





FORM 1

COUNTY: Ware

INSTRUCTIONS:

After logging in with your DCA login and password, please fill out your contact information. Across the top of the application you will see tabs for five different forms. Choose any forms that you plan to submit for verification. After each form is completed, click "Submit Form" to be directed to the next step.

These are the same forms and information DCA had previously been collecting, only in a new electronic format.

FORM 1 is completed for every SDS submittal regardless of type. This form will allow you to choose your local governments and services 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.)

FORM 2 allows you to provide a summary of Service Delivery Arrangements for any selected type of service.

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.)

If all services were extended without change in FORM 1, you do not need to complete FORM 2 or FORM 4 (the system will gray out the option). If a FORM 3 (see below) isnt needed, go directly to the FORM 5 tab at the top.

FORM 3 should be filled out if any of the conditions in the existing Summary of Land Use Agreements have changed or it has been ten (10) or more years since the community has filed a FORM 3 with DCA.

FORM 4 is for Local Government Certifications of New or Revised Services.

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.)

FORM 5 is for Local Government Certifications for extending an existing Service Delivery Strategy without changes of service delivery arrangements.

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.)

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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.

Manor Water Authority Satilla Regional Water and Sewer Authority Southland Waste Ware County Waycross

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.

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.

Airport/FBO **Animal Control Beer and Alcohol Licenses Business License** Cemeteries Coroner E-911 **Emergency Management** EMS Fire Garbage Pick Up **Juvenile Court** Law Enforcement **Magistrate Court Municipal Court Park and Recreation Planning and Zoning Probate Court Public Defender Road and Bridges** Solicitor **State Court Tax Assessment & Collection** Victim Assistance Program Wastewater Water Waycross Area Television System







FORM 2: Summary of Service Delivery Arrangements

	the bottom of the page) changes, this should be reported to the Department of Community Affairs.
COUNTY: Ware	Service: Airport/FBO
1. Check the box that best describes the agreed upon deliv	/ery arrangement for this service:
Service will be provided countywide (i.e., including all identify the government, authority or organization prov Ware County	l cities and unincorporated areas) by a single service provider. (If this box is checked, viding the service.):
Service will be provided only in the unincorporated po government, authority or organization providing the se	ortion of the county by a single service provider. (If this box is checked, identify the ervice.):
One or more cities will provide this service only within (If this box is checked, identify the government(s), aut	n their incorporated boundaries, and the service will not be provided in unincorporated areas. thority or organization providing the service:
One or more cities will provide this service only within areas. (If this box is checked, identify the government	n their incorporated boundaries, and the county will provide the service in unincorporated t(s), authority or organization providing the service.):
Other (If this box is checked, attach a legible map de authority, or other organization that will provide service	elineating the service area of each service provider, and identify the government, ice within each service area.):
2. In developing this strategy, were overlapping service are	eas, unnecessary competition and/or duplication of this service identified?
 ☐ Yes (if 'Yes', you must attach additional documentatio ☑ No 	on as described, below)
	an explanation for continuing the arrangement (i.e., overlapping but higher levels of the duplication, or reasons that overlapping service areas or competition cannot be
If these conditions will be eliminated under the strategy, <u>att</u> eliminate them, the responsible party and the agreed upon	tach an implementation schedule listing each step or action that will be taken to deadline for completing it.

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

Local Government or Authority	Local Government or Authority Funding Method		
Ware County	General Funds		
4. 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 agreements or intergovernmental contracts that will be used to implement the strategy for this service:			
Agreement Name	Contracting Parties	Effective and Ending Dates	
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect? None			
7. Person completing form: Paul Smith, NA Phone number: (912) 287-4300 Date cor	npleted: 11/3/2011		
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			
If not, provide designated contact person(s) a	and phone numbers(s) below:		







FORM 2: Summary of Service Delivery Arrangements

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.		
col	UNTY: Ware	Service: Animal Control
1. Cl	heck the box that best describes the agreed upon delivery arrangement	t for this service:
	Service will be provided countywide (i.e., including all cities and unince identify the government, authority or organization providing the service	
	Service will be provided only in the unincorporated portion of the coun government, authority or organization providing the service.):	ty by a single service provider. (If this box is checked, identify the
	One or more cities will provide this service only within their incorporate (If this box is checked, identify the government(s), authority or organiz	ed boundaries, and the service will not be provided in unincorporated areas. ation providing the service:
V	One or more cities will provide this service only within their incorporate areas. (If this box is checked, identify the government(s), authority or Ware County, Waycross	ed boundaries, and the county will provide the service in unincorporated organization providing the service.):
	Other (If this box is checked, attach a legible map delineating the s a authority, or other organization that will provide service within each se	· · · · ·
2. In	developing this strategy, were overlapping service areas, unnecessary	competition and/or duplication of this service identified?
□ 1	${\bf Yes}$ (if 'Yes', you must attach additional documentation as described, ${\bf No}$	below)
If these conditions will continue under this strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).		
If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.		

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			
Ware County	General Funds		
Waycross	General Funds		
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?			
Ware County shall transfer pro rata monthly share of FY12 \$140,000.00 budget to the City of Waycross from the Local Option Sales Tax revenues designated for Animal Control Services to be implemented within the corporate limits of the City of Waycross. The City will provide its own Animal Control Services within the corporate City limits, and the County will provide its own Animal Control Services within the corporate City limits, and the County will provide its own Animal Control Services within the corporate City limits, and the County will provide its own Animal Control Services within the corporate City limits, and the County will provide its own Animal Control Services within the unincorporated areas of Ware County and each will share mutual shelter facility located a			
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	
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?			
The County Ordinance and City Ordinance w	ill be revised along with affliated agreements.		
7. Person completing form: Paul Smith, County Manager Phone number: (912) 287-4300 Date completed: 12/5/2011			
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			
If not, provide designated contact person(s) and phone numbers(s) below:			







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: Ware		Service: Beer and Alcohol Licenses	
1. Cl	heck the box that best describes the agreed upon delivery arrangement	for this service:	
	Service will be provided countywide (i.e., including all cities and uninco identify the government, authority or organization providing the service		
	Service will be provided only in the unincorporated portion of the count government, authority or organization providing the service.):	y by a single service provider. (If this box is checked, identify the	
V	One or more cities will provide this service only within their incorporate (If this box is checked, identify the government(s), authority or organiza Ware County, Waycross	d boundaries, and the service will not be provided in unincorporated areas. ation providing the service:	
	One or more cities will provide this service only within their incorporate areas. (If this box is checked, identify the government(s), authority or o		
	Other (If this box is checked, attach a legible map delineating the se	rvice area of each service provider, and identify the government,	
	authority, or other organization that will provide service within each se	rvice area.):	
2. In	developing this strategy, were overlapping service areas, unnecessary	competition and/or duplication of this service identified?	
\square	Yes (if 'Yes', you must attach additional documentation as described, b No	elow)	
If these conditions will continue under this strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of			
	ice (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or nated).	reasons that overlapping service areas or competition cannot be	
If the	ase conditions will be eliminated under the strategy attach an impleme	ntation schedule listing each step or action that will be taken to	

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

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

Local Government or Authority	Funding Method		
Ware County	General Funds		
Waycross	General Funds		
4. 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 agreements or intergovernmental contracts that will be used to implement the strategy for this service:			
Agreement Name	Contracting Parties	Effective and Ending Dates	
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?			
None			
7. Person completing form: Paul Smith, NA Phone number: (912) 287-4300 Date completed: 11/3/2011			
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			
If not, provide designated contact person(s) a	and phone numbers(s) below:		







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: Ware	Service: Business License	
1. Check the box that best describes the agreed upon delivery arrangement	nt for this service:	
Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):		
Service will be provided only in the unincorporated portion of the cou government, authority or organization providing the service.):	nty by a single service provider. (If this box is checked, identify the	
One or more cities will provide this service only within their incorpora (If this box is checked, identify the government(s), authority or organi Ware County, Waycross	ted boundaries, and the service will not be provided in unincorporated areas. zation providing the service:	
One or more cities will provide this service only within their incorpora areas. (If this box is checked, identify the government(s), authority or	ted boundaries, and the county will provide the service in unincorporated organization providing the service.):	
Other (If this box is checked, attach a legible map delineating the sauthority, or other organization that will provide service within each sauthority.		
2. In developing this strategy, were overlapping service areas, unnecessar	y competition and/or duplication of this service identified?	
 ☐ Yes (if 'Yes', you must attach additional documentation as described ☑ No 	, below)	
If these conditions will continue under this strategy, attach an explanation service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, eliminated).		
If these conditions will be eliminated under the strategy, attach an implem eliminate them, the responsible party and the agreed upon deadline for co		

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	Local Government or Authority Funding Method		
Ware County	General Funds		
Waycross	General Funds		
4. 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 agreements or intergovernmental contracts that will be used to implement the strategy for this service:			
Agreement Name	Contracting Parties	Effective and Ending Dates	
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect? NA			
7. Person completing form: Paul Smith, NA Phone number: (912) 287-4300 Date completed: 11/3/2011			
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			
If not, provide designated contact person(s) a	and phone numbers(s) below:		







FORM 2: Summary of Service Delivery Arrangements

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: Ware	Service: Cemeteries	
1. Check the box that best describes the agreed upon delivery arrangement	t for this service:	
Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):		
Service will be provided only in the unincorporated portion of the coun government, authority or organization providing the service.):	ty by a single service provider. (If this box is checked, identify the	
One or more cities will provide this service only within their incorporate (If this box is checked, identify the government(s), authority or organiz Waycross	ed boundaries, and the service will not be provided in unincorporated areas. ation providing the service:	
One or more cities will provide this service only within their incorporate areas. (If this box is checked, identify the government(s), authority or o	ed boundaries, and the county will provide the service in unincorporated organization providing the service.):	
Other (If this box is checked, attach a legible map delineating the se authority, or other organization that will provide service within each se		
2. In developing this strategy, were overlapping service areas, unnecessary	competition and/or duplication of this service identified?	
 ☐ Yes (if 'Yes', you must attach additional documentation as described, ☑ No 	below)	
If these conditions will continue under this strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of		
service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, o eliminated).	r reasons that overlapping service areas or competition cannot be	
If these conditions will be eliminated under the strategy, attach an impleme eliminate them, the responsible party and the agreed upon deadline for corr		

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		
Waycross	General Fund, User Fees, Special Revenue Fund		
4. 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 agreements or intergovernmental contracts that will be used to implement the strategy for this service:			
Agreement Name	Contracting Parties	Effective and Ending Dates	
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?			
None			
7. Person completing form: Paul Smith, NA Phone number: (912) 287-4300 Date cor	npleted: 11/3/2011		
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			
If not, provide designated contact person(s) a	and phone numbers(s) below:		







FORM 2: Summary of Service Delivery Arrangements

	he bottom of the page) changes, this should be reported to the Department of Community Affairs.	
COUNTY: Ware	Service: Coroner	
1. Check the box that best describes the agreed upon delive	ery arrangement for this service:	
Service will be provided countywide (i.e., including all identify the government, authority or organization prov Ware County	cities and unincorporated areas) by a single service provider. (If this box is checked, viding the service.):	
Service will be provided only in the unincorporated por government, authority or organization providing the se	rtion of the county by a single service provider. (If this box is checked, identify the ervice.):	
One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service:		
One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):		
Other (If this box is checked, <u>attach a legible map de</u> authority, or other organization that will provide servic	elineating the service area of each service provider, and identify the government, be within each service area.):	
2. In developing this strategy, were overlapping service area	as, unnecessary competition and/or duplication of this service identified?	
 ☐ Yes (if 'Yes', you must attach additional documentation ☑ No 	n as described, below)	
If these conditions will continue under this strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of		
service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).		
If these conditions will be eliminated under the strategy, atta eliminate them, the responsible party and the agreed upon o	ach an implementation schedule listing each step or action that will be taken to deadline for completing it	

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

Local Government or Authority	Funding Method		
Ware County	General Funds		
4. 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 agreements or intergovernmental contracts that will be used to implement the strategy for this service:			
Agreement Name	Contracting Parties	Effective and Ending Dates	
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect? None			
7. Person completing form: Paul Smith, NAPhone number: (912) 287-4300 Date cor	npleted: 11/3/2011		
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			
If not, provide designated contact person(s) a	and phone numbers(s) below:		







FORM 2: Summary of Service Delivery Arrangements

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.		
со	UNTY: Ware	Service: E-911
1. Check the box that best describes the agreed upon delivery arrangement for this service:		
V	Service will be provided countywide (i.e., including all cities and unincidentify the government, authority or organization providing the servic Ware County	
	Service will be provided only in the unincorporated portion of the cour government, authority or organization providing the service.):	nty by a single service provider. (If this box is checked, identify the
	One or more cities will provide this service only within their incorporat (If this box is checked, identify the government(s), authority or organize	ed boundaries, and the service will not be provided in unincorporated areas. zation providing the service:
	One or more cities will provide this service only within their incorporat areas. (If this box is checked, identify the government(s), authority or	ed boundaries, and the county will provide the service in unincorporated organization providing the service.):
	Other (If this box is checked, attach a legible map delineating the s authority, or other organization that will provide service within each s	·
2. In developing this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?		
□ ▼	Yes (if 'Yes', you must attach additional documentation as described, No	below)
If these conditions will continue under this strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of		
service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).		
If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.		

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		
Ware County	General Fund, Enterprise Funds		
4. 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 agreements or intergovernmental contracts that will be used to implement the strategy for this service:			
Agreement Name	Contracting Parties	Effective and Ending Dates	
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect? NA			
7. Person completing form: Paul Smith, NA Phone number: (912) 287-4300 Date completed: 11/3/2011			
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			
If not, provide designated contact person(s) a	and phone numbers(s) below:		







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.		
COI	JNTY: Ware	Service: Emergency Management
1. CI	neck the box that best describes the agreed upon delivery arrangement	for this service:
V	Service will be provided countywide (i.e., including all cities and uninco identify the government, authority or organization providing the service Ware County	
	Service will be provided only in the unincorporated portion of the count government, authority or organization providing the service.):	y by a single service provider. (If this box is checked, identify the
	One or more cities will provide this service only within their incorporate (If this box is checked, identify the government(s), authority or organiza	d boundaries, and the service will not be provided in unincorporated areas. ation providing the service:
	One or more cities will provide this service only within their incorporate areas. (If this box is checked, identify the government(s), authority or c	d boundaries, and the county will provide the service in unincorporated rganization providing the service.):
	Other (If this box is checked, attach a legible map delineating the se authority, or other organization that will provide service within each se	<u> </u>
2. In	developing this strategy, were overlapping service areas, unnecessary	competition and/or duplication of this service identified?
\Box	Yes (if 'Yes', you must attach additional documentation as described, b	pelow)
If these conditions will continue under this strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of		

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

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

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		
Ware County	General Funds		
4. 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 agreements or intergovernmental contracts that will be used to implement the strategy for this service:			
Agreement Name	Contracting Parties	Effective and Ending Dates	
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?			
ΝΑ			
7. Person completing form: Paul Smith, NA Phone number: (912) 287-4300 Date cor	npleted: 11/3/2011		
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			
If not, provide designated contact person(s) a	and phone numbers(s) below:		







FORM 2: Summary of Service Delivery Arrangements

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.			
со	UNTY: Ware	Service: EMS	
1. C	heck the box that best describes the agreed upon delivery arrangemen	t for this service:	
V	Service will be provided countywide (i.e., including all cities and unincidentify the government, authority or organization providing the servic Ware County		
	Service will be provided only in the unincorporated portion of the cour government, authority or organization providing the service.):	nty by a single service provider. (If this box is checked, identify the	
	One or more cities will provide this service only within their incorporat (If this box is checked, identify the government(s), authority or organize	ed boundaries, and the service will not be provided in unincorporated areas. zation providing the service:	
	One or more cities will provide this service only within their incorporat areas. (If this box is checked, identify the government(s), authority or	ed boundaries, and the county will provide the service in unincorporated organization providing the service.):	
	Other (If this box is checked, <u>attach a legible map delineating the s</u> authority, or other organization that will provide service within each s		
2. In	developing this strategy, were overlapping service areas, unnecessary	y competition and/or duplication of this service identified?	
□ 1	Yes (if 'Yes', you must attach additional documentation as described, No	below)	
If these conditions will continue under this strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of			
service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).			
If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.			

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			
Ware County	General Funds, User Fees		
4. 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 agreements or intergovernmental contracts that will be used to implement the strategy for this service:			
Agreement Name	Contracting Parties	Effective and Ending Dates	
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?			
ΝΑ			
7. Person completing form: Paul Smith, NA			
Phone number: (912) 287-4300 Date cor	npleted: 11/3/2011		
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			
If not, provide designated contact person(s) a	and phone numbers(s) below:		







FORM 2: Summary of Service Delivery Arrangements

additional pages as necessary. If the contact person for this 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: W	Vare	Service: Fire		
1. Check the	box that best describes the agreed upon delivery arrangement	t for this service:		
	e will be provided countywide (i.e., including all cities and unince the government, authority or organization providing the service	orporated areas) by a single service provider. (If this box is checked, e.):		
	e will be provided only in the unincorporated portion of the coun ment, authority or organization providing the service.):	ty by a single service provider. (If this box is checked, identify the		
(If this	more cities will provide this service only within their incorporate box is checked, identify the government(s), authority or organiz County, Waycross	ed boundaries, and the service will not be provided in unincorporated areas. ation providing the service:		
	more cities will provide this service only within their incorporate (If this box is checked, identify the government(s), authority or e	ed boundaries, and the county will provide the service in unincorporated organization providing the service.):		
	If this box is checked, attach a legible map delineating the s ity, or other organization that will provide service within each se	ervice area of each service provider, and identify the government, ervice area.):		
2. In develop	2. In developing this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?			
☐ Yes (if ☑ No	'Yes', you must attach additional documentation as described,	below)		
If these conditions will continue under this strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of				
service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).				
	litions will be eliminated under the strategy, attach an implement.	entation schedule listing each step or action that will be taken to		

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	Funding Method	
Ware County	General Fund Insurance Premium Tax		
Waycross	General Funds		
4. 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 agreements or intergovernmental contracts that will be used to implement the strategy for this service:			
Agreement Name	Contracting Parties	Effective and Ending Dates	
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?			
ΝΑ			
7. Person completing form: Paul Smith, NA Phone number: (912) 287-4300 Date completed: 11/3/2011			
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			
If not, provide designated contact person(s) a	and phone numbers(s) below:		







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.				
со	UNTY: Ware	Service: Garbage Pick Up		
1. C	heck the box that best describes the agreed upon delivery arrangement	t for this service:		
	Service will be provided countywide (i.e., including all cities and unincidentify the government, authority or organization providing the service			
	Service will be provided only in the unincorporated portion of the coun government, authority or organization providing the service.):	ity by a single service provider. (If this box is checked, identify the		
	One or more cities will provide this service only within their incorporate (If this box is checked, identify the government(s), authority or organiz	ed boundaries, and the service will not be provided in unincorporated areas. zation providing the service:		
V	One or more cities will provide this service only within their incorporate areas. (If this box is checked, identify the government(s), authority or or Ware County, Waycross	ed boundaries, and the county will provide the service in unincorporated organization providing the service.):		
	Other (If this box is checked, attach a legible map delineating the s e authority, or other organization that will provide service within each se	· · · ·		
2. Ir	2. In developing this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?			
\Box	Yes (if 'Yes', you must attach additional documentation as described, No	below)		
If these conditions will continue under this strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).				
If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it				

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			
Ware County	User Fees			
Waycross	User Fees			
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?				
Ware County has an agreement with Soutlan	d Waste for volunteer service on a quarterly billing cycle			
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		
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? NA				
7. Person completing form: Paul Smith, NA Phone number: (912) 287-4300 Date completed: 11/18/2011				
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				
If not, provide designated contact person(s) a	and phone numbers(s) below:			







FORM 2: Summary of Service Delivery Arrangements

COUNTY: Ware	Service: Juvenile Court	
1. Check the box that best describes the agreed upon del	livery arrangement for this service:	
Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): Ware County		
Service will be provided only in the unincorporated p government, authority or organization providing the	portion of the county by a single service provider. (If this box is checked, identify the service.):	
One or more cities will provide this service only with (If this box is checked, identify the government(s), a	in their incorporated boundaries, and the service will not be provided in unincorporated areas. authority or organization providing the service:	
	in their incorporated boundaries, and the county will provide the service in unincorporated ent(s), authority or organization providing the service.):	
Other (If this box is checked, attach a legible map authority, or other organization that will provide served)	delineating the service area of each service provider , and identify the government, vice within each service area.):	
2. In developing this strategy, were overlapping service as	reas, unnecessary competition and/or duplication of this service identified?	
 ☐ Yes (if 'Yes', you must attach additional documentat ☑ No 	tion as described, below)	
	th an explanation for continuing the arrangement (i.e., overlapping but higher levels of of the duplication, or reasons that overlapping service areas or competition cannot be	
If these conditions will be eliminated under the strategy, eliminate them, the responsible party and the agreed upo	attach an implementation schedule listing each step or action that will be taken to	

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			
Ware County	General Funds		
4. 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 agreements or intergovernmental contracts that will be used to implement the strategy for this service:			
Agreement Name	Contracting Parties	Effective and Ending Dates	
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect? None			
7. Person completing form: Paul Smith, NA Phone number: (912) 287-4300 Date completed: 11/3/2011			
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			
If not, provide designated contact person(s) a	and phone numbers(s) below:		







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: Ware	Service: Law Enforcement	
1. Check the box that best describes the agreed upon delivery arrangeme	nt for this service:	
Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):		
Service will be provided only in the unincorporated portion of the course government, authority or organization providing the service.):	inty by a single service provider. (If this box is checked, identify the	
One or more cities will provide this service only within their incorpora (If this box is checked, identify the government(s), authority or organ	ted boundaries, and the service will not be provided in unincorporated areas. ization providing the service:	
One or more cities will provide this service only within their incorpora areas. (If this box is checked, identify the government(s), authority of	ted boundaries, and the county will provide the service in unincorporated r organization providing the service.):	
Other (If this box is checked, attach a legible map delineating the authority, or other organization that will provide service within each sware County, Waycross	service area of each service provider , and identify the government, service area.):	
2. In developing this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?		
 ✓ Yes (if 'Yes', you must attach additional documentation as described ✓ No 	l, below)	
If these conditions will continue under this strategy, attach an explanation service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, 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.		

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		
Ware County	General Funds		
Waycross	General Funds		
4. 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 agreements or intergovernmental contracts that will be used to implement the strategy for this service:			
Agreement Name	Contracting Parties	Effective and Ending Dates	
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?			
None			
7. Person completing form: Paul Smith, NA Phone number: (912) 287-4300 Date completed: 11/18/2011			
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			
If not, provide designated contact person(s) and phone numbers(s) below:			







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: Ware	Service: Magistrate Court	
1. Check the box that best describes the agreed upon delivery	v arrangement for this service:	
Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): Ware County		
Service will be provided only in the unincorporated portion government, authority or organization providing the servi	on of the county by a single service provider. (If this box is checked, identify the ice.):	
One or more cities will provide this service only within the (If this box is checked, identify the government(s), author	eir incorporated boundaries, and the service will not be provided in unincorporated areas. rity or organization providing the service:	
One or more cities will provide this service only within the areas. (If this box is checked, identify the government(s),	eir incorporated boundaries, and the county will provide the service in unincorporated , authority or organization providing the service.):	
Other (If this box is checked, attach a legible map delin authority, or other organization that will provide service w	neating the service area of each service provider, and identify the government, within each service area.):	
2. In developing this strategy, were overlapping service areas,	unnecessary competition and/or duplication of this service identified?	
 ☐ Yes (if 'Yes', you must attach additional documentation a ☑ No 	as described, below)	
	explanation for continuing the arrangement (i.e., overlapping but higher levels of duplication, or reasons that overlapping service areas or competition cannot be	
If these conditions will be eliminated under the strategy, attack eliminate them, the responsible party and the agreed upon dea	h an implementation schedule listing each step or action that will be taken to adline for completing it.	

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

Local Government or Authority	Funding Method		
Ware County	General Funds		
4. 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 agreements or intergovernmental contracts that will be used to implement the strategy for this service:			
Agreement Name	Contracting Parties	Effective and Ending Dates	
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect? None			
7. Person completing form: Paul Smith, NAPhone number: (912) 287-4300 Date cor	npleted: 11/3/2011		
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			
If not, provide designated contact person(s) a	and phone numbers(s) below:		







SERVICE DELIVERY STRATEGY

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: Ware	Service: Municipal Court	
1. Check the box that best describes the agreed upon delivery arrang	gement for this service:	
Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):		
Service will be provided only in the unincorporated portion of the government, authority or organization providing the service.):	e county by a single service provider. (If this box is checked, identify the	
One or more cities will provide this service only within their incom (If this box is checked, identify the government(s), authority or o Waycross	prporated boundaries, and the service will not be provided in unincorporated areas. organization providing the service:	
One or more cities will provide this service only within their income areas. (If this box is checked, identify the government(s), author	prporated boundaries, and the county will provide the service in unincorporated rity or organization providing the service.):	
Other (If this box is checked, attach a legible map delineating authority, or other organization that will provide service within e	the service area of each service provider , and identify the government, each service area.):	
2. In developing this strategy, were overlapping service areas, unnec	essary competition and/or duplication of this service identified?	
 ☐ Yes (if 'Yes', you must attach additional documentation as desc ☑ No 	ribed, below)	
	nation for continuing the arrangement (i.e., overlapping but higher levels of ation, or reasons that overlapping service areas or competition cannot be	
If these conditions will be eliminated under the strategy, attach an im eliminate them, the responsible party and the agreed upon deadline f	nplementation schedule listing each step or action that will be taken to for completing it.	

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

Local Government or Authority	Funding Method		
Waycross	General Funds		
4. 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 agreements or intergovernmental contracts that will be used to implement the strategy for this service:			
Agreement Name	Contracting Parties	Effective and Ending Dates	
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?			
None			
7. Person completing form: Paul Smith, NA Phone number: (912) 287-4300 Date completed: 11/18/2011			
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			
If not, provide designated contact person(s) a	and phone numbers(s) below:		







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.			
со	UNTY: Ware	Service: Park and Recreation	
1. C	heck the box that best describes the agreed upon delivery arrangemen	t for this service:	
V	 Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): Ware County 		
	Service will be provided only in the unincorporated portion of the cour government, authority or organization providing the service.):	ity by a single service provider. (If this box is checked, identify the	
	One or more cities will provide this service only within their incorporate (If this box is checked, identify the government(s), authority or organized	ed boundaries, and the service will not be provided in unincorporated areas. zation providing the service:	
	One or more cities will provide this service only within their incorporate areas. (If this box is checked, identify the government(s), authority or	ed boundaries, and the county will provide the service in unincorporated organization providing the service.):	
	Other (If this box is checked, attach a legible map delineating the s authority, or other organization that will provide service within each servi		
2. In	2. In developing this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?		
□ 1	Yes (if 'Yes', you must attach additional documentation as described, No	below)	
If these conditions will continue under this strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).			
lf the	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.

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		
Ware County	General Funds, User Fees		
4. 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 agreements or intergovernmental contracts that will be used to implement the strategy for this service:			
Agreement Name	Contracting Parties	Effective and Ending Dates	
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?			
ΝΑ			
7. Person completing form: Paul Smith, NA			
Phone number: (912) 287-4300 Date cor	npleted: 11/3/2011		
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			
If not, provide designated contact person(s) a	and phone numbers(s) below:		







FORM 2: Summary of Service Delivery Arrangements

Instructions:	

Make copies of this form and complete one for each service listed on FORM 1, Section III. Use exactly the same service names listed on FORM 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.					
со	UNTY: Ware	Service: Planning and Zoning			
1. C	1. Check the box that best describes the agreed upon delivery arrangement for this service:				
V	Service will be provided countywide (i.e., including all cities and uninco identify the government, authority or organization providing the service Ware County				
	Service will be provided only in the unincorporated portion of the count government, authority or organization providing the service.):	y by a single service provider. (If this box is checked, identify the			
	One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service:				
	One or more cities will provide this service only within their incorporate areas. (If this box is checked, identify the government(s), authority or o	ed boundaries, and the county will provide the service in unincorporated organization providing the service.):			
	Other (If this box is checked, attach a legible map delineating the se authority, or other organization that will provide service within each se				
2. In	2. In developing this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?				
\Box	Yes (if 'Yes', you must attach additional documentation as described, b	below)			
If these conditions will continue under this strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of					
service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be					
elim	inated).				
If the	ase conditions will be eliminated under the strategy attach an impleme	ntation schedule listing each step or action that will be taken to			

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

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

Local Government or Authority	Funding Method					
Ware County	General Funds					
Waycross	General Funds					
4. 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 agreements or intergovernmental contracts that will be used to implement the strategy for this service:						
Agreement Name	Contracting Parties	Effective and Ending Dates				
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?						
None						
7. Person completing form: Paul Smith, NA Phone number: (912) 287-4300 Date completed: 11/3/2011						
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						
If not, provide designated contact person(s) and phone numbers(s) below:						







FORM 2: Summary of Service Delivery Arrangements

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: W	/are	Service: Probate Court
1. Check the	box that best describes the agreed upon delivery arrangemen	t for this service:
	the government, authority or organization providing the servic	corporated areas) by a single service provider. (If this box is checked, e.):
	will be provided only in the unincorporated portion of the cour nent, authority or organization providing the service.):	nty by a single service provider. (If this box is checked, identify the
	more cities will provide this service only within their incorporat ox is checked, identify the government(s), authority or organiz	ed boundaries, and the service will not be provided in unincorporated areas. zation providing the service:
	more cities will provide this service only within their incorporat If this box is checked, identify the government(s), authority or	ed boundaries, and the county will provide the service in unincorporated organization providing the service.):
	f this box is checked, <u>attach a legible map delineating the s</u> ty, or other organization that will provide service within each s	ervice area of each service provider, and identify the government, ervice area.):
2. In develop	ng this strategy, were overlapping service areas, unnecessar	y competition and/or duplication of this service identified?
☐ Yes (if ' ☑ No	Yes', you must attach additional documentation as described,	below)
If these conditions will continue under this strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).		
If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.		

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			
Ware County	General Funds		
4. 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 agreements or intergovernmental contracts that will be used to implement the strategy for this service:			
Agreement Name	Contracting Parties	Effective and Ending Dates	
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect? None			
7. Person completing form: Paul Smith, NA Phone number: (912) 287-4300 Date cor	npleted: 11/3/2011		
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			
If not, provide designated contact person(s) a	and phone numbers(s) below:		







SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

COUNTY: Ware	Service: Public Defender	
1. Check the box that best describes the agreed upon delivery arrangement for this service:		
Service will be provided countywide (i.e., includin identify the government, authority or organization Ware County	g all cities and unincorporated areas) by a single service provider. (If this box is checked, providing the service.):	
Service will be provided only in the unincorporate government, authority or organization providing the	d portion of the county by a single service provider. (If this box is checked, identify the ne service.):	
One or more cities will provide this service only w (If this box is checked, identify the government(s)	ithin their incorporated boundaries, and the service will not be provided in unincorporated areas. , authority or organization providing the service:	
	ithin their incorporated boundaries, and the county will provide the service in unincorporated nent(s), authority or organization providing the service.):	
Other (If this box is checked, attach a legible ma	ap delineating the service area of each service provider, and identify the government,	
authority, or other organization that will provide s	service within each service area.):	
2. In developing this strategy, were overlapping service	e areas, unnecessary competition and/or duplication of this service identified?	
 ☐ Yes (if 'Yes', you must attach additional document ☑ No 	ntation as described, below)	
	ach an explanation for continuing the arrangement (i.e., overlapping but higher levels of s of the duplication, or reasons that overlapping service areas or competition cannot be	
If these conditions will be eliminated under the strategy eliminate them, the responsible party and the agreed u	y, <u>attach an implementation schedule</u> listing each step or action that will be taken to pon deadline for completing it.	

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

Local Government or Authority	Funding Method		
Ware County	General Funds		
4. 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 agreements or intergovernmental contracts that will be used to implement the strategy for this service:			
Agreement Name	Contracting Parties	Effective and Ending Dates	
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?			
ΝΑ			
7. Person completing form: Paul Smith, NA Phone number: (912) 287-4300 Date cor	npleted: 11/3/2011		
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			
If not, provide designated contact person(s) a	and phone numbers(s) below:		







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.			
со	UNTY: Ware	Service: Road and Bridges	
1. C	heck the box that best describes the agreed upon delivery arrangement	t for this service:	
	Service will be provided countywide (i.e., including all cities and unincidentify the government, authority or organization providing the service		
	Service will be provided only in the unincorporated portion of the coun government, authority or organization providing the service.):	ity by a single service provider. (If this box is checked, identify the	
	One or more cities will provide this service only within their incorporate (If this box is checked, identify the government(s), authority or organiz	ed boundaries, and the service will not be provided in unincorporated areas. zation providing the service:	
V	One or more cities will provide this service only within their incorporate areas. (If this box is checked, identify the government(s), authority or o Ware County, Waycross	ed boundaries, and the county will provide the service in unincorporated organization providing the service.):	
	Other (If this box is checked, attach a legible map delineating the s e authority, or other organization that will provide service within each se		
2. In	2. In developing this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?		
□ ▼	Yes (if 'Yes', you must attach additional documentation as described, No	below)	
If these conditions will continue under this strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of			
service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).			
If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to			
eliminate them, the responsible party and the agreed upon deadline for completing it			

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		
Ware County	General Funds		
Waycross	General Funds		
4. 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 agreements or intergovernmental contracts that will be used to implement the strategy for this service:			
Agreement Name	Contracting Parties	Effective and Ending Dates	
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect? NA			
7. Person completing form: Paul Smith, NA Phone number: (912) 287-4300 Date completed: 11/3/2011			
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			
If not, provide designated contact person(s) a	and phone numbers(s) below:		







FORM 2: Summary of Service Delivery Arrangements

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: Ware	Service: Solicitor	
1. Check the box that best describes the agreed upon delivery arrangement	t for this service:	
Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): Ware County		
Service will be provided only in the unincorporated portion of the coun government, authority or organization providing the service.):	ty by a single service provider. (If this box is checked, identify the	
One or more cities will provide this service only within their incorporate (If this box is checked, identify the government(s), authority or organized	ed boundaries, and the service will not be provided in unincorporated areas. ation providing the service:	
One or more cities will provide this service only within their incorporate areas. (If this box is checked, identify the government(s), authority or o	ed boundaries, and the county will provide the service in unincorporated organization providing the service.):	
Other (If this box is checked, attach a legible map delineating the s authority, or other organization that will provide service within each se		
2. In developing this strategy, were overlapping service areas, unnecessary	/ competition and/or duplication of this service identified?	
 ☐ Yes (if 'Yes', you must attach additional documentation as described, ☑ No 	below)	
If these conditions will continue under this strategy, attach an explanation service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or eliminated).		
If these conditions will be eliminated under the strategy, attach an implement eliminate them, the responsible party and the agreed upon deadline for con		

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			
Ware County	General Funds		
4. 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 agreements or intergovernmental contracts that will be used to implement the strategy for this service:			
Agreement Name	Contracting Parties	Effective and Ending Dates	
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect? None			
7. Person completing form: Paul Smith, NA Phone number: (912) 287-4300 Date cor	npleted: 11/3/2011		
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			
If not, provide designated contact person(s) a	and phone numbers(s) below:		







FORM 2: Summary of Service Delivery Arrangements

additional pages as necessary. If the contact person for this service (listed at the bottom of the page	e) changes, this should be reported to the Department of Community Affairs.	
COUNTY: Ware	Service: State Court	
1. Check the box that best describes the agreed upon delivery arrangemen	It for this service:	
 Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): Ware County 		
Service will be provided only in the unincorporated portion of the cour government, authority or organization providing the service.):	ity by a single service provider. (If this box is checked, identify the	
One or more cities will provide this service only within their incorporate (If this box is checked, identify the government(s), authority or organized	ed boundaries, and the service will not be provided in unincorporated areas. zation providing the service:	
One or more cities will provide this service only within their incorporate areas. (If this box is checked, identify the government(s), authority or	ed boundaries, and the county will provide the service in unincorporated organization providing the service.):	
Other (If this box is checked, attach a legible map delineating the s authority, or other organization that will provide service within each se		
2. In developing this strategy, were overlapping service areas, unnecessary	y competition and/or duplication of this service identified?	
 ☐ Yes (if 'Yes', you must attach additional documentation as described, ☑ No 	below)	
If these conditions will continue under this strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).		
If these conditions will be eliminated under the strategy, attach an implem eliminate them, the responsible party and the agreed upon deadline for con		

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	Local Government or Authority Funding Method		
Ware County	General Funds		
4. 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 agreements or intergovernmental contracts that will be used to implement the strategy for this service:			
Agreement Name	Contracting Parties	Effective and Ending Dates	
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect? None			
7. Person completing form: Paul Smith, NA Phone number: (912) 287-4300 Date completed: 11/3/2011			
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			
If not, provide designated contact person(s) a	and phone numbers(s) below:		







FORM 2: Summary of Service Delivery Arrangements

Vake 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: Ware	Service: Tax Assessment & Collection
1. Check the box that best describes the agreed upon delivery arrangement	for this service:
Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): Ware County	
Service will be provided only in the unincorporated portion of the count government, authority or organization providing the service.):	y by a single service provider. (If this box is checked, identify the
One or more cities will provide this service only within their incorporate (If this box is checked, identify the government(s), authority or organization	d boundaries, and the service will not be provided in unincorporated areas. tion providing the service:
One or more cities will provide this service only within their incorporate areas. (If this box is checked, identify the government(s), authority or o	
Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.):	
 In developing this strategy, were overlapping service areas, unnecessary Yes (if 'Yes', you must attach additional documentation as described, b No 	
If these conditions will continue under this strategy, attach an explanation f service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or eliminated).	
If these conditions will be eliminated under the strategy, attach an impleme eliminate them, the responsible party and the agreed upon deadline for com	

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		
Ware County	General Funds		
4. 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 agreements or intergovernmental contracts that will be used to implement the strategy for this service:			
Agreement Name	Contracting Parties	Effective and Ending Dates	
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?			
NA			
7. Person completing form: Paul Smith, NA Phone number: (912) 287-4300 Date completed: 11/3/2011			
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			
If not, provide designated contact person(s) a	and phone numbers(s) below:		







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: Ware		Service: Victim Assistance Program		
1. Cł	heck the box that best describes the agreed upon delivery arrangement	for this service:		
V	Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): Ware County			
	Service will be provided only in the unincorporated portion of the count government, authority or organization providing the service.):	y by a single service provider. (If this box is checked, identify the		
	One or more cities will provide this service only within their incorporate (If this box is checked, identify the government(s), authority or organization	d boundaries, and the service will not be provided in unincorporated areas. ation providing the service:		
	One or more cities will provide this service only within their incorporate areas. (If this box is checked, identify the government(s), authority or o			
	Other (If this box is checked, attach a legible map delineating the se authority, or other organization that will provide service within each se			
2. In	2. In developing this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?			
\square	Yes (if 'Yes', you must attach additional documentation as described, b	pelow)		
If these conditions will continue under this strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of				
servi	service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be			
elimi	eliminated).			
If the	If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to			
elimi	eliminate them, the responsible party and the agreed upon deadline for completing it.			

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

Local Government or Authority	Funding Method		
Ware County	General Fund, Fines amd Forfeitures		
4. 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 agreements or intergovernmental contracts that will be used to implement the strategy for this service:			
Agreement Name	Contracting Parties	Effective and Ending Dates	
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?			
NA			
7. Person completing form: Paul Smith, NA Phone number: (912) 287-4300 Date completed: 11/3/2011			
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			
If not, provide designated contact person(s) a	and phone numbers(s) below:		







FORM 2: Summary of Service Delivery Arrangements

additional pages as necessary. If the contact person for this service (listed at the bottom of the page	e) changes, this should be reported to the Department of Community Affairs.				
COUNTY: Ware	Service: Wastewater				
1. Check the box that best describes the agreed upon delivery arrangement for this service:					
Service will be provided countywide (i.e., including all cities and uning identify the government, authority or organization providing the service					
Service will be provided only in the unincorporated portion of the cour government, authority or organization providing the service.):	nty by a single service provider. (If this box is checked, identify the				
One or more cities will provide this service only within their incorporat (If this box is checked, identify the government(s), authority or organized	ed boundaries, and the service will not be provided in unincorporated areas. zation providing the service:				
One or more cities will provide this service only within their incorporat	ed boundaries, and the county will provide the service in unincorporated				
areas. (If this box is checked, identify the government(s), authority or	organization providing the service.):				
Other (If this box is checked, attach a legible map delineating the s authority, or other organization that will provide service within each s Satilla Regional Water and Sewer Authority, Waycross					
2. In developing this strategy, were overlapping service areas, unnecessar	y competition and/or duplication of this service identified?				
 Yes (if 'Yes', you must attach additional documentation as described, No 	below)				
If these conditions will continue under this strategy, attach an explanation	for continuing the arrangement (i.e., overlapping but higher levels of				
service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, eliminated).	or reasons that overlapping service areas or competition cannot be				
If these conditions will be eliminated under the strategy, attach an implem					
eliminate them, the responsible party and the agreed upon deadline for cor	npleting it.				

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

Local Government or Authority	Funding Method			
Satilla Regional Water and Sewer Authority	User Fees			
Waycross	User Fees			
4. How will the strategy change the previous arr	angements for providing and/or funding this service within the county?			
No Change				
5. List any formal service delivery agreements o	or intergovernmental contracts that will be used to implement the strateg	y for this service:		
Agreement Name	Contracting Parties	Effective and Ending Dates		
Assembly, rate or fee changes, etc.), and whe	to implement the strategy for this service (e.g., ordinances, resolutions, en will they take effect?	local acts of the General		
ΝΑ				
 7. Person completing form: Paul Smith, NA Phone number: (912) 287-4300 Date cor 	npleted: 12/2/2011			
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				
If not, provide designated contact person(s) a	and phone numbers(s) below:			

Page 2 of 2







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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.						
col	UNTY: Ware	Service: Water				
1. CI	1. Check the box that best describes the agreed upon delivery arrangement for this service:					
	Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):					
	Service will be provided only in the unincorporated portion of the coun government, authority or organization providing the service.):	ty by a single service provider. (If this box is checked, identify the				
	One or more cities will provide this service only within their incorporate (If this box is checked, identify the government(s), authority or organized	ed boundaries, and the service will not be provided in unincorporated areas. ation providing the service:				
	One or more cities will provide this service only within their incorporate areas. (If this box is checked, identify the government(s), authority or o	ed boundaries, and the county will provide the service in unincorporated organization providing the service.):				
V	Other (If this box is checked, <u>attach a legible map delineating the sa</u> authority, or other organization that will provide service within each se Manor Water Authority, Satilla Regional Water and Sewer Authority	ervice area.):				
2. In	developing this strategy, were overlapping service areas, unnecessary Yes (if 'Yes', you must attach additional documentation as described, No					
servi	ese conditions will continue under this strategy, <u>attach an explanation</u> ice (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, c inated).	for continuing the arrangement (i.e., overlapping but higher levels of or reasons that overlapping service areas or competition cannot be				
	ese conditions will be eliminated under the strategy, attach an impleme inate them, the responsible party and the agreed upon deadline for com					

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			
Manor Water Authority	User Fees			
Satilla Regional Water and Sewer Authority	User Fees			
Waycross	User Fees, Water & Sewer Fund			
4. How will the strategy change the previous an	rangements for providing and/or funding this service within the county?			
No Change				
	or intergovernmental contracts that will be used to implement the strateg	-		
Agreement Name	Contracting Parties	Effective and Ending Dates		
 What other mechanisms (if any) will be used Assembly, rate or fee changes, etc.), and wh 	to implement the strategy for this service (e.g., ordinances, resolutions, en will they take effect?	local acts of the General		
]		
7. Person completing form: Paul Smith, NA Phone number: (912) 287-4300 Date completed: 12/5/2011				
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				
If not, provide designated contact person(s) a	and phone numbers(s) below:			







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
dditional 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.

COL	COUNTY: Ware Service: Waycross Area Television System					
	. Check the box that best describes the agreed upon delivery arrangement for this service:					
V	Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): Ware County					
	Service will be provided only in the unincorporated portion of the count government, authority or organization providing the service.):	y by a single service provider. (If this box is checked, identify the				
	One or more cities will provide this service only within their incorporate (If this box is checked, identify the government(s), authority or organization	d boundaries, and the service will not be provided in unincorporated areas. ation providing the service:				
	One or more cities will provide this service only within their incorporate areas. (If this box is checked, identify the government(s), authority or o					
	Other (If this box is checked, attach a legible map delineating the se authority, or other organization that will provide service within each se					
2. In	developing this strategy, were overlapping service areas, unnecessary	competition and/or duplication of this service identified?				
\square	Yes (if 'Yes', you must attach additional documentation as described, b	elow)				
If the	ese conditions will continue under this strategy, attach an explanation f	or continuing the arrangement (i.e., overlapping but higher levels of				
	ce (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or nated).	reasons that overlapping service areas or competition cannot be				
	ese conditions will be eliminated under the strategy, attach an impleme nate them, the responsible party and the agreed upon deadline for com					

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				
Ware County	General Fund, Special Revenue Fund				
4. 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 agreements c	or intergovernmental contracts that will be used to implement the strateg	gy for this service:			
Agreement Name	Contracting Parties	Effective and Ending Dates			
 What other mechanisms (if any) will be used Assembly, rate or fee changes, etc.), and who NA 	to implement the strategy for this service (e.g., ordinances, resolutions, en will they take effect?	local acts of the General			
7. Person completing form: Paul Smith, NA Phone number: (912) 287-4300 Date cor	npleted: 11/3/2011				
8. Is this the person who should be contacted by service delivery strategy? Yes	y state agencies when evaluating whether proposed local government	projects are consistent with the			
If not, provide designated contact person(s) a	and phone numbers(s) below:				







FORM 3: Summary of Land Use Agreements

Instructions: Please note that any changes to the answers provided will require an update of the service delivery strategy. If the contact person for this service (listed at the bottom of this page) changes, this should be reported to the Department of Community Affairs.
COUNTY: Ware
1. What incompatibilities or conflicts between the land use plans of local governments were identified in the process of developing the service delivery strategy?
None
2. Check the boxes indicating how these incompatibilities or conflicts were addressed:
Amendments to existing comprehensive plans
Adoption of a joint comprehensive plan
Other measures (amend zoning ordinances, add environmental regulations, etc.)
If the necessary plan amendments, regulations, ordinances, etc. have not been formally adopted, indicate when each of the affected local governments will adopt them.
3. What policies, procedures and/or processes have been established by local governments (and water and sewer authorities) to ensure that new extraterritorial water and sewer service will be consistent with all applicable land use plans and ordinances?
NA
4. Person completing form: Paul Smith, County Manager Phone number: (912) 287-4300 Date completed: 12/2/2011
5. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? Yes
If not, provide designated contact person(s) and phone numbers(s) below:







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: Ware

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
City of Waycross	Mayor	Clarence Billups		
Ware County	Chairman	Jimmy Brown		







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: Ware

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	r	SIGNATURE	DATE
City of Waycross	Mayor	Clarence Billups	Vul	the A. Thillend	12-8-17
Ware County	Chairman	Jimmy Brown	1H	in Dun	12-9-11
-	and the second		1	/ -	Y

