





## FORM 1

COUNTY: EMANUEL

### I. GENERAL INSTRUCTIONS:

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

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

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

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

#### II. LOCAL GOVERNMENTS INCLUDED IN THE SERVICE DELIVERY STRATEGY:

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

Emanuel County, City of Adrian, City of Garfield, City of Nunez, City of Oak Park, City of Stillmore, City of Summertown, City of Swainsboro, City of Twin City, Swainsboro/Emanuel County Joint Development Authority, Emanuel County Development Authority, Development Authority of Emanuel County, Swainsboro/Emanuel County Recreation Authority, Emanuel County Hospital Authority, Swainsboro-Emanuel County Library Board, Emanuel-Johnson County Joint Development Authority, Swainsboro Downtown Development Authority, Swainsboro Housing Authority, Twin City Housing Authority

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

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

Emergency Medical and Rescue
Emergency Management
Extension Service
Planning and Zoning
Probation Service
Recycling
Solid Waste Collection
Tax Assessment
Tourism
Voter Registration

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

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

Airport

**Animal Control Shelter** 

**Building Inspections and Building Permits** 

Cemetery

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

**Economic Development** 

**Elections** 

**Emergency 911** 

Fire Protection

Hospital

Jail

Landfill and Transfer Station

Law Enforcement

Library

Museum (Service no longer provided; deleted from Service Delivery Strategy)

Non-Emergency 911 Dispatch (New Service)

**Parks** 

Public Health

**Public Housing** 

Recreation

Road and Street Construction

Road and Street Maintenance

Sewer

Tax Collection

Water

Welcome Center







## 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:EMANUEL	Service: Airport	
1. Check the box that best describes the agreed upor  Service will be provided countywide (i.e., including this box is checked, identify the government, authority.)	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 ntify the government(s), authority or organization providing the service:	
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the	
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):	
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 documents	entation as described, below)	
⊠No		
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).	
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.	
	Page 1 of 2	

	rity that will help to pay for this service and indicate how the neral funds, special service district revenues, hotel/motel ta :.).			
Local Government or Author	ority Funding Method			
Emanuel County	General Fund, Fees and SPLOST	· ·		
City of Swainsboro	General Fund, Fees and SPLOST			
4. How will the strategy change th	ne previous arrangements for providing and/or funding this	service within the county?		
account of funding for this service	pated, however the following description has been modified. The airport will continue to be funded with 50 percent of and 50 percent of revenues derived from the unincorporative x districts in Emanuel County.	revenues derived from the		
5. List any formal service delivery this service:	agreements or intergovernmental contracts that will be us	ed 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?				
NONE				
NONE				
7. Person completing form: <b>Guy \$</b> Phone number: <b>478.237.3881</b> 8. Is this the person who should be	Singletary Date completed: 8-16-2017  De contacted by state agencies when evaluating whether properties of the contact of the	oposed local government		







## FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.		
COUNTY:EMANUEL	Service: Animal Control Shelter	
Check the box that best describes the agreed upor	n delivery arrangement for this service:	
	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): City of Swainsboro	
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		
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.	
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List each government or authorit enterprise funds, user fees, gene fees, bonded indebtedness, etc.)	ral funds, special service distri		
Local Government or Author	ity	Funding Metho	od
Emanuel County	General Fund		
City of Swainsboro	General Fund		
4. How will the strategy change the	previous arrangements for pro-	oviding and/or funding thi	s service within the county?
Animal control shelter will be fund 50 percent of revenues derived from the remaining municipalities of Errors	om the unincorporated area an nanuel County.	nd remaining municipalitie	es through special tax districts in
5. List any formal service delivery a this service:			
Agreement Name	Contracting	Parties	Effective and Ending Dates
6. What other mechanisms (if any) acts of the General Assembly, ra			
NONE			
7. Person completing form: <b>Guy Si</b> Phone number: <b>478.237.3881</b>	ngletary Date completed: 8-16-2017	7	
8. Is this the person who should be projects are consistent with the s			proposed local government
If not, provide designated contac	t person(s) and phone number	(s) below:	







# FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

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

should be reported to the Department of Community Affairs.		
COUNTY:EMANUEL	Service: Building Inspections and Building Permits	
Check the box that best describes the agreed upor	n delivery arrangement for this service:	
Service will be provided countywide (i.e., includithis box is checked, identify the government, 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 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: rin City	
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the	
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):	
In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)	
⊠No		
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that 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	

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

Local Government or Author	prity Funding Me	ethod
City of Swainsboro	General Fund, User Fees	
City of Stillmore	User Fees	
City of Twin City	User Fees	
,		
How will the strategy change th	ne previous arrangements for providing and/or fundin	g this service within the county?
General fund has been added a	s a funding method for the City of Swainsboro.	
	agreements or intergovernmental contracts that will	be used to implement the strategy for
this service:		
Agreement Name	Contracting Parties	Effective and Ending Dates
Agroomone Hame	Contracting Farties	Enoune and Enamy Batter
	y) will be used to implement the strategy for this servi	
	y) will be used to implement the strategy for this servicate or fee changes, etc.), and when will they take eff	
acts of the General Assembly, i		
acts of the General Assembly, i		
acts of the General Assembly, r	ate or fee changes, etc.), and when will they take eff	
acts of the General Assembly, i	ate or fee changes, etc.), and when will they take eff	
Person completing form: Guy S Phone number: 478.237.3881  Is this the person who should be	ate or fee changes, etc.), and when will they take eff	fect?
Person completing form: Guy Sephone number: 478.237.3881  Is this the person who should be projects are consistent with the	Singletary Date completed: 8-16-2017  De contacted by state agencies when evaluating when	fect?







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

#### Instructions:

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

Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.		
COUNTY:EMANUEL	Service: Cemetery	
Check the box that best describes the agreed upor	n delivery arrangement for this service:	
Service will be provided countywide (i.e., including this box is checked, identify the government, authorized the countywide (i.e., including the countywide).	ing all cities and unincorporated areas) by a single service provider. (If writy or organization providing the service.):	
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is anization providing the service.):	
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service: illmore	
	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the	
	nap delineating the service area of each service provider, and ation that will provide service within each service area.):	
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service	
☐ <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.	
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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** City of Swainsboro General Fund & Lot Sales General Fund City of Oak Park City of Stillmore General Fund 4. How will the strategy change the previous arrangements for providing and/or funding this service within the county? The City of Oak Park and the City of Stillmore have been added as providers of Cemetery service. 5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service: Agreement Name **Contracting Parties** Effective and Ending Dates 6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect? **NONE** 7. Person completing form: Guy Singletary Phone number: **478.237.3881** Date completed: 8-16-2017 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ⊠Yes □No If not, provide designated contact person(s) and phone number(s) below:







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

#### Instructions:

Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:EMANUEL	Service: Courts - Municipal
Check the box that best describes the agreed upon	n delivery arrangement for this service:
Service will be provided countywide (i.e., includ 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 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: e, City of Swainsboro, City of Twin City
<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.):
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

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
City of Adrian	General Fund, Fines & Fees
City of Garfield	General Fund, Fines & Fees
City of Stillmore	General Fund, Fines & Fees
City of Swainsboro	General Fund, Fines & Fees
City of Twin City	General Fund, Fines & Fees

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?			
Municipal Court service was added to the Service Delivery Strategy to account for the use of the court for non state court offenses within the respective cities providing this service.			
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:			
Agreement Name	Contracting Parties	Effective and Ending Dates	
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?			
NONE			

7. Person completing form: Guy Singletary

Phone number: **478.237.3881** Date completed: 8-16-2017

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

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







## FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

Answer each question below, attaching additional pages as 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:EMANUEL	Service: Courts - State & County	
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>Emanuel County (Superior,</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 docum	entation as described, below)	
⊠No		
If these conditions will continue under this strategy, <u>a</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that diminated).	
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.	
	Page 1 of 2	

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	eral fund	ill help to pay for this service and indicate how s, special service district revenues, hotel/motel	
Local Government or Autho	ritv	Funding Metho	od
Emanuel County		General Fund, Fees and SPLOST	
4. How will the strategy change th	e previou	s arrangements for providing and/or funding th	us service within the county?
		reflect County and City Court services.  nts or intergovernmental contracts that will be	used to implement the strategy for
Agreement Name		Contracting Parties	Effective and Ending Dates
		used to implement the strategy for this service (e changes, etc.), and when will they take effect	
NONE			
7. Person completing form: <b>Guy S</b> Phone number: <b>478.237.3881</b>		/ completed: 8-16-2017	
3. Is this the person who should be projects are consistent with the		ed by state agencies when evaluating whether elivery strategy? ⊠Yes ⊡No	proposed local government
If not, provide designated contact	ct person	(s) and phone number(s) below:	







## FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

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

COUNTY:EMANUEL	Service: Economic Development
Check the box that best describes the agreed upor	n delivery arrangement for this service:
Service will be provided countywide (i.e., includi this box is checked, identify the government, author	ng all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.):
Service will be provided only in the unincorporate checked, identify the government, authority or organ	ed portion of the county by a single service provider. (If this box is nization providing the service.):
	vithin their incorporated boundaries, and the service will not be provided ntify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
identify the government, authority, or other organiza Swainsboro/Emanuel County Joint Developmen	ap delineating the service area of each service provider, and ation that will provide service within each service area.): at Authority, Emanuel County Development Authority, Development n County Joint Development Authority, Swainsboro Downtown Authority
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 document  or an experience of the content of t	entation as described, below)
□No	
If these conditions will continue under this strategy, <u>ar</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 strategy, <u>attach an implementation schedule</u> listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.

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

Local Government or Authority	Funding Method
Emanuel County	General Fund, LOST, SPLOST
City of Swainsboro	General Fund LOST
Swainsboro/Emanuel County JDA	General Fund & Grants
City of Swainsboro DDA	General Fund (Swainsboro)
Twin City Development Authority	General Fund (Twin City)
Emanuel Co. Dev. Auth., ECJDA	General Fund & Grants

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

Depending on the project scope and type, economic development services are provided primarily through the Swainsboro/Emanuel County Joint Development Authority, Emanuel County Development Authority, or the Development Authority of Emanuel County (JDAs operate as a combined entity with one director and are not considered as a duplication of services) and secondarily through the Emanuel-Johnson County Joint Development Authority. However, neither the County nor the Swainsboro/Emanuel JDA contribute funding to the Emanuel-Johnson JDA. The Swainsboro Downtown Development Authority provides a higher level of service for the City of Swainsboro. The Twin City Development Authority provides the City of Twin City with a higher level of service.

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

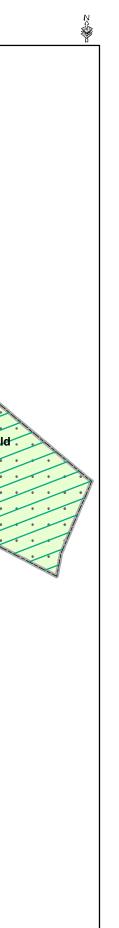
Agreement Name	Contracting Parties	Effective and Ending Dates	
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?			

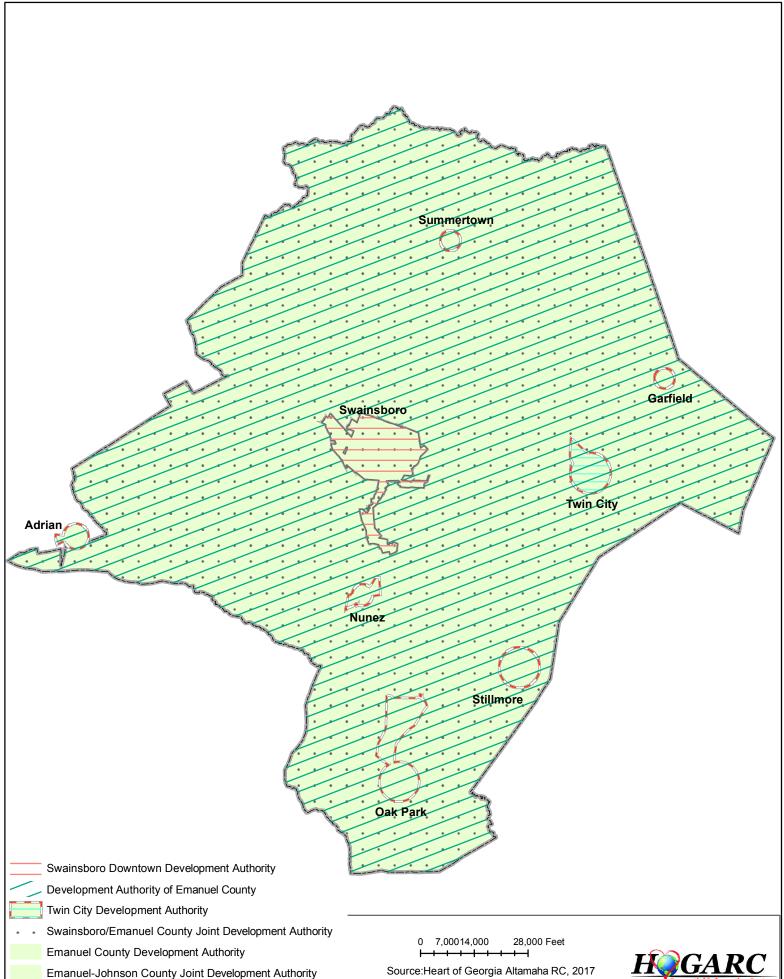
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?
NONE
7. Person completing form: <b>Guy Singletary</b> Phone number: <b>478.237.3881</b> Date completed: 8-16-2017

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:

## **Emanuel County Economic Development**











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

#### Instructions:

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

should be reported to the Department of Community Affairs.		
COUNTY:EMANUEL	Service: Elections	
1. Check the box that best describes the agreed upon delivery arrangement for this service:  Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):		
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is nization providing the service.):	
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:	
service in unincorporated areas. (If this box is chec	within their incorporated boundaries, and the county will provide the eked, identify the government(s), authority or organization providing the of Garfield, City of Nunez, City of Oak Park, City of Stillmore, City of City	
	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 serving 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.	

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
Emanuel County	General Fund, Fees and SPLOST
City of Swainsboro	General Fund
City of Twin City	General Fund
City of Adrian, City of Garfield	General Fund and Fees
City of Nunez, City of Oak Park	General Fund and Fees
City of Stillmore, City of Summertown	General Fund and Fees

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

Changes to this service include the revision of funding methods for the Cities of Swainsboro and Twin City. Emanuel County is responsible for providing state and federal elections as well as for county wide elections. Cities may contract with the Emanuel County Board of Elections to hold municipal elections, however, each municipality will be responsible for providing municipal elections within their respective jurisdiction, whether operated by city staff or by contract with Emanuel County.

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

Agreement Name	Contracting Parties	Effective and Ending Dates

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

NONE	Ν	O	Ν	Е
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7. Person completing form: Guy Singletary

Phone number: **478.237.3881** Date completed: 8-16-2017

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

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







## FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:EMANUEL	Service: Emergency 911
Check the box that best describes the agreed upor	n delivery arrangement for this service:
	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): <b>Emanuel 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.):
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	
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

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	ity that will help to pay for this service and indieral funds, special service district revenues, he).	
Local Government or Autho	rity Fund	ing Method
Emanuel County	General Fund & User Fees	
4. How will the strategy change th	e previous arrangements for providing and/or	funding this service within the county?
collected for Emergency 911 ser E911 center will remain a central Cities shall be responsible for pro	50 is charged on local telephone accounts and vice. Emanuel County subsidizes the E-911 but answering service of all 911 calls and dispatch oviding for non-emergency dispatch as provide Service Delivery Strategy document.	udget from the general fund. The County h center for high priority/emergency calls.
5. List any formal service delivery this service:	agreements or intergovernmental contracts th	at will be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
	) will be used to implement the strategy for this ate or fee changes, etc.), and when will they to	
NONE		
	Singletary Date completed: 8-16-2017 e contacted by state agencies when evaluating service delivery strategy? ⊠Yes □No	g whether proposed local government
If not, provide designated contact	ct person(s) and phone number(s) below:	







## FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

Answer each question below, attaching additional pages as 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:EMANUEL	Service: Emergency Management
Check the box that best describes the agreed upor	n delivery arrangement for this service:
	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): <b>Emanuel 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.):
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	
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

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Local Government or Authority	Funding I	Method
Emanuel County	General Fund	
How will the strategy change the p	revious arrangements for providing and/or fund	ing this convice within the county?
now will the strategy change the pi	evious arrangements for providing and/or fund	ing this service within the county?
a abanga is anticipated		
o change is anticipated.		
	eements or intergovernmental contracts that wi	ill be used to implement the strategy
nio convico:		
nis service:		
Agreement Name	Contracting Parties	Effective and Ending Dat
	Contracting Parties	Effective and Ending Dat
	Contracting Parties	Effective and Ending Dat
	Contracting Parties	Effective and Ending Dat
	Contracting Parties	Effective and Ending Dat
	Contracting Parties	Effective and Ending Dat
Agreement Name		
Agreement Name  What other mechanisms (if any) wi	Contracting Parties  If be used to implement the strategy for this ser or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, lo
Agreement Name  What other mechanisms (if any) wi	Il be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo
Agreement Name  What other mechanisms (if any) wi	Il be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) wincts of the General Assembly, rate	Il be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) wi	Il be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) wi	Il be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo
Agreement Name  What other mechanisms (if any) wincts of the General Assembly, rate  ONE	ll be used to implement the strategy for this ser or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, lo
Agreement Name  What other mechanisms (if any) wincts of the General Assembly, rate  ONE  Person completing form: Guy Sing	ll be used to implement the strategy for this ser or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) wincts of the General Assembly, rate  ONE  Person completing form: Guy Sing Phone number: 478.237.3881	Il be used to implement the strategy for this ser or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, lo







## FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

Answer each question below, attaching additional pages as 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:EMANUEL	Service: Emergency Medical and Rescue
Check the box that best describes the agreed upor	
	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): <b>Emanuel 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
	entation as described, below)
If these conditions will continue under this strategy, a	A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

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	eral funds, special service district revenues	indicate how the service will be funded (e.g., s, hotel/motel taxes, franchise taxes, impact
Local Government or Autho	rity	unding Method
Emanuel County	General Fund & User Fees	тату метоа
City of Twin City	General Fund	
City Cit I IIII City	General Fana	
4. How will the strategy change th	e previous arrangements for providing and	or funding this service within the county?
	unty provides EMS and Rescue service co for the operation of a substation within its j	
this service:		s 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 ate or fee changes, etc.), and when will the	this service (e.g., ordinances, resolutions, local by take effect?
NONE		
7. Person completing form: <b>Guy S</b> Phone number: <b>478.237.3881</b>	ingletary Date completed: 8-16-2017	
	e contacted by state agencies when evalua service delivery strategy? ⊠Yes ⊡No	ating whether proposed local government
If not, provide designated contact	et person(s) and phone number(s) below:	







# FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

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:EMANUEL	Service: Extension Service
Check the box that best describes the agreed upon	n delivery arrangement for this service:
	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): <b>Emanuel 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.):
In developing this strategy, were overlapping serving identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
If these conditions will continue under this strategy, <u>a</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

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Local Government or Author	ority Funding N	Method
Emanuel County	General Fund and State	
How will the strategy change the	ne previous arrangements for providing and/or fundi	ng this service within the county?
lo change is anticipated.		
List any formal service delivery his service:	agreements or intergovernmental contracts that wi	Il be used to implement the strategy
iriis service.		
	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties  (a) Will be used to implement the strategy for this server.	
Agreement Name  What other mechanisms (if any		vice (e.g., ordinances, resolutions, lo
Agreement Name  What other mechanisms (if any	y) will be used to implement the strategy for this serv	vice (e.g., ordinances, resolutions, lo
Agreement Name  What other mechanisms (if any acts of the General Assembly,	y) will be used to implement the strategy for this serv	vice (e.g., ordinances, resolutions, lo
Agreement Name  What other mechanisms (if any	y) will be used to implement the strategy for this serv	vice (e.g., ordinances, resolutions, lo
Agreement Name  What other mechanisms (if any acts of the General Assembly,	y) will be used to implement the strategy for this serv	vice (e.g., ordinances, resolutions, lo
Agreement Name  What other mechanisms (if any acts of the General Assembly,	y) 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, lo
What other mechanisms (if any acts of the General Assembly,  IONE  Person completing form: Guy 3 Phone number: 478.237.3881	y) 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, lo







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

#### Instructions:

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

should be reported to the Department of Community Affairs.			
COUNTY:EMANUEL	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 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:		
service in unincorporated areas. (If this box is chec	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the of Garfield, City of Nunez, City of Oak Park, City of Stillmore, City of City		
	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			
	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.		

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
Emanuel County	General Fund, Grants and SPLOST
City of Adrian, City of Garfield	General Fund, Grants and SPLOST
City of Nunez, City of Oak Park	General Fund, Grants and SPLOST
City of Stillmore, City of Summertown	General Fund, Grants and SPLOST
City of Swainsboro, City of Twin City	General Fund, Grants and SPLOST

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

Service has been revised to reflect current funding methods and greater detail the service arrangement. Each of the cities provides fire protection within its city limits using their respective city fire truck and use a county fire truck to respond to an area within a five mile radius of the incorporated areas, while the County provides the service in the remaining unincorporated areas. The County provides a Class A pumper, a monetary supplement for maintenance to each city and rural fire department in the county, as well as cost reimbursement to each city responding to a county fire in the unincorporated five mile radius from their respective jurisdiction.

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 I	be used to implement the	e strategy for this s	ervice (e.g.,	ordinances,	resolutions,	local
	acts of the General Assembly, rate or	fee changes, etc.), and	when will they take	e effect?			

NONE			

7. Person completing form: Guy Singletary

Phone number: **478.237.3881** Date completed: 8-16-2017

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

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







## FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	ssary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:EMANUEL	Service: Hospital
Check the box that best describes the agreed upo	n delivery arrangement for this service:
Service will be provided countywide (i.e., includ this box is checked, identify the government, authority Emanuel County Hospital Authority	ling all cities and unincorporated areas) by a single service provider. (If prity or organization providing the service.):
Service will be provided only in the unincorporat checked, identify the government, authority or organization.	ted portion of the county by a single service provider. (If this box is anization providing the service.):
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the
	nap delineating the service area of each service provider, and ration that will provide service within each service area.):
2. In developing this strategy, were overlapping servi identified?	ice areas, unnecessary competition and/or duplication of this service
☐ <b>Yes</b> (if "Yes," you must attach additional docum	nentation as described, below)
⊠No	
	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	egy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
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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**				
Funding Method				
Bonded indebtedness and User Fees, LOST				
SPI OST				
5. 200.				
ious arrangements for providing and/or funding this	service within the county?			
Funding Methods were revised to include LOST and SPLOST proceeds. Emanuel County was also added as a local government providing funding for the service.  5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:				
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			
	g., ordinances, resolutions, local			
	Funding Method Bonded indebtedness and User Fees, LOST SPLOST  ous arrangements for providing and/or funding this seed to LOST and SPLOST proceeds. Emanuel County vervice.			







# 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:EMANUEL	Service: Jail			
Check the box that best describes the agreed upor	n delivery arrangement for this service:			
	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): <b>Emanuel 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 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 docum	entation as described, below)			
⊠No				
If 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 e	A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).			
f these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.				
Page 1 of 2				

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Local Government or Author	rity Funding I	Method
Emanuel County	General Fund, User Fees	
How will the strategy change the	e previous arrangements for providing and/or fund	ing this service within the county?
Jser fees have been added as a	funding method for the service.	
List any formal service delivery this service:	agreements or intergovernmental contracts that wi	ill be used to implement the strategy f
THO GOLVIOC.		
Agreement Name	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
Agreement Name  What other mechanisms (if any)	Contracting Parties  will be used to implement the strategy for this serete or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, loc
Agreement Name  What other mechanisms (if any)	will be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, loc
Agreement Name  What other mechanisms (if any) acts of the General Assembly, ra	will be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, loc
What other mechanisms (if any) acts of the General Assembly, ra	will be used to implement the strategy for this serate or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, loc
What other mechanisms (if any) acts of the General Assembly, random NONE  Person completing form: Guy Sephone number: 478.237.3881  Is this the person who should be	will be used to implement the strategy for this serate or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, localifect?







## FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:EMANUEL	Service: Landfill and Transfer Station
1. Check the box that best describes the agreed upor	•
	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): <b>Emanuel 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
	entation as described, below)
If 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 e	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that diminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

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fees, bonded indebtedness, et		
Local Government or Auth	ority Funding M	ethod
Emanuel County	General Fund, User Fees, Tippage Fees	
How will the strategy change t	he previous arrangements for providing and/or fundin	g this service within the county?
Emanuel County general funds	were added as a funding method for the service.	
Liet on v formal comics deliver		
	y agreements or intergovernmental contracts that will	be used to implement the strategy f
	y agreements or intergovernmental contracts that will  Contracting Parties	be used to implement the strategy f
this service:		
this service:  Agreement Name  What other mechanisms (if an		Effective and Ending Date  ce (e.g., ordinances, resolutions, loc
this service:  Agreement Name  . What other mechanisms (if an	Contracting Parties  White parties to implement the strategy for this service to the strategy for	Effective and Ending Date  ce (e.g., ordinances, resolutions, loc
this service:  Agreement Name  What other mechanisms (if an acts of the General Assembly,	Contracting Parties  y) will be used to implement the strategy for this serving rate or fee changes, etc.), and when will they take effective or fee changes.	Effective and Ending Date  ce (e.g., ordinances, resolutions, loc
What other mechanisms (if an acts of the General Assembly,  NONE  Person completing form: Guy Phone number: 478.237.3881  Is this the person who should	Contracting Parties  y) will be used to implement the strategy for this serving rate or fee changes, etc.), and when will they take effective or fee changes.	Effective and Ending Date  ce (e.g., ordinances, resolutions, locetet?







# FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

should be reported to the Department of Community Affairs.	
COUNTY:EMANUEL	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.	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
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.): Emanuel Dak Park, City of Stillmore, City of Swainsboro, City of Twin City
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 document  or an experience of the content of t	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.,
	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
Emanuel County	General Fund, Grants
City of Adrian	General Fund, Grants
City of Garfield	General Fund, Grants
City of Oak Park	General Fund, Grants
City of Stillmore, City of Swainsboro	General Fund, Grants
City of Twin City	General Fund, Grants

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

The City of Oak Park was added as a local government providing law enforcement as a service. The service area map has also been updated.

The Emanuel County Sheriff provides law enforcement for Emanuel County in its entirety; however, the Cities of Adrian, Garfield, Oak Park, Stillmore, Swainsboro, and Twin City each provide a higher level of law enforcement service within their respective boundaries through city police departments.

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, acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?	resolutions, local

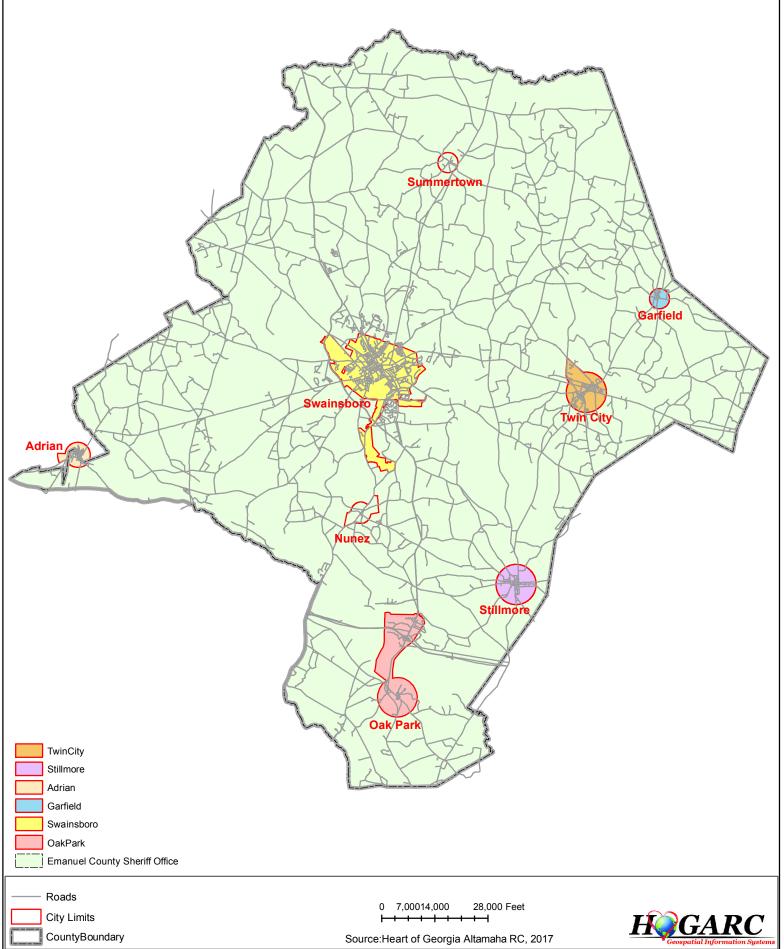
			_	

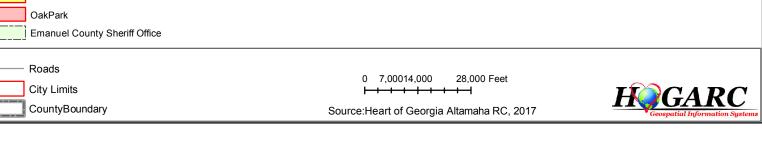
NONE

7. Person completing form: **Guy Singletary**Phone number: **478.237.3881**Date completed: 8-16-2017

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

# **Emanuel County Law Enforcement** Summertown Garfield Swainsboro Twin City Nunez Stillmore











# FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

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

Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	ssary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:EMANUEL	Service: Library
Check the box that best describes the agreed upo	n delivery arrangement for this service:
	ling all cities and unincorporated areas) by a single service provider. (If prity or organization providing the service.): <b>Swainsboro-Emanuel</b> prary Board)
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ted portion of the county by a single service provider. (If this box is anization providing the service.):
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the
	nap delineating the service area of each service provider, and ration that will provide service within each service area.):
2. In developing this strategy, were overlapping serving identified?	ice areas, unnecessary competition and/or duplication of this service
☐ <b>Yes</b> (if "Yes," you must attach additional docum	nentation as described, below)
⊠No	
	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	egy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Dozo 1 of 2

	ity that will help to pay for this service and indicate how eral funds, special service district revenues, hotel/mote .).		
Local Government or Autho	rity Funding Meti	hod	
Emanuel County	General Fund & State		
City of Swainsboro	General Fund		
	000000000000000000000000000000000000000		
L			
4. How will the strategy change th	e previous arrangements for providing and/or funding	this service within the county?	
account of funding for this service incorporated area of Swainsboro municipalities through special tax	pated, however the following description has been mode. The library will continue to be funded with 50 percers and 50 percent of revenues derived from the unincorp districts in Emanuel County. The service provider was Board to the Statesboro Regional Library Board.	nt of revenues derived from the porated area and remaining	
List any formal service delivery this service:	agreements or intergovernmental contracts that will be	e 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?			
NONE			
7. Person completing form: <b>Guy S</b> Phone number: <b>478.237.3881</b>	Singletary Date completed: 8-16-2017		
projects are consistent with the	e contacted by state agencies when evaluating whethe service delivery strategy? ⊠Yes ⊡No ct person(s) and phone number(s) below:	er proposed local government	







# 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:EMANUEL	Service:Non-Emergency 911 Dispatch
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 this box is checked, identify the government, authorized the countywide (i.e., including this box is checked, identify the government, authorized the countywide (i.e., including this box is checked, identify the government, authorized the countywide (i.e., including this box is checked, identify the government, authorized this box is checked, identify the government, authorized this box is checked.	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 intify the government(s), authority or organization providing the service:
service in unincorporated areas. (If this box is chec	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the of Garfield, City of Oak Park, City of Stillmore, City of Swainsbroro,
	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 strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

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

Local Government or Authority	Funding Method
Emanuel County	General Fund
City of Adrian, City of Garfield	General Fund
City of Oak Park	General Fund
City of Stillmore	General Fund
City of Swainsboro	General Fund
City of Twin City	General Fund

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

As a higher level of service, each city shall be responsible for providing for non-emergency 911 dispatch service to the respective jurisdiction and calls initiated by police officers from a department while conducting proactive police activities. Non-emergency 911 dispatch may be achieved with city personnel and equipment or through a contract with Emanuel County. Emanuel County shall be responsible for non-emergency 911 dispatch in the unincorporated area.

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

Agreement Name	Contracting Parties	Effective and Ending Dates

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

Ν	$\cap$	N	ΙF

7. Person completing form: Guy Singletary

Phone number: **478.237.3881** Date completed: 8-16-2017

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







# 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:EMANUEL	Service: Parks
Check the box that best describes the agreed upon Service will be provided countywide (i.e., includ this box is checked, identify the government, authority the government.)	ing all cities and unincorporated areas) by a single service provider. (If
	ed portion of the county by a single service provider. (If this box is
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
service in unincorporated areas. (If this box is check service.): Emanuel County, City of Adrian, City of	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the of Garfield, City of Nunez, City of Oak Park, City of Stillmore, City of City, Swainsboro/Emanuel County Recreation Authority
	nap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping servi identified?	ice areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum ☐ No	nentation as described, below)
	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	D 4 C O

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
Emanuel County	General Fund and Grants
City of Adrian, City of Garfield	General Fund and Grants
City of Nunez, City of Oak Park	General Fund and Grants
City of Stillmore, City of Summertown	General Fund and Grants
City of Swainsboro, City of Twin City	General Fund and Grants
Swainsboro/Emanuel Co. Rec. Auth.	SPLOST

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

The municipalities maintain parks within their respective jurisdictions with the assistance of the Swainsboro/Emanuel County Recreation Department as needed. The Recreation Authority is responsible for any capital expenditures for parks and recreation county wide utilizing SPLOST funds. The City of Swainsboro and Emanuel County each contribute 50 percent of the funding for the joint county wide recreation department, with the County's funding being derived from the unincorporated area and special tax districts from the remaining municipalities with exception of Twin City. The County also contributes 50 percent of the funding for the City of Twin City/Emanuel County Recreation Department with funding derived from a special tax district of only Twin City residents.

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
Twin City/EC Rec. Dept.	Twin City, Emanuel County	05/17-05/18

			, resolutions, local
•	2017		
	rate or fee changes, etc.), ar  Singletary	rate or fee changes, etc.), and when will they take eff	<u> </u>

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







# **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:EMANUEL	Service: Planning and Zoning
Check the box that best describes the agreed upon	
Service will be provided countywide (i.e., including this box is checked, identify the government, authorized the countywide (i.e., including this box is checked, identify the government, authorized the countywide (i.e., including the countywide (i.e., i	ing all cities and unincorporated areas) by a single service provider. (If ority 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
	pap 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)
MAC	
If these conditions will continue under this strategy, <u>a</u> overlapping but higher levels of service (See O.C.G.A. overlapping service areas or competition cannot be e	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

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Local Government or Authority	Funding M	lothad
City of Swainsboro	General Fund, Fees	letiiloa
City of Twin City	General Fund, Fees	
	Constant and, rece	
I. How will the strategy change the pre	vious arrangements for providing and/or fundir	ng this service within the county?
No change is anticipated.		
Two change is anticipated.		
	ements or intergovernmental contracts that will	l be used to implement the strategy fo
5. List any formal service delivery agree this service:	ements or intergovernmental contracts that will	
	ements or intergovernmental contracts that will  Contracting Parties	I be used to implement the strategy fo
this service:		
this service:  Agreement Name  6. What other mechanisms (if any) will	Contracting Parties  Contracting Parties	Effective and Ending Dates rice (e.g., ordinances, resolutions, local
this service:  Agreement Name  6. What other mechanisms (if any) will	Contracting Parties	Effective and Ending Dates rice (e.g., ordinances, resolutions, local
this service:  Agreement Name  6. What other mechanisms (if any) will	Contracting Parties  Contracting Parties	Effective and Ending Dates rice (e.g., ordinances, resolutions, local
this service:  Agreement Name  6. What other mechanisms (if any) will	Contracting Parties  Contracting Parties	Effective and Ending Dates rice (e.g., ordinances, resolutions, local
this service:  Agreement Name  S. What other mechanisms (if any) will	Contracting Parties  Contracting Parties	Effective and Ending Dates  rice (e.g., ordinances, resolutions, local
Agreement Name  S. What other mechanisms (if any) will acts of the General Assembly, rate or	Contracting Parties  Contracting Parties	Effective and Ending Dates  rice (e.g., ordinances, resolutions, local
Agreement Name  6. What other mechanisms (if any) will acts of the General Assembly, rate or	Contracting Parties  Contracting Parties	Effective and Ending Dates  rice (e.g., ordinances, resolutions, local
Agreement Name  3. What other mechanisms (if any) will acts of the General Assembly, rate or NONE  7. Person completing form: Guy Single	Contracting Parties  be used to implement the strategy for this server fee changes, etc.), and when will they take ef	Effective and Ending Dates  rice (e.g., ordinances, resolutions, local







# FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

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

Answer each question below, attaching additional pages as necesshould be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:EMANUEL	Service: Probation Service
Check the box that best describes the agreed upor      Service will be provided countywide (i.e., including this box is checked, identify the government, authority the government).	ing all cities and unincorporated areas) by a single service provider. (If
Service will be provided only in the unincorporate checked, identify the government, authority or 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:
service in unincorporated areas. (If this box is chec	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the of Garfield, City of Stillmore, City of Swainsboro, City of Twin City
	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)
If these conditions will continue under this strategy, a	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that diminated).
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

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

Local Government or Authority	Funding Method
Emanuel County	General Fund, Fees and State
City of Adrian	General Fund, Fees and State
City of Garfield	General Fund, Fees and State
City of Stillmore	General Fund, Fees and State
City of Swainsboro	General Fund, Fees and State
City of Twin City	General Fund, Fees and State

The state of the s	• • • • • • • • • • • • • • • • • • • •	,		
City of Twin City	General	Fund, Fees and State		
4. How will the strategy change the	e previous arranç	gements for providing and/or fund	ding this s	service within the county?
No change is anticipated. The cit service.	y and county cou	urts may contract with a private fir	rm for the	e provision of this
5. List any formal service delivery this service:	agreements or in	ntergovernmental contracts that w	vill be use	ed to implement the strategy for
Agreement Name		Contracting Parties		Effective and Ending Dates
				_
<ol><li>What other mechanisms (if any) acts of the General Assembly, ra</li></ol>		mplement the strategy for this sees, etc.), and when will they take		g., ordinances, resolutions, local
NONE				
7. Person completing form: <b>Guy S</b> Phone number: <b>478.237.3881</b>		eted: 8-16-2017		
8. Is this the person who should be projects are consistent with the			nether pro	oposed local government
If not, provide designated contact	ct person(s) and	phone number(s) below:		







# FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

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

Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:EMANUEL	Service: Public Health
Check the box that best describes the agreed upor	n delivery arrangement for this service:
	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): <b>Emanuel 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.):
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	
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

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

Local Government or Author	rity Funding I	Method
Emanuel County	General Fund, Fees and State	
. How will the strategy change the	e previous arrangements for providing and/or fundi	ing this service within the county?
	vide the service countywide. The City of Twin City	
	county Health Department clinic, located within the to longer contributes funds for this service.	City of Twin City, is no longer in
operation. The Oily of Twin Oily I	io forigor contributes farias for this service.	
	agreements or intergovernmental contracts that wi	ill be used to implement the strategy fo
this service:		
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name	Contracting Parties	Effective and Ending Date:
Agreement Name	Contracting Parties	Effective and Ending Dates
. What other mechanisms (if any)	will be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, loc
. What other mechanisms (if any)		vice (e.g., ordinances, resolutions, loc
. What other mechanisms (if any)	will be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, loc
. What other mechanisms (if any)	will be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, loc
. What other mechanisms (if any) acts of the General Assembly, ra	will be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, loc
. What other mechanisms (if any) acts of the General Assembly, ra	will be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, loc
s. What other mechanisms (if any)	will be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, loc
. What other mechanisms (if any) acts of the General Assembly, ra	will be used to implement the strategy for this serate or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, loc
. What other mechanisms (if any) acts of the General Assembly, rand NONE  Person completing form: Guy Some Phone number: 478.237.3881	will be used to implement the strategy for this servate or fee changes, etc.), and when will they take expenses the complete of the contacted by state agencies when evaluating ev	vice (e.g., ordinances, resolutions, loc effect?
. What other mechanisms (if any) acts of the General Assembly, rand NONE  Person completing form: Guy Some Phone number: 478.237.3881	will be used to implement the strategy for this serate or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, loc effect?







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

#### Instructions:

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

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

CDC	COL		
SUS	s FUR	(IVI 2.	continued

Local Government or Authorit	/ Funding	<u>Method</u>
Swainsboro Housing Authority	HUD, Fees	
How will the strategy change the រុ	revious arrangements for providing and/or fund	ing this service within the county?
he Twin City Housing Authority wa	is removed as a service provider to reflect the d	lissolution of the authorithy in 2016.
, , ,	·	·
List any formal service delivery ag his service:	reements or intergovernmental contracts that w	ill be used to implement the strategy
Agreement Name	Contracting Parties	Effective and Ending Date
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
What other mechanisms (if any) w	ill be used to implement the strategy for this ser or fee changes, etc.), and when will they take e	rvice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) w	ill be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) was of the General Assembly, rate	ill be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) w	ill be used to implement the strategy for this ser	rvice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) wacts of the General Assembly, rate	ill be used to implement the strategy for this ser or fee changes, etc.), and when will they take e	rvice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) wacts of the General Assembly, rate	ill be used to implement the strategy for this ser or fee changes, etc.), and when will they take e	rvice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) works of the General Assembly, rate ONE  Person completing form: Guy Sin Phone number: 478.237.3881  s this the person who should be one	ill be used to implement the strategy for this ser or fee changes, etc.), and when will they take e	rvice (e.g., ordinances, resolutions, lo







# FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

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

Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:EMANUEL	Service: Recreation
Check the box that best describes the agreed upon	n delivery arrangement for this service:
Service will be provided countywide (i.e., including this box is checked, identify the government, authority	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.):
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is inization providing the service.):
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the on Authority, City of Twin City
	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 serving identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
If these conditions will continue under this strategy, <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 the service areas or competition cannot be expressed to the conditions are serviced t	At 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 au	thority that will he	elp to pay for th	is service and ir	ndicate how the se	rvice will be funded	(e.g.,
ente	rprise funds, user fees,	general funds, s	pecial service d	istrict revenues,	hotel/motel taxes	, franchise taxes, im	pact
fees	, bonded indebtedness	, etc.).					

Local Government or Authority	Funding Method
Emanuel County	General Fund and Grants
City of Swainsboro	General Fund and Grants
City of Twin City	General Fund and Grants

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

The City of Swainsboro and Emanuel County each contribute 50 percent of the funding for a joint county wide recreation authority, with the County's funding being derived from the unincorporated area and special tax districts from the remaining municipalities with exception of Twin City. The County also contributes 50 percent of the funding for the City of Twin City/Emanuel County Recreation Department with funding derived from a special tax district of only Twin City residents.

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
Twin City/EC Rec. Dept.	Twin City, Emanuel County	05/17-05/18
		(Agreement Reviewed
		Annually)

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

NONE	

7. Person completing form: **Guy Singletary** 

Phone number: **478.237.3881** Date completed: 8-16-2017

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







# **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:EMANUEL	Service: Recycling	
Check the box that best describes the agreed upor	n delivery arrangement for this service:	
Service will be provided countywide (i.e., including this box is checked, identify the government, authorized the countywide (i.e., including the countywide).	ing all cities and unincorporated areas) by a single service provider. (If or organization providing the service.):	
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is anization providing the service.):	
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:  City	
One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):		
	nap delineating the service area of each service provider, and ation that will provide service within each service area.):	
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service	
☐ <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	

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 Authorit	ry Funding Method	
City of Adrian	General Fund and Grants	
City of Swainsboro	General Fund and Grants	
City of Twin City	General Fund and Grants	
4. How will the strategy change the	previous arrangements for providing and/or funding this	service within the county?
No change is anticipated.		
5. List any formal service delivery ag this service:	greements or intergovernmental contracts that will be use	ed to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
	vill be used to implement the strategy for this service (e.ç e or fee changes, etc.), and when will they take effect?	g., ordinances, resolutions, local
NONE		
NONE		
7. Person completing form: <b>Guy Sin</b> Phone number: <b>478.237.3881</b>	ngletary Date completed: 8-16-2017	
<ul><li>7. Person completing form: Guy Sin Phone number: 478.237.3881</li><li>8. Is this the person who should be only the shou</li></ul>		oposed local government







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

#### Instructions:

should be reported to the Department of Community Affairs.				
COUNTY:EMANUEL	Service: Road and Street Construction			
	ing all cities and unincorporated areas) by a single service provider. (If			
this box is checked, identify the government, authority service will be provided only in the unincorporate checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is			
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:			
service in unincorporated areas. (If this box is chec	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the of Garfield, City of Nunez, City of Oak Park, City of Summertown, vin City			
	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., 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
Emanuel County	General Fund, LMIG, TSPLOST(TIA), Grants
City of Adrian, City of Garfield	General Fund, LMIG, TSPLOST(TIA), Grants
City of Nunez, City of Oak Park	General Fund, LMIG, TSPLOST(TIA), Grants
City of Summertown, City of Stillmore	General Fund, LMIG, TSPLOST(TIA), Grants
City of Swainsboro, City of Twin City	General Fund, LMIG, TSPLOST(TIA), Grants
Swainsboro/Emanuel Co. JDA	Grants

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

The Cities of Adrian, Nunez, Oak Park, Summertown, Stillmore, Swainsboro and Twin City have been added as service providers of Road and Street Construction. The funding methods for each local government have been updated to accurately reflect funding sources available for this service.

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

Agreement Name	Contracting Parties	Effective and Ending Dates

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

$M \cap M$	╚

7. Person completing form: Guy Singletary

Phone number: **478.237.3881** Date completed: 8-16-2017

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







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

#### Instructions:

Answer each question below, attaching additional pages as necesshould be reported to the Department of Community Affairs.	essary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:EMANUEL	Service: Road and Street Maintenance
Check the box that best describes the agreed up	oon delivery arrangement for this service:
Service will be provided countywide (i.e., inclution this box is checked, identify the government, authors.)	uding all cities and unincorporated areas) by a single service provider. (If nority or organization providing the service.):
Service will be provided only in the unincorpora checked, identify the government, authority or organization.	ated portion of the county by a single service provider. (If this box is ganization providing the service.):
	y within their incorporated boundaries, and the service will not be provided dentify the government(s), authority or organization providing the service:
service in unincorporated areas. (If this box is che	y within their incorporated boundaries, and the county will provide the ecked, identify the government(s), authority or organization providing the of Garfield, City of Nunez, City of Oak Park, City of Summertown, Twin City
	map delineating the service area of each service provider, and ization that will provide service within each service area.):
2. In developing this strategy, were overlapping ser identified?	vice areas, unnecessary competition and/or duplication of this service
☐ <b>Yes</b> (if "Yes," you must attach additional documents	mentation as described, below)
⊠No	
	attach an explanation for continuing the arrangement (i.e., G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that e eliminated).
If these conditions will be eliminated under the strat will be taken to eliminate them, the responsible part	tegy, attach an implementation schedule listing each step or action that ty and the agreed upon deadline for completing it.
	D 4 60

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
Emanuel County	General Fund, LMIG, TSPLOST(TIA), Grants
City of Adrian, City of Garfield	General Fund, LMIG, TSPLOST(TIA), Grants
City of Nunez, City of Oak Park	General Fund, LMIG, TSPLOST(TIA), Grants
City of Summertown, City of Stillmore	General Fund, LMIG, TSPLOST(TIA), Grants
City of Swainsboro, City of Twin City	General Fund, LMIG, TSPLOST(TIA), Grants

	<ol><li>How will the strategy of</li></ol>	change the previous a	arrangements fo	or providing and/o	r funding this s	service within the cou	nty?
--	--	-----------------------	-----------------	--------------------	------------------	------------------------	------

Funding methods were updated to accurately reflect funding sources for this service. The County will provide basic grading of dirt streets within the municipalities on the regular county maintenance schedule. The County may also provide a city with assistance upon request after review on a per project basis.

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

Agreement Name	Contracting Parties	Effective and Ending Dates

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

$M \cap M$	╚

7. Person completing form: Guy Singletary

Phone number: **478.237.3881** Date completed: 8-16-2017

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







# **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:EMANUEL	Service: Sewer
Check the box that best describes the agreed upor	n delivery arrangement for this service:
Service will be provided countywide (i.e., including this box is checked, identify the government, authority	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.):
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is inization providing the service.):
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the
	nap delineating the service area of each service provider, and ation that will provide service within each service area.): City of , Emanuel County Development Authority
2. In developing this strategy, were overlapping serving 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	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.

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
City of Stillmore	Enterprise Fund, User Fees, Grants, and SPLOST
City of Swainsboro	Enterprise Fund, User Fees, Grants, and SPLOST
City of Twin City	Enterprise Fund, User Fees, Grants, and SPLOST
Emanuel Co. Development Authority	Grants, Loans, Enterprise Fund, and User Fees

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

The Emanuel County Development Authority has been added as a Sewer service provider. The Development Authority intends to provide the service at the East Georgia/Interstate 16 Industrial Park.New service area maps have been included with the service to accurately show where sewer service is currently provided and where each service provider may provide the service in the future.

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

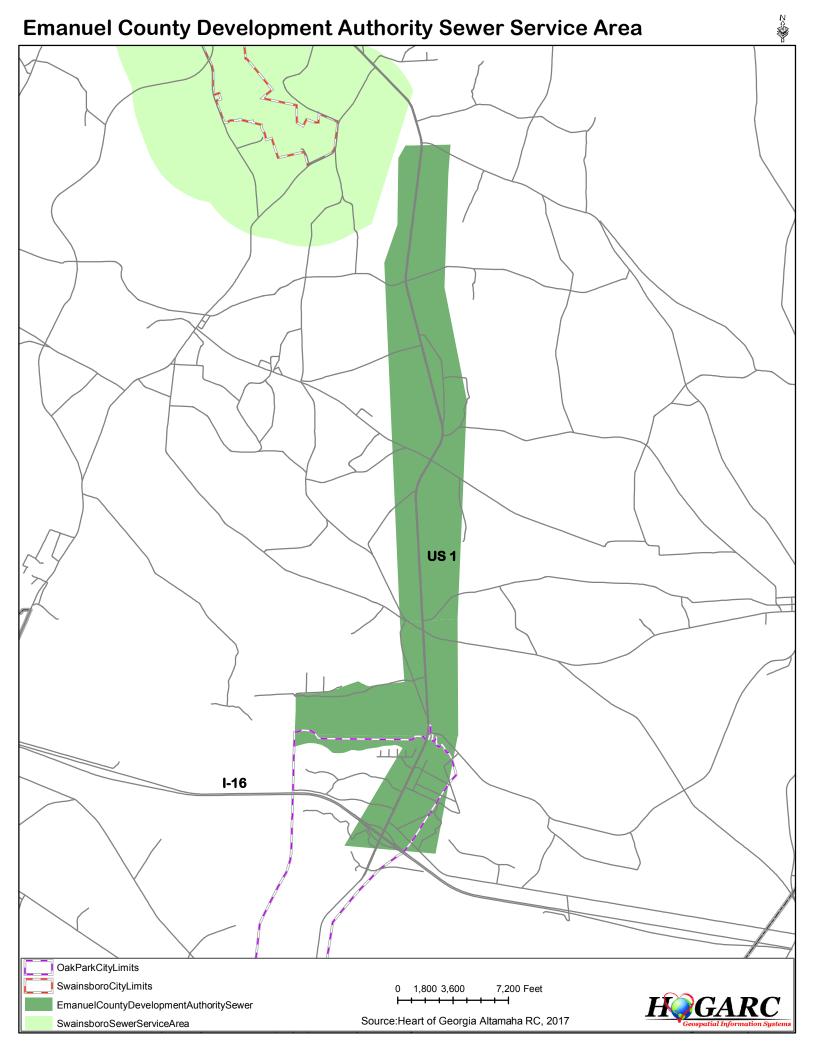
<ol><li>What other mechanisms (if any) will be used to implement the strategy for this service (e.g.,</li></ol>	ordinances,	resolutions,	local
acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?			

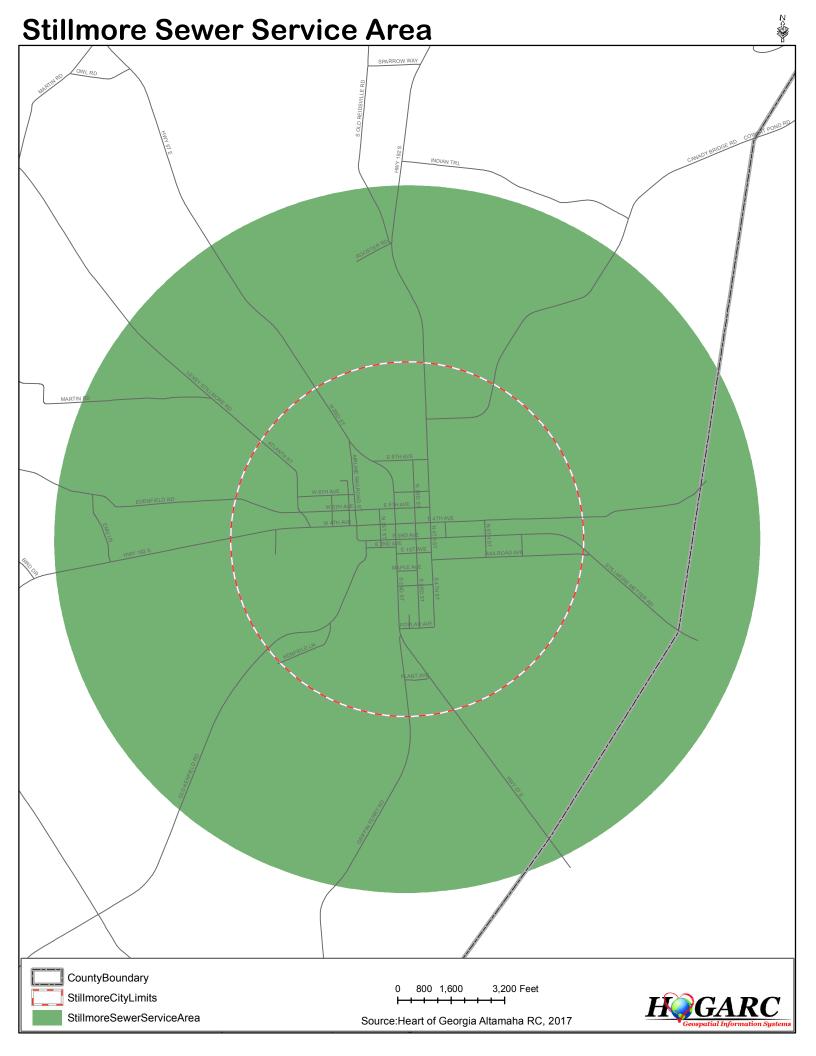
NONE

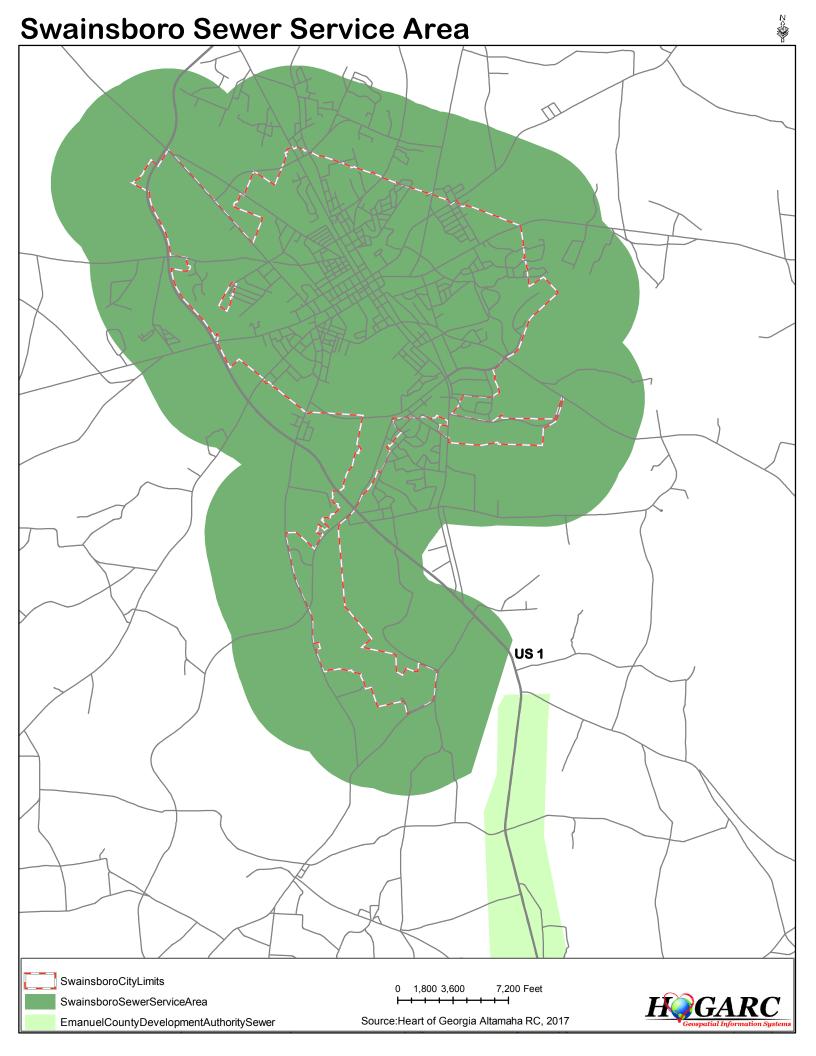
7. Person completing form: Guy Singletary

Phone number: **478.237.3881** Date completed: 8-16-2017

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















# **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:EMANUEL	Service: Solid Waste Collection
Check the box that best describes the agreed upon	n delivery arrangement for this service:
Service will be provided countywide (i.e., includ this box is checked, identify the government, author	ing all cities and unincorporated areas) by a single service provider. (If or organization providing the service.):
Service will be provided only in the unincorporat 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:
service in unincorporated areas. (If this box is chec	within their incorporated boundaries, and the county will provide the sked, identify the government(s), authority or organization providing the of Garfield, City of Stillmore, City of Summertown, City of
	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., overlapping service areas or competition cannot be expected to the condition of	A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

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
Emanuel County	General Fund, User Fees
City of Adrian, City of Garfield	General Fund, User Fees
City of Stillmore, City of Summertown	General Fund, User Fees
City of Swainsboro	General Fund, User Fees
City of Twin City	General Fund, User Fees

City of Swainsboro	General Fund, User Fees		
City of Twin City	General Fund, User Fees		
4. How will the strategy change th	ne previous arrangements for providing and/or fur	nding this s	ervice within the county?
No change is anticipated.			
5. List any formal service delivery this service:	agreements or intergovernmental contracts that	will be use	d to implement the strategy for
Agreement Name	Contracting Parties		Effective and Ending Dates
	v) will be used to implement the strategy for this strate or fee changes, etc.), and when will they take		., ordinances, resolutions, local
NONE			
7. Person completing form: <b>Guy \$</b> Phone number: <b>478.237.3881</b>	Singletary Date completed: 8-16-2017		
	be contacted by state agencies when evaluating we service delivery strategy? ⊠Yes □No	whether pro	pposed local government
If not, provide designated conta	act person(s) and phone number(s) below:		







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

#### Instructions:

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

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Local Government or Author	ity Funding I	Method
Emanuel County	General Fund	
How will the strategy change the	previous arrangements for providing and/or fundi	ing this service within the county?
lo change is anticipated.		
List any formal service delivery a	agreements or intergovernmental contracts that wi	Ill be used to implement the strategy
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
What other mechanisms (if any)	will be used to implement the strategy for this serte or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any)	will be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any)	will be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) acts of the General Assembly, ra	will be used to implement the strategy for this serte or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) acts of the General Assembly, random NONE  Person completing form: Guy Siphone number: 478.237.3881  Is this the person who should be	will be used to implement the strategy for this serte or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, lo







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

#### Instructions:

Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.		
COUNTY:EMANUEL	Service: Tax Collection	
Check the box that best describes the agreed upor	n delivery arrangement for this service:	
Service will be provided countywide (i.e., including this box is checked, identify the government, authorized the countywide (i.e., including the countywide).	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.):	
Service will be provided only in the unincorporate checked, identify the government, authority or 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:	
service in unincorporated areas. (If this box is chec	within their incorporated boundaries, and the county will provide the eked, identify the government(s), authority or organization providing the of Garfield, City of Stillmore, City of Swainsboro, City of Twin City	
	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		
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	At 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).	
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.	
	Page 1 of 2	

## **SDS FORM 2, continued**

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

Local Government or Authority	Funding Method
Emanuel County	General Fund
City of Stillmore	General Fund
City of Swainsboro	General Fund
City of Twin City	General Fund
City of Adrian	General Fund
City of Garfield	General Fund

4. How will the strategy change the previous arrangements for providing and/or funding this serv
--

No change is anticipated. Each jurisdiction will contiue to provide property tax collection service within its boundaries. Mobile home taxes are collected by the Emanuel County Tax Commissioner and distributed to the municipalities as appropriate.

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

Agreement Name	Contracting Parties	Effective and Ending Dates

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

	_	_		
N	റ	Λ	H	_

7. Person completing form: **Guy Singletary** 

Phone number: **478.237.3881** Date completed: 8-16-2017

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

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







# FORM 2: Summary of Service Delivery Arrangements

## Instructions:

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

should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:EMANUEL	Service: Tourism
Check the box that best describes the agreed upor	n delivery arrangement for this service:
Service will be provided countywide (i.e., including this box is checked, identify the government, authority	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.):
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is inization providing the service.):
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
	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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<ol> <li>List each government or authori enterprise funds, user fees, gen- fees, bonded indebtedness, etc.</li> </ol>	eral funds, special service dist		
Local Government or Author	itv	Funding Meth	hod
City of Swainsboro	Hotel/Motel Tax, Gene		700
How will the strategy change the	e previous arrangements for p	roviding and/or funding t	this service within the county?
No change is anticipated.			
5. List any formal service delivery this service:	agreements or intergovernme	ntal contracts that will be	e used to implement the strategy for
Agreement Name	Contracting	g Parties	Effective and Ending Dates
6. What other mechanisms (if any) acts of the General Assembly, ra			e (e.g., ordinances, resolutions, local pt?
NONE			
7. Person completing form: <b>Guy S</b>	naletary		
Phone number: 478.237.3881	Date completed: 8-16-201		
3. Is this the person who should be projects are consistent with the			er proposed local government
If not, provide designated contact	t person(s) and phone number	r(s) below:	







## FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

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

Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:EMANUEL	Service: Voter Registration
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>Emanuel 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.):
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	
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

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

Local Government or Authority	Funding I	Method
Emanuel County	General Fund	
How will the stratogy shapge the r	previous arrangements for providing and/or fund	ing this corvice within the county?
now will the strategy change the p	previous arrangements for providing and/or fund	ing this service within the county?
a change is anticipated		
o change is anticipated.		
∟ist any formal service delivery ag his service:	reements or intergovernmental contracts that wi	ill be used to implement the strategy
Agreement Name	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Dat
	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Dat
	Contracting Parties	Effective and Ending Date
Agreement Name		
Agreement Name  What other mechanisms (if any) w	Contracting Parties  ill be used to implement the strategy for this ser or fee changes, etc.), and when will they take e	
Agreement Name  What other mechanisms (if any) w	ill be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo
Agreement Name  What other mechanisms (if any) w	ill be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) wacts of the General Assembly, rate	ill be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo
Agreement Name  What other mechanisms (if any) wacts of the General Assembly, rate	ill be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo
Agreement Name  What other mechanisms (if any) w	ill be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo
Agreement Name  What other mechanisms (if any) wacts of the General Assembly, rate  ONE  Person completing form: Guy Sine	rill be used to implement the strategy for this ser or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, lo
Agreement Name  What other mechanisms (if any) works of the General Assembly, rate  ONE  Person completing form: Guy Sing Phone number: 478.237.3881	gletary Date completed: 8-16-2017	vice (e.g., ordinances, resolutions, lo
Agreement Name  What other mechanisms (if any) was of the General Assembly, rate  ONE  Person completing form: Guy Sing Phone number: 478.237.3881  s this the person who should be of	rill be used to implement the strategy for this ser or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, lo







## FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

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

Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.			
COUNTY:EMANUEL	Service: Water		
Check the box that best describes the agreed upor	n delivery arrangement for this service:		
Service will be provided countywide (i.e., includi this box is checked, identify the government, authority	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.):		
Service will be provided only in the unincorporate checked, identify the government, authority or 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		
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.): City of Adrian, City of Stillmore, City of Swainsboro, City of Twin City, Emanuel		
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 strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.		

## **SDS FORM 2, continued**

3. List each government or 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
City of Adrian, City of Garfield	Enterprise Fund, User Fees, and Grants
City of Nunez, City of Oak Park	Enterprise Fund, User Fees, and Grants
City of Stillmore	Enterprise Fund, User Fees, and Grants
City of Swainsboro	Enterprise Fund, User Fees, and Grants
City of Twin City	Enterprise Fund, User Fees, and Grants
Emanuel Co. Development Authority	Enterprise Fund, User Fees, and Grants

<ol><li>How will the strateg</li></ol>	y change the previous	arrangements for	providing and/or	funding this service	within the county?
--	-----------------------	------------------	------------------	----------------------	--------------------

New service area maps have been included with the service to accurately show where water service is currently provided and where each municipality/service provider may provide the service in the future. The Emanuel County Development Authority has been added as a water service provider.

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

Agreement Name	Contracting Parties	Effective and Ending Dates	

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

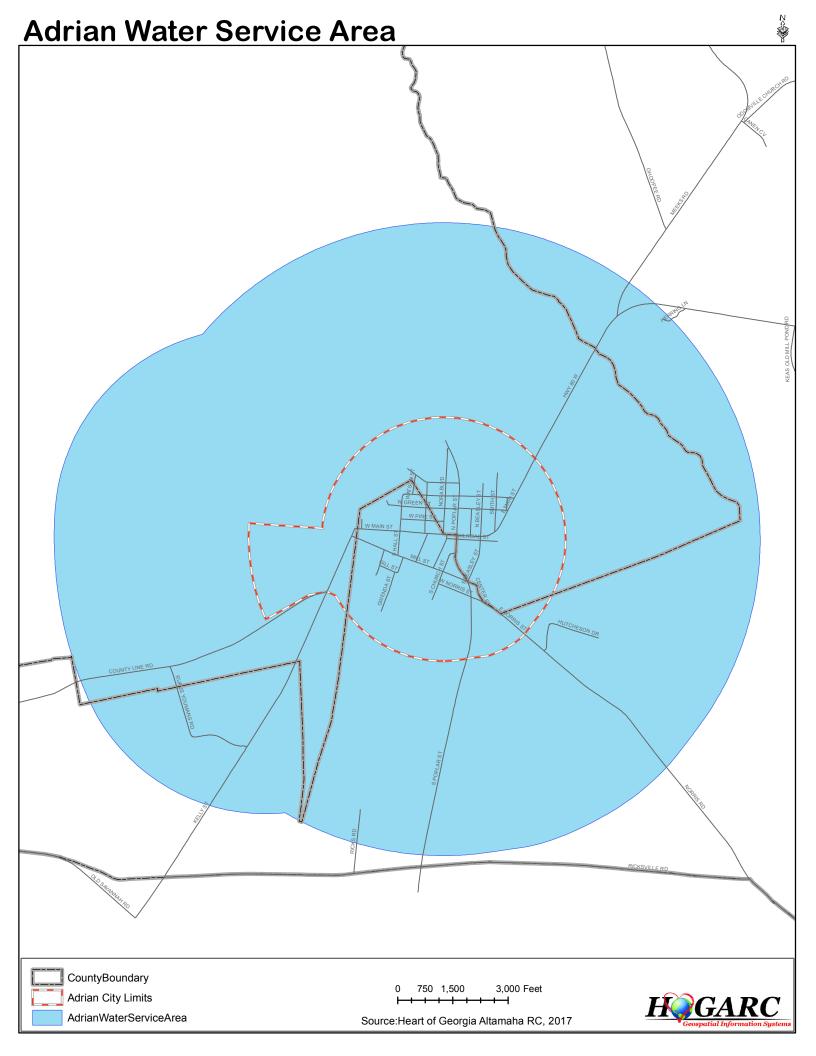
	_		
N	റ	N	F

7. Person completing form: Guy Singletary

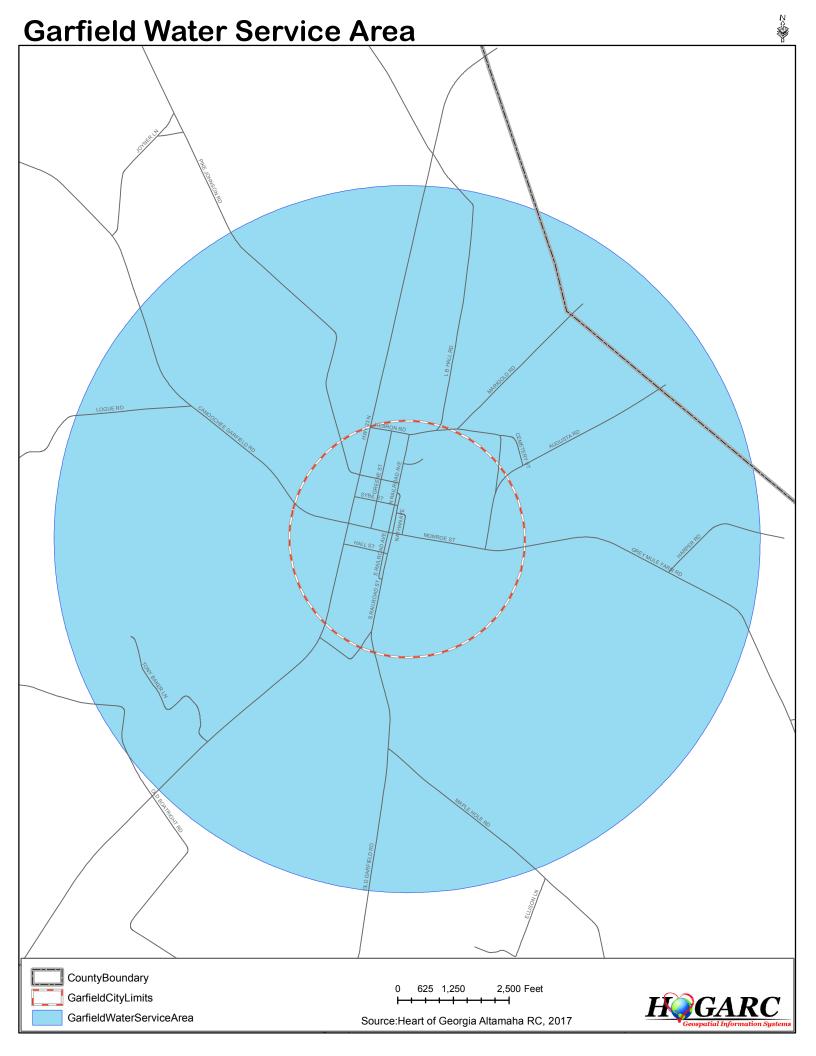
Phone number: **478.237.3881** Date completed: 8-16-2017

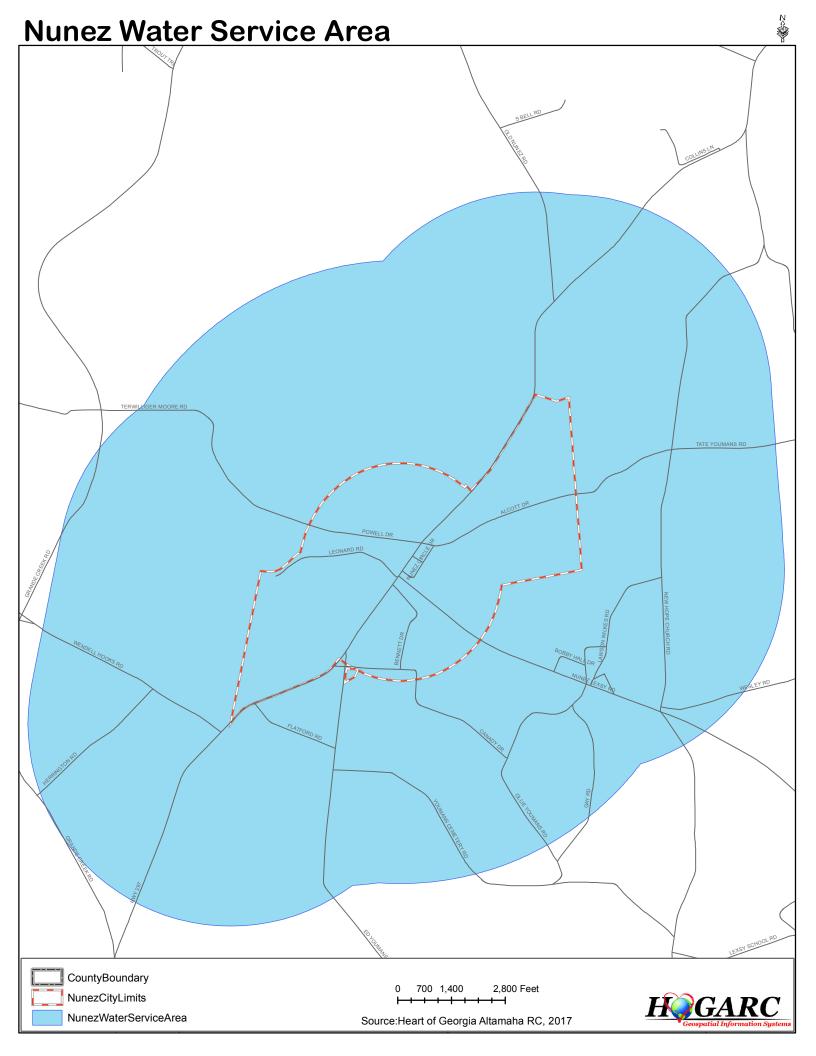
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ⊠Yes □No

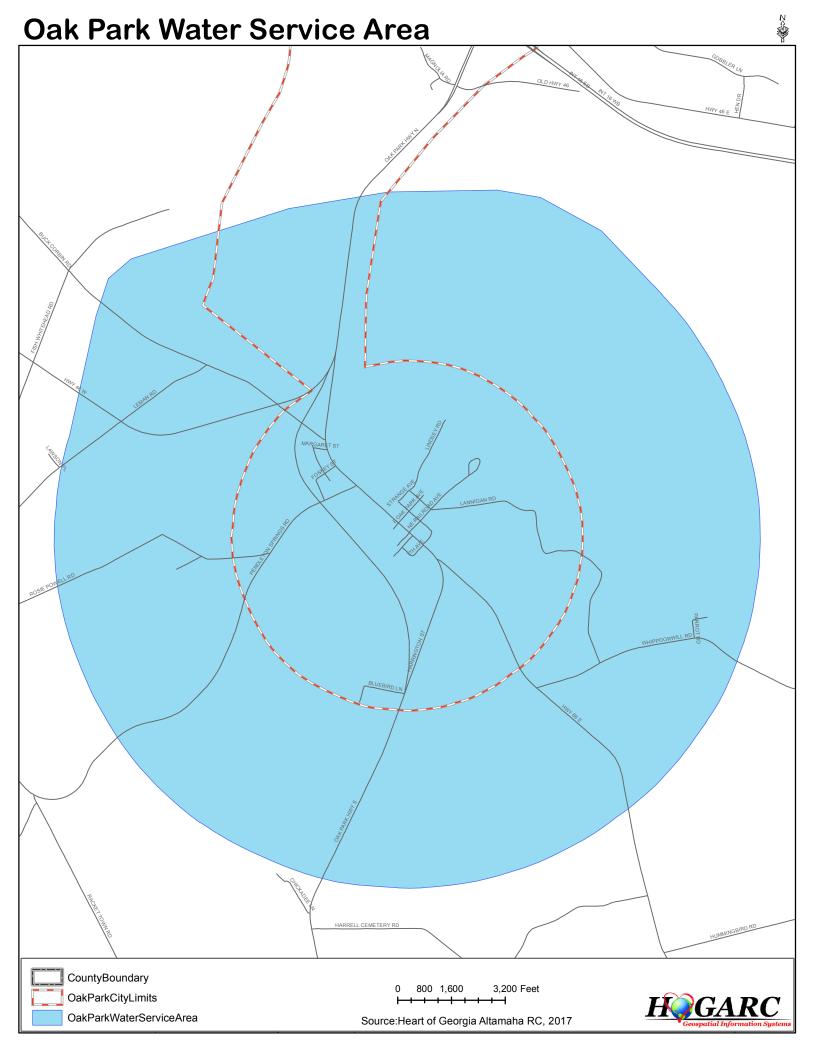
If not, provide designated contact person(s) and phone number(s) below:



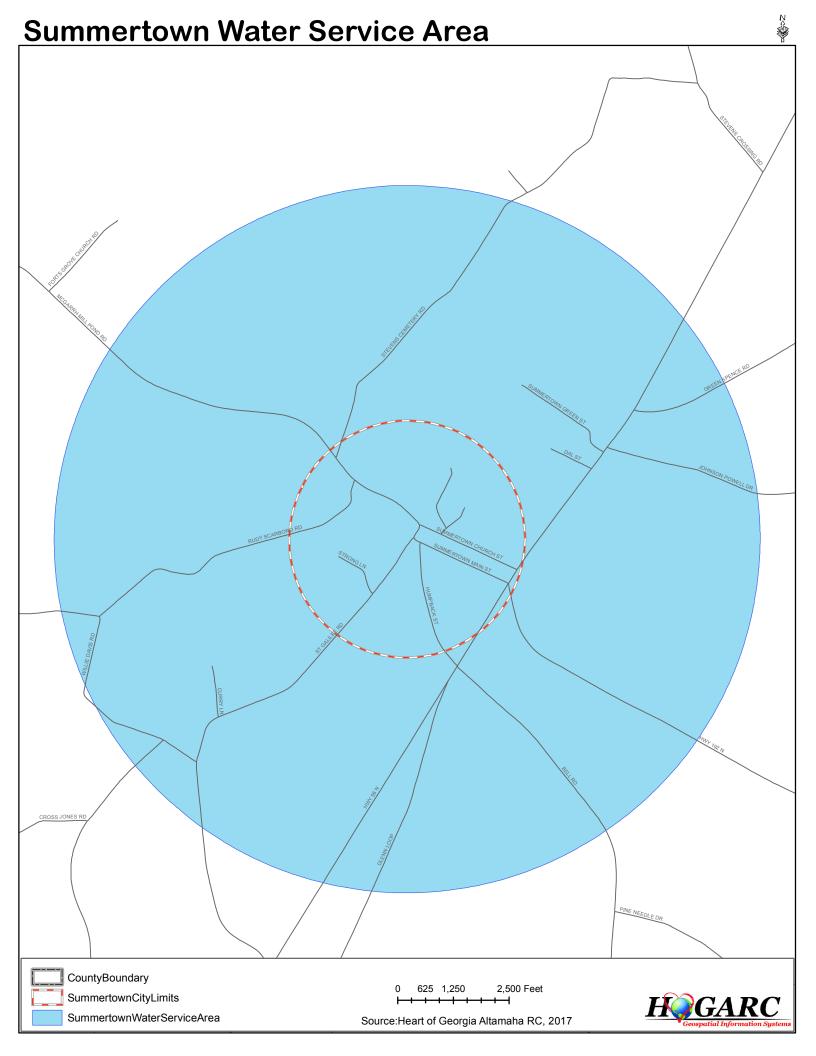
# **Emanuel County Development Authority Water Service Area** ${\tt OakParkCityLimits}$ 1,900 3,800 7,600 Feet HGARC ${\bf Emanuel County Development Authority Sewer}$ Source: Heart of Georgia Altamaha RC, 2017 OakParkWaterServiceArea







# **Stillmore Water Service Area** CountyBoundary 800 1,600 3,200 Feet StillmoreCityLimits HGARC StillmoreWaterServiceArea Source: Heart of Georgia Altamaha RC, 2017



# **Swainsboro Water Service Area** CountyBoundary 1,450 2,900 5,800 Feet SwainsboroCityLimits HGARC Geographial Information System SwainsboroWaterServiceArea Source: Heart of Georgia Altamaha RC, 2017







# FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

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

Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	ssary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:EMANUEL	Service: Welcome Center
Check the box that best describes the agreed upo	n delivery arrangement for this service:
	ling all cities and unincorporated areas) by a single service provider. (If prity or organization providing the service.): <b>Swainsboro-Emanuel</b>
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ted portion of the county by a single service provider. (If this box is anization providing the service.):
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the
	nap delineating the service area of each service provider, and ration that will provide service within each service area.):
In developing this strategy, were overlapping serving identified?	ice areas, unnecessary competition and/or duplication of this service
☐ <b>Yes</b> (if "Yes," you must attach additional docum	nentation as described, below)
⊠No	
	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	egy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Dozo 1 of 2

## **SDS FORM 2, continued**

	ral fu	will help to pay for this service and indicate how the nds, special service district revenues, hotel/motel ta		
Local Government or Authori	ity	Funding Method		
Emanuel County Development Au	uth.	General Fund		
City of Swainsboro		Hotel/Motel Tax		
4. How will the strategy change the	previ	ous arrangements for providing and/or funding this	service within the county?	
local governments were revised to a funding authority with general fu	refle inds. I	mber of Commerce now provides the Welcome Cenct a change in revenue; the Emanuel County Develorment County was removed as a funding local go	opment Authority was added as overnment.	
5. List any formal service delivery a this service:	agreer	ments or intergovernmental contracts that will be use	ed 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?				
NONE				
	Da	ate completed: 8-16-2017 acted by state agencies when evaluating whether pr	oposed local government	
projects are consistent with the so		e delivery strategy? ⊠Yes ⊡No on(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 service (listed at the bottom of this page) changes, this service (listed at the bottom of this page) changes, this service (listed at the bottom of this page) changes, this service (listed at the bottom of this page) changes, this service (listed at the bottom of this page) changes, this service (listed at the bottom of this page) changes, this service (listed at the bottom of this page) changes, this service (listed at the bottom of this page) changes, this service (listed at the bottom of this page) changes, this service (listed at the bottom of this page) changes, this service (listed at the bottom of this page) changes, this service (listed at the bottom of this page) changes, the service (listed at the bottom of this page) changes, the service (listed at the bottom of this page) changes, the service (listed at the bottom of this page) changes, the service (listed at the bottom of this page) changes	should be reported to the Department of
COUNTY:EMANUEL	
What incompatibilities or conflicts between the land use plans of local governments we developing the service delivery strategy?  NONE	ere identified in the process of
2. Check the boxes indicating how these incompatibilities or conflicts were addressed:	NOTE:
Amendments to existing comprehensive plans	If the necessary plan amendments,
<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
If "other measures" was checked, describe these measures:	each of the affected local governments will adopt them.
3. What policies, procedures and/or processes have been established by local governm authorities) to ensure that new extraterritorial water and sewer service will be consistent and ordinances? Emanuel County and all cities have adopted a joint resolution to insure and sewer service is compatible with land use plans and ordinances of the territory of the which the new service is to be extended.	with all applicable land use plans that proposed extraterritorial water
4. Person completing form: <b>Guy Singletary</b>	
Phone number: <b>478.237.3881</b> Date completed: 8-16-2017	
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	r proposed local government
If not, provide designated contact person(s) and phone number(s) below:	







# SERVICE DELIVERY STRATEGY FORM 4: Certifications

### Instructions:

This form must, at a minimum, be signed by an authorized representative of the following governments: 1) the county; 2) the city serving as the county seat; 3) all cities having a 2010 population of over 9,000 residing within the county; and 4) no less than 50% of all other cities with a 2010 population of between 500 and 9,000 residing within the county. Cities with a 2010 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: EMANUEL

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

JURISDICTION	TITLE	NAME	SIGNATURE	DATE
EMANUEL COUNTY	Chairman	Hugh Foskey	Hugh Foskey	9-14-17
CITY OF ADRIAN	Mayor	Kim Adams	Kin latin	9-26-17
CITY OF GARFIELD	Mayor	Willie Worthen	THE WORL	9-20-17
CITY OF NUNEZ	Mayor	Vicki Hooks	Vicki Hooks	9(15/17
CITY OF OAK PARK	Mayor	Larry Wilson	Harry Elle Coon	9/18/17
CITY OF STILLMORE	Mayor	Regan Slater	1/2 to	9-19-17
CITY OF SUMMERTOWN	Mayor	Don Bishop	Don Bisher	9/19/17
CITY OF SWAINSBORO	Mayor	Charles Schwabe	13 Alm	9/19/17
CITY OF TWIN CITY	Mayor	Eileen Dudley	Tax mulley	9/15/17
			(	