





FORM 1

COUNTY: WILCOX COUNTY

I. GENERAL INSTRUCTIONS:

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

OPTION A Revising or Adding to the SDS	OPTION B Extending the Existing SDS
 4. List all services provided or primarily funded by each general purpose local government and authority within the county which are revised or added to the SDS in Section IV, below. (It is acceptable to break a service into separate components if this will facilitate description of the service delivery strategy.) 5. For each service or service component listed in Section IV, complete a separate, updated Summary of Service Delivery Arrangements form (FORM 2). 	 4. In Section IV type, "NONE." 5. Complete one copy of the Certifications for Extension of Existing SDS form (FORM 5) and have it signed by the authorized representatives of the participating local governments. [Please note that DCA cannot validate the strategy unless it is signed by the local governments required by law (see Instructions, FORM 5).] 6. Proceed to step 7, below.
6. Complete one copy of the <i>Certifications</i> form (FORM 4) and have it signed by the authorized representatives of participating local governments. [Please note that DCA cannot validate the strategy unless it is signed by the local governments required by law (see Instructions, FORM 4).]	For answers to most frequently asked questions on Georgia's Service Delivery Act, links and helpful publications, visit DCA's website at http://www.dca.ga.gov/development/PlanningQualityGrowth/programs/servicedelivery.asp, or call the Office of Planning and Quality Growth at (404) 679-5279.

- 7. If any of the conditions described in the existing *Summary of Land Use Agreements* form (FORM 3) have changed or if it has been ten (10) or more years since the most recent FORM 3 was filed, update and include FORM 3 with the submittal.
- 8. Provide the completed forms and any attachments to your regional commission. The regional commission will upload digital copies of the SDS documents to the Department's password-protected web-server.

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

II. LOCAL GOVERNMENTS INCLUDED IN THE SERVICE DELIVERY STRATEGY:

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

Wilcox County

City of Abbeville

City of Pineview

City of Pitts

City of Rochelle

Wilcox County Development Authority

Ocmulgee Regional Joint Development Authority

Abbeville Housing Authority

Rochelle Housing Authority

Wilcox County Board of Education

Wilcox State Prison

Wilcox County Library Board

Wilcox County Board of Education

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.

None - Although not all services are being revised, the contact person for each Summary of Service Delivery Arrangements form (Form 2) has changed.

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.

Aging Services, Ambulance Service, Cemeteries, Courts, E-911, Economic Development, Elections, Emergency Management, Extension Service, Fire Protection, Indigent Defense, Jail, Law Enforcement, Library, Parks, Public Health, Public Housing, Public Transporation, Public Works, Recreation, Road/Street Construction, Road/Street Maintenance, Social Services, Solid Waste Collection, Solid Waste Disposal, Tax Assessment, Tax Collection, Water Supply & Distribution, Wastewater, Zoning







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

List each government or authori enterprise funds, user fees, gene fees, bonded indebtedness, etc.	eral funds, special service district			
Local Government or Author	ity	Funding Method		
Wilcox County	General Fund			
City of Rochelle	General Fund			
4. How will the strategy change the	previous arrangements for provi	ding and/or funding this	service within the county?	
City of Rochelle will provide fund 5. List any formal service delivery	ounty will continue to provide the song for salaries, and contribute \$60 agreements or intergovernmental	0/month to the County to	help pay for gas.	
this service: Agreement Name	Contracting Page	artias	Effective and Ending Dates	
Agreement Name	Contracting Fa	ıı ües	Enective and Ending Dates	
6. What other mechanisms (if any) acts of the General Assembly, ra	will be used to implement the strate or fee changes, etc.), and whe		g., ordinances, resolutions, local	
None				
7. Person completing form: Paula Phone number: 229-467-2737	Jones-Ball, Wilcox County Adm Date completed: 7/15/13	ninistrator		
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ⊠Yes □No				
If not, provide designated contact person(s) and phone number(s) below:				







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

Local Government or Autho	rity Funding I	Method
Wilcox County	General Fund	
. How will the strategy change th	e previous arrangements for providing and/or fund	ling this service within the county?
No abanga is antisinated. The C	county pays for the facilities and energtion of ambu	Janas aaniaa aayntyyyida
No change is anticipated. The C	ounty pays for the facilities and operation of ambu	lance service countywide.
The contract of the state of th		91 by a second to the second the second to the second
. List any formal service delivery this service:	agreements or intergovernmental contracts that wi	ill be used to implement the strategy fo
this service:		
	agreements or intergovernmental contracts that w	ill be used to implement the strategy fo
this service:		
this service: Agreement Name . What other mechanisms (if any		Effective and Ending Dates vice (e.g., ordinances, resolutions, local
this service: Agreement Name . What other mechanisms (if any	Contracting Parties Output Description: O	Effective and Ending Dates vice (e.g., ordinances, resolutions, local
this service: Agreement Name . What other mechanisms (if any acts of the General Assembly, re	Contracting Parties Output Description: O	Effective and Ending Dates vice (e.g., ordinances, resolutions, local
this service: Agreement Name What other mechanisms (if any acts of the General Assembly, ra	Contracting Parties Output Description: O	Effective and Ending Dates vice (e.g., ordinances, resolutions, local
this service: Agreement Name . What other mechanisms (if any	Contracting Parties Output Description: O	Effective and Ending Dates vice (e.g., ordinances, resolutions, local
this service: Agreement Name . What other mechanisms (if any acts of the General Assembly, range). None	Contracting Parties Output Description: O	Effective and Ending Dates vice (e.g., ordinances, resolutions, local







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.				
COUNTY:WILCOX COUNTY	Service: Cemeteries			
1. Check the box that best describes the agreed upon	a delivery errongement for this convice:			
Check the box that best describes the agreed upor	r delivery arrangement for this service.			
Service will be provided countywide (i.e., includi this box is checked, identify the government, authorized the countywide (i.e., including the countywide).	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.):			
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is nization providing the service.):			
☑One or more cities will provide this service only 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: City of Abbeville, City of Pineview, City of Pitts, City of Rochelle				
One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):				
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):			
2. In developing this strategy, were overlapping service 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, <u>attach an implementation schedule</u> listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.				
	Page 1 of 2			

3. L	ist each	governmen	it or au	thority tha	at will l	help to	pay for	this ser	vice and ir	ndicate how	the se	rvice will be f	undec	d (e.g.,
е	nterprise	funds, use	r fees,	general f	unds,	special	service	district	revenues,	hotel/mote	el taxes,	franchise ta	xes, ir	npact
f€	es, bond	ded indebte	dness,	etc.).										

Local Government or Authority	Funding Method
City of Abbeville	General Fund and Fees
City of Pineview	General Fund and Fees
City of Pitts	General Fund and Fees
City of Rochelle	General Fund and Fees

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?
No change is anticipated. Each municipality will continue to provide for a public cemetery for its own respective jurisdiction.

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
Ĺ	

- 7. Person completing form: **Paula Jones-Ball, Wilcox County Administrator**Phone number: **229-467-2737**Date completed: 7/15/13
- 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ⊠Yes □No







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.			
COUNTY:WILCOX COUNTY	Service: Courts		
1. Check the box that best describes the agreed upo Service will be provided countywide (i.e., include this box is checked, identify the government, authority the government).	ling all cities and unincorporated areas) by a single service provider. (If		
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ted portion of the county by a single service provider. (If this box is anization providing the service.):		
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:		
	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the of Rochelle		
	nap delineating the service area of each service provider, and ration that will provide service within each service area.):		
2. In developing this strategy, were overlapping serv identified?	ice areas, unnecessary competition and/or duplication of this service		
☐ Yes (if "Yes," you must attach additional docum	nentation as described, below)		
⊠No			
	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).		
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	egy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.		
	Page 1 of 2		

Local Government or Authority	Funding M	ethod
Wilcox County	General Fund	
City of Abbeville	General Fund	
City of Rochelle	General Fund	
How will the strategy change the prev	rious arrangements for providing and/or fundir	g this service within the county?
lo change is anticipated. Municipal corovide for State and Superior courts.	ourts are considered to be a higher level of se	rvice. The County will continue to
this service: Agreement Name	Contracting Parties	Effective and Ending Date
	be used to implement the strategy for this serv fee changes, etc.), and when will they take ef	
acts of the General Assembly, rate or		
acts of the General Assembly, rate or		
None Person completing form: Paula Jone		
None Person completing form: Paula Jone Phone number: 229-467-2737	s-Ball, Wilcox County Administrator Date completed: 7/15/13 Exacted by state agencies when evaluating whe	fect?







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.		
COUNTY:WILCOX COUNTY	Service: E-911	
1. Check the box that best describes the agreed upor Service will be provided countywide (i.e., includi this box is checked, identify the government, author	ing all cities and unincorporated areas) by a single service provider. (If	
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is nization providing the service.):	
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:	
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the	
	ap delineating the service area of each service provider, and ation that will provide service within each service area.): Wilcox County	
In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)	
⊠No		
If these conditions will continue under this strategy, <u>a</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).	
If these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.	

		II help to pay for this service and in special service district revenues,		
fees, bonded indebtedness, etc		,, оросная солино аксинолисто насо,		aroo, manomoo tarroo, mpaor
Local Government or Author	oritv	Fun	ding Method	
Dodge County		Seneral Fund and User Fees	J	
Wilcox County	С	Contract with Dodge County		
-				
4. How will the strategy change the	ne previous	s arrangements for providing and/o	or funding this	service within the county?
		will continue to contract with Dodge basis to Dodge County each year.	e County for th	ne provision of E-911 service,
this service:	agreemer	nts or intergovernmental contracts	that will be us	
Agreement Name Intergovernmental Agreement	Dodgo ou	Contracting Parties nd Wilcox counties		Effective and Ending Dates 2-/16/01 - rolls over each year
on the Provision of E-911	Douge at	Tid Wilcox Counties		thereafter
Service				therealter
Service				
		sed to implement the strategy for the changes, etc.), and when will they		g., ordinances, resolutions, local
None				
Phone number: 229-467-2737	Date	all, Wilcox County Administrator completed: 7/15/13		
Is this the person who should to projects are consistent with the		ed by state agencies when evaluati elivery strategy? ⊠Yes ⊡No	ing whether pi	oposed local government
If not, provide designated conta	ıct person((s) and phone number(s) below:		

Wilcox County SDS Map 1: E-911 **Dodge County Wilcox County** Legend CountyBoundary Source: Heart of Georgia Altamaha RC, 2013







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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:WILCOX COUNTY	Service: Economic Development	
Check the box that best describes the agreed upor Service will be provided countywide (i.e., including this box is checked, identify the government, authorities).	ing all cities and unincorporated areas) by a single service provider. (If	
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is inization providing the service.):	
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:	
	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the	
identify the government, authority, or other organization	nap delineating the service area of each service provider, and ation that will provide service within each service area.): Wilcox of Pitts, City of Rochelle, Wilcox County Development Authority, ty	
In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)	
If these conditions will continue under this strategy, <u>a</u>	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).	
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.	

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
Wilcox County	General Fund
City of Abbeville	General Fund
City of Pineview	General Fund
City of Pitts, City of Rochelle	General Fund
Wilcox Co. Dev't Authority	General Fund, SPLOST
Ocmulgee Regional JDA	General Fund

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

Economic development services are primarily provided through the Wilcox County Development Authority and secondarily through the Ocmulgee Regional Joint Development Authority. There is some consideration of possibly withdrawing from the Ocmulgee Regional Joint Development Authority in the future and joining with another adjacent county(ies) (possibly with either Crisp or Ben Hill counties) in a joint development authority.

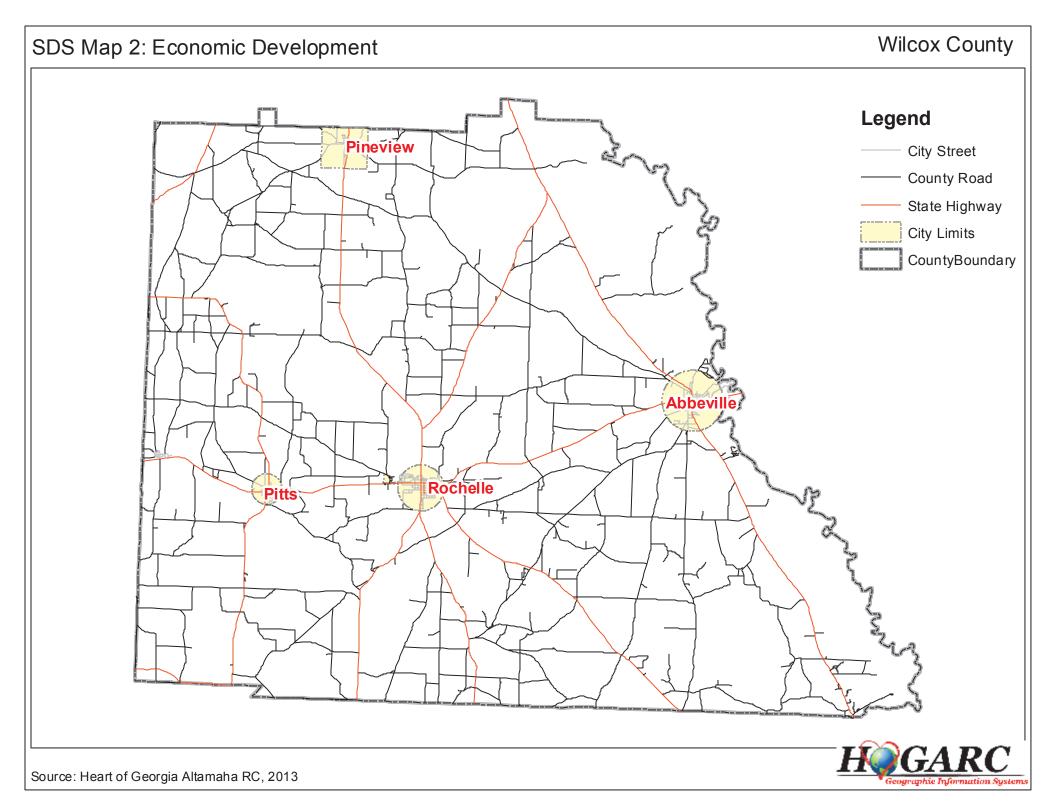
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:

Agreement Name	Contracting Parties	Effective and Ending Dates

6.	s. 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: **Paula Jones-Ball, Wilcox County Administrator**Phone number: **229-467-2737**Date completed: 7/15/13
- 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ⊠Yes □No









FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

3. L	ist each government or authority that will help to pay for this service and indicate how the service	ce will be funded (e.g.,
eı	nterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, fra	anchise taxes, impact
fe	es, bonded indebtedness, etc.).	

Local Government or Authority	Funding Method
Wilcox County	General Fund
City of Abbeville	General Fund
City of Pineview	General Fund
City of Pitts	General Fund
City of Rochelle	General Fund

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

The cities provide for their own municipal elections, while the County provides for countywide, state, and federal elections. The County is in the process of establishing a Board of Elections and Voter Registration. There is the possibility that one or more of the municipalities may seek to contract with the new board in the future.

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., ordinance	s, resolutions, loca
acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?	

None			

- 7. Person completing form: **Paula Jones-Ball, Wilcox County Administrator**Phone number: **229-467-2737**Date completed: 7/15/13
- 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ⊠Yes □No







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

	eral fu	t will help to pay for this service and indicate how the nds, special service district revenues, hotel/motel ta	
Local Government or Author	rity	Funding Method	
Wilcox County		General Fund	
City of Abbeville		General Fund	
4. How will the strategy change the	e prev	ious arrangements for providing and/or funding this	service within the county?
City of Abbeville will continue to p	orovide	will continue to provide emergency management see a location and utilities for the facility. ments or intergovernmental contracts that will be use	·
Agreement Name		Contracting Parties	Effective and Ending Dates
		e used to implement the strategy for this service (e.gfee changes, etc.), and when will they take effect?	J., ordinances, resolutions, local
None			
7. Person completing form: Paula Phone number: 229-467-2737		s-Ball, Wilcox County Administrator ate completed: 7/15/13	
		acted by state agencies when evaluating whether predeted by strategy? ⊠Yes □No	oposed local government
If not, provide designated contact	ct pers	son(s) and phone number(s) below:	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

Local Government or Authority	Funding	Method
Wilcox County	General Fund and State	
How will the strategy change the prev	ious arrangements for providing and/or fund	ing this service within the county?
o change is anticipated.		
,		
∟ist any formal service delivery agree his service:	ments or intergovernmental contracts that w	ill be used to implement the strategy
nis service:		
Agreement Name	Contracting Parties	Effective and Ending Dat
What other mechanisms (if any) will h	o used to implement the strategy for this se	rvice (a.g. ordinances resolutions le
	e used to implement the strategy for this ser	
	e used to implement the strategy for this ser fee changes, etc.), and when will they take o	
acts of the General Assembly, rate or		
acts of the General Assembly, rate or		
cts of the General Assembly, rate or		
acts of the General Assembly, rate or		
one	fee changes, etc.), and when will they take o	
acts of the General Assembly, rate or None Person completing form: Paula Jone	fee changes, etc.), and when will they take of the changes of the	
lone Person completing form: Paula Jone Phone number: 229-467-2737	s-Ball, Wilcox County Administrator tate completed: 7/15/13	effect?
None Person completing form: Paula Jone Phone number: 229-467-2737	fee changes, etc.), and when will they take of the changes of the	effect?
lone Person completing form: Paula Jone Phone number: 229-467-2737	s-Ball, Wilcox County Administrator eate completed: 7/15/13	effect?







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.	
COUNTY:WILCOX COUNTY	Service: Fire Protection
	ing all cities and unincorporated areas) by a single service provider. (If
this box is checked, identify the government, authority service will be provided only in the unincorporate checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
⊠Other (If this box is checked, <u>attach a legible m</u> identify the government, authority, or other organiza County, City of Abbeville, City of Pineview, City	ap delineating the service area of each service provider, and ation that will provide service within each service area.): Wilcox of Pitts, City of Rochelle
In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
If these conditions will continue under this strategy, a	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).
If these conditions will be eliminated under the strated will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

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
Wilcox County	Fire District Ad Valorem Tax and Grants
City of Abbeville	General Fund and Grants
City of Pineview	General Fund and Grants
City of Pitts	General Fund and Grants
City of Rochelle	General Fund and Grants
Wilcox State Prison	State Funds

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

Fire protection service is provided in the unincorporated area through a special ad valorem tax district in the Cedar Creek area of Wilcox County. The municipalities will continue to provide the service within their boundaries and the surrounding five-mile radius. The Wilcox State Prison provides the service county-wide as needed.

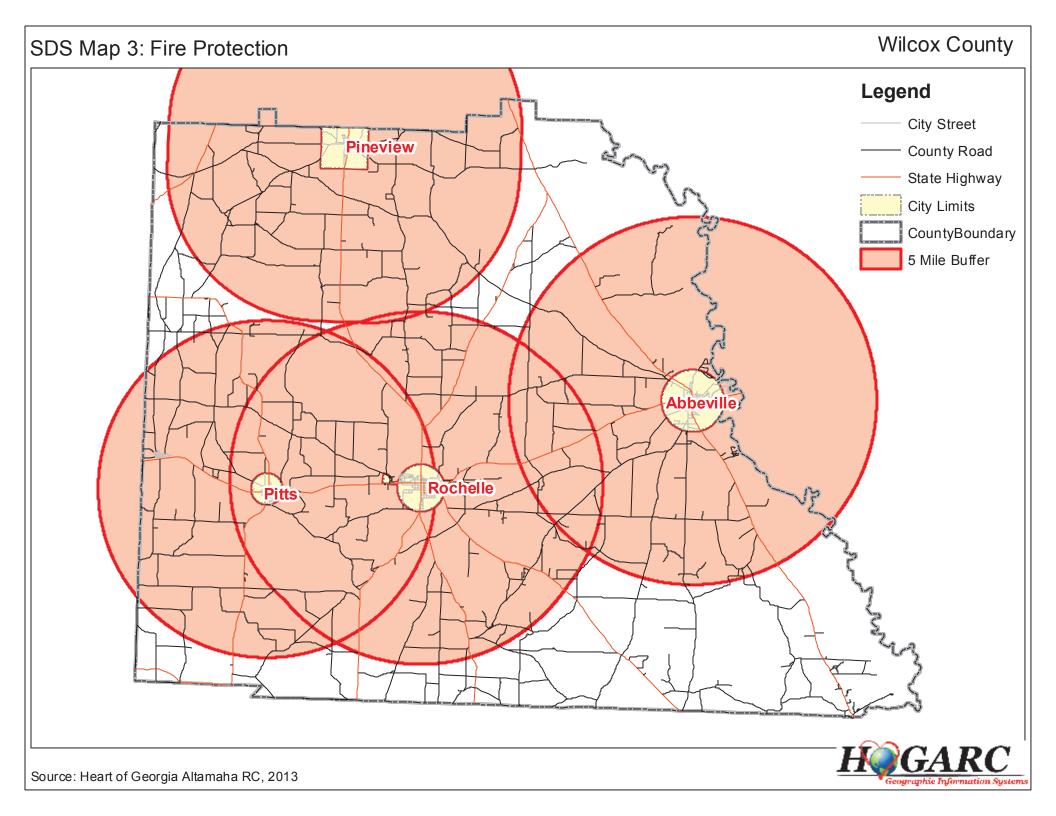
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:

Agreement Name	Contracting Parties	Effective and Ending Dates
Wilcox County Fire Service	Wilcox County, City of Abbeville, City of Pineview, City	1993-
Plan	of Pitts, City of Rochelle, Wilcox State Prison	

None	•	acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?
		None

7. Person completing form: **Paula Jones-Ball, Wilcox County Administrator**Phone number: **229-467-2737**Date completed: 7/15/13

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









FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

3. L	ist each government or authority that will help to pay for this service and indicate how the service	ce will be funded (e.g.,
eı	nterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, fra	anchise taxes, impact
fe	es, bonded indebtedness, etc.).	

	ty Funding	Method	
Wilcox County	General Fund, State, and User Fees	General Fund, State, and User Fees	
City of Abbeville	General Fund and User Fees		
City of Rochelle	General Fund and User Fees	General Fund and User Fees	
How will the strategy change the	previous arrangements for providing and/or fun	ding this service within the county?	
	unty provides the service through State Court a service through their municipal courts.	nd Superior Court. The cities of	
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			
	will be used to implement the strategy for this see e or fee changes, etc.), and when will they take		
acts of the General Assembly, rate			
acts of the General Assembly, rate			







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

Local Government or Author	rity Funding M	lethod
Wilcox County	General Fund and SPLOST	ietrioù
,		
. How will the strategy change the	e previous arrangements for providing and/or fundir	ng this service within the county?
No change is auticipated. The Co	avetuvill provide early vide iail comics. The City	of Dooballa provincely provided for its
own jail facility but no longer does	ounty will provide countywide jail service. The City s so.	of Rochelle previously provided for its
, ,		
	agreements or intergovernmental contracts that will	l be used to implement the strategy fo
. List any formal service delivery a this service:	agreements or intergovernmental contracts that will	I be used to implement the strategy for
	agreements or intergovernmental contracts that will Contracting Parties	I be used to implement the strategy for Effective and Ending Dates
this service:		
this service: Agreement Name	Contracting Parties	Effective and Ending Dates
this service: Agreement Name . What other mechanisms (if any)		Effective and Ending Dates vice (e.g., ordinances, resolutions, loca
this service: Agreement Name Agreement Name . What other mechanisms (if any)	Contracting Parties will be used to implement the strategy for this serv	Effective and Ending Dates vice (e.g., ordinances, resolutions, loca
this service: Agreement Name . What other mechanisms (if any)	Contracting Parties will be used to implement the strategy for this serv	Effective and Ending Dates vice (e.g., ordinances, resolutions, loca
this service: Agreement Name . What other mechanisms (if any) acts of the General Assembly, ra	Contracting Parties will be used to implement the strategy for this serv	Effective and Ending Dates vice (e.g., ordinances, resolutions, loca
this service: Agreement Name . What other mechanisms (if any) acts of the General Assembly, ra	Contracting Parties will be used to implement the strategy for this serv	Effective and Ending Dates vice (e.g., ordinances, resolutions, loca
this service: Agreement Name 5. What other mechanisms (if any)	Contracting Parties will be used to implement the strategy for this serv	Effective and Ending Dates vice (e.g., ordinances, resolutions, loca
this service: Agreement Name . What other mechanisms (if any) acts of the General Assembly, ra	Contracting Parties will be used to implement the strategy for this serv	Effective and Ending Dates vice (e.g., ordinances, resolutions, local







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.		
COUNTY:WILCOX COUNTY	Service:Law Enforcement	
Check the box that best describes the agreed upor Service will be provided countywide (i.e., including this box is checked, identify the government, authority the government).	ng all cities and unincorporated areas) by a single service provider. (If	
Service will be provided only in the unincorporate checked, identify the government, authority or organ	ed portion of the county by a single service provider. (If this box is nization providing the service.):	
☐One or more cities will provide this service only 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:		
	vithin their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the	
	ap delineating the service area of each service provider, and ation that will provide service within each service area.): Wilcox	
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)	
If these conditions will continue under this strategy, at	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).	
If these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.	
	Page 1 of 2	

enterprise funds, user fees, general fu fees, bonded indebtedness, etc.).	nds, special service district revenues, hotel/motel taxes, franchise taxes, impa
Local Government or Authority	Funding Method
Wilcox County	General Fund and Grants
City of Abbeville	General Fund and Grants
City of Rochelle	General Fund and Grants

No change is anticipated. Law enforcement service will continue to be provided by the cities of Abbeville and Rochelle within their respective boundaries. The County will continue to provide the service in the unincorporated area and the cities of Pineview and Pitts.

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

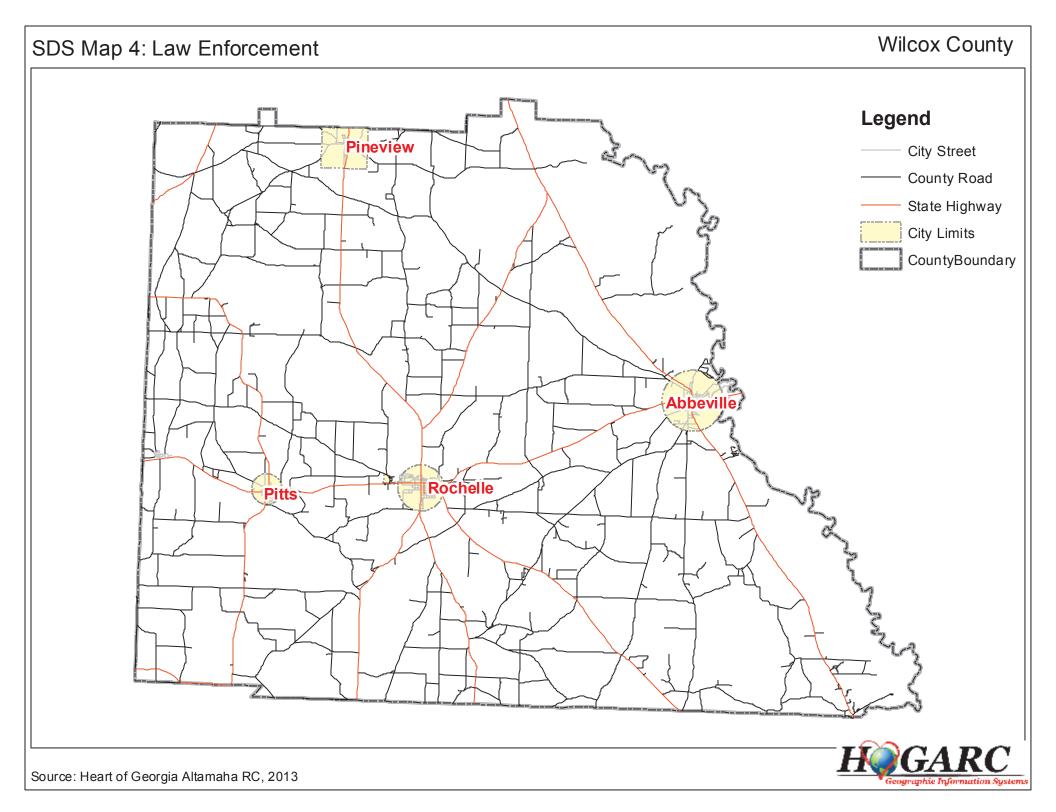
Agreement Name	Contracting Parties	Effective and Ending Dates

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

7. Person completing form: **Paula Jones-Ball, Wilcox County Administrator**Phone number: **229-467-2737**Date completed: 7/15/13

None

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









FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

3. List each government or authority tha	t will help to pay for this service and indicate how the	e service will be funded (e.g.
	inds, special service district revenues, hotel/motel ta	
Local Government or Authority	Funding Method	
Wilcox County	General Fund and State	
Wilcox County BOE	General Fund	
City of Abbeville	General Fund	
4. How will the strategy change the prev	vious arrangements for providing and/or funding this	service within the county?
No change is anticipated. The service is provided county-wide through the Wilcox County Library Board, with the County, the City of Abbeville, and the Wilcox County Board of Education contributing funding.		
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: Paula Jone Phone number: 229-467-2737	s-Ball, Wilcox County Administrator Date completed: 7/15/13	

8. Is this the person who should be contacted by state agen<u>cies</u> wh<u>en</u> evaluating whether proposed local government

projects are consistent with the service delivery strategy? ⊠Yes □No







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

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 honded indebtedness etc.)

Local Government or Authority	Funding Method
Wilcox County	General Fund and Grants
City of Abbeville	General Fund and Grants
City of Pineview	General Fund and Grants
City of Pitts	General Fund, SPLOST, and Grants
City of Rochelle	General Fund and Grants

Oity of Rochelle	Ocherar i una ana Oranto	
4. How will the strategy change the	previous arrangements for providing and/or for	unding this service within the county?
No change is anticipated. Each o County will provide for parks withi	f the municipalities will provide the service wit n the unincorporated area.	hin their own respective jurisdiction. The
5. List any formal service delivery a this service:	agreements or intergovernmental contracts tha	at will be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
O Mile stead of the control of the c		
	will be used to implement the strategy for this te or fee changes, etc.), and when will they tal	
None		
INOTIE		
7. Person completing form: Paula • Phone number: 229-467-2737	Jones-Ball, Wilcox County Administrator Date completed: 7/15/13	
	contacted by state agencies when evaluating ervice delivery strategy? ⊠Yes ⊡No	whether proposed local government
If not, provide designated contact	t person(s) and phone number(s) below:	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

Funding Me	ethod
General Fund and State	
us arrangements for providing and/or funding	g this service within the county?
ents or intergovernmental contracts that will	be used to implement the strategy f
J	, 3,
Contracting Parties	Effective and Ending Date
used to implement the strategy for this servi	ce (e.g., ordinances, resolutions, lo
used to implement the strategy for this servi ee changes, etc.), and when will they take eff	
ee changes, etc.), and when will they take eff	ect?
	us arrangements for providing and/or fundin ents or intergovernmental contracts that will Contracting Parties







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

	nat will help to pay for this service and indicate how the funds, special service district revenues, hotel/motel	
Local Government or Authority	Funding Metho	d
City of Abbeville	General Fund and Federal	<u> </u>
City of Rochelle	General Fund and Federal	
ony or reconcile	Constant and and reactar	
4. How will the strategy change the pr	evious arrangements for providing and/or funding this	s service within the county?
No change is anticipated. Both munauthorities.	cipalities will continue to provide for public housing t	nrough their respective housing
this service:	eements or intergovernmental contracts that will be u	
Agreement Name	Contracting Parties	Effective and Ending Dates
	be used to implement the strategy for this service (ear fee changes, etc.), and when will they take effect?	e.g., ordinances, resolutions, local
None		
Phone number: 229-467-2737	nes-Ball, Wilcox County Administrator Date completed: 7/15/13	
Is this the person who should be co projects are consistent with the serv	ntacted by state agencies when evaluating whether ∣ ice delivery strategy? ⊠Yes ⊡No	proposed local government







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

Local Government or Authority	Funding	Method
Wilcox County	General Fund, State, and Federal	
How will the strategy change the previ	ous arrangements for providing and/or fund	ing this service within the county?
o change is anticipated.		
List any formal continued delivery agreen	nanta ar intargayaramantal contracts that w	Il he used to implement the strategy
List any formal service delivery agreen his service:	nents or intergovernmental contracts that w	ill be used to implement the strategy
Agreement Name	Contracting Parties	Effective and Ending Date
What other mechanisms (if any) will be	e used to implement the strategy for this ser	vice (e.g. ordinances resolutions lo
	e used to implement the strategy for this ser ee changes, etc.), and when will they take e	
acts of the General Assembly, rate or for		
acts of the General Assembly, rate or for		
acts of the General Assembly, rate or for		
acts of the General Assembly, rate or for		
lone Person completing form: Paula Jones	ee changes, etc.), and when will they take e	
None Person completing form: Paula Jones Phone number: 229-467-2737 Da	ee changes, etc.), and when will they take e	effect?
None Person completing form: Paula Jones Phone number: 229-467-2737 Da	ee changes, etc.), and when will they take e -Ball, Wilcox County Administrator ate completed: 7/15/13 acted by state agencies when evaluating wh	effect?







FORM 2: Summary of Service Delivery Arrangements

Instructions:

Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:WILCOX COUNTY	Service: Public Works
Check the box that best describes the agreed upon Service will be provided countywide (i.e., including this box is checked, identify the government, authority.)	ing all cities and unincorporated areas) by a single service provider. (If
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is inization providing the service.):
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the sked, identify the government(s), authority or organization providing the of Pineview, City of Pitts, City of Rochelle
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
In developing this strategy, were overlapping servi identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
If these conditions will continue under this strategy, <u>a</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be expected to the condition of	A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

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
Wilcox County	General Fund
City of Abbeville	General Fund and Water Fund
City of Pineview	General Fund and Water Fund
City of Pitts	General Fund and Water Fund
City of Rochelle	General Fund and Water Fund

City of Pineview	General Fund and Water Fund	
City of Pitts	General Fund and Water Fund	
City of Rochelle	General Fund and Water Fund	
1. How will the strategy change	e the previous arrangements for providing and/or fu	unding this service within the county?
No change is anticipated. Each	ch government will continue to provide the service	within its own respective jurisdiction.
5. List any formal service delive this service:	ery agreements or intergovernmental contracts tha	t will be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
3. What other mechanisms (if a acts of the General Assemble	any) will be used to implement the strategy for this y, rate or fee changes, etc.), and when will they tak	service (e.g., ordinances, resolutions, local se effect?
None		
7. Person completing form: Pa Phone number: 229-467-27 3	ula Jones-Ball, Wilcox County Administrator Date completed: 7/15/13	
	d be contacted by state agencies when evaluating the service delivery strategy? ⊠Yes ⊡No	whether proposed local government
If not, provide designated co	ntact person(s) and phone number(s) below:	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

	Funding Method al Fund and Grants
. How will the strategy change the previous arra	
How will the strategy change the previous arra	
How will the strategy change the previous arra	
How will the strategy change the previous arra	
How will the strategy change the previous arra	
How will the strategy change the previous arra	
3, 3, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	ngements for providing and/or funding this service within the county?
lo change is anticipated. The County now prov	vides county-wide recreation facilities organized under a county-wide
ecreation board.	
,	intergovernmental contracts that will be used to implement the strateg
this service:	
Agreement Name	Contracting Parties Effective and Ending D
What other mechanisms (if any) will be used to	implement the strategy for this service (e.g., ordinances, resolutions,
acts of the General Assembly, rate or fee chan	
None	
VOLLE	
	ilcox County Administrator oleted: 7/15/13
Phone number: 229-467-2737 Date comp	oleted: 7/15/13
Phone number: 229-467-2737 Date comp	oleted: 7/15/13 state agencies when evaluating whether proposed local government
. Is this the person who should be contacted by	oleted: 7/15/13 state agencies when evaluating whether proposed local government







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

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			
Wilcox County	General Fund, State, SPLOST, and T-SPLOST			
City of Abbeville	General Fund, State, SPLOST, and T-SPLOST			
City of Pineview	General Fund, State, SPLOST, and T-SPLOST			
City of Pitts	General Fund, State, SPLOST, and T-SPLOST			
City of Rochelle	General Fund, State, SPLOST, and T-SPLOST			

City of Rochelle	General Fund, State, SPLOST, and T-SPLOS	ST
4. How will the strategy change the	previous arrangements for providing and/or funding	this service within the county?
No change is anticipated. Each go	overnment will continue to provide the service within	n its own jurisdiction.
5. List any formal service delivery ag this service:	greements or intergovernmental contracts that will b	pe used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
	will be used to implement the strategy for this service or fee changes, etc.), and when will they take effe	
None		
7. Person completing form: Paula Jo Phone number: 229-467-2737	ones-Ball, Wilcox County Administrator Date completed: 7/15/13	
	contacted by state agencies when evaluating whethervice delivery strategy? \square Yes \square No	ner proposed local government
If not, provide designated contact	person(s) and phone number(s) below:	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

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			
Wilcox County	General Fund, State, SPLOST, and T-SPLOST			
City of Abbeville	General Fund, State, SPLOST, and T-SPLOST			
City of Pineview	General Fund, State, SPLOST, and T-SPLOST			
City of Pitts	General Fund, State, SPLOST, and T-SPLOST			
City of Rochelle	General Fund, State, SPLOST, and T-SPLOST			

4. How will the strategy change the	ne previous arrangements for providing and/or funding this	service within the county?
	government will continue to provide the service within its or scraping of dirt roads as needed.	wn jurisdiction. The County will
5. List any formal service delivery this service:	agreements or intergovernmental contracts that will be use	ed to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
	y) will be used to implement the strategy for this service (e.grate or fee changes, etc.), and when will they take effect?	g., ordinances, resolutions, local
None		
7. Person completing form: Paula Phone number: 229-467-2737	Jones-Ball, Wilcox County Administrator Date completed: 7/15/13	

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government

projects are consistent with the service delivery strategy? ⊠Yes □No

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







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

/ilcox County	General Fund and State	od .
	General Fund and State	
How will the strategy change the prev	vious arrangements for providing and/or funding this	s service within the county?
o change is anticipated.		
o change is anticipated.		
List any formal service delivery agree nis service:	ements or intergovernmental contracts that will be u	ised to implement the strategy fo
Agreement Name	Contracting Parties	Effective and Ending Dates
What other mechanisms (if any) will b	be used to implement the strategy for this service (a ordinances resolutions loc
	fee changes, etc.), and when will they take effect?	
one		
	s-Ball, Wilcox County Administrator Date completed: 7/15/13	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

3.	3. List each govern	ment or aut	hority that will	help to pa	y for this se	ervice and in	ndicate how t	he servi	ce will be funde	d (e.g.,
	enterprise funds,	user fees, ເ	general funds,	special se	rvice distri	ct revenues,	hotel/motel	taxes, fr	anchise taxes, i	mpact
	fees, bonded inde	ebtedness,	etc.).							

Local Government or Authority	Funding Method
Wilcox County	General Fund
City of Abbeville	General Fund
City of Pineview	General Fund
City of Pitts	General Fund
City of Rochelle	General Fund

City of Pitts	General Fund		
City of Rochelle	General Fund		
4. How will the strategy change th	ne previous arrangements for providing and/or fo	unding this service within the county?	
No change is anticipated. Each	government will provide for solid waste collection	on service within its respective jurisdiction.	
5. List any formal service delivery this service:	agreements or intergovernmental contracts tha	at will be used to implement the strategy for	
Agreement Name	Contracting Parties	Effective and Ending Dates	
	<u> </u>		
	<u> </u>		
	y) will be used to implement the strategy for this rate or fee changes, etc.), and when will they tal		
None			
7. Person completing form: Paula Phone number: 229-467-2737	Jones-Ball, Wilcox County Administrator Date completed: 7/15/13		
	e contacted by state agencies when evaluating service delivery strategy? ⊠Yes □No	whether proposed local government	
If not, provide designated contact person(s) and phone number(s) below:			







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

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
Wilcox County	Insurance Premium Tax
City of Abbeville	General Fund
City of Pineview	General Fund
City of Pitts	General Fund
City of Rochelle	General Fund

City of Pineview	General Fund	
City of Pitts General Fund		
City of Rochelle	Rochelle General Fund	
4. How will the strategy change th	e previous arrangements for providing and/o	r funding this service within the county?
No change is anticipated. Each	government will provide for solid waste dispo	osal service within its respective jurisdiction.
5. List any formal service delivery this service:	agreements or intergovernmental contracts	that will be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
) will be used to implement the strategy for thate or fee changes, etc.), and when will they	nis service (e.g., ordinances, resolutions, local take effect?
None		
7. Person completing form: Paula Phone number: 229-467-2737	Jones-Ball, Wilcox County Administrator Date completed: 7/15/13	
	e contacted by state agencies when evaluati service delivery strategy? ⊠Yes ⊡No	ng whether proposed local government
If not, provide designated contact	ct person(s) and phone number(s) below:	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

Local Government or Authority	Funding I	Method
Wilcox County	General Fund	weurou
How will the strategy change the prev	ious arrangements for providing and/or fundi	ng this service within the county?
No about a cuticio etc.		
No change is anticipated.		
List any formal service delivery agree	ments or intergovernmental contracts that wi	II be used to implement the strategy fo
this service:	S	1
Agreement Name	Contracting Portion	Effective and Ending Dates
Agreement Name	Contracting Parties	Effective and Ending Dates
What other mechanisms (if any) will b	e used to implement the strategy for this sen	vice (e.g., ordinances, resolutions, loca
What other mechanisms (if any) will b acts of the General Assembly, rate or	e used to implement the strategy for this sen fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, loca
What other mechanisms (if any) will b acts of the General Assembly, rate or	e used to implement the strategy for this ser fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, loca
What other mechanisms (if any) will b acts of the General Assembly, rate or	e used to implement the strategy for this ser fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, locations)
acts of the General Assembly, rate or	e used to implement the strategy for this ser fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, locations)
acts of the General Assembly, rate or	e used to implement the strategy for this ser fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, loca
acts of the General Assembly, rate or	e used to implement the strategy for this serfee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, locations)
acts of the General Assembly, rate or	fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, locaffect?
None Person completing form: Paula Jones	fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, loc ffect?
None Person completing form: Paula Jones	fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, loc ffect?
None Person completing form: Paula Jones Phone number: 229-467-2737 Is this the person who should be contact.	s-Ball, Wilcox County Administrator ate completed: 7/15/13	ffect?
None Person completing form: Paula Jones Phone number: 229-467-2737	s-Ball, Wilcox County Administrator ate completed: 7/15/13	ffect?







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

3. List ea	ach government o	authority that will	help to pay for t	his service and in	ndicate how the ser	vice will be funded (e.	g.,
•		, ,	special service	district revenues	, hotel/motel taxes,	franchise taxes, impa	ct
fees, b	onded indebtedne	ess, etc.).					

Local Government or Authori		Method	
Wilcox County	General Fund		
City of Abbeville	General Fund		
City of Pineview	General Fund		
City of Rochelle	General Fund		
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?			
No change is anticipated. Each government will continue to provide the service within its respective jurisdiction. 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	
	will be used to implement the strategy for this see or fee changes, etc.), and when will they take		
acts of the General Assembly, rat			

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







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

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 Abbeville	Water & Sewer Fund, Grants	
City of Rochelle	Enterprise Fund, Grants, and SPLOST	
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?		
No change is anticipated. Both governments will continue to provide the service within their respective jurisdiction.		

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	

	other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, reso the General Assembly, rate or fee changes, etc.), and when will they take effect?	lutions, local
None		

7. Person completing form: **Paula Jones-Ball, Wilcox County Administrator**Phone number: **229-467-2737**Date completed: 7/15/13

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

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







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.				
COUNTY:WILCOX COUNTY	Service: Water Supply and Distribution			
Check the box that best describes the agreed upor Service will be provided countywide (i.e., including the countywide).	n delivery arrangement for this service: ing all cities and unincorporated areas) by a single service provider. (If			
this box is checked, identify the government, authority or organization providing the service.): Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):				
One or more cities will provide this service only w	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:			
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the			
	ap delineating the service area of each service provider, and ation that will provide service within each service area.): City of Rochelle			
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service			
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)			
If these conditions will continue under this strategy, a	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).			
If these conditions will be eliminated under the strated will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.			
	Page 1 of 2			

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 Abbeville	Water & Sewer Fund, Grants		
City of Pineview	Water & Sewer Fund, Grants		
City of Pitts	Water Fund and Grants		
City of Rochelle	Enterprise Fund, Grants, and SPLOST		

No change is anticipated. Each government will continue to provide the service within its respective jurisdiction and to residents adjacent to municipal boundaries.	4. How will the strategy change the previ	ous 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	

	other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local fithe General Assembly, rate or fee changes, etc.), and when will they take effect?
None	

- 7. Person completing form: **Paula Jones-Ball, Wilcox County Administrator**Phone number: **229-467-2737**Date completed: 7/15/13
- 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ⊠Yes □No

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







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

Local Government or Authority	Funding N	lethod
Wilcox County	General Fund	
City of Abbeville	General Fund	
City of Rochelle	General Fund	
	rious arrangements for providing and/or funding	
	within its boundaries, as does the City of Roch within the unincorporated area in the future.	nelle. The County is considering
Agreement Name	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Dat
	Contracting Parties	Effective and Ending Dat
	Contracting Parties	Effective and Ending Dat
	Contracting Parties	Effective and Ending Dat
Agreement Name What other mechanisms (if any) will b	Contracting Parties Dee used to implement the strategy for this serve fee changes, etc.), and when will they take etc.	rice (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if any) will b	be used to implement the strategy for this serv	rice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) will b	be used to implement the strategy for this serv	rice (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if any) will bacts of the General Assembly, rate or	be used to implement the strategy for this serv	rice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) will be acts of the General Assembly, rate or None Person completing form: Paula Jones	be used to implement the strategy for this serv	rice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) will bacts of the General Assembly, rate or lone Person completing form: Paula Jones Phone number: 229-467-2737	s-Ball, Wilcox County Administrator vate completed: 7/15/13 acted by state agencies when evaluating whe	vice (e.g., ordinances, resolutions, lo







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: WILCOX COUNTY 1. What incompatibilities or conflicts between the land use plans of local governments were identified in the process of developing the service delivery strategy? No incompatibilities or conflicts were identified between the land use plans of the local governments during the development of the service delivery strategy. Wilcox County and the cities of Abbeville, Pineview, Pitts, and Rochelle first developed a Joint Comprehensive Plan in 1995, followed by a Full Plan Update in 2005, a Partial Update in 2010, and are in the process of preparing a joint new Full Plan Update in 2013. 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 vet been formally adopted, indicate when Other measures (amend zoning ordinances, add environmental regulations, etc.) each of the affected local governments will adopt them. If "other measures" was checked, describe these measures: 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? The county and all cities have adopted a joint resolution to insure that proposed extraterritorial water and sewer service is compatible with land use plans and ordinances of the territory of the adjoining local government in which the new service is to be extended. 4. Person completing form: Paula Jones-Ball, Wilcox County Administrator Phone number: 229-467-2737 Date completed: 7/15/13 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? XYes \(\subseteq No. \)

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







SERVICE DELIVERY STRATEGY FORM 4: Certifications

Instructions:

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

COUNTY: WILCOX COUNTY

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
WILCOX COUNTY	Chairman	Lanier Keene	Keine Kein	
CITY OF ABBEVILLE	Mayor	Gene Tomberlin	Gene Voulules	
CITY OF PINEVIEW	Mayor	Hollan Wilson	Hollanbelon	/
CITY OF PITTS	Mayor	Terry Phillips	Jerry Phillips	
CITY OF ROCHELLE	Mayor	James Rhodes	Jeny Phillips Admer Rhodes	,