





FORM 1

COUNTY: APPLING

I. GENERAL INSTRUCTIONS:

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

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

Appling County, City of Baxley, City of Graham, City of Surrency, Appling County Development Authority, Southeast Georgia Regional Development Authority, City of Baxley Downtown Development Authority, City of Baxley Housing Authority, Baxley-Appling County Hospital 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.

Ambulance Service

Cemeteries

Code Enforcement

Extension Service

Indigent Defense

Mosquito Control

Planning/Zoning

Public Health

Public Housing

Public Welfare

Solid Waste Collection

Street Lighting

Tax Assessment

Tourism

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

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

Aging Services

Airport

Animal Control

Courts (Now referenced as Courts-State & County, Courts-Municipal)

Cultural (Museum)

E-911

Economic Development

Elections

Emergency Management

Fire Protection

Hospital

Jail

Law Enforcement

Library

Parks

Probation Service

Recreation

Road/Street Construction

Road/Street Maintenance

Sewer

Solid Waste Landfill (Now referenced as Construction and Demolition Landfill)

Tax Collection

Voter Registration

Water







FORM 2: Summary of Service Delivery Arrangements

Instructions:

Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.				
COUNTY:APPLING	Service: Aging Services			
Check the box that best describes the agreed upo	n delivery arrangement for this service:			
	ling all cities and unincorporated areas) by a single service provider. (If brity or organization providing the service.): Senior Citizens Center			
Service will be provided only in the unincorporat checked, identify the government, authority or organization.	red portion of the county by a single service provider. (If this box is anization providing the service.):			
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:			
	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the			
	nap delineating the service area of each service provider, and cation that will provide service within each service area.):			
2. In developing this strategy, were overlapping servi 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.			
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Local Government or Auth	ority Fund	ding Method
Appling County	General Fund & State	
How will the strategy change to	he previous arrangements for providing and/or	funding this service within the county?
The City of Baxley has been reservice.	moved as a funding local government. Appling	County will continue to provide and fund th
List any formal service deliver	y agreements or intergovernmental contracts t	hot will be used to implement the strets with
this service:		
this service: Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name What other mechanisms (if an		is service (e.g., ordinances, resolutions, loc
Agreement Name . What other mechanisms (if an	Contracting Parties White parties is a second of the strategy for the str	is service (e.g., ordinances, resolutions, loc
Agreement Name . What other mechanisms (if an	Contracting Parties White parties is a second of the strategy for the str	is service (e.g., ordinances, resolutions, loc
Agreement Name What other mechanisms (if an acts of the General Assembly,	Contracting Parties y) will be used to implement the strategy for the rate or fee changes, etc.), and when will they to the strategy for the rate or fee changes, etc.)	is service (e.g., ordinances, resolutions, loc
What other mechanisms (if an acts of the General Assembly, NONE Person completing form: Lee Phone number: 912.367.8189 Is this the person who should	Contracting Parties y) will be used to implement the strategy for the rate or fee changes, etc.), and when will they the contraction of the contr	is service (e.g., ordinances, resolutions, locatake effect?







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

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	ity that will help to pay for this service and indica eral funds, special service district revenues, hote.).						
Local Government or Author	rity Funding	g Method					
Appling County	General Fund & State						
City of Baxley	General Fund & State						
4. How will the strategy change th	e previous arrangements for providing and/or fur	nding this service within the county?					
operations cost, less fuel expens	to own and operate the airport. Appling County cose, annually for general airport improvements and stance with capital improvements which may be	d/or operations. The City of Baxley may					
this service:	agreements or intergovernmental contracts that						
Agreement Name	Contracting Parties	Effective and Ending Dates					
) will be used to implement the strategy for this s ate or fee changes, etc.), and when will they take						
NONE							
7. Person completing form: Lee L Phone number: 912.367.8189							
Phone number: 912.367.8189 Date completed: 8-15-2017 3. Is this the person who should be contacted by state agencies when evaluating whether proposed local government							
	•	whether proposed local government					







FORM 2: Summary of Service Delivery Arrangements

Instructions:

Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.						
COUNTY:APPLING	Service: Ambulance Service					
Check the box that best describes the agreed upor	n delivery arrangement for this service:					
	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): Appling County					
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is nization providing the service.):					
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:					
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the					
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):					
In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service					
☐ Yes (if "Yes," you must attach additional documentation as described, below)						
⊠No						
If these conditions will continue under this strategy, <u>a</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that diminated).					
	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.					
	Page 1 of 2					

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Local Government or Authority	Funding I	Method
Appling County	General Fund & fees	
How will the strategy change the p	revious arrangements for providing and/or fund	ing this convice within the county?
now will the strategy change the p	revious arrangements for providing and/or fund	ing this service within the county?
o change is anticipated.		
List any formal service delivery agnis service:	reements or intergovernmental contracts that wi	ill be used to implement the strategy
iis service.		
Agreement Name	Contracting Parties	Effective and Ending Dat
	Contracting Parties	Effective and Ending Dat
	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Dat
	Contracting Parties	Effective and Ending Date
Agreement Name What other mechanisms (if any) w	ill be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, k
Agreement Name What other mechanisms (if any) w		
Agreement Name What other mechanisms (if any) w	ill be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) wacts of the General Assembly, rate	ill be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) wacts of the General Assembly, rate	ill be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if any) w	ill be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if any) water of the General Assembly, rate	ill be used to implement the strategy for this ser or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if any) was of the General Assembly, rate ONE Person completing form: Lee Lew	ill be used to implement the strategy for this ser or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, lo
Agreement Name What other mechanisms (if any) was of the General Assembly, rate ONE Person completing form: Lee Lew Phone number: 912.367.8189 s this the person who should be c	ill be used to implement the strategy for this ser or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, lo







FORM 2: Summary of Service Delivery Arrangements

Instructions:

Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.				
COUNTY:APPLING	Service: Animal Control			
Check the box that best describes the agreed upor	n delivery arrangement for this service:			
Service will be provided countywide (i.e., including this box is checked, identify the government, authorized the countywide (i.e., including the countywide).	ing all cities and unincorporated areas) by a single service provider. (If or organization providing the service.):			
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is anization providing the service.):			
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:			
	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the			
	nap delineating the service area of each service provider, and ation that will provide service within each service area.):			
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service			
☐ Yes (if "Yes," you must attach additional documentation as described, below)				
⊠No				
If these conditions will continue under this strategy, <u>a</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).			
f 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.				
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Local Government or Auth	ority Funding	g Method
City of Baxley	General Fund	<i>y</i>
How will the strategy change t	the previous arrangements for providing and/or fu	nding this service within the county?
		,
	the service only within the Baxley city limits. The p	
ne City of Baxley as a provide	r of the service countywide; any plans for countyv	vide animal control did not occur.
List any formal service deliver	y agreements or intergovernmental contracts that	will be used to implement the strategy f
this service:	y agreemente et intergeventinental contracte triat	will be deed to implement the endlegy i
	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
Agreement Name What other mechanisms (if an	y) will be used to implement the strategy for this strate or fee changes, etc.), and when will they take	ervice (e.g., ordinances, resolutions, loc
Agreement Name What other mechanisms (if an	y) will be used to implement the strategy for this s	ervice (e.g., ordinances, resolutions, loc
Agreement Name What other mechanisms (if an	y) will be used to implement the strategy for this s	ervice (e.g., ordinances, resolutions, loc
Agreement Name What other mechanisms (if an acts of the General Assembly,	y) will be used to implement the strategy for this s	ervice (e.g., ordinances, resolutions, loc
Agreement Name What other mechanisms (if an acts of the General Assembly,	y) will be used to implement the strategy for this s	ervice (e.g., ordinances, resolutions, loc
Agreement Name What other mechanisms (if an acts of the General Assembly,	y) will be used to implement the strategy for this s	ervice (e.g., ordinances, resolutions, loc
Agreement Name What other mechanisms (if an	y) will be used to implement the strategy for this strate or fee changes, etc.), and when will they take	ervice (e.g., ordinances, resolutions, loc
What other mechanisms (if an acts of the General Assembly, NONE Person completing form: Lee Phone number: 912.367.8189 Is this the person who should	y) will be used to implement the strategy for this strate or fee changes, etc.), and when will they take	service (e.g., ordinances, resolutions, loc e effect?







FORM 2: Summary of Service Delivery Arrangements

Instructions:

Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:APPLING	Service: Cemeteries
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.): City of Baxley
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is inization providing the service.):
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
 .	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
If these conditions will continue under this strategy, <u>a</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
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Local Government or Auth	ority Funding	Method
City of Baxley	General Fund (Lot Sales)	
How will the strategy change t	he previous arrangements for providing and/or fund	ding this service within the county?
No change is anticipated.		
	y agreements or intergovernmental contracts that w	vill be used to implement the strategy f
tnis service:		
Agreement Name	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
Agreement Name What other mechanisms (if an	y) will be used to implement the strategy for this se rate or fee changes, etc.), and when will they take	rvice (e.g., ordinances, resolutions, loc
Agreement Name What other mechanisms (if an	y) will be used to implement the strategy for this se	rvice (e.g., ordinances, resolutions, loc
. What other mechanisms (if an	y) will be used to implement the strategy for this se	rvice (e.g., ordinances, resolutions, loc
Agreement Name What other mechanisms (if an acts of the General Assembly,	y) will be used to implement the strategy for this se rate or fee changes, etc.), and when will they take	rvice (e.g., ordinances, resolutions, loc
What other mechanisms (if an acts of the General Assembly,	y) will be used to implement the strategy for this se rate or fee changes, etc.), and when will they take	rvice (e.g., ordinances, resolutions, loc
What other mechanisms (if an acts of the General Assembly, NONE Person completing form: Lee Phone number: 912.367.8189 Is this the person who should	y) will be used to implement the strategy for this se rate or fee changes, etc.), and when will they take	rvice (e.g., ordinances, resolutions, lo







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

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SUS	s FUR	(IVI 2.	continued

Local Government or Author	ity Funding I	Method
City of Baxley	General Fund & Fees	
How will the strategy change the	e previous arrangements for providing and/or fundi	ing this service within the county?
No change is anticipated.		
List any formal service delivery a this service:	agreements or intergovernmental contracts that wi	ill be used to implement the strategy f
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
What other mechanisms (if any)	will be used to implement the strategy for this serte or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, loc
What other mechanisms (if any) acts of the General Assembly, ra	will be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, loc
What other mechanisms (if any)	will be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, loc
What other mechanisms (if any) acts of the General Assembly, ra	will be used to implement the strategy for this serte or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, loc
What other mechanisms (if any) acts of the General Assembly, random NONE Person completing form: Lee Lee Phone number: 912.367.8189 Is this the person who should be	will be used to implement the strategy for this serte or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, localifect?







FORM 2: Summary of Service Delivery Arrangements

Instructions:

Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:APPLING	Service: Construction and Demolition Landfill
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.): Appling County
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is inization providing the service.):
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping servi identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
	A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

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Local Government or Auth	rity	Funding	Method	
Appling County		ınd & Fees		
·				
4. How will the strategy change t	e previous arrange	ments for providing and/or fund	ling this service within the count	y?
repurposed use of the landfill. A	opling County opera government and/or	ates the Constructiond and Den	n Landfill to accurately reflect the nolitions Landfill with the use of posal costs at the Appling Coun	general
5. List any formal service delivery	agreements or inte	rgovernmental contracts that w	vill be used to implement the stra	ategy for
tilla service.				
Agreement Name		Contracting Parties	Effective and Ending	g Dates
		Contracting Parties	Effective and Ending	g Dates
		Contracting Parties	Effective and Ending	g Dates
		Contracting Parties	Effective and Ending	g Dates
		Contracting Parties	Effective and Ending	g Dates
		Contracting Parties	Effective and Ending	g Dates
		Contracting Parties	Effective and Ending	g Dates
Agreement Name 6. What other mechanisms (if an) will be used to im		rvice (e.g., ordinances, resolutio	
Agreement Name 6. What other mechanisms (if an acts of the General Assembly,) will be used to im	plement the strategy for this se	rvice (e.g., ordinances, resolutio	
Agreement Name 6. What other mechanisms (if an) will be used to im	plement the strategy for this se	rvice (e.g., ordinances, resolutio	
Agreement Name 6. What other mechanisms (if an acts of the General Assembly, NONE) will be used to imate or fee changes,	plement the strategy for this set etc.), and when will they take e	rvice (e.g., ordinances, resolutio	
Agreement Name 6. What other mechanisms (if an acts of the General Assembly, NONE 7. Person completing form: Lee I	ewis Date complete	plement the strategy for this set etc.), and when will they take e	rvice (e.g., ordinances, resolution effect?	ons, loca







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

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	eral funds	Il help to pay for this service and indicate how the s, special service district revenues, hotel/motel tax	
Local Government or Author	rity	Funding Method	
City of Graham	G	eneral Fund, Fines & Fees	
City of Baxley	G	eneral Fund, Fines & Fees	
4. How will the strategy change the	e previous	s arrangements for providing and/or funding this s	service within the county?
Municipal Court service was adde offenses within the respective cities		Service Delivery Strategy to account for the use on this service.	of the court for non state court
5. List any formal service delivery a this service:	agreemer	nts or intergovernmental contracts that will be use	ed to implement the strategy for
Agreement Name		Contracting Parties	Effective and Ending Dates
		sed to implement the strategy for this service (e.g. changes, etc.), and when will they take effect?	g., ordinances, resolutions, local
NONE			
7. Person completing form: Lee Le Phone number: 912.367.8189	Date	completed: 8-15-2017	onegad local gavernment
8. Is this the person who should be projects are consistent with the s		ed by state agencies when evaluating whether pro elivery strategy? ⊠Yes ⊡No	oposed local government
If not, provide designated contac	t person(s) and phone number(s) below:	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

Answer each question below, attaching additional pages as necesshould be reported to the Department of Community Affairs.	essary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:APPLING	Service: Courts- State & County
1. Check the box that best describes the agreed up Service will be provided countywide (i.e., inclu-	oon delivery arrangement for this service: Iding all cities and unincorporated areas) by a single service provider. (If
	nority or organization providing the service.): Appling County (Superior,
Service will be provided only in the unincorpora checked, identify the government, authority or org	ated portion of the county by a single service provider. (If this box is ganization providing the service.):
	y within their incorporated boundaries, and the service will not be provided dentify the government(s), authority or organization providing the service:
	y within their incorporated boundaries, and the county will provide the ecked, identify the government(s), authority or organization providing the
	map delineating the service area of each service provider, and ization that will provide service within each service area.):
2. In developing this strategy, were overlapping seridentified?	vice areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docu	mentation as described, below)
If these conditions will continue under this strategy,	attach an explanation for continuing the arrangement (i.e., 6.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strat will be taken to eliminate them, the responsible part	tegy, attach an implementation schedule listing each step or action that ty and the agreed upon deadline for completing it.
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	eral funds,	help to pay for this service and indicate special service district revenues, hotel/	
Local Government or Author	rity	Funding I	Method
Appling County		neral Fund, Fees and SPLOST	
4. How will the strategy change the	e previous	arrangements for providing and/or fund	ling this service within the county?
		flect County and City Court services. s or intergovernmental contracts that w	ill be used to implement the strategy for
Agreement Name		Contracting Parties	Effective and Ending Dates
		ed to implement the strategy for this ser changes, etc.), and when will they take e	rvice (e.g., ordinances, resolutions, loca
NONE			
7. Person completing form: Lee Le Phone number: 912.367.8189 3. Is this the person who should be	Date co	ompleted: 8-15-2017	nether proposed local government
projects are consistent with the s	service deli	ivery strategy? ⊠Yes □No	istiisi proposod isodi. government







FORM 2: Summary of Service Delivery Arrangements

Instructions:

Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:APPLING	Service: Cultural (Museum)
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.): Appling County Heritage
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is nization providing the service.):
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping 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 strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

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3. List each government or authority and enterprise funds, user fees, general fees, bonded indebtedness, etc.).			
Local Government or Authority		Funding Method	
Appling County	General Fund		
City of Baxley	Water & Sewer Enterprise	Fund	
ony or Damey	Trater a control Emerphies	1 0110	
	+		
4. How will the strategy change the p	vious arrangements for provi	ding and/or funding this	service within the county?
Funding methods for the City of Bax 5. List any formal service delivery agr			·
this service:	-		
Agreement Name	Contracting Pa	arties	Effective and Ending Dates
6. What other mechanisms (if any) wi acts of the General Assembly, rate			g., ordinances, resolutions, local
NONE			
7. Person completing form: Lee Lewi Phone number: 912.367.8189	Date completed: 8-15-2017	n avaluating whather pr	onocod local government
Is this the person who should be consistent with the ser			oposed local government
If not, provide designated contact p	son(s) and phone number(s)	below:	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:APPLING	Service: E-911
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.): Appling County
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is nization providing the service.):
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
 · · · · · · · · · · · · · · · · · ·	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that diminated).
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

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Local Government or Authorit	y Funding I	Wethod
Appling County	Fees & General Fund	
_		
How will the strategy change the	previous arrangements for providing and/or fundi	ing this service within the county?
nnling County 011 contar anarota	a as a central 011 analysing central and dispet	oh to all juriadiations countywide
ppling County 911 center operate	s as a central 911 answering service and dispate	ch to all jurisdictions countywide.
ist any formal service delivery a	reements or intergovernmental contracts that wi	ill be used to implement the strategy
his service:	noomonia or intergovernmental contracto that m	in so deed to implement the endlegy
1110 001 1100.		
	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
Agreement Name		
Agreement Name What other mechanisms (if any) v	Contracting Parties vill be used to implement the strategy for this serve or fee changes, etc.), and when will they take e	
Agreement Name What other mechanisms (if any) v	vill be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) vacts of the General Assembly, rate	vill be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) vacts of the General Assembly, rate	vill be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) vacts of the General Assembly, rate	vill be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) vacts of the General Assembly, rate	vill be used to implement the strategy for this sere or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) vacts of the General Assembly, rate	vill be used to implement the strategy for this sere or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) vacts of the General Assembly, rate ONE Person completing form: Lee Lev Phone number: 912.367.8189	vill be used to implement the strategy for this sere or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, lo







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

SDS FORM 2, continued

Appling County		Method
·· · · · · · · · · · · · · · · · · · ·	General Fund	
Appling County Development Aut		
Southeast Georgia Regional Dev	.Aut. Appling County Development Authority	
	as a funding local government with general fund	s. Appling County Development
Authority has been revised to incl		
	velopment Authority has been removed from pro-	viding economic development services
as the authority is no longer in op-	eration.	•
as the authority is no longer in op-	eration.	
. List any formal service delivery a	eration. agreements or intergovernmental contracts that v	will be used to implement the strategy
		will be used to implement the strategy
List any formal service delivery a		
List any formal service delivery a this service:	agreements or intergovernmental contracts that v	
List any formal service delivery a this service:	agreements or intergovernmental contracts that v	
List any formal service delivery a this service:	agreements or intergovernmental contracts that v	
. List any formal service delivery a this service:	agreements or intergovernmental contracts that v	will be used to implement the strategy Effective and Ending Date
List any formal service delivery a this service:	agreements or intergovernmental contracts that v	
. List any formal service delivery a this service:	agreements or intergovernmental contracts that v	
. List any formal service delivery a this service:	agreements or intergovernmental contracts that v	
. List any formal service delivery a this service:	agreements or intergovernmental contracts that v	

7. Person completing form: Lee Lewis

Phone number: **912.367.8189** Date completed: 8-15-2017

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

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







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

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.).

Local Government or Authority	Funding Method
Appling County	General Fund & Fees
City of Baxley	General Fund & Fees
City of Graham	General Fund & Fees
City of Surrency	General Fund & Fees

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

Appling County is responsible for providing federal, state, and county wide elections. The cities of Baxley, Graham, and Surrency are responsible for the provision of municipal elections (a higher level of service). Each municipality currently contracts with Appling County to hold city elections.

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

Agreement Name	Contracting Parties	Effective and Ending Dates
Municipal Elections IGA	Appling County - City of Baxley	08/2017 - 08/2067

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?			

NO	N	Е
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7. Person completing form: Lee Lewis

Phone number: **912.367.8189** Date completed: 8-15-2017

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

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







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

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Local Government or Author	ity Funding I	Method
Appling County	General Fund & State	
How will the strategy change the	previous arrangements for providing and/or fund	ing this service within the county?
State funds have been added as	a funding method for the Appling County Emerger	ncy Management Agency.
List any formal service delivery a	agreements or intergovernmental contracts that wi	ill be used to implement the strategy f
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
What other mechanisms (if any)	will be used to implement the strategy for this ser te or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, loc
What other mechanisms (if any) acts of the General Assembly, ra	will be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, loc
What other mechanisms (if any)	will be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, loc
What other mechanisms (if any) acts of the General Assembly, ra	will be used to implement the strategy for this ser te or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, loc
What other mechanisms (if any) acts of the General Assembly, rand NONE Person completing form: Lee Lee Phone number: 912.367.8189 Is this the person who should be	will be used to implement the strategy for this ser te or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, localifect?







FORM 2: Summary of Service Delivery Arrangements

Instructions:

nswer each question below, attaching additional pages as nece hould be reported to the Department of Community Affairs.	essary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:APPLING	Service: Extension Service
. Check the box that best describes the agreed upon	on delivery arrangement for this service:
	ding all cities and unincorporated areas) by a single service provider. (If ority or organization providing the service.): Appling County Extension
Service will be provided only in the unincorpora checked, identify the government, authority or org	ated portion of the county by a single service provider. (If this box is anization providing the service.):
	within their incorporated boundaries, and the service will not be provided lentify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the ecked, identify the government(s), authority or organization providing the
	map delineating the service area of each service provider, and zation that will provide service within each service area.):
e. In developing this strategy, were overlapping service identified?	vice areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docur	mentation 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).
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 y and the agreed upon deadline for completing it.
	Page 1 of 2

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Local Government or Author	ity Funding I	Method
Appling County	General Fund & State	
How will the strategy change the	previous arrangements for providing and/or fundi	ing this service within the county?
No change is anticipated.		
List any formal service delivery a this service:	agreements or intergovernmental contracts that wi	II be used to implement the strategy f
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
What other mechanisms (if any)	will be used to implement the strategy for this serte or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, loc
What other mechanisms (if any)	will be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, loc
What other mechanisms (if any)	will be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, loc
What other mechanisms (if any) acts of the General Assembly, ra	will be used to implement the strategy for this serte or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, loc
What other mechanisms (if any) acts of the General Assembly, random NONE Person completing form: Lee Lee Phone number: 912.367.8189 Is this the person who should be	will be used to implement the strategy for this serte or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, localifect?







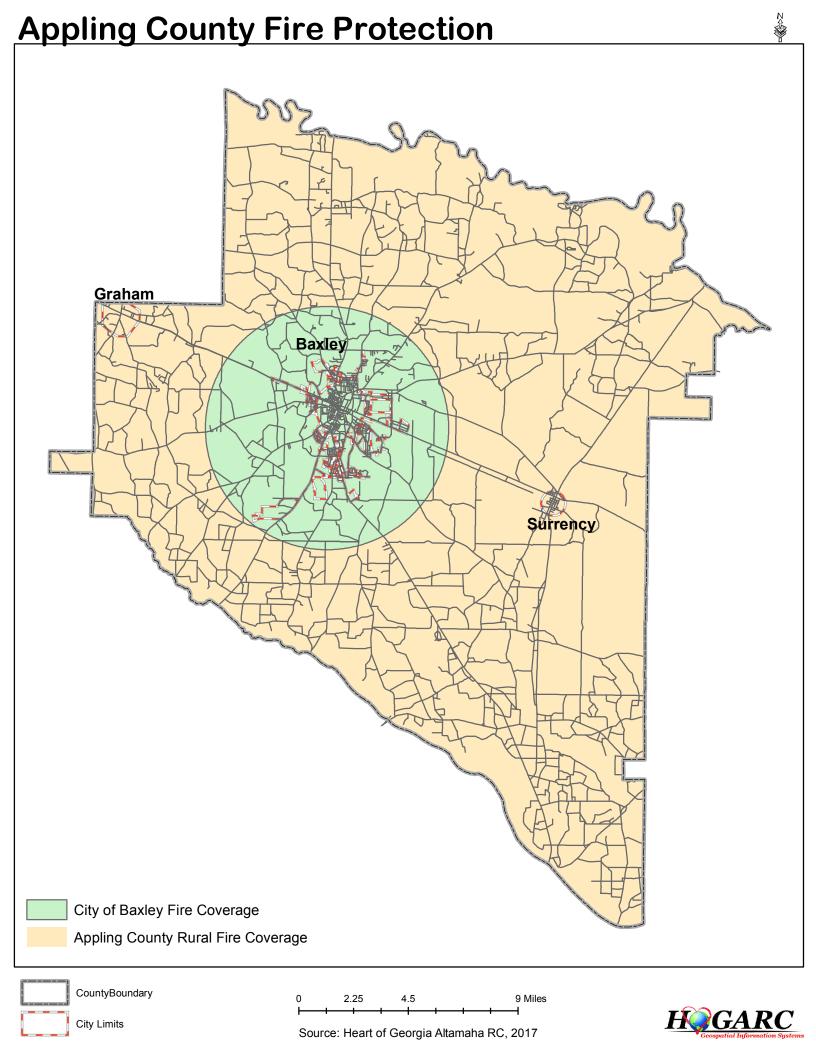
FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:APPLING	Service: Fire Protection
1. Check the box that best describes the agreed upon Service will be provided countywide (i.e., including this box is checked, identify the government, authority.)	ing all cities and unincorporated areas) by a single service provider. (If
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is inization providing the service.):
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the sked, identify the government(s), authority or organization providing the
	ap delineating the service area of each service provider, and ation that will provide service within each service area.): Appling
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
If these conditions will continue under this strategy, a	A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

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Local Government or Authorit	y Funding	Method
Appling County	General Fund, SPLOST	<i>metroa</i>
City of Baxley	General Fund	
2.1, 2. 2		
l. How will the strategy change the լ	previous arrangements for providing and/or fund	ling this service within the county?
The county levies a countywide tax County Rural Fire Departments.	necessary to fund countywide fire protection in	cluding the City of Baxley and Appling
5. List any formal service delivery ag this service:	reements or intergovernmental contracts that w	vill be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name	Contracting Parties	Effective and Ending Dates
6. What other mechanisms (if any) w	Contracting Parties will be used to implement the strategy for this see or fee changes, etc.), and when will they take	rvice (e.g., ordinances, resolutions, local
6. What other mechanisms (if any) w	vill be used to implement the strategy for this se	rvice (e.g., ordinances, resolutions, loca
5. What other mechanisms (if any) wacts of the General Assembly, rate	vill be used to implement the strategy for this see or fee changes, etc.), and when will they take	rvice (e.g., ordinances, resolutions, loca









FORM 2: Summary of Service Delivery Arrangements

Instructions:

Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	ssary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:APPLING	Service: Hospital
Check the box that best describes the agreed upo	n delivery arrangement for this service:
	ling all cities and unincorporated areas) by a single service provider. (If brity or organization providing the service.): Baxley-Appling County
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ted portion of the county by a single service provider. (If this box is anization providing the service.):
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the
	nap delineating the service area of each service provider, and ration that will provide service within each service area.):
2. In developing this strategy, were overlapping 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.
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	eral fu	will help to pay for this service and indicate how nds, special service district revenues, hotel/mote			
Local Government or Author	ritv	Funding Meth	od		
Hospital Authority		SPLOST & Fees			
Appling County		General Fund			
Appling County		General i unu			
4. How will the strategy change th	e prev	ous arrangements for providing and/or funding th	nis service within the county?		
Appling County has been added	as a fu	inding government for Hospital service.			
5. List any formal service delivery this service:	agreer	ments or intergovernmental contracts that will be	used to implement the strategy for		
Agreement Name		Contracting Parties	Effective and Ending Dates		
			+		
		e used to implement the strategy for this service fee changes, etc.), and when will they take effect			
NONE					
7. Person completing form: Lee L Phone number: 912.367.8189		ate completed: 8-15-2017			
3. 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 conta	ct pers	on(s) and phone number(s) below:			
-	-				







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

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Local Government or Author	ity Funding I	Method
Appling County	General Fund & State	
How will the strategy change the	previous arrangements for providing and/or fundi	ing this service within the county?
No change is anticipated.		
List any formal service delivery a this service:	agreements or intergovernmental contracts that wi	Ill be used to implement the strategy f
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
What other mechanisms (if any)	will be used to implement the strategy for this serte or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, loc
What other mechanisms (if any)	will be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, loc
What other mechanisms (if any)	will be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, loc
What other mechanisms (if any) acts of the General Assembly, ra	will be used to implement the strategy for this serte or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, loc
What other mechanisms (if any) acts of the General Assembly, random NONE Person completing form: Lee Lee Phone number: 912.367.8189 Is this the person who should be	will be used to implement the strategy for this serte or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, localifect?







FORM 2: Summary of Service Delivery Arrangements

Instructions:

Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.		
COUNTY:APPLING	Service: Jail	
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.): Appling County	
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is nization providing the service.):	
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:	
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the	
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):	
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional documed No	entation as described, below)	
If these conditions will continue under this strategy, a	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that diminated).	
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.		
	Page 1 of 2	

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fees, bonded indebtedness, etc.).	Eunding Mothe	. d		
Appling County	Funding Method General Fund, Fines & Fees			
City of Baxley General Fund General Fund				
City of Graham	General Fund			
Only of Granam	Constant and			
4. How will the strategy change the prev	vious arrangements for providing and/or funding th	is service within the county?		
	h contract with the Appling County Sheriff's Office to en added as funding local governments for jail serv			
this service:	ements or intergovernmental contracts that will be			
Agreement Name	Contracting Parties	Effective and Ending Dates		
3		Effective and Ending Dates		
		Effective and Ending Dates		
		Enecuve and Ending Dates		
		Enecuve and Ending Dates		
		Enective and Ending Dates		
		Enecuve and Ending Dates		
6. What other mechanisms (if any) will be	be used to implement the strategy for this service (rechanges, etc.), and when will they take effect?	e.g., ordinances, resolutions, local		
6. What other mechanisms (if any) will be	be used to implement the strategy for this service (e.g., ordinances, resolutions, local		
6. What other mechanisms (if any) will be acts of the General Assembly, rate or NONE 7. Person completing form: Lee Lewis	be used to implement the strategy for this service (e.g., ordinances, resolutions, local		
6. What other mechanisms (if any) will be acts of the General Assembly, rate or NONE 7. Person completing form: Lee Lewis Phone number: 912.367.8189	De used to implement the strategy for this service (ree changes, etc.), and when will they take effect? Date completed: 8-15-2017 tacted by state agencies when evaluating whether	e.g., ordinances, resolutions, local		







FORM 2: Summary of Service Delivery Arrangements

Instructions:

Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.		
COUNTY:APPLING	Service:Law Enforcement	
1. Check the box that best describes the agreed upor Service will be provided countywide (i.e., including this box is checked, identify the government, authorities).	ing all cities and unincorporated areas) by a single service provider. (If	
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is nization providing the service.):	
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:	
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the f Graham	
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):	
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional documents	entation as described, below)	
⊠ No		
overlapping but higher levels of service (See O.C.G.A. overlapping service areas or competition cannot be e	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).	
If these conditions will be eliminated under the 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.		
	Page 1 of 2	

	will help to pay for this service and indicate how the service will be funded (e.g., nds, special service district revenues, hotel/motel taxes, franchise taxes, impact
Local Government or Authority	Funding Method
Appling County	General Fund, Fines & Fees
City of Baxley	General Fund, Fines & Fees
City of Graham	General Fund, Fines & Fees

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

The Appling County Sheriff's Office operates countywide, however, the cities of Baxley and Graham provide an increased level of service by operating a city police departments within their city boundaries. Appling County Sheriff's Office will provide primary law enforcement in the City of Surrency and the unincorporated areas of Appling County.

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

Agreement Name	Contracting Parties	Effective and Ending Dates

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

$NI \cap V$	п⊏

7. Person completing form: Lee Lewis

Phone number: **912.367.8189** Date completed: 8-15-2017

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

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







FORM 2: Summary of Service Delivery Arrangements

Instructions:

Answer each question below, attaching additional pages as 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:APPLING	Service: Library
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 prity or organization providing the service.): Appling County Library
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ted portion of the county by a single service provider. (If this box is anization providing the service.):
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the
	nap delineating the service area of each service provider, and ration that will provide service within each service area.):
2. In developing this strategy, were overlapping 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.
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Local Government or Author	ority Funding	g Method
Appling County	General Fund	,
How will the strategy change the	ne previous arrangements for providing and/or fu	nding this service within the county?
	een updated to reflect that the Appling County Li	orary Board is a part of the Okefenokee
egional Library System.		
	agreements or intergovernmental contracts that	will be used to implement the strategy
his service:		
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
What other mechanisms (if an	Contracting Parties (i) will be used to implement the strategy for this strate or fee changes, etc.), and when will they take	ervice (e.g., ordinances, resolutions, lo
What other mechanisms (if an	y) will be used to implement the strategy for this s	
What other mechanisms (if an	y) will be used to implement the strategy for this s	ervice (e.g., ordinances, resolutions, lo
What other mechanisms (if an	y) will be used to implement the strategy for this s	ervice (e.g., ordinances, resolutions, lo
What other mechanisms (if any acts of the General Assembly,	y) will be used to implement the strategy for this s	ervice (e.g., ordinances, resolutions, lo
What other mechanisms (if any acts of the General Assembly,	y) will be used to implement the strategy for this strate or fee changes, etc.), and when will they take	ervice (e.g., ordinances, resolutions, lo
What other mechanisms (if any acts of the General Assembly,	y) will be used to implement the strategy for this strate or fee changes, etc.), and when will they take	ervice (e.g., ordinances, resolutions, lo
What other mechanisms (if any acts of the General Assembly, IONE Person completing form: Lee IPhone number: 912.367.8189 Is this the person who should I	y) will be used to implement the strategy for this strate or fee changes, etc.), and when will they take	ervice (e.g., ordinances, resolutions, lo







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

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Local Government or Author	ority Fund	ding Method
City of Baxley	General Fund	
City of Surrency	General Fund	
How will the strategy change to	ne previous arrangements for providing and/or	funding this service within the county?
Thow will the strategy originge to	to providing analogomento for providing analog	Tunding this service within the searty.
No change is anticipated.		
to change to anticipated.		
List any formal sorvice delivery	v agreements or intergovernmental contracts the	nat will be used to implement the strategy f
this service:	agreements of intergovernmental contracts to	nat will be used to implement the strategy is
Agreement Name	Contracting Parties	Effective and Ending Dates
	Contracting Parties	Effective and Ending Dates
	Contracting Parties	Effective and Ending Dates
	Contracting Parties	Effective and Ending Dates
	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
Agreement Name		
Agreement Name What other mechanisms (if any	Contracting Parties (y) will be used to implement the strategy for the rate or fee changes, etc.), and when will they the strategy for the rate or fee changes, etc.), and when will they the strategy for the rate or fee changes, etc.), and when will they the strategy for the rate or fee changes, etc.), and when will they the strategy for the rate or fee changes, etc.), and when will they the strategy for the rate or fee changes, etc.), and when will they the strategy for the rate or fee changes.	is service (e.g., ordinances, resolutions, loc
Agreement Name . What other mechanisms (if any	y) will be used to implement the strategy for the	
Agreement Name What other mechanisms (if any	y) will be used to implement the strategy for the	is service (e.g., ordinances, resolutions, loc
Agreement Name What other mechanisms (if an acts of the General Assembly,	y) will be used to implement the strategy for the	is service (e.g., ordinances, resolutions, loc
Agreement Name What other mechanisms (if an acts of the General Assembly,	y) will be used to implement the strategy for the	is service (e.g., ordinances, resolutions, loc
Agreement Name What other mechanisms (if any	y) will be used to implement the strategy for the	is service (e.g., ordinances, resolutions, loc
Agreement Name What other mechanisms (if any acts of the General Assembly,	y) will be used to implement the strategy for the rate or fee changes, etc.), and when will they t	is service (e.g., ordinances, resolutions, loc
What other mechanisms (if any acts of the General Assembly, NONE Person completing form: Lee I Phone number: 912.367.8189 Is this the person who should I	y) will be used to implement the strategy for the rate or fee changes, etc.), and when will they the changes.	is service (e.g., ordinances, resolutions, locale effect?







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:APPLING	Service: Parks
1. Check the box that best describes the agreed upon Service will be provided countywide (i.e., include this box is checked, identify the government, authority.)	ling all cities and unincorporated areas) by a single service provider. (If
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ted portion of the county by a single service provider. (If this box is anization providing the service.):
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the
⊠Other (If this box is checked, <u>attach a legible m</u> identify the government, authority, or other organize County, City of Baxley, City of Graham, City of States of	nap delineating the service area of each service provider, and cation that will provide service within each service area.): Appling Surrency
In developing this strategy, were overlapping servi identified?	ice 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	egy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
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3. List	each government or au	thority that will he	elp to pay for th	is service and ir	ndicate how the se	rvice will be funded	(e.g.,
ente	rprise funds, user fees,	general funds, s	pecial service d	istrict revenues,	hotel/motel taxes	, franchise taxes, im	pact
fees	, bonded indebtedness	, etc.).					

Local Government or Authority	Funding Method
Appling County	General Fund & Fees
City of Baxley	General Fund & Fees
City of Graham	General Fund
City of Surrency	General Fund

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

Appling County Parks are those parks which the County assumes the responsibility of operation and maintenance which are shown on the attached Exhibit A entitled Appling County Parks and delineated on the attached map. Each city assumes the responsibility of operation and maintenance of parks which are listed under their respective parks list on the attached Exhibit A and delineated on the attached map.

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

Agreement Name	Contracting Parties	Effective and Ending Dates

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

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Ν	റ	N	F

7. Person completing form: Lee Lewis

Phone number: **912.367.8189** Date completed: 8-15-2017

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:

Exhibit A

Appling County Parks

Appling County Recreation Complex	1675 County Farm Road
Max Deen Park	173 Walnut Street
E.J. Parker Park	65 Jr. High Drive
Falling Rocks Park – RV/Campsite	Deens Landing Road
Lake Mayers Public Park	Williams Drive
Tara Lake Public Park	Dunns Lake Road
Deens Landing	Deens Landing Road
Morris Landing	Morris Landing Road
Eason's Bluff Landing	Landing Road
Carter's Bight Landing	Carter Bight Landing Road

City of Baxley Parks

Water Works Park	Tippins Street
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City of Graham Parks

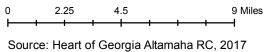
City Hall Walking Track	Golden Isles Highway West
City Train Walking Track	Solden Isles Inghway West

City of Surrency

Old Surrency High School and Baseball Field	Ga Highway 121 SE

Appling County Parks OBJECT Nam e 1 Appling County - Appling County Recreation Complex 2 Appling County - Max Deen Park 3 Appling County - E.J. Parker Park 4 Appling County - Falling Rocks Park - RV/Campsite 5 Appling County - Lake Mayers Public Park 6 Appling County - Tara Lake Public Park 7 Appling County - Deen's Landing 8 Appling County - Morris Landing 9 Appling County - Eason's Bluff Landing 10 Appling County - Carter's Bight Landing 11 Baxley - Water Works Park 12 Graham - City Hall Walking Track 13 Surrency - Old Surrency High School and Baseball Field Parks













FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

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Local Government or Author	ity Funding I	Method
City of Baxley	General Fund	
How will the strategy change the	previous arrangements for providing and/or fund	ing this service within the county?
lo change is anticipated.		
List any formal service delivery a this service:	agreements or intergovernmental contracts that wi	ill be used to implement the strategy f
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
What other mechanisms (if any)	will be used to implement the strategy for this ser te or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, loc
What other mechanisms (if any) acts of the General Assembly, ra	will be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, loc
What other mechanisms (if any)	will be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, loc
What other mechanisms (if any) acts of the General Assembly, ra	will be used to implement the strategy for this ser te or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, loc
What other mechanisms (if any) acts of the General Assembly, rand NONE Person completing form: Lee Lee Phone number: 912.367.8189 Is this the person who should be	will be used to implement the strategy for this ser te or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, localifect?







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

	ral fur	will help to pay for this service and indicate how the nds, special service district revenues, hotel/motel tax	
Local Covernment or Authori	4.,	Funding Mothod	
Local Government or Authority Appling County		General Fund, Fees & State	
		Fees	
City of Baxley City of Graham		Fees	
City of Granam		1 663	
4. How will the strategy change the	previ	ous arrangements for providing and/or funding this	service within the county?
	Baxley	s a provider for this service for the City of Graham M y, and City of Graham) shall provide this service eith	
5. List any formal service delivery a this service:	greer	ments or intergovernmental contracts that will be use	
Agreement Name		Contracting Parties	Effective and Ending Dates
		e used to implement the strategy for this service (e.gee changes, etc.), and when will they take effect?	g., ordinances, resolutions, local
NONE			
	Da conta	ate completed: 8-15-2017 acted by state agencies when evaluating whether pro	oposed local government
projects are consistent with the se		e delivery strategy? ⊠Yes □No on(s) and phone number(s) below:	







FORM 2: Summary of Service Delivery Arrangements

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:APPLING	Service: Public Health
I. Check the box that best describes the agreed upo	n delivery arrangement for this service:
	ing all cities and unincorporated areas) by a single service provider. (If brity or organization providing the service.): Appling County Health
Service will be provided only in the unincorporat checked, identify the government, authority or organization.	red portion of the county by a single service provider. (If this box is anization providing the service.):
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the
	nap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping servi 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).
f these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

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	eral funds, sp		dicate how the service will be funded (e.g., notel/motel taxes, franchise taxes, impact
Local Government or Author	rity	Func	ding Method
Appling County		eral Fund, Fees & State	J
4. How will the strategy change the	e previous arr	rangements for providing and/or	funding this service within the county?
	agreements c	or intergovernmental contracts th	hat will be used to implement the strategy fo
this service: Agreement Name		Contracting Parties	Effective and Ending Dates
s. What other mechanisms (if any acts of the General Assembly, ra			is service (e.g., ordinances, resolutions, locatake effect?
NONE			
7. Person completing form: Lee Lo Phone number: 912.367.8189		npleted: 8-15-2017	
3. Is this the person who should be projects are consistent with the			ng whether proposed local government
If not, provide designated contact	ct person(s) a	nd phone number(s) below:	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

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		IRI	\mathcal{M}	coni	tinued
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Local Government or Author	ity Funding I	Method
Baxley Housing Authority	Rent & HUD Funds	
How will the strategy change the	previous arrangements for providing and/or fund	ing this service within the county?
No change is anticipated.		
	greements or intergovernmental contracts that wi	ill be used to implement the strategy f
this service:		
Agreement Name	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
Agreement Name What other mechanisms (if any)	Contracting Parties will be used to implement the strategy for this ser re or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, loc
Agreement Name What other mechanisms (if any) acts of the General Assembly, ra	will be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, loc
Agreement Name What other mechanisms (if any) acts of the General Assembly, ra	will be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, loc
Agreement Name What other mechanisms (if any) acts of the General Assembly, ra	will be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, loc
Agreement Name What other mechanisms (if any) acts of the General Assembly, ra NONE Person completing form: Lee Le Phone number: 912.367.8189 Is this the person who should be	will be used to implement the strategy for this ser e or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, localifect?







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

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Local Government or Auth	ority Funding	Method
Appling County	General Fund & State	
., 5		
How will the strategy change t	he previous arrangements for providing and/or fund	ing this service within the county?
Tiow will the strategy change t	The previous arrangements for previous gardyor fund	ing the service within the sounty.
No change is anticipated.		
List any formal service delivery	y agreements or intergovernmental contracts that w	ill be used to implement the strategy f
u iio oci vice.		
Agreement Name	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
Agreement Name What other mechanisms (if an	y) will be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, loc
Agreement Name What other mechanisms (if an	y) will be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, loc
Agreement Name . What other mechanisms (if an	y) will be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, loc
Agreement Name What other mechanisms (if an acts of the General Assembly,	y) will be used to implement the strategy for this serate or fee changes, etc.), and when will they take of	vice (e.g., ordinances, resolutions, loc
What other mechanisms (if an acts of the General Assembly,	y) will be used to implement the strategy for this serate or fee changes, etc.), and when will they take of	vice (e.g., ordinances, resolutions, loc
What other mechanisms (if an acts of the General Assembly, NONE Person completing form: Lee I Phone number: 912.367.8189 Is this the person who should	y) will be used to implement the strategy for this ser rate or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, loceffect?







FORM 2: Summary of Service Delivery Arrangements

Instructions:

Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.				
COUNTY:APPLING	Service: Recreation			
Check the box that best describes the agreed upor				
	ng all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): Appling County			
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is nization providing the service.):			
	within their incorporated boundaries, and the service will not be provided intify the government(s), authority or organization providing the service:			
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the			
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):			
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service			
☐ Yes (if "Yes," you must attach additional documents and the second secon	entation as described, below)			
If these conditions will continue under this strategy, a	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).			
If these conditions will be eliminated under the strated will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.			
	Page 1 of 2			

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		IRI	\mathcal{M}	coni	tinued
	_	4 6 7 6	VI 65		

fees, bonded indebtedness, etc.			
Local Government or Author	rity	Funding Metho	od
Appling County		General Fund, Fees & SPLOST	
. How will the strategy change the	e previ	ous arrangements for providing and/or funding th	is service within the county?
Appling County funds and operat Appling County.	es this	service countywide. SPLOST funding has been a	added as a funding method for
i. List any formal service delivery this service:	agreen	nents or intergovernmental contracts that will be u	used to implement the strategy fo
Agreement Name		Contracting Parties	Effective and Ending Dates
		e used to implement the strategy for this service (ee changes, etc.), and when will they take effect?	
acts of the General Assembly, ra			
acts of the General Assembly, ra	ate or fo		
NONE Output Description: None Output Description: Assembly, reserved and seem of the General Assembly and seem of	ewis Da	te completed: 8-15-2017 cted by state agencies when evaluating whether	
NONE 7. Person completing form: Lee Lee Phone number: 912.367.8189 8. Is this the person who should be projects are consistent with the second projects.	ewis Da e conta	te completed: 8-15-2017 cted by state agencies when evaluating whether	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

		will help to pay for this service and indicate how the ads, special service district revenues, hotel/motel tax	
Local Government or Authorit	y	Funding Method	LOOT
Appling County		General Fund, DOT, Grants, TIA(TSPLOST) & SP	
City of Baxley		General Fund. DOT, Grants, TIA(TSPLOST) & SP	LOST
4. How will the strategy change the	previo	ous arrangements for providing and/or funding this s	service within the county?
	sist tl	or each local government providing this service. When the municipalities with construction, paving, and state areas.	
this service:	greem	nents or intergovernmental contracts that will be use	
Agreement Name		Contracting Parties	Effective and Ending Dates
		e used to implement the strategy for this service (e.gee changes, etc.), and when will they take effect?	,, ordinances, resolutions, local
NONE			
7. Person completing form: Lee Lew Phone number: 912.367.8189		te completed: 8-15-2017	
8. Is this the person who should be oprojects are consistent with the se		cted by state agencies when evaluating whether prodelivery strategy? ⊠Yes □No	oposed local government
If not, provide designated contact	perso	on(s) and phone number(s) below:	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

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

Local Government or Authority	Funding Method
Appling County	General Fund, TIA(TSPLOST), Grants, GDOT, IPT, LOST, SPLOST
City of Baxley	General Fund, TIA(TSPLOST), Grants, GDOT, SPLOST
City of Graham	General Fund, TIA(TSPLOST), Grants, GDOT
City of Surrency	General Fund, TIA(TSPLOST), Grants, GDOT

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

Funding methods have been updated for each local government providing this service. Appling County will be responsible for the grading of all dirt roads, including those in municipalities. The County is also responsible for roads outside of the traditional circular city limits of the City of Baxley until it is deemed that fifty (50) percent of the adjoining residents have annexed into the City of Baxley, at which time the City of Baxley assumes responsibility of Road/Street Maintenance. In lieu of providing the service to these roadways in the city, road/street maintenance funding from the county to the City of Baxley will be equal to the county maintenance cost per linear mile on unincorporated roads.

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

Agreement Name	Contracting Parties	Effective and Ending Dates

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

NO	NE
----	----

7. Person completing form: Lee Lewis

Phone number: **912.367.8189** Date completed: 8-15-2017

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

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







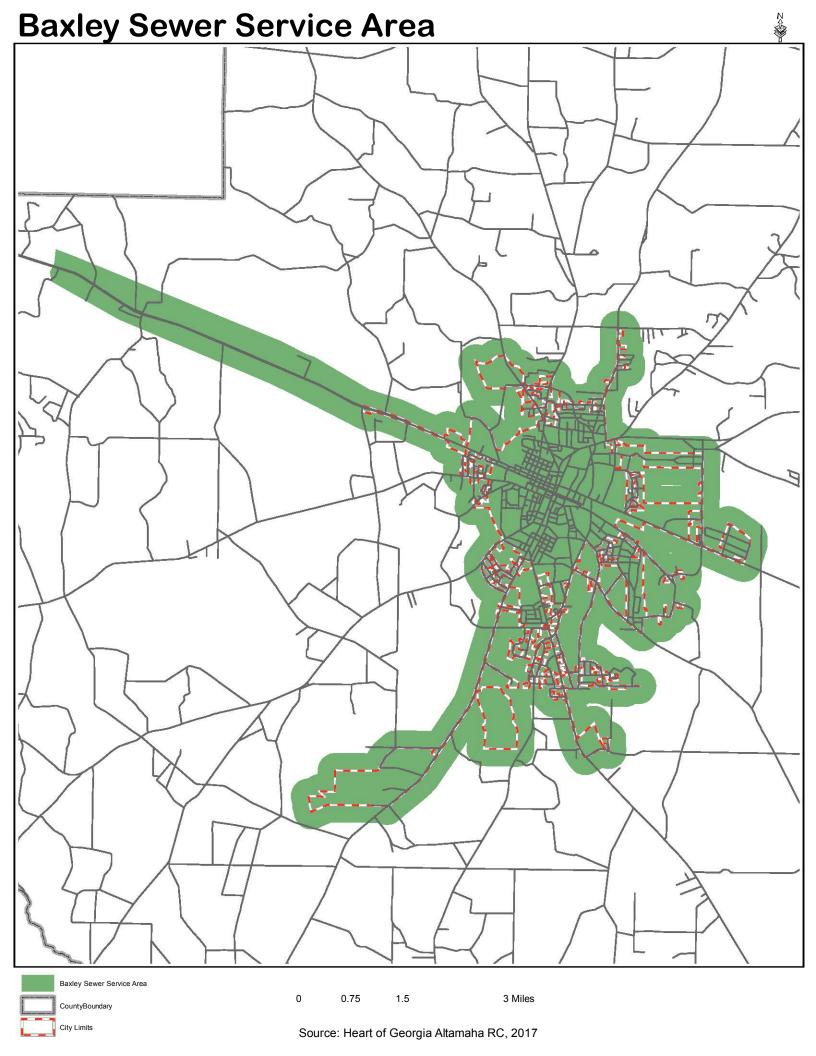
FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

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	_	-			_			

Local Covernment or Author	rity.	Eundina M	othod
Local Government or Author City of Baxley	ority	Sewer Fund, SPLOST	etnoa
City of Baxiey		Sewer Fulla, SF LOST	
. How will the strategy change th	ne previo	ous arrangements for providing and/or funding	g this service within the county?
the attached Sewer Service Map	o. SPLO	ice within its incorporated boundary as well as ST funding was added as a funding method a	as well as a new service area map.
	agreen	nents or intergovernmental contracts that will	be used to implement the strategy
this service:		-	, 37
this service: Agreement Name		Contracting Parties	Effective and Ending Date
		Contracting Parties	
Agreement Name . What other mechanisms (if any	/) will be rate or fe	Contracting Parties e used to implement the strategy for this service changes, etc.), and when will they take effects	Effective and Ending Date ce (e.g., ordinances, resolutions, lo
Agreement Name . What other mechanisms (if any	/) will be	used to implement the strategy for this servi	Effective and Ending Date ce (e.g., ordinances, resolutions, lo
. What other mechanisms (if any acts of the General Assembly,	rate or fo	used to implement the strategy for this servi	Effective and Ending Date ce (e.g., ordinances, resolutions, lo
What other mechanisms (if any acts of the General Assembly, INONE Person completing form: Lee Le Phone number: 912.367.8189	ewis Da	e used to implement the strategy for this servi ee changes, etc.), and when will they take eff	Effective and Ending Date ce (e.g., ordinances, resolutions, lo ect?









FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

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.).

Local Government or Authority	Funding Method
Appling County	General Fund & Fees, Insurance Premium Tax
City of Baxley	General Fund & Fees
City of Graham	General Fund & Fees
City of Surrency	General Fund & Fees

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

No change is anticipated. Each government is responsible for solid waste collection and disposal within their own jurisdiction. Any use of Insurance Premium Tax (IPT) funds by Appling County will only be spent for services in the unincorporated area.

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

Agreement Name	Contracting Parties	Effective and Ending Dates

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

$M \cap M$	╚

7. Person completing form: Lee Lewis

Phone number: **912.367.8189** Date completed: 8-15-2017

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

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







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

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fees, bonded indebtedness, etc.). Local Government or Authority	Funding Method	1
City of Baxley	General Fund	
City of Graham	General Fund	
City of Surrency	General Fund	
How will the strategy change the prev	vious arrangements for providing and/or funding this	service within the county?
No change is anticipated.		
this service: Agreement Name	Contracting Parties	Effective and Ending Dates
	be used to implement the strategy for this service (e. fee changes, etc.), and when will they take effect?	g., ordinances, resolutions, local
		g., ordinances, resolutions, loca
acts of the General Assembly, rate or		g., ordinances, resolutions, loca
acts of the General Assembly, rate or NONE 7. Person completing form: Lee Lewis		g., ordinances, resolutions, loca
none None 7. Person completing form: Lee Lewis Phone number: 912.367.8189	fee changes, etc.), and when will they take effect? ate completed: 8-15-2017 acted by state agencies when evaluating whether p	







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

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Local Government or Author	rity Funding I	Method
Appling County	General Fund	
How will the strategy change the	previous arrangements for providing and/or fundi	ing this service within the county?
No change is anticipated.		
List any formal service delivery a this service:	agreements or intergovernmental contracts that wi	ill be used to implement the strategy f
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
What other mechanisms (if any)	will be used to implement the strategy for this serte or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, loc
What other mechanisms (if any) acts of the General Assembly, ra	will be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, loc
What other mechanisms (if any)	will be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, loc
What other mechanisms (if any) acts of the General Assembly, ra	will be used to implement the strategy for this serte or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, loc
What other mechanisms (if any) acts of the General Assembly, random NONE Person completing form: Lee Lee Phone number: 912.367.8189 Is this the person who should be	will be used to implement the strategy for this serte or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, localifect?







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 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:APPLING	Service: Tax Collection	
Check the box that best describes the agreed upon	n delivery arrangement for this service:	
Service will be provided countywide (i.e., including this box is checked, identify the government, authorized the countywide (i.e., including the countywide).	ing all cities and unincorporated areas) by a single service provider. (If prity or organization providing the service.):	
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is anization providing the service.):	
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:	
	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the	
	nap delineating the service area of each service provider, and ation that will provide service within each service area.):	
2. In developing this strategy, were overlapping servi identified?	ce areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)	
If these conditions will continue under this strategy, <u>a</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).	
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.	
	Page 1 of 2	

SDS FORM 2, continued

	rity that will help to pay for this service neral funds, special service district re s.).			
Local Government or Author	ority	Funding Method		
Appling County	General Fund			
City of Baxley	General Fund			
4. How will the strategy change the	ne previous arrangements for providi	ng and/or funding this	service within the county?	
The City of Baxley is responsible a contract with the Appling Cour	collect county taxes countywide through for collecting any city taxes levied in the cities of the currently levied from Graham or S	n the City of Baxley an Graham and Surrency	d provides this service through	
this service:	agreements or intergovernmental c			
Agreement Name	Contracting Par	ties	Effective and Ending Dates	
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?				
NONE				
7. Person completing form: Lee Lewis Phone number: 912.367.8189 Date completed: 8-15-2017				
	be contacted by state agencies when service delivery strategy? Yes		oposed local government	
If not, provide designated conta	ct person(s) and phone number(s) b	elow:		







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

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		IRI	\mathcal{M}	coni	tinued
	_	4 6 7 6	VI 65		

Local Government or Auth	ority Funding	Method
Appling County	Hotel/Motel Tax	
11 3		
How will the strategy change t	he previous arrangements for providing and/or fund	ling this service within the county?
No change is anticipated.		
List any formal service deliver	y agreements or intergovernmental contracts that w	rill be used to implement the strategy f
this service:	y agreemente of intergerentinental contracte that is	, and a second of
this service: Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name What other mechanisms (if an		Effective and Ending Date rvice (e.g., ordinances, resolutions, loc
Agreement Name What other mechanisms (if an	Contracting Parties y) will be used to implement the strategy for this set	Effective and Ending Date rvice (e.g., ordinances, resolutions, loc
What other mechanisms (if an	Contracting Parties y) will be used to implement the strategy for this set	Effective and Ending Date rvice (e.g., ordinances, resolutions, loc
Agreement Name What other mechanisms (if an acts of the General Assembly,	Contracting Parties y) will be used to implement the strategy for this set	Effective and Ending Date rvice (e.g., ordinances, resolutions, loc
What other mechanisms (if an acts of the General Assembly,	y) will be used to implement the strategy for this serate or fee changes, etc.), and when will they take of	Effective and Ending Date rvice (e.g., ordinances, resolutions, loc
What other mechanisms (if an acts of the General Assembly, NONE Person completing form: Lee Phone number: 912.367.8189 Is this the person who should	y) will be used to implement the strategy for this serate or fee changes, etc.), and when will they take of the changes of the change of	rvice (e.g., ordinances, resolutions, loceffect?







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

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		IRI	\mathcal{M}	coni	tinued
	_	4 6 7 6	VI 65		

	neral fu	will help to pay for this service and indicate how nds, special service district revenues, hotel/mote	
Local Government or Author	ority	Funding Metl	nod
Appling County		General Fund	. + -
City of Baxley		General Fund	
ony or basiley		Constant and	
4. How will the strategy change th	ne prev	ious arrangements for providing and/or funding t	his service within the county?
		ion service countywide for all elections. The City s of Graham, and Surrency were removed from	
5. List any formal service delivery this service:	agreei	ments or intergovernmental contracts that will be	e used to implement the strategy for
Agreement Name		Contracting Parties	Effective and Ending Dates
Municipal Elections IGA	Applir	ng County - City of Baxley	08/2017 - 08/2067
		e used to implement the strategy for this service fee changes, etc.), and when will they take effec	
NONE			
7. Person completing form: Lee L Phone number: 912.367.8189		ate completed: 8-15-2017	
		acted by state agencies when evaluating whether e delivery strategy? ⊠Yes ⊡No	er proposed local government
If not, provide designated conta	ct pers	on(s) and phone number(s) below:	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

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

SDS FORM 2, continued

3. List	each government or au	thority that will he	elp to pay for th	is service and ir	ndicate how the se	rvice will be funded	(e.g.,
ente	rprise funds, user fees,	general funds, s	pecial service d	istrict revenues,	hotel/motel taxes	, franchise taxes, im	pact
fees	, bonded indebtedness	, etc.).					

Local Government or Authority	Funding Method
City of Baxley	Enterprise Fund, SPLOST, Grants
City of Graham	Enterprise Fund, Grants
City of Surrency	Enterprise Fund, Grants

	The cities of Baxley, Graham, and Surrency may provide water service to customers within the service areas shown on
ı	the attached map. The map has been updated to show current and future areas of water service.

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

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

Agreement Name	Contracting Parties	Effective and Ending Dates	

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

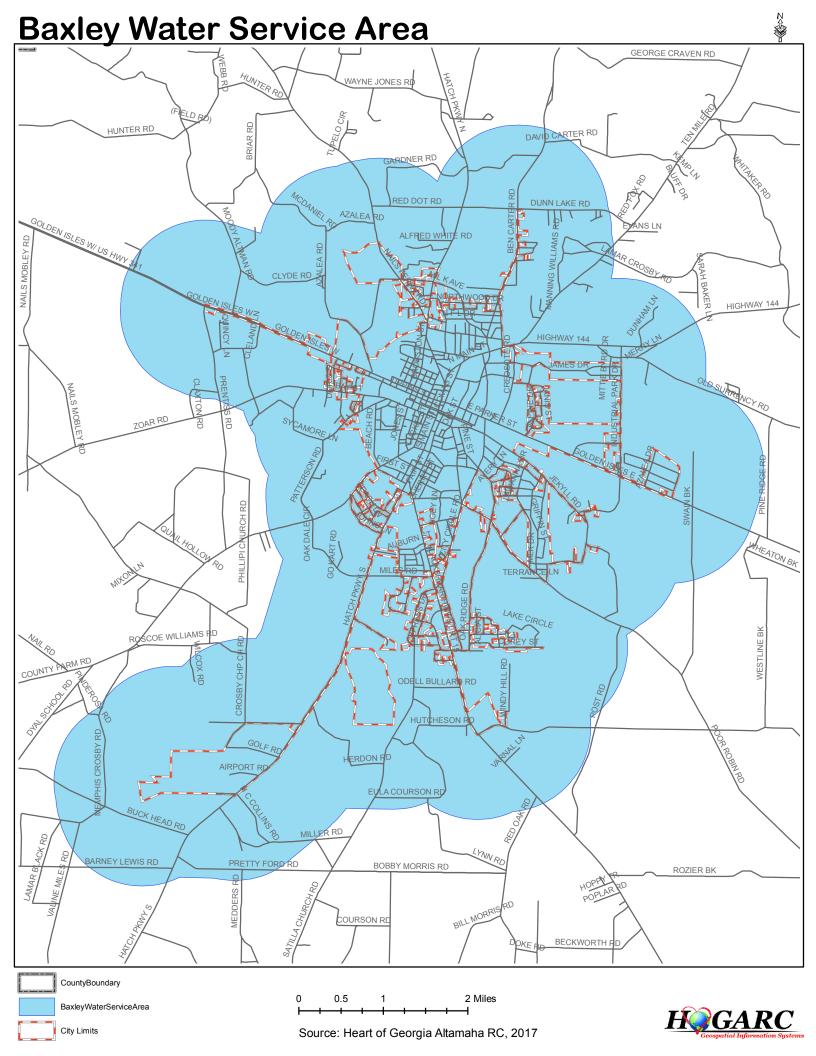
N	\sim	١N	I⊏

7. Person completing form: Lee Lewis

Phone number: **912.367.8189** Date completed: 8-15-2017

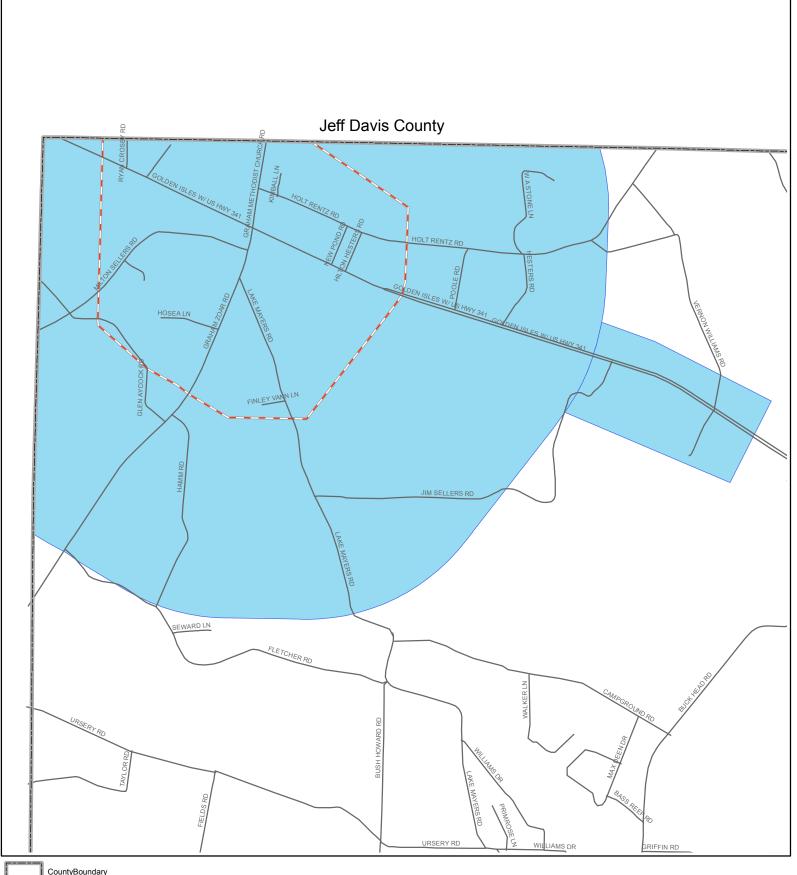
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ⊠Yes □No

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

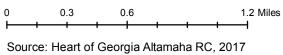


Graham Water Service Area

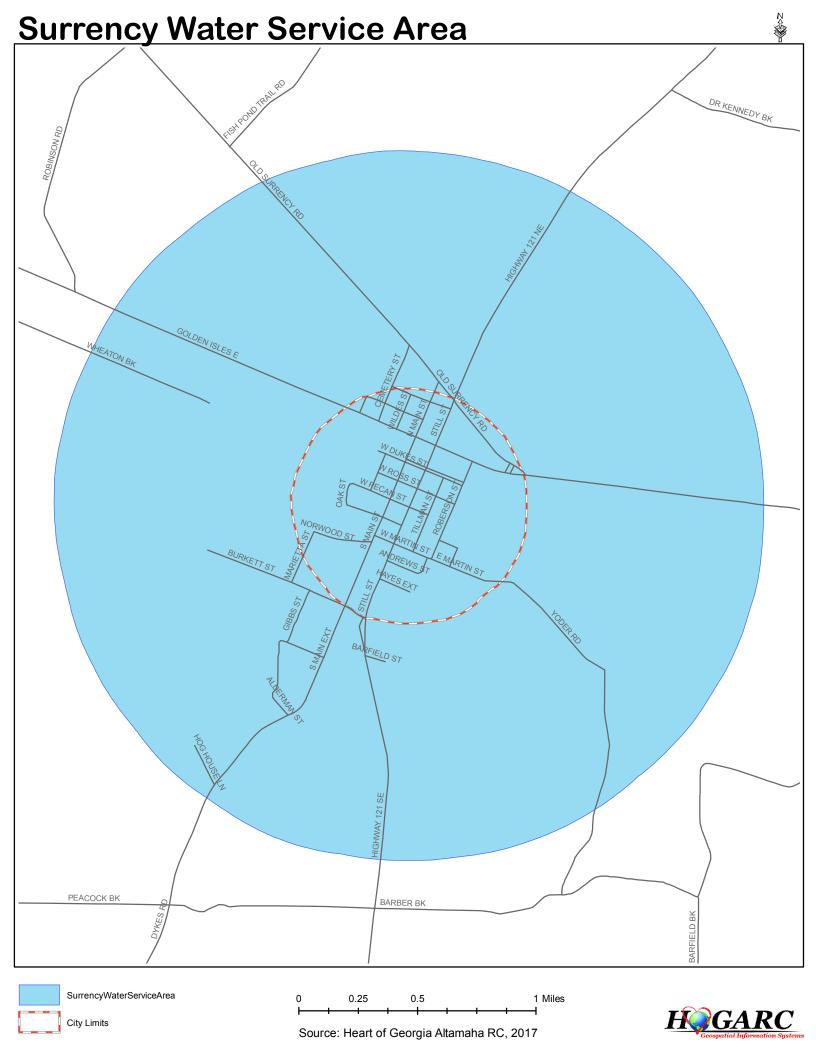


















FORM 3: Summary of Land Use Agreements

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:APPLING				
What incompatibilities or conflicts between the land use plans of local governments wideveloping the service delivery strategy? NONE	ere identified in the process of			
	NOTE:			
	If the necessary plan amendments,			
	been formally adopted, indicate when			
Uther measures (amend zoning ordinances, add environmental regulations, etc.)	each of the affected local governments will adopt them.			
3. What policies, procedures and/or processes have been established by local governm authorities) to ensure that new extraterritorial water and sewer service will be consistent and ordinances? Appling County and all cities have adopted a joint resolution to insure and sewer service is compatible with land use plans and ordinances of the territory of the which the new service is to be extended.	with all applicable land use plans that proposed extraterritorial water			
4. Person completing form: Lee Lewis				
Phone number: 912.367.8189 Date completed: 8-15-2017				
5. Is this the person who should be contacted by state agencies when evaluating whether projects are consistent with the service delivery strategy? ☐Yes ☐No	er proposed local government			
If not, provide designated contact person(s) and phone number(s) below:				
authorities) to ensure that new extraterritorial water and sewer service will be consistent and ordinances? Appling County and all cities have adopted a joint resolution to insure and sewer service is compatible with land use plans and ordinances of the territory of the which the new service is to be extended. 4. Person completing form: Lee Lewis Phone number: 912.367.8189 Date completed: 8-15-2017 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	If the necessary plan amendments, regulations, ordinances, etc. have not yet been formally adopted, indicate when each of the affected local governments will adopt them. The second of the affected local governments will adopt them. The second of the affected local governments will adopt them.			







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: APPLING

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

- 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 38-70-21);
- Our service delivery strategy promotes the delivery of local government services in the most efficient, effective, and responsive manner (O.C.G.A. 36-70-24 (1));
- Our service delivery strategy provides that water or sewer fees charged to customers located outside the geographic boundaries of a service provider are reasonable and are not arbitrarily higher than the fees charged to customers located within the geographic boundaries of the service provider (O.C.G.A. 36-70-24 (20); and
- 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
APPLING COUNTY	Chairman	Lewis Parker	Toplat	29.21-5
CITY OF BAXLEY	Mayor	Steve Rigdon	Steve high	7-2-1
CITY OF GRAHAM	Mayor	Don Rentz	Don tong	9-21-17
CITY OF SURRENCY	Mayor	Pat Webster	Pat Webster	9227