



**SERVICE DELIVERY STRATEGY**

**FORM 1**

COUNTY: **SCREVEN 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.)

<b>OPTION A</b> <i>Revising or Adding to the SDS</i>	<b>OPTION B</b> <i>Extending the Existing SDS</i>
<ol style="list-style-type: none"> <li>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.)</li> <li>5. For <b>each</b> service or service component listed in Section IV, complete a separate, updated <i>Summary of Service Delivery Arrangements</i> form (FORM 2).</li> <li>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).]</li> </ol>	<ol style="list-style-type: none"> <li>4. In Section IV type, "NONE."</li> <li>5. Complete one copy of the <i>Certifications for Extension of Existing SDS</i> form (FORM 5) and have it signed by the authorized representatives of the participating local governments. [Please note that DCA cannot validate the strategy unless it is signed by the local governments required by law (see Instructions, FORM 5).]</li> <li>6. Proceed to step 7, below.</li> </ol> <div style="background-color: #333; color: white; padding: 10px; margin-top: 10px; text-align: center;"> <p><i>For answers to most frequently asked questions on Georgia's Service Delivery Act, links and helpful publications, visit DCA's website at <a href="http://www.dca.ga.gov/development/PlanningQualityGrowth/programs/servicedelivery.asp" style="color: white;">http://www.dca.ga.gov/development/PlanningQualityGrowth/programs/servicedelivery.asp</a>, or call the Office of Planning and Quality Growth at (404) 679-5279.</i></p> </div>

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.

Screven County, City of Sylvania, City of Oliver, Town of Hiltonia, Town of Newington, Town of Rocky Ford, Screven County Hospital Authority, City of Sylvania/Screven County Airport Authority, Screven County Industrial Authority

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

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

Animal Control, Airport, Building Inspection/Code Enforcement, Cemeteries, Cooperative Extension Service, County Coroner, Courts, Dept. Family/Children Services, Economic Development, Emergency 911, Emergency Management, Emergency Medical Service, Fire Protection, Indigent Defense, Jail Services, Law Enforcement, Library, Planning/Zoning, Public Health, Recreation, Roads/Streets & Bridge Construction, Roads/Streets & Bridge Maintenance, Senior Citizens Center, Solid Waste Collection, Solid Waste Disposal, Tax Appraisal/Assessment, Tax Collection, Voter Registration

**IV. SERVICES THAT ARE BEING REVISED OR ADDED IN THIS SUBMITTAL:**

In this section, list each new service or new service component which is being added and each service or service component which is being revised in this submittal. For each item listed here, a separate Summary of Service Delivery Arrangements form (FORM 2) must be completed.

Public Sanitary Sewage, Public Water Supply/Treatment



**SERVICE DELIVERY STRATEGY**

**FORM 2: Summary of Service Delivery Arrangements**

**Instructions:**

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

COUNTY:SCREVEN	Service:Public Sanitary Sewage
----------------	--------------------------------

1. Check the box that best describes the agreed upon delivery arrangement for this service:

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

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

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

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

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

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

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

**No**

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

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

**SDS FORM 2, continued**

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
City of Sylvania	Enterprise Fund, User Fees
Town of Hiltonia	Enterprise Fund, User Fees
Town of Newington	Enterprise Fund, User Fees
City of Oliver	Enterprise Fund, User Fees
Town of Rocky Ford	Enterprise Fund, User Fees

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

The City of Sylvania will provide sewage to the Industrial Park

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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: **Rick Jordan, County Manager**  
 Phone number: **912-564-7535**      Date completed: 06/25/2014

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:  
**ALTERNATE: STACY MATHIS, CITY MANAGER, CITY OF SYLVANIA, 912-564-7411**



SERVICE DELIVERY STRATEGY

**FORM 2: Summary of Service Delivery Arrangements**

Instructions:

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

COUNTY: SCREVEN COUNTY

Service: *Public Health*

1. Check the box that best describes the agreed upon delivery arrangement for this service:

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): **Screven County provides financial support/services for public health for all cities and unincorporated areas of the County.**

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

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

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

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

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

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

No

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

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

**SDS FORM 2, continued**

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Screven County	General Fund

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

There are no plans to alter this service.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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: **Rick Jordan, County Manager**  
 Phone number: **912-564-7535**      Date completed: 12/19/2014

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:



**SERVICE DELIVERY STRATEGY**

# FORM 2: Summary of Service Delivery Arrangements

**Instructions:**

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

COUNTY: SCREVEN COUNTY

Service: *Animal Control*

1. Check the box that best describes the agreed upon delivery arrangement for this service:

- Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): **Type Name of Government, Authority or Organization Here**
  
- Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): **Type Name of Government, Authority or Organization Here**
  
- One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service: **Type Name of Government, Authority or Organization Here**
  
- One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.): **Type Name of Government, Authority or Organization Here**
  
- Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.): **Type Name of Government, Authority or Organization Here**

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

- Yes** (if "Yes," you must attach additional documentation as described, below)
- No**

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

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

**SDS FORM 2, continued**

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Screven County	General Fund, User Fees
City of Sylvania	General Fund

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

There are no plans to alter this service

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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: **Rick Jordan, County Manager**  
 Phone number: **912-564-7535**      Date completed: 06/17/2014

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:  
**STACY MATHIS, CITY MANAGER, CITY OF SYLVANIA, 912-564-7411**

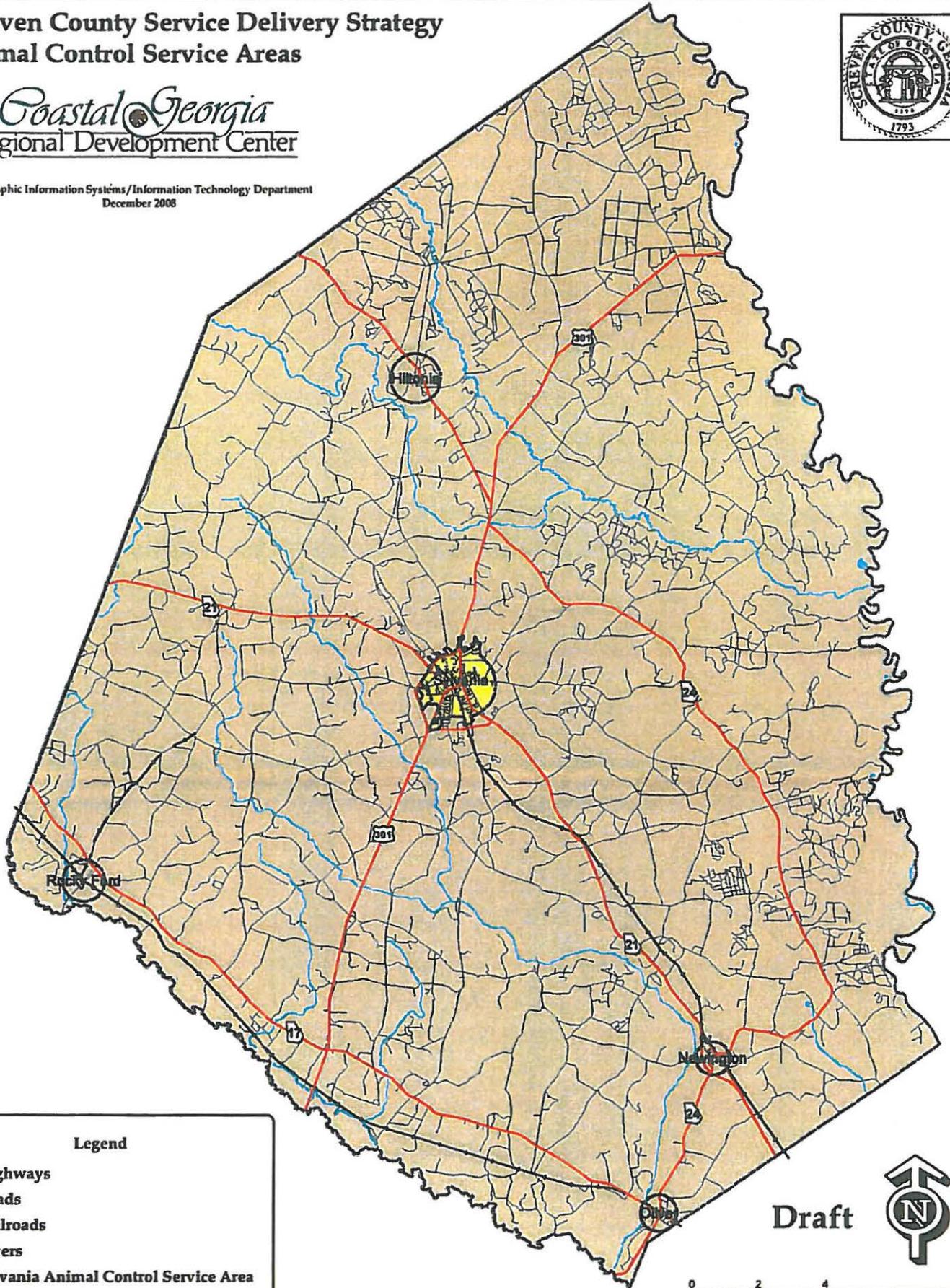
# Screven County Service Delivery Strategy

## Animal Control Service Areas



*Coastal Georgia*  
Regional Development Center

Geographic Information Systems/Information Technology Department  
December 2008



**Legend**

- Highways
- Roads
- Railroads
- Rivers
- Sylvania Animal Control Service Area
- County Animal Control Service Area
- City Boundaries
- County Boundary

Draft



DISCLAIMER: This map has been prepared to facilitate public access to information. Data shown is for planning purposes only and its accuracy is NOT warranted. CGRDC assumes no liability for the quality, content, accuracy or completeness of the information and other items contained in this map. Individuals are advised to independently verify information before use.



**SERVICE DELIVERY STRATEGY**

**FORM 2: Summary of Service Delivery Arrangements**

**Instructions:**

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

COUNTY: SCREVEN COUNTY

Service: *Airport*

1. Check the box that best describes the agreed upon delivery arrangement for this service:

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): **City of Sylvania/Screven County Airport Authority**

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

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

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

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

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

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

**No**

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

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

**SDS FORM 2, continued**

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
City of Sylvania. Screven County	
Airport Authority	User Fees (Rental of Land)
	General Fund - City of Sylvania
	General Fund - Screven County

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

There are no plans to alter this service

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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: **Rick Jordan, County Manager**  
 Phone number: **912-564-7535**      Date completed: 06/14/2014

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:  
**STACY MATHIS, CITY MANAGER, CITY OF SLYVANIA, 912-564-7411**



**SERVICE DELIVERY STRATEGY**

**FORM 2: Summary of Service Delivery Arrangements**

**Instructions:**

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

COUNTY: SCREVEN COUNTY

Service: *Building Inspection/Code Enforcement*

1. Check the box that best describes the agreed upon delivery arrangement for this service:

- Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): **Type Name of Government, Authority or Organization Here**
  
- Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): **Type Name of Government, Authority or Organization Here**
  
- One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service): **City of Sylvania**
  
- One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.): **Type Name of Government, Authority or Organization Here**
  
- Other (If this box is checked, **attach a legible map delineating the service area of each service provider**, and identify the government, authority, or other organization that will provide service within each service area.): **Type Name of Government, Authority or Organization Here**

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

- Yes** (if "Yes," you must attach additional documentation as described, below)
- No**

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

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

**SDS FORM 2, continued**

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
City Sylvania	User Fees
	General Fund

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

There are no plans to alter this service

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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: **Rick Jordan, County Manager**  
 Phone number: **912-564-7535**      Date completed: 06/14/14

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:  
**STACY MATHIS, CITY MANAGER, CITY OF SYLVANIA, 912-564-7411**



**SERVICE DELIVERY STRATEGY**

**FORM 2: Summary of Service Delivery Arrangements**

**Instructions:**

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

COUNTY: SCREVEN COUNTY

Service: Cemeteries

1. Check the box that best describes the agreed upon delivery arrangement for this service:

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): **Type Name of Government, Authority or Organization Here**

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

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

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

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

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

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

**No**

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

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

**SDS FORM 2, continued**

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Screven County	General Fund
City of Sylvania	User Fees, General Fund

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

None- Clarification of parties to the agreement and funding sources

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>
Financial Support of the	Screven County	January 1, 1999 to December
Screven Memorial		31, 2048
Cemetery and the Friendship	List Contracting Parties Here	
Cemetary		

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: **Rick Jordan, County Manager**,  
 Phone number: **912-564-7535**      Date completed: 06/14/2014

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

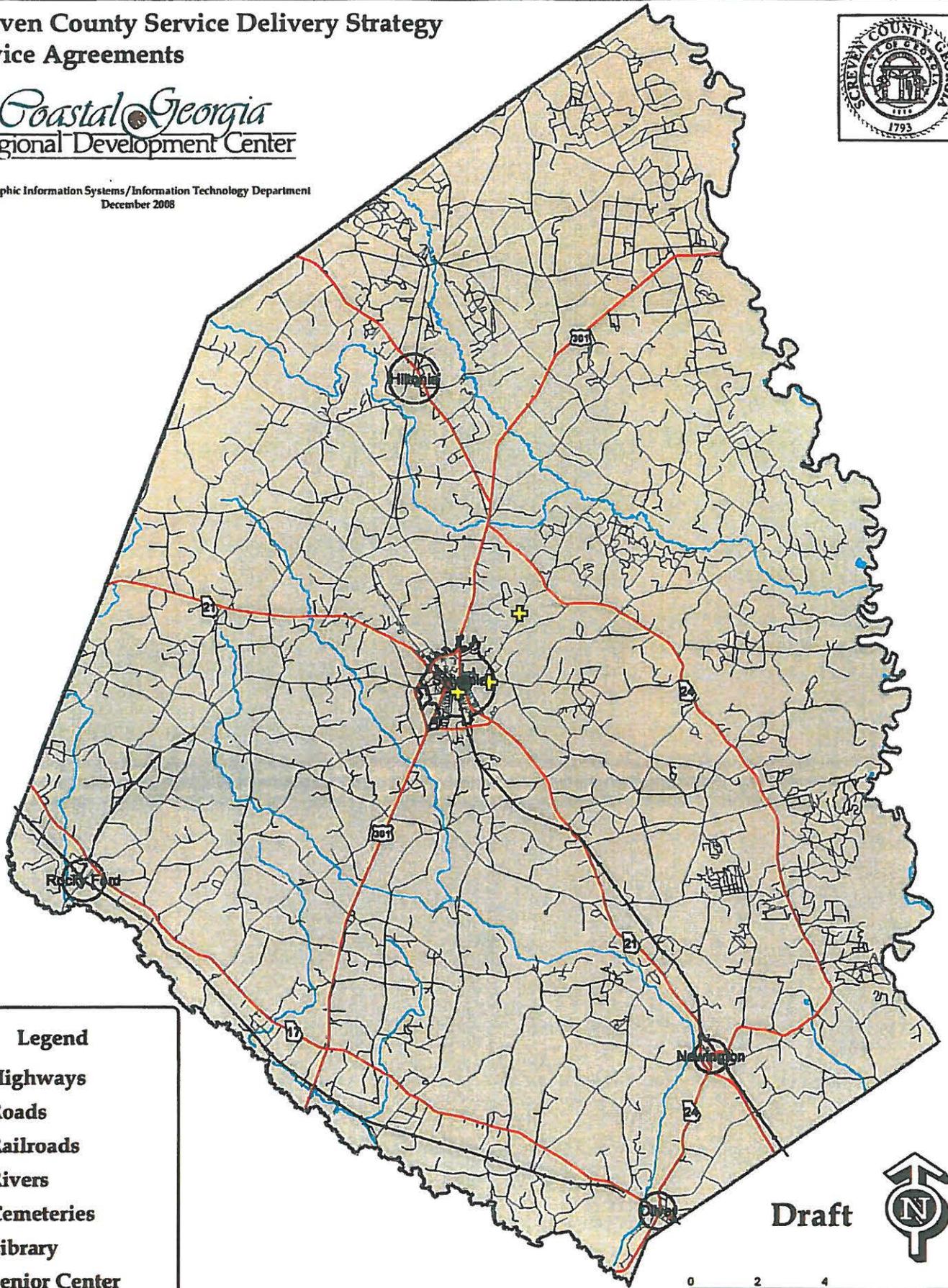
If not, provide designated contact person(s) and phone number(s) below:  
**STACY MATHIS, CITY MANAGER, CITY OF SYLVANIA, 912-564-7411**

# Screven County Service Delivery Strategy Service Agreements



*Coastal Georgia*  
Regional Development Center

Geographic Information Systems/Information Technology Department  
December 2008



**Legend**

- Highways
- Roads
- Railroads
- Rivers
- + Cemeteries
- ▲ Library
- Senior Center
- City Boundaries
- County Boundary



**DISCLAIMER:** This map has been prepared to facilitate public access to information. Data shown is for planning purposes only and its accuracy is NOT warranted. CGRDC assumes no liability for the quality, content, accuracy or completeness of the information and other items contained in this map. Individuals are advised to independently verify information before use.

GEORGIA, SCREVEN COUNTY

INTERGOVERNMENTAL AGREEMENT BETWEEN SCREVEN COUNTY, GEORGIA  
AND THE CITY OF SYLVANIA, GEORGIA, FOR THE FINANCIAL  
SUPPORT OF THE SCREVEN MEMORIAL CEMETERY  
AND THE FRIENDSHIP CEMETERY

WHEREAS, the respective member governments of Screven County (Board of Commissioners) and the City of Sylvania (Mayor and Council) have, pursuant to Georgia Laws and Acts, prepared and adopted a joint county-wide Comprehensive Plan and Service Delivery Strategy; and

WHEREAS, the Comprehensive Plan, as duly amended, and Service Delivery Strategy was developed jointly and requires joint financial support of the Screven Memorial Cemetery and Friendship Cemetery (hereinafter "Cemeteries") at a level to be determined annually by a joint resolution of the City and County; and

WHEREAS, it is the intent of the respective governments party to this agreement to establish a means of determining their individual financial support of the Cemeteries, so as to meet both the requirements of law and the spirit of cooperation and coordination contemplated by the Georgia Service Delivery Act; and

WHEREAS, each of the parties hereto is authorized under the Intergovernmental Contracts Provision of the Georgia Constitution, Article 9, Sec. III, Paragraph 1, to contract with each other for a period not exceeding fifty (50) years.

NOW THEREFORE, for and in consideration of the mutual and reciprocal benefits enuring to each of the parties hereto, the parties do contract and agree as follows:

1. Ownership and Regulation. The Cemeteries shall be titled in the name of the City, and the City shall have the responsibility for adopting and enforcing reasonable regulations for the Cemeteries.

2. Sales. The City shall be responsible for and handle all sales of lots within the Cemeteries, and the price or prices of lots therein shall be set in the discretion of the Mayor and Council of the City of Sylvania

3. Maintenance. The City shall provide the necessary personnel and equipment for performing all maintenance within the Cemeteries, or shall contract therefor with third parties to provide the same.

4. Funding. All maintenance and other expenses of operating the Cemeteries shall be paid with the sales

proceeds from the sale of lots within the Cemeteries. In the event the sales proceeds from the sale of lots in the Cemeteries do not provide sufficient funds to cover all expenses for maintaining and operating the Cemeteries, any remaining expenses shall be divided equally between the City and County, and paid from the general revenues of each respective entity. In the event of a deficiency in any calendar year, the County shall be billed by the City for the County's' one-half of said expenses on or before June 1<sup>st</sup> of the next calendar year, which sum shall be due and payable by the County to the City on or before August 1<sup>st</sup> of the year billed.

5. Term. This agreement shall be effective as of January 1, 1999, and the initial term shall expire December 31, 2003. Thereafter, the agreement shall automatically renew for successive one year periods unless terminated by either party in writing on or before March 31, 2003, or on or before March 31<sup>st</sup> in any subsequent year, which termination shall be effective for the succeeding calendar year. In any event, this agreement shall terminate, if not sooner terminated, on December 31, 2048.

6. Merger. This writing constitutes the entire agreement by and between the parties regarding funding of

the Cemeteries. Amendment, additions or deletions shall be in writing, and dated subsequent to this writing, to be enforceable.

7. Severance. In the event any Court of competent jurisdiction declares any part or parts of this agreement to be unlawful or unenforceable, such parts or parts shall be severed from the agreement, and the remaining part or parts shall remain enforceable in order to carry out the original purposes and intent of this agreement to the extent reasonably practicable.

IN WITNESS WHEREOF, the undersigned parties have by and through their duly designated officials, executed and affixed their seals effective as of the 1<sup>st</sup> day of April, 1999.

SCREVEN COUNTY, GEORGIA

BY: *D. Hobson Parker*  
D. Hobson Parker, Chairman  
Board of Commissioners

ATTEST: *Rich Jordan*  
~~Betty Phillips, County Clerk~~  
*RICH JORDAN*

CITY OF SYLVANIA, GEORGIA

BY: *[Signature]*  
City Manager

ATTEST: *Judy A. Hill*  
City Clerk



**SERVICE DELIVERY STRATEGY**

**FORM 2: Summary of Service Delivery Arrangements**

**Instructions:**

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

COUNTY: SCREVEN

Service: Cooperative Extension Service

1. Check the box that best describes the agreed upon delivery arrangement for this service:

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): **Screven County**

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

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

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

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

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

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

**No**

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

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

**SDS FORM 2, continued**

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Screven County	General Fund

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

There are no plans to alter this service

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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: **Rick Jordan, County Manager**  
 Phone number: **912-564-7535**      Date completed: 06/17/2014

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:  
**STACY MATHIS, CITY MANGER, CITY OF SYLVANIA, 912-564-7411**



**SERVICE DELIVERY STRATEGY**

**FORM 2: Summary of Service Delivery Arrangements**

**Instructions:**

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

COUNTY: SCREVEN

Service: County Coroner

1. Check the box that best describes the agreed upon delivery arrangement for this service:

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): **Screven County**

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

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

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

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

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

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

**No**

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

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

**SDS FORM 2, continued**

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Screven County	General Fund

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

There are no plans to alter this service

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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: **Rick Jordan, County Manager**  
 Phone number: **912-564-7535**      Date completed: 06/172014

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:  
**STACY MATHIS, CITY MANAGER, CITY OF SYLVANIA, 912-564-7411**



**SERVICE DELIVERY STRATEGY**

**FORM 2: Summary of Service Delivery Arrangements**

**Instructions:**

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

COUNTY: SCREVEN

Service: Courts

1. Check the box that best describes the agreed upon delivery arrangement for this service:

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

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

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

One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.): **Screven County, Cities of Sylvania and Oliver, Town of Hiltonia and Newington**

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

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

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

**No**

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

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

**SDS FORM 2, continued**

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Screven County	User Fees and General Fund
Cities of Sylvania & Oliver	User Fees and General Fund
Towns of Hilltonia and Newington	User Fees and General Fund

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

There are no plans to alter this service

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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: **Rick Jordan, County Manager**  
 Phone number: **912-564-7535**      Date completed: 06/17/2014

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:  
**STACY MATHIS, CITY MANAGER, CITY OF SYLVANIA, 912-564-7411**



**SERVICE DELIVERY STRATEGY**

**FORM 2: Summary of Service Delivery Arrangements**

**Instructions:**

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

COUNTY: SCREVEN	Service: <i>Department of Family &amp; Children Services</i>
-----------------	--

1. Check the box that best describes the agreed upon delivery arrangement for this service:

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): **Department of Family and Children Services**

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

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

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

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

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

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

**No**

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

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

**SDS FORM 2, continued**

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Screven County	General Fund

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

There are no plans to alter this service.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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: **Rick Jordan, County Manager**  
 Phone number: **912564-7535**      Date completed: 06/17/2014

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:  
**STACY MATHIS, CITY MANAGER, CITY OF SYLVANIA, 912-564-7411**



**SERVICE DELIVERY STRATEGY**

**FORM 2: Summary of Service Delivery Arrangements**

**Instructions:**

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

COUNTY:SCREVEN

Service:*Economic Development*

1. Check the box that best describes the agreed upon delivery arrangement for this service:

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):**Screven County**

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

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

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

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

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

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

**No**

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

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

**SDS FORM 2, continued**

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Screven County Industrial Development Authority	Screven County-General Fund and Property Rental

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

There are no plans to alter this service.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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: **Rick Jordan, County Manager**  
 Phone number: **912-564-7535**      Date completed: 06/17/2014

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:  
**STACY MATHIS, CITY MANAGER, CITY OF SYLVANIA, 912-564-7411**



**SERVICE DELIVERY STRATEGY**

**FORM 2: Summary of Service Delivery Arrangements**

**Instructions:**

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

COUNTY:SCREVEN

Service:Emergency 911

1. Check the box that best describes the agreed upon delivery arrangement for this service:

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):**Screven County**

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

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

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

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

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

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

**No**

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

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

**SDS FORM 2, continued**

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Screven County	User Fees and General Fund

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

There are no plans to alter this service.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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: **Rick Jordan, County Manager**  
 Phone number: **912-534-7535**      Date completed: 06/17/2014

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:  
**STACY MATHIS, CITY MANAGER, CITY OF SYLVANIA, 912-7411**



**SERVICE DELIVERY STRATEGY**

**FORM 2: Summary of Service Delivery Arrangements**

**Instructions:**

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

COUNTY: SCREVEN

Service: *Emergency Management*

1. Check the box that best describes the agreed upon delivery arrangement for this service:

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): **Screven County**

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

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

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

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

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

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

**No**

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

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

**SDS FORM 2, continued**

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Screven County	General Fund

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

There are no plans to alter this service.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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: **Rick Jordan, County Manager**  
 Phone number: **912-564-7535**      Date completed: 06/17/2014

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:  
**STACY MATHIS, CITY MANAGER, CITY OF SYLVANIA, 912-564-7411**



**SERVICE DELIVERY STRATEGY**

**FORM 2: Summary of Service Delivery Arrangements**

**Instructions:**

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

COUNTY: SCREVEN

Service: *Emergency Medical Service*

1. Check the box that best describes the agreed upon delivery arrangement for this service:

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): **Screven County Hospital Authority**

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

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

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

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

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

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

**No**

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

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

**SDS FORM 2, continued**

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Screven County	User Fees and General Fund

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

There are no plans to alter this service.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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: **Rick Jordan, County Manager**  
 Phone number: **912-564-7535**      Date completed: 06/17/2014

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:  
**STACY MATHIS, CITY MANAGER, CITY OF SYLVANIA, 912-564-7411**



**SERVICE DELIVERY STRATEGY**

**FORM 2: Summary of Service Delivery Arrangements**

**Instructions:**

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

COUNTY: SCREVEN

Service: Fire Protection

1. Check the box that best describes the agreed upon delivery arrangement for this service:

- Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): **Type Name of Government, Authority or Organization Here**
  
- Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): **Type Name of Government, Authority or Organization Here**
  
- One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.): **Type Name of Government, Authority or Organization Here**
  
- One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.): **Type Name of Government, Authority or Organization Here**
  
- Other (If this box is checked, **attach a legible map delineating the service area of each service provider**, and identify the government, authority, or other organization that will provide service within each service area.): **Screven County in unincorporated areas; City of Sylvania within city limits; Town of Newington within five (5) mile radius of city limits**

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

- Yes (if "Yes," you must attach additional documentation as described, below)
- No

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

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

**SDS FORM 2, continued**

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Screven COunty	General Fund
City of Sylvania	General Fund
Town of Newington	General Fund

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

The City of Sylvania provides fire protection within its city limits. The Terms of the 1999 agreement with the County expired in June 2000. The Town of Newington shall provide extrication and rescue service and respond to fire calls within a five (5) mile radies of the city limits. Newington shall house and maintain the County's fire service equipment and shall be responsible for payment of all City volunteer firefighters responding to fires in the County.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>
Provision of Fire Service	Screven County	February 26, 2001-
	Town of Newington	June 30, 2051

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: **Rick Jordan, County Manager**  
 Phone number: **912-564-7535**      Date completed: 06/24/2014

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:  
**TYPE CONTACT NAME, TITLE & PHONE HERE**

INTERGOVERNMENTAL AGREEMENT BETWEEN  
SCREVEN COUNTY, GEORGIA  
AND  
THE CITY OF NEWINGTON, GEORGIA  
FOR THE  
PROVISION OF FIRE SERVICE

**WHEREAS**, the respective member governments of Screven County (Board of Commissioners) and the City of Newington (Mayor and Council) have, pursuant to Georgia Laws and Acts, prepared and adopted a joint county-wide Comprehensive Plan and Service Delivery Strategy; and,

**WHEREAS**, the Comprehensive Plan, as duly amended, and Service Delivery Strategy was developed jointly and provides for the delivery of services by the Fire Department of the City of Newington in the unincorporated areas of Screven County; and,

**WHEREAS**, it is the intent of the respective governments party to this agreement to establish and define the obligation of the City to provide services within the unincorporated areas of the County and to establish the compensation to be paid by the County for such service, so as to meet both the requirements of law and the spirit of cooperation and coordination contemplated by the Georgia Service Delivery Act; and,

**WHEREAS**, the parties are authorized pursuant to the Intergovernmental Contracts provision of the Georgia Constitution, Article 9, Section III, Paragraph 1, to contract with each other for a period not exceeding fifty (50) years;

**NOW, THEREFORE**, for and in consideration of the mutual and reciprocal benefits enuring to each of the parties, the City of Newington, Georgia (herein, the "City") and Screven County, Georgia (herein, the "County") contract and agree as follows:

1. Services Provided by the City. The City shall provide extrication and rescue service and respond to fire calls in the unincorporated areas of the County within five (5) mile radius of the city limits of the City. In addition, the City shall house and maintain the County's fire service equipment and shall be responsible for payment of all City Volunteer Fire Fighters responding to County fires.
  
2. Compensation. The County shall pay the sum of FIFTEEN THOUSAND AND NO/100 DOLLARS (\$15,000.00) for the first fiscal year to the City as full compensation for the services rendered by the City pursuant to the provisions of this agreement. Annual compensation pursuant to the terms of this agreement shall be established by a joint resolution of the parties adopted on or before March 31 of each successive year of this agreement.

3. Term. This agreement shall be effective as of the execution by the last party to sign the same, and the initial term shall expire on June 30, 2001. Thereafter, the agreement shall automatically renew for successive one year periods unless terminated by either party in writing on or before March 31, 2001, or on or before March 31 in any subsequent year, which termination shall be effective for the succeeding calendar year. In any event, this agreement shall terminate, if not sooner terminated, on June 30, 2051.

4. Merger. This writing constitutes the entire agreement by and between the parties regarding the provision of fire and rescue services within the County. Amendments, additions or deletions shall be in writing and dated subsequent to this writing to be enforceable.

5. Severance. In the event a court of competent jurisdiction declares any part or parts of this agreement to be unlawful or unenforceable, such part or parts shall be severed from the agreement and the remaining part or parts shall remain enforceable in order to carry out the original purposes and intent of this agreement to the extent reasonably practicable.

IN WITNESS WHEREOF the undersigned parties have, by and through their duly designated officials, executed the same and affixed their seals on the 26<sup>th</sup> day of February, 2001.

**Screven County, Georgia**

By: J.C. Warren  
J.C. Warren, Chairman  
Board of Commissioners

Attest: Rick Jordan  
Rick Jordan, County Manager

**The City of Newington, Georgia**

By: Donald Scott, Mayor  
Donald Scott, Mayor

Attest: Donette R. Perkins, Clerk  
, City Clerk

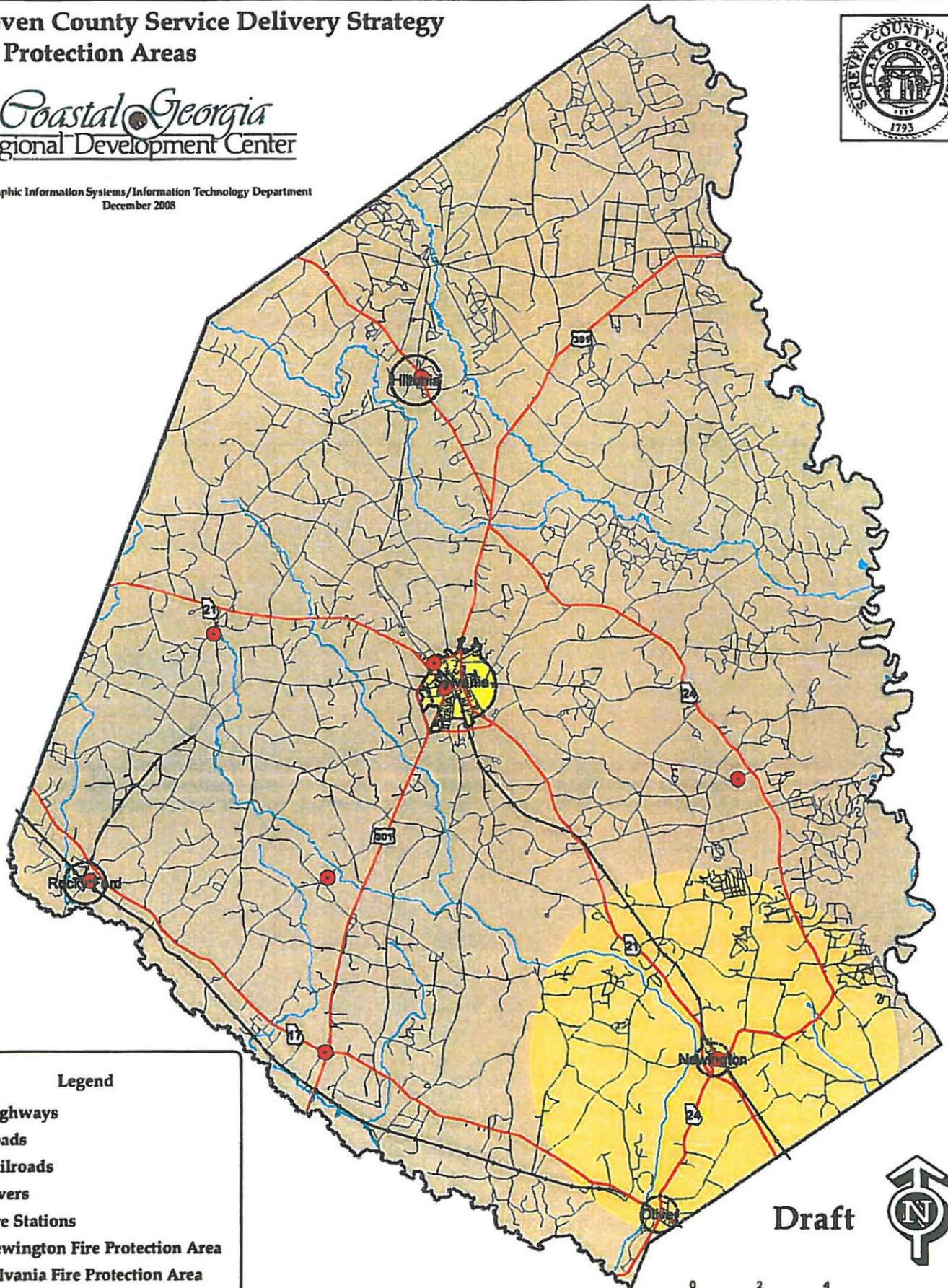
# Screven County Service Delivery Strategy

## Fire Protection Areas



*Coastal Georgia*  
Regional Development Center

Geographic Information Systems/Information Technology Department  
December 2008



**Legend**

- Highways
- Roads
- Railroads
- Rivers
- Fire Stations
- Newington Fire Protection Area
- Sylvania Fire Protection Area
- County Fire Protection Area
- City Boundaries
- County Boundary

Draft



**DISCLAIMER:** This map has been prepared to facilitate public access to information. Data shown is for planning purposes only and its accuracy is NOT warranted. CGRDC assumes no liability for the quality, content, accuracy or completeness of the information and other items contained in this map. Individuals are advised to independently verify information before use.



**SERVICE DELIVERY STRATEGY**

**FORM 2: Summary of Service Delivery Arrangements**

**Instructions:**

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

COUNTY: SCREVEN

Service: *Indigent Defense*

1. Check the box that best describes the agreed upon delivery arrangement for this service:

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): **Screven County**

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

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

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

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

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

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

**No**

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

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

**SDS FORM 2, continued**

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Screven County	General Fund

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

There are no plans to alter this service

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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: **Rick Jordan, County Manager**  
 Phone number: **912-564-7535**      Date completed: 06/24/2014

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:  
**Alternate: Stacy Mathis, City Manager, City of Sylvania, 912-564-7411**



**SERVICE DELIVERY STRATEGY**

**FORM 2: Summary of Service Delivery Arrangements**

**Instructions:**

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

COUNTY: SCREVEN

Service: Jail Services

1. Check the box that best describes the agreed upon delivery arrangement for this service:

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): **Screven County**

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

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

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

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

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

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

**No**

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

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

**SDS FORM 2, continued**

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Screven County	User Fees and General Fund

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

Jail Services is now a County-wide service provided by Screven County

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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: **Rick Jordan, County Manager**  
 Phone number: **912-564-7535**      Date completed: 06/24/2014

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:  
**Alternate: Stacy Mathis, City Manager, City of Sylvania, 912-564-7411**



**SERVICE DELIVERY STRATEGY**

# FORM 2: Summary of Service Delivery Arrangements

**Instructions:**

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

<b>COUNTY: SCREVEN</b>	<b>Service: Law Enforcement</b>
------------------------	---------------------------------

1. Check the box that best describes the agreed upon delivery arrangement for this service:

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

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

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

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

Other (If this box is checked, **attach a legible map delineating the service area of each service provider**, and identify the government, authority, or other organization that will provide service within each service area.): **Screven County, Cities of Sylvania and Oliver, Towns of Hiltonia, Newington and Rocky Ford**

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

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

**No**

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

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

**SDS FORM 2, continued**

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Screven County	General Fund
Cities of Sylvania and Oliver	General Fund
Towns of Hiltonia, Newington &	General Funds
Rocky Ford	

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

The Town of Rocky Ford now provides its own Law Enforcement Services.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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: **Rick, Jordan, County Manager**  
 Phone number: **912-564-7535**      Date completed: 06/24/2014

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:  
**Alternate: Stacy Mathis, City Manager, City of Sylvania, 912-564-7411**

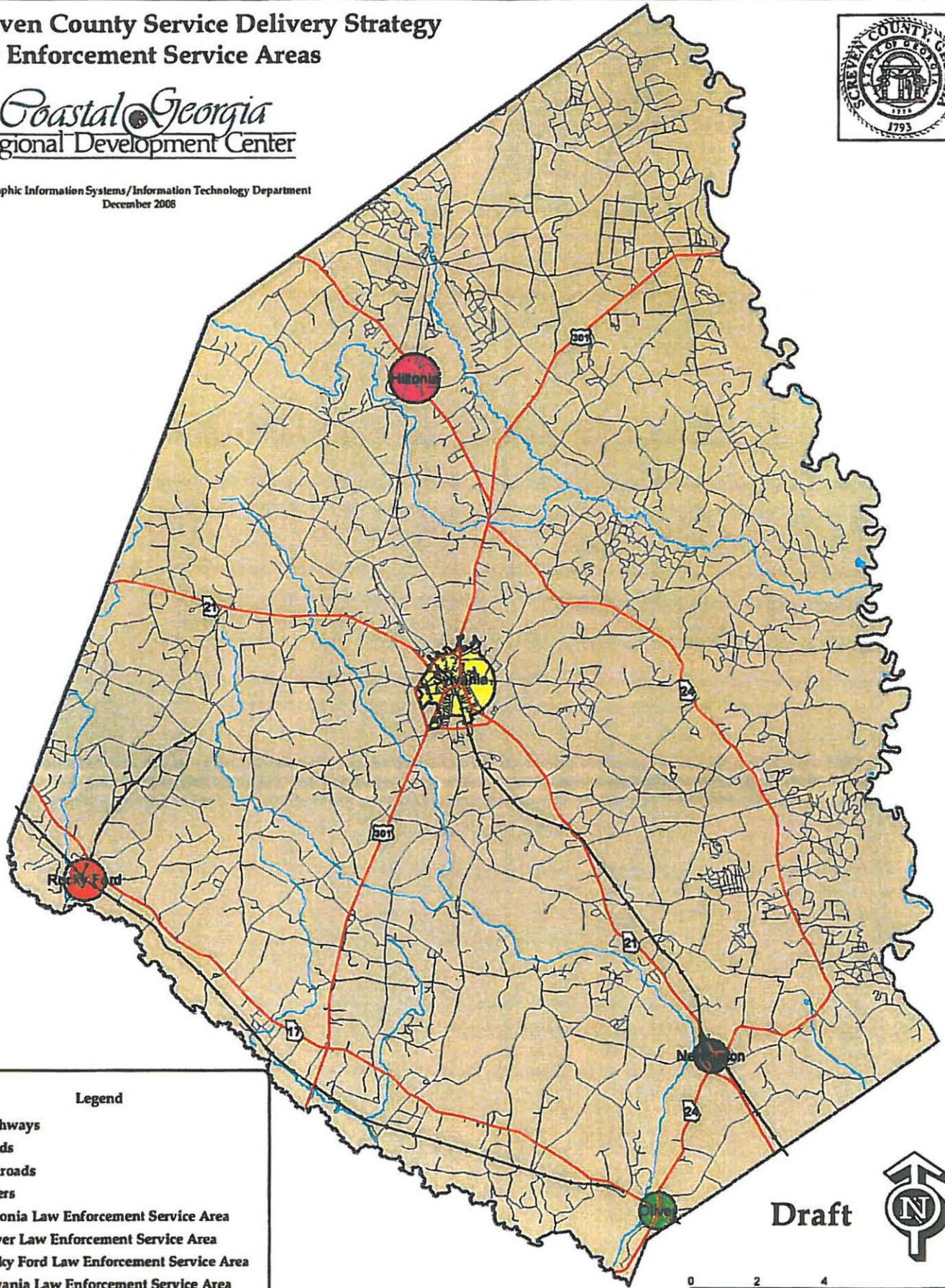
# Screven County Service Delivery Strategy

## Law Enforcement Service Areas



*Coastal Georgia*  
Regional Development Center

Geographic Information Systems/Information Technology Department  
December 2008



**Legend**

- Highways
- Roads
- Railroads
- Rivers
- Hiltonia Law Enforcement Service Area
- Oliver Law Enforcement Service Area
- Rocky Ford Law Enforcement Service Area
- Sylvania Law Enforcement Service Area
- County Law Enforcement Service Area
- City Boundaries
- County Boundary

**Draft**



**DISCLAIMER:** This map has been prepared to facilitate public access to information. Data shown is for planning purposes only and its accuracy is NOT warranted. CGRDC assumes no liability for the quality, content, accuracy or completeness of the information and other items contained in this map. Individuals are advised to independently verify information before use.



**SERVICE DELIVERY STRATEGY**

# FORM 2: Summary of Service Delivery Arrangements

**Instructions:**

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

COUNTY: SCREVEN

Service: *Library*

1. Check the box that best describes the agreed upon delivery arrangement for this service:

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

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

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

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

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

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

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

**No**

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

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

## SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Screven County	General Fund
City of Sylvania	General Fund

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

The Sylvania Branch of the Jenkins-Screven Regional Library will be funded under an agreement between the City of Sylvania and Screven County. Contribution levels are adjusted annually according to the terms of the agreement.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>
Financial support of the	Screven County	July 1, 1999 - June 30, 2049
Jenkins-Screven Regional	City of Sylvania	
Library		

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: **Rick Jordan, County Manager**  
 Phone number: **912-564-7535**      Date completed: 06/24/2014

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:  
**ALTERNATE: STACY MATHIS, CITY MANAGER, CITY OF SYLVANIA, 912-564-7411**

INTERGOVERNMENTAL AGREEMENT BETWEEN  
SCREVEN COUNTY, GEORGIA  
AND  
THE CITY OF SYLVANIA, GEORGIA  
FOR THE  
FINANCIAL SUPPORT OF THE JENKINS-SCREVEN REGIONAL LIBRARY

WHEREAS, the respective member governments of Screven County (Board of Commissioners) and the City of Sylvania (Mayor and Council) have, pursuant to Georgia Laws and Acts, prepared and adopted a joint county-wide Comprehensive Plan and Service Delivery Strategy; and,

WHEREAS, the Comprehensive Plan, as duly amended, and Service Delivery Strategy was developed jointly and requires joint financial support of the Jenkins-Screven Regional Library (herein, the "Library") at a level to be determined annually by a joint resolution of the City and County; and,

WHEREAS, it is the intent of the respective governments party to this agreement to establish a means of determining their individual financial support of the Library, so as to meet both the requirements of law and the spirit of cooperation and coordination contemplated by the Georgia Service Delivery Act; and,

WHEREAS, the parties are authorized pursuant to the Intergovernmental Contracts provision of the Georgia Constitution, Article 9, Section III, Paragraph 1, to contract with each other for a period not exceeding fifty (50) years;

NOW, THEREFORE, for and in consideration of the mutual and reciprocal benefits enuring to each of the parties, the City of Sylvania, Georgia (herein, the "City") and Screven County, Georgia (herein, the "County") contract and agree as follows:

1. Funding. The total contribution of the parties to the Library shall be determined by a joint meeting of the governing bodies to be held in April of each year. For the current fiscal year, July 1, 1999, through June 30, 2000, the total financial support to the Library shall be \$169,976.00.

2. Contribution of the Parties. For the period beginning July 1, 1999, through June 30, 2000, the City shall contribute forty-one and 25/100 percent (41.25%) of the total contribution of the parties and the County shall contribute fifty-eight and 75/100 percent (58.75%).

3. Adjustment of Contribution Levels. Over the next four years, in as nearly equal increments as is practicable, the City's portion of the total support of the Library shall be

reduced as compared to the County's contribution so that in the County's fiscal year, beginning July 1, 2003, and ending June 30, 2004, and thereafter, the City's contribution is twenty-one percent (21%) of the total, or such other percentage as may be calculated, based upon more recent or accurate population data, by dividing the total population of the City by the total population of the County, and the result being expressed as a percentage.

4. Term. This agreement shall be effective as of July 1, 1999, and the initial term shall expire on June 30, 2004. Thereafter, the agreement shall automatically renew for successive one year periods unless terminated by either party in writing on or before March 31, 2004, or on or before March 31 in any subsequent year, which termination shall be effective for the succeeding fiscal year. In any event, this agreement shall terminate, if not sooner terminated, on June 30, 2049.

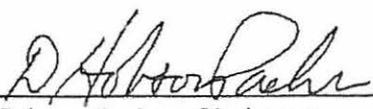
5. Merger. This writing constitutes the entire agreement by and between the parties regarding the funding of the Jenkins-Screven Regional Library. Amendment, additions or deletions shall be in writing and dated subsequent to this writing to be enforceable.

6. Severance. In the event a court of competent jurisdiction declares any part or parts of this agreement to be unlawful or unenforceable, such part or parts shall be severed from the agreement and the remaining part or parts shall remain enforceable in order to carry out the original purposes and intent of this agreement to the extent reasonably practicable.

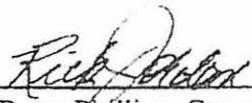
**IN WITNESS WHEREOF** the undersigned parties have, by and through their duly designated officials, executed the same and affixed their seals on the \_\_\_\_\_ day of October, 1999.

Screven County, Georgia

By:

  
\_\_\_\_\_  
D. Hobson Parker, Chairman  
Board of Commissioners

Attest:

  
\_\_\_\_\_  
~~Betty Phillips, County Clerk~~  
Rick Jordan

**SIGNATURES CONTINUE ON FOLLOWING PAGE**

The City of Sylvania, Georgia

By:   
Carter Crawford, City Administrator

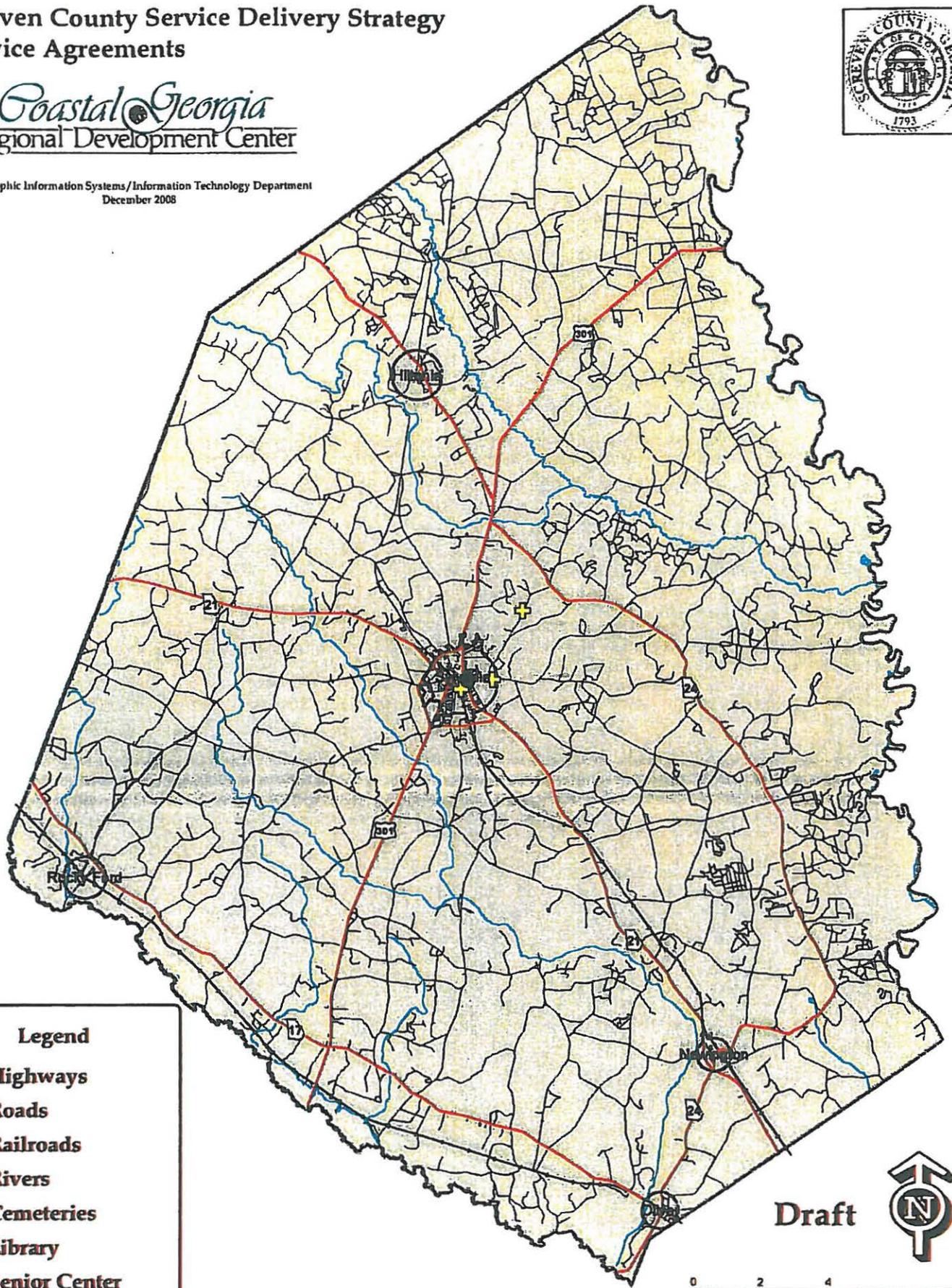
Attest:   
Judy O. Hill, City Clerk

# Screven County Service Delivery Strategy Service Agreements



*Coastal Georgia*  
Regional Development Center

Geographic Information Systems/Information Technology Department  
December 2008



**Legend**

- Highways
- Roads
- Railroads
- Rivers
- + Cemeteries
- ▲ Library
- Senior Center
- City Boundaries
- County Boundary

Draft



DISCLAIMER: This map has been prepared to facilitate public access to information. Data shown is for planning purposes only and its accuracy is NOT warranted. CGRDC assumes no liability for the quality, content, accuracy or completeness of the information and other items contained in this map. Individuals are advised to independently verify information before use.



**SERVICE DELIVERY STRATEGY**

# FORM 2: Summary of Service Delivery Arrangements

**Instructions:**

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

COUNTY: SCREVEN

Service: *Planning and Zoning*

1. Check the box that best describes the agreed upon delivery arrangement for this service:

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

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

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

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

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

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

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

**No**

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

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

**SDS FORM 2, continued**

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Screven County	User Fees and General Fund
City of Sylvania	User Fees and General Fund
Town of Newington	General Fund

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

There are no plans to alter this service.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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: **Rick Jordan, County Manager**  
 Phone number: **912-564-7535**      Date completed: 06/24/2014

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

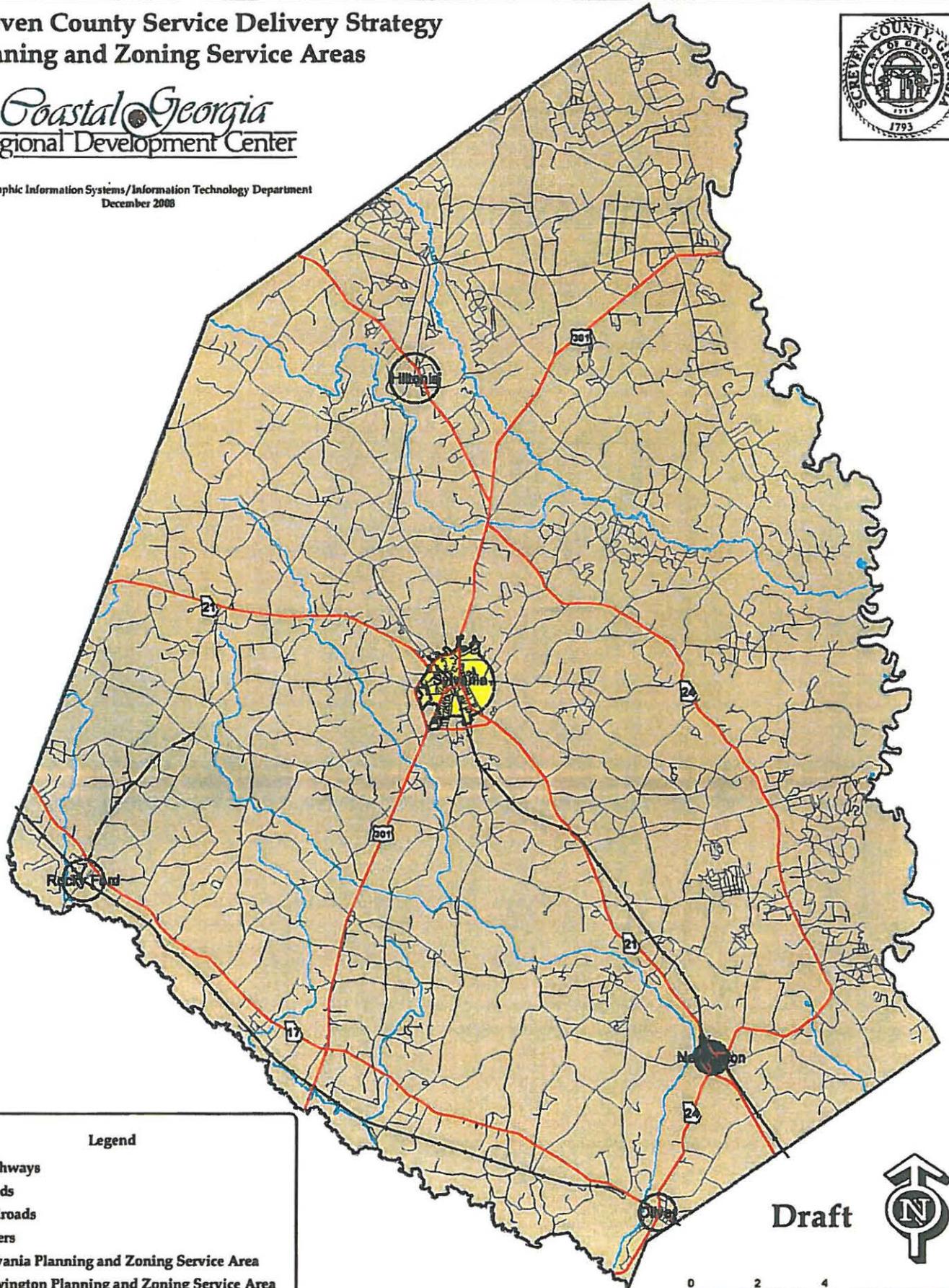
If not, provide designated contact person(s) and phone number(s) below:  
**ALTERNATE: STACY MATHIS, CITY MANAGER, CITY OF SYLVANIA, 912-567-7411**

# Scriven County Service Delivery Strategy Planning and Zoning Service Areas



*Coastal Georgia*  
Regional Development Center

Geographic Information Systems/Information Technology Department  
December 2008



**Legend**

- Highways
- Roads
- Railroads
- Rivers
- Sylvania Planning and Zoning Service Area
- Newington Planning and Zoning Service Area
- County Planning and Zoning Service Area
- City Boundaries
- County Boundary

Draft



**DISCLAIMER:** This map has been prepared to facilitate public access to information. Data shown is for planning purposes only and its accuracy is NOT warranted. CGRDC assumes no liability for the quality, content, accuracy or completeness of the information and other items contained in this map. Individuals are advised to independently verify information before use.



**SERVICE DELIVERY STRATEGY**

**FORM 2: Summary of Service Delivery Arrangements**

**Instructions:**

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

COUNTY: SCREVEN

Service: *Public Water/Supply Treatment*

1. Check the box that best describes the agreed upon delivery arrangement for this service:

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

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

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

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

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

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

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

**No**

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

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

## SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
City of Sylvania	Enterprise Fund, User Fees
City of Oliver	Enterprise Fund, User Fees
Town of Newington	Enterprise Fund, User Fees
Town of Hiltonia	Enterprise Fund, User Fees
Town of Rocky Ford	Enterprise Fund, User Fees

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

The City of Sylvania will provide water and sewer to the Industrial Park.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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: **Rick Jordan, County Manager**  
 Phone number: **912-564-7535**      Date completed: 06/25/2014

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

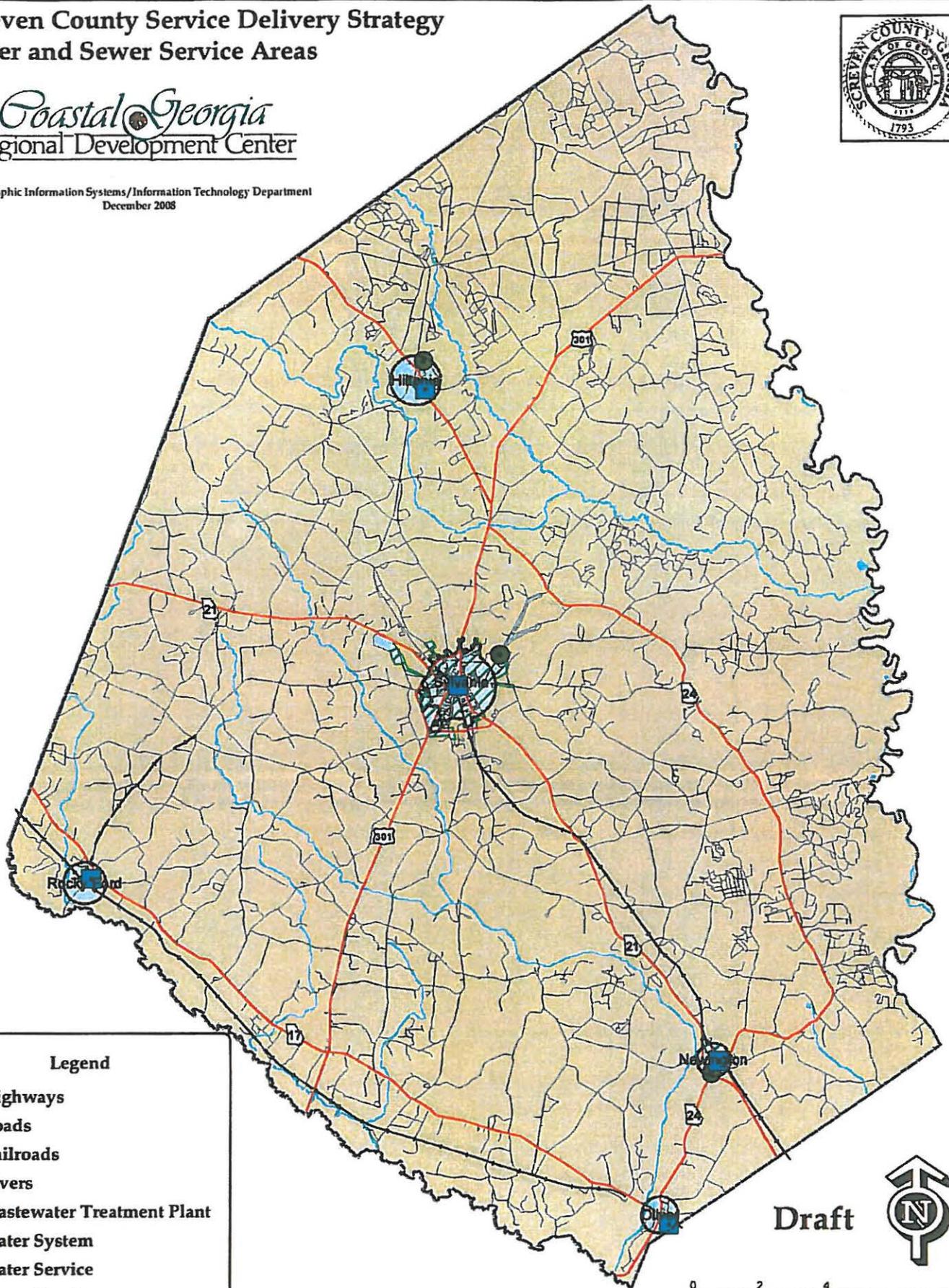
If not, provide designated contact person(s) and phone number(s) below:  
**ALTERNATE: STACY MATHIS, CITY MANAGER, CITY OF SYLVANIA, 912-564-7411**

# Screven County Service Delivery Strategy Water and Sewer Service Areas



*Coastal Georgia*  
Regional Development Center

Geographic Information Systems/Information Technology Department  
December 2008



**Legend**

- Highways
- Roads
- Railroads
- Rivers
- Wastewater Treatment Plant
- Water System
- Water Service
- Sewer Service
- City Boundaries
- County Boundary

Draft



**DISCLAIMER:** This map has been prepared to facilitate public access to information. Data shown is for planning purposes only and its accuracy is NOT warranted. CGRDC assumes no liability for the quality, content, accuracy or completeness of the information and other items contained in this map. Individuals are advised to independently verify information before use.

# Screven County Service Delivery Strategy Water and Sewer Service Areas - Hiltonia

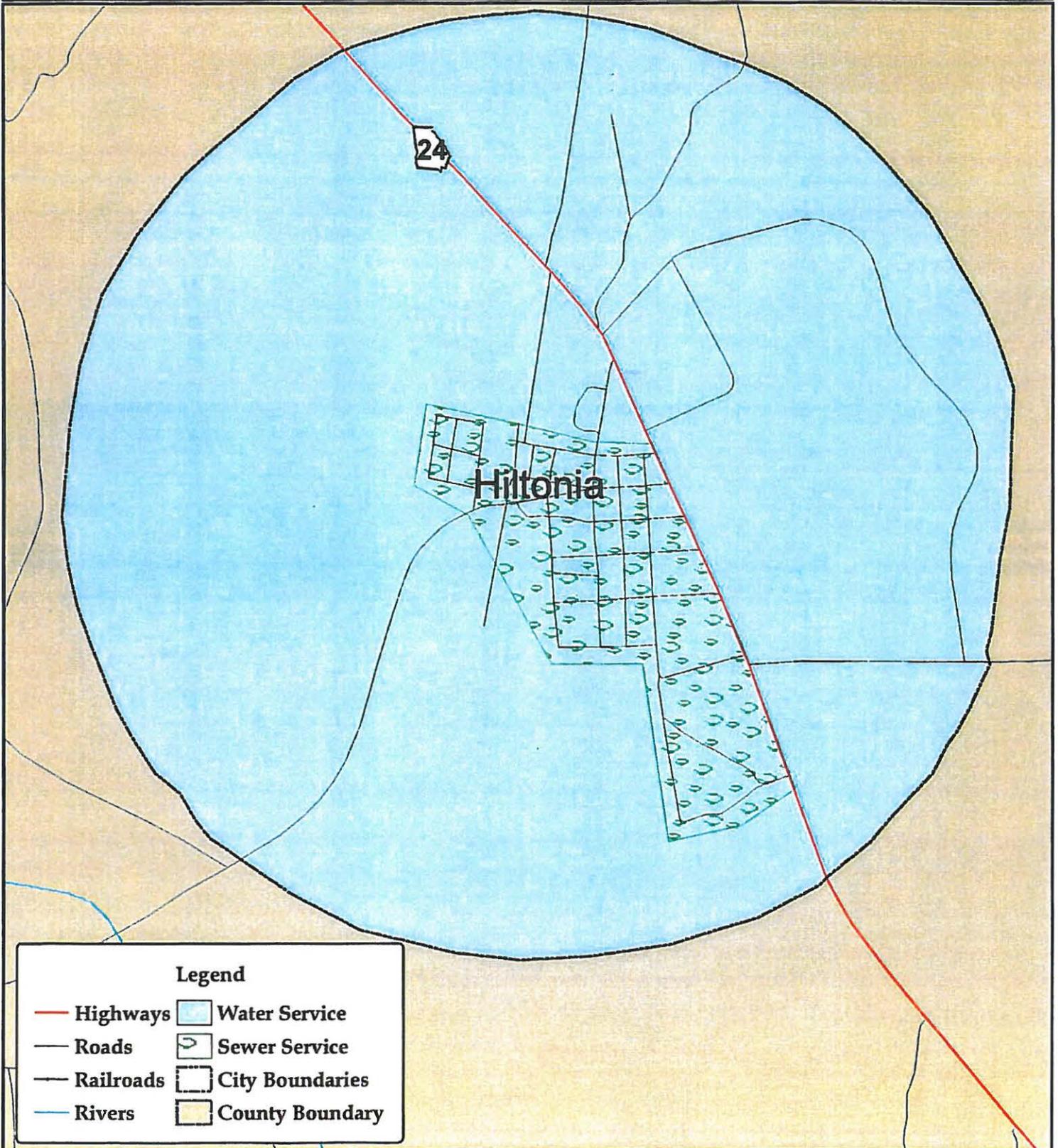
*Coastal Georgia*  
Regional Development Center

Geographic Information Systems/Information Technology Department  
December 2008



**Draft**

**DISCLAIMER:** This map has been prepared to facilitate public access to information. Data shown is for planning purposes only and its accuracy is NOT warranted. CGRDC assumes no liability for the quality, content, accuracy or completeness of the information and other items contained in this map. Individuals are advised to independently verify information before use.



# Screven County Service Delivery Strategy Water and Sewer Service Areas - Newington

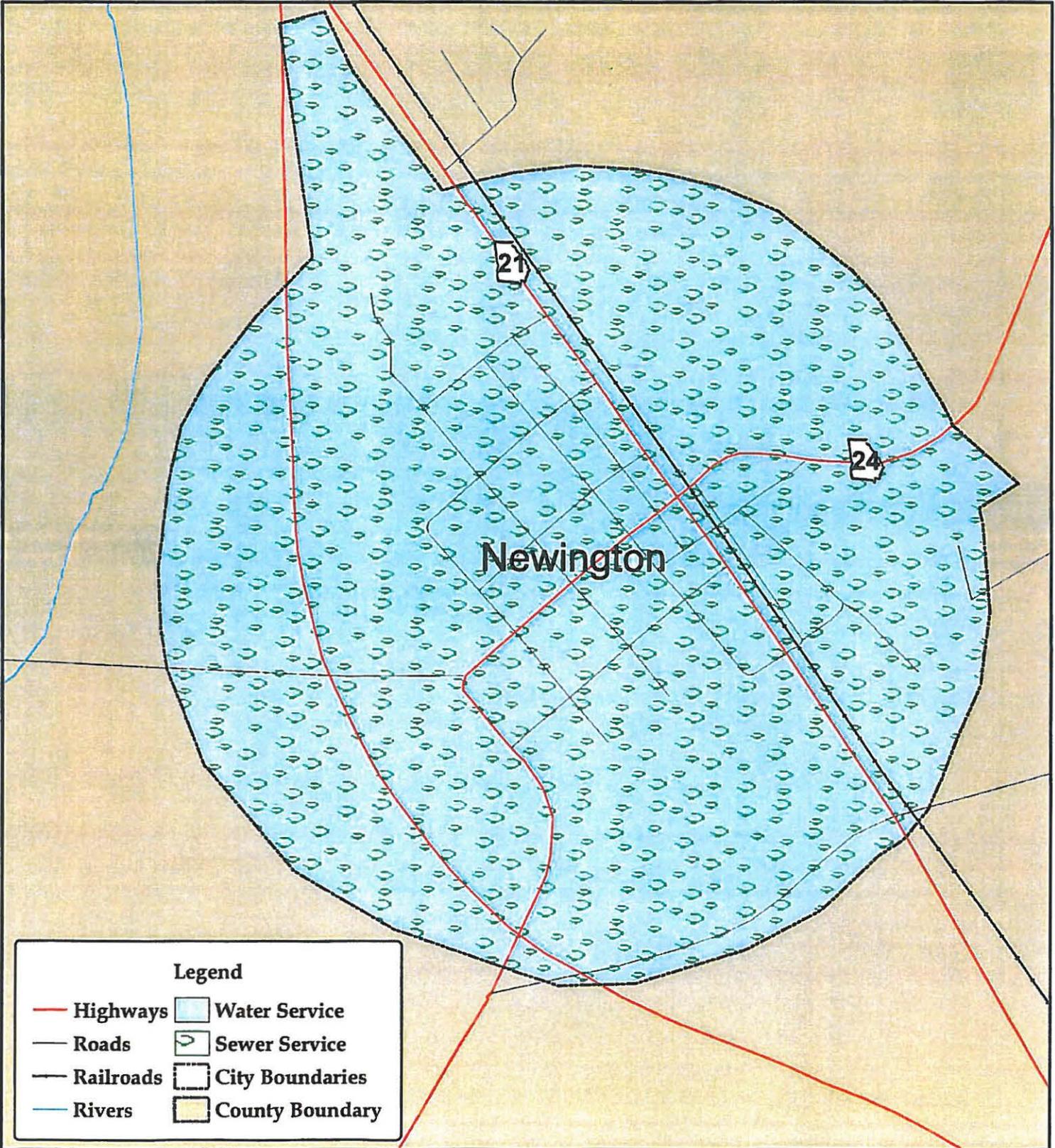
*Coastal Georgia*  
Regional Development Center

Geographic Information Systems/Information Technology Department  
December 2008



Draft

DISCLAIMER: This map has been prepared to facilitate public access to information. Data shown is for planning purposes only and its accuracy is NOT warranted. CGRDC assumes no liability for the quality, content, accuracy or completeness of the information and other items contained in this map. Individuals are advised to independently verify information before use.



**Legend**

Highways	Water Service
Roads	Sewer Service
Railroads	City Boundaries
Rivers	County Boundary

# Screven County Service Delivery Strategy Water and Sewer Service Areas - Oliver

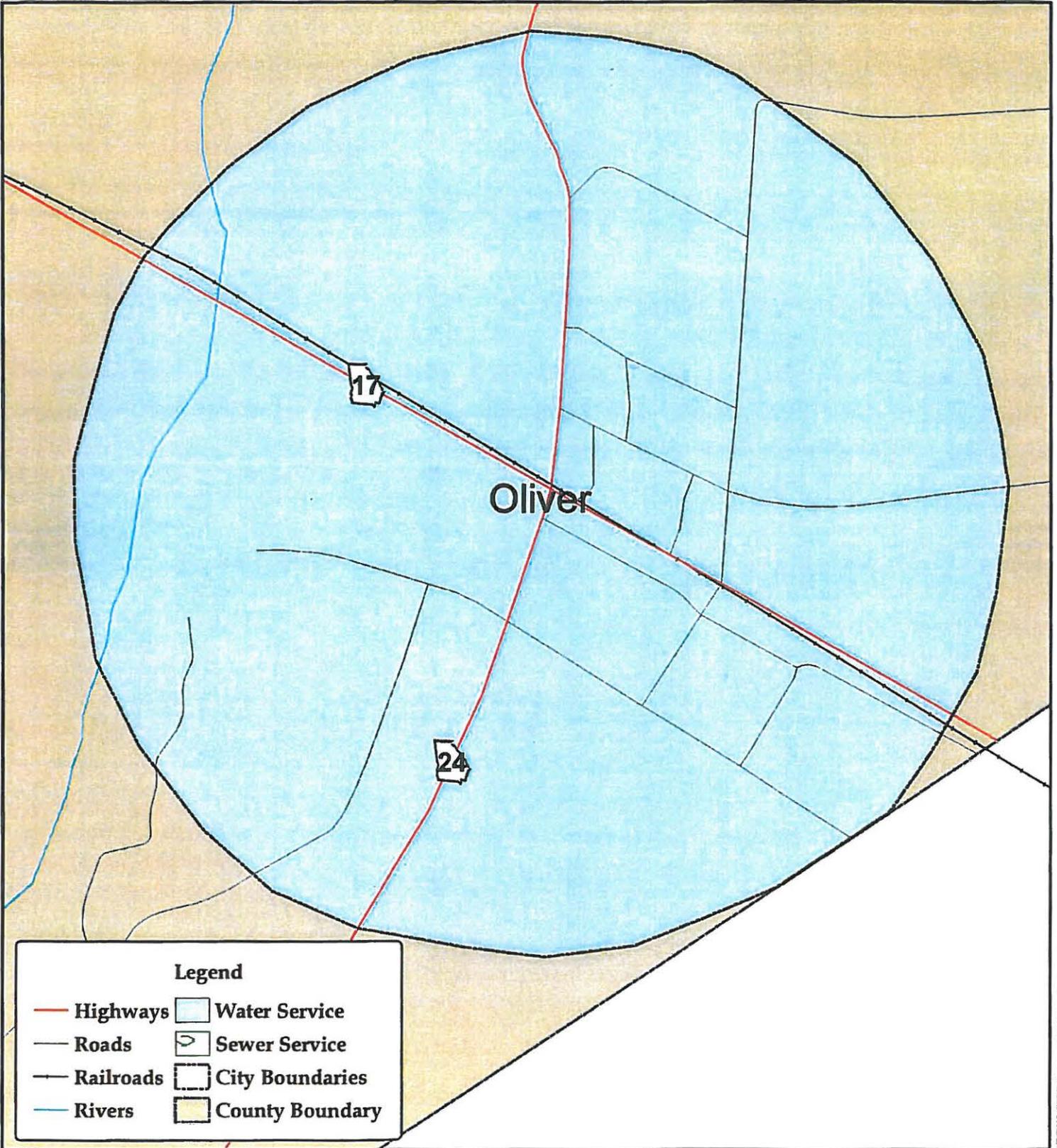
*Coastal Georgia*  
Regional Development Center

Geographic Information Systems/Information Technology Department  
December 2008



Draft

DISCLAIMER: This map has been prepared to facilitate public access to information. Data shown is for planning purposes only and its accuracy is NOT warranted. CGRDC assumes no liability for the quality, content, accuracy or completeness of the information and other items contained in this map. Individuals are advised to independently verify information before use.



# Screven County Service Delivery Strategy Water and Sewer Service Areas - Rocky Ford

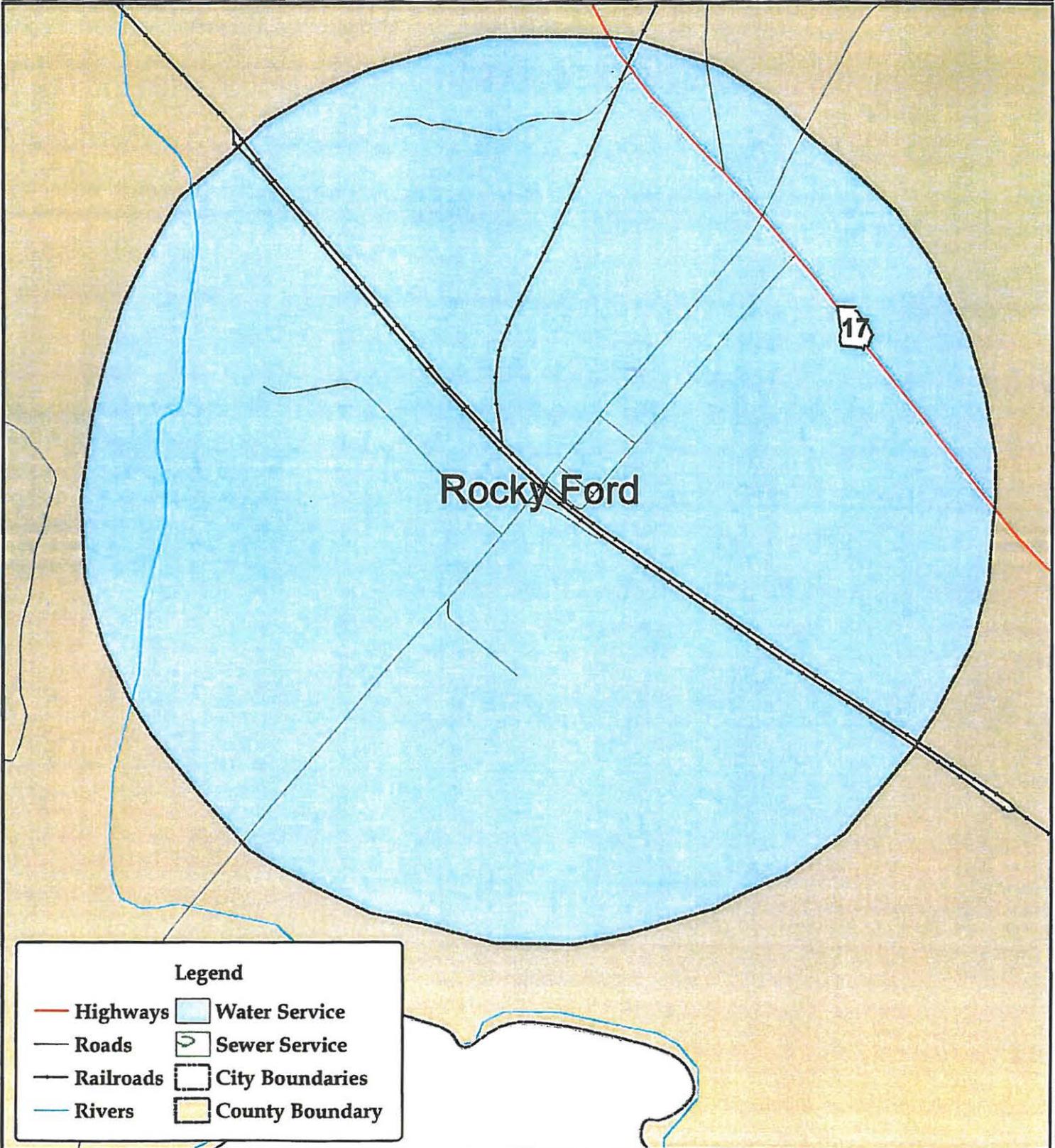
*Coastal Georgia*  
Regional Development Center

Geographic Information Systems/Information Technology Department  
December 2008



**Draft**

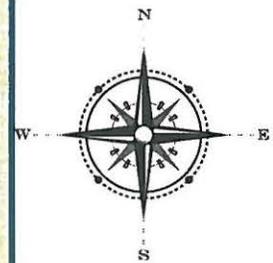
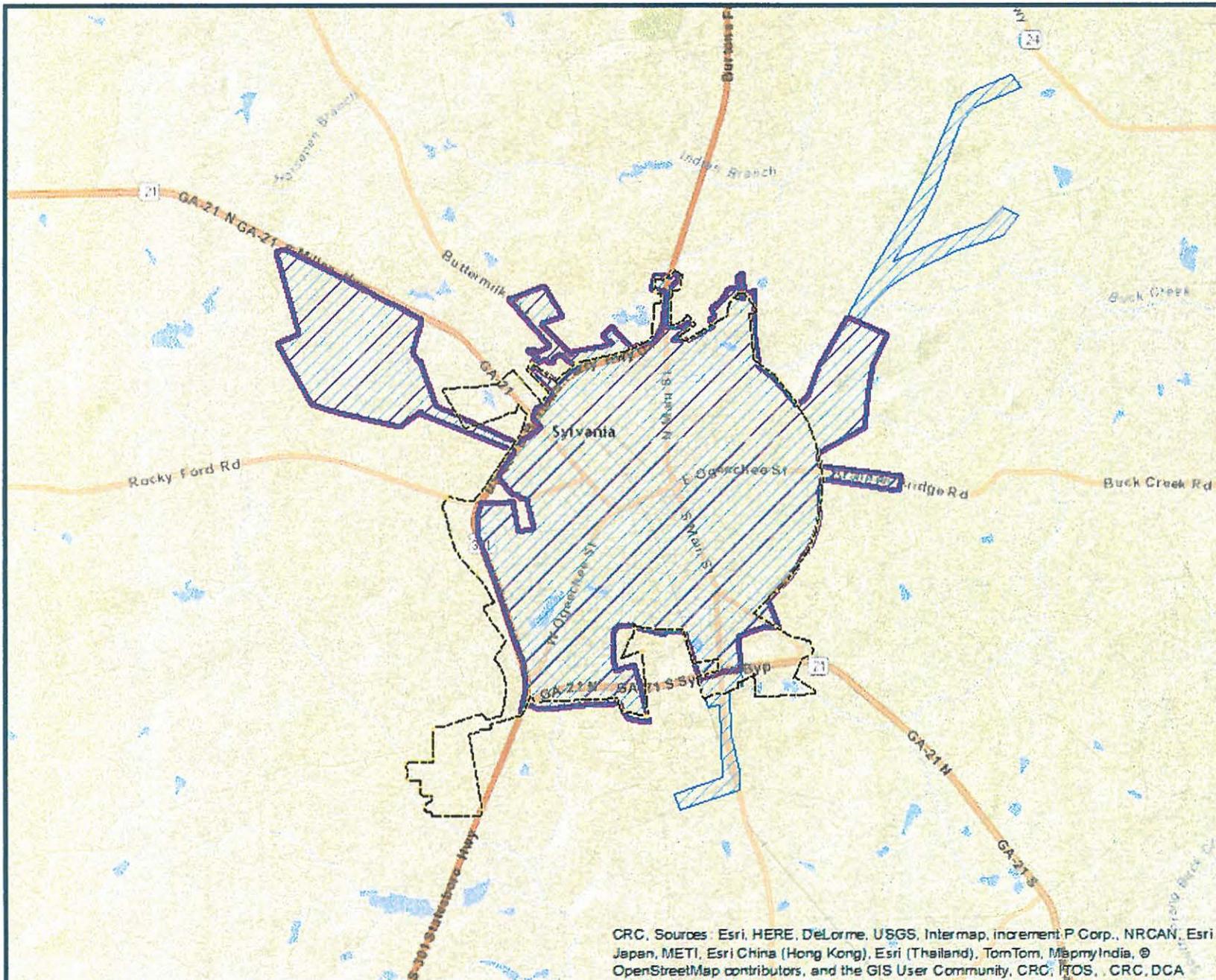
**DISCLAIMER:** This map has been prepared to facilitate public access to information. Data shown is for planning purposes only and it's accuracy is NOT warranted. CGRDC assumes no liability for the quality, content, accuracy or completeness of the information and other items contained in this map. Individuals are advised to independently verify information before use.



**Legend**

Highways	Water Service
Roads	Sewer Service
Railroads	City Boundaries
Rivers	County Boundary

Service Delivery Strategy  
Water and Sewer Service Areas—Sylvania



-  Water Service Areas
-  Sewer Service Areas

CRC. Sources: Esri, HERE, DeLorme, USGS, Intermap, increment P Corp., NRCAN, Esri Japan, METI, Esri China (Hong Kong), Esri (Thailand), TomTom, MapmyIndia, © OpenStreetMap contributors, and the GIS User Community, CRC, ITOS, CRC, DCA



**SERVICE DELIVERY STRATEGY**

# FORM 2: Summary of Service Delivery Arrangements

**Instructions:**

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

COUNTY: SCREVEN

Service: Recreation

1. Check the box that best describes the agreed upon delivery arrangement for this service:

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): **Screven County provides financial support/services of Recreation Department for all cities and unincorporated areas of the County.**

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

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

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

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

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

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

**No**

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

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

**SDS FORM 2, continued**

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Screven County	General Fund, SPLOST

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

The revised agreement absolves the City of Sylvania from an financial contributions to the Screven County Recreation Department.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>
Screven County Recreation	Screven County/City of Sylvania	May 13,2003

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: **Rick Jordan, County Manager**  
 Phone number: **912-564-7535**      Date completed: 06/25/2014

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:  
**ALTERNATE: STACY MATHIS, CITY MANAGER, CITY OF SYLVANIA, 912-564-7411**

GEORGIA, SCREVEN COUNTY

AMENDMENT TO INTERGOVERNMENTAL AGREEMENT  
BETWEEN SCREVEN COUNTY, GEORGIA AND  
THE CITY OF SYLVANIA, GEORGIA  
FOR THE FINANCIAL SUPPORT OF THE  
SCREVEN COUNTY RECREATION DEPARTMENT

W I T N E S S E T H :

WHEREAS, Screven County, Georgia and the City of Sylvania, Georgia entered into an Intergovernmental Agreement For The Financial Support of the Screven County Recreation Department in October, 1999, a copy of which is attached hereto as Exhibit "A", and is made a part hereof; and

WHEREAS, the Screven County Board of Commissioners has determined that Screven County, Georgia shall take over the funding and operation of the Screven County Recreation Department; and

WHEREAS, as a result, the City of Sylvania shall no longer provide funding for the Screven County Recreation Department pursuant to the above-referenced agreement; and

WHEREAS, the parties are desirous of amending said agreement pursuant to O. C. G. A. § 36-70-28(b)(2) in order to terminate said agreement effective June 30, 2003.

NOW THEREFORE, for and in consideration of the mutual and reciprocal benefits flowing to each of the

parties hereto, the parties do contract and agree as follows:

-1-

Paragraph 4 of the Intergovernmental Agreement Between Screven County, Georgia And The City of Sylvania, Georgia For The Financial Support Of The Screven County Recreation Department is hereby amended by deleting Paragraph 4 in its entirety, and adding the following:

-4-

This agreement shall terminate effective June 30, 2003.

IN WITNESS WHEREOF, the undersigned parties have, by and through their duly designated officials, executed the same and affixed their seals on the 13<sup>th</sup> day of MAY, 2003.

SCREVEN COUNTY, GEORGIA

BY: G. C. Warren (SEAL)  
Chairman

ATTEST: Rick Jones (SEAL)  
County Clerk ~~MANAGER~~

Signed, sealed and delivered in the presence of:

Murray Evans  
Unofficial Witness

[Signature]  
Notary Public

My Commission Expires: 6-15-06



GEORGIA, SCREVEN COUNTY

RESOLUTION OF THE MAYOR AND COUNCIL OF THE  
CITY OF SYLVANIA TO AUTHORIZE EXECUTION OF  
CONTRACT AMENDING RECREATION CONTRACT WITH COUNTY

BE IT RESOLVED by the Mayor and Council of the  
City of Sylvania, Georgia, and it is hereby resolved by  
authority of the same, that the City Manager is authorized  
to execute that certain Amendment To The Intergovernmental  
Agreement Between Screven County, Georgia and The City of  
Sylvania, Georgia For The Financial Support Of the Screven  
County Recreation Department dated October, 1999, the  
effect of said Amendment being to terminate said Agreement  
effective June 30, 2003.

This 20th day of May, 2003.

CITY OF SYLVANIA, GEORGIA

BY: Margaret J Evans (SEAL)  
Mayor

ATTEST: Judith O'Brien (SEAL)  
Clerk

Signed, sealed and delivered  
in the presence of:

Cathy H. Lee  
Unofficial Witness

Poppy C. Sewell  
Notary Public

My Commission Expires: Notary Public, Screven County, Georgia  
My Commission Expires October 8, 2006

INTERGOVERNMENTAL AGREEMENT BETWEEN  
SCREVEN COUNTY, GEORGIA  
AND  
THE CITY OF SYLVANIA, GEORGIA  
FOR THE  
FINANCIAL SUPPORT OF THE  
SCREVEN COUNTY RECREATION DEPARTMENT

**WHEREAS**, the respective member governments of Screven County (Board of Commissioners) and the City of Sylvania (Mayor and Council) have, pursuant to Georgia Laws and Acts, prepared and adopted a joint county-wide Comprehensive Plan and Service Delivery Strategy; and,

**WHEREAS**, the Comprehensive Plan, as duly amended, and Service Delivery Strategy were developed jointly and require joint financial support of the Screven County Recreation Department (herein, the "Recreation Department") at a level to be determined annually by a joint resolution of the City and County; and,

**WHEREAS**, it is the intent of the respective governments, as parties to this agreement, to establish a means of determining their individual financial support of the Recreation Department, so as to meet both the requirements of law and the spirit of cooperation and coordination contemplated by the Georgia Service Delivery Act; and,

**WHEREAS**, the parties are authorized pursuant to the Intergovernmental Contracts provision of the Georgia Constitution, Article 9, Section III, Paragraph 1, to contract with each other for a period not exceeding fifty (50) years;

**NOW, THEREFORE**, for and in consideration of the mutual and reciprocal benefits enuring to each of the parties, the City of Sylvania, Georgia (herein, the "City") and Screven County, Georgia (herein, the "County") contract and agree as follows:

1. Funding. The total contribution of the parties to the Recreation Department shall be determined by a joint meeting of the governing bodies to be held in April of each year. For the county's current fiscal year, beginning July 1, 1999, through June 30, 2000, the total financial support to the Recreation Department shall be \$236,521.00.

2. Contribution of the Parties. For the period beginning July 1, 1999, through June 30, 2000, the City shall contribute forty-six and five tenths percent (46.5%) of the total contribution of the parties and the County shall contribute fifty-three and five tenths percent (53.5%).

"Exhibit A"

3. Adjustment of Contribution Levels. Over the next four years, in as nearly equal increments as is practicable, the City's portion of the total contribution shall be reduced as compared to the County's contribution so that in the County's fiscal year beginning July 1, 2003, and ending June 30, 2004, and thereafter, the City's contribution is twenty-one percent (21%) of the total, or such other percentage as may be calculated, based upon more recent or accurate population data, by dividing the total population of the City by the total population of the County, and the result being expressed as a percentage.

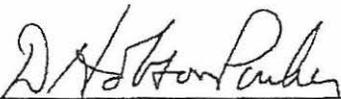
4. Term. This agreement shall be effective as of July 1, 1999, and the initial term shall expire on June 30, 2004. Thereafter, the agreement shall automatically renew for successive one year periods unless terminated by either party in writing on or before March 31, 2004, or on or before March 31 in any subsequent year, which termination shall be effective for the succeeding fiscal year. In any event, this agreement shall terminate, if not sooner terminated, on June 30, 2049.

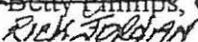
5. Merger. This writing constitutes the entire agreement by and between the parties regarding the funding of the Screven County Recreation Department. Amendments, additions or deletions shall be in writing and dated subsequent to this writing to be enforceable.

6. Severance. In the event a court of competent jurisdiction declares any part or parts of this agreement to be unlawful or unenforceable, such part or parts shall be severed from the agreement and the remaining part or parts shall remain enforceable in order to carry out the original purposes and intent of this agreement to the extent reasonably practicable.

IN WITNESS WHEREOF the undersigned parties have, by and through their duly designated officials, executed the same and affixed their seals on the \_\_\_\_\_ day of October, 1999.

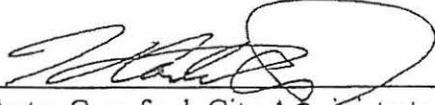
Screven County, Georgia

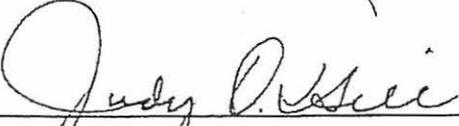
By:   
D. Hobson Parker, Chairman  
Board of Commissioners

Attest:   
~~Betty Phillips, County Clerk~~  


SIGNATURES CONTINUE ON FOLLOWING PAGE

The City of Sylvania, Georgia

By:   
Carter Crawford, City Administrator

Attest:   
Judy O. Hill, City Clerk



**SERVICE DELIVERY STRATEGY**

# FORM 2: Summary of Service Delivery Arrangements

**Instructions:**

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

<b>COUNTY:SCREVEN</b>	<b>Service:Roads, Streets, Bridge Construction</b>
-----------------------	--

1. Check the box that best describes the agreed upon delivery arrangement for this service:

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

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

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

One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):  **Screven County, Cities of Sylvania and Oliver, Town of Hiltonia, Newington and Rocky Ford**

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

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

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

**No**

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

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

**SDS FORM 2, continued**

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Screven County	General Fund - SPLOST
Cities of Sylvania and Oliver	General Funds
Towns of Hiltonia, Newington and Rocky Ford	General Funds

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

There are no plans to alter this service.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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: **Rick Jordan, County Manager**  
 Phone number: **912-564-7535**      Date completed: 06/25/2014

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:  
**ALTERNATE: STACY MATHIS, CITY MANAGER, CITY OF SYLVANIA, 912-564-7411**



**SERVICE DELIVERY STRATEGY**

**FORM 2: Summary of Service Delivery Arrangements**

**Instructions:**

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

COUNTY: SCREVEN

Service: Roads, Streets and Bridge Maintenance

1. Check the box that best describes the agreed upon delivery arrangement for this service:

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

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

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

One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.): **Screven County, Cities of Sylvania and Oliver, Town of Hiltonia, Newington and Rocky Ford**

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

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

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

**No**

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

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

## SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Screven County	General Fund
Cities of Sylvania	General Fund
Towns of Hiltonia, Newington and Rocky Ford	General Fund

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

There are no plans to alter this service.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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: **Rick Jordan, County Manager**  
 Phone number: **912-564-7535**      Date completed: 06/25/2014

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:  
**ALTERNATE: STACY MATHIS, CITY MANAGER, CITY OF SYLVANIA, 912-564-7411**



**SERVICE DELIVERY STRATEGY**

**FORM 2: Summary of Service Delivery Arrangements**

**Instructions:**

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

COUNTY: SCREVEN

Service: *Senior Citizen Center*

1. Check the box that best describes the agreed upon delivery arrangement for this service:

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): **Senior Citizen Center: Sylvania/Screven County**

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

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

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

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

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

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

**No**

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

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

**SDS FORM 2, continued**

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Screven County	General Fund
City of Sylvania	General Fund

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

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>
Senior Citizen Center Service Agreement	Screven County/City of Sylvania	March 31, 2000

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: **Rick Jordan, County Manager,**  
 Phone number: **912-564-7535**      Date completed: 06/25/2014

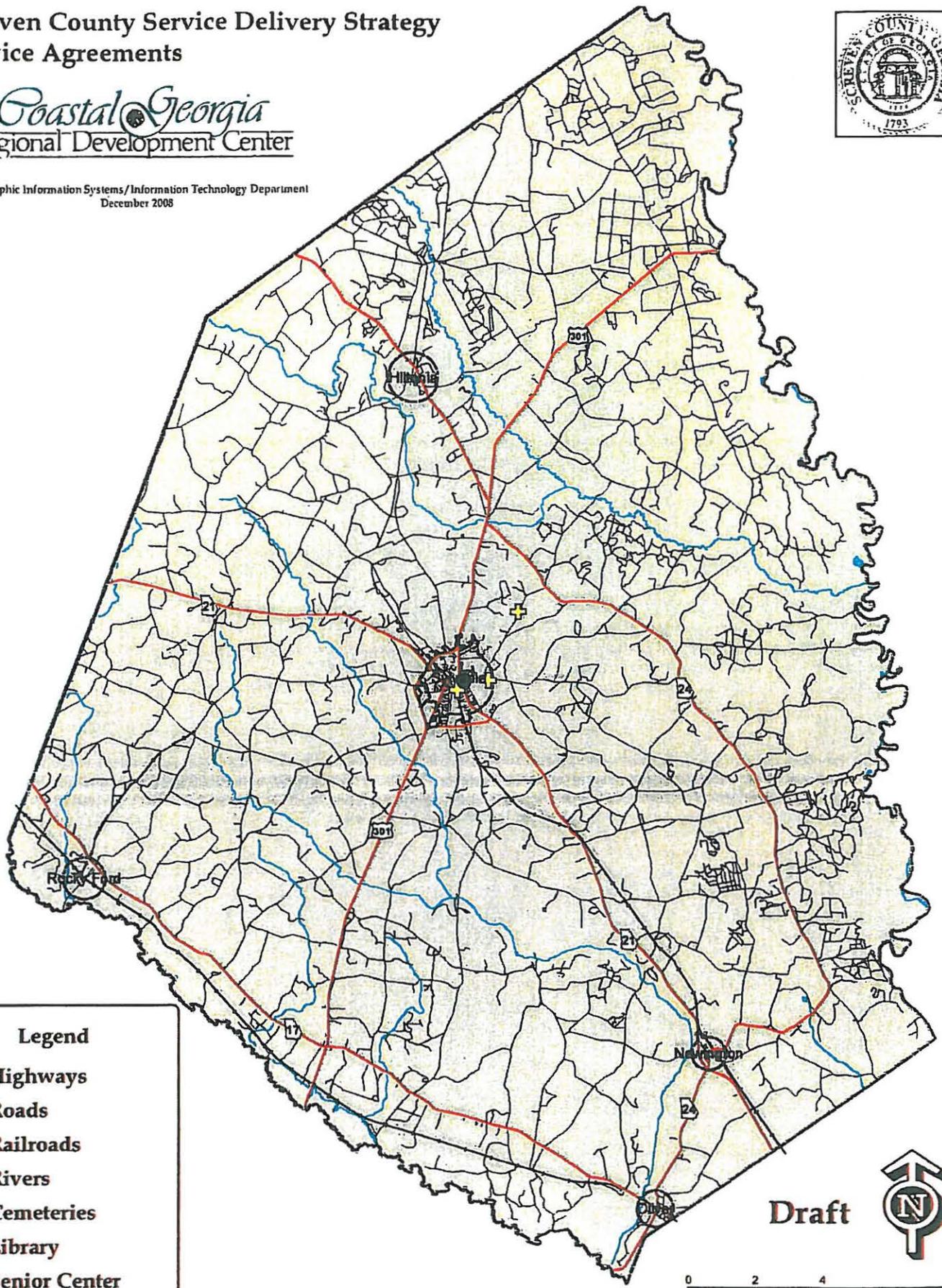
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy?  Yes  No

If not, provide designated contact person(s) and phone number(s) below:  
**ALTERNATE: STACY MATHIS, CITY MANAGER, CITY OF SYLVANIA, 912-564-7411**

# Screven County Service Delivery Strategy Service Agreements

*Coastal Georgia*  
Regional Development Center

Geographic Information Systems/Information Technology Department  
December 2008



### Legend

-  Highways
-  Roads
-  Railroads
-  Rivers
-  Cemeteries
-  Library
-  Senior Center
-  City Boundaries
-  County Boundary



Draft

DISCLAIMER: This map has been prepared to facilitate public access to information. Data shown is for planning purposes only and its accuracy is NOT warranted. CGRDC assumes no liability for the quality, content, accuracy or completeness of the information and other data contained in this map. Individuals are advised to independently verify information before use.

GEORGIA, SCREVEN COUNTY

INTERGOVERNMENTAL AGREEMENT BETWEEN SCREVEN COUNTY, GEORGIA  
AND THE CITY OF SYLVANIA, GEORGIA, FOR THE FINANCIAL  
SUPPORT OF THE SCREVEN COUNTY SENIOR  
CITIZENS CENTER

WHEREAS, the respective member governments of Screven County (Board of Commissioners) and the City of Sylvania (Mayor and Council) have, pursuant to Georgia Laws and Acts, prepared and adopted a joint county-wide Comprehensive Plan and Service Delivery Strategy; and

WHEREAS, the Comprehensive Plan, as duly amended, and Service Delivery Strategy was developed jointly and requires joint financial support of the Screven County Senior Citizens Center (herein, the "Center") at a level to be determined annually by a joint resolution of the City and County; and

WHEREAS, it is the intent of the respective governments party to this agreement to establish a means of determining their individual financial support of the Screven County Senior Citizens Center, so as to meet both the requirements of law and the spirit of cooperation and coordination contemplated by the Georgia Service Delivery Act; and

WHEREAS, each of the parties hereto are authorized under the Intergovernmental Contracts Provision of the Georgia Constitution, Article 9, Sec. III, Paragraph 1, to contract with each other for a period not exceeding fifty (50) years.

NOW THEREFORE, for and in consideration of the mutual and reciprocal benefits inuring to each of the parties hereto, the parties do contract and agree as follows:

1. Advisory Board. There shall be an Advisory Board established by the City and County consisting of 6 members, one-half of which shall be appointed by the City, and one-half of which shall be appointed by the County, which members shall serve at the pleasure of the respective appointing governing bodies.

2. Funding. The total funding for the Center shall be determined by a joint meeting of the governing bodies to be held in October of each year. For the current fiscal year, July 1, 1999, through June 30, 2000, the total financial support to the Center shall be \$ 70,069.

3. Contribution of the Parties. For the period beginning July 1, 1999, through June 30, 2000, and for succeeding fiscal years during the term of this agreement,

and any renewals thereof, the City and County shall each contribute fifty per cent (50%) of the total funding for the Center.

4. Employees. All employees of the Screven County Senior Citizens Center shall be employees of the City, and shall be governed by the Personnel Resolution and Policies of the City.

5. Term. This agreement shall be effective as of January 1, 1999, and the initial term shall expire December 31, 2003. Thereafter, the agreement shall automatically renew for successive one year periods unless terminated by either party in writing on or before March 31, 2003, or on or before March 31<sup>st</sup> in any subsequent year, which termination shall be effective for the succeeding fiscal year (July 1<sup>st</sup> through June 30<sup>th</sup>). In any event, this agreement shall terminate, if not sooner terminated, on December 31, 2048.

5. Merger. This writing constitutes the entire agreement by and between the parties regarding funding of the Center. In any amendment, additions or deletions shall be in writing, and dated subsequent to this writing to be enforceable.

6. Severance. In the event any Court of competent jurisdiction declares any part or parts of this agreement to be unlawful or unenforceable, such parts or parts shall be severed from the agreement, and the remaining part or parts shall remain enforceable in order to carry out the original purposes and intent of this agreement to the extent reasonably practicable.

IN WITNESS WHEREOF, the undersigned parties have, by and through their duly designated officials, executed and affixed their seals effective as of the 1<sup>st</sup> day of April, 1999.

SCREVEN COUNTY, GEORGIA

BY: *D. Hobson Parker*  
D. Hobson Parker, Chairman  
Board of Commissioners

ATTEST: *Rich Jordan*  
~~Betty Phillips, County Clerk~~  
*RICH JORDAN*

CITY OF SYLVANIA, GEORGIA

BY: *[Signature]*  
City Manager

ATTEST: *Judy O'Sullivan*  
City Clerk



**SERVICE DELIVERY STRATEGY**

**FORM 2: Summary of Service Delivery Arrangements**

**Instructions:**

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

COUNTY: SCREVEN

Service: *Solid Waste Collection*

1. Check the box that best describes the agreed upon delivery arrangement for this service:

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

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

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

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

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

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

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

No

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

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

**SDS FORM 2, continued**

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Screven County	User Fees and General Fund
City of Sylvania	User Fees and General Fund

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

There are no plans to alter this service

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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: **Rick Jordan, County Manager**  
 Phone number: **912-564-7535**      Date completed: 06/25/2014

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:  
**ALTERNATE: STACY MATHIS, CITY MANAGER, CITY OF SYLVANIA**

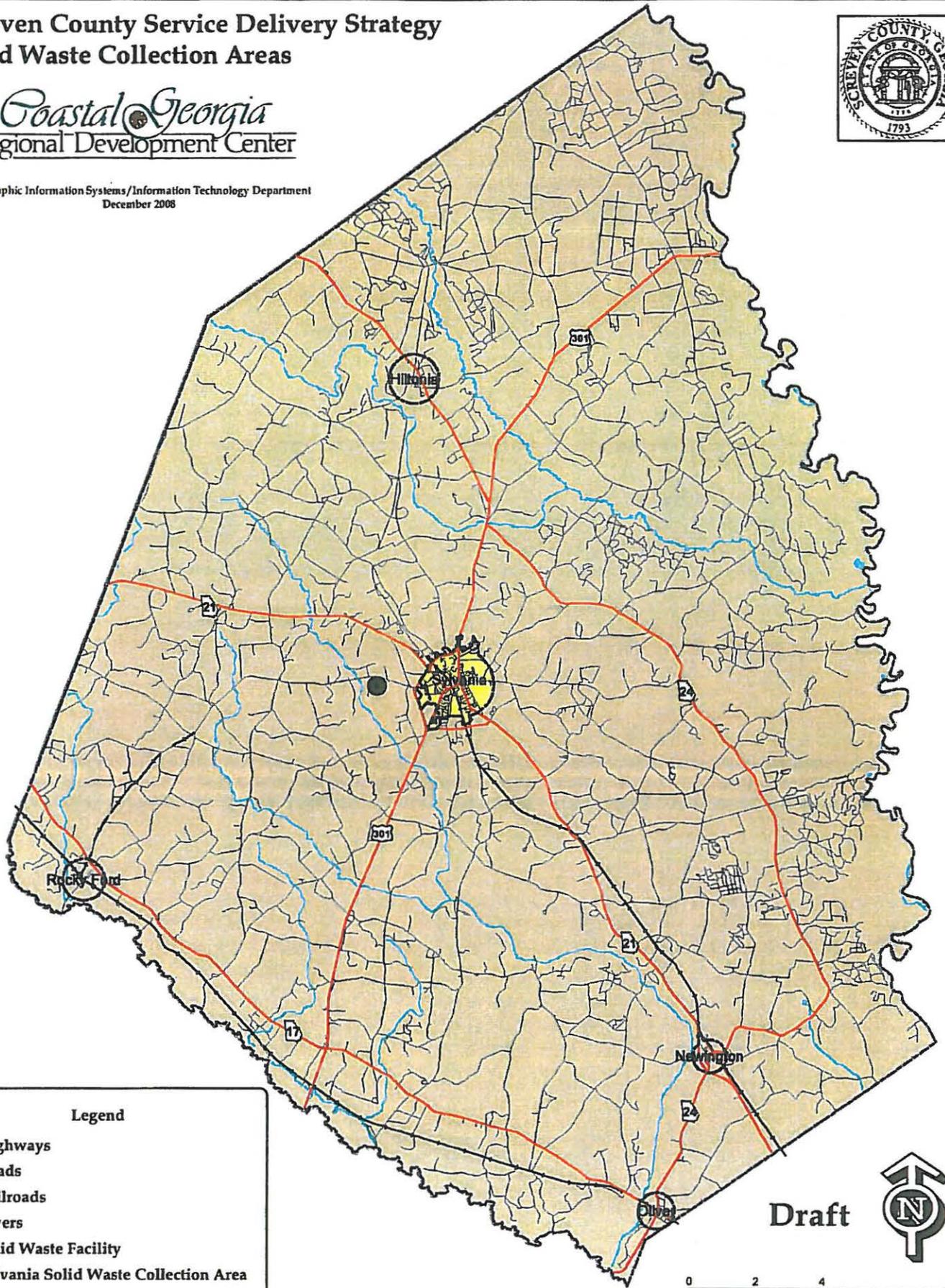
# Screven County Service Delivery Strategy

## Solid Waste Collection Areas



*Coastal Georgia*  
Regional Development Center

Geographic Information Systems/Information Technology Department  
December 2008



### Legend

- Highways
- Roads
- Railroads
- Rivers
- Solid Waste Facility
- Sylvania Solid Waste Collection Area
- County Solid Waste Collection Area
- City Boundaries
- County Boundary

Draft



0 2 4 6  
Miles

**DISCLAIMER:** This map has been prepared to facilitate public access to information. Data shown is for planning purposes only and its accuracy is NOT warranted. CGRDC assumes no liability for the quality, content, accuracy or completeness of the information and other items contained in this map. Individuals are advised to independently verify information before use.



**SERVICE DELIVERY STRATEGY**

**FORM 2: Summary of Service Delivery Arrangements**

**Instructions:**

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

COUNTY: SCREVEN

Service: *Solid Waste Disposal*

1. Check the box that best describes the agreed upon delivery arrangement for this service:

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): **Screven County**

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

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

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

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

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

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

**No**

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

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

**SDS FORM 2, continued**

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Screven County	User Fees, General Fund, SPLOST

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

There are no plans to alter this service.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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: **Rick Jordan, County Manager**  
 Phone number: **912-564-755**      Date completed: 06/26/2014

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:  
**ALTERNATE: STACY MATHIS, CITY MANAGER, CITY OF SYLVANIA, 912-564-7411**



**SERVICE DELIVERY STRATEGY**

**FORM 2: Summary of Service Delivery Arrangements**

**Instructions:**

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

COUNTY: SCREVEN

Service: *Tax Appraisal and Assessment*

1. Check the box that best describes the agreed upon delivery arrangement for this service:

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): **Screven County**

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

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

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

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

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

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

**No**

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

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

**SDS FORM 2, continued**

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Screven County	General Fund

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

There are no plans to alter this service.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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: **Rick Jordan, County Manager**  
 Phone number: **912-564-7535**      Date completed: 06/25/2014

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:  
**ALTERNATE: STACY MATHIS, CITY MANAGER, CITY OF SYLVANIA, 912-564-7411**



**SERVICE DELIVERY STRATEGY**

**FORM 2: Summary of Service Delivery Arrangements**

**Instructions:**

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

<b>COUNTY:SCREVEN</b>	<b>Service:Tax Collection</b>
-----------------------	-------------------------------

1. Check the box that best describes the agreed upon delivery arrangement for this service:

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

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

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

One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.): **Screven County, Cities of Sylvania and Oliver, Towns of Newington and Rocky Ford**

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

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

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

**No**

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

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

**SDS FORM 2, continued**

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Screven County	General Fund
Cities of Sylvania	General Funds
Town of Newington and Rocky Ford	General Funds

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

There are no plans to alter this service

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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: **Rick Jordan, County Manager**  
 Phone number: **912-564-7535**      Date completed: 06/25/2014

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:  
**ALTERNATE: STACY MATHIS, CITY MANAGER, CITY OF SYLVANIA, 912-564-7411**



**SERVICE DELIVERY STRATEGY**

**FORM 2: Summary of Service Delivery Arrangements**

**Instructions:**

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

COUNTY: SCREVEN

Service: *Voter Registration*

1. Check the box that best describes the agreed upon delivery arrangement for this service:

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): **Screven County**

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

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

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

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

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

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

**No**

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

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

**SDS FORM 2, continued**

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Screven County	General Fund

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

There are no plans to alter this service.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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: **Rick Jordan, County Manager**  
 Phone number: **912-564-7535**      Date completed: 06/24/2014

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:  
**ALTERNATE: STACY MATHIS, CITY MANAGER, CITY OF SYLVANIA, 912-7411**



**SERVICE DELIVERY STRATEGY**

**FORM 4: Certifications**

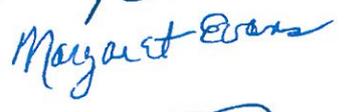
**Instructions:**

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: SCREVEN COUNTY**

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

1. We have executed agreements for implementation of our service delivery strategy and the attached forms provide an accurate depiction of our agreed upon strategy (O.C.G.A 36-70-21);
2. Our service delivery strategy promotes the delivery of local government services in the most efficient, effective, and responsive manner (O.C.G.A. 36-70-24 (1));
3. Our service delivery strategy provides that water or sewer fees charged to customers located outside the geographic boundaries of a service provider are reasonable and are not arbitrarily higher than the fees charged to customers located within the geographic boundaries of the service provider (O.C.G.A. 36-70-24 (2)); and
4. Our service delivery strategy ensures that the cost of any services the county government provides (including those jointly funded by the county and one or more municipalities) primarily for the benefit of the unincorporated area of the county are borne by the unincorporated area residents, individuals, and property owners who receive such service (O.C.G.A. 36-70-24 (3)).

JURISDICTION	TITLE	NAME	SIGNATURE	DATE
<u>CITY OF NEWINGTON</u>	MAYOR	ALBERT PERKINS		10/22/14
<u>CITY OF OLIVER</u>	MAYOR	JUSTINE BROWN		10/27/14
<u>CITY OF ROCKY FORD</u>	MAYOR	BARRY DURDEN		10/23/14
<u>CITY OF SYLVANIA</u>	MAYOR	MARGARET EVANS		10/17/14
<u>SCREVEN COUNTY</u>	CHAIRMAN	WILL BOYD		10/14/14
<u>TOWN OF HILTONIA</u>	MAYOR	GERRY FOREHAND		10/24/14