





FORM 1

COUNTY: CLAY 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.
- 2. List each local government and/or authority that provides services included in the service delivery strategy in Section II below.
- 3. List all services provided or primarily funded by each general purpose local government and authority within the county that are continuing *without change* in Section III, below. (It is acceptable to break a service into separate components if this will facilitate description of the service delivery strategy.)

OPTION A 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.)	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
5. For each service or service component listed in Section IV, complete a separate, updated <i>Summary of Service Delivery Arrangements</i> form (FORM 2).	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.

Clay County Board of Commissioners, City of Ft. Gaines, City of Bluffton, Clay County Development Authority, Fort Gaines Hospital Authority, Southwest Georgia Housing Authority, Fort Gaines Downtown Development Authority, Lower Chattahoochee Regional E-911 Authority, Southwest Georgia Regional Technology Authority, Randolph County

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.

Coroner, Court Services, Clay County Development Authority, Dept. of Family & Children Services, Economic Development Council, Elections, Emergency Medical Services, Extension Service, Ft. Gaines Downtown Development Authority, Jail (typo in this box on the 2010 SDS said "Mail"), Land Use Planning, Law Enforcement, Library Services, Mental Health Services, Neighborhood Services Center, Public Health Services, Public Transportation, Recreation, Lower Chattahoochee Regional E-911 Authority, Southwest Georgia Regional Housing Authority, Southwest Georgia Regional Technology Authority, Roads, Sewer, Senior Citizens Center, Tax Digest, Zoning

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.

Lower Chattahoochee Regional Airport Authority (discontinued), Southwest Georgia Regional Development Authority (discontinued), Southwest Georgia Regional Jail Authority (discontinued), Water







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: CLAY

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));
- Our service delivery strategy provides that water or sewer fees charged to customers located outside the geographic boundaries of a service provider are reasonable and are not arbitrarily higher than the fees charged to customers located within the geographic boundaries of the service provider (O.C.G.A. 36-70-24 (20); and
- 4. Our service delivery strategy ensures that the cost of any services the county government provides (including those jointly funded by the county and one or more municipalities) primarily for the benefit of the unincorporated area of the county are borne by the unincorporated area residents, individuals, and property owners who receive such service (O.C.G.A. 36-70-24 (3)).

JURISDICTION	TITLE	NAME	SIGNATURE	DATE
CITY OF BLUFFTON	Mayor	Freddie Odom	Duylor F On II	10-15-14
CLAY COUNTY	Chairman	David Shivers	Danissamo	10-15-14
CITY OF FORT GAINES	Mayor	Terina Kenyon 🗳	Tem I fenga	(0)14/14
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			BY: 001 2.0 2014	
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Resolution

A RESOLUTION TO REVISE THE SERVICE DELIVERY STRATEGY FOR CLAY COUNTY

- Whereas, Our service delivery strategy continues to promote the delivery of local government services in the most efficient, effective, and responsive manner for all residents, individuals and property owners throughout the county (O.C.G.A.36-70-24(1));
- Whereas, Our service delivery strategy continues to provide 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 (2));
- Whereas, Our service delivery strategy continues to ensure 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));
- Whereas, Our Service Delivery Strategy continues to ensure that the officially adopted County and City land use plans of all local governments located in the County are compatible and non-conflicting (O.C.G.A. 36-70-24 (4)(A));
- Whereas, Our Service Delivery Strategy continues to ensure that the provision of extraterritorial water and sewer services by any jurisdiction is consistent with all County and City land use plans and ordinances (O.C.G.A. 36-70-24 (4)(8)); and
- Now therefore be it resolved, the Clay County Board of Commissioners has reviewed our existing Service Delivery Strategy and has revised the Strategy to reflect our n preferred arrangements for providing local services.

Resolved this 4 day of October, 2014.

David Shivers Chairman Adria Williams County Clerk ,00,0

Resolution

A RESOLUTION TO REVISE THE SERVICE DELIVERY STRATEGY FOR CLAY COUNTY

- Whereas, Our service delivery strategy continues to promote the delivery of local government services in the most efficient, effective, and responsive manner for all residents, individuals and property owners throughout the county (O.C.G.A.36-70-24(1));
- Whereas, Our service delivery strategy continues to provide 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 (2));
- Whereas, Our service delivery strategy continues to ensure 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));
- Whereas, Our Service Delivery Strategy continues to ensure that the officially adopted County and City land use plans of all local governments located in the County are compatible and non-conflicting (O.C.G.A. 36-70-24 (4)(A));
- Whereas, Our Service Delivery Strategy continues to ensure that the provision of extraterritorial water and sewer services by any jurisdiction is consistent with all County and City land use plans and ordinances (O.C.G.A. 36-70-24 (4) (8)); and
- Now therefore be it resolved, the Fort Gaines City Council has reviewed our existing Service Delivery Strategy and has revised the Strategy to reflect our preferred arrangements for providing local services.

Terina Kenyon

Mayor

Marion Lindsey

City Clerk

Resolution

A RESOLUTION TO REVISE THE SERVICE DELIVERY STRATEGY FOR CLAY COUNTY

- Whereas, Our service delivery strategy continues to promote the delivery of local government services in the most efficient, effective, and responsive manner for all residents, individuals and property owners throughout the county (O.C.G.A.36-70-24(1));
- Whereas, Our service delivery strategy continues to provide 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 (2));
- Whereas, Our service delivery strategy continues to ensure 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));
- Whereas, Our Service Delivery Strategy continues to ensure that the officially adopted County and City land use plans of all local governments located in the County are compatible and non-conflicting (O.C.G.A. 36-70-24 (4)(A));
- Whereas, Our Service Delivery Strategy continues to ensure that the provision of extraterritorial water and sewer services by any jurisdiction is consistent with all County and City land use plans and ordinances (O.C.G.A. 36-70-24 (4)(8)); and
- Now therefore be it resolved, the Bluffton City Council has reviewed our existing Service Delivery Strategy and has revised the Strategy to reflect our preferred arrangements for providing local services.

Resolved this 15th day of October, 2014.

Freddie Odum

Mayor

Gail Hubbard Town Clerk

Jail Hubbard







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:CLAY	Service: Coroner
Check the box that best describes the agreed upon	n delivery arrangement for this service:
	ing all cities and unincorporated areas) by a single service provider. (If writy or organization providing the service.):Clay County
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is anization providing the service.):
	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
	nap delineating the service area of each service provider, and ation that will provide service within each service area.):
In developing this strategy, were overlapping 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	
	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

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Local Government or Author		Funding Method	
Clay County	General Fund		
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now will the strategy change t	he previous arrangements for providing and/or fundir	ng this service within the county?	
	agreements or intergovernmental contracts that will	I be used to implement the strategy	
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his service:		,	
his service: Agreement Name	Contracting Parties	Effective and Ending Date	
Agreement Name	Contracting Parties Clay County, Bluffton, Fort Gaines		
Agreement Name		Effective and Ending Dat	
Agreement Name		Effective and Ending Dat	
Agreement Name		Effective and Ending Dat	
Agreement Name		Effective and Ending Dat	
Agreement Name aster Svc Del Agreement	Clay County, Bluffton, Fort Gaines	Effective and Ending Date 10/12/2014 - 10/12/2018	
Agreement Name aster Svc Del Agreement What other mechanisms (if an	Clay County, Bluffton, Fort Gaines y) will be used to implement the strategy for this serv	Effective and Ending Date 10/12/2014 - 10/12/2018	
Agreement Name laster Svc Del Agreement What other mechanisms (if an	Clay County, Bluffton, Fort Gaines	Effective and Ending Date 10/12/2014 - 10/12/2018	
Agreement Name laster Svc Del Agreement What other mechanisms (if an	Clay County, Bluffton, Fort Gaines y) will be used to implement the strategy for this serv	Effective and Ending Date 10/12/2014 - 10/12/2018	
Agreement Name aster Svc Del Agreement What other mechanisms (if an	Clay County, Bluffton, Fort Gaines y) will be used to implement the strategy for this serv	Effective and Ending Date 10/12/2014 - 10/12/2018	
Master Svc Del Agreement What other mechanisms (if an	Clay County, Bluffton, Fort Gaines y) will be used to implement the strategy for this serv	Effective and Ending Date 10/12/2014 - 10/12/2018	
Agreement Name Master Svc Del Agreement What other mechanisms (if an	Clay County, Bluffton, Fort Gaines y) will be used to implement the strategy for this serv	Effective and Ending Date 10/12/2014 - 10/12/2018	
Agreement Name laster Svc Del Agreement What other mechanisms (if anacts of the General Assembly,	Clay County, Bluffton, Fort Gaines y) will be used to implement the strategy for this serv rate or fee changes, etc.), and when will they take ef	Effective and Ending Date 10/12/2014 - 10/12/2018	
Agreement Name laster Svc Del Agreement What other mechanisms (if an	Clay County, Bluffton, Fort Gaines y) will be used to implement the strategy for this serv rate or fee changes, etc.), and when will they take ef on Slocum, Senior Planner	Effective and Ending Date 10/12/2014 - 10/12/2018	
Agreement Name laster Svc Del Agreement What other mechanisms (if anacts of the General Assembly, Person completing form: Allise Phone number: (706) 256-2916	Clay County, Bluffton, Fort Gaines y) will be used to implement the strategy for this serv rate or fee changes, etc.), and when will they take ef on Slocum, Senior Planner	Effective and Ending Date 10/12/2014 - 10/12/2018 vice (e.g., ordinances, resolutions, loffect?	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.	
COUNTY:CLAY	Service: Court Services
Check the box that best describes the agreed upor	n delivery arrangement for this service:
Service will be provided countywide (i.e., includi	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.):Clay 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.):
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 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

	neral fu	t will help to pay for this service and indicate how th nds, special service district revenues, hotel/motel to	
Local Government or Author	ority	Funding Method	
Clay County	or icy	General Fund	
7 9			
4. How will the strategy change t	he prev	ious arrangements for providing and/or funding this	service within the county?
N/A			
this service:	y agreei	ments or intergovernmental contracts that will be us	
Agreement Name		Contracting Parties Effective and Ending Dates	
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Master Svc Del Agreement	Clay	County, Bluffton, Fort Gaines	10/12/2014 - 10/12/2018
	Clay		
Master Svc Del Agreement 6. What other mechanisms (if any	y) will b		10/12/2014 - 10/12/2018
Master Svc Del Agreement 6. What other mechanisms (if any	y) will b	County, Bluffton, Fort Gaines e used to implement the strategy for this service (e.	10/12/2014 - 10/12/2018
Master Svc Del Agreement 6. What other mechanisms (if any acts of the General Assembly,	y) will b rate or	county, Bluffton, Fort Gaines e used to implement the strategy for this service (e.fee changes, etc.), and when will they take effect?	10/12/2014 - 10/12/2018
Master Svc Del Agreement 6. What other mechanisms (if any acts of the General Assembly, 7. Person completing form: Alliso Phone number: (706) 256-2910	y) will b rate or	cum, Senior Planner	g., ordinances, resolutions, local







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.			
COUNTY:CLAY	Service: Clay Development Authority		
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 brity or organization providing the service.):Clay County Development		
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is anization providing the service.):		
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:		
	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the		
	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 servious identified?	ce areas, unnecessary competition and/or duplication of this service		
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)		
⊠No			
	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.		

	neral fu	t will help to pay for this service and indicate how th nds, special service district revenues, hotel/motel to	
Local Government or Author	ority	Funding Method	
Clay County	or icy	General Fund	
7 9			
4. How will the strategy change t	he prev	ious arrangements for providing and/or funding this	service within the county?
N/A			
this service:	y agreei	ments or intergovernmental contracts that will be us	
Agreement Name		Contracting Parties Effective and Ending Dates	
	Olau i		
Master Svc Del Agreement	Clay	County, Bluffton, Fort Gaines	10/12/2014 - 10/12/2018
	Clay		
Master Svc Del Agreement 6. What other mechanisms (if any	y) will b		10/12/2014 - 10/12/2018
Master Svc Del Agreement 6. What other mechanisms (if any	y) will b	County, Bluffton, Fort Gaines e used to implement the strategy for this service (e.	10/12/2014 - 10/12/2018
Master Svc Del Agreement 6. What other mechanisms (if any acts of the General Assembly,	y) will b rate or	county, Bluffton, Fort Gaines e used to implement the strategy for this service (e.fee changes, etc.), and when will they take effect?	10/12/2014 - 10/12/2018
Master Svc Del Agreement 6. What other mechanisms (if any acts of the General Assembly, 7. Person completing form: Alliso Phone number: (706) 256-2910	y) will b rate or	cum, Senior Planner	g., ordinances, resolutions, local







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.	
COUNTY:CLAY	Service: Dept of Family & Children 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 writy or organization providing the service.): Department of Family and
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is anization providing the service.):
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the
	nap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping serving identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
If these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	D 4 60

Local Government or Author	ority Funding I	Method
Clay County	General Fund, State Funds	
low will the strategy change th	ne previous arrangements for providing and/or fund	ling this service within the county?
1/4		
I/A		
List any formal service delivery	agreements or intergovernmental contracts that w	vill be used to implement the strategy
	agreements or intergovernmental contracts that w	rill be used to implement the strategy
this service:		
this service: Agreement Name	Contracting Parties	Effective and Ending Dat
his service: Agreement Name Master Svc Del Agreement	Contracting Parties Clay County, Bluffton, Fort Gaines	Effective and Ending Date 10/12/2014 - 10/12/2018
his service: Agreement Name Master Svc Del Agreement	Contracting Parties	Effective and Ending Dat
this service: Agreement Name Master Svc Del Agreement	Contracting Parties Clay County, Bluffton, Fort Gaines	Effective and Ending Date 10/12/2014 - 10/12/2018
this service: Agreement Name Master Svc Del Agreement	Contracting Parties Clay County, Bluffton, Fort Gaines	Effective and Ending Date 10/12/2014 - 10/12/2018
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this service: Agreement Name Master Svc Del Agreement	Contracting Parties Clay County, Bluffton, Fort Gaines	Effective and Ending Date 10/12/2014 - 10/12/2018
Agreement Name Master Svc Del Agreement Dept of Family & Children Svc What other mechanisms (if any	Contracting Parties Clay County, Bluffton, Fort Gaines Clay County, DFCS	Effective and Ending Date 10/12/2014 - 10/12/2018 10/12/2014 - 10/12/2018 rvice (e.g., ordinances, resolutions, lo
Agreement Name Master Svc Del Agreement Dept of Family & Children Svc What other mechanisms (if any	Contracting Parties Clay County, Bluffton, Fort Gaines Clay County, DFCS	Effective and Ending Date 10/12/2014 - 10/12/2018 10/12/2014 - 10/12/2018 rvice (e.g., ordinances, resolutions, lo
Agreement Name Master Svc Del Agreement Dept of Family & Children Svc What other mechanisms (if any	Contracting Parties Clay County, Bluffton, Fort Gaines Clay County, DFCS	Effective and Ending Date 10/12/2014 - 10/12/2018 10/12/2014 - 10/12/2018 rvice (e.g., ordinances, resolutions, lo
Agreement Name Master Svc Del Agreement Dept of Family & Children Svc What other mechanisms (if any	Contracting Parties Clay County, Bluffton, Fort Gaines Clay County, DFCS	Effective and Ending Date 10/12/2014 - 10/12/2018 10/12/2014 - 10/12/2018 rvice (e.g., ordinances, resolutions, lo
Agreement Name Master Svc Del Agreement Dept of Family & Children Svc What other mechanisms (if any	Contracting Parties Clay County, Bluffton, Fort Gaines Clay County, DFCS	Effective and Ending Date 10/12/2014 - 10/12/2018 10/12/2014 - 10/12/2018 rvice (e.g., ordinances, resolutions, lo
this service: Agreement Name Master Svc Del Agreement Dept of Family & Children Svc What other mechanisms (if any	Contracting Parties Clay County, Bluffton, Fort Gaines Clay County, DFCS	Effective and Ending Date 10/12/2014 - 10/12/2018 10/12/2014 - 10/12/2018 rvice (e.g., ordinances, resolutions, lo

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:CLAY	Service: Clay Economic Development Council
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.): Clay Economic
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is inization providing the service.):
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	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> cverlapping but higher levels of service (See O.C.G.Acverlapping 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.

3. List each government or authority that will help to pay for this service and indicate how the service will be fund	ed (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 Authori	ity Funding N	Method
Clay County	General Fund	
City of Fort Gaines	General Fund	
4. How will the strategy change the	previous arrangements for providing and/or fundi	ng this service within the county?
	promote an amgement for promote grammer random	
N/A		
- :-+		
 List any formal service delivery a this service: 	greements or intergovernmental contracts that wil	ll be used to implement the strategy for
tilis service.		
Agreement Name	Contracting Parties	Effective and Ending Dates
	Clay County, Bluffton, Fort Gaines	10/12/2014 - 10/12/2018
	will be used to implement the strategy for this serv	
acts of the General Assembly, ra	te or fee changes, etc.), and when will they take e	ffect?
7. Person completing form: Allison	Slocum, Senior Planner	
7. Person completing form: Allison Phone number: (706) 256-2910	Slocum, Senior Planner Date completed: 10/08/2014	
Phone number: (706) 256-2910	Date completed: 10/08/2014	
Phone number: (706) 256-2910 3. Is this the person who should be		ether proposed local government
Phone number: (706) 256-2910 3. Is this the person who should be projects are consistent with the second	Date completed: 10/08/2014 contacted by state agencies when evaluating wheelervice delivery strategy? ⊠Yes □No	ether proposed local government
B. Is this the person who should be projects are consistent with the so	Date completed: 10/08/2014 contacted by state agencies when evaluating who	ether proposed local government
Phone number: (706) 256-2910 3. Is this the person who should be projects are consistent with the second	Date completed: 10/08/2014 contacted by state agencies when evaluating wheelervice delivery strategy? ⊠Yes □No	ether proposed local government







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:CLAY	Service: Elections	
Check the box that best describes the agreed upor		
Service will be provided countywide (i.e., including this box is checked, identify the government, author	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.):	
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 fort Gaines	
	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 docum ☑ No	entation as described, below)	
If these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be 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	

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

Local Government or Author	rity F	unding Method
Clay County	General Fund	
City of Bluffton	General Fund	
City of Fort Gaines	General Funds	
4. How will the strategy change the	e previous arrangements for providing and	d/or funding this service within the county?
N/A		
5. List any formal service delivery this service:	agreements or intergovernmental contrac	ts that will be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
Master Svc Del Agreement	Clay County, Bluffton, Fort Gaines	10/12/2014 - 10/12/2018
	will be used to implement the strategy fo ate or fee changes, etc.), and when will the	r this service (e.g., ordinances, resolutions, local ey take effect?
7. Person completing form: Allison Phone number: (706) 256-2910	n Slocum, Senior Planner Date completed: 10/08/2014	
	e contacted by state agencies when evalu service delivery strategy? ⊠Yes ⊡No	nating 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:

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:CLAY	Service: Emergency Medical Services	
Check the box that best describes the agreed upon	n delivery arrangement for this service:	
	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): Clay EMS	
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is inization providing the service.):	
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:	
	within their incorporated boundaries, and the county will provide the eked, identify the government(s), authority or organization providing the	
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):	
2. In developing this strategy, were overlapping servi identified?	ce areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)	
⊠No		
If these conditions will continue under this strategy, <u>a</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be expressed 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	

	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	ritv	Funding Method	
Clay County	, ricy	General Fund	
City of Fort Gaines		General Fund	
4. How will the strategy change th	ie prev	ious arrangements for providing and/or funding this	service within the county?
		ers for on-duty personnel in City Hall. ments or intergovernmental contracts that will be use	ed to implement the strategy for
Agreement Name		Contracting Parties	Effective and Ending Dates
Master Svc Del Agreement	Clay	County, Bluffton, Fort Gaines	10/12/2014 - 10/12/2018
		e used to implement the strategy for this service (e.çfee changes, etc.), and when will they take effect?	g., ordinances, resolutions, local
7. Person completing form: Alliso Phone number: (706) 256-2910		cum, Senior Planner Date completed: 10/08/2014	
		acted by state agencies when evaluating whether predeted by strategy? ⊠Yes □No	oposed local government
If not, provide designated conta	ct pers	on(s) and phone number(s) below:	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.			
COUNTY:CLAY	Service: Extension Service		
Check the box that best describes the agreed upor	n delivery arrangement for this service:		
Service will be provided countywide (i.e., includi	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): UGA Cooperative Extension		
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 eked, 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.A overlapping service areas or competition cannot be e	A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).		
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.		

	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	
Clay County	ricy	General Fund	
Clay County		General i unu	
4. How will the strategy change th	e prev	ious arrangements for providing and/or funding this	service within the county?
N/A			
this service:	agree	ments or intergovernmental contracts that will be us	
Agreement Name		Contracting Parties	Effective and Ending Dates
Master Svc Del Agreement		County, Bluffton, Fort Gaines	10/12/2014 - 10/12/2018
Memo of Understanding	Clay	County, UGA Cooperative Extension Svc	10/12/2014 - 10/12/2018
		e used to implement the strategy for this service (e.fee changes, etc.), and when will they take effect?	g., ordinances, resolutions, local
7. Person completing form: Allisc Phone number: (706) 256-2910		cum, Senior Planner Date completed: 10/08/2014	
		acted by state agencies when evaluating whether predelivery strategy? $oxtimes$ Yes $oxtimes$ No	roposed local government







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:CLAY	Service: Fire Department & Protection	
Check the box that best describes the agreed upon	n delivery arrangement for this service:	
	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.):Clay Fire Department	
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 service 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 expressed 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	

CDC	FOR			
SUS	FOR	W 2.	continue	30

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
1	fees, bonded indebtedness, etc.).

Local Government or Authority	Funding Method
Clay County	General Fund, Federal and State Grants
City of Bluffton	General Fund, Federal and State Grants
City of Fort Gaines	General Fund, Federal and State Grants

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

The City of Bluffton provides equipment for the Clay County Fire Truck located in their vicinity. The City of Fort Gaines partners with the County to purchase vehicles for use in their vicinity.

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

Agreement Name	Contracting Parties	Effective and Ending Dates
Master Svc Del Agreement	Clay County, Bluffton, Fort Gaines	10/12/2014 - 10/12/2018
Memorandum of Agreement	Clay County, Georgia Forestry Commission	10/12/2014 - 10/12/2018

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

7. Person completing form: Allison Slocum, Senior Planner

Phone number: **(706) 256-2910** Date completed: 10/08/2014

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:CLAY	Service: Fort Gaines Downtown Development Authority		
Check the box that best describes the agreed upor	n delivery arrangement for this service:		
☐ Service will be provided countywide (i.e., includithis box is checked, identify the government, autho	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.):		
Service will be provided only in the unincorporate checked, identify the government, authority or 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 docum	entation as described, below)		
⊠No			
	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 Author	rity Fund	ing Method
City of Fort Gaines	General Fund	
Fort Gaines Downtown Dev Auth	ority General Funds, Federal & State Grant	ts, Loans
4. How will the strategy change the	e previous arrangements for providing and/or	funding this service within the county?
N/A		
5. List any formal service delivery this service:	agreements or intergovernmental contracts th	at will be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
Master Svc Del Agreement	Clay County, Bluffton, Fort Gaines	10/12/2014 - 10/12/2018
6. What other mechanisms (if any) acts of the General Assembly, ra	will be used to implement the strategy for this ate or fee changes, etc.), and when will they ta	s service (e.g., ordinances, resolutions, local ake effect?
7. Person completing form: Alliso Phone number: (706) 256-2910	n Slocum, Senior Planner Date completed: 10/08/2014	
	e contacted by state agencies when evaluatinoservice delivery strategy? ⊠Yes ⊡No	g whether proposed local government
If not, provide designated contact	et person(s) and phone number(s) below:	







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:CLAY	Service: Fort Gaines Hospital Authority
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 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
Other (If this box is checked, <u>attach a legible m</u> 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.):
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 docum	entation as described, below)
⊠No	
	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

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 Autho	rity	Funding Method	
City of Fort Gaines		General Fund	
Fort Gaines Hospital Authority		General Funds, Federal & State Grants, Loans	
4. How will the strategy change th	e previo	ous arrangements for providing and/or funding this s	service within the county?
N/A			
5. List any formal service delivery this service:	agreem	nents or intergovernmental contracts that will be use	ed to implement the strategy for
Agreement Name		Contracting Parties	Effective and Ending Dates
Master Svc Del Agreement	Clay C	county, Bluffton, Fort Gaines	10/12/2014 - 10/12/2018
		e used to implement the strategy for this service (e.gee changes, etc.), and when will they take effect?	g., ordinances, resolutions, local
7. Person completing form: Alliso Phone number: (706) 256-2910		um, Senior Planner Pate completed: 10/08/2014	
8. Is this the person who should be projects are consistent with the		cted by state agencies when evaluating whether prodelivery strategy? ⊠Yes ⊡No	oposed local government
If not, provide designated contact	ct perso	on(s) and phone number(s) below:	







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:CLAY	Service: Garbage Service
Check the box that best describes the agreed upor	n delivery arrangement for this service:
Service will be provided countywide (i.e., includi	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.):Clay County
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is 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
	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 docum	entation as described, below)
⊠No	
	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

	neral fu	will help to pay for this service and indicate nds, special service district revenues, hotel/r	
Local Comment of the			Madean
Local Government or Auth	ority	General Fund	Method
Clay County		General Fund	
4. How will the strategy change t	he prev	ious arrangements for providing and/or fund	ing this service within the county?
N/A			
this service:	y agreei	ments or intergovernmental contracts that wi	
Agreement Name		Contracting Parties	Effective and Ending Dates
	I Clay (County, Bluffton, Fort Gaines	10/12/2014 - 10/12/2018
Master Svc Del Agreement	0.0.5	Journey, James, Cont James	10/12/2014 - 10/12/2018
iviaster 5vc Dei Agreement	J.a.y		10/12/2014 - 10/12/2010
iviaster 5vc Del Agreement	J.a.y		10/12/2014 - 10/12/2010
iviaster SVC Del Agreement	J.a.y		10/12/2014 - 10/12/2010
iviaster SVC Del Agreement			10/12/2014 - 10/12/2010
iviaster SVC Del Agreement			10/12/2014 - 10/12/2010
6. What other mechanisms (if an	y) will b	e used to implement the strategy for this ser fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, local
6. What other mechanisms (if an	y) will b	e used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, local
6. What other mechanisms (if an	y) will b 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, local
6. What other mechanisms (if an acts of the General Assembly, 7. Person completing form: Allis Phone number: (706) 256-2916	y) will b 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, local effect?







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.		
COUNTY:CLAY	Service:Inert Landfill	
Check the box that best describes the agreed upor	n delivery arrangement for this service:	
☐ Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):		
Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):		
⊠One or more cities will provide this service only within their incorporated boundaries, and the service will not be provid in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service City of Fort Gaines		
	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 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 Author	rity.	Funding Mathed	
Local Government or Author City of Fort Gaines	ority	General Fund	
City of Fort Games		General Fund	
4. How will the strategy change the	ne prev	ious arrangements for providing and/or funding this	service within the county?
N/A			
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:			
Agreement Name		Contracting Parties	Effective and Ending Dates
Agreement Name Master Svc Del Agreement	Clay	County Bluffton Fort Gaines	Effective and Ending Dates
Agreement Name Master Svc Del Agreement	Clay	Contracting Parties County, Bluffton, Fort Gaines	Effective and Ending Dates 10/12/2014 - 10/12/2018
	Clay		
	Clay		
	Clay		
	Clay (
	Clay		
Master Svc Del Agreement 6. What other mechanisms (if any	/) will b		10/12/2014 - 10/12/2018
Master Svc Del Agreement 6. What other mechanisms (if any	/) will b	County, Bluffton, Fort Gaines e used to implement the strategy for this service (e.e.	10/12/2014 - 10/12/2018
Master Svc Del Agreement 6. What other mechanisms (if any	y) will b	e used to implement the strategy for this service (e.fee changes, etc.), and when will they take effect?	10/12/2014 - 10/12/2018
Master Svc Del Agreement 6. What other mechanisms (if any acts of the General Assembly, if any acts of the General Assemb	on Sloc	county, Bluffton, Fort Gaines e used to implement the strategy for this service (e.gee changes, etc.), and when will they take effect?	g., ordinances, resolutions, local







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:CLAY	Service: Jail		
Check the box that best describes the agreed upon delivery arrangement for this service:			
	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.):Clay 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.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			

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

Local Government or Author	rity	Funding l	Method
Clay County	General F	und	
Fort Gaines	General F	General Fund, Fines	
4. How will the strategy change the	e previous arrange	ements for providing and/or fund	ing this service within the county?
N/A			
this service:	agreements or int	ergovernmental contracts that w	Il be used to implement the strategy for
Agreement Name		Contracting Parties	Effective and Ending Dates
Master Svc Del Agreement	Clay County, Blut	ffton, Fort Gaines	10/12/2014 - 10/12/2018
6. What other mechanisms (if any) acts of the General Assembly, ra			vice (e.g., ordinances, resolutions, local ffect?
L			
7. Person completing form: Allison Phone number: (706) 256-2910		r Planner eted: 10/08/2014	
8. Is this the person who should be projects are consistent with the			ether proposed local government
If not, provide designated contact	ct person(s) and p	hone number(s) below:	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.		
COUNTY:CLAY	Service:Land Use Planning	
Check the box that best describes the agreed upor	n delivery arrangement for this service:	
Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):		
Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):		
	within their incorporated boundaries, and the service will not be provided 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 ort Gaines	
	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 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 Author	rity F	unding Method	
Clay County	General Fund		
City of Bluffton	General Fund		
City of Fort Gaines	General Funds		
4. How will the strategy change the	e previous arrangements for providing and	d/or funding this service within the county?	
N/A			
5. List any formal service delivery this service:	agreements or intergovernmental contrac	ts that will be used to implement the strategy for	
Agreement Name	Contracting Parties	Effective and Ending Dates	
Master Svc Del Agreement	Clay County, Bluffton, Fort Gaines	10/12/2014 - 10/12/2018	
	will be used to implement the strategy fo ate or fee changes, etc.), and when will the	r this service (e.g., ordinances, resolutions, local ey take effect?	
7. Person completing form: Allison Phone number: (706) 256-2910	n Slocum, Senior Planner Date completed: 10/08/2014		
	e contacted by state agencies when evalu service delivery strategy? ⊠Yes ⊡No	nating whether proposed local government	
If not, provide designated contact	ct person(s) and phone number(s) below:		







FORM 3: Summary of Land Use Agreements

Instructions:

Answer each question below, attaching additional pages as necessary. Please note that any changes to the answers provided will require an update of the

service delivery strategy. If the contact person for this service (listed at the bottom of this page) changes, this community Affairs.	should be reported to the Department of		
COUNTY:CLAY			
What incompatibilities or conflicts between the land use plans of local governments we developing the service delivery strategy? None.	ere identified in the process of		
2. Check the boxes indicating how these incompatibilities or conflicts were addressed:	NOTE:		
Amendments to existing comprehensive plans	If the necessary plan amendments,		
Adoption of a joint comprehensive plan	regulations, ordinances, etc. have not yet been formally adopted, indicate when		
Other measures (amend zoning ordinances, add environmental regulations, etc.)	each of the affected local governments will adopt them.		
If "other measures" was checked, describe these measures: N/A			
3. What policies, procedures and/or processes have been established by local 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? Clay County and the Cities of Bluffton and Fort Gaines have an agreement in place to insure that new extraterritorial water and sewer services will be consistent with all applicable land use plans and ordinances.			
4. Person completing form: Allison Slocum, Planner			
Phone number: (706) 256-2910 Date completed: 10/08/2014			
5. Is this the person who should be contacted by state agencies when evaluating whether projects are consistent with the service delivery strategy? ⊠Yes □No	r proposed local government		
If not, provide designated contact person(s) and phone number(s) below:			







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.		
COUNTY:CLAY	Service:Law Enforcement	
1. Check the box that best describes the agreed upon		
this box is checked, identify the government, auth	ding all cities and unincorporated areas) by a single service provider. (If ority or organization providing the service.):	
Service will be provided only in the unincorporal checked, identify the government, authority or org	ated portion of the county by a single service provider. (If this box is panization providing the service.):	
	within their incorporated boundaries, and the service will not be provided lentify the government(s), authority or organization providing the service:	
service in unincorporated areas. (If this box is che	within their incorporated boundaries, and the county will provide the ecked, identify the government(s), authority or organization providing the untywide, City of Fort Gaines provides the service within the	
	map delineating the service area of each service provider, and zation that will provide service within each service area.):	
2. In developing this strategy, were overlapping servidentified?	vice areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional docur	mentation as described, below)	
⊠No		
If these conditions will continue under this strategy, overlapping but higher levels of service (See O.C.G overlapping service areas or competition cannot be	attach an explanation for continuing the arrangement (i.e., .A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).	
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible part	egy, attach an implementation schedule listing each step or action that y 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, imp	oact
fees, bonded indebtedness, etc.).	

Local Government or Author		g Method
Clay County	General Fund	
City of Fort Gaines	General Fund	
4. How will the strategy change the	previous arrangements for providing and/or fur	nding this service within the county?
N/A		
List any formal service delivery a this service:	agreements or intergovernmental contracts that	will be used to implement the strategy for
this service:		
Agreement Name	Contracting Parties	Effective and Ending Dates
	Clay County, Bluffton, Fort Gaines	10/12/2014 - 10/12/2018
-	Clay County, Bluffton	10/12/2014 - 10/12/2018
9		
	will be used to implement the strategy for this s	
acts of the General Assembly, ra	te or fee changes, etc.), and when will they take	e effect?
7. Person completing form: Allisor Phone number: (706) 256-2910	Slocum, Senior Planner Date completed: 10/08/2014	
	contacted by state agencies when evaluating vervice delivery strategy? ⊠Yes ☐No	whether proposed local government
If not, provide designated contac	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.			
COUNTY:CLAY	Service: Library 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.): Kinchafoonee Regional		
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			
If these conditions will continue under this strategy, <u>a</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).		
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.		
	D 4 60		

3	s. 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
Clay County	General Fund
City of Fort Gaines	General Fund
Clay County Board of Education	General Funds, State Funds
Kinchafoonee Regional Library Sys	State Funds

Kilicilaioollee Regional Library	Oys	State Fullus	
4. How will the strategy change the	he prev	ious arrangements for providing and/or funding this	service within the county?
N/A			
5. List any formal service delivery this service:	/ agree	ments or intergovernmental contracts that will be us	sed to implement the strategy for
Agreement Name		Contracting Parties	Effective and Ending Dates
Master Svc Del Agreement	Clay	County, Bluffton, Fort Gaines	10/12/2014 - 10/12/2018
Memorandum of Agreement	Clay	County,Board of Education	10/12/2014 - 10/12/2018
Memorandum of Agreement	Clay	County, Kinchafoonee Regional Library System	10/12/2014 - 10/12/2018
		e used to implement the strategy for this service (e. fee changes, etc.), and when will they take effect?	g., ordinances, resolutions, local
 Person completing form: Allise Phone number: (706) 256-2910 		cum, Senior Planner Date completed: 10/08/2014	
		acted by state agencies when evaluating whether p e delivery strategy? ⊠Yes ⊡No	roposed local government
If not, provide designated conta	act 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:CLAY	Service:Lower Chattahoochee Regional Airport Authority	
Check the box that best describes the agreed upon Sonice will be provided countwide (i.e. include).	n delivery arrangement for this service: ing all cities and unincorporated areas) by a single service provider. (If	
this box is checked, identify the government, autho	, , , , , , , , , , , , , , , , , , , ,	
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is inization providing the service.):	
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:	
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the	
	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 ☑ No	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 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	

		000	tinue	~
	1 2 4 W			•

Local Government or Authorit	ty Funding N	Method
low will the strategy change the	previous arrangements for providing and/or fundi	ing this service within the county?
ne Lower Chattahoochee Region	al Airport Authority is no longer a multi-jurisdiction	nal organization Clay County no
ger supports this Authority.	ar / inport / tainonty is no longer a main jurisdiction	nai organization. Olay county no
,		
ist any formal service delivery a	greements or intergovernmental contracts that wi	ill he used to implement the strategy
is service:	greements of intergovernmental contracts that wi	in be used to implement the strategy
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 Date
	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Dat
	Contracting Parties	Effective and Ending Dat
Agreement Name /hat other mechanisms (if any) v	Contracting Parties Will be used to implement the strategy for this serve or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if any) was a second control of the contro	will be used to implement the strategy for this serv	vice (e.g., ordinances, resolutions, lo
Agreement Name /hat other mechanisms (if any) v	will be used to implement the strategy for this serv	vice (e.g., ordinances, resolutions, lo
Agreement Name /hat other mechanisms (if any) v	will be used to implement the strategy for this serv	vice (e.g., ordinances, resolutions, lo
Agreement Name Vhat other mechanisms (if any) v	will be used to implement the strategy for this serv	vice (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if any) was a second control of the contro	will be used to implement the strategy for this serv	vice (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if any) was of the General Assembly, rate	will be used to implement the strategy for this serve or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, lo
Agreement Name Vhat other mechanisms (if any) v	will be used to implement the strategy for this serve or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if any) was of the General Assembly, rate erson completing form: Allison hone number: (706) 256-2910 Is this the person who should be	will be used to implement the strategy for this serve or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, lo







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.		
COUNTY:CLAY	Service:Lower Chattahoochee Regional E-911 Authority	
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.):Lower Chattahoochee	
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is nization providing the service.):	
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:	
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the	
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):	
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)	
⊠No		
	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.	
	Dama 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 Author	ority Funding Method	d
Clay County	General Fund	
Lower Chatt Reg E-911 Authorit	ty Federal & State Grants, Loans, Bonds	
4. How will the strategy change th	ne previous arrangements for providing and/or funding this	s service within the county?
N/A		
5. List any formal service delivery this service:	agreements or intergovernmental contracts that will be us	sed to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
Master Svc Del Agreement	Clay County, Bluffton, Fort Gaines	10/12/2014 - 10/12/2018
Memo of Understanding	Clay County, Quitman County, Randolph County,	10/12/2014 - 10/12/2018
	Stewart County	
	y) will be used to implement the strategy for this service (erate or fee changes, etc.), and when will they take effect?	e.g., ordinances, resolutions, local
7. Person completing form: Allisc	on Slocum, Sonior Planner	
Phone number: (706) 256-2910		
8. Is this the person who should be projects are consistent with the	be contacted by state agencies when evaluating whether p service delivery strategy? ⊠Yes ⊡No	proposed local government
If not, provide designated conta	act 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:CLAY	Service: Mental Health Services	
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	ruelivery arrangement for this service.	
	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): New Horizons Board	
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 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	

fees, bonded indebtedness, et	orit:	From Alice of B	Mothod
Local Government or Auth Clay County	ority	General Funding N	Wethod
Clay County		General i unu	
How will the strategy change t	the prev	ious arrangements for providing and/or fundi	ing this service within the county?
N/A			
List any formal service deliver	v adree	ments or intergovernmental contracts that wil	Il he used to implement the strategy t
List arry formal scrylec deliver			
	,	mente of intergeventinental contracts that wil	in be used to implement the strategy i
this service:	, ag		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
this service: Agreement Name		Contracting Parties	Effective and Ending Date
this service: Agreement Name Master Svc Del Agreement	Clay	Contracting Parties County, Bluffton, Fort Gaines	Effective and Ending Date 10/12/2014 - 10/12/2018
this service: Agreement Name Master Svc Del Agreement	Clay	Contracting Parties	Effective and Ending Date
this service: Agreement Name Master Svc Del Agreement	Clay	Contracting Parties County, Bluffton, Fort Gaines	Effective and Ending Date 10/12/2014 - 10/12/2018
this service: Agreement Name Master Svc Del Agreement	Clay	Contracting Parties County, Bluffton, Fort Gaines	Effective and Ending Date 10/12/2014 - 10/12/2018
this service: Agreement Name Master Svc Del Agreement	Clay	Contracting Parties County, Bluffton, Fort Gaines	Effective and Ending Date 10/12/2014 - 10/12/2018
this service: Agreement Name Master Svc Del Agreement	Clay	Contracting Parties County, Bluffton, Fort Gaines	Effective and Ending Date 10/12/2014 - 10/12/2018
this service: Agreement Name Master Svc Del Agreement Memo of Understanding What other mechanisms (if an	Clay Clay	Contracting Parties County, Bluffton, Fort Gaines County,New Horizons Board e used to implement the strategy for this serv	Effective and Ending Date 10/12/2014 - 10/12/2018 10/12/2014 - 10/12/2018 vice (e.g., ordinances, resolutions, locations)
this service: Agreement Name Master Svc Del Agreement Memo of Understanding What other mechanisms (if an	Clay Clay	Contracting Parties County, Bluffton, Fort Gaines County,New Horizons Board	Effective and Ending Date 10/12/2014 - 10/12/2018 10/12/2014 - 10/12/2018 vice (e.g., ordinances, resolutions, locations)
this service: Agreement Name Master Svc Del Agreement Memo of Understanding What other mechanisms (if an	Clay Clay	Contracting Parties County, Bluffton, Fort Gaines County,New Horizons Board e used to implement the strategy for this serv	Effective and Ending Date 10/12/2014 - 10/12/2018 10/12/2014 - 10/12/2018 vice (e.g., ordinances, resolutions, locations)
this service: Agreement Name Master Svc Del Agreement Memo of Understanding What other mechanisms (if an	Clay Clay	Contracting Parties County, Bluffton, Fort Gaines County,New Horizons Board e used to implement the strategy for this serv	Effective and Ending Date 10/12/2014 - 10/12/2018 10/12/2014 - 10/12/2018 vice (e.g., ordinances, resolutions, locations)
this service: Agreement Name Master Svc Del Agreement Memo of Understanding What other mechanisms (if an	Clay Clay	Contracting Parties County, Bluffton, Fort Gaines County,New Horizons Board e used to implement the strategy for this serv	Effective and Ending Date 10/12/2014 - 10/12/2018 10/12/2014 - 10/12/2018 vice (e.g., ordinances, resolutions, locations)
this service: Agreement Name Master Svc Del Agreement Memo of Understanding What other mechanisms (if an	Clay Clay	Contracting Parties County, Bluffton, Fort Gaines County,New Horizons Board e used to implement the strategy for this serv	Effective and Ending Date 10/12/2014 - 10/12/2018 10/12/2014 - 10/12/2018 vice (e.g., ordinances, resolutions, locations)
this service: Agreement Name Master Svc Del Agreement Memo of Understanding What other mechanisms (if an	Clay Clay	Contracting Parties County, Bluffton, Fort Gaines County,New Horizons Board e used to implement the strategy for this serv	Effective and Ending Date 10/12/2014 - 10/12/2018 10/12/2014 - 10/12/2018 vice (e.g., ordinances, resolutions, locations)
Agreement Name Master Svc Del Agreement Memo of Understanding What other mechanisms (if an acts of the General Assembly,	Clay Clay	Contracting Parties County, Bluffton, Fort Gaines County,New Horizons Board e used to implement the strategy for this service changes, etc.), and when will they take expressions.	Effective and Ending Date 10/12/2014 - 10/12/2018 10/12/2014 - 10/12/2018 vice (e.g., ordinances, resolutions, locations)
this service: Agreement Name Master Svc Del Agreement Memo of Understanding What other mechanisms (if an	Clay Clay vill by rate or	Contracting Parties County, Bluffton, Fort Gaines County,New Horizons Board e used to implement the strategy for this service changes, etc.), and when will they take expressions.	Effective and Ending Date 10/12/2014 - 10/12/2018 10/12/2014 - 10/12/2018 vice (e.g., ordinances, resolutions, locations)







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.		
COUNTY:CLAY	Service: Neighborhood Services Center	
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	ruelivery arrangement for this service.	
	ng all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): Clay 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 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	

Clay County General Fund, User Fees How will the strategy change the previous arrangements for providing and/or funding this service within the count A/A List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strathis service: Agreement Name Contracting Parties Agreement Name Clay County, Bluffton, Fort Gaines 10/12/2014 - 10/12/20 Alemo of Understanding Clay County, New Horizons Board 10/12/2014 - 10/12/20 What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolution)	Local Government or Author	ority Funding	Method
How will the strategy change the previous arrangements for providing and/or funding this service within the count N/A List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strathis service: Agreement Name Contracting Parties Effective and Ending Master Svc Del Agreement Clay County, Bluffton, Fort Gaines 10/12/2014 - 10/12/20 Memo of Understanding Clay County, New Horizons Board 10/12/2014 - 10/12/20 What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolution)			
List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strathis service: Agreement Name Contracting Parties Effective and Ending Master Svc Del Agreement Clay County, Bluffton, Fort Gaines 10/12/2014 - 10/12/20 Wemo of Understanding Clay County, New Horizons Board 10/12/2014 - 10/12/20 What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolution)	<u> </u>	, , , , , , , , , , , , , , , , , , , ,	
List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strathis service: Agreement Name Contracting Parties Effective and Ending Master Svc Del Agreement Clay County, Bluffton, Fort Gaines 10/12/2014 - 10/12/20 Memo of Understanding Clay County, New Horizons Board 10/12/2014 - 10/12/20 What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolution)			
List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strathis service: Agreement Name Contracting Parties Effective and Ending Master Svc Del Agreement Clay County, Bluffton, Fort Gaines 10/12/2014 - 10/12/20 Memo of Understanding Clay County, New Horizons Board 10/12/2014 - 10/12/20 Memo of Understanding Clay County, New Horizons Board 10/12/2014 - 10/12/20 Memo of Understanding Clay County, New Horizons Board 10/12/2014 - 10/12/20 Memo of Understanding Clay County, New Horizons Board 10/12/2014 - 10/12/20 Memo of Understanding Clay County, New Horizons Board 10/12/2014 - 10/12/20 Memo of Understanding Clay County, New Horizons Board 10/12/2014 - 10/12/20 Memo of Understanding Clay County, New Horizons Board 10/12/2014 - 10/12/20 Memo of Understanding Clay County, New Horizons Board 10/12/2014 - 10/12/20 Memo of Understanding Clay County, New Horizons Board 10/12/2014 - 10/12/20 Memo of Understanding Clay County, New Horizons Board 10/12/2014 - 10/12/20 Memo of Understanding Clay County, New Horizons Board 10/12/2014 - 10/12/20 Memo of Understanding 10/12/20 Memo of Understanding 10/12/20 Memo of Understanding 10/12/20 Memo of Understanding 10/12/20 Memo of Understanding			
List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strathis service: Agreement Name Contracting Parties Effective and Ending Master Svc Del Agreement Clay County, Bluffton, Fort Gaines 10/12/2014 - 10/12/20 Memo of Understanding Clay County, New Horizons Board 10/12/2014 - 10/12/20 Memo of Understanding Clay County, New Horizons Board 10/12/2014 - 10/12/20 Memo of Understanding Clay County, New Horizons Board 10/12/2014 - 10/12/20 Memo of Understanding Clay County, New Horizons Board 10/12/2014 - 10/12/20 Memo of Understanding Clay County, New Horizons Board 10/12/2014 - 10/12/20 Memo of Understanding Clay County, New Horizons Board 10/12/2014 - 10/12/20 Memo of Understanding Clay County, New Horizons Board 10/12/2014 - 10/12/20 Memo of Understanding Clay County, New Horizons Board 10/12/2014 - 10/12/20 Memo of Understanding Clay County, New Horizons Board 10/12/2014 - 10/12/20 Memo of Understanding Clay County, New Horizons Board 10/12/2014 - 10/12/20 Memo of Understanding 10/12/20 Memo of Understa			
List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strathis service: Agreement Name Contracting Parties Effective and Ending Master Svc Del Agreement Clay County, Bluffton, Fort Gaines 10/12/2014 - 10/12/20 Memo of Understanding Clay County, New Horizons Board 10/12/2014 - 10/12/20			
List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strathis service: Agreement Name Contracting Parties Effective and Ending Master Svc Del Agreement Clay County, Bluffton, Fort Gaines 10/12/2014 - 10/12/20 Memo of Understanding Clay County, New Horizons Board 10/12/2014 - 10/12/20 Memo of Understanding Clay County, New Horizons Board 10/12/2014 - 10/12/20 Memo of Understanding Clay County, New Horizons Board 10/12/2014 - 10/12/20 Memo of Understanding Clay County, New Horizons Board 10/12/2014 - 10/12/20 Memo of Understanding Clay County, New Horizons Board 10/12/2014 - 10/12/20 Memo of Understanding Clay County, New Horizons Board 10/12/2014 - 10/12/20 Memo of Understanding Clay County, New Horizons Board 10/12/2014 - 10/12/20 Memo of Understanding Clay County, New Horizons Board 10/12/2014 - 10/12/20 Memo of Understanding Clay County, New Horizons Board 10/12/2014 - 10/12/20 Memo of Understanding Clay County, New Horizons Board 10/12/2014 - 10/12/20 Memo of Understanding 10/12/20 Memo of Understa			
List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strathis service: Agreement Name Contracting Parties Effective and Ending Master Svc Del Agreement Clay County, Bluffton, Fort Gaines 10/12/2014 - 10/12/2014	How will the strategy change th	ne previous arrangements for providing and/or fund	ding this service within the county?
List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strathis service: Agreement Name			
List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strathis service: Agreement Name Contracting Parties Effective and Ending Master Svc Del Agreement Clay County, Bluffton, Fort Gaines 10/12/2014 - 10/12/2014			
List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strathis service: Agreement Name Contracting Parties Effective and Ending Master Svc Del Agreement Clay County, Bluffton, Fort Gaines 10/12/2014 - 10/12/20 Memo of Understanding Clay County, New Horizons Board 10/12/2014 - 10/12/20 Understanding Und			
Agreement Name Contracting Parties Master Svc Del Agreement Clay County, Bluffton, Fort Gaines Clay County, New Horizons Board Clay County, New Horizons Board 10/12/2014 - 10/12/20 10/12/2014 - 10/12/20 What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolution)	N/A		
Agreement Name Contracting Parties Master Svc Del Agreement Clay County, Bluffton, Fort Gaines Clay County, New Horizons Board Clay County, New Horizons Board Clay County, New Horizons Board What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolution)			
Agreement Name Contracting Parties Master Svc Del Agreement Clay County, Bluffton, Fort Gaines Clay County, New Horizons Board Clay County, New Horizons Board Clay County, New Horizons Board What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolution)			
Agreement Name Contracting Parties Master Svc Del Agreement Clay County, Bluffton, Fort Gaines Clay County, New Horizons Board Clay County, New Horizons Board Clay County, New Horizons Board What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolution)			
Master Svc Del Agreement Clay County, Bluffton, Fort Gaines 10/12/2014 - 10/12/20	List any formal service delivery	agreements or intergovernmental contracts that v	vill be used to implement the strategy
Master Svc Del Agreement Clay County, Bluffton, Fort Gaines 10/12/2014 - 10/12/20 Clay County, New Horizons Board 10/12/2014 - 10/12/20 10/12/2014 - 10/12/20 What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolution)	this service:		
Master Svc Del Agreement Clay County, Bluffton, Fort Gaines 10/12/2014 - 10/12/20 Clay County, New Horizons Board 10/12/2014 - 10/12/20 10/12/2014 - 10/12/20 What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolution)			
Memo of Understanding Clay County, New Horizons Board 10/12/2014 - 10/12/20 What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolution)			
What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolution		•	
	viemo of Understanding	Clay County, New Horizons Board	10/12/2014 - 10/12/2018
	<u> </u>		
acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?			
. Person completing form: Allison Slocum, Senior Planner			

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:CLAY	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.): Georgia Department of	
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		
If these conditions will continue under this strategy, <u>a</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).	
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.	
	D 4 60	

Local Government or Author Clay County	General Fund	ng Method
Ciay County	General Fund	
How will the strategy change the	e previous arrangements for providing and/or fu	anding this service within the county?
N/A		
	agreements or intergovernmental contracts tha	t will be used to implement the strategy fo
this service:		
Agreement Name	Contracting Parties	Effective and Ending Dates
Master Svc Del Agreement	Clay County, Bluffton, Fort Gaines	10/12/2014 - 10/12/2018
Memo of Understanding	Clay County, Georgia Department of Human So	ervices 10/12/2014 - 10/12/2018
What other mechanisms (if any	will be used to implement the strategy for this	service (e.g., ordinances, resolutions, loca
	ate or fee changes, etc.), and when will they tak	
Demonstration from Allian	Olerania Orași an Blancara	
Person completing form: Alliso	Date completed: 10/08/2014	
Phone number: (706) 256-2910	2 a.to 00p.10.tou: 1.0,00,201.	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.		
COUNTY:CLAY	Service: Public Transportation	
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.	
	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): Clay 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 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 Author		
Clay County	Federal, State and Local Funds (to includ	le User Fees and Service Contracts)
4. How will the strategy change the	previous arrangements for providing and/or fund	ding this service within the county?
NI/Λ		
N/A		
List any formal service delivery a this service:	agreements or intergovernmental contracts that w	vill be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
Master Svc Del Agreement	Clay County, Bluffton, Fort Gaines	10/12/2014 - 10/12/2018
	will be used to implement the strategy for this se te or fee changes, etc.), and when will they take	
7. Person completing form: Allison Phone number: (706) 256-2910	Slocum, Senior Planner Date completed: 10/08/2014	
. Hone Humber. (100) 230-2310	Date completed. 10/00/2014	
	contacted by state agencies when evaluating wlervice delivery strategy? ⊠Yes ⊡No	hether proposed local government
If not, provide designated contac	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.			
COUNTY:CLAY	Service: Recreation		
Check the box that best describes the agreed upor	n delivery arrangement for this service:		
	ng all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.):Fort Gaines-Clay 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.):		
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> cverlapping but higher levels of service (See O.C.G.Acverlapping 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).		
f these conditions will be eliminated under the strated will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.		

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 Autho	rity Fund	ding Method
Clay County	General Funds	
City of Fort Gaines	General Funds	
4. How will the strategy change th	e previous arrangements for providing and/or	r funding this service within the county?
N/A		
this service:	•	hat will be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
Master Svc Del Agreement	Clay County, Bluffton, Fort Gaines	10/12/2014 - 10/12/2018
Memorandum of Agreement	Clay County, Fort Gaines	10/12/2014 - 10/12/2018
) will be used to implement the strategy for that or fee changes, etc.), and when will they	is service (e.g., ordinances, resolutions, local take effect?
7. Person completing form: Alliso Phone number: (706) 256-2910		
	e contacted by state agencies when evaluatin service delivery strategy? ⊠Yes ⊡No	ng whether proposed local government
If not, provide designated conta	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:CLAY	Service: Roads		
Check the box that best describes the agreed upor	n delivery arrangement for this service:		
Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):			
Service will be provided only in the 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:		
service in unincorporated areas. (If this box is chec	within their incorporated boundaries, and the county will provide the eked, identify the government(s), authority or organization providing the ntywide, City of Fort Gaines provides the service within 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 areas, unnecessary competition and/or duplication of this service identified?			
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)		
⊠No			
If these conditions will continue under this strategy, <u>a</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).		
If these conditions will be eliminated under the strates 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
Clay County	General Funds, State and Federal Grants and Loans, TIA Tax
City of Fort Gaines	General Funds, State and Federal Grants and Loans, TIA Tax
City of Bluffton	General Funds, State and Federal Grants and Loans, TIA Tax

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?
The River Valley Region voted in favor of the Tax Investment Act Tax.

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

Agreement Name	Contracting Parties	Effective and Ending Dates
Master Svc Del Agreement	Clay County, Bluffton, Fort Gaines	10/12/2014 - 10/12/2018
Memorandum of Agreement	Clay County, Bluffton	10/12/2014 - 10/12/2018

	rill be used to implement the strategy for this service (e.g., ordinances, resolutions, local or fee changes, etc.), and when will they take effect?
7. Person completing form: Allison \$,
Phone number: (706) 256-2910	Date completed: 10/08/2014

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:CLAY	Service: Senior Citizen Center	
Check the box that best describes the agreed upor	n delivery arrangement for this service:	
Service will be provided countywide (i.e., includi	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.):Direct Services Corporation	
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 docum	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 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 funde	d (e.g.,
enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes,	mpact
fees, bonded indebtedness, etc.).	

Local Government or Author	ty	Funding M	lethod
Clay County	General Fund		
City of Fort Gaines	General Fund		
4. How will the strategy change the	previous arrangements fo	r providing and/or fundir	ng this service within the county?
N/A			
5. List any formal service delivery a this service:	greements or intergovernr	mental contracts that will	be used to implement the strategy for
Agreement Name	Contrac	ting Parties	Effective and Ending Dates
Master Svc Del Agreement	Clay County, Bluffton, Fort	Gaines	10/12/2014 - 10/12/2018
Memorandum of Agreement	Clay County, Direct Servic	es Corporation	10/12/2014 - 10/12/2018
6. What other mechanisms (if any) acts of the General Assembly, ra			ice (e.g., ordinances, resolutions, local fect?
7. Person completing form: Allisor Phone number: (706) 256-2910	Slocum, Senior Planner Date completed: 10/0		
3. Is this the person who should be projects are consistent with the s			ther proposed local government
If not, provide designated contact	person(s) and phone num	nber(s) below:	







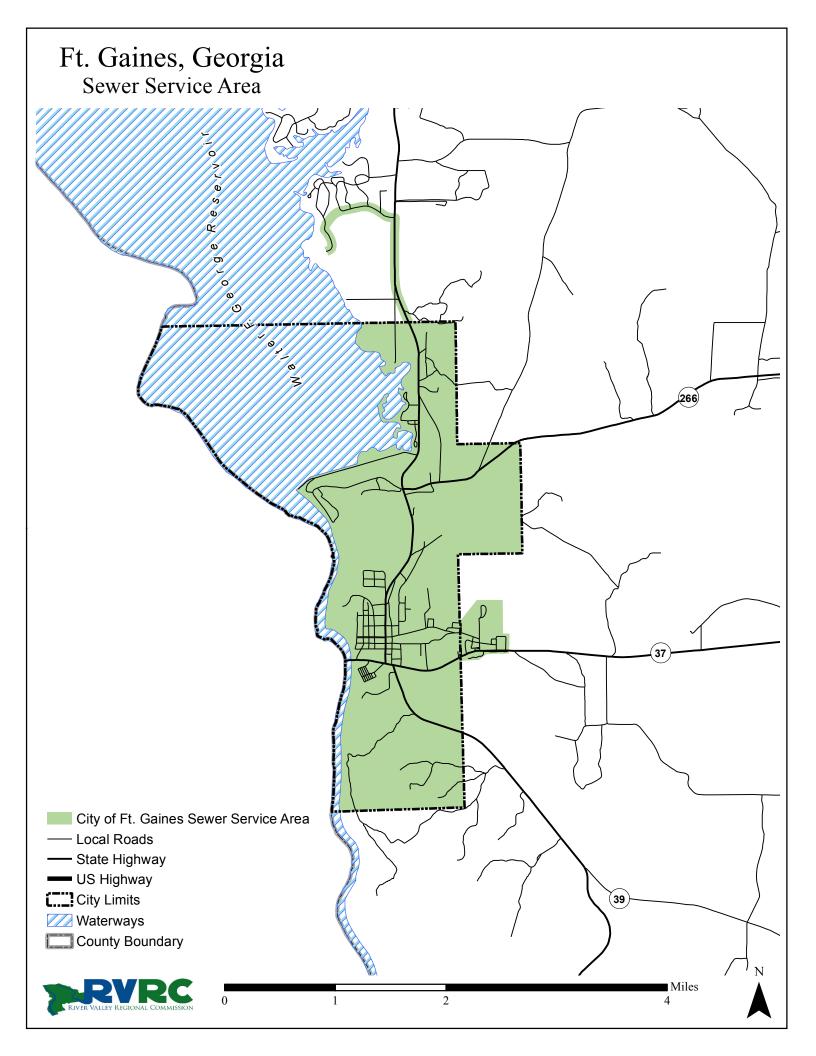
FORM 2: Summary of Service Delivery Arrangements

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:CLAY	Service: Sewer	
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 the service will be provided countywide (i.e., including this box is checked, identify the government, authorized the service will be provided countywide (i.e., including this box is checked, identify the government, authorized the service will be provided countywide (i.e., including this box is checked, identify the government, authorized this box is checked, identify the government, authorized the service will be provided this box is checked, identify the government, authorized the service will be provided this box is checked, identify the government authorized the service will be provided to the service	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.): Fort Gaines	
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 docum	entation as described, below)	
⊠No		
If these conditions will continue under this strategy, <u>a</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	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 strates 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.).

City of Fort Gaines	ority Funding I	Method
	Water-Sewer Revenue Fund, User Fees, S	State and Federal Grants and Loans
	I	
How will the strategy change th	ne previous arrangements for providing and/or fund	ing this service within the county?
J/A		
V/A		
	agreements or intergovernmental contracts that wi	III be used to implement the strategy to
this service:		
Agreement Name	Contracting Parties	Effective and Ending Dates
laster Svc Del Agreement	Clay County, Bluffton, Fort Gaines	10/12/2014 - 10/12/2018
iactor eve per rigreement	Ciay County, Bramen, Fort Cames	10/12/2011 10/12/2010
i		
	v) will be used to implement the strategy for this ser	
	y) will be used to implement the strategy for this ser	
acts of the General Assembly, r	rate or fee changes, etc.), and when will they take e	
acts of the General Assembly, r	rate or fee changes, etc.), and when will they take e	
Person completing form: Alliso	on Slocum, Senior Planner Date completed: 10/08/2014	effect?
Person completing form: Alliso Phone number: (706) 256-2910 Is this the person who should be	on Slocum, Senior Planner Date completed: 10/08/2014 Date contacted by state agencies when evaluating when the contacted by state agencies when evaluating when the contacted by state agencies when evaluating when evaluati	effect?
Person completing form: Alliso Phone number: (706) 256-2910 Is this the person who should be	on Slocum, Senior Planner Date completed: 10/08/2014	effect?
Person completing form: Alliso Phone number: (706) 256-2910 Is this the person who should be projects are consistent with the	on Slocum, Senior Planner Date completed: 10/08/2014 De contacted by state agencies when evaluating where service delivery strategy? ⊠Yes □No	effect?
Person completing form: Alliso Phone number: (706) 256-2910 Is this the person who should be projects are consistent with the	on Slocum, Senior Planner Date completed: 10/08/2014 Date contacted by state agencies when evaluating when the contacted by state agencies when evaluating when the contacted by state agencies when evaluating when evaluati	effect?
Person completing form: Alliso Phone number: (706) 256-2910 Is this the person who should be projects are consistent with the	on Slocum, Senior Planner Date completed: 10/08/2014 De contacted by state agencies when evaluating where service delivery strategy? ⊠Yes □No	effect?









FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.			
COUNTY:CLAY	Service: Southwest Georgia Housing Authority		
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.): Southwest Georgia		
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			
If these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be 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.		
	D 4 60		

fees, bonded indebtedness, et		nds, special service district revenues, hotel/mote	. iz.izo, iiarioriioo taxoo, iiipadt
Local Government or Auth	ority	Funding Meth	od
Southwest Georgia Housing Au	uthority	Federal and State Grants, Loans	
. How will the strategy change t	the previ	ous arrangements for providing and/or funding the	nis service within the county?
N/A			
this service:	y agreer	ments or intergovernmental contracts that will be	,
Agreement Name		Contracting Parties	Effective and Ending Dates
	Clay	County Bluffton Fort Coince	10/10/2011 10/10/2010
Master Svc Del Agreement		County, Bluffton, Fort Gaines	10/12/2014 - 10/12/2018
Master Svc Del Agreement	Clay (County, Randolph County, Calhoun County,	10/12/2014 - 10/12/2018 10/12/2014 - 10/12/2018
Master Svc Del Agreement	Clay (· · ·	
Master Svc Del Agreement	Clay (County, Randolph County, Calhoun County,	
	Clay (County, Randolph County, Calhoun County,	
Master Svc Del Agreement	Clay (County, Randolph County, Calhoun County,	
Master Svc Del Agreement Memorandum of Agreement 6. What other mechanisms (if an	Clay (Early	County, Randolph County, Calhoun County,	10/12/2014 - 10/12/2018 (e.g., ordinances, resolutions, loca
Master Svc Del Agreement Memorandum of Agreement 6. What other mechanisms (if an	Clay (Early	County, Randolph County, Calhoun County, County e used to implement the strategy for this service	10/12/2014 - 10/12/2018 (e.g., ordinances, resolutions, local
Master Svc Del Agreement Memorandum of Agreement 6. What other mechanisms (if an	Clay (Early	County, Randolph County, Calhoun County, County e used to implement the strategy for this service	10/12/2014 - 10/12/2018 (e.g., ordinances, resolutions, loca
Master Svc Del Agreement Memorandum of Agreement 6. What other mechanisms (if an	Clay (Early	County, Randolph County, Calhoun County, County e used to implement the strategy for this service	10/12/2014 - 10/12/2018 (e.g., ordinances, resolutions, local
Master Svc Del Agreement Memorandum of Agreement . What other mechanisms (if an acts of the General Assembly,	Clay (Early y) will be rate or f	County, Randolph County, Calhoun County, County e used to implement the strategy for this service ree changes, etc.), and when will they take effect	10/12/2014 - 10/12/2018 (e.g., ordinances, resolutions, local
Master Svc Del Agreement Memorandum of Agreement S. What other mechanisms (if an acts of the General Assembly, 7. Person completing form: Allis Phone number: (706) 256-291 8. Is this the person who should	Clay (Early by) will be rate or f on Sloce be conta	County, Randolph County, Calhoun County, County e used to implement the strategy for this service fee changes, etc.), and when will they take effect	10/12/2014 - 10/12/2018 (e.g., ordinances, resolutions, loca?







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:CLAY	Service: Southwest Georgia Regional Development Authority	
	ing all cities and unincorporated areas) by a single service provider. (If	
this box is checked, identify the government, authomotion. 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 sked, 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 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./ overlapping service areas or competition cannot be e	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).	
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.	
	Page 1 of 2	

		000	tinue	~
	1 2 4 W			•

Local Government or Auth	ority Funding I	Method
Local Government of Auth	only runding r	метной
low will the strategy change t	he previous arrangements for providing and/or fund	ing this service within the county?
ne Southwest Georgia Region	nal Development Authority is no longer in existence.	Clay County no longer supports this
thority.	iai zavaiapiniani, tainani, ta na tangai in akatanaa.	cia, county no longer cappone and
•		
	y agreements or intergovernmental contracts that w	ill be used to implement the strategy
nis service:	, -g	, 31
		Effective and Ending Dat
nis service: Agreement Name	Contracting Parties	Effective and Ending Date
		Effective and Ending Dat
Agreement Name What other mechanisms (if an		vice (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if an	Contracting Parties y) will be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if an	Contracting Parties y) will be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if an	Contracting Parties y) will be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if an	Contracting Parties y) will be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if an	Contracting Parties y) will be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo
What other mechanisms (if an	y) will be used to implement the strategy for this ser rate or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if an acts of the General Assembly, Person completing form: Allis Phone number: (706) 256-291 s this the person who should	y) will be used to implement the strategy for this ser rate or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, lo







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:CLAY	Service:Southwest Georgia Regional Jail Authority	
Check the box that best describes the agreed upon Service will be provided countywide (i.e., include)	n delivery arrangement for this service: ing all cities and unincorporated areas) by a single service provider. (If	
this box is checked, identify the government, autho		
checked, identify the government, authority or orga		
	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 servi identified?	ce areas, unnecessary competition and/or duplication of this service	
	entation as described, below)	
If these conditions will continue under this strategy, a	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	

		000	tinue	~
	1 2 4 W			•

How will the strategy change the previous arrangements for providing and/or funding this service within the county? the Southwest Georgia Regional Jail Authority is no longer a multi-jurisdictional organization. Clay County no longer upports this Authority. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy his service:	Local Government or Auth	ority Funding	Method
e Southwest Georgia Regional Jail Authority is no longer a multi-jurisdictional organization. Clay County no longer proports this Authority. In this Authority. It is any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy is service: Agreement Name		- i anamy	
e Southwest Georgia Regional Jail Authority is no longer a multi-jurisdictional organization. Clay County no longer proports this Authority. In this Authority. In this Authority agreements or intergovernmental contracts that will be used to implement the strategy is service: Agreement Name			
e Southwest Georgia Regional Jail Authority is no longer a multi-jurisdictional organization. Clay County no longer opports this Authority. In any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy is service: Agreement Name			
e Southwest Georgia Regional Jail Authority is no longer a multi-jurisdictional organization. Clay County no longer proports this Authority. In this Authority. In this Authority agreements or intergovernmental contracts that will be used to implement the strategy is service: Agreement Name			
e Southwest Georgia Regional Jail Authority is no longer a multi-jurisdictional organization. Clay County no longer proports this Authority. In this Authority. It is any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy is service: Agreement Name			
ee Southwest Georgia Regional Jail Authority is no longer a multi-jurisdictional organization. Clay County no longer proports this Authority. It is any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy is service: Agreement Name			
ist any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy is service: Agreement Name	low will the strategy change t	he previous arrangements for providing and/or fund	ling this service within the county?
ist any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy is service: Agreement Name			
ist any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy is service: Agreement Name			
ist any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy is service: Agreement Name		al Jail Authority is no longer a multi-jurisdictional or	ganization. Clay County no longer
Agreement Name Contracting Parties Effective and Ending Da Vhat other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, I cts of the General Assembly, rate or fee changes, etc.), and when will they take effect? Person completing form: Allison Slocum, Senior Planner hone number: (706) 256-2910 Date completed: 10/08/2014 Is this the person who should be contacted by state agencies when evaluating whether proposed local government	pports this Authority.		
Agreement Name Contracting Parties Effective and Ending Da Vhat other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, I cts of the General Assembly, rate or fee changes, etc.), and when will they take effect? Person completing form: Allison Slocum, Senior Planner hone number: (706) 256-2910 Date completed: 10/08/2014 Is this the person who should be contacted by state agencies when evaluating whether proposed local government			
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What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, locts of the General Assembly, rate or fee changes, etc.), and when will they take effect? Person completing form: Allison Slocum, Senior Planner hone number: (706) 256-2910 Date completed: 10/08/2014 So this the person who should be contacted by state agencies when evaluating whether proposed local government			
Person completing form: Allison Slocum, Senior Planner hone number: (706) 256-2910 Date completed: 10/08/2014 Set this the person who should be contacted by state agencies when evaluating whether proposed local government			
erson completing form: Allison Slocum, Senior Planner hone number: (706) 256-2910 Date completed: 10/08/2014 Set this the person who should be contacted by state agencies when evaluating whether proposed local government		Contracting Parties	Effective and Ending Date
erson completing form: Allison Slocum, Senior Planner hone number: (706) 256-2910 Date completed: 10/08/2014 Set this the person who should be contacted by state agencies when evaluating whether proposed local government		Contracting Parties	Effective and Ending Date
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Person completing form: Allison Slocum, Senior Planner hone number: (706) 256-2910 Date completed: 10/08/2014 Set this the person who should be contacted by state agencies when evaluating whether proposed local government		Contracting Parties	Effective and Ending Date
erson completing form: Allison Slocum, Senior Planner hone number: (706) 256-2910 Date completed: 10/08/2014 Set this the person who should be contacted by state agencies when evaluating whether proposed local government		Contracting Parties	Effective and Ending Date
Person completing form: Allison Slocum, Senior Planner hone number: (706) 256-2910 Date completed: 10/08/2014 s this the person who should be contacted by state agencies when evaluating whether proposed local government		Contracting Parties	Effective and Ending Date
hone number: (706) 256-2910 Date completed: 10/08/2014 sthis the person who should be contacted by state agencies when evaluating whether proposed local government	Agreement Name		
hone number: (706) 256-2910 Date completed: 10/08/2014 s this the person who should be contacted by state agencies when evaluating whether proposed local government	Agreement Name What other mechanisms (if an	y) will be used to implement the strategy for this ser	rvice (e.g., ordinances, resolutions, le
hone number: (706) 256-2910 Date completed: 10/08/2014 s this the person who should be contacted by state agencies when evaluating whether proposed local government	Agreement Name What other mechanisms (if an	y) will be used to implement the strategy for this ser	rvice (e.g., ordinances, resolutions, le
hone number: (706) 256-2910 Date completed: 10/08/2014 sthis the person who should be contacted by state agencies when evaluating whether proposed local government	Agreement Name What other mechanisms (if an	y) will be used to implement the strategy for this ser	rvice (e.g., ordinances, resolutions, le
hone number: (706) 256-2910 Date completed: 10/08/2014 sthis the person who should be contacted by state agencies when evaluating whether proposed local government	Agreement Name What other mechanisms (if an	y) will be used to implement the strategy for this ser	rvice (e.g., ordinances, resolutions, le
hone number: (706) 256-2910 Date completed: 10/08/2014 sthis the person who should be contacted by state agencies when evaluating whether proposed local government	Agreement Name What other mechanisms (if an	y) will be used to implement the strategy for this ser	rvice (e.g., ordinances, resolutions, le
hone number: (706) 256-2910 Date completed: 10/08/2014 s this the person who should be contacted by state agencies when evaluating whether proposed local government	Agreement Name What other mechanisms (if an	y) will be used to implement the strategy for this ser	rvice (e.g., ordinances, resolutions, le
s this the person who should be contacted by state agencies when evaluating whether proposed local government	Agreement Name What other mechanisms (if ancts of the General Assembly,	y) will be used to implement the strategy for this ser rate or fee changes, etc.), and when will they take e	rvice (e.g., ordinances, resolutions, le
	Agreement Name What other mechanisms (if anots of the General Assembly,	y) will be used to implement the strategy for this ser rate or fee changes, etc.), and when will they take e	rvice (e.g., ordinances, resolutions, le
not, provide designated contact person(s) and phone number(s) below:	Agreement Name What other mechanisms (if an ots of the General Assembly, Person completing form: Allishone number: (706) 256-2910	y) will be used to implement the strategy for this ser rate or fee changes, etc.), and when will they take on Slocum, Senior Planner Date completed: 10/08/2014 be contacted by state agencies when evaluating when	rvice (e.g., ordinances, resolutions, leeffect?







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.	nould be reported to the Department of Community Analis.				
COUNTY:CLAY	Service: Southwest Georgia Regional Technology Authority				
this box is checked, identify the government, autho	n delivery arrangement for this service: ing all cities and unincorporated areas) by a single service provider. (If writy or organization providing the service.):Southwest Georgia				
Regional Technology 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 anization providing the service.):				
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:				
	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the				
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):				
2. In developing this strategy, were overlapping serving identified?	ce areas, unnecessary competition and/or duplication of this service				
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)				
$oxed{oxed}$ If these conditions will continue under this strategy, $\underline{\mathbf{a}}$	attach an explanation for continuing the arrangement (i.e.,				
overlapping but higher levels of service (See O.C.G.A.e.) overlapping service areas or competition cannot be e	A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).				
If these conditions will be eliminated under the 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 Author	rity Funding Metho	d
Clay County	General Fund	
SW GA Reg Technology Author	ity Federal and State Grants, Loans, Bonds	
4. How will the strategy change th	e previous arrangements for providing and/or funding thi	s service within the county?
N/A		
this service:	agreements or intergovernmental contracts that will be u	
Agreement Name	Contracting Parties	Effective and Ending Dates
Master Svc Del Agreement	Clay County, Bluffton, Fort Gaines	10/12/2014 - 10/12/2018
Memo of Understanding	Clay County, Quitman County, Randolph County,	10/12/2014 - 10/12/2018
	Stewart County	
) will be used to implement the strategy for this service (eate or fee changes, etc.), and when will they take effect?	e.g., ordinances, resolutions, local
7. Person completing form: Allisc		
	Date completed: 10/08/2014 e contacted by state agencies when evaluating whether	proposed local government
. ,	service delivery strategy? ⊠Yes □No ct person(s) and phone number(s) below:	
ii not, provide designated conta	or person(s) and prioric number(s) below.	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.		
COUNTY:CLAY	Service: Tax Digest	
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 organized	ed portion of the county by a single service provider. (If this box is nization providing the service.):	
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:	
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the	
Other (If this box is checked, <u>attach a legible m</u> identify the government, authority, or other organization)	ap delineating the service area of each service provider, and ation that will provide service within each service area.):	
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional docum	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	

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

Local Government or Author	ity Fundi	ng Method
Clay County	General Fund	·
City of Fort Gaines	General Fund	
1. How will the strategy change the	previous arrangements for providing and/or f	funding this service within the county?
N/A		
List any formal service delivery a this service:	greements or intergovernmental contracts that	at will be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
	Clay County, Bluffton, Fort Gaines	10/12/2014 - 10/12/2018
	will be used to implement the strategy for this te or fee changes, etc.), and when will they ta	
_		
7. Person completing form: Allison Phone number: (706) 256-2910	Slocum, Senior Planner Date completed: 10/08/2014	
	contacted by state agencies when evaluating ervice delivery strategy? ⊠Yes ⊡No	g whether proposed local government
If not, provide designated contac	t person(s) and phone number(s) below:	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

should be reported to the Department of Community Affairs.		
COUNTY: CLAY COUNTY	Service: Water	
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	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 ntify 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.): Clay County,	
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 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

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
Clay County	Federal/State Grants & Loans, Local Funds, User fees
Bluffton, City of	Federal/State Grants & Loans, Local Funds, User fees
Fort Gaines, City of	Federal/State Grants & Loans, Local Funds, User fees

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

The SDS is being updated to reflect an intergovernmental agreement between Clay County and Randolph County allowing Clay County to extend its water system to approximatedly 25 residences in a small portion of Randolph County along Bethel Church Road (See the map attached as a response for Question 1 for an illustration of the new service area.). In all other respects the delivery of water services in Clay County remains unchanged since the last update of the SDS.

NOTE: Any resident of Randolph County who chooses to take advantage of this new service will do so under the same terms and conditions as an resident of Clay County. In other words, should any resident of Randolph Co wish to tap into Clay County's water system, they shall do so by paying the same tap fees as a resident of Clay County and shall enjoy the same rates as any resident of Clay County. In addition, any top on by Randolph County residents shall be carried out in the same manner as for anyone residing in Clay County and shall be carried out by Clay County forces.

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

Agreement Name	Contracting Parties	Effective and Ending Dates
Master Serv. Deliv'y Agreemt.	Clay County, City of Bluffton, City of Fort Gaines	10/31/2007 - 10/31/2017
Water Service Agreement	Clay County & Randolph County	9-3-2016 - 9-3-2020

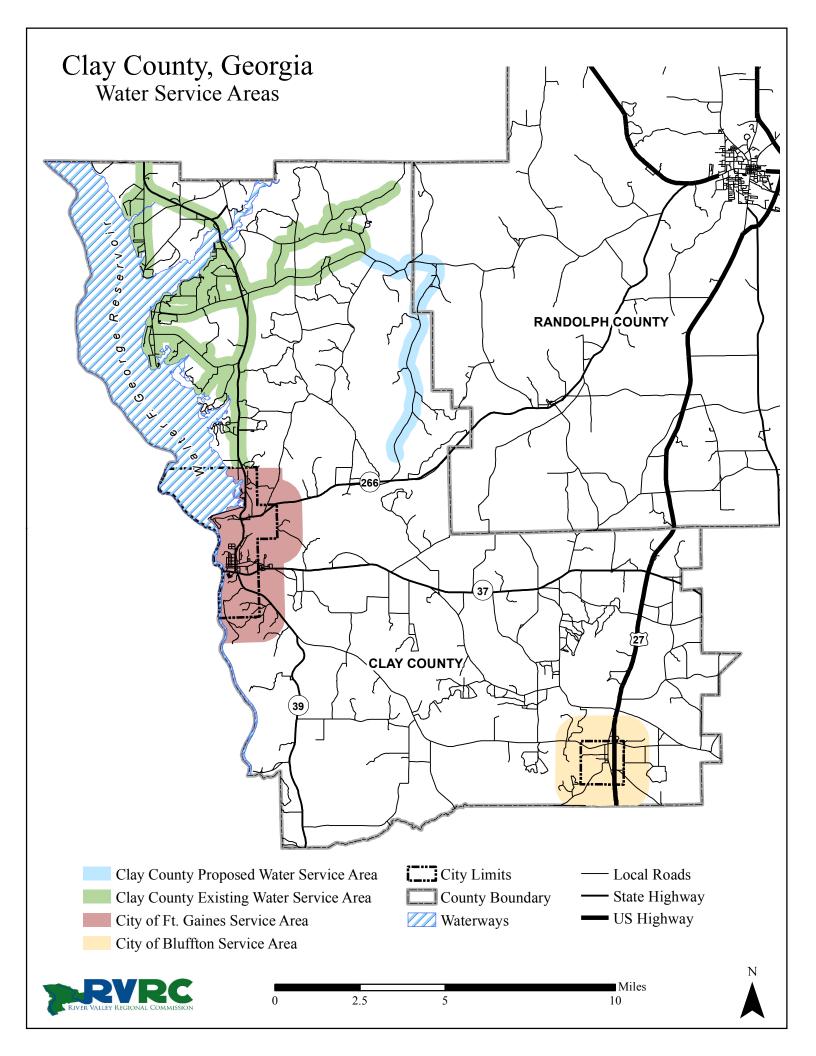
6	. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?
	None.
7	. Person completing form: Allison Slocum, Senior Planner Phone number: 706-256-2928 Date completed: 2/28/2014

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:

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:CLAY	Service: Zoning	
Check the box that best describes the agreed upor	n delivery arrangement for this service:	
Service will be provided countywide (i.e., includithis box is checked, identify the government, autho	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.):	
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is inization providing the service.):	
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:	
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the	
	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 docum ☑ No	entation as described, below)	
If these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be 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 strates 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 ta	exes, impact
fees, bonded indebtedness, etc.).	

Local Government or Author	rity Funding Me	thod
Clay County	General Fund	
City of Fort Gaines	General Fund	
	•	
4. How will the strategy change the	e previous arrangements for providing and/or funding	this service within the county?
N/A		
N/A		
5. List any formal service delivery	agreements or intergovernmental contracts that will b	be used to implement the strategy for
this service:	agroomonio or intergevenimental contracte that will be	to upon the implement the challegy for
Agreement Name	Contracting Parties	Effective and Ending Dates
Master Svc Del Agreement	Clay County, Bluffton, Fort Gaines	10/12/2014 - 10/12/2018
Zoning Contract	Fort Gaines, River Valley Regional Commission	10/12/2014 - 10/12/2018
	will be used to implement the strategy for this service	
acts of the General Assembly, ra	ate or fee changes, etc.), and when will they take effe	ct?
7. Person completing form: Allison	n Slocum, Senior Planner	
Phone number: (706) 256-2910	Date completed: 10/08/2014	
	e contacted by state agencies when evaluating wheth service delivery strategy? ⊠Yes □No	ner proposed local government
projects are consistent with the s	service delivery strategy: 🖂 res 🗀 110	
If not, provide designated contact	ct person(s) and phone number(s) below:	
	.,,	