





## FORM 1

COUNTY: BAKER

#### I. GENERAL INSTRUCTIONS:

OPTION A

- 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 B

Revising or Adding to the SDS	Extending the Existing SDS
<ul> <li>4. List all services provided or primarily funded by each general purpose local government and authority within the county which are revised or added to the SDS in Section IV, below. (It is acceptable to break a service into separate components if this will facilitate description of the service delivery strategy.)</li> <li>5. For each service or service component listed in Section IV, complete a separate, updated Summary of Service Delivery Arrangements form (FORM 2).</li> <li>6. Complete one copy of the Certifications form (FORM 4)</li> </ul>	<ol> <li>In Section IV type, "NONE."</li> <li>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).]</li> <li>Proceed to step 7, below.</li> </ol> For answers to most frequently asked questions on Georgia's Service Delivery Act, links and helpful
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).]	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.

**Baker County** 

City of Newton

**Grady EMS** 

Georgia Forestry Commission (On behalf of Baker County)

Southwest Georgia Community Action Council, Inc.( On behalf of Baker County)

Desoto Trail Regional Library

Baker County Senior Center

**Baker County Health Department** 

# 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** 

Community Service Workers

Coroner

Courts (Other)

Elections (Mayor & Council)

Elections (Other)

**Emergency Management & Rescue** 

**Forestry Services** 

**Head Start Center** 

Indigent Defense

Jail

Law Enforcement

Library

Parks & Recreation

Planning & Zoning

Prison Road Crew

**Public Health Services** 

**Public Works** 

Senior Citizens Center

**Social Services** 

Storm-Water Management

Tax Assesor

Tax Collection

Tax Commissioner/Tax Digest

Voter Registration

Water Supply/Distribution

#### 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.

Agricultural Service including County Agents, NRCS-Revised:Name changed See box 4 on Form 2

Building Inspection-Revised: See box 4 on Form 2

Courts (Traffic)- Revised:Name changed to Courts(City). See Form 2 of Courts(City)

Fire Protection-Revised: See box 4 on Form 2

Road/Bridge Construction & Maintenance-Revised: See box 4 on Form 2

Solid Waste Management-Revised: See box 4 on Form 2







# FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

should be reported to the Department of Community Affairs.		
COUNTY:BAKER COUNTY	Service: Agricultural Services	
Check the box that best describes the agreed upon	n delivery arrangement for this service:	
Service will be provided countywide (i.e., includ	ing all cities and unincorporated areas) by a single service provider. (If brity or organization providing the service.):Baker County by support of	
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is 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, attach a legible midentify the government, authority, or other organization)	nap delineating the service area of each service provider, and ation that will provide service within each service area.):	
2. In developing this strategy, were overlapping servi identified?	ce areas, unnecessary competition and/or duplication of this service	
☐ <b>Yes</b> (if "Yes," you must attach additional docum	entation as described, below)	
⊠No		
f these conditions will continue under this strategy, <b>a</b> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be expressed to the contract of the service areas or competition cannot be expressed to the contract of the co	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.	

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Local Government or Author	ority	Funding Met	hod
Baker County	General Funds		7700
, , , , , , , , , , , , , , , , , , ,			
How will the strategy change t	he previ	ous arrangements for providing and/or funding	this service within the county?
la abanca Nama madatad form	- A:	Itural Caminas instruction County Asserts NDCC	to Aminutural Coming for
No cnange. Name updated from clarification.	n Agricu	Itural Services including County Agents, NRCS	to Agricultural Service for
List any formal service delivery	y agreer	nents or intergovernmental contracts that will be	e used to implement the strategy
this service:			
		Contracting Parties	Effective and Ending Date
Agreement Name	Baker	Contracting Parties County BOC & Emmett Lanier Jordan	Effective and Ending Date 05/01/17 - 04/30/18; Will
Agreement Name	Baker		1
Agreement Name	Baker		05/01/17 - 04/30/18; Will
Agreement Name	Baker		05/01/17 - 04/30/18; Will renew at the end of the
Agreement Name	Baker		05/01/17 - 04/30/18; Will renew at the end of the
Agreement Name	Baker		05/01/17 - 04/30/18; Will renew at the end of the
Agreement Name Consultant Services			05/01/17 - 04/30/18; Will renew at the end of the contract period
Agreement Name Consultant Services  What other mechanisms (if an	y) will be	County BOC & Emmett Lanier Jordan	05/01/17 - 04/30/18; Will renew at the end of the contract period  e (e.g., ordinances, resolutions, lo
Agreement Name Consultant Services  What other mechanisms (if an	y) will be	County BOC & Emmett Lanier Jordan  e used to implement the strategy for this service	05/01/17 - 04/30/18; Will renew at the end of the contract period  e (e.g., ordinances, resolutions, lo
Agreement Name Consultant Services  What other mechanisms (if an	y) will be	County BOC & Emmett Lanier Jordan  e used to implement the strategy for this service	05/01/17 - 04/30/18; Will renew at the end of the contract period  e (e.g., ordinances, resolutions, lo
Agreement Name Consultant Services  What other mechanisms (if an	y) will be	County BOC & Emmett Lanier Jordan  e used to implement the strategy for this service	05/01/17 - 04/30/18; Will renew at the end of the contract period  e (e.g., ordinances, resolutions, lo
Agreement Name Consultant Services  What other mechanisms (if an	y) will be	County BOC & Emmett Lanier Jordan  e used to implement the strategy for this service	05/01/17 - 04/30/18; Will renew at the end of the contract period  e (e.g., ordinances, resolutions, lo
Consultant Services  . What other mechanisms (if an	y) will be	County BOC & Emmett Lanier Jordan  e used to implement the strategy for this service	05/01/17 - 04/30/18; Will renew at the end of the contract period  e (e.g., ordinances, resolutions, lo
Agreement Name Consultant Services  What other mechanisms (if an acts of the General Assembly,	y) will be rate or f	County BOC & Emmett Lanier Jordan  e used to implement the strategy for this service	05/01/17 - 04/30/18; Will renew at the end of the contract period  e (e.g., ordinances, resolutions, lo
Agreement Name Consultant Services  What other mechanisms (if an acts of the General Assembly,  Person completing form: Conr Phone number: 229.734.3000  Is this the person who should if	y) will be rate or f	e used to implement the strategy for this service ee changes, etc.), and when will they take effective.	05/01/17 - 04/30/18; Will renew at the end of the contract period  e (e.g., ordinances, resolutions, loct?







# FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

should be reported to the Department of Community Affairs.		
COUNTY:BAKER	Service: Ambulance	
Check the box that best describes the agreed upor	n delivery arrangement for this service:	
The officer and box that boot december the agreed apor	r donvery arrangement for and convice.	
	ng all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): <b>Grady EMS</b>	
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:	
<del></del> ·	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	
☐ <b>Yes</b> (if "Yes," you must attach additional docume	entation as described, below)	
⊠No		
If these conditions will continue under this strategy, <u>a</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).	
If these conditions will be eliminated under the strated will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.	
	Page 1 of 2	

Agreement Name    Saker County   General Funds	low will the strategy change the pi	General Funds	nding this service within the county?
List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy his service:    Agreement Name		revious arrangements for providing and/or fur	nding this service within the county?
ist any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy is service:    Agreement Name		revious arrangements for providing and/or fur	nding this service within the county?
ist any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy is service:    Agreement Name		revious arrangements for providing and/or fur	nding this service within the county?
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ist any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy is service:    Agreement Name	change		
ist any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy is service:    Agreement Name	change		
ist any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy is service:    Agreement Name	change		
Agreement Name    Saker County BOC & Grady EMS   D5/28/17 - 05/31/22			
Agreement Name    Saker County BOC & Grady EMS   D5/28/17 - 05/31/22			
Agreement Name    Saker County BOC & Grady EMS   D5/28/17 - 05/31/22			
Agreement Name    Saker County BOC & Grady EMS   D5/28/17 - 05/31/22			
Agreement Name  MS Agreement  Baker County BOC & Grady EMS  O5/28/17 - 05/31/22  Will renew at the end of the contract period  What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, lects of the General Assembly, rate or fee changes, etc.), and when will they take effect?  Person completing form: Connie Hobbs, County Commission Chairman Phone number: 229.734.3000  Date completed: September 2017		eements or intergovernmental contracts that	will be used to implement the strategy
MS Agreement  Baker County BOC & Grady EMS  O5/28/17 - 05/31/22  Will renew at the end of the contract period  Contract period  What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, lets of the General Assembly, rate or fee changes, etc.), and when will they take effect?  Person completing form: Connie Hobbs, County Commission Chairman Thone number: 229.734.3000  Date completed: September 2017	ils service:		
Will renew at the end of the contract period  What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, lects of the General Assembly, rate or fee changes, etc.), and when will they take effect?  Person completing form: Connie Hobbs, County Commission Chairman hone number: 229.734.3000  Date completed: September 2017			Effective and Ending Da
Vhat other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, leads of the General Assembly, rate or fee changes, etc.), and when will they take effect?  Person completing form: Connie Hobbs, County Commission Chairman thone number: 229.734.3000 Date completed: September 2017	AS Agreement Ba	ker County BOC & Grady EMS	
What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, locts of the General Assembly, rate or fee changes, etc.), and when will they take effect?  Person completing form: Connie Hobbs, County Commission Chairman hone number: 229.734.3000 Date completed: September 2017			
cts of the General Assembly, rate or fee changes, etc.), and when will they take effect?  Person completing form: Connie Hobbs, County Commission Chairman hone number: 229.734.3000 Date completed: September 2017			contract period
Person completing form: Connie Hobbs, County Commission Chairman hone number: 229.734.3000 Date completed: September 2017			
Person completing form: Connie Hobbs, County Commission Chairman hone number: 229.734.3000 Date completed: September 2017			
Person completing form: Connie Hobbs, County Commission Chairman hone number: 229.734.3000 Date completed: September 2017			
Person completing form: Connie Hobbs, County Commission Chairman hone number: 229.734.3000 Date completed: September 2017			
Thone number: 229.734.3000 Date completed: September 2017	of the General Assembly, rate	or ree changes, etc.), and when will they take	e enect:
Phone number: 229.734.3000 Date completed: September 2017			
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Phone number: 229.734.3000 Date completed: September 2017			
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Phone number: 229.734.3000 Date completed: September 2017			
Phone number: 229.734.3000 Date completed: September 2017			
s this the person who should be contacted by state agencies when evaluating whether proposed local government			
	hone number: 229.734.3000 s this the person who should be co	Date completed: September 2017	hether proposed local government
f not, provide designated contact person(s) and phone number(s) below:	hone number: 229.734.3000  s this the person who should be corojects are consistent with the serv	Date completed: September 2017  ontacted by state agencies when evaluating wirde delivery strategy? ⊠Yes □No	hether proposed local government







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

#### Instructions:

should be reported to the Department of Community Affairs.	
COUNTY:BAKER COUNTY	Service: Building Inspection
Check the box that best describes the agreed upor	a delivery arrangement for this service:
_	
Service will be provided countywide (i.e., includi this box is checked, identify the government, authority the government, authority the government.	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.):
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is nization providing the service.):
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ <b>Yes</b> (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that diminated).
If these conditions will be eliminated under the strated will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
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City of Newton  Baker County  Permit Fees  How will the strategy change the previous arrangements for providing and/or funding this service within the county?  Baker County has an Intergovernmental Agreement with the City of Newton to provide services in the County for mobile nomes inspections. Jerry McNeese provides the service for both the County and the City  List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy this service:  Agreement Name  Contracting Parties  Effective and Ending Date Contract Services  Baker County BOC & Jerry McNeese  04/13/15 - Ongoing Intergovernmental Agreement  Baker County & City of Newton  09/14/15- Ongoing  What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, lo acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?  Person completing form: Connie Hobbs, County Commission Chairman Phone number: 229.734.3000  Date completed: September 2017  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?   No	Local Government or Author	ority Funding M	lethod
How will the strategy change the previous arrangements for providing and/or funding this service within the county?  Baker County has an Intergovernmental Agreement with the City of Newton to provide services in the County for mobile nomes inspections. Jerry McNeese provides the service for both the County and the City  List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy this service:  Agreement Name	City of Newton	General Funds	
Baker County has an Intergovernmental Agreement with the City of Newton to provide services in the County for mobile formes inspections. Jerry McNeese provides the service for both the County and the City  List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy of this service:    Agreement Name	Baker County	Permit Fees	
Agreement Name Contracting Parties Effective and Ending Date Contract Services Baker County & City of Newton Contract Services Baker County & City of Newton Contract Services  Baker County & City of Newton  Contracting Parties Contract Services  Baker County & City of Newton  O9/14/15- Ongoing  What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, lo acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?  Person completing form: Connie Hobbs, County Commission Chairman Phone number: 229.734.3000  Date completed: September 2017  Is this the person who should be contacted by state agencies when evaluating whether proposed local government			
Saker County has an Intergovernmental Agreement with the City of Newton to provide services in the County for mobile formes inspections. Jerry McNeese provides the service for both the County and the City  List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy this service:    Agreement Name			
Saker County has an Intergovernmental Agreement with the City of Newton to provide services in the County for mobile formes inspections. Jerry McNeese provides the service for both the County and the City  List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy this service:    Agreement Name			
Baker County has an Intergovernmental Agreement with the City of Newton to provide services in the County for mobile loomes inspections. Jerry McNeese provides the service for both the County and the City  List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy this service:    Agreement Name			
List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy of this service:    Agreement Name	How will the strategy change the	ne previous arrangements for providing and/or fundir	ng this service within the county?
List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy of this service:    Agreement Name			
List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy this service:    Agreement Name			
List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy his service:    Agreement Name			
Agreement Name Contract Services Baker County BOC & Jerry McNeese Od/13/15 - Ongoing Intergovernmental Agreement Baker County & City of Newton Og/14/15- Ongoing  What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, loacts of the General Assembly, rate or fee changes, etc.), and when will they take effect?  Person completing form: Connie Hobbs, County Commission Chairman Phone number: 229.734.300 Date completed: September 2017  Is this the person who should be contacted by state agencies when evaluating whether proposed local government	omes inspections. Jerry McNe	eese provides the service for both the County and the	e City
Agreement Name Contract Services Baker County BOC & Jerry McNeese Od/13/15 - Ongoing Intergovernmental Agreement Baker County & City of Newton Og/14/15- Ongoing  What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, loacts of the General Assembly, rate or fee changes, etc.), and when will they take effect?  Person completing form: Connie Hobbs, County Commission Chairman Phone number: 229.734.300 Date completed: September 2017  Is this the person who should be contacted by state agencies when evaluating whether proposed local government			
Agreement Name Contract Services Baker County BOC & Jerry McNeese Od/13/15 - Ongoing Intergovernmental Agreement Baker County & City of Newton Og/14/15- Ongoing  What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, loacts of the General Assembly, rate or fee changes, etc.), and when will they take effect?  Person completing form: Connie Hobbs, County Commission Chairman Phone number: 229.734.300 Date completed: September 2017  Is this the person who should be contacted by state agencies when evaluating whether proposed local government			
Agreement Name Contract Services Baker County BOC & Jerry McNeese Od/13/15 - Ongoing Intergovernmental Agreement Baker County & City of Newton Og/14/15- Ongoing  What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, loacts of the General Assembly, rate or fee changes, etc.), and when will they take effect?  Person completing form: Connie Hobbs, County Commission Chairman Phone number: 229.734.300 Date completed: September 2017  Is this the person who should be contacted by state agencies when evaluating whether proposed local government	List any formal service delivery	, and an anta an internal common antal acoutracts that will	
Contract Services  Baker County & City of Newton  09/14/15- Ongoing  Baker County & City of Newton  09/14/15- Ongoing  What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, lo acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?  Person completing form: Connie Hobbs, County Commission Chairman  Phone number: 229.734.3000  Date completed: September 2017  Is this the person who should be contacted by state agencies when evaluating whether proposed local government	Liot airy rollinal colvido aciivoly	/ agreements or intergovernmental contracts that will	I be used to implement the strategy
Contract Services  Baker County & City of Newton  09/14/15- Ongoing  Baker County & City of Newton  09/14/15- Ongoing  What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, lo acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?  Person completing form: Connie Hobbs, County Commission Chairman  Phone number: 229.734.3000  Date completed: September 2017  Is this the person who should be contacted by state agencies when evaluating whether proposed local government		r agreements or intergovernmental contracts that will	be used to implement the strategy
The present and the present an	this service:		
What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, lo acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?  Person completing form: Connie Hobbs, County Commission Chairman Phone number: 229.734.3000 Date completed: September 2017  Is this the person who should be contacted by state agencies when evaluating whether proposed local government	his service:  Agreement Name	Contracting Parties	Effective and Ending Dat
Person completing form: Connie Hobbs, County Commission Chairman Phone number: 229.734.3000 Date completed: September 2017  Is this the person who should be contacted by state agencies when evaluating whether proposed local government	Agreement Name Contract Services	Contracting Parties  Baker County BOC & Jerry McNeese	Effective and Ending Date 04/13/15 - Ongoing
Person completing form: Connie Hobbs, County Commission Chairman Phone number: 229.734.3000 Date completed: September 2017  Is this the person who should be contacted by state agencies when evaluating whether proposed local government	Agreement Name Contract Services	Contracting Parties  Baker County BOC & Jerry McNeese	Effective and Ending Date 04/13/15 - Ongoing
Person completing form: Connie Hobbs, County Commission Chairman Phone number: 229.734.3000 Date completed: September 2017  Is this the person who should be contacted by state agencies when evaluating whether proposed local government	this service:  Agreement Name Contract Services	Contracting Parties  Baker County BOC & Jerry McNeese	Effective and Ending Date 04/13/15 - Ongoing
Person completing form: Connie Hobbs, County Commission Chairman Phone number: 229.734.3000 Date completed: September 2017  Is this the person who should be contacted by state agencies when evaluating whether proposed local government	Agreement Name Contract Services	Contracting Parties  Baker County BOC & Jerry McNeese	Effective and Ending Date 04/13/15 - Ongoing
Person completing form: Connie Hobbs, County Commission Chairman Phone number: 229.734.3000 Date completed: September 2017  Is this the person who should be contacted by state agencies when evaluating whether proposed local government	Agreement Name Contract Services	Contracting Parties  Baker County BOC & Jerry McNeese	Effective and Ending Date 04/13/15 - Ongoing
Person completing form: Connie Hobbs, County Commission Chairman Phone number: 229.734.3000 Date completed: September 2017  Is this the person who should be contacted by state agencies when evaluating whether proposed local government	this service:  Agreement Name Contract Services	Contracting Parties  Baker County BOC & Jerry McNeese	Effective and Ending Date 04/13/15 - Ongoing
Phone number: <b>229.734.3000</b> Date completed: September 2017  Is this the person who should be contacted by state agencies when evaluating whether proposed local government	this service:  Agreement Name Contract Services Intergovernmental Agreement	Contracting Parties  Baker County BOC & Jerry McNeese  Baker County & City of Newton	Effective and Ending Date 04/13/15 - Ongoing 09/14/15- Ongoing
Phone number: <b>229.734.3000</b> Date completed: September 2017  Is this the person who should be contacted by state agencies when evaluating whether proposed local government	this service:  Agreement Name Contract Services Intergovernmental Agreement  What other mechanisms (if any	Contracting Parties  Baker County BOC & Jerry McNeese  Baker County & City of Newton  (1) will be used to implement the strategy for this serv	Effective and Ending Date 04/13/15 - Ongoing 09/14/15- Ongoing rice (e.g., ordinances, resolutions, lo
Phone number: <b>229.734.3000</b> Date completed: September 2017  Is this the person who should be contacted by state agencies when evaluating whether proposed local government	this service:  Agreement Name Contract Services Intergovernmental Agreement  What other mechanisms (if any	Contracting Parties  Baker County BOC & Jerry McNeese  Baker County & City of Newton  (1) will be used to implement the strategy for this serv	Effective and Ending Date 04/13/15 - Ongoing 09/14/15- Ongoing rice (e.g., ordinances, resolutions, lo
Phone number: <b>229.734.3000</b> Date completed: September 2017  Is this the person who should be contacted by state agencies when evaluating whether proposed local government	this service:  Agreement Name Contract Services Intergovernmental Agreement  What other mechanisms (if any	Contracting Parties  Baker County BOC & Jerry McNeese  Baker County & City of Newton  (1) will be used to implement the strategy for this serv	Effective and Ending Date 04/13/15 - Ongoing 09/14/15- Ongoing rice (e.g., ordinances, resolutions, lo
Phone number: <b>229.734.3000</b> Date completed: September 2017  Is this the person who should be contacted by state agencies when evaluating whether proposed local government	this service:  Agreement Name Contract Services Intergovernmental Agreement  What other mechanisms (if any	Contracting Parties  Baker County BOC & Jerry McNeese  Baker County & City of Newton  (1) will be used to implement the strategy for this serv	Effective and Ending Date 04/13/15 - Ongoing 09/14/15- Ongoing rice (e.g., ordinances, resolutions, lo
Phone number: <b>229.734.3000</b> Date completed: September 2017  Is this the person who should be contacted by state agencies when evaluating whether proposed local government	this service:  Agreement Name Contract Services Intergovernmental Agreement  What other mechanisms (if any	Contracting Parties  Baker County BOC & Jerry McNeese  Baker County & City of Newton  (1) will be used to implement the strategy for this serv	Effective and Ending Date 04/13/15 - Ongoing 09/14/15- Ongoing rice (e.g., ordinances, resolutions, lo
Phone number: <b>229.734.3000</b> Date completed: September 2017  Is this the person who should be contacted by state agencies when evaluating whether proposed local government	this service:  Agreement Name Contract Services Intergovernmental Agreement  What other mechanisms (if any	Contracting Parties  Baker County BOC & Jerry McNeese  Baker County & City of Newton  (1) will be used to implement the strategy for this serv	Effective and Ending Date 04/13/15 - Ongoing 09/14/15- Ongoing rice (e.g., ordinances, resolutions, lo
Is this the person who should be contacted by state agencies when evaluating whether proposed local government	this service:  Agreement Name Contract Services Intergovernmental Agreement  What other mechanisms (if any	Contracting Parties  Baker County BOC & Jerry McNeese  Baker County & City of Newton  (1) will be used to implement the strategy for this serv	Effective and Ending Date 04/13/15 - Ongoing 09/14/15- Ongoing rice (e.g., ordinances, resolutions, lo
	Agreement Name Contract Services Intergovernmental Agreement  What other mechanisms (if any acts of the General Assembly,	Contracting Parties  Baker County BOC & Jerry McNeese  Baker County & City of Newton  (y) will be used to implement the strategy for this serverate or fee changes, etc.), and when will they take ef	Effective and Ending Date 04/13/15 - Ongoing 09/14/15- Ongoing rice (e.g., ordinances, resolutions, lo
	Agreement Name Contract Services Intergovernmental Agreement  What other mechanisms (if any acts of the General Assembly, if any acts of the General Assembly)	Contracting Parties  Baker County BOC & Jerry McNeese  Baker County & City of Newton  (1) will be used to implement the strategy for this serverate or fee changes, etc.), and when will they take efficient the strategy for this serverate or fee changes, etc.)	Effective and Ending Date 04/13/15 - Ongoing 09/14/15- Ongoing rice (e.g., ordinances, resolutions, lo
	Agreement Name Contract Services Intergovernmental Agreement  What other mechanisms (if any acts of the General Assembly, if acts of the General Assembly, if a contract of the General Assembly, if	Contracting Parties  Baker County BOC & Jerry McNeese  Baker County & City of Newton  (v) will be used to implement the strategy for this serverate or fee changes, etc.), and when will they take effect the completed of the completed of the completed of the complete of t	Effective and Ending Date 04/13/15 - Ongoing 09/14/15- Ongoing rice (e.g., ordinances, resolutions, logifect?
	Agreement Name Contract Services Intergovernmental Agreement  What other mechanisms (if any acts of the General Assembly, if any acts of the General Assembly, if the Person completing form: Connection Phone number: 229.734.3000  Is this the person who should be	Contracting Parties  Baker County BOC & Jerry McNeese  Baker County & City of Newton  (v) will be used to implement the strategy for this serverate or fee changes, etc.), and when will they take effect the completed: September 2017  Description of the contracted by state agencies when evaluating when the contracted by state agencies when evaluating the contracted by the	Effective and Ending Date 04/13/15 - Ongoing 09/14/15- Ongoing rice (e.g., ordinances, resolutions, logifect?







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

#### Instructions:

should be reported to the Department of Community Affairs.	
COUNTY:BAKER	Service: Community Service Workers
Check the box that best describes the agreed upor	a delivery arrangement for this convice:
1. Check the box that best describes the agreed upor	r delivery arrangement for this service.
	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): <b>Baker County</b>
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
☐ <b>Yes</b> (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that diminated).
If these conditions will be eliminated under the strated will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

	nat will help to pay for this service and indicate how the funds, special service district revenues, hotel/motel to	
Local Government or Authority	Funding Method	d
Baker County	General Funds	
How will the strategy change the pr	evious arrangements for providing and/or funding this	s service within the county?
	eements or intergovernmental contracts that will be u	sed to implement the strategy for
this service:  Agreement Name	Contracting Parties	Effective and Ending Dates
	I be used to implement the strategy for this service (eor fee changes, etc.), and when will they take effect?	.g., ordinances, resolutions, local
	Obbs, County Commission Chairman Date completed: September 2017	
projects are consistent with the serv	ntacted by state agencies when evaluating whether p ice delivery strategy? ⊠Yes □No erson(s) and phone number(s) below:	roposed local government







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

#### Instructions:

should be reported to the Department of Community Affairs.		
COUNTY:BAKER COUNTY	Service: Coroner	
Check the box that best describes the agreed upor	a delivery arrangement for this service:	
	. •	
	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): <b>Baker County</b>	
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	
☐ <b>Yes</b> (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 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	

enterprise funds, user fees, gener fees, bonded indebtedness, etc.).	that will help to pay for this service and indicate al funds, special service district revenues, hotel/r	motel taxes, franchise taxes, impact
Local Government or Authorit	y Funding N	Method
Baker County	General Funds	nourou
,		
I. How will the strategy change the	previous arrangements for providing and/or fundi	ng this service within the county?
No change		
this service:	greements or intergovernmental contracts that wi	
Agreement Name	Contracting Parties	Effective and Ending Dates
	vill be used to implement the strategy for this serve or fee changes, etc.), and when will they take e	
acts of the General Assembly, rate	e or fee changes, etc.), and when will they take e	
acts of the General Assembly, rate		
7. Person completing form: Connie Phone number: 229.734.3000  3. Is this the person who should be	e or fee changes, etc.), and when will they take e	ffect?







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

#### Instructions:

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

Local Government or Autho		Funding Method	
City of Newton	General Funds		
How will the strategy change th	e previous arrangements for providing and/or fundi	ng this service within the county?	
n the previous SDS Courts(City) ame.	was named Courts (Traffic). The name was change	ged for clarity; services remain the	
ane.			
Link and the second and the second		III	
	agreements or intergovernmental contracts that wi	ii be used to implement the strategy f	
this service:			
this service:			
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	
	Contracting Parties	Effective and Ending Date	
	Contracting Parties	Effective and Ending Date	
Agreement Name  What other mechanisms (if any	Contracting Parties  Output  Discrete the strategy for this servate or fee changes, etc.), and when will they take expressions.	vice (e.g., ordinances, resolutions, loc	
Agreement Name  What other mechanisms (if any	) will be used to implement the strategy for this serv	vice (e.g., ordinances, resolutions, loc	
Agreement Name  What other mechanisms (if any	) will be used to implement the strategy for this serv	vice (e.g., ordinances, resolutions, loc	
Agreement Name  What other mechanisms (if any	) will be used to implement the strategy for this serv	vice (e.g., ordinances, resolutions, loc	
Agreement Name  What other mechanisms (if any	) will be used to implement the strategy for this serv	vice (e.g., ordinances, resolutions, loc	
What other mechanisms (if any	) will be used to implement the strategy for this serv	vice (e.g., ordinances, resolutions, loc	
Agreement Name  What other mechanisms (if any	) will be used to implement the strategy for this servate 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, rather the Gen	will be used to implement the strategy for this servate or fee changes, etc.), and when will they take e art, City Clerk  Date completed: September 2017	vice (e.g., ordinances, resolutions, locality)	
What other mechanisms (if any acts of the General Assembly, rather than the person completing form: Pat Harbone number: 229.734.5421	) will be used to implement the strategy for this serente or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, locality)	







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

#### Instructions:

should be reported to the Department of Community Affairs.		
COUNTY:BAKER	Service: Courts (Other)	
Check the box that best describes the agreed upor	n delivery arrangement for this service:	
	ng all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): <b>Baker County</b>	
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 intify the government(s), authority or organization providing the service:	
<del></del>	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	
☐ <b>Yes</b> (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	

	y that will help to pay for this service and indicate heral funds, special service district revenues, hotel/mer.	
Local Government or Author	ity Funding Me	ethod
Baker County	General Funds, Fines, and Forfeitures	
4. How will the strategy change the	previous arrangements for providing and/or funding	g this service within the county?
No Change		
5. List any formal service delivery a this service:	greements or intergovernmental contracts that will	be used to implement the strategy for
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, acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?	resolutions,
7. Person completing form: Connie Hobbs, County Commission Chairman	
Phone number: 229.734.3000 Date completed: September 2017	
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local goal projects are consistent with the service delivery strategy? ⊠Yes □No	jovernment
If not, provide designated contact person(s) and phone number(s) below:	

local







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

#### Instructions:

should be reported to the Department of Community Affairs.			
COUNTY:BAKER	Service: Elections (Mayor & Council)		
Check the box that best describes the agreed upon delivery arrangement for this service:			
Service will be provided countywide (i.e., includi this box is checked, identify the government, author	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.):		
Service will be provided only in the unincorporate checked, identify the government, authority or orga	ed portion of the county by a single service provider. (If this box is nization providing the service.):		
<del></del>	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 strated will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.		
	Page 1 of 2		

Local Government or Authority	Funding N	lethod
City of Newton	General Funds	
•		
How will the strategy change the previous	ious arrangements for providing and/or fundi	ng this service within the county?
Tiow will the strategy change the previ	ious arrangements for providing and/or fundi	ig this service within the county:
lo Change		
List any formal service delivery agreer	ments or intergovernmental contracts that wil	I be used to implement the strategy for
this service:	•	
Agreement Name	Contracting Parties	Effective and Ending Date
7.groomone ramo	Contracting Fartice	Errotivo ara Erraing Bato
	e used to implement the strategy for this serv	
	e used to implement the strategy for this serv fee changes, etc.), and when will they take e	
acts of the General Assembly, rate or to	fee changes, etc.), and when will they take e	
acts of the General Assembly, rate or to	fee changes, etc.), and when will they take e	
Person completing form: Pat Hart, Cit Phone number: 229.734.5421	ty Clerk ate completed: September 2017 acted by state agencies when evaluating whe	ffect?
acts of the General Assembly, rate or to the General Assembly, rate or the General Assembly, rate of the General Assembly, rate or the General Assembly, rate of the General Assembly, rate or the General Assembly, rate of the General Asse	fee changes, etc.), and when will they take e	







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

#### Instructions:

should be reported to the Department of Community Affairs.		
COUNTY:BAKER	Service: Elections (Other)	
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.): <b>Baker County</b>	
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 sked, identify the government(s), authority or organization providing the	
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):	
In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service	
☐ <b>Yes</b> (if "Yes," you must attach additional docume	entation as described, below)	
⊠No		
	A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).	
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.	
	Page 1 of 2	

Local Government or Authority  Baker County	General Funds	Method
Baker County	General Funds	
How will the strategy change the prev	ious arrangements for providing and/or fundir	ng this service within the county?
llo chango		
No change		
List any formal service delivery agree this service:	ments or intergovernmental contracts that wil	ll be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
What other mechanisms (if any) will b acts of the General Assembly, rate or	e used to implement the strategy for this service changes, etc.), and when will they take ef	vice (e.g., ordinances, resolutions, loca ffect?
Person completing form: Connie Hob Phone number: 229.734.3000 Da	bs, County Commission Chairman ate completed: September 2017	
Phone number: <b>229.734.3000</b> Da	ate completed: September 2017 acted by state agencies when evaluating whe	ther proposed local government







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

#### Instructions:

should be reported to the Department of Community Affairs.		
COUNTY:BAKER	Service: Emergency Management & Rescue	
Check the box that best describes the agreed upor	n delivery arrangement for this service:	
	ng all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): <b>Baker County</b>	
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	
☐ <b>Yes</b> (if "Yes," you must attach additional docum	entation as described, below)	
⊠No		
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).	
If these conditions will be eliminated under the 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	

	that will help to pay for this service and indicate ho al funds, special service district revenues, hotel/mo	
Local Government or Authorit	ty Funding Me	thod
Baker County	General Funds	
4. How will the strategy change the	previous arrangements for providing and/or funding	this service within the county?
No change  5. List any formal service delivery agenthis service:	greements or intergovernmental contracts that will b	be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
	will be used to implement the strategy for this service or fee changes, etc.), and when will they take effe	







# 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:BAKER	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 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
☐ <b>Yes</b> (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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	rity F	ding Mothod
Local Government or Author Baker County	General Funds	ding Method
City of Newton	General Funds	
City of Newton	Ocherar i drids	
. How will the strategy change the	e previous arrangements for providing and/or	funding this service within the county?
unincorporated areas.	service within their incorporated boundaries a	
Agreement Name	Contracting Parties	Effective and Ending Dates
l		I
	will be used to implement the strategy for the	
. What other mechanisms (if any) acts of the General Assembly, ra	ate of fee changes, etc.), and when will they t	
	ete or ree changes, etc.), and when will they t	
	ate of fee changes, etc.), and when will they t	
acts of the General Assembly, ra	e Hobbs, County Commission Chairman Date completed: September 2017	







# FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

should be reported to the Department of Community Affairs.	
COUNTY:BAKER	Service: Forestry Services
Check the box that best describes the agreed upon	delivery arrangement for this service:
	ng all cities and unincorporated areas) by a single service provider. (If ity or organization providing the service.): <b>Georgia Forestry</b>
Service will be provided only in the unincorporate checked, identify the government, authority or organ	ed portion of the county by a single service provider. (If this box is nization providing the service.):
	within their incorporated boundaries, and the service will not be provided ntify the government(s), authority or organization providing the service:
	rithin 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 tion that will provide service within each service area.):
2. In developing this strategy, were overlapping servic identified?	e areas, unnecessary competition and/or duplication of this service
☐ <b>Yes</b> (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
If these conditions will continue under this strategy, <u>at</u> : overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be eli	tach an explanation for continuing the arrangement (i.e., . 36-70-24(1)), overriding benefits of the duplication, or reasons that iminated).
If these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party a	y, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

	that will help to pay for this service and indicate hal funds, special service district revenues, hotel/m	
Local Government or Authorit	y Funding M	lethod
Baker County	General Funds	CUIOG
Bartor Gearity	Contrain unde	
4. How will the strategy change the p	previous arrangements for providing and/or fundir	ng this service within the county?
No Change  5. List any formal service delivery ag	reements or intergovernmental contracts that will	be used to implement the strategy for
this service:  Agreement Name	Contracting Parties	Effective and Ending Potes
Agreement Name	Contracting Farties	Effective and Ending Dates
Agreement Name	Contracting Farties	Effective and Ending Dates
Agreement Name	Contracting Farties	Effective and Ending Dates
Agreement Name	Contracting Farties	Effective and Ending Dates
Agreement Name	Contracting Farties	Effective and Ending Dates
Agreement Name	Contracting Faities	Effective and Ending Dates
Agreement Name	Contracting Farties	Effective and Ending Dates
6. What other mechanisms (if any) w	vill be used to implement the strategy for this serve or fee changes, etc.), and when will they take ef	ice (e.g., ordinances, resolutions, local
6. What other mechanisms (if any) w	vill be used to implement the strategy for this serv	ice (e.g., ordinances, resolutions, local
6. What other mechanisms (if any) wacts of the General Assembly, rate	vill be used to implement the strategy for this serv	ice (e.g., ordinances, resolutions, local
6. What other mechanisms (if any) wacts of the General Assembly, rate  7. Person completing form: Connie Phone number: 229.734.3000  8. Is this the person who should be considered to the control of the	vill be used to implement the strategy for this serve or fee changes, etc.), and when will they take ef	ice (e.g., ordinances, resolutions, local fect?







# FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

should be reported to the Department of Community Affairs.	
COUNTY:BAKER	Service: Head Start Center
Check the box that best describes the agreed upor	n delivery arrangement for this service:
	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.):Southwest Georgia ker 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
☐ <b>Yes</b> (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
If these conditions will continue under this strategy, <u>a</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the 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.

enterprise funds, user fees, gene	y that will help to pay for this service and indicate ral funds, special service district revenues, hotel/r	
fees, bonded indebtedness, etc.).		Mothed
Local Government or Authori SWGA Community Action Counci	<del> </del>	Wethod
SWGA Community Action Council	State Fullus	
4. How will the strategy change the	previous arrangements for providing and/or fundi	ing this service within the county?
No Change		
5. List any formal service delivery a this service:	greements or intergovernmental contracts that wi	ill be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
6. What other mechanisms (if any) acts of the General Assembly, rate	will be used to implement the strategy for this service or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, local effect?
7. Person completing form: <b>Connie</b> Phone number: <b>229.734.3000</b>	Hobbs, County Commission Chairman Date completed: September 2017	
	contacted by state agencies when evaluating whe ervice delivery strategy? Yes No	ether proposed local government
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:BAKER	Service: Indigent Defense
	n delivery arrangement for this service: ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.):Baker 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:
<del></del>	within their incorporated boundaries, and the county will provide the sked, identify the government(s), authority or organization providing the
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
In developing this strategy, were overlapping servi identified?	ce areas, unnecessary competition and/or duplication of this service
☐ <b>Yes</b> (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
If these conditions will continue under this strategy, <u>a</u> overlapping but higher levels of service (See O.C.G.A. overlapping service areas or competition cannot be expected to the condition of the conditions will continue under this strategy, <u>a</u> overlapping but higher levels of service (See O.C.G.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

fees, bonded indebtedness, etc.).		
Local Government or Authority	Funding M	lethod
Baker County	General Funds	
•		
. How will the strategy change the pre-	vious arrangements for providing and/or fundir	ng this service within the county?
No change		
. List any formal service delivery agree	ements or intergovernmental contracts that will	I ha used to implement the etrategy for
	siriorito or intergeverrimental contracto triat vini	i be used to implement the strategy for
this service:		t be used to implement the strategy for
this service:  Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name  . What other mechanisms (if any) will be	Contracting Parties  Contracting Parties	Effective and Ending Dates  vice (e.g., ordinances, resolutions, loca
Agreement Name  . What other mechanisms (if any) will be	Contracting Parties	Effective and Ending Dates  vice (e.g., ordinances, resolutions, loca
Agreement Name  . What other mechanisms (if any) will be	Contracting Parties  Contracting Parties	Effective and Ending Dates  vice (e.g., ordinances, resolutions, loca
Agreement Name  . What other mechanisms (if any) will be	Contracting Parties  Contracting Parties	Effective and Ending Dates  vice (e.g., ordinances, resolutions, loca
Agreement Name  . What other mechanisms (if any) will be	Contracting Parties  Contracting Parties	Effective and Ending Dates  vice (e.g., ordinances, resolutions, loca
Agreement Name  . What other mechanisms (if any) will be	Contracting Parties  Contracting Parties	Effective and Ending Dates  vice (e.g., ordinances, resolutions, loca
Agreement Name  . What other mechanisms (if any) will be	Contracting Parties  Contracting Parties	Effective and Ending Dates  vice (e.g., ordinances, resolutions, loca
Agreement Name  . What other mechanisms (if any) will be	Contracting Parties  Contracting Parties	Effective and Ending Dates  vice (e.g., ordinances, resolutions, loca
Agreement Name  . What other mechanisms (if any) will be acts of the General Assembly, rate or	Contracting Parties  be used to implement the strategy for this server fee changes, etc.), and when will they take ef	Effective and Ending Dates  vice (e.g., ordinances, resolutions, loca
. What other mechanisms (if any) will acts of the General Assembly, rate or	Contracting Parties  be used to implement the strategy for this server fee changes, etc.), and when will they take ef	Effective and Ending Dates  vice (e.g., ordinances, resolutions, loca
Agreement Name  . What other mechanisms (if any) will be acts of the General Assembly, rate or . Person completing form: Connie Hol	Contracting Parties  be used to implement the strategy for this server fee changes, etc.), and when will they take ef	Effective and Ending Dates  vice (e.g., ordinances, resolutions, loca
Agreement Name  . What other mechanisms (if any) will be acts of the General Assembly, rate or . Person completing form: Connie Hol Phone number: 229.734.3000	be used to implement the strategy for this server fee changes, etc.), and when will they take efc bbs, County Commission Chairman Date completed: September 2017	Effective and Ending Dates  vice (e.g., ordinances, resolutions, localifect?
Agreement Name  What other mechanisms (if any) will be acts of the General Assembly, rate or acts of the General Assembly, rate or Person completing form: Connie Hole Phone number: 229.734.3000	be used to implement the strategy for this server fee changes, etc.), and when will they take efcompleted: September 2017  tacted by state agencies when evaluating when	Effective and Ending Dates  vice (e.g., ordinances, resolutions, localifect?
Agreement Name  . What other mechanisms (if any) will be acts of the General Assembly, rate or . Person completing form: Connie Hol Phone number: 229.734.3000	be used to implement the strategy for this server fee changes, etc.), and when will they take efcompleted: September 2017  tacted by state agencies when evaluating when	Effective and Ending Dates  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.	ssary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:BAKER	Service: Jail
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 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
☐ <b>Yes</b> (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

	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
Baker County	General Funds and Jail Funds
City of Newton	General Funds

Daker County	General Funds and Jan Funds	
City of Newton	General Funds	
How will the strategy change	e the previous arrangements for providing and/or fund	ding this service within the county?
No change		
J		
this service:	Occupation Bouting	Fitter discount Fig. 1's supplied
Agreement Name	Contracting Parties	Effective and Ending Dates
Contract Services	City of Newton & Miller County	Year to Year
Contract Services	Baker County & Calhoun County	Year to Year
	any) will be used to implement the strategy for this sely, rate or fee changes, etc.), and when will they take	
. Person completing form: Co		
	nnie Hobbs. County Commission Chairman	
Phone number: 229.734.300	nnie Hobbs, County Commission Chairman Date completed: September 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:

should be reported to the Department of Community Affairs.		
COUNTY:BAKER	Service:Law 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, 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:	
	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	
☐ <b>Yes</b> (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 strategy, <b>attach an implementation schedule</b> listing each step or action the will be taken to eliminate them, the responsible party 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, impac
fees, bonded indebtedness, etc.).

Baker County City of Newton General Funds General Funds  City of Newton General Funds  Thou will the strategy change the previous arrangements for providing and/or funding this service within the county of the strategy change the previous arrangements for providing and/or funding this service within the county of the service:  No change  List any formal service delivery agreements or intergovernmental contracts that will be used to implement the striss service:  Agreement Name Contracting Parties Effective and End  Contracting Parties  Effective and End  Contracting Parties  Contracting Parties  Effective and End  Effective and End  Contracting Parties  Effective and End  Contracting Parties  Effective and End  Effective and End  Contracting Parties  Effective and End  Effective and	,	Funding Method	
. How will the strategy change the previous arrangements for providing and/or funding this service within the countries.  No change  List any formal service delivery agreements or intergovernmental contracts that will be used to implement the striks service:    Agreement Name		eneral Funds	
No change  List any formal service delivery agreements or intergovernmental contracts that will be used to implement the sthis service:    Agreement Name   Contracting Parties   Effective and End	rton G	eneral Funds	
List any formal service delivery agreements or intergovernmental contracts that will be used to implement the sthis service:  Agreement Name  Contracting Parties  Effective and End  What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolution)			
List any formal service delivery agreements or intergovernmental contracts that will be used to implement the sthis service:    Agreement Name			
List any formal service delivery agreements or intergovernmental contracts that will be used to implement the sthis service:    Agreement Name			
List any formal service delivery agreements or intergovernmental contracts that will be used to implement the sthis service:    Agreement Name			
List any formal service delivery agreements or intergovernmental contracts that will be used to implement the statistics:    Agreement Name   Contracting Parties   Effective and End	ne strategy change the previous	arrangements for providing and/or funding this s	service within the county?
this service:  Agreement Name  Contracting Parties  Effective and End  What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolution)			
What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolu-		its or intergovernmental contracts that will be use	ed to implement the strategy fo
What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolu	ement Name	Contracting Parties	Effective and Ending Dates
		<u> </u>	
			g., ordinances, resolutions, loc
Person completing form: Connie Hobbs, County Commission Chairman Phone number: 229.734.3000 Date completed: September 2017			
Is this the person who should be contacted by state agencies when evaluating whether proposed local govern projects are consistent with the service delivery strategy? $\boxtimes$ Yes $\square$ No			
	person who should be contacte	completed: September 2017  d by state agencies when evaluating whether pro	pposed local government
If not, provide designated contact person(s) and phone number(s) below:	person who should be contacte e consistent with the service de	completed: September 2017 d by state agencies when evaluating whether pro livery strategy? ⊠Yes ⊡No	pposed local government







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

#### Instructions:

should be reported to the Department of Community Affairs.			
COUNTY:BAKER	Service: Library		
Check the box that best describes the agreed upor	n delivery arrangement for this service:		
	ng all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): <b>Desoto Trail Regional</b>		
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			
f these conditions will continue under this strategy, <b>a</b> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be expressed to the condition of	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.		
	D 4 50		

	that will help to pay for this service and indicate he al funds, special service district revenues, hotel/mo				
Local Government or Authorit	ty Funding Me	ethod			
Baker County	General Funds				
4. How will the strategy change the	previous arrangements for providing and/or funding	g this service within the county?			
No change  5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:					
Agreement Name	Contracting Parties	Effective and Ending Dates			
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, loca acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?					
Provide Details Here					
7. Person completing form: Connie Phone number: 229.734.3000	Hobbs, County Commission Chairman Date completed: September 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:

should be reported to the Department of Community Affairs.		
COUNTY:BAKER	Service: Parks & Recreation	
Check the box that best describes the agreed upor	n delivery arrangement for this service:	
Service will be provided countywide (i.e., includi	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.):Baker 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	
☐ <b>Yes</b> (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	

Local Government or Author	rity	Funding Method	
aker County		General Funds	
_			
low will the strategy change the	e previou	us arrangements for providing and/or funding this	service within the county?
o Change			
is service:	agreeme	ents or intergovernmental contracts that will be us	ed to implement the strategy
A supra property Alexander			
Agreement Name		Contracting Parties	Effective and Ending Dat
Agreement Name		Contracting Parties	Effective and Ending Date
Agreement Name		Contracting Parties	Effective and Ending Dat
Agreement Name		Contracting Parties	Effective and Ending Dat
Agreement Name		Contracting Parties	Effective and Ending Dat
Agreement Name		Contracting Parties	Effective and Ending Dat
Agreement Name		Contracting Parties	Effective and Ending Dat
What other mechanisms (if any)		used to implement the strategy for this service (e.	
What other mechanisms (if any)			
What other mechanisms (if any)		used to implement the strategy for this service (e.	
What other mechanisms (if any)		used to implement the strategy for this service (e.	
What other mechanisms (if any)		used to implement the strategy for this service (e.	
What other mechanisms (if any)		used to implement the strategy for this service (e.	
What other mechanisms (if any)		used to implement the strategy for this service (e.	
What other mechanisms (if any) acts of the General Assembly, rather the Ge	e Hobbs	used to implement the strategy for this service (e.	
What other mechanisms (if any) acts of the General Assembly, rather the Ge	e Hobbs Date	used to implement the strategy for this service (e.g. changes, etc.), and when will they take effect?  s, County Commission Chairman e completed: September 2017 ted by state agencies when evaluating whether present the complete of the com	g., ordinances, resolutions, lo
What other mechanisms (if any) acts of the General Assembly, rather the Ge	e Hobbs Date	used to implement the strategy for this service (e.g. changes, etc.), and when will they take effect?  s, County Commission Chairman e completed: September 2017 ted by state agencies when evaluating whether present the complete of the com	







# **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:BAKER	Service: Planning & Zoning	
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 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	
☐ <b>Yes</b> (if "Yes," you must attach additional docum	entation as described, below)	
⊠No		
If these conditions will continue under this strategy, <u>a</u> overlapping but higher levels of service (See O.C.G.A. overlapping service areas or competition cannot be expected to the condition of the conditions will continue under this strategy, <u>a</u> overlapping but higher levels of service (See O.C.G.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	

Local Government or Authority	Funding I	Method
City of Newton	General Funds,	
	ements or intergovernmental contracts that w	ill be used to implement the strategy
	ements or intergovernmental contracts that w	ill be used to implement the strategy  Effective and Ending Dat
his service:	-	
his service:	-	
this service:	-	

•	acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?
7	. Person completing form: Pat Hart, City Clerk Phone number: 229.734.5421 Date completed: September 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? $\square$ Yes $\square$ No
	If not, provide designated contact person(s) and phone number(s) below:







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

#### Instructions:

should be reported to the Department of Community Affairs.		
COUNTY:BAKER	Service: Prison Road Crew	
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.): <b>Baker County</b>	
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	
☐ <b>Yes</b> (if "Yes," you must attach additional docume	entation as described, below)	
⊠No		
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).	
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.	
	Page 1 of 2	

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 Authori	ty Funding	y Method		
Baker County	General Funds,			
4. How will the strategy change the	previous arrangements for providing and/or fun	nding this service within the county?		
No Change				
5. List any formal service delivery a this service:	greements or intergovernmental contracts that	will be used to implement the strategy for		
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?				
7. Person completing form: <b>Connie</b> Phone number: <b>229.734.3000</b>	Hobbs, County Commission Chairman Date completed: September 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:

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

<ol> <li>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.).</li> </ol>				
Local Government or Author	ity	Funding Me	ethod	
Baker County		al Funds,		
Zanor County				
4. How will the strategy change the	previous arra	ngements for providing and/or fundin	g this service within the county?	
No Change				
5. List any formal service delivery a this service:	agreements or	intergovernmental contracts that will	be used to implement the strategy for	
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?				
7. Person completing form: <b>Connic</b> Phone number: <b>229.734.3000</b>		nty Commission Chairman leted: September 2017		
8. Is this the person who should be projects are consistent with the s		state agencies when evaluating whet r strategy? ⊠Yes ⊡No	her proposed local government	
If not, provide designated contact	t person(s) and	d phone number(s) below:		







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

#### Instructions:

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

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g	٠,
enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impac	t
fees, bonded indebtedness, etc.).	

Local Government or Authority	Funding Method		
Baker County	General Funds and SPLOST Funds		
City of Newton	SPLOST Funds		
4. How will the strategy change the pr	evious arrangements for providing and/or funding this	service within the county?	
No Change			
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	
	-		
I		. <b>L</b>	
	be used to implement the strategy for this service (e.or fee changes, etc.), and when will they take effect?	g., ordinances, resolutions, local	
7. Person completing form: Connie H Phone number: 229.734.3000	obbs, County Commission Chairman Date completed: September 2017		
B. Is this the person who should be co projects are consistent with the serv	ntacted by state agencies when evaluating whether p ice delivery strategy? $\boxtimes$ Yes $\square$ No	roposed local government	
If not, provide designated contact pe	erson(s) and phone number(s) below:		







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

#### Instructions:

should be reported to the Department of Community Affairs.	,
COUNTY:BAKER	Service: Road/Bridge Connstruction & Maintenance
Check the box that best describes the agreed upor	n delivery arrangement for this service:
Service will be provided countywide (i.e., includi this box is checked, identify the government, author	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.):
Service will be provided only in the unincorporate checked, identify the government, authority or 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 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 diminated).
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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		$M \rightarrow C$	ontinued
		VI 2. C	

	t will help to pay for this service and indicate how the inds, special service district revenues, hotel/motel ta	
Local Government or Authority	Funding Method	
Baker County	General Funds/SPLOST Funds,	
City of Newton	General Funds/SPLOST Funds	
	0.0000000000000000000000000000000000000	
How will the strategy change the prev	rious arrangements for providing and/or funding this	service within the county?
maintenance in the unicorporated area	maintenance in their boundaries and Baker County s.  ments or intergovernmental contracts that will be use	
Agreement Name	Contracting Parties	Effective and Ending Dates
	e used to implement the strategy for this service (e.gfee changes, etc.), and when will they take effect?	g., ordinances, resolutions, local
7. Person completing form: <b>Connie Hok</b> Phone number: <b>229.734.3000</b> D	obs, County Commission Chairman ate completed: September 2017	
8. Is this the person who should be cont projects are consistent with the service	acted by state agencies when evaluating whether predelivery strategy? $oxtimes$ Yes $oxtimes$ No	oposed local government
If not, provide designated contact pers	son(s) and phone number(s) below:	







# FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

should be reported to the Department of Community Affairs.	
COUNTY:BAKER	Service: Senior Citizen Center
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.): <b>Baker County Senior Center</b>
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
☐ <b>Yes</b> (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
If these conditions will continue under this strategy, <u>a</u> overlapping but higher levels of service (See O.C.G.F. 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 strateg will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

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

Local Government or Autho	rity	Funding Met	thod
Baker County		General Funds	-
SOWEGA Council on Aging		Grant Funds, State Funds	
4. How will the strategy change th	e previo	us arrangements for providing and/or funding	this service within the county?
No Change			
this service:	agreem	ents or intergovernmental contracts that will b	be used to implement the strategy for
Agreement Name		Contracting Parties	Effective and Ending Dates
Lease Agreement	SOWE	GA Council on Aging & Baker County	09/15/14 - 09/15/24
			Will renew at the end of the
			contract period
		used to implement the strategy for this service e changes, etc.), and when will they take effe	
	_		
7. Person completing form: <b>Conni</b> Phone number: <b>229.734.3000</b>		s, County Commission Chairman e completed: September 2017	
8. Is this the person who should be projects are consistent with the		ted by state agencies when evaluating wheth delivery strategy? ⊠Yes ⊡No	ner proposed local government
If not, provide designated contact	ct persoi	n(s) and phone number(s) below:	







# FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

should be reported to the Department of Community Arians.	
COUNTY:BAKER	Service: Social Services
Check the box that best describes the agreed upor	n delivery arrangement for this service:
	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): <b>Baker County/State of</b>
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
Other (If this box is checked, <u>attach a legible m</u> identify the government, authority, or other organization)	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ <b>Yes</b> (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strated will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

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

Local Government or Authority	Funding Method	
Baker County	General Funds	
Baker County DFCS	State of Georgia	
I. How will the strategy change the pre	vious arrangements for providing and/or funding this	service within the county?
No Change		
<ul> <li>List any formal service delivery agre this service:</li> </ul>	ements or intergovernmental contracts that will be us	ed to implement the strategy for
this service.		
Agreement Name	Contracting Parties	Effective and Ending Dates
	<u> </u>	
What other mechanisms (if any) will	be used to implement the strategy for this service (e.	g., ordinances, resolutions, local
	r fee changes, etc.), and when will they take effect?	g., c. aa,
/ Davage assemblation forms Commis He	hha Carrety Campinaian Chairman	
	bbs, County Commission Chairman Date completed: September 2017	
1 Hone Hamber. 223.734.3000	Sale completed. Ochiember 2017	
Is this the person who should be corprojects are consistent with the service.	ntacted by state agencies when evaluating whether proceedings of the contract $\boxtimes$ Yes $\square$ No	roposed local government
If not provide decignated contact as	roon(a) and phone number(a) heleve	
If not, provide designated contact pe	rson(s) and prione number(s) below:	







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

#### Instructions:

should be reported to the Department of Community Affairs.	3.,
COUNTY:BAKER	Service: Solid Waste 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
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:
<del></del>	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
☐ <b>Yes</b> (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that diminated).
If these conditions will be eliminated under the strated will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

;	,	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

	Authority	Funding Metho	od
Baker County		General Funds & Fees for Service	
city of Newton		General Funds & Fees for Service	
low will the strategy char	nge the prev	ous arrangements for providing and/or funding th	is service within the county?
nincorporated areas.		their incorporated boundaries and Baker County particles and Baker County p	
Agreement Name	ag.co.	Contracting Parties	Effective and Ending Date
greement	Bakeı	County & Advanced Disposal Services Solid	12/07/12 - 12/06/19
			Will renew at the end of the
			contract period
greement	City o	f Newton & Seminole Sanitation	08/01/2010 - Ongoning
	2-1210 - Fee		







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

#### Instructions:

should be reported to the Department of Community Affairs.		
COUNTY:BAKER	Service: Storm-Water Management	
Check the box that best describes the agreed upor	n delivery arrangement for this service:	
_		
this box is checked, identify the government, author	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.):	
Service will be provided only in the unincorporate checked, identify the government, authority or 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	
☐ <b>Yes</b> (if "Yes," you must attach additional docume	entation as described, below)	
⊠No		
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that diminated).	
If these conditions will be eliminated under the strated will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.	
	Page 1 of 2	

How will the strategy change the previo	General Funds  us arrangements for providing and/or fun	ding this service within the county?
	us arrangements for providing and/or fun	ding this service within the county?
	us arrangements for providing and/or fun	ding this service within the county?
	us arrangements for providing and/or fun	ding this service within the county?
	us arrangements for providing and/or fun	ding this service within the county?
	us arrangements for providing and/or fun	ding this service within the county?
	us arrangements for providing and/or fun	ding this service within the county?
o Change		
o Change		
ist any formal service delivery agreem	ents or intergovernmental contracts that v	will be used to implement the strategy
his service:	•	,
Agreement Name	Contracting Parties	Effective and Ending Date
7.greement name	Commutating Fundes	2.1.00divo and 2.1.ding Date
	used to implement the strategy for this se	
	used to implement the strategy for this see changes, etc.), and when will they take	
	e changes, etc.), and when will they take	

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







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

#### Instructions:

should be reported to the Department of Community Affairs.		
COUNTY:BAKER	Service: Tax Assessor	
Check the box that best describes the agreed upor	n delivery arrangement for this service:	
	ng all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): <b>Baker County</b>	
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	
☐ <b>Yes</b> (if "Yes," you must attach additional docume	entation as described, below)	
⊠No		
If these conditions will continue under this strategy, <u>a</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).	
If these conditions will be eliminated under the strated will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.	
	Page 1 of 2	

	ry that will help to pay for this service and indieral funds, special service district revenues, he	
Local Government or Author	itv Fund	ing Method
Baker County	General Funds	
4. How will the strategy change the	previous arrangements for providing and/or	funding this service within the county?
No Change  5. List any formal service delivery a this service:	agreements or intergovernmental contracts th	at will be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
	will be used to implement the strategy for this te or fee changes, etc.), and when will they ta	
7. Person completing form: <b>Connic</b> Phone number: <b>229.734.3000</b>	Hobbs, County Commission Chairman Date completed: September 2017	
	contacted by state agencies when evaluating ervice delivery strategy? ⊠Yes ⊡No	g whether proposed local government
If not, provide designated contact	t person(s) and phone number(s) below:	







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

#### Instructions:

should be reported to the Department of Community Affairs.		
COUNTY:BAKER	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	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.):	
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is nization providing the service.):	
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:	
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the	
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):	
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)	
⊠No		
If these conditions will continue under this strategy, <u>a</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).	
If these conditions will be eliminated under the 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	ce and indicate how the service will be funded (e.g.,
enterprise funds, user fees, general funds, special service district re	evenues, hotel/motel taxes, franchise taxes, impact
fees, bonded indebtedness, etc.).	

Local Government or Authori	ity Funding	g Method
Baker County	General Funds,	
City of Newton	General Funds	
I. How will the strategy change the	previous arrangements for providing and/or fur	nding this service within the county?
No Change		
i. List any formal service delivery a this service:	greements or intergovernmental contracts that	will be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
	will be used to implement the strategy for this see or fee changes, etc.), and when will they take	
7. Person completing form: <b>Connie</b> Phone number: <b>229.734.3000</b>	Hobbs, County Commission Chairman Date completed: September 2017	
	contacted by state agencies when evaluating vervice delivery strategy? ⊠Yes □No	whether proposed local government
If not, provide designated contact	person(s) and phone number(s) below:	
· • • • • • • • • • • • • • • • • • • •		







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

#### Instructions:

should be reported to the Department of Community Affairs.		
COUNTY:BAKER	Service: Tax Commissioner/Tax Digest	
Check the box that best describes the agreed upor	a delivery arrangement for this convice:	
1. Check the box that best describes the agreed upor	ruenvery arrangement for this service.	
	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): <b>Baker County</b>	
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	
☐ <b>Yes</b> (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	

	eral fu	will help to pay for this service and indicate how the nds, special service district revenues, hotel/motel tax		
Local Government or Author	ritv	Funding Method		
Baker County		General Funds,		
Baker County		General Funds,		
4. How will the strategy change the	e prev	ious arrangements for providing and/or funding this s	service within the county?	
No Change				
this service:	agreei	ments or intergovernmental contracts that will be use		
Agreement Name		Contracting Parties	Effective and Ending Dates	
Agreement Name		Contracting Farties	Effective and Ending Dates	
Agreement Name		conducting randes	Effective and Ending Dates	
Agreement Name		Contracting Farties	Effective and Ending Dates	
Agreement Name		Somradang rances	Effective and Ending Dates	
Agreement Name		Contracting Faraces	Effective and Ending Dates	
Agreement Name		Contracting Faraces	Ellective and Ending Dates	
Agreement name		Contracting Faraces	Ellective and Ending Dates	
Agreement name		Contracting Faraces	Ellective and Ending Dates	
6. What other mechanisms (if any)		e used to implement the strategy for this service (e.g		
6. What other mechanisms (if any)		e used to implement the strategy for this service (e.g		
6. What other mechanisms (if any) acts of the General Assembly, ra	ate or	e used to implement the strategy for this service (e.g		
6. What other mechanisms (if any) acts of the General Assembly, ra  7. Person completing form: Conni Phone number: 229.734.3000  8. Is this the person who should be	e Hob	e used to implement the strategy for this service (e.gfee changes, etc.), and when will they take effect?  bs, County Commission Chairman	g., ordinances, resolutions, local	







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

#### Instructions:

should be reported to the Department of Community Affairs.				
COUNTY:BAKER	Service: Voter Registration			
Check the box that best describes the agreed upor	n delivery arrangement for this service:			
Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If				
	rity or organization providing the service.): <b>Baker County</b>			
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 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			
☐ <b>Yes</b> (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			

fees, bonded indebtedness, etc	,		
Local Government or Authority Funding Method		Method	
Baker County		General Funds	
l. How will the strategy change th	ne previo	ous arrangements for providing and/or fundi	ng this service within the county?
No Change			
i. List any formal service delivery this service:	agreen	conto or intergovernmental contracts that wil	III
uno service.	- <b>J</b>	nents of intergovernmental contracts that wil	il be used to implement the strategy t
Agreement Name		Contracting Parties	Effective and Ending Date
Agreement Name  6. What other mechanisms (if any	y) will be		Effective and Ending Date
Agreement Name  6. What other mechanisms (if any	y) will be rate or fe	e used to implement the strategy for this serve ee changes, etc.), and when will they take et	Effective and Ending Date
Agreement Name  i. What other mechanisms (if any acts of the General Assembly, in the Co.C.G.A. Code Section 21-2-40 Baker County Resoultion 2011-0	effective 0913 eff	e used to implement the strategy for this serve ee changes, etc.), and when will they take et	Effective and Ending Date
Agreement Name  The What other mechanisms (if any acts of the General Assembly, in the General A	effective 0913 eff ie Hobb Da	Contracting Parties  e used to implement the strategy for this serve ee changes, etc.), and when will they take effective 1-1-16  os, County Commission Chairman	Effective and Ending Date  vice (e.g., ordinances, resolutions, log  ffect?







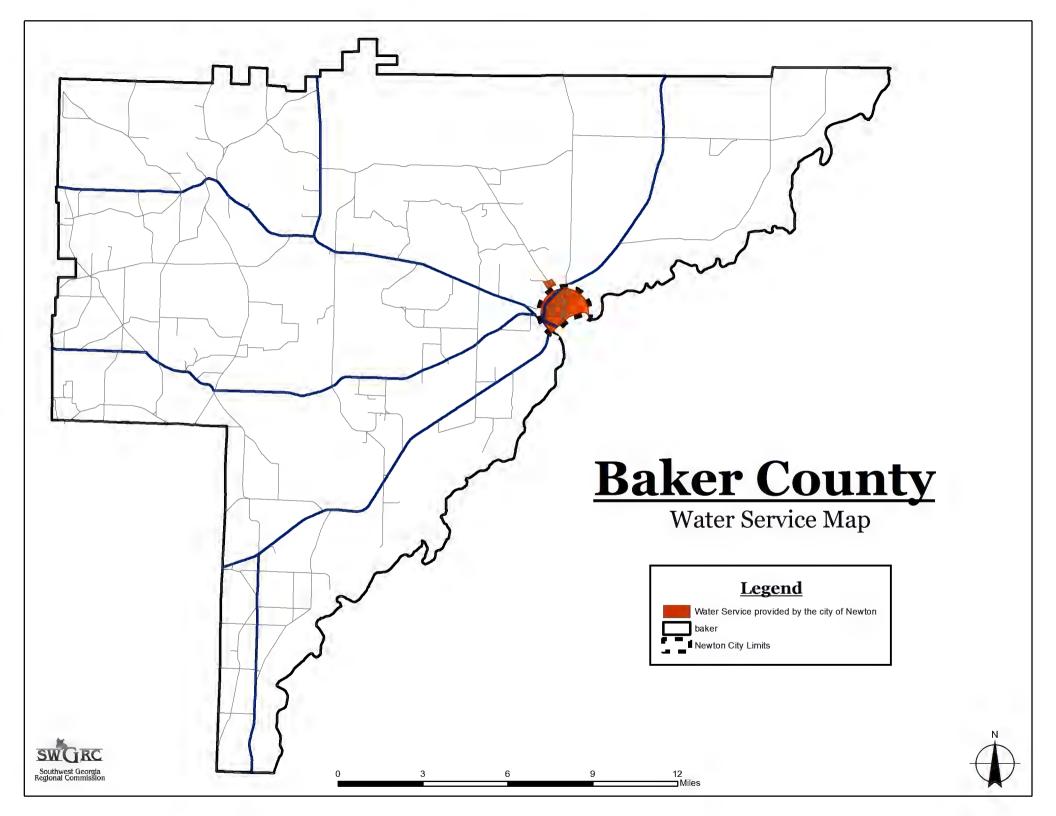
# FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

should be reported to the Department of Community Arians.			
COUNTY:BAKER	Service: Water Supply/Distribution		
Check the box that best describes the agreed upor      Service will be provided countywide (i.e., includithis box is checked, identify the government, authorities).	ng all cities and unincorporated areas) by a single service provider. (If		
Service will be provided only in the unincorporate checked, identify the government, authority or 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.): City of Newton		
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service		
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)		
⊠No			
If these conditions will continue under this strategy, <u>a</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).		
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.		

Local Government or Authority	Funding Method			
City of Newton	Water Funds			
. How will the strategy change the prev	vious arrangements for providing and/or fundi	ing this service within the county?		
No Change				
NO Change				
-				
-				
	ements or intergovernmental contracts that wi	ill be used to implement the strategy fo		
. List any formal service delivery agree this service:	ements or intergovernmental contracts that wi	ill be used to implement the strategy fo		
	ements or intergovernmental contracts that wi  Contracting Parties	ill be used to implement the strategy fo  Effective and Ending Dates		
this service:	-			
this service:	-			
this service:	-			
this service:	-			
this service:	-			
this service:	-			
this service:  Agreement Name  . What other mechanisms (if any) will be	Contracting Parties  Doe used to implement the strategy for this services	Effective and Ending Dates  vice (e.g., ordinances, resolutions, local		
this service:  Agreement Name  . What other mechanisms (if any) will be	Contracting Parties	Effective and Ending Dates  vice (e.g., ordinances, resolutions, local		
this service:  Agreement Name  . What other mechanisms (if any) will be	Contracting Parties  Doe used to implement the strategy for this services	Effective and Ending Dates  vice (e.g., ordinances, resolutions, local		
this service:  Agreement Name  . What other mechanisms (if any) will be	Contracting Parties  Doe used to implement the strategy for this services	Effective and Ending Dates  vice (e.g., ordinances, resolutions, local		
this service:  Agreement Name  . What other mechanisms (if any) will be	Contracting Parties  Doe used to implement the strategy for this services	Effective and Ending Dates  vice (e.g., ordinances, resolutions, local		
this service:  Agreement Name  . What other mechanisms (if any) will be acts of the General Assembly, rate or	Contracting Parties  Doe used to implement the strategy for this services	Effective and Ending Dates  vice (e.g., ordinances, resolutions, local		
this service:  Agreement Name  . What other mechanisms (if any) will be acts of the General Assembly, rate or	Contracting Parties  Doe used to implement the strategy for this services	Effective and Ending Dates  vice (e.g., ordinances, resolutions, local		

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









## FORM 3: Summary of Land Use Agreements

### Instructions:

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

Community Affairs.	
COUNTY:BAKER	
What incompatibilities or conflicts between the land use plans of local governments w developing the service delivery strategy?  None	ere identified in the process of
Check the boxes indicating how these incompatibilities or conflicts were addressed:	
	NOTE:
Amendments to existing comprehensive plans	If the necessary plan amendments,
<ul><li>☑ Adoption of a joint comprehensive plan</li><li>☐ Other measures (amend zoning ordinances, add environmental regulations, etc.)</li></ul>	regulations, ordinances, etc. have not yet been formally adopted, indicate when each of the affected local governments will adopt them.
If "other measures" was checked, describe these measures:	
3. What policies, procedures and/or processes have been established by local government authorities) to ensure that new extraterritorial water and sewer service will be consistent and ordinances? All governments will be guided by the SDS and will secure permission elected body of the jurisdiction before extraterritoral services are provided. An updated territory or services are added to the service delivery area.	with all applicable land use plans through resolution or from the
4. Person completing form: <b>Kimberly Brooks</b>	
Phone number: 229.522.3552 Date completed: August 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:	
CONNIE HOBBS, BAKER COUNTY COMMISSIONER CHAIRMAN, 229.734.3000	







# 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: BAKER

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

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

JURISDICTION	TITLE	NAME	SIGNATURE	DATE
LIST EACH JURISDICTION HERE, ALPHABETICALLY	List the Title of the Authorized Representative of Each Jurisdiction Here, Respectively	List the Names of the Representatives Here, Respectively		
BAKER COUNTY	Commissioner Chair	Connie Hobbs	Lannie Litables	9-18-1
City of Newton	Mayor	Gary Coker	Jan Coh	9.18-17