





FORM 1

COUNTY: Madison

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.)

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.

Carlton		
Colbert		
Comer		
Danielsville		
Hull		
lla		
Madison County		
Madison County IDA		
Northeast Regional Solid Waste Authority		
Royston		
-		

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.

Cooperative Extension Service County Coroner Department of Family and Children Service Jail Services Judicial / Courts Library Services Public Health Services Public Housing Recreation Senior Citizens Center Street Lights Tax Appraisal / Assessments Tax Collection Voter Registration

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.

Animal Control / Code Enforce E-911 Emergency Management Services Emergency Medical Services Fire Services Law Enforcement Planning / Zoning Public Sanitary Sewerage Public Water Supply Road / Bridge Maintenance







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: Madison	Service: Animal Control / Code Enforce	
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 unin- identify the government, authority or organization providing the service Madison County		
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	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 s authority, or other organization that will provide service within each s		
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	n 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 implementation	nentation 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	ocal Government or Authority Funding Method		
Madison County	General Funds		
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?			
New Service			
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	
County and City Intergovernmental	County and All Cities	7/1/2012-7/1/2022	
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?			
Ordinances			
7. Person completing form: Anthony Dove, Chairman Phone number: (706) 795-6300 Date completed: 9/27/2012			
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

Instructions:

COUNTY	/: Madison	Service: E-911
1. Check	the box that best describes the agreed upon delivery arrangement	t for this service:
iden	vice will be provided countywide (i.e., including all cities and unincontribution of the government, authority or organization providing the service dison County	prporated areas) by a single service provider. (If this box is checked, e.):
	vice will be provided only in the unincorporated portion of the coun ernment, authority or organization providing the service.):	ty by a single service provider. (If this box is checked, identify the
	e or more cities will provide this service only within their incorporate nis 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:
	e or more cities will provide this service only within their incorporate as. (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.):
	er (If this box is checked, attach a legible map delineating the se hority, or other organization that will provide service within each se	ervice area of each service provider, and identify the government, ervice area.):
2. In deve	eloping this strategy, were overlapping service areas, unnecessary	competition and/or duplication of this service identified?
□ Yes ☑ No	(if 'Yes', you must attach additional documentation as described,	below)
	See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, o	for continuing the arrangement (i.e., overlapping but higher levels of or reasons that overlapping service areas or competition cannot be
	onditions will be eliminated under the strategy, attach an implement	

 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	
Madison County	Special Revnue Funds ,General Fund	

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?

5. List any formal service delivery 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?

7. Person completing form: Anthony Dove Phone number: 706-795-6300- ext.300

Date completed: 9/27/2012

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? XYes No

If not, provide designated contact person(s) and phone number(s) below: TYPE CONTACT NAME, TITLE & PHONE HERE







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY:Madison

Service: Emergency Management Service

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.):**Madison County**

Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): **Type Name of Government, Authority or Organization Here**

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: Type Name of Government, Authority or Organization Here

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.): **Type Name of Government, Authority or Organization Here**

Other (If this box is checked, <u>attach a legible map delineating the service area of each service provider</u>, and identify the government, authority, or other organization that will provide service within each service area.): Type Name of Government, Authority or Organization Here

2. In developing this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

Ves (if "Yes," you must attach additional documentation as described, below)

No

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

If these conditions will be eliminated under the strategy, 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
Carlton	General Funds
Colbert	General Funds
Comer	General Funds
Danielsville	General Funds
Hull	General Funds
lla	General Funds
Madison County	Fund Raisers
Madison County	General Funds
Royston	General Funds

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?

N/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
Master Service Delivery Plan	All	7/1/2012-7/1/2022

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?

Ordiances and Resolutions. Local Acts

7. Person completing form: Anthony Dove, Chairman

Phone number: (706) 795-6300 Date completed: 9/27/2012

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

COUNTY: Madison Service: Emergency Medical Servi	ces	
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.		
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		

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.):
Madison County

Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas.
 (If this box is checked, identify the government(s), authority or organization providing the service:

One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.):

2. In developing 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, below)
 No

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

If these conditions will be eliminated under the strategy, 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		
Madison County	User Fees		
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?			
N/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	
Master Service Delivery Agreement	All	7/1/2012-7/1/2022	
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? Rate and Fee Changes			
 7. Person completing form: Anthony Dove, Chairman Phone number: (706) 795-6300 Date completed: 9/27/2012 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

Instructions:
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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.		
cou	NTY: Madison	Service: Fire Services
1. Che	eck 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	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 Carlton, Colbert, Comer, Danielsville, Hull, IIa, Madison County, F	
	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 c	leveloping 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		
servic elimin	e (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, c ated).	or reasons that overlapping service areas or competition cannot be
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
Carlton	Fund Raisers
Carlton	General Funds
Colbert	Fund Raisers
Colbert	General Funds
Comer	Fund Raisers
Comer	General Funds
Danielsville	Fund Raisers
Danielsville	General Funds
Hull	Fund Raisers
Hull	General Funds
lla	Fund Raisers
lla	General Funds
Madison County	General Funds
Royston	General Funds

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?

N/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
Fire	Contract Agreement	Madison County,All VFD, All Cites,	1/1/2012-12/31/2012
Mas	ster Service Delivery Agreement	АШ	7/1/2012-7/1/2022

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?

Local Acts

7. Person completing form: Anthony Dove, Chairman

Phone number: (706) 795-6300 Date completed: 9/27/2012

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 on FORM 1, section in. 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: Madison	Service: Law Enforcement	
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	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 Colbert, Comer, Danielsville, Hull, Madison County, Royston	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 eattach authority, or other organization that will provide service within each seattach authority authority attach a seattach authority attach a seattach a legible map delineating the seattach attach a legible map delineating the seattach a legible map deline		
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 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
Colbert	General Funds
Comer	General Funds
Danielsville	General Funds
Hull	General Funds
Madison County	General Funds

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?

N/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
Madison County Sheriff/ City of Colbert Agreement	Madison County and City of Colbert	1/1/2012-12/31/2012
Madison County Sheriff/City of Hull Agreement	Madison County and City of Hull	5/1/2012-5/1/2022

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?

Inter-Government Agreements , Local Acts

7. Person completing form: Anthony Dove, Chairman Phone number: (706) 795-6300 Date completed: 9/27/2012

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: Madison	Service: Planning / Zoning	
1. Check the box that best describes the agreed upon delivery arrangemen	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 cour 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 Carlton, Colbert, Comer, Danielsville, Hull, Ila, Madison County, F		
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 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, 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		
Carlton	General Funds		
Colbert	General Funds		
Comer	User Fees		
Danielsville	General Funds		
Hull	General Funds		
lla	General Funds		
Madison County	User Fees		
Royston	General Funds		
N/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	
	to implement the strategy for this service (e.g., ordinances, resolutio		
 6. What other mechanisms (if any) will be used Assembly, rate or fee changes, etc.), and where the changes Local Acts, Rate or Fee Changes 7. Person completing form: Anthony Dove, Changes 	to implement the strategy for this service (e.g., ordinances, resolutio nen will they take effect?		
 6. What other mechanisms (if any) will be used Assembly, rate or fee changes, etc.), and where the changes Local Acts, Rate or Fee Changes 7. Person completing form: Anthony Dove, Change Phone number: (706) 795-6300 Date completion 	to implement the strategy for this service (e.g., ordinances, resolutio nen will they take effect?	ns, local acts of the General	







SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

Make copies of this form and complete one for each service listed on FORM 1, Section III. Use exactly the same service names listed on FORM 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.		
COUNTY: Madison	Service: Public Sanitary Sewerage	
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 inco (If this box is checked, identify the government(s), authority or c	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 inco areas. (If this box is checked, identify the government(s), author	rporated boundaries, and the county will provide the service in unincorporated rity or organization providing the service.):	
 Other (If this box is checked, <u>attach a legible map delineating</u> authority, or other organization that will provide service within e Comer, Danielsville, Madison County IDA 	y the service area of each service provider , and identify the government, 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 as desc ☑ No 	cribed, 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 in 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	
City of Comer	User Fees	
City of Danielsviile	User Fees	
Madison County IDA	IDA General Funds and User Fees	

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?

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

Agreement Name	Contracting Parties	Effective and Ending Dates
Madison Co. & Daninlsville A	Madison County, City of Daniesville	7/01/2012-7/01/2022
MadisonBOC BOE IDA Comer	Madison County BOC, BOE, IDA & Comer	7/01/2012-7/01/2022

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?

Rate and Fee Changes

7. Person completing form: Anthony Dove Phone number: **706-795-6300 ext.300**

Date completed: 9/27/2012

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? XYes No

If not, provide designated contact person(s) and phone number(s) below: TYPE CONTACT NAME, TITLE & PHONE HERE







FORM 2: Summary of Service Delivery Arrangements

Instructions:

Make copies of this form and complete one for each service listed on FORM 1, Section III. Use exactly the same service names listed on FORM 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.		
COUNTY: Madison	Service: Public Water Supply	
1. Check the box that best describes the agreed upon delivery arranger	nent 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 or government, authority or organization providing the service.):	county by a single service provider. (If this box is checked, identify the	
One or more cities will provide this service only within their incorport (If this box is checked, identify the government(s), authority or org	orated boundaries, and the service will not be provided in unincorporated areas. anization providing the service:	
One or more cities will provide this service only within their incorporareas. (If this box is checked, identify the government(s), authority	orated boundaries, and the county will provide the service in unincorporated a or organization providing the service.):	
Other (If this box is checked, <u>attach a legible map delineating th</u> authority, or other organization that will provide service within each Carlton, Colbert, Comer, Danielsville, Hull, Ila, Madison Count		
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 describ ☑ No 	ped, 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 impl eliminate them, the responsible party and the agreed upon deadline for		

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
Carlton	Enterprise Funds
Colbert	General Funds
Comer	User Fees
Danielsville	User Fees
Hull	Inter-Government Agreement
lla	User Fees
Madison County IDA	User Fees
Royston	Enterprise Funds

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?

N/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
Madison County IDA and City of Commerce	Madison County IDA ,Commerce	7/1/2012-7/1/2022
Madison County IDA and City of Hull WaterProvider Agreement	Madison County IDA and City of Hull	3/1/2012-3/1/2022
Madison County IDA and City of Royston	Madison County IDA, Royston	7/1/2012-7/1/2022
Madison County IDA and Franklin County	Madison County IDA, Franklin County	7/1/2012-7/1/2022

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?

Local Acts , Rate and Fee changes

7. Person completing form: Anthony Dove, Chairman

Phone number: (706) 795-6300 Date completed: 9/27/2012

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

	e copies of this form and complete one for each service listed on FORM 1, Section III. Use ional pages as necessary. If the contact person for this service (listed at the bottom of the page)	• • • •
со	UNTY: Madison	Service: Road / Bridge Maintenance
1. C	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
	One or more cities will provide this service only within their incorporate (If this box is checked, identify the government(s), authority or organize	d 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 c Carlton, Colbert, Comer, Danielsville, Hull, Ila, Madison County, R	
	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, I No	pelow)
If the	ese 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, o inated).	r reasons that overlapping service areas or competition cannot be
If the	ese 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
Carlton	General Funds
Carlton	LMIG
Colbert	General Funds
Colbert	LMIG
Comer	General Funds
Comer	LMIG
Danielsville	General Funds
Danielsville	LMIG
Hull	General Funds
Hull	SPLOST
lla	General Funds
lla	LMIG
Madison County	General Funds
Madison County	SPLOST
Royston	General Funds

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?

N/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
Mac	dison County and Comer , Colbert,	Madison County and Comer, Colbert, Danielsville, Hull, Ila	7/1/2012-7/1/2022
Dan	nielsville, Hull, Ila SPLOST Agreement	imatison county and comer, consert, Dameisvine, Hull, lia	111/2012-1/1/2022

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?

Local Acts,

7. Person completing form: Anthony Dove, Chairman

Phone number: (706) 795-6300 Date completed: 9/27/2012

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 3: Summary of Land Use Agreements

Instructions:

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

COUNTY:MADISON			
1. What incompatibilities or conflicts between the land use plans of local governments we developing the service delivery strategy? Provide Details Here	ere identified in the process of		
2. Check the boxes indicating how these incompatibilities or conflicts were addressed:	NOTE:		
Amendments to existing comprehensive plans	If the necessary plan amendments,		
Adoption of a joint comprehensive plan	regulations, ordinances, etc. have not yet been formally adopted, indicate when		
Other measures (amend zoning ordinances, add environmental regulations, etc.)	each of the affected local governments		
If "other measures" was checked, describe these measures: Describe "Other" Measures Here			
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? Consideration of Comprehensive Land Use Plan and Informal process of Communication between County, Cites, and IDA Officials and Staff of each enity ensure that expansions are consistent with the Comprehensive Plan itself. Unless expansive is needed for other reasons.			
4. Person completing form: Anthony Dove			
Phone number: 706-795-6300 ext.300 Date completed: 9/25/2012			
5. Is this the person who should be contacted by state agencies when evaluating whether projects are consistent with the service delivery strategy? ⊠Yes □No	er proposed local government		
If not, provide designated contact person(s) and phone number(s) below:			
TYPE CONTACT NAME, TITLE & PHONE HERE			





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MADISON COUNTY GEORGIA WATER SYSTEM MAP

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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: Madison

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 Carlton	Mayor	Rufus Kldd	Alufa Elled	2013/12
City of Colbert	Mayor	Chris Peck	Christmach	9-28-17
City of Comer	Mayor	Jody Blackmon	1.41	9.24.0
City of Danielsville	Mayor	Todd Higdon	- AL	9-24-1
City of Hull	Mayor	Paul Elkins	Pour nother	8-28-1-
City of Ila	Mayor	Mike Coile	Mohrellowlo	10-3-12
Madison County	Chairman	Anthony Dove	1 The Hora	glack