASON R. WINTERS	Juna	6-20-11
CITY OF LYERLY	MAYOR	JOSH WYATT	fort y	6-16-11
CITY OF MENLO	MAYOR	THERESA CANADA (Thurson Canada Harry Harves	6-7-11
CITY OF SUMMERVILLE	MAYOR	HARRY HARVEY	71.	6-19-11
TOWN OF TRION	MAYOR	JOHNNY INGLE	John F. Josle	6-2-11
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