





FORM 1

COUNTY: CHATTAHOOCHEE

I. GENERAL INSTRUCTIONS:

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

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

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

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

II. LOCAL GOVERNMENTS INCLUDED IN THE SERVICE DELIVERY STRATEGY:

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

Unified Government of Cusseta-Chattahoochee County

Valley Partnership Joint Development Authority

Chattahoochee County Industrial Development 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 Facility

Code Enforcement, Planning & Zoning

Coroner

Court Services

Department of Family and Children Services

Economic Development

Elections

E-911

Emergency Medical Services

Extension Service

Fire Department/Protection

Garbage Service

Jail

Law Enforcement

Library Services

Mental Health Services

Neighborhood Service Center

Parks & Recreation

Public Health Services

Recycling

Roads (Public Works Department)

Soil Converation Service

Tax Digest

Water (Public)

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.

Day Care (no longer provided, being removed)

Transportation, Public (no longer provided, being removed)







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

should be reported to the Department of Community Allians.	
COUNTY:CHATTAHOOCHEE	Service: Economic Development
Check the box that best describes the agreed upor	n delivery arrangement for this service:
	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.):Chattahoochee County ership Joint Development Authority
	ed portion of the county by a single service provider. (If this box is nization providing the service.): Type Name of Government, Authority
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service: zation Here
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the or Organization Here
Other (If this box is checked, <u>attach a legible m</u> identify the government, authority, or other organization Government, Authority or Organization Here	ap delineating the service area of each service provider, and ation that will provide service within each service area.): Type Name of
2. In developing this strategy, were overlapping serving identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).

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

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

Local Government or Authority	Funding Method
Chattahoochee County	State Funds; County General Fund
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here

Type Gov't/Authority Name Here		Detail Funding Here			
Type Gov't/Authority Name Here		Detail Funding Here	Detail Funding Here		
I. How will the strategy chang	e the prev	ious arrangements for providing and/or funding	this service within the county?		
No Change					
this service:	ery agreei	ments or intergovernmental contracts that will b			
Agreement Name		Contracting Parties	Effective and Ending Dates		
Master Service Delivery		ahoochee County and Valley Partnership	Year-to-Year Basis		
Name Agreement Here		ontracting Parties Here	Effective - End		
Name Agreement Here	-	ontracting Parties Here	Effective - End		
Name Agreement Here		ontracting Parties Here	Effective - End		
Name Agreement Here	List C	ontracting Parties Here	Effective - End		
Name Agreement Here	List C	ontracting Parties Here	Effective - End		
		e used to implement the strategy for this servic fee changes, etc.), and when will they take effe			
7. Person completing form: Th Phone number: 706-989-36 0)2 D	ate completed: 6-6-2016			
		acted by state agencies when evaluating wheth e delivery strategy? ⊠Yes ⊡No	er proposed local government		
If not, provide designated co		on(s) and phone number(s) below: ONE HERE			







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	ssary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:CHATTAHOOCHEE	Service: Department of Family and Children Services
Check the box that best describes the agreed upo	on delivery arrangement for this service:
	ling all cities and unincorporated areas) by a single service provider. (If brity or organization providing the service.): Chattahoochee County
	ted portion of the county by a single service provider. (If this box is anization providing the service.): Type Name of Government, Authority
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service: ization Here
	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the or Organization Here
	nap delineating the service area of each service provider, and cation that will provide service within each service area.): Type Name of
In developing this strategy, were overlapping serving identified?	ice areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	nentation as described, below)
⊠No	
	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	egy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

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

Local Government or Authority	Funding Method
Chattahoochee County	State Funds; County General Fund
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here

Type Gov't/Authority Name Here		Detail Funding Here	
Type Gov't/Authority Name Here		Detail Funding Here	
4. How will the strategy change to	he previ	ous arrangements for providing and/or funding th	is service within the county?
No Change			
5. List any formal service delivery this service:	y agreer	nents or intergovernmental contracts that will be	used to implement the strategy for
Agreement Name		Contracting Parties	Effective and Ending Dates
Master Service Delivery	Chatta	hoochee County and DFACS	Year-to-Year Basis
Name Agreement Here	List C	ontracting Parties Here	Effective - End
Name Agreement Here	List C	ontracting Parties Here	Effective - End
Name Agreement Here	List C	ontracting Parties Here	Effective - End
Name Agreement Here	List C	ontracting Parties Here	Effective - End
Name Agreement Here	List C	ontracting Parties Here	Effective - End
		e used to implement the strategy for this service (ee changes, etc.), and when will they take effect	
projects are consistent with the	Da be conta service act pers	ate completed: 6-6-2016 acted by state agencies when evaluating whether delivery strategy? ⊠Yes □No on(s) and phone number(s) below:	proposed local government
TYPE CONTACT NAME, TITL	E & PH	ONE HERE	







FORM 2: Summary of Service Delivery Arrangements

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COUNTY: CHATTAHOOCHEE COUNTY	Service: Code Enforcement, Planning and Zoning
Check the box that best describes the agreed upor	n delivery arrangement for this service:
	ing all cities and unincorporated areas) by a single service provider. (If ority or organization providing the service.): Chattahoochee County
	ed portion of the county by a single service provider. (If this box is anization providing the service.): Type Name of Government, Authority
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service: ization Here
	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the or Organization Here
	ap delineating the service area of each service provider, and ation that will provide service within each service area.): Type Name of
In developing this strategy, were overlapping serving identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

Local Government or Aut	hority Funding	Method
hattahoochee County	County General Funds, User Fees	
ow will the strategy change	the previous arrangements for providing and/or fun	ding this service within the county?
one.		
iat any formal contina dalive	or a green and ar intergovernmental contracts that	will be used to implement the strategy
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13 301 VIOC.		
Agreement Name	Contracting Parties	
		Effective and Ending Date
& Z Service Delivery	Chattahoochee County and RVRC	Year-to-Year Basis
& Z Service Delivery		
	Chattahoochee County and RVRC	Year-to-Year Basis
Vhat other mechanisms (if a	Chattahoochee County and RVRC	Year-to-Year Basis ervice (e.g., ordinances, resolutions, k
Vhat other mechanisms (if a	Chattahoochee County and RVRC	Year-to-Year Basis ervice (e.g., ordinances, resolutions, k
Vhat other mechanisms (if a	Chattahoochee County and RVRC	Year-to-Year Basis ervice (e.g., ordinances, resolutions, k
Vhat other mechanisms (if a	Chattahoochee County and RVRC	Year-to-Year Basis ervice (e.g., ordinances, resolutions, k
Vhat other mechanisms (if a	Chattahoochee County and RVRC	Year-to-Year Basis ervice (e.g., ordinances, resolutions, k
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What other mechanisms (if a	Chattahoochee County and RVRC	Year-to-Year Basis ervice (e.g., ordinances, resolutions, k
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What other mechanisms (if a cts of the General Assembly rdinances	Chattahoochee County and RVRC any) will be used to implement the strategy for this set, rate or fee changes, etc.), and when will they take	Year-to-Year Basis ervice (e.g., ordinances, resolutions, k
What other mechanisms (if a cts of the General Assembly rdinances Person completing form: The Phone number: 706-989-360	Chattahoochee County and RVRC any) will be used to implement the strategy for this say, rate or fee changes, etc.), and when will they take commas Weaver, County Manager Date completed: 6/6/2016	Year-to-Year Basis ervice (e.g., ordinances, resolutions, lo
What other mechanisms (if a cts of the General Assembly rdinances Person completing form: The Phone number: 706-989-360 s this the person who should	Chattahoochee County and RVRC any) will be used to implement the strategy for this say, rate or fee changes, etc.), and when will they take commas Weaver, County Manager Date completed: 6/6/2016 d be contacted by state agencies when evaluating weapone in the county of the contacted by state agencies when evaluating weapone in the county of the contacted by state agencies when evaluating weapone in the county of the contacted by state agencies when evaluating weapone in the county of	Year-to-Year Basis ervice (e.g., ordinances, resolutions, lo
What other mechanisms (if a acts of the General Assembly ordinances Person completing form: The Phone number: 706-989-360	Chattahoochee County and RVRC any) will be used to implement the strategy for this say, rate or fee changes, etc.), and when will they take commas Weaver, County Manager Date completed: 6/6/2016	Year-to-Year Basis ervice (e.g., ordinances, resolutions, lo
Person completing form: The Phone number: 706-989-360 Is this the person who should projects are consistent with the	Chattahoochee County and RVRC any) will be used to implement the strategy for this say, rate or fee changes, etc.), and when will they take commas Weaver, County Manager Date completed: 6/6/2016 d be contacted by state agencies when evaluating weapone in the county of the contacted by state agencies when evaluating weapone in the county of the contacted by state agencies when evaluating weapone in the county of the contacted by state agencies when evaluating weapone in the county of	Year-to-Year Basis ervice (e.g., ordinances, resolutions, lo







FORM 2: Summary of Service Delivery Arrangements

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

Local Government or Author	у	Funding Metho	d
Chattahoochee County	County General F		
How will the strategy change the	previous arrangements	for providing and/or funding thi	s service within the county?
None			
List any formal service delivery	reements or intergover	nmentai contracts that will be u	ised to implement the strate
this service:			·
	Contra	ecting Parties	
Agreement Name		ncting Parties	Effective and Ending I
Agreement Name		ncting Parties and Mid-Georgia Ambulance	
Agreement Name			Effective and Ending I
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Agreement Name			Effective and Ending I
Agreement Name			Effective and Ending I
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Agreement Name Service Contract What other mechanisms (if any)	hattahoochee County a	and Mid-Georgia Ambulance	Effective and Ending I Year-to-Year Basis e.g., ordinances, resolutions
Agreement Name Service Contract	hattahoochee County a	and Mid-Georgia Ambulance	Effective and Ending I Year-to-Year Basis e.g., ordinances, resolutions
Agreement Name Service Contract What other mechanisms (if any)	hattahoochee County a	and Mid-Georgia Ambulance	Effective and Ending I Year-to-Year Basis e.g., ordinances, resolutions
Agreement Name Service Contract What other mechanisms (if any)	hattahoochee County a	and Mid-Georgia Ambulance	Effective and Ending I Year-to-Year Basis e.g., ordinances, resolutions
Agreement Name Service Contract . What other mechanisms (if any) acts of the General Assembly, ra	hattahoochee County a	and Mid-Georgia Ambulance	Effective and Ending I Year-to-Year Basis e.g., ordinances, resolutions
. What other mechanisms (if any) acts of the General Assembly, ra	hattahoochee County a	and Mid-Georgia Ambulance	Effective and Ending I Year-to-Year Basis e.g., ordinances, resolutions
Agreement Name Service Contract What other mechanisms (if any) acts of the General Assembly, ra	hattahoochee County a	and Mid-Georgia Ambulance	Effective and Ending I Year-to-Year Basis e.g., ordinances, resolutions
Agreement Name Service Contract . What other mechanisms (if any) acts of the General Assembly, ra	hattahoochee County a	and Mid-Georgia Ambulance	Effective and Ending I Year-to-Year Basis e.g., ordinances, resolutions
Agreement Name Service Contract . What other mechanisms (if any) acts of the General Assembly, ra	hattahoochee County a	and Mid-Georgia Ambulance	Effective and Ending I Year-to-Year Basis e.g., ordinances, resolutions
Agreement Name Service Contract . What other mechanisms (if any) acts of the General Assembly, ra	vill be used to implements or fee changes, etc.),	and Mid-Georgia Ambulance of the strategy for this service (eand when will they take effect?	Effective and Ending Year-to-Year Basis e.g., ordinances, resolution
Agreement Name Service Contract . What other mechanisms (if any) acts of the General Assembly, rances of the General Assembly of the General Assembly, rances of the General Assembly	vill be used to implement or fee changes, etc.), a	and Mid-Georgia Ambulance of the strategy for this service (eand when will they take effect?	Year-to-Year Basis e.g., ordinances, resolution
Agreement Name Service Contract What other mechanisms (if any) acts of the General Assembly, ra	vill be used to implements or fee changes, etc.),	and Mid-Georgia Ambulance of the strategy for this service (eand when will they take effect?	Effective and Ending Year-to-Year Basis e.g., ordinances, resolution
Agreement Name Service Contract . What other mechanisms (if any) acts of the General Assembly, rance of the General Assembly, rance of the General Assembly acts	will be used to implement or fee changes, etc.), and weaver, County Manages Date completed: 6/6/	at the strategy for this service (eand when will they take effect?	Effective and Ending In Year-to-Year Basis e.g., ordinances, resolutions

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







FORM 2: Summary of Service Delivery Arrangements

Instructions:

	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY: CHATTAHOOCHEE COUNTY	Service: Gabarge Service
Check the box that best describes the agreed upon	n delivery arrangement for this service:
	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): Chattahoochee County
	ed portion of the county by a single service provider. (If this box is inization providing the service.): Type Name of Government, Authority
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the or Organization Here
	ap delineating the service area of each service provider, and ation that will provide service within each service area.): Type Name of
In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

	ity that will help to pay for this service and indicateral funds, special service district revenues, hote.).	
Local Government or Author	rity Funding	Method
Chattahoochee County	County General Funds	
. How will the strategy change th	e previous arrangements for providing and/or fur	nding this service within the county?
The City of Cusseta used to pro Cusseta when the the two jurisd	vide its own service Chattahoochee County too ctions consolidated.	k over all services provided by the City of
i. List any formal service delivery this service:	agreements or intergovernmental contracts that	will be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
Service Delivery	Chattahoochee County and Garbage Services	Year-to-Year Basis
	Contractor MDI	
) will be used to implement the strategy for this sate or fee changes, etc.), and when will they take	
None		
'. Person completing form: Thom Phone number: 706-989-3602	as Weaver, County Manager Date completed: 6/6/2016	
	·	
projects are consistent with the	e contacted by state agencies when evaluating w service delivery strategy? ⊠Yes ⊡No	hether proposed local government







FORM 2: Summary of Service Delivery Arrangements

Instructions:

	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY: CHATTAHOOCHEE COUNTY	Service: Mental Health Services
Check the box that best describes the agreed upor	n delivery arrangement for this service:
T. Check the box that best describes the agreed apol	Traditively affaitigement for this service.
	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): Chattahoochee County
	ed portion of the county by a single service provider. (If this box is inization providing the service.): Type Name of Government, Authority
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service: ization Here
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the or Organization Here
	ap delineating the service area of each service provider, and ation that will provide service within each service area.): Type Name of
In developing this strategy, were overlapping serving identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

fees, bonded indebtedness, e		ds, special service district revenues, hotel/	motel taxes, franchise taxes, impact
Local Government or Aut	thority	Funding	Method
Chattahoochee County		County General Funds	
·		·	
. How will the strategy change	e the previo	ous arrangements for providing and/or fund	ling this service within the county?
this service: Agreement Name	ery agreen	nents or intergovernmental contracts that w Contracting Parties	Effective and Ending Dates
		Contracting Farties	LITECTIVE ATTULLITION DATES
Service Delivery	Chatta	hoochee County	
Service Delivery		hoochee County	Year-to-Year Basis
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Service Delivery		•	
. What other mechanisms (if a	New H	•	Year-to-Year Basis rvice (e.g., ordinances, resolutions, loca
	New H	used to implement the strategy for this se	Year-to-Year Basis rvice (e.g., ordinances, resolutions, loca
. What other mechanisms (if a acts of the General Assembly	New Hany) will be	used to implement the strategy for this sere changes, etc.), and when will they take of	Year-to-Year Basis rvice (e.g., ordinances, resolutions, loca
None 7. Person completing form: The Phone number: 706-989-360; 8. Is this the person who should	New Hany) will be y, rate or fe	used to implement the strategy for this sere changes, etc.), and when will they take of	rvice (e.g., ordinances, resolutions, local effect?







FORM 2: Summary of Service Delivery Arrangements

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Make copies of this form and complete one for each service listed on FORM 1. Section III. Use exactly the same service names listed on FORM 1.

Answer each question below, attaching additional pages as necesshould be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY: CHATTAHOOCHEE COUNTY	Service: Recycling
Check the box that best describes the agreed upor	n delivery arrangement for this service:
	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): Chattahoochee County
	ed portion of the county by a single service provider. (If this box is inization providing the service.): Type Name of Government, Authority
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the eked, identify the government(s), authority or organization providing the or Organization Here
	ap delineating the service area of each service provider, and ation that will provide service within each service area.): Type Name of
In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
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⊠No	
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

	neral fund	vill help to pay for this service and indica ds, special service district revenues, hote		
Local Government or Author	ority	Funding	Method	
Chattahoochee County		Funding Method County General Funds, SPLOST		
Chattaniosonios County		County Control Lance, Cr. 2001		
4. How will the strategy change the	ne previo	us arrangements for providing and/or fur	ding this service within the county?	
None. 5. List any formal service delivery this service:	/ agreem	ents or intergovernmental contracts that	will be used to implement the strateg	y for
		Contracting Posting	Effective and English D	-4
Agreement Name Service Delivery	Chattak	Contracting Parties noochee County	Year-to-Year Basis	ates
Service Delivery		ctor MDI	Teal-to-Teal Dasis	
	Contrac	NOI WIDI		
		used to implement the strategy for this s e changes, etc.), and when will they take		local
None				

7. Person completing form: **Thomas Weaver, County Manager**Phone number: **706-989-3602**Date completed: 6/6/2016

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







FORM 3: Summary of Land Use Agreements

Instructions:

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

COUNTY:CHATTAHOOCHEE COUNTY	
What incompatibilities or conflicts between the land use plans of local governments we developing the service delivery strategy? None.	ere identified in the process of
2. Check the boxes indicating how these incompatibilities or conflicts were addressed:	
Amendments to existing comprehensive plans	NOTE:
Adoption of a joint comprehensive plan	If the necessary plan amendments, regulations, ordinances, etc. have not yet
☐ Other measures (amend zoning ordinances, add environmental regulations, etc.)	been formally adopted, indicate when each of the affected local governments
If "other measures" was checked, describe these measures: Not Applicable- Unifies Government	will adopt them.
3. What policies, procedures and/or processes have been established by local government authorities) to ensure that new extraterritorial water and sewer service will be consistent and ordinances? Not Applicable - Unified Government	
4. Person completing form: Thomas Weaver	
Phone number: 706-989-3602 Date completed: 2-2-2016	
5. Is this the person who should be contacted by state agencies when evaluating whether projects are consistent with the service delivery strategy? ⊠Yes □No	r proposed local government
If not, provide designated contact person(s) and phone number(s) below:	

TYPE CONTACT NAME, TITLE & PHONE HERE







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: TYPE COUNTY NAME HERE

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

- 1. We have executed agreements for implementation of our service delivery strategy and the attached forms provide an accurate depiction of our agreed upon strategy (O.C.G.A 36-70-21);
- 2. Our service delivery strategy promotes the delivery of local government services in the most efficient, effective, and responsive manner (O.C.G.A. 36-70-24 (1));
- 3. Our service delivery strategy provides that water or sewer fees charged to customers located outside the geographic boundaries of a service provider are reasonable and are not arbitrarily higher than the fees charged to customers located within the geographic boundaries of the service provider (O.C.G.A. 36-70-24 (20); and
- 4. Our service delivery strategy ensures that the cost of any services the county government provides (including those jointly funded by the county and one or more municipalities) primarily for the benefit of the unincorporated area of the county are borne by the unincorporated area residents, individuals, and property owners who receive such service (O.C.G.A. 36-70-24 (3)).

JURISDICTION	TITLE	NAME	SIGNATURE	DATE
UNIFIED GOVERNMENT OF CUSSETA- CHATTAHOOCHEE COUNTY	Chairman	Gerald Douglas	Gerald Warglan	3-1-16