

Butts County 2018 Service Delivery Strategy Index

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(Required for All SDS
Updates/Extensions)
- Tab B – Form 2(s): Summary of Service
Delivery Arrangements
- Tab C – Form 3: Summary of Land Use
Arrangements
- Tab D – Form 4: Certifications



SERVICE DELIVERY STRATEGY

FORM 1

COUNTY: **BUTTS COUNTY**

I. GENERAL INSTRUCTIONS:

1. FORM 1 is required for ALL SDS submittals. Only one set of these forms should be submitted per county. The completed forms shall clearly present the collective agreement reached by all cities and counties that were party to the service delivery strategy.
2. List each local government and/or authority that provides services included in the service delivery strategy in Section II below.
3. List all services provided or primarily funded by each general purpose local government and/or 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.)

<p>OPTION A <i>Revising or Adding to the SDS</i></p>	<p>OPTION B <i>Extending the Existing SDS</i></p>
<ol style="list-style-type: none"> 4. List all services provided or primarily funded by each general purpose local government and authority within the county which are revised or added to the SDS in Section IV, below. (It is acceptable to break a service into separate components if this will facilitate description of the service delivery strategy.) 5. For each service or service component listed in Section IV, complete a separate, updated <i>Summary of Service Delivery Arrangements</i> form (FORM 2). 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).] 	<ol style="list-style-type: none"> 4. In Section IV type, "NONE." 5. Complete one copy of the <i>Certifications for Extension of Existing SDS</i> form (FORM 5) and have it signed by the authorized representatives of the participating local governments. [Please note that DCA cannot validate the strategy unless it is signed by the local governments required by law (see Instructions, FORM 5).] 6. Proceed to step 7, below. <div data-bbox="841 1192 1544 1423" style="background-color: black; color: white; padding: 5px; text-align: center;"> <p>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.</p> </div>

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

NOTE: ANY FUTURE CHANGES TO THE SERVICE DELIVERY ARRANGEMENTS DESCRIBED ON THESE FORMS WILL REQUIRE AN 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.

Butts County,
Butts County, et al. Water & Sewer Authority,
Covilla,
Jackson,
Jenkinsburg

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 will continue as previously agreed with no need for modification.

None.

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.

1. Alcoholic Beverage License
2. Ambulance Service & Billing
3. Animal Control – Enforcement and Sheltering
4. Annexation
5. Board of Equalization
6. Building and Grounds Maintenance - Cities
7. Building and Grounds Maintenance - County
8. Building, Permitting and Inspections
9. Business License
10. Cemetery
11. Code Enforcement
12. Collection of Insurance Premium Tax
13. Coroner's Office & Services
14. Court - District Attorney
15. Court - Juvenile
16. Court - Juvenile Clerk
17. Court - Magistrate
18. Court - Municipal
19. Court - Probate
20. Court - Public Defender
21. Court - Superior
22. Court - Superior Clerk
23. DFACS Local Cost Share
24. E-911 Services
25. Elections – County, State and Federal
26. Elections - Municipal
27. Elections – Voter Registration/Maintenance
28. Electric Utility
29. Emergency Management Services
30. Emergency Medical Services
31. Extension Service Local Cost Share
32. Fire Services
33. Fire – Volunteer Fire Department, Station, and Equipment
34. Garbage and Solid Waste Collection
35. Health Department Local Cost Share
36. Hospital - Indigent Care
37. Indigent Defense – City Court
38. Investigations
39. Landfill Service
40. Leisure and Recreation Services
41. Litter Control
42. Parking Facilities
43. Parks
44. Patrol Services
45. Planning, Zoning and Administration
46. Police Department
47. Public Library
48. Roads and Streets
49. Senior Citizens Center
50. Sewer Services
51. Sheriff's Office - Courts
52. Sheriff's Office - Jail

53. Stormwater Management
54. Tax Appraisal Services
55. Tax Collection (Property)
56. USDA Soil Conservation (Local Share)
7. Water Services



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

Make copies of this form and complete one for each service listed on FORM 1, Section IV. 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: BUTTS COUNTY

Service: Alcoholic Beverage License

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

- a.) 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.):

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

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

- d.) 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.): **Butts County, Flovilla, Jackson, Jenkinsburg**

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

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

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

- No**

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Butts County	First, apply fees collected for the provision of the service, grant and SPLOST funds if applicable, and LOST funds to the costs of the service with balance paid from County General Funds
Flovilla, Jackson, Jenkinsburg	Grant and SPLOST funds if applicable, with balance, if any, paid from General Funds

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

Butts County will provide this service in the unincorporated areas, and Flovilla, Jackson, and Jenkinsburg will provide the service within their incorporated areas. This service is being added to this Service Delivery Strategy.

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

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

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

N/A

7. Person completing form: **Kay Pippin, Jackson Mayor and Steve H. Layson, County Administrator**
 Phone number: **770-328-1251 (Jackson) 770-775-8200 (Butts County)** Date completed: **7/24/18**

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

Make copies of this form and complete one for each service listed on FORM 1, Section IV. 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: BUTTS COUNTY

Service: Ambulance Service & Billing

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

- a.) 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.): **Butts County**
- b.) Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):
- c.) One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service):
- d.) 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.):
- e.) Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.):

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

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

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Butts County	First, apply fees collected for the provision of the service, grant and SPLOST funds if applicable, and LOST funds to the costs of the service with balance paid from County General Funds.

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

Butts County will provide this service countywide. This service is being added to this Service Delivery Strategy.

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

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

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

N/A

7. Person completing form: **Kay Pippin, Mayor and Steve H. Layson, County Administrator**

Phone number: **770-328-1251 (Jackson), 770-775-8200 (Butts County)**

Date completed: **7/24/18**

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

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Make copies of this form and complete one for each service listed on FORM 1, Section IV. 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: BUTTS COUNTY

Service: Animal Control-Enforcement and Sheltering

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

- a.) 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.): **Butts County**
- b.) Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):
- c.) One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service):
- d.) 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.):
- e.) Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.):

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

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

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Butts County	First, apply fees collected for the provision of the service, grant and SPLOST funds if applicable, and LOST funds to the costs of the service with balance paid from County General Funds.

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

Service name changed from Public Works - Animal Control to Animal Control - Enforcement and Sheltering and will be funded by Butts County.

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

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

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

N/A

7. Person completing form: **Kay Pippin, Mayor and Steve H. Layson, County Administrator**
 Phone number: **770-328-1251 (Jackson), 770-775-8200 (Butts County)** Date completed: **7/24/18**

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:



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COUNTY: BUTTS COUNTY

Service: Annexation

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

- a.) 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.):
- b.) Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):
- c.) One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service: **Jackson, Flovilla, Jenkinsburg**)
- d.) 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.):
- e.) Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.):

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

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

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Jackson, Flovilla, Jenkinsburg	Grant and SPLOST funds if applicable, with balance, if any, paid from
	General Funds

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

The Cities will fund and provide this service within their incorporated boundaries. This service is being added to this Service Delivery Strategy.

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

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

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

N/A

7. Person completing form: **Kay Pippin, Jackson Mayor and Steve H. Layson, County Administrator**
 Phone number: **770-328-1251 (Jackson) 770-775-8200 (Butts County)** Date completed: **7/24/18**

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

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



SERVICE DELIVERY STRATEGY

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Instructions:

Make copies of this form and complete one for each service listed on FORM 1, Section IV. 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: BUTTS COUNTY

Service: Board of Equalization

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

- a.) 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.): **Butts County**
- b.) Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):
- c.) One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service):
- d.) 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.):
- e.) Other (If this box is checked, **attach a legible map delineating the service area of each service provider**, and identify the government, authority, or other organization that will provide service within each service area.):

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

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

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Butts County	First, apply fees collected for the provision of the service, grant and SPLOST funds if applicable, and LOST funds to the costs of the service with balance paid from County General Funds.

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

Butts County will provide this service countywide. This service is being added to this Service Delivery Strategy.

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

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

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

N/A

7. Person completing form: **Kay Pippin, Mayor and Steve H. Layson, County Administrator**
 Phone number: **770-328-1251 (Jackson), 770-775-8200 (Butts County)** Date completed: **7/24/18**

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

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



SERVICE DELIVERY STRATEGY

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Make copies of this form and complete one for each service listed on FORM 1, Section IV. 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: BUTTS COUNTY

Service: Building and Grounds Maintenance - Cities

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

- a.) 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.):
- b.) Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):
- c.) One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service: **Jackson, Flovilla, Jenkinsburg**)
- d.) 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.):
- e.) Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.):

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

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

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Jackson, Flovilla, Jenkinsburg	Grant and SPLOST funds if applicable, with balance, if any, paid from
	General Funds

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

The cities will fund and provide the service in their incorporated areas. This service is being added to this Service Delivery Strategy.

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

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

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

N/A

7. Person completing form: **Kay Pippin, Mayor and Steve H. Layson, County Administrator**
 Phone number: **770-328-1251 (Jackson) 770-775-8200 (Butts County)** Date completed: **7/24/18**

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

Make copies of this form and complete one for each service listed on FORM 1, Section IV. 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: BUTTS COUNTY

Service: *Building and Grounds Maintenance - County*

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

- a.) 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.): **Butts County**
- b.) Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):
- c.) One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service):
- d.) 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.):
- e.) Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.):

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

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

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Butts County	Grant and SPLOST funds if applicable, with balance, if any, paid from County General Funds

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

Butts County will fund and provide the service countywide. This service is being added to this Service Delivery Strategy.

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

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

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

N/A

7. Person completing form: **Kay Pippin, Mayor and Steve H. Layson, County Administrator**
 Phone number: **770-328-1251 (Jackson) 770-775-8200 (Butts County)** Date completed: **7/24/18**

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

Make copies of this form and complete one for each service listed on FORM 1, Section IV. 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: BUTTS COUNTY

Service: Building, Permitting and Inspections

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

- a.) 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.):

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

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

- d.) 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.): **Butts County, Jackson, Butts County on behalf of Jenkinsburg and Butts County on behalf of Flovilla.**

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

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

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

- No**

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Butts County, Flovilla, Jenkinsburg	This Service will be funded by revenues generated through user fees that are levied or imposed within the unincorporated area of the County, Flovilla, and Jenkinsburg with the balance being paid with County General Funds
Jackson	This Service will be funded by revenues generated through user fees that are levied or imposed within the incorporated area of the City of Jackson with the balance paid by City General Funds

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

Butts County will provide this service in the unincorporated areas, Flovilla, and Jenkinsburg. Jackson will provide this service within its incorporated areas. This strategy changes the funding mechanism for the service.

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

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

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

N/A

7. Person completing form: **Kay Pippin, Jackson Mayor & Steve H. Layson, County Administrator**
 Phone number: **770-328-1251 (Jackson), 770-775-8200 (Butts County)** Date completed: **7/24/18**

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

Make copies of this form and complete one for each service listed on FORM 1, Section IV. 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: **BUTTS COUNTY**

Service: **Business License**

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

- a.) 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.):
- b.) Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):
- c.) One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service):
- d.) 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.): **Butts County, Flovilla, Jackson, Jenkinsburg**
- e.) Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.):

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

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

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

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

SDS FORM 2, continued

2. 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
Butts County	First, apply fees collected for the provision of the service, grant and SPLOST funds if applicable, and LOST funds to the costs of the service with balance paid from County General Funds
Flovilla, Jackson, Jenkinsburg	User fees imposed by the City within its incorporated area, and if applicable, grant and SPLOST funds, with balance, if any, paid from General Funds

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

Butts County will provide this service in the unincorporated areas, and Flovilla, Jackson, and Jenkinsburg will provide the service within their incorporated areas. This service is being added to this Service Delivery Strategy.

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
City of Jenkinsburg Resolution #JBGR-12-07	The City of Jenkinsburg	11/26/12 - annually renewed
Intergovernmental Agreement for Community Development Department Permitting & Inspections Services & Oper...	Butts County and the City of Jenkinsburg	11/28/12 - annually renewed

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/A

7. Person completing form: **Kay Pippin, Mayor and Steve H. Layson, County Administrator**

Phone number: **770-328-1251 (Jackson), 770-775-8200 (Butts County)**

Date completed: **7/24/18**

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:

City of Jenkinsburg
Resolution # JBGR-12-07

Re: A resolution authorizing The City of Jenkinsburg, Ga. to enter into Intergovernmental agreements with Butts County, Ga. for the provisions of Community Development Department Code Enforcement Services & Operations, Planning & Zoning Services & Operations, Animal Control Services & Operations, and Permitting & Inspections Services & Operations within the corporate city limits of Jenkinsburg.

WHEREAS, the City through its Mayor and Council, feels it is necessary and beneficial to provide these services to its citizens through Intergovernmental service agreements with Butts County; and

WHEREAS, the City does request that the Butts County Community Development Department assist with regulation and services in these departments; and

WHEREAS, it is necessary for the City Council to approve these Intergovernmental Service Agreements and authorize the Mayor to enter into these agreements; and

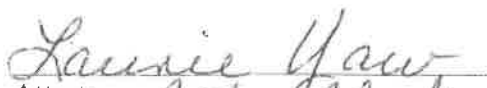
WHEREAS, this Resolution is being presented at a regular meeting of the City Council with a voting quorum present throughout the meeting; and

THEREFORE, BE IT RESOLVED, by a duly recorded vote, the City Council does hereby authorize the Mayor to enter into these Intergovernmental Agreements with Butts County, Ga. for these services within the corporate limits of The City of Jenkinsburg, Ga. this 26th day of November, 2012.

These agreements are to be approved and attached as exhibit A to this Resolution.



Mayor



Attest: City Clerk

INTERGOVERNMENTAL AGREEMENT
FOR
COMMUNITY DEVELOPMENT DEPARTMENT
PERMITTING & INSPECTIONS SERVICES & OPERATIONS

STATE OF GEORGIA
BUTTS COUNTY

THIS AGREEMENT is made and executed this day of July 26, 2012, by and between Butts County, Georgia ("Butts County" or "County") and the City of Jenkinsburg, Georgia ("City of Jenkinsburg" or "City") which are organized under the laws of the State of Georgia, witnesseth:

WHEREAS, O.C.G.A. § 36-70-20 *et seq.* provides that local governments should develop service delivery systems that are efficient and responsive to its citizens;

WHEREAS, Butts County and the City of Jenkinsburg have each enacted building and building regulations codes, ordinances and regulations;

WHEREAS, the parties hereto have determined that it would be to the benefit of the citizens within their respective jurisdictions to establish and continue the joint operation of a productive permitting, inspection and control program relationship pursuant to a new Agreement; and

NOW, THEREFORE, it is hereby agreed between the parties as follows:

1. Purpose of Agreement.

The purposes of this Agreement are:

- 1.1 To formalize a process whereby Butts County issues all building permits and inspects all current and future construction and improvement projects within the city limits of the City of Jenkinsburg;
- 1.2 To insure that all related city, county, state and federal regulations are followed.
- 1.3 To protect the health, safety and welfare of City of Jenkinsburg citizens, residents and businesses.

2. Basic Services Provided by Butts County

Butts County agrees to operate and manage a permitting and inspection program designed to preserve and prevent the deterioration of communities, neighborhood and business districts. Services to be provided include, but are not limited to, the following:

Permit Services

- 2.1 Perform daily counter service to members of the general public and potential applicants seeking answers to inquiries and service.
- 2.2 Review and approve construction plans/drawings and other associated documents and plans prepared by or on behalf of an applicant for compliance with city, county, state and federal law.
- 2.3 Issue building permits, certificates of occupancy and related documents.
- 2.4 Supervise and monitor all permits issued.

Inspection Services

- 2.5 Perform inspections throughout the course of construction of structures and buildings within the city limits of the City of Jenkinsburg and enforce compliance with applicable federal, state, county and municipal codes, ordinances, regulations, directives and laws.
- 2.6 Record and maintain records of inspections and investigations.
- 2.7 Maintain and enter data into an appropriate software application that processes, tracks and monitors permit, plan review, and inspection activities.
- 2.8 Inspect commercial and residential properties (rental and owner occupancy) to verify compliance with City of Jenkinsburg and Butts County building codes, subdivision regulations, and zoning ordinances.
- 2.9 Conduct Certificate of Occupancy inspections when required.
- 2.10 Inspect substandard structures and prepare reports.
- 2.11 Prepare and issue "Stop Work Orders" on un-permitted or deficient construction.
- 2.12 Verify required trade licenses by persons performing work within the City.

- 2.13 Coordinate construction plan reviews and inspections between appropriate City of Jenkinsburg and Butts County departments.
- 2.14 Investigate complaints from the public and staff regarding violations of county and municipal codes, ordinances, standards, and health and safety regulations.
- 2.15 Initiate contact with residents, business representatives and other parties to explain the nature of the violations and encourage compliance.
- 2.16 Attend public meetings with members of the Board of Commissioners, City of Jenkinsburg City Council, neighborhood organizations, community groups, and businesses.
- 2.17 Serve as the Local Issuing Authority (LIA) for the Georgia State Environment Protection Department (EPD).
- 2.22 Submit documentation to the Butts County Code Enforcement Officer for cases requiring legal action or civil abatement.

3. **Administrative Services Provided by Butts County.**

Butts County Community Development Department – Permitting & Inspection Division is hereby designated, as the agency with authority and responsibility for providing any and all administrative services required that are related to construction/building permitting & inspection services and operations. The administrative services to be performed by Butts County include but are not limited to the following:

- 3.1 Provide within the County's annual budget the necessary funds to operate permitting & inspection operations and services as approved by the parties to this Agreement.
- 3.2 Set the amount of fees and fines associated with services as agreed herein and rendered.
- 3.3 Collect all fees and fines associated with services as agreed herein and rendered.
- 3.4 Perform and maintain accounting for all permitting & inspection activities and services.
- 3.5 Provide general and automobile liability insurance covering the operation of permitting & inspection activities.
- 3.6 Employ and supervise County personnel to provide the daily operations, administration and management of a county-wide permitting & inspection program.
- 3.7 Administer staff personnel policy and procedures.

4. **Compensation**

- 4.1 Butts County agrees to pay all costs associated with daily permitting and inspection activities and operations.
- 4.2 In consideration for the benefits accruing to the City of Jenkinsburg under this Agreement, the City of Jenkinsburg agrees that Butts County shall receive and retain all fees and fines for all services rendered pursuant to this agreement.

5. **Approval of Agreement**

The parties agree that approval of this Intergovernmental Agreement shall be by resolutions of the City of Jenkinsburg's City Council and the Butts County Board of Commissioners with said resolutions authorizing the Mayor of the City and the Chair of the Board of Commissioners respectively to execute this document.

6. **Term**

This Agreement shall become effective upon the date detailed in paragraph 10 herein and shall terminate December 31, 2012. This Agreement shall automatically renew January 1, 2013, for a period of one (1) year and shall automatically renew each January 1, for a one (1) year period, thereafter unless either party, by a majority vote of their respective governing authority, elects to discontinue renewal

7. **Responsibility for Loss**

Butts County agrees to assume responsibility for claims arising from the provision of services described herein occurring within the city limits of Jenkinsburg where a county official, agent or employee is alleged to be at fault.

8. **Termination of Agreement**

In the event that one party to this Agreement fails to perform any of the obligations or provisions hereof, then the other party to this Agreement may, by a six (6) month advance written notice, designed to terminate, in whole or in part, the defaulting party's participation in this Agreement.

9. Severability

The terms and conditions of this Agreement shall be reviewed periodically by the Board of Commissioners and the City of Jenkinsburg for appropriateness and correctness.

10. Governing Law

This contract shall be governed in all aspects by the laws and statutes of the State of Georgia.

So agreed, this 28TH day of NOVEMBER, 2012.

Butts County, Georgia

City of Jenkinsburg, Georgia

By: Roger O. Meacham
Chairman, Butts County Board of Commissioners

By: Donal North
Mayor, City of Jenkinsburg

ATTEST:

[Signature]
County Clerk Pro Tem



[Signature]
City Clerk



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

Make copies of this form and complete one for each service listed on FORM 1, Section IV. 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: **BUTTS COUNTY**

Service: **Cemetery**

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

- a.) 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.):
- b.) Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):
- c.) One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service):
- d.) 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.): **Butts County, Flovilla, Jackson, Jenkinsburg**
- e.) Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.):

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

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

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Flovilla, Jackson, Jenkinsburg	User fees imposed by the respective city within its incorporated area, and, if applicable, Grant and SPLOST funds, with balance, if any, paid from General Funds
Butts County	Service will be funded by revenues generated through user fees that are levied or imposed within the unincorporated area of the County with the balance paid with County General Funds

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

Butts County will provide this service in the unincorporated area. The cities will provide this service within their incorporated boundaries. This service is being added to this Service Delivery Strategy.

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

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

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

N/A

7. Person completing form: **Kay Pippin, Mayor and Steve H. Layson, County Administrator**

Phone number: **770-328-1251 (Jackson), 770-775-8200 (Butts County)**

Date completed: **7/24/18**

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

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COUNTY: BUTTS COUNTY

Service: Code Enforcement

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

- a.) 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.):
- b.) Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):
- c.) One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service):
- d.) 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.): **Butts County, Jackson, Butts County on behalf of Jenkinsburg and Butts County on behalf of Flovilla.**
- e.) Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.):

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

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

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Butts County, Flovilla, Jenkinsburg	This Service will be funded by revenues generated through user fees that are levied or imposed within the unincorporated area of the County, Flovilla, and Jenkinsburg with the balance being paid with County General Funds.
Jackson	Grant and SPLOST funds if applicable, with balance, if any, paid from General Fund

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

Butts County will provide this service in the unincorporated areas, Flovilla, and Jenkinsburg. Jackson will provide this service within its incorporated areas. This strategy changes the funding mechanism for the service.

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

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

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

N/A

7. Person completing form: **Kay Pippin, Mayor and Steve H. Layson, County Administrator**

Phone number: **770-328-1251 (Jackson), 770-775-8200 (Butts County)**

Date completed: **7/24/18**

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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COUNTY: BUTTS COUNTY

Service: Collection of Insurance Premium Tax

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

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

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

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

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Flovilla	Grant and SPLOST funds if applicable, with balance, if any, paid from General Funds

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

Flovilla will fund and provide this service within its incorporated areas. This service is being added to this Service Delivery Strategy.

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

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

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

N/A

7. Person completing form: **Kay Pippin, Mayor and Steve H. Layson, County Administrator**
 Phone number: **770-328-1251 (Jackson), 770-775-8200 (Butts County)** Date completed: *7/24/18*

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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COUNTY: **BUTTS COUNTY**

Service: **Coroner's Office & Services**

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

- a.) 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.): **Butts County**
- b.) Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):
- c.) One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service):
- d.) 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.):
- e.) Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.):

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

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

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Butts County	First, apply fees collected for the provision of the service, grant and SPLOST funds if applicable, and LOST funds to the costs of the service with balance paid from County General Funds.

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

Butts County will provide this services countywide. This service is being added to this Service Delivery Strategy.

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

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

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

N/A

7. Person completing form: **Kay Pippin, Mayor and Steve H. Layson, County Administrator**
 Phone number: **770-328-1251 (Jackson), 770-775-8200 (Butts County)** Date completed: **7/24/18**

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

Make copies of this form and complete one for each service listed on FORM 1, Section IV. 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: BUTTS COUNTY

Service: *Court-District Attorney*

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

- a.) 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.): **Butts County**
- b.) Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):
- c.) One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service):
- d.) 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.):
- e.) Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.):

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

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

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Butts County	First, apply fees collected for the provision of the service, grant and SPLOST funds if applicable, and LOST funds to the costs of the service with balance paid from County General Funds.

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

Butts County will provide this service countywide. This service is being added to this Service Delivery Strategy.

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

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

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

N/A

7. Person completing form: **Kay Pippin, Mayor and Steve H. Layson, County Administrator**
 Phone number: **770-328-1251 (Jackson), 770-775-8200 (Butts County)** Date completed: **7/24/18**

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

Make copies of this form and complete one for each service listed on FORM 1, Section IV. 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: BUTTS COUNTY

Service: *Court-Juvenile*

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

- a.) 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.): **Butts County**
- b.) Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):
- c.) One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service):
- d.) 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.):
- e.) Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.):

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

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

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Butts County	First, apply fees collected for the provision of the service, grant and SPLOST funds if applicable, and LOST funds to the costs of the service with balance paid from County General Funds.

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

Butts County will provide this service countywide. This service is being added to this Service Delivery Strategy.

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

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

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

N/A

7. Person completing form: **Kay Pippin, Mayor and Steve H. Layson, County Administrator**

Phone number: **770-328-1251 (Jackson), 770-775-8200**

Date completed: **7/24/18**

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

Make copies of this form and complete one for each service listed on FORM 1, Section IV. 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: BUTTS COUNTY

Service: Court- Juvenile Clerk

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

- a.) 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.): **Butts County**
- b.) Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):
- c.) One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service):
- d.) 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.):
- e.) Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.):

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

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

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Butts County	First, apply fees collected for the provision of the service, grant and SPLOST funds if applicable, and LOST funds to the costs of the service with balance paid from County General Funds

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

Butts County will provide this service countywide. This service is being added to this Service Delivery Strategy.

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

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

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

N/A

7. Person completing form: **Kay Pippin, Mayor and Steve H. Layson, County Administrator**
 Phone number: **770-328-1251 (Jackson), 770-775-8200 (Butts County)** Date completed: **7/24/18**

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

Make copies of this form and complete one for each service listed on FORM 1, Section IV. 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: BUTTS COUNTY

Service: Court- Magistrate

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

- a.) 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.): **Butts County**
- b.) Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):
- c.) One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service):
- d.) 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.):
- e.) Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.):

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

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

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Butts County	First, apply fees collected for the provision of the service, grant and SPLOST funds if applicable, and LOST funds to the costs of the service with balance paid from County General Funds.

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

Butts County will provide this service countywide. This service is being added to this Service Delivery Strategy.

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

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

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

N/A

7. Person completing form: **Kay Pippin, Mayor and Steve H. Layson, County Administrator**
 Phone number: **770-328-1251 (Jackson), 770-775-8200 (Butts County)** Date completed: **7/29/18**

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

Make copies of this form and complete one for each service listed on FORM 1, Section IV. 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: BUTTS COUNTY

Service: Court-Municipal

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

- a.) 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.):
- b.) Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):
- c.) One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service: **Jackson, Flovilla, Jenkinsburg**)
- d.) 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.):
- e.) Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.):

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

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

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Jackson, Flovilla, Jenkinsburg	Grant and SPLOST funds if applicable, with balance, if any, paid from
	General Funds

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

The cities will fund and provide service within their incorporated areas. This service is being added to this Service Delivery Strategy.

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

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

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

N/A

7. Person completing form: **Kay Pippin, Mayor and Steve H. Layson, County Administrator**

Phone number: **770-328-1251 (Jackson), 770-775-8200 (Butts County)**

Date completed: **7/24/18**

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

Make copies of this form and complete one for each service listed on FORM 1, Section IV. 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:COUR

Service:*Court-Probate*

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

- a.) 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.):**Butts County**
- b.) Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):
- c.) One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service):
- d.) 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.):
- e.) Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.):

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

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

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Butts County	First, apply fees collected for the provision of the service, grant and SPLOST funds if applicable, and LOST funds to the costs of the service with balance paid from County General Funds.

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

Butts County will provide this service countywide. This service is being added to this Service Delivery Strategy.

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

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

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

N/A

7. Person completing form: **Kay Pippin, Mayor and Steve H. Layson, County Administrator**
 Phone number: **770-328-1251 (Jackson), 770-775-8200 (Butts County)** Date completed: **7/24/18**

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

Make copies of this form and complete one for each service listed on FORM 1, Section IV. 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: BUTTS COUNTY

Service: Court-Public Defender

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

- a.) 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.): **Butts County**
- b.) Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):
- c.) One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service):
- d.) 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.):
- e.) Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.):

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

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

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Butts County	First, apply fees collected for the provision of the service, grant and SPLOST funds if applicable, and LOST funds to the costs of the service with balance paid from County General Funds.

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

Butts County will provide this service countywide. This service is being added to this Service Delivery Strategy.

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

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

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

N/A

7. Person completing form: **Kay Pippin, Mayor and Steve H. Layson, County Administrator**
 Phone number: **770-328-1251 (Jackson), 770-775-8200 (Butts County)** Date completed: **7/24/18**

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

Make copies of this form and complete one for each service listed on FORM 1, Section IV. 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: BUTTS COUNTY

Service: Court-Superior

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

- a.) 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.): **Butts County**
- b.) Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):
- c.) One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service):
- d.) 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.):
- e.) Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.):

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

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

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Butts County	First, apply fees collected for the provision of the service, grant and SPLOST funds if applicable, and LOST funds to the costs of the service with balance paid from County General Funds.

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

Butts County will provide this service countywide. This service is being added to this Service Delivery Strategy.

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

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

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

N/A

7. Person completing form: **Kay Pippin, Mayor and Steve H. Layson, County Administrator**
 Phone number: **770-328-1251 (Jackson), 770-775-8200, (Butts County)** Date completed: **7/24/18**

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

Make copies of this form and complete one for each service listed on FORM 1, Section IV. 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: BUTTS COUNTY

Service: *Court-Superior Clerk*

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

- a.) 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.): **Butts County**
- b.) Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):
- c.) One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service):
- d.) 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.):
- e.) Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.):

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

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

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Butts County	First, apply fees collected for the provision of the service, grant and SPLOST funds if applicable, and LOST funds to the costs of the service with balance paid from County General Funds.

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

Butts County will provide this service countywide. This service is being added to this Service Delivery Strategy.

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

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

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

N/A

7. Person completing form: **Kay Pippin, Mayor and Steve H. Layson, County Administrator**

Phone number: **770-328-1251 (Jackson), 770-775-8200 (Butts County)**

Date completed: **7/24/18**

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

Make copies of this form and complete one for each service listed on FORM 1, Section IV. 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: BUTTS COUNTY

Service: DFACS Local Cost Share

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

- a.) 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.): **Butts County**
- b.) Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):
- c.) One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service):
- d.) 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.):
- e.) Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.):

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

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

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Butts County	First, apply fees collected for the provision of the service, grant and SPLOSt funds if applicable, and LOST funds to the costs of the service with balance paid from County General Funds.

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

Butts County will provide this service countywide. This service is being added to this Service Delivery Strategy.

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

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

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

N/A

7. Person completing form: **Kay Pippin, Mayor and Steve H. Layson, County Administrator**
 Phone number: **770-328-1251 (Jackson), 770-775-8200 (Butts County)** Date completed: **7/24/18**

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

Make copies of this form and complete one for each service listed on FORM 1, Section IV. 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: BUTTS COUNTY

Service: E-911 Services

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

- a.) 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.): **Butts County**
- b.) Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):
- c.) One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service):
- d.) 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.):
- e.) Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.):

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

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

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Butts County	First, apply fees collected for the provision of the service, grant and SPLOST funds if applicable, and LOST funds to the costs of the service with balance paid from County General Funds.

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

Service name changed from Public Safety Communications to E-911 Services, and will be funded by Butts County.

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

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

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

N/A

7. Person completing form: **Kay Pippin, Mayor and Steve H. Layson, County Administrator**
 Phone number: **770-328-1251 (Jackson), 770-775-8200** Date completed: *7/24/18*

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

Make copies of this form and complete one for each service listed on FORM 1, Section IV. 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: BUTTS COUNTY

Service: Elections-County, State, and Federal

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

- a.) 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.): **Butts County**
- b.) Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):
- c.) One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service):
- d.) 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.):
- e.) Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.):

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

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

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Butts County	First, apply fees collected for the provision of the service, grant and SPLOST funds if applicable, and LOST funds to the costs of the service with balance paid from County General Funds.

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

Butts County will provide this service countywide. This service is being added to this Service Delivery Strategy.

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

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

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

N/A

7. Person completing form: **Kay Pippin, Mayor and Steve H. Layson, County Administrator**

Phone number: **770-328-1251 (Jackson), 770-775-8200 (Butts County)**

Date completed: **7/24/18**

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

Make copies of this form and complete one for each service listed on FORM 1, Section IV. 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: BUTTS COUNTY

Service: Elections - Municipal

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

- a.) 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.):
- b.) Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):
- c.) One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service: **Flovilla, Jackson & Jenkinsburg**)
- d.) 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.):
- e.) Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.):

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

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

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Flovilla, Jackson & Jenkinsburg	Grant and SPLOST funds if applicable, with balance, if any, paid from General Funds.

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

The cities will fund and provide service within their incorporated areas. This service is being added to this Service Delivery Strategy.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>
Intergovernmental Agreement Between Butts County and Cities Relating to Services of the Municipal - County Board of Elections and Registration of Butts County.	Butts County, Flovilla, Jackson and Jenkinsburg	8/10/15 - annually renewed

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/A

7. Person completing form: **Kay Pippin, Mayor and Steve H. Layson, County Administrator**

Phone number: **770-328-1251 (Jackson), 770-775-8200 (Butts County)**

Date completed: **7/24/18**

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:

STATE OF GEORGIA
COUNTY OF BUTTS

INTERGOVERNMENTAL AGREEMENT BETWEEN BUTTS COUNTY
("COUNTY") AND THE CITIES OF JACKSON, JENKINSBURG, AND
MOLVILLA ("CITIES") RELATING TO SERVICES OF THE
MUNICIPAL-COUNTY BOARD OF ELECTIONS AND REGISTRATION
OF BUTTS COUNTY ("BOARD OF ELECTIONS")

WHEREAS, the Georgia General Assembly by H.B. 841 (2009) created the Board of Elections, granting it jurisdiction over the conduct of primaries and elections, and provided that with regard to the preparation for and the conduct and administration of primaries and elections, the Board of Elections shall succeed to and exercise all duties and powers granted to and incumbent upon the election superintendent pursuant to Title 21 of the Code of Georgia; and

WHEREAS, the Cities lie within Butts County; and

WHEREAS, the Cities are required to conduct municipal elections from time to time for the purpose of electing individuals to serve on the city councils of said Cities, as Mayor of said Cities, special referenda, bond issues or called special elections; and

WHEREAS, the Board of Elections is authorized to provide election services to the Cities under O.C.G.A. § 21-2-40(b) and H.B. 841 (2009); and

WHEREAS, the Cities request the services of the Board of Elections to conduct such municipal elections; and

WHEREAS, O.C.G.A. §§ 36-70-20 et seq. provide that local governments should develop a service delivery system that is efficient and responsive to its citizens; and

WHEREAS, in consideration of the mutual benefits and consideration accruing to each of the parties hereto and for the use of and benefit of the citizens of the entire County, which benefits are hereby expressly acknowledged, the parties have determined that it is in the best interest of the citizens to enter into this Agreement for the following purposes:

NOW THEREFORE, the parties hereto mutually agree as follows:

Section 1. Representations of the Parties. Each party hereto makes the following representations and warranties which are specifically relied upon by all of the other parties as a basis for entering into this Agreement:

- (a) The Cities are municipal corporations as defined by statutory law and judicial interpretation that have validly adopted a resolution to authorize the entity to enter into this Agreement at a public meeting pursuant to the Open Meetings Act, O.C.G.A. § 50-14-1 et seq.; and
- (b) The County has validly adopted a resolution to authorize the entity to enter into this Agreement at a public meeting pursuant to the Open Meetings Act, O.C.G.A. § 50-14-1 et seq.; and
- (c) The Board of Elections has validly adopted a resolution to authorize the entity to enter into this Agreement at a public meeting pursuant to the Open Meetings Act, O.C.G.A. § 50-14-1 et seq.

Section 2. Term of Agreement. The term of this Agreement shall commence on July 1, 2015 and shall continue until June 30, 2016; thereafter being automatically renewed without requirement of further action of the Parties on July 1 of each following year for a term of one (1) year upon each renewal, such automatic renewal continuing for a period of fifteen (15) years and this Agreement expiring without automatic renewal on June 30, 2030, unless terminated as set out hereinafter.

Section 3. Termination. This Agreement may be terminated at any time, with or without cause, by either party upon one (6)-month, written notice. If notice to terminate is given, the County will continue to provide the contracted services to the City for all services given through the end of the day of the six (6)-month period. This Agreement shall then terminate and expire on the final day of the six (6)-month period, and each party's obligations hereunder shall cease therewith.

Section 4. Prerequisites to Performance. The Cities shall adopt ordinances authorizing the Board of Elections to conduct elections, and the municipality shall request the Board of Elections to perform all of the following:

- (a) Perform all duties as superintendent of elections as specified under Chapter 2 of Title 21 of the Official Code of Georgia Annotated, with the exception of the qualification of candidates and the submission of campaign disclosure documents; and

(b) Lend or loan any or all of its election equipment to the City for the purpose of conducting municipal elections without any responsibility on the part of the County for the actual conduct of the municipal election.

Section 5. City's Obligations. The City shall adopt ordinances or resolutions to accomplish the following:

- (a) Designate the location for all voting precinct(s); and
- (b) Assist the Board of Elections and the County in providing security for each election.

Section 6. Scope of Services by Board. The Board of Elections shall provide any and all services required or conduct, manage and supervise the municipal elections for the City (less and except those services specified in Section 4(a) above), unless terminated as set forth herein, in accordance with all applicable state and local laws, to include the following services:

- (a) Receive and act upon petitions, determine the sufficiency of nomination petitions of candidates filing notice of their candidacy with him/her in accordance with this chapter, prepare and publish all notices and advertisements relating to the conduct of elections, select and equip polling places after consultation with the City, secure and maintain election equipment, appoint poll officers to serve in primaries and elections, ensure compliance with the State Election Board rules and general laws, ensure compliance with the City Charter for municipal elections, instruct poll officers in their duties, receive poll returns, certify and announce the results, and guarantee the secrecy of the ballot;
- (b) At the time or times set by the City, the Superintendent shall call for an election to be held in all applicable voting precincts set by the City;
- (c) The Board of Elections shall be responsible for taking all steps necessary to obtain pre-clearance approval for said elections from the Department of Justice of the United States of America;
- (d) The date of such election shall be set as provided by law, the polls of each election precinct of the City shall be open at 7:00 a.m. and shall close at 7:00 p.m.;

- (c) The election shall be held in accordance with the election laws of the State of Georgia and the City Charter;
- (f) The Board of Elections shall count the votes of said election in the manner required by law;
- (g) Publish the Notice of Election as required by law; and prior to the date of any election, appoint Election Managers and Clerks to supervise and hold the municipal election.
- (h) The parties agree that all elections at designated polling places shall be by electronic (touch screen) voting until such time as the Board of Elections chooses to utilize a different system.

Section 7. Compensation.

- (a) For the term of this Agreement, each City shall pay to the County the actual expenses incurred by the Board for conducting each City's elections. These expenses shall be itemized for each City.
- (b) Within 90 days after the date of the election or any runoff election related thereto, whichever is last to occur, the Board shall furnish the City with a complete statement showing all costs and expenses incurred from the election(s). Said statement shall specify the amount to be paid by the City for the services performed by the County in accordance with this Agreement. The City shall remit payment within 30 days after receipt of the County's statement provided for in this paragraph.

Section 8. Indemnity.

- (a) The City shall indemnify and hold harmless the County and the Board of Elections from any and all claims made concerning or resulting from any election conducted pursuant to the terms of this Agreement, including but not limited to, all claims made contesting any aspect of a given election, except claims alleging the intentional or willful acts of agents or employees of the County or Board of Elections in connection with any election held pursuant to this Agreement;
- (b) All legal services and defense of litigation required by the Board or one acting on behalf of the Board of Elections arising from the municipal election held pursuant to this contract shall be furnished an attorney.

selected by the City. The City shall pay all costs and attorney fees incurred in the defense of any claims asserted against the Board of Elections or any person acting on its behalf;

(c) The City shall cause its attorney ("City Attorney") to be available to the Board of Elections to resolve any legal questions regarding the city elections; provided, however, that the failure of the City Attorney to respond to a request made hereunder within a reasonable time shall be deemed to be a refusal to furnish such services. The Board of Elections shall notify the City in writing of its determination that the City has failed to respond in a timely manner before incurring legal fees on its own behalf for which the City shall be responsible.

Section 9. Modification. The Parties may modify this Agreement in writing by having a modification signed by all parties and adopted by resolution pursuant to the Open Meetings Act, O.C.G.A. § 50-14-1 et seq.

Section 10. Entire Agreement. This intergovernmental contract is a full and complete statement of the agreement of the parties as to the subject matter hereof and has been authorized by proper action of the respective parties.

Section 11. Arbitration. The parties hereby agree to submit any controversy arising under this Agreement to arbitration pursuant to the provisions of O.C.G.A. §9-9-1, et seq., the Georgia Arbitration Code. Such arbitration shall in all respects be governed by the provisions of the arbitration code. The Parties hereby agree to comply with and to be governed by the provisions of said arbitration code as to any controversy so submitted to arbitration. The arbitration decision shall be enforceable by a court of competent jurisdiction.

Section 12. Counterparts. This Agreement may be executed in several counterparts, each of which shall be deemed an original and all of which together shall constitute the same instrument.

Section 13. Governing Law. This Agreement and all transactions contemplated hereby shall be governed by, construed and enforced according to the laws of the State of Georgia.

Section 14. Severability. Should any provision of this Agreement or application thereof to any person or circumstance be held invalid or unenforceable, the remainder of this Agreement or the application of such provision to any person or circumstance, other than those to which it is held invalid or unenforceable, shall not be affected thereby, and each provision of this Agreement shall be valid and enforceable to the full extent permitted by law.

Section 15. Notice. All notices, demands or requests required or permitted to be given pursuant to this Agreement shall be in writing and shall be deemed to have been properly given or served and shall be effective upon being deposited in the United States Mail, postage prepaid, registered or certified with return receipt requested, to the addresses appearing on the executed page hereof or when delivered by hand to the addresses shown below or when transmitted to any telex number appearing below; provided, however, in those cases where a telex number is stated on the execution page for a particular party, notice to such party must be given by telex message to such number to be an effective notice hereunder.

SO AGREED, this the 10th day of August, 2015.

CITY OF JACKSON, GEORGIA

By: [Signature]
Mayor

Attest: [Signature] (Seal)
City Clerk

CITY OF INNEBINSBURG, GEORGIA

By: [Signature]
Mayor

Attest: [Signature] (Seal)
City Clerk

CITY OF FLOVILLA, GEORGIA

By: [Signature]
Mayor

Attest: [Signature] (Seal)
City Clerk

BUTTS COUNTY, GEORGIA

By: [Signature]
Roger D. McDaniel, Chairman

Attest: [Signature] (Seal)
Crystal Griggs-Bope, Clerk





SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

Make copies of this form and complete one for each service listed on FORM 1, Section IV. 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: BUTTS COUNTY

Service: Elections-Voter Registration/Maintenance

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

- a.) 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.): **Butts County**
- b.) Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):
- c.) One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service):
- d.) 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.):
- e.) Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.):

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

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

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Butts County	First, apply fees collected for the provision of the service, grant and SPLOST funds if applicable, and LOST funds to the costs of the service with balance paid from County General Funds.

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

Butts County will provide this service countywide. This service is being added to this Service Delivery Strategy.

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

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

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

N/A

7. Person completing form: **Kay Pippin, Mayor and Steve H. Layson, County Administrator**
 Phone number: **770-328-1251 (Jackson), 770-775-8200 (Butts County)** Date completed: **7/24/18**

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

Make copies of this form and complete one for each service listed on FORM 1, Section IV. 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: **BUTTS COUNTY**

Service: *Electric Utility*

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

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

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

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

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Jackson	Grant and SPLOST funds if applicable, with balance, if any, paid from General Funds.

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

Jackson will fund and provide this service within its incorporated areas. This service is being added to this Service Delivery Strategy.

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

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

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

N/A

7. Person completing form: **Kay Pippin, Mayor and Steve H. Layson, County Administrator**
 Phone number: **770-328-1251 (Jackson), 770-775-8200 (Butts County)** Date completed: **7/24/18**

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

Make copies of this form and complete one for each service listed on FORM 1, Section IV. 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: BUTTS COUNTY

Service: Emergency Management Services

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

- a.) 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.): **Butts County**
- b.) Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):
- c.) One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service):
- d.) 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.):
- e.) Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.):

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

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

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Butts County	First, apply fees collected for the provision of the service, grant and SPLOST funds if applicable, and LOST funds to the costs of the service with balance paid from County General Funds.

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

Butts County will provide this service countywide. The service name changed from Public Safety Emergency and Disaster Aid to Emergency Management Services.

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

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

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

N/A

7. Person completing form: **Kay Pippin, Mayor and Steve H. Layson, County Administrator**

Phone number: **770-328-1251 (Jackson), 770-775-8200 (Butts County)**

Date completed: **7/24/18**

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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COUNTY: BUTTS COUNTY

Service: Emergency Medical Services

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

- a.) 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.): **Butts County**
- b.) Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):
- c.) One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service):
- d.) 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.):
- e.) Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.):

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

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

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Butts County	First, apply fees collected for the provision of the service, grant and SPLOST funds if applicable, and LOST funds to the costs of the service with balance paid from County General Funds.

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

Butts County will provide this service countywide. This service is being added to this Service Delivery Strategy.

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

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

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

N/A

7. Person completing form: **Kay Pippin, Mayor and Steve H. Layson, County Administrator**
 Phone number: **770-328-1251 (Jackson), 770-775-8200 (Butts County)** Date completed: **7/24/18**

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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COUNTY: BUTTS COUNTY

Service: Extension Service Local Cost Share

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

- a.) 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.): **Butts County**
- b.) Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):
- c.) One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service):
- d.) 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.):
- e.) Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.):

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

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

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Butts County	First, apply fees collected for the provision of the service, grant and SPLOST funds if applicable, and LOST funds to the costs of the service with balance paid from County General Funds.

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

Butts County will provide this service countywide. This service is being added to this Service Delivery Strategy.

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

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

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

N/A

7. Person completing form: **Kay Pippin, Mayor and Steve H. Layson, County Administrator**
 Phone number: **770-328-1251 (Jackson), 770-775-8200 (Butts County)** Date completed: **7/24/18**

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

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COUNTY: **BUTTS COUNTY**

Service: **Fire Services**

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

- a.) 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.):
- b.) Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):
- c.) One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service):
- d.) 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.): **Butts County, Jackson, Butts County on behalf of Jenkinsburg and Butts County on behalf of Flovilla.**
- e.) Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.):

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

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

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Butts County	Service shall be paid as follows:
	1.) County Insurance Premium Taxes;2.) User Fees;3.) Grants if applicable;
	4.) SPLOST funds if applicable;5.) With the balance, if any, paid by uniform
	property tax levied countywide.
Jackson	Grant and SPLOST funds if applicable, with balance, if any, paid from General
	Funds

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

Changing service name from Public Safety-Fire Protection to Fire Services. Service will be provided pursuant to the agreement. Butts County will provide this service in the unincorporated County, and the Cities of Flovilla and Jenkinsburg. Butts County shall also provide mutual aid and backup services within the City of Jackson. City of Jackson will provide this service within its incorporated limits, and mutual aid and backup services in the unincorporated area of the County and in the Cities of Flovilla and Jenkinsburg.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>
Fire Service Agreement	Butts County and City of Jackson	11/1/17-10/31/27
City of Jenkinsburg, Res #	City of Jenkinsburg	3/26/12-annually renewed
JBGR 12-03		
2012 Amended County of	Butts County and City of Jenkinsburg	3/12/12-annually renewed
Butts and City of Jenkinsburg		
Provision of Fire Services		

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/A

7. Person completing form: **Kay Pippin, Mayor and Steve H. Layson, County Administrator**

Phone number: **770-328-1251 (Jackson), 770-775-8200 (Butts County)**

Date completed: **7/24/18**

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:

FIRE SERVICE AGREEMENT

This Agreement is made and entered into this 9th day of October, 2017 by and between the City of Jackson, Georgia (hereinafter the "City") and Butts County, Georgia (hereinafter the "County"). The City and County shall be collectively referred to as the "Parties".

WHEREAS, the Parties to this Agreement have the power and authority to enter into such Agreement pursuant to Article IX, Section III, Paragraph 1 of the Constitution of the State of Georgia; and

WHEREAS, it is in the public interest in that the parties hereto address and provide emergency fire suppression services; and

WHEREAS, the City and the County have determined that this Agreement is mutually advantageous to the citizens of the City and the citizens of the unincorporated areas of the County as well as the citizens of the Cities of Jenkinsburg and Flovilla; and

WHEREAS, this Agreement is in furtherance of the intent and spirit of the "Service Delivery Act" which is intended to prevent unnecessary duplication of services and to create funding equity for the taxpayers in each local government agency; and

WHEREAS, the Mayor and Council of the City of Jackson authorize the Mayor and Clerk to execute this Agreement; and

WHEREAS, the Board of Commissioners of Butts County, Georgia authorize the Chairman and Clerk to execute this Agreement; and

NOW, THEREFORE, for and in consideration of the covenants set forth herein the following intergovernmental Agreement is hereby accepted and agreed to by and between the City and the County:

1.

The County shall provide Fire Services to the unincorporated area of Butts County and the Cities of Jenkinsburg and Flovilla, which shall be funded by unincorporated area insurance premium taxes, county-wide property taxes, and Grants and SPLOST funds where applicable.

2.

The City will provide Fire Services to the incorporated area of the City. The City will also provide one fire truck and staff to respond to fire calls as needed, in unincorporated Butts County and Cities of Jenkinsburg and Flovilla, and pay for the cost thereof from the City's General Fund.

3.

In consideration of the City providing the Fire Services described in Paragraph 2 above, the County shall pay to the City the sum of \$225,000.00 annually, to be made in four (4) quarterly payments of \$56,250.00 from the County's General Fund.

4.

The City will not dispatch any vehicle or staff to vehicular accidents or emergency medical matters in the unincorporated area of Butts County and the Cities of Jenkinsburg and Flovilla.

5.

The purchase of fire engine(s) by the County shall be funded with countywide sales tax funds.

6.

Each party shall maintain liability insurance on their respective vehicles and employees in the amount determined by each entity.

7.

The existing Fire Services Intergovernmental Agreement entered into between the parties shall terminate on the commencement date of this Agreement.

8.

This Agreement shall commence on November 1, 2017 and terminate ten (10) years from the date hereof, or at such time as the City of Jackson should cease to fund and operate a Fire Department.

City of Jackson, Georgia

Kay Pippin
Mayor

Attest: Brittany Braun
City Clerk

Butts County, Georgia

Russ Chambers
Chairman, Board of Commissioners

Attest: Michael Brewer
County Clerk



City of Jenkinsburg
Resolution # JBGR-12-03

Re: A resolution authorizing The City of Jenkinsburg, Ga. to enter into an Intergovernmental agreement with Butts County, Ga. for the provision of fire protection services and related fire inspection services within the corporate city limits of Jenkinsburg.

WHEREAS, the City through its Mayor and Council, feels it is necessary and beneficial to provide fire services to its citizens through an Intergovernmental service agreement with Butts County; and

WHEREAS, the City does request that the Butts County Fire Marshall assist with fire inspection regulation to provide minimum requirements, with due regard to function, for the design, operation, and maintenance of buildings and structures for the safety to life from fire; and

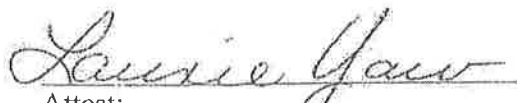
WHEREAS, it is necessary for the Intergovernmental Service Agreement between Butts County, Ga. and The City of Jenkinsburg, Ga. for fire protection service be amended and approved at this time; and

WHEREAS, this Resolution is being presented at a regular meeting of the City Council with a voting quorum present throughout the meeting; and

THEREFORE, BE IT RESOLVED, by a duly recorded vote, the City Council does hereby authorize the Mayor to enter into an Intergovernmental Agreement with Butts County, Georgia for the provision of fire services within the corporate limits of The City of Jenkinsburg, GA. this 26 day of March, 2012.

This agreement is to be approved and attached as exhibit A to this Resolution.


Mayor


Attest:

**Intergovernmental Service Agreement-2012 Amended
County of Butts and the City of Jenkinsburg
Provision of Fire Services Element**

The following constitutes a formal agreement between the local government of Butts County, Georgia, a constitutionally formed county government, hereinafter referred to as "County" and the City of Jenkinsburg, Georgia, a chartered municipal government residing within the provinces of Butts County, Georgia, hereinafter referred to as "City". Said agreement shall be for the provision of fire protection services and related fire inspection services within the corporate city limits of Jenkinsburg, Georgia and within the fire service district currently designated as "District 4", a geographic region surrounding the city of Jenkinsburg and for other purposes as described herein. This agreement is adopted as a contract with the county to provide services to the city of Jenkinsburg.

Article I: Entities Involved

Primary entities involved in this intergovernmental agreement shall be, in addition to the aforementioned governments, the Butts County Department of Public Safety and the Jenkinsburg Administrative Department.

Article II: Architecture of Agreement

This agreement shall be constructed in a manner which clearly states the obligations of both governments and what services each representative department shall provide towards the successful execution of this agreement. It is agreed by both governments that the following shall be performed in conjunction with the proper execution of this agreement.

County of Butts

The County, through its Department of Public Safety agrees to and will execute the following conditions:

- A). That a minimum of three (3) qualified fire services personnel shall be retained and assigned to provide fire suppression for the corporate city limits of Jenkinsburg and the remainder of district 4 on a twenty four hour-per-day basis. Said individuals shall be employees of the County and shall be under the supervision and management of the Director of Emergency Services of Butts County. These individuals shall work a typical 24 per day shift on a 24 on/48 off basis similar to all other stations in the County.
- B). That the Butts County Emergency Services Director shall be responsible for the overall operation of the department, including personnel selection, training, records and testing as required, and shall be responsible for any new purchases of equipment obtained by the County, and;
- C). That the County will assume responsibility for the maintenance of equipment assigned to the Jenkinsburg Fire Department, including the costs of vehicle fuel as required for fire suppression operations, and;
- D). That the Director of Emergency Services shall be the point of contact for all matters relating to the normal disposition of services by the County with regards to the City Fire Department. The County Administrator shall be the point of contact for all matters relating to the terms of this agreement, and;
- E). That the County, through the Office of the County Fire Marshal, shall provide a mechanism and procedure for the provision of Fire Inspection Services, to include but not limited to, the inspection of new businesses, the annual review and re-inspection of existing businesses and facilities and other related services, with fees for such services to be incorporated into standard County inspection and licensing fees, subject to review by the City.
- F). That the County Fire Marshal shall provide the City Clerk with documents pertaining to inspections including problems and corrective actions for their files and review.

- G). That the County may elect to station an EMS unit in the same facility to augment the provision of emergency medical services and enhance the ability to provide fire suppression services as funding, equipment and personnel resources allow, and;

City of Jenkinsburg

The City, through its Mayor and Council, shall provide the following and agree to the following conditions:

- A). That the City contracts with the County for provision of fire services to its citizens for a period of five (5) years, to automatically renew on the fifth anniversary of the date of execution, and;
- B). That the City shall appoint a liaison officer to the Jenkinsburg Fire Department to work with County Emergency Service Officials on an as-needed basis and;
- C). That the City shall retain ownership in the building, grounds, and equipment already in service for use as a fire department. Any new or additional equipment purchased by the City would remain the property of the City and any equipment purchased jointly would be divided equally between the County and the City upon the dissolution of this agreement, and;
- D). The City agrees to maintain and finance hazard insurance on all facilities as well as full physical damage and liability insurance on city-owned vehicles assigned to the Jenkinsburg Fire Department and District 4 and the County agrees to provide reasonable assistance to the City when requested to assist with improvement projects, and;
- E). Employees of the County and Volunteers of the Jenkinsburg Fire Department, if available will continue to answer calls in the geographical region designated as "District 4 Fire Suppression District", as defined by the County, as part of their normal response area.
- F). That the City Council shall, by resolution, empower and authorize the Butts County Fire Marshal to perform all required fire inspections of businesses and other structures, facilities and related, to enforce applicable fire inspection related laws, adopted codes and ordinances of the City.

It is further agreed upon by both parties that:

- A). The Chief of Emergency Services and the liaison officer appointed by the City of Jenkinsburg shall discuss and work towards the resolution of any procedural problems that may arise within their respective departments that adversely affects either party or impedes the normal disposition of services to the citizens, and;
- B). The Mayor of Jenkinsburg or their designee and the County Administrator shall discuss and work towards the resolution of any intergovernmental matters that may arise within their respective jurisdictions that adversely affects the other party or impedes the normal execution of the terms of this agreement, and;
- C). Modification of this agreement shall be done in writing and with the concurrence of all affected parties.
- D). This agreement may be terminated by either party provided that one (1) year advance notice be delivered to the other party in writing. Said representative of the affected parties for the purposes of termination of this agreement shall be the Mayor, for the City of Jenkinsburg, and the Administrator, for the County of Butts.
- E). It is understood by both parties that the provision of services related in this agreement is subject to both parties ability to fund them and that, in the event of a funding crisis, services may have to be reduced or modified to align with anticipated revenues. In the event of this occurrence, either party needing to do so shall give the other party a minimum of six month's notice, whereupon both parties

shall work to restructure service delivery in accordance with available resources.

The signatures reflected below are authorized representatives of the County of Butts, the City of Jenkinsburg, and the Butts County Emergency Services Department. By these signatures, all parties agree to enter into this intergovernmental service agreement.

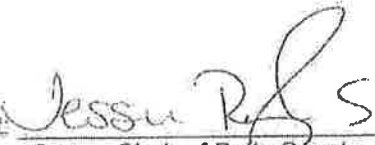
Signed and executed this 12 day of March, 2012

For the Butts County Board of Commissioners



Roger McDaniel, Chairman

Date: 3, 12, 12

Attest: 

County Clerk of Butts County

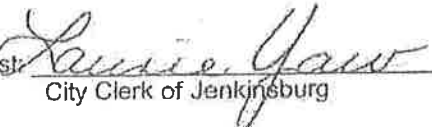
Seal

For the City of Jenkinsburg



David Nestor, Mayor of Jenkinsburg

Date: 3, 26, 2012

Attest: 

City Clerk of Jenkinsburg

Seal

GLEN GOENS
RESOLUTION FOR COUNTY
ASSIST w/ FIRE INSPECTIONS

The purpose of these regulations is to provide minimum requirements, with due regard to function, for the design, operation, and maintenance of buildings and structures for the safety to life from fire.

Approved automatic fire sprinkler system shall be installed in accordance with International Fire Code, Sections 1907, and 2904, NFPA 101, 40.3.2, and NFPA 13

Fire Alarm System is required by Georgia 120-3-20, Georgia Accessibility Code Section 39 & 40 in accordance with NFPA 101 Section 9.6.1.9 and NFPA 72. Strobe only in bathrooms.

Exit Signs and Emergency Lighting is required by the National Electrical Code, NFPA 101 Section 7.10, and NFPA 70.

Smoke Detectors are required every 30 feet and connected to the Fire Alarm System, NFPA 101 Section 9.6.2.10.1

Fire Extinguishers shall comply with NFPA 10

Hood Vent System –Commercial Kitchen Hoods will comply with International Fire Code section 609 and Underwriters Laboratory 710

Fire Walls will comply with NFPA 221, NFPA 101 section 8.2 NFPA 251

These are a few of Codes that are used on an inspection.

The baseline of codes that will be used during a Fire Life Safety Inspection is;

- The current NFPA 101 Life Safety Code
- The current Ga. 120-3-20 The Georgia Accessibility Code
- The current International Fire Code
- The current International Building Code



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

Make copies of this form and complete one for each service listed on FORM 1, Section IV. 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: BUTTS COUNTY

Service: Fire - Volunteer Fire Department, Station, and Equipment

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

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

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

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

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Flovilla	Grant and SPLOST funds if applicable, with balance, if any, paid from General Funds

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

Flovilla will fund and provide this service within their incorporated boundaries. This service is being added to this Service Delivery Strategy.

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

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

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

N/A

7. Person completing form: **Kay Pippin, Mayor and Steve H. Layson, County Administrator**
 Phone number: **770-328-1251 (Jackson), 770-775-8200 (Butts County)** Date completed: **7/24/18**

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

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



SERVICE DELIVERY STRATEGY

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COUNTY: BUTTS COUNTY

Service: Garbage and Solid Waste Collection

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

- a.) 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.):
- b.) Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):
- c.) One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service):
- d.) 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.): **Butts County, Flovilla, Jackson and Jenkinsburg**
- e.) Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.):

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

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

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Flovilla, Jackson and	Grant and SPLOST funds if applicable, with balance, if any, paid from General
Jenkinsburg	Funds
Butts County	This service will be funded by revenues generated from user fees that are levied or imposed within the unincorporated area of the County and County General
	Fund.

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

Butts County will provide this service within the unincorporated area through private contract. The Cities will provide this service in their incorporated areas through private contract. This service is being added to this Service Delivery Strategy.

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

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

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

N/A

7. Person completing form: **Kay Pippin, Mayor and Steve H. Layson, County Administrator**
 Phone number: **770-328-1251 (Jackson), 770-775-8200 (Butts County)** Date completed: **7/24/18**

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

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



SERVICE DELIVERY STRATEGY

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COUNTY: BUTTS COUNTY

Service: Health Department Local Cost Share

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

- a.) 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.): **Butts County**
- b.) Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):
- c.) One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service):
- d.) 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.):
- e.) Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.):

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

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

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Butts County	First, apply fees collected for the provision of the service, grant and SPLOST funds if applicable, and LOST funds to the costs of the service with balance paid from County General Funds.

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

Butts County will provide this service countywide. This service is being added to this Service Delivery Strategy.

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

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

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

N/A

7. Person completing form: **Kay Pippin, Mayor and Steve H. Layson, County Administrator**
 Phone number: **770-328-1251 (Jackson), 770-775-8200 (Butts County)** Date completed: **7/24/18**

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:



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COUNTY: **BUTTS COUNTY**

Service: **Hospital- Indigent Care**

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

- a.) 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.): **Butts County**
- b.) Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):
- c.) One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service):
- d.) 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.):
- e.) Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.):

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

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

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Butts County	First, apply fees collected for the provision of the service, grant and SPLOST funds if applicable, and LOST funds to the costs of the service with balance paid from County General Funds.

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

Butts County will provide this service countywide. This service is being added to this Service Delivery Strategy.

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

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

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

N/A

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 Phone number: **770-328-1251 (Jackson), 770-775-8200 (Butts County)** Date completed: **7/24/18**

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:



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COUNTY: BUTTS COUNTY

Service: Indigent Defense - City Court

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

- a.) 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.):
- b.) Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):
- c.) One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service: **Jackson, Flovilla, Jenkinsburg**)
- d.) 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.):
- e.) Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.):

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

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

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Jackson, Flovilla, Jenkinsburg	Grant and SPLOST funds if applicable, with balance, if any, paid from
	General Funds

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

The Cities will fund and provide this service within their incorporated areas. This service is being added to this Service Delivery Strategy.

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

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

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

N/A

7. Person completing form: **Kay Pippin, Mayor and Steve H. Layson, County Administrator**
 Phone number: **770-328-1251 (Jackson), 770-775-8200 (Butts County)** Date completed: **7/24/18**

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:



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COUNTY: BUTTS COUNTY

Service: Investigations

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

- a.) 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.): **Butts County**
- b.) Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):
- c.) One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service):
- d.) 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.):
- e.) Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.):

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

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

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Butts County	First, apply fees collected for the provision of the service, grant and SPLOST funds if applicable, and LOST funds to the cost of the service with balance paid from County General Funds

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

Service name changed from Public Safety Investigative Services to Investigations and will be funded by Butts County.

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

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

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

N/A

7. Person completing form: **Kay Pippin, Mayor and Steve H. Layson, County Administrator**

Phone number: 770-328-1251 (Jackson), 770-775-8200 (Butts County)

Date completed: 7/24/18

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:



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COUNTY: **BUTTS COUNTY**

Service: **Landfill Service**

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

- a.) 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.): **Butts County**
- b.) Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):
- c.) One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service):
- d.) 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.):
- e.) Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.):

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

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

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Butts County	First, apply fees collected for the provision of the service, grant and SPLOST funds if applicable, and LOST funds to the cost of the service with balance paid from County General Funds

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

Butts County will provide this service countywide. This service is being added to this Service Delivery Strategy.

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

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

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

N/A

7. Person completing form: **Kay Pippin, Mayor and Steve H. Layson, County Administrator**
 Phone number: **770-328-1251 (Jackson), 770-775-8200 (Butts County)** Date completed: **7/24/18**

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:



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COUNTY: BUTTS COUNTY

Service: Leisure and Recreation Services

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

- a.) 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.): **Butts County**
- b.) Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):
- c.) One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service):
- d.) 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.):
- e.) Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.):

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

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

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Butts County	First, apply fees collected for the provision of the service, grant and SPLOST funds if applicable, and LOST funds to the costs of the service with balance paid from County General Funds.

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

Service name changed from Public Service - Recreation, to Leisure and Recreation Services and will be funded by Butts County.

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

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

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

N/A

7. Person completing form: **Kay Pippin, Mayor and Steve H. Layson, County Administrator**
 Phone number: **770-328-1251 (Jackson), 770-775-8200 (Butts County)** Date completed: **7/24/18**

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

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



SERVICE DELIVERY STRATEGY

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Instructions:

Make copies of this form and complete one for each service listed on FORM 1, Section IV. 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: BUTTS COUNTY

Service: Litter Control

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

- a.) 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.):
- b.) Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):
- c.) One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service: **Jackson, Flovilla, Jenkinsburg**)
- d.) 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.):
- e.) Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.):

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

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

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Jackson, Flovilla, Jenkinsburg	Grant and SPLOST funds if applicable, with balance, if any, paid from
	General Funds

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

The Cities will fund and provide this service within their incorporated areas. This service is being added to this Service Delivery Strategy.

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

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

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

N/A

7. Person completing form: **Kay Pippin, Mayor and Steve H. Layson, County Administrator**
 Phone number: **770-328-1251 (Jackson), 770-775-8200 (Butts County)** Date completed: **7/24/18**

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

Make copies of this form and complete one for each service listed on FORM 1, Section IV. 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: BUTTS COUNTY

Service: *Parking Facilities*

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

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

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

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

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Jackson	Grant and SPLOST funds if applicable, with balance, if any, paid from
	General Funds

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

Jackson will fund and provide this service within its incorporated area. This service is being added to this Service Delivery Strategy.

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

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

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

N/A

7. Person completing form: **Kay Pippin, Mayor and Steve H. Layson, County Administrator**

Phone number: **770-328-1251 (Jackson), 770-775-8200 (Butts County)**

Date completed: **7/24/18**

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

Make copies of this form and complete one for each service listed on FORM 1, Section IV. 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: BUTTS COUNTY

Service: Parks

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

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

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

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

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Flovilla	Grant and SPLOST funds if applicable, with balance, if any, paid from
	General Funds

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

Flovilla will fund and provide this service within its incorporated area. This service is being added to this Service Delivery Strategy.

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

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

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

N/A

7. Person completing form: **Kay Pippin, Mayor and Steve H. Layson, County Administrator**
 Phone number: **770-328-1251 (Jackson), 770-775-8200 (Butts County)** Date completed: **7/24/18**

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

Make copies of this form and complete one for each service listed on FORM 1, Section IV. 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: BUTTS COUNTY

Service: Patrol Services

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

- a.) 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.): **Butts County**
- b.) Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):
- c.) One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service):
- d.) 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.):
- e.) Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.):

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

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

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Butts County	First, apply fees collected for the provision of the service, grant and SPLOST funds if applicable, and LOST funds to the cost of the service with balance paid from County General Funds

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

Butts County will provide this service countywide. Changing service name from Public Safety-Law Enforcement to Patrol Services.

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

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

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

N/A

7. Person completing form: **Kay Pippin, Mayor and Steve H. Layson, County Administrator**

Phone number: **770-328-1251 (Jackson), 770-775-8200 (Butts County)**

Date completed: **7/24/18**

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

Make copies of this form and complete one for each service listed on FORM 1, Section IV. 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: BUTTS COUNTY

Service: *Planning, Zoning, and Administration*

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

- a.) 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.): **Butts County**
- b.) Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):
- c.) One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service):
- d.) 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.):
- e.) Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.):

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

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

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Butts County	First, apply fees collected for the provision of the service, grant and SPLOST funds if applicable, and LOST funds to the costs of the service with balance paid from County General Funds.

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

Butts County will provide this service countywide. This service is being added to this Service Delivery Strategy.

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

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

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

N/A

7. Person completing form: **Kay Pippin, Mayor and Steve H. Layson, County Administrator**
 Phone number: **770-328-1251 (Jackson), 770-775-8200 (Butts County)** Date completed: **7/24/18**

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

Make copies of this form and complete one for each service listed on FORM 1, Section IV. 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: BUTTS COUNTY

Service: Police Department

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

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

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

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

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Jackson,	General Funds, and, if applicable, Grant and SPLOST funds

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

Jackson will fund and provide this service within its incorporated areas. This service is being added to distinguish City Police from County Law Enforcement.

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

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

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

N/A

7. Person completing form: **Kay Pippin, Mayor and Steve H. Layson, County Administrator**

Phone number: **770-328-1251 (Jackson), 770-775-8200 (Butts County)**

Date completed: **7/24/18**

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

Make copies of this form and complete one for each service listed on FORM 1, Section IV. 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: BUTTS COUNTY

Service: Public Library

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

- a.) 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.): **Butts County**
- b.) Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):
- c.) One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service):
- d.) 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.):
- e.) Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.):

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

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

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

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

SDS FORM 2, continued

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
Butts County	First, apply fees collected for the provision of the service, grant and SPLOST funds if applicable, and LOST funds to the costs of the service with balance paid from county General Funds.

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

Service name changed from Public Services - Library, to Public Library, and will be funded by Butts County.

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

Agreement Name	Contracting Parties	Effective and Ending Dates

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

N/A

7. Person completing form: **Kay Pippin, Mayor and Steve H. Layson, County Administrator**
 Phone number: **770-328-1251 (Jackson), 770-775-8200 (Butts County)** Date completed: **7/24/18**

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

Make copies of this form and complete one for each service listed on FORM 1, Section IV. 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: BUTTS COUNTY

Service: Roads and Streets

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

- a.) 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.):
- b.) Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):
- c.) One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service):
- d.) 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.): **Butts County, Flovilla, Jackson, and Jenkinsburg**
- e.) Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.):

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

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

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

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

SDS FORM 2, continued

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
Butts County	First, apply fees collected for the provision of the service, grant and SPLOST funds if applicable, and LOST funds to the costs of the service with balance paid from County General Funds.
Flovilla, Jackson & Jenkinsburg	Grant and SPLOST funds if applicable, with balance, if any, paid from General Funds.

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

Butts County will provide this service in the unincorporated area of the county, and the cities will fund and provide this service within their incorporated areas. Changing service name from Public Service-Roads, Streets, Bridges to Roads and Streets.

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/A

7. Person completing form: **Kay Pippin, Mayor and Steve H. Layson, County Administrator**

Phone number: **770-328-1251 (Jackson), 770-775-8200 (Butts County)**

Date completed: **7/24/18**

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

Make copies of this form and complete one for each service listed on FORM 1, Section IV. 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: BUTTS COUNTY

Service: Senior Citizens Center

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

- a.) 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.): **Butts County**
- b.) Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):
- c.) One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service):
- d.) 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.):
- e.) Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.):

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

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

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Butts County	First, apply fees collected for the provision of the service, grant and SPLOST funds if applicable, and LOST funds to the costs of the service with balance paid from County General Funds.

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

Butts County will provide this service countywide. This service is being added to this Service Delivery Strategy.

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

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

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

N/A

7. Person completing form: **Kay Pippin, Mayor and Steve H. Layson, County Administrator**
 Phone number: **770-328-1251 (Jackson), 770-775-8200 (Butts County)** Date completed: **7/24/18**

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

Make copies of this form and complete one for each service listed on FORM 1, Section IV. 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: BUTTS COUNTY

Service: Sewer Services

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

- a.) 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.):

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

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

- d.) 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.):

- e.) Other (If this box is checked, **attach a legible map delineating the service area of each service provider**, and identify the government, authority, or other organization that will provide service within each service area.): **Butts County, et al. Water & Sewer Authority, Flovilla, Jackson**

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

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

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Butts County	First, apply fees collected for the provision of the service, with the balance funded by revenues generated through property taxes, insurance premium taxes, or assessments that are levied or imposed within a Special Service District comprised of the unincorporated area of the County.
Flovilla, Jackson	User Fees, Grant, and SPLOST funds if applicable, with balance, if any, paid from General Funds

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

Butts County et al. Water & Sewer Authority, Flovilla, and Jackson will provide services pursuant to the attached maps. Changing service name from Wastewater to Sewer Services.

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

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

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

N/A

7. Person completing form: **Kay Pippin, Mayor and Steve H. Layson, County Administrator**

Phone number: **770-328-1251 (Jackson), 770-775-8200 (Butts County)**

Date completed: **7/24/18**

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:

SEWER SERVICE AREAS

BUTTS COUNTY

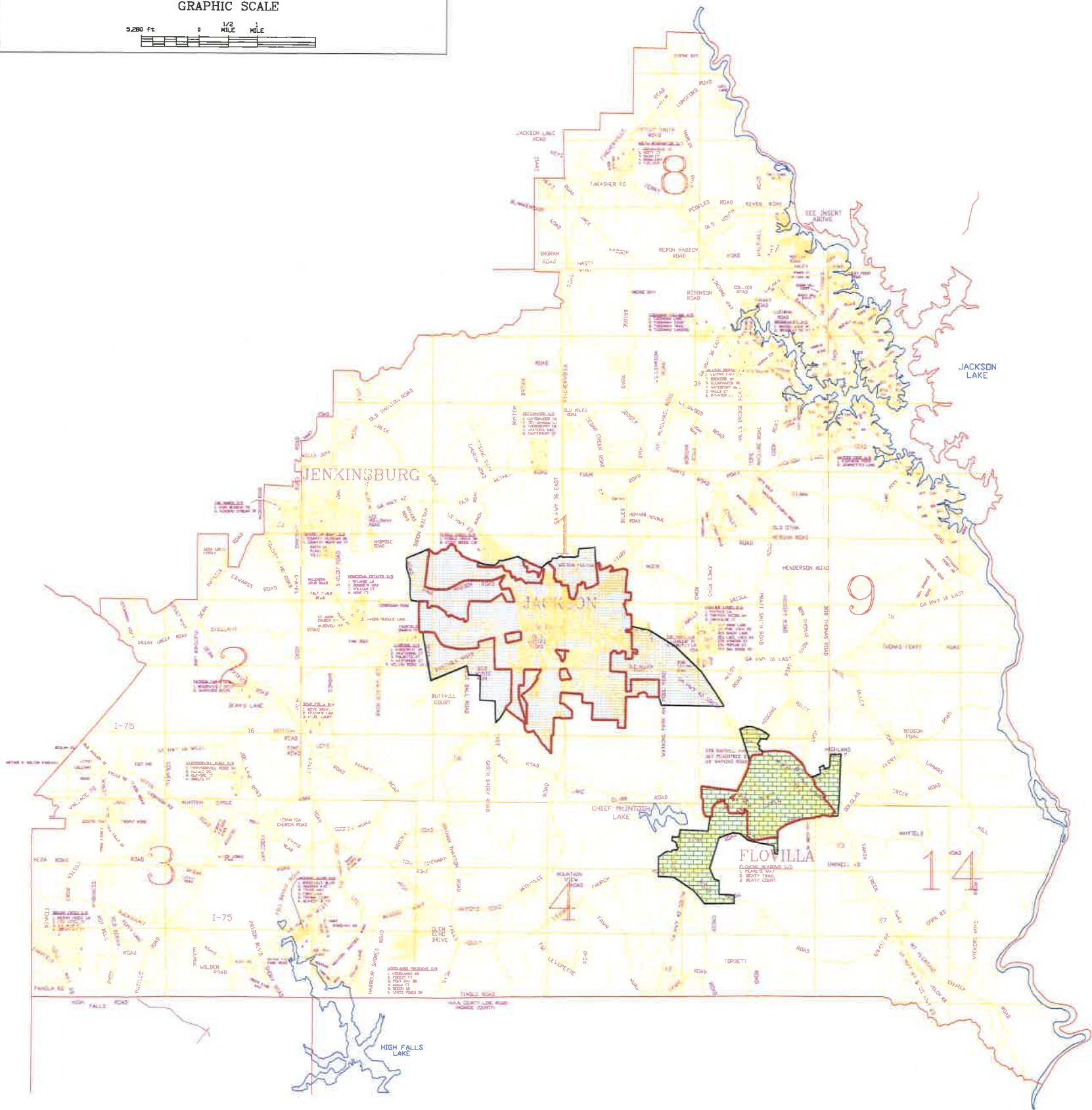
NOVEMBER 01, 2010



LEGEND

- Butts County Water & Sewer Authority Sewer Service Area
- City of Flovilla Sewer Service Area
- City of Jackson Sewer Service Area
- County Line
- City Limits Lines

GRAPHIC SCALE

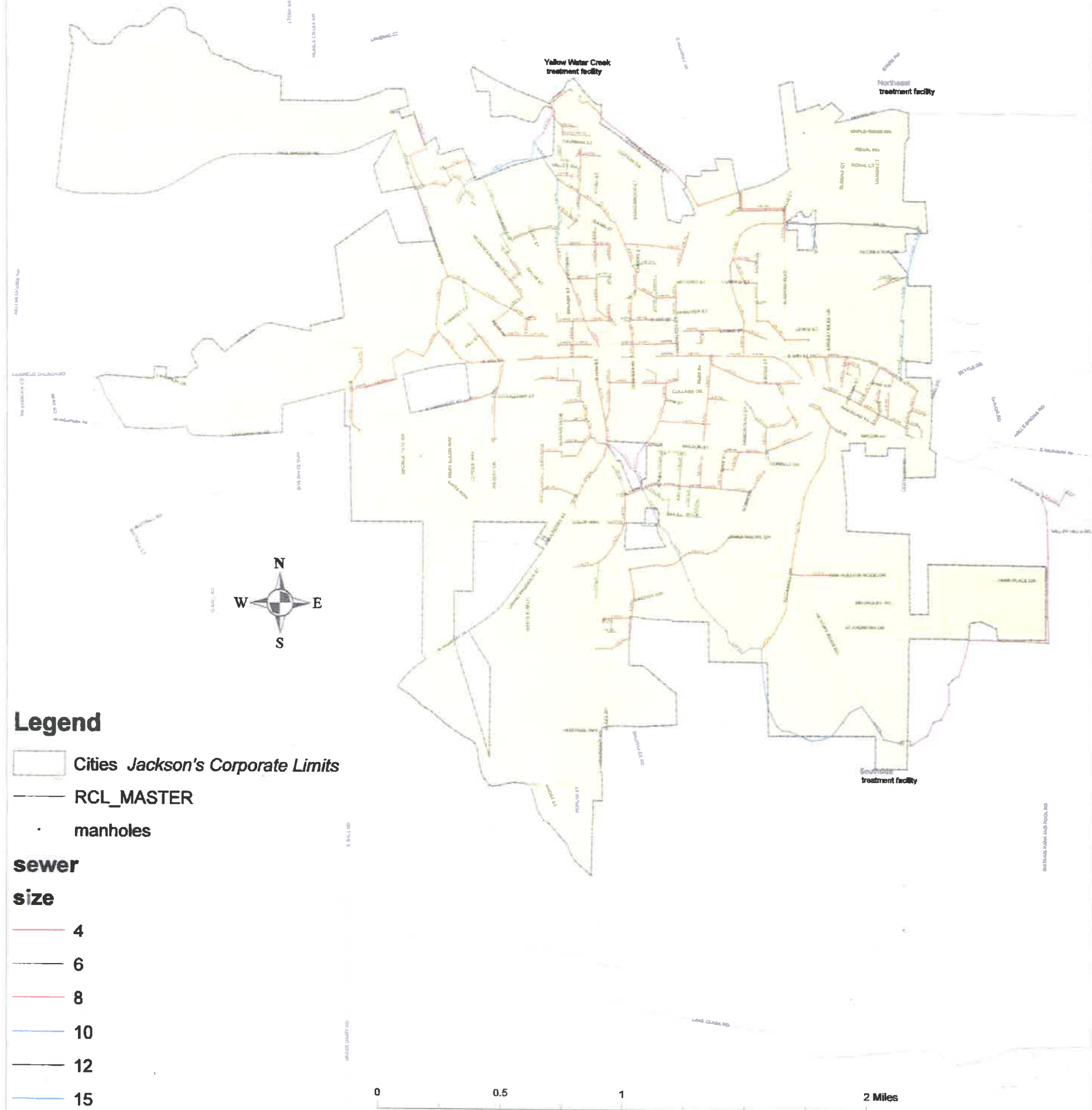


DRAWN BY: A. DANIELLE HOPSON, BUTTS COUNTY, ET AL. WATER & SEWER AUTHORITY











Sewer System Map

for the city of

Jackson GA



Legend

-  Cities Jackson's Corporate Limits
 -  RCL_MASTER
 -  manholes
- sewer size**
-  4
 -  6
 -  8
 -  10
 -  12
 -  15
 -  4" force_main

0 0.5 1 2 Miles



SERVICE DELIVERY STRATEGY

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COUNTY: BUTTS COUNTY

Service: Sheriff's Office-Courts

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

- a.) 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.): **Butts County**
- b.) Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):
- c.) One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service):
- d.) 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.):
- e.) Other (If this box is checked, **attach a legible map delineating the service area of each service provider**, and identify the government, authority, or other organization that will provide service within each service area.):

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

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

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Butts County	First, apply fees collected for the provision of the service, grant and SPLOST funds if applicable, and LOST funds to the costs of the service with balance paid from County General Funds.

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

Butts County will provide this service countywide. This service is being added to this Service Delivery Strategy.

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

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

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

N/A

7. Person completing form: **Kay Pippin, Mayor and Steve H. Layson, County Administrator**

Phone number: **770-328-1251 (Jackson), 770-775-8200 (Butts County)**

Date completed: **7/24/18**

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

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Make copies of this form and complete one for each service listed on FORM 1, Section IV. 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: BUTTS COUNTY

Service: Sheriff's Office-Jail

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

- a.) 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.): **Butts County**
- b.) Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):
- c.) One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service):
- d.) 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.):
- e.) Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.):

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

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

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Butts County	First, apply fees collected for the provision of the service, grant and SPLOST funds if applicable, and LOST funds to the costs of the service with balance paid from County General Funds.

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

Service name changed from Public Safety Detention Services to Sheriff's Office - Jail, and will be funded by Butts County.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>
Intergovernmental Service Agreement	Butts County and the City of Jackson	11/1/17 - annually renewed

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/A

7. Person completing form: **Kay Pippin, Mayor and Steve H. Layson, County Administrator**
 Phone number: **770-328-1251 (Jackson), 770-775-8200 (Butts County)** Date completed: **7/24/18**

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:

PUBLIC SAFETY DETENTION SERVICE AGREEMENT

This Agreement is made and entered into this 1 day of November, 2017 by and between the City of Jackson, Georgia (hereinafter the "City"), Butts County, Georgia (hereinafter the "County") and Gary Long, Sheriff of Butts County (hereinafter "Sheriff"). The City, County, and Sheriff shall be collectively referred to as the "Parties."

WHEREAS, the City and County have the power and authority to enter into this Agreement pursuant to Article IX, Section III, Paragraph 1 of the Constitution of the State of Georgia; and

WHEREAS, the Sheriff and City have the power and authority to enter into this Agreement pursuant to O.C.G.A. 15-16-13; and

WHEREAS, the County has the authority to and hereby does consent to the provision of such services by the Sheriff to the City pursuant to O.C.G.A. 15-16-13; and

WHEREAS, it is in the public interest that the Parties hereto address and provide for Public Safety Detention Services for citizens of the City and citizens of the County; and

WHEREAS, the City and the County have determined that this Agreement is mutually advantageous to the citizens of the City and the citizens of the County,

WHEREAS, this Agreement is in furtherance of the intent and spirit of the "Service Delivery Act", which is intended to prevent unnecessary duplication of services and to create funding equity for the taxpayers in each local government agency; and

WHEREAS, the Mayor and Council of the City of Jackson authorize the Mayor and Clerk to execute this Agreement; and

WHEREAS, the Board of Commissioners of Butts County, Georgia authorize the Chairman and Clerk to execute this Agreement; and

NOW, THEREFORE, for and in consideration of the covenants set forth herein the following intergovernmental Agreement is hereby accepted and agreed to by and between the City, the County and the Sheriff:

1.

The County and Sheriff shall provide the following services:

- A. Process and book all inmates in the custody of the City.
- B. Suitable and appropriate housing for inmates in the custody of the City.
- C. Appropriate inmate supervision of all inmates housed by the City by certified detention officers.
- D. Clothing, sundries, bath items, toiletries, uniforms, shoes, garments, meals, medical care and etc.

2.

The City shall provide the following:

- A. Proper paperwork necessary for the correct and timely processing of inmates.
- B. Deliver City inmates to the jail.
- C. Transport City inmates to City Court and medical and mental facilities.
- D. Collection of funds pursuant to O.C.G.A. 15-21-93, as amended, on each traffic citation and pay said funds to the County.
- E. A procedure for resolving any problems that adversely affect the City, the operation of the jail, or impedes the normal disposition of services.
- F. A working relationship with the City's Chief of Police to resolve issues that develop in providing this service. Any issues that cannot be resolved by the

Sheriff and Chief of Police shall be resolved by the Mayor of the City, the County Manager, and the Sheriff.

3.

This Agreement shall commence on November 1, 2017 and terminate October 31, 2027.

City of Jackson, Georgia



Mayor

Attest: 

City Clerk

Butts County, Georgia




Chairman, Board of Commissioners

Attest: 

County Clerk

Read, approved, and agreed to by:

Butts County Sheriff's Department



Gary Long, Sheriff





SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

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COUNTY: BUTTS COUNTY

Service: Stormwater Management

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

- a.) 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.):
- b.) Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):
- c.) One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service):
- d.) 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.): **Butts County, Flovilla, Jackson & Jenkinsburg**
- e.) Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.):

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

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

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Butts County	First, apply fees collected for the provision of the service, then grant funds, SPLOST, and LOST funds, if applicable, to the cost of the service with the balance paid from County General Funds.
Flovilla, Jackson & Jenkinsburg	Fees and SPLOST funds if applicable, with balance, if any, paid from General Fund

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

Butts County will provide this service in the unincorporated area of the county. The Cities will provide this service within their incorporated areas. This service is being added to this Service Delivery Strategy.

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

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

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

N/A

7. Person completing form: **Kay Pippin, Mayor and Steve H. Layson, County Administrator**
 Phone number: **770-328-1251 (Jackson), 770-775-8200 (Butts County)** Date completed: **7/24/18**

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

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



SERVICE DELIVERY STRATEGY

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COUNTY: BUTTS COUNTY

Service: Tax Appraisal Services

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

- a.) 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.): **Butts County**
- b.) Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):
- c.) One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service):
- d.) 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.):
- e.) Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.):

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

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

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Butts County	First, apply fees collected for the provision of the service, grant and SPLOST funds if applicable, and LOST funds to the costs of the service with balance paid from County General Funds.

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

Butts County will provide this service countywide. This service is being added to this Service Delivery Strategy.

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

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

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

N/A

7. Person completing form: **Kay Pippin, Mayor and Steve H. Layson, County Administrator**
 Phone number: **770-325-1251 (Jackson), 770-775-8200 (Butts County)** Date completed: **7/24/18**

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

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COUNTY: BUTTS COUNTY

Service: Tax Collection (Property)

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

- a.) 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.): **Butts County**
- b.) Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):
- c.) One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service):
- d.) 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.):
- e.) Other (If this box is checked, **attach a legible map delineating the service area of each service provider**, and identify the government, authority, or other organization that will provide service within each service area.):

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

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

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

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

SDS FORM 2, continued

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
Butts County	First, apply fees collected for the provision of the service, grant and SPLOST funds if applicable, and LOST funds to the costs of the service with balance paid from County General Funds.

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

Butts County will provide this service countywide. This service is being added to this Service Delivery Strategy.

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/A

7. Person completing form: **Kay Pippin, Mayor and Steve H. Layson, County Administrator**
 Phone number: **770-328-1251 (Jackson), 770-775-8200 (Butts County)** Date completed: **7/24/18**

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

Make copies of this form and complete one for each service listed on FORM 1, Section IV. 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: BUTTS COUNTY

Service: USDA Soil Conservation (Local Share)

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

- a.) 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.): **Butts County**
- b.) Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):
- c.) One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service):
- d.) 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.):
- e.) Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.):

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

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

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Butts County	First, apply fees collected for the provision of the service, grant and SPLOST funds if applicable, and LOST funds to the costs of the service with balance paid from County General Funds.

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

Butts County will provide this service countywide. This service is being added to this Service Delivery Strategy.

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

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

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

N/A

7. Person completing form: **Kay Pippin, Mayor and Steve H. Layson, County Administrator**

Phone number: **770-328-1251 (Jackson), 770-775-8200 (Butts County)**

Date completed: **7/24/18**

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

Make copies of this form and complete one for each service listed on FORM 1, Section IV. 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: **BUTTS COUNTY**

Service: **Water Service**

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

- a.) 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.):
- b.) Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):
- c.) One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service):
- d.) 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.):
- e.) Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.): **Butts County, et al. Water & Sewer Authority, Flovilla, Jackson, Jenkinsburg**

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

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

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Butts County et al. Water & Sewer Authority	User Fees and General Funds
Flovilla, Jackson, Jenkinsburg	User Fees, Grant, and SPLOST funds if applicable, with balance, if any, paid from General Funds

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

Butts County et al. Water & Sewer Authority, Flovilla, Jackson, and Jenkinsburg will provide services pursuant to the attached map.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>
Agreement	Butts County, et al. Water & Sewer Authority and Flovilla, Jackson and Jenkinsburg	7/23/90 - Annually renewed
Agreement	Butts County, et al. Water & Sewer Authority and Jackson, and Jenkinsburg	12/31/05 - Annually renewed

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/A

7. Person completing form: **Kay Pippin, Mayor and Steve H. Layson, County Administrator**
 Phone number: **770-328-1251(Jackson), 770-775-8200 (Butts County)** Date completed: **7/24/18**

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:

Butts County, GA Water Service Areas Map





July 2018

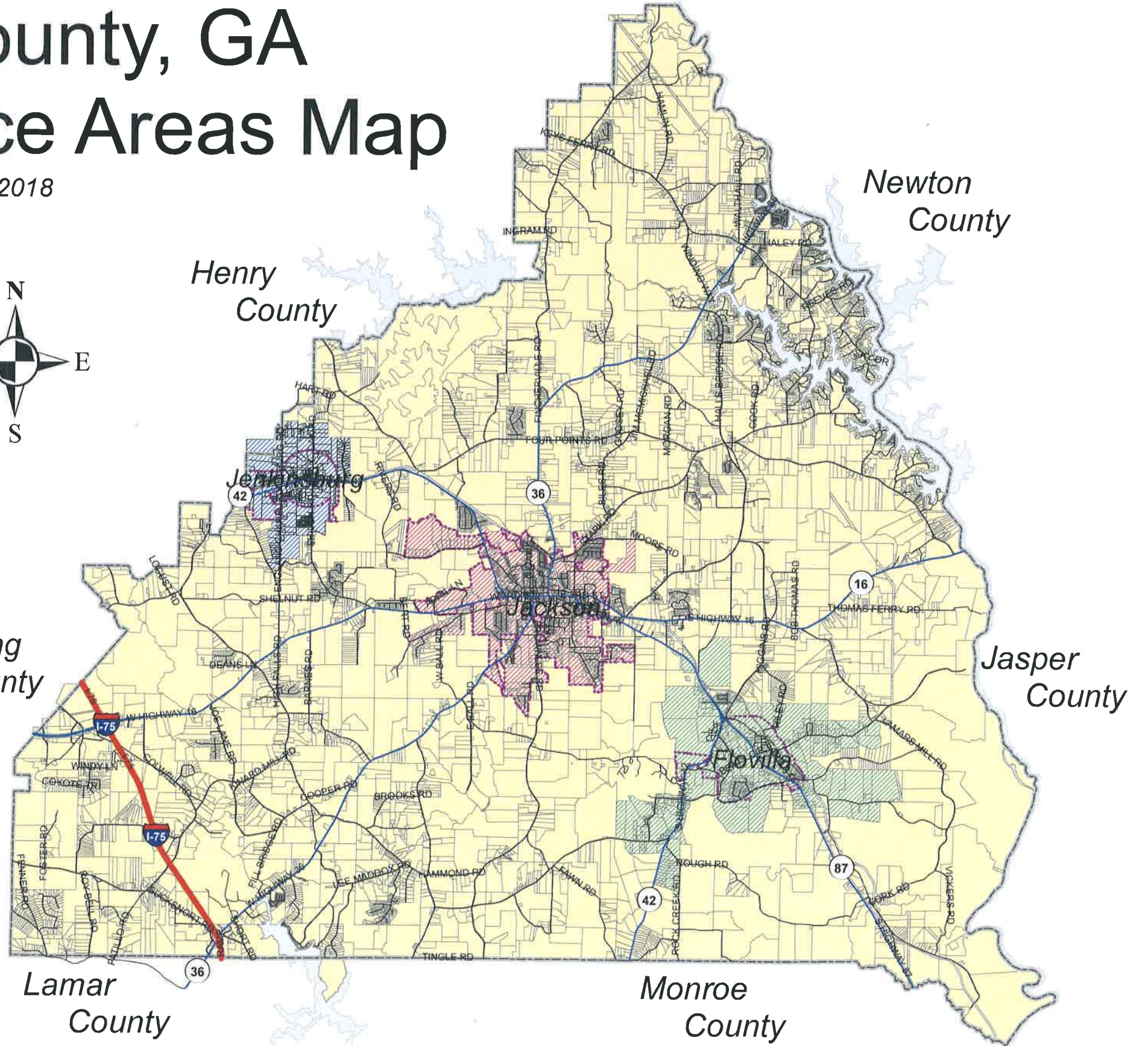
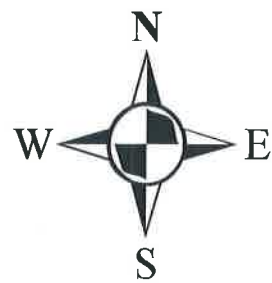
Legend

-  State_Highways
-  County_Boundary
-  City Limits

Parcels_2018

Service_Area

-  Butts County, et al. Water & Sewer Authority
-  City of Jackson
-  City of Flovilla
-  City of Jenkinsburg



This map shall not be construed to require any governmental entity to extend water services either within its service area or beyond. Each governmental entity specifically reserves the right to require any party seeking water services in an area not currently being served to pay the costs of extending the water services sought.

Nothing contained herein shall be construed to limit the provision of water services by a city to a particular area depicted on this map. In the event such service areas are enlarged, decreased, or changed in the future, this map will be amended to reflect such changes.

No. 1 Of THREE Executed Original Counterparts

STATE OF GEORGIA
COUNTY OF BUTTS

This contract made and entered into this the 31 day of December, 2008, and executed in triplicate originals (each executed copy consisting of an original) by and between the City of Jenkinsburg, a municipal corporation organized and existing under and by virtue of the laws of the State of Georgia, hereinafter called "Jenkinsburg", the Butts County, City of Flovilla, City of Jackson and City of Jenkinsburg Water and Sewer Authority, a public municipal authority created under the laws of the State of Georgia, hereinafter called the "Authority", and the City of Jackson, a municipal corporation organized and existing under and by virtue of the laws of the State of Georgia, hereinafter called "Jackson".

WITNESSETH THAT:

Whereas, Jenkinsburg, the Authority, and Jackson desire to formulate a framework for a plan of joint operation of surface water treatment plants owned by the Authority and Jackson; and

Whereas, the parties desire to enter into a short term agreement for the joint operation of their surface water treatment plants; and

Whereas, the parties jointly hold an operating permit from the Environmental Protection Division of the Georgia Department of Natural Resources (hereinafter referred to as EPD); and

Whereas, cities and counties within the State of Georgia may, but only by contract with each other, provide water and sewer service within the boundaries of another city or county, Ga. Const. 1983, Art. IX, Sect. II, Para. III(b); and

Whereas, cities and counties within the State of Georgia may contract with one another for any period not exceeding fifty years for joint services, the provision of services, and for the joint or separate use of facilities or equipment, provided such contracts deal with activities, services or facilities which each is authorized to undertake by law, Ga. Const. 1983, Art. IX, Sect. III, Para. I.

NOW THEREFORE, BE IT AGREED AS FOLLOWS:

I. Plant Operation and Production

A. Source of Treated Water. All water will be treated and pumped from the Authority's Ocmulgee River Water Treatment Plant and Jackson's Gerald L. "Buck" Stewart Water Treatment Plant. If conditions warrant, Jenkinsburg's wells may be put back into operation under agreement by all parties to this contract.

B. Responsibility for Operation. The Authority will determine the best plan of operation for the water treatment plants. The water plants will be operated in such way as to produce the best quality drinking water at the least overall costs consistent with the minimum time of operation for both plants to maintain the prudent use. Regular staff for operation, management, and maintenance of the water plants will be provided by the Authority.

C. Shared Cost of Operation.

Jenkinsburg, the Authority, and Jackson will pay a pro-rated share of plant operation costs based on metered water sales to customers. Staff from each entity will compile monthly use and costs data for reimbursement. Costs will be documented through payroll records and invoices. Water use will be determined through billing records. Qualified costs for calculation of cost share will be (1) plant operation personnel salaries and fringe benefits, (2) hourly personnel costs for non-plant staff of any of the parties to this agreement who are involved in maintenance directly associated with plant operation, (3) all costs associated with regular operation and maintenance of plant facilities (including utilities, chemicals, lab costs, shipping, supplies, and maintenance and replacement of existing equipment). Costs associated with the addition to, or expansion of, plant equipment and/or facilities are expressly not to be included. An example of the operation cost share determination is shown in Exhibit 1.

II. Water Distribution System Parameters.

A. Relationship between the Authority and Jackson

In contracts between the Authority and Jackson, dated 12/1/1990 and 1/1/1994, and a letter dated 8/2/2000, the following relationships were established:

1. **Transfer of Water Lines.** Jackson conveyed and transferred its water line infrastructure and customers in the unincorporated parts of Butts County to the Authority with the following exceptions: (a) The City's water mains serving: Buttrill Road, Bob White Run, and the portion of George Tate Drive that is not in the City; and (b) all existing and future truck stops serving the Georgia Highway 36/Interstate 75 interchange.

2. **Definition of Truck Stop.** Truck stop is defined as a commercial operation set up to retail fuel to tractor/trailer trucks and providing special services to truck drivers, particularly shower facilities.

3. **Customer Service Areas.**

a. Jackson agrees not to build or operate any new water lines outside of its legally established corporate boundaries. It is agreed that if Jackson should annex any new property that includes water customers of the Authority, those customers and the Authority's infrastructure in the annexed area would be transferred to Jackson.

b. The Authority may install transmission mains through the City of Jackson on established rights of way or easements. These mains are generally intended only for water transmission through Jackson, but Jackson may tap individual customers and/or water mains to these transmission mains with the written permission of the Authority's general manager.

4. **Clarification of Maintenance Responsibility.** It is agreed that Jackson's responsibility for system maintenance for the customers it retains on water mains owned by the Authority be from the water main tap for each of these customers through the water meter. The same relationship would hold for any Authority customers who are tapped onto water mains owned by the City.

B. Relationship between the Authority and Jenkinsburg

1. **Customer Service Areas.** Both the Authority and Jenkinsburg shall retain their existing water customers and service areas, although future changes may be agreed to by both entities. Jenkinsburg will not build or operate any new water lines outside of its legal established incorporated boundaries, except for lines that are extended in locations such that they must initiate from the current Jenkinsburg water distribution system. Jenkinsburg may repair, replace, or upgrade existing water lines as needed.

2. **Distribution System Improvements.** As both the Authority and Jenkinsburg continue to make improvements to their water distribution systems in northwest Butts County, check valves will be used to limit the area to receive pressure from Jenkinsburg's elevated tank to the Jenkinsburg distribution system.

C. Operation of Pumping Stations

The cost for operation, maintenance, and upgrade to shared water pumping stations shall be prorated on an estimate of the percent of water used by each entity from said pumping stations based on metered water sales to customers. The percentage of use by entity for each pump station shall be updated annually using customer data from the previous twelve months. An example of the calculation of pump station use percentages is shown in Exhibit 2.

III. EPD Fees and Fines

A. Fees

For any fees charged by the EPD on the joint operation permit shared by the Authority, Jackson, and Jenkinsburg, fees will be split according to a pro-rated share for the month in which fees are paid.

B. Fines

In the case of a fine imposed by the EPD, or any other governmental agency, for a violation of the terms and conditions imposed in the operating permit, the fine will be split according to a pro-rated share for the month in which the fine is paid.

IV. Effective Date & Terms

1. The term of this agreement shall not exceed fifty years from the date first written above. However, after the expiration of one year, any party may cancel its obligations under this agreement with the exception of Section II. "Water Distribution System Parameters", after first giving the other parties six months' written notice to terminate same.

2. This agreement is separate and distinct from any previous or subsequent agreements among the parties relating to the water system of the parties. It specifically takes the place of the following agreements:

a. 02/13/2003 Agreement between the City of Jackson, the Butts County, et al. Water and Sewer Authority, and the City of Jenkinsburg.

b. 01/01/1994 Agreement between the City of Jackson, the Butts County Water Authority and the City of Jenkinsburg.

c. 12/1/1990 Agreement between the City of Jackson, the Butts County Water Authority, and Butts County;

- d. 6/15/1987 Agreement between the City of Jackson, the City of Jenkinsburg and Butts County.
- e. 12/7/1988 Agreement between the City of Jackson, the Butts County, City of Flovilla, City of Jackson, and City of Jenkinsburg Water & Sewer Authority, and Butts County;
- f. 4/9/1990 Contract between the City of Jackson and the Butts County, City of Flovilla, City of Jackson and City of Jenkinsburg Water and Sewer Authority.
- g. 7/10/1990 Agreement between the City of Jenkinsburg and the Butts County, City of Flovilla, City of Jackson and City of Jenkinsburg Water and Sewer Authority;
- h. 1/1/1993 Amendment to the 4/9/1990 Contract between the City of Jackson and the Butts County, City of Flovilla, City of Jackson, and City of Jenkinsburg Water & Sewer Authority, and
- i. 10/12/99 Authority Minutes/Agreement between the City of Jackson and the Butts County, City of Flovilla, City of Jackson and City of Jenkinsburg Water & Sewer Authority.

This agreement does not rescind or amend any other previous agreements.

4. If any provision of this Agreement should be established to be illegal or unenforceable, then the remainder of this Agreement shall be enforced to the greatest extent permitted by law.

IN WITNESS WHEREOF, the parties hereto have set their hands and seals, each acting by and through its duly authorized officers, all as of the day and year first above written.

CITY OF JACKSON

SEAL

By: Charles J. Brown
Charles J. Brown, Mayor

ATTEST: Lana Brewer
Clerk

CITY OF JENKINSBURG

SEAL

By: Lanier Burford
Lanier Burford, Mayor

ATTEST: Linda Bennett
Clerk

**BUTTS COUNTY, et al.
WATER & SEWER AUTHORITY**

SEAL

By: C. B. White
C. B. White, Chairman

ATTEST: Melvin E. [Signature]
Clerk

Exhibit 1
Example of Operation Cost Share Determination

Bulke County, et al., Water and Sewer Authority/City of Jackson/City of Jenkinsburg Water Plant Cost Share Calculation						
Month and Year <u>Sample</u>						
1. Water Sold						
Entity	Date Billed	Period Covered		Metered Use, 1000s gal	Share of Total Use	
		Start	End			
Jackson	9/26/200x	8/19/200x	9/16/200x	17,358	31.1%	
Jenkinsburg	9/30/200x	8/10/200x	9/15/200x	2,992	5.4%	
Authority	9/28/200x	8/8/200x	9/5/200x	35,436	63.5%	
			Total	55,784	100.0%	
2. Expenditures for Month						
	Personnel	Utilities	Chemicals	Fuel	Equipment Maint.	Total
Jackson		2,566.00	5,066.00		1,200.00	\$8,832.00
Jenkinsburg						\$0.00
Authority	22,752.34	10,111.58	8,841.05	300.00	3,300.00	\$46,105.77
Totals	\$22,752.34	\$12,677.58	\$13,707.05	\$300.00	\$4,600.00	\$53,937.77
3. Determination of Equitable Share						
	Percent of Use	Total Spent	Cost Sharing Basis			
			Equitable Share	Entity Expense	Amount Due	Amount Due
Jackson	31.1%	\$53,937.77	\$16,780.04	\$8,832.00	\$37,157.73	\$7,948.04
Jenkinsburg	5.4%	\$53,937.77	\$2,891.06	\$0.00	\$51,046.71	\$2,891.06
Authority	63.5%	\$53,937.77	\$34,261.27	\$45,105.77	\$19,676.50	-\$10,844.50
Notes:						
		Jackson	Jenkinsburg	Authority		
Jackson owes		\$7,948.04	\$0.00	\$7,948.04		
Jenkinsburg owes		\$0.00	\$2,891.06	\$2,891.06		
Authority owes		-\$7,948.04	-\$2,891.06	-\$10,844.50		

**Exhibit 2
Example of Pump Station Cost Share Determination**

Butts County, et al., Water and Sewer Authority/City of Jackson/City of Jenkinsburg Hwy 36 Pumping Station Cost Share Calculation						
Month and Year <u>Sample</u>						
1. Share Determination based upon CY 2005 Actual						
Entity	Number Taps In Pump Station Zone	Total Metered Gallons Used by Customers In Pump Station Zone for Previous Calendar Year	Share of Total Use			
Jackson	10	6,000	0.1%			
Jenkinsburg	200	600,000	5.7%			
Authority	2600	10,000,000	94.3%			
TOTAL	2710	10,606,000	100.0%			
2. Expenditures for Month						
	Utilities	Chemicals	Equipment Maint.	Total		
Jackson				\$0.00		
Jenkinsburg				\$0.00		
Authority	4,500.00	200.00	750.00	\$5,450.00		
Totals	\$4,500.00	\$200.00	\$750.00	\$5,450.00		
3. Determination of Equitable Share						
	Percent of Use	Total Spent	Equitable Share	Cost Sharing Basis		
				Entity Expense	Amount Due	Amount Due
Jackson	0.1%	\$5,450.00	\$2.73	\$0.00	\$6,447.28	\$2.73
Jenkinsburg	5.7%	\$5,450.00	\$308.47	\$0.00	\$5,141.53	\$308.47
Authority	94.3%	\$5,450.00	\$5,139.35	\$5,450.00	\$310.65	-\$310.65
Notes:						
Jackson owns		Jackson	Jenkinsburg	Authority		
		\$0.00	\$0.00	\$2.73		
Jenkinsburg owes		\$0.00	\$308.47	\$308.47		
Authority owes		-\$2.73	-\$308.47			

No. 1 of TWO Executed
Original Counterparts

STATE OF GEORGIA

COUNTY OF BUTTS

This contract made and entered into this the 23rd day of July, 1990, and executed in duplicate originals (each executed copy constituting an original) by and between the City of Flovilla, a municipal corporation organized and existing under and by virtue of the laws of the State of Georgia, hereinafter called the "City", and the Butts County, City of Flovilla, City of Jackson, and City of Jenkinsburg Water and Sewer Authority, a public municipal authority created under the laws of the State of Georgia, hereinafter called the "Authority".

Witnesseth:

Whereas, the City is the owner and operator of a water distribution system providing water to its citizenry, businesses, etc.; and

Whereas, the Authority is established for the purpose of providing adequate supplies of potable water to customers, businesses, municipalities, etc., within Butts County and has therefore constructed a waterworks and distribution system providing intake, treatment and distribution of water; and

Whereas, the City may desire from time to time to obtain a supply of treated water from the Authority in order to provide adequate supplies of water to its citizenry, businesses, customers, etc. of the City; and

Whereas, the Authority is authorized to enter into contracts to sell water pursuant to the laws of the State of Georgia; and, cities and counties within the State of Georgia may, but only by contract with each other, provide water and sewer service within the boundaries of another city or county, Ga. Const. 1983, Art. IX, Sect. II, Para. III(b); and

Whereas, cities and counties of the State of Georgia may contract with one another for any period not exceeding 50 years for joint services, the provision of services and for the joint or separate use of facilities or equipment, provided such contracts deal with activities, services or facilities which each is authorized to undertake by law, Ga. Const. 1983, Art. IX, Sect. III, Para. I; and,

Whereas, the Authority agrees to sell and the City agrees to purchase from the Authority said water and the parties desire to reduce this agreement to writing.

NOW, THEREFORE, BE IT AGREED AS FOLLOWS:

1.

The Authority agrees to supply to the City and the City agrees to purchase and take from the Authority under and in accordance with the terms hereof, a supply of water through a metered connection authorized by the manager of the Authority at the parties' respective water mains connection on Highway No. 42, Butts county, Georgia.

2.

The Authority agrees to supply to the City for use by its customers such quantities of potable water as described and delineated in Exhibit "A" attached hereto and incorporated herein by reference. The Authority's obligation under this Contract shall not exceed on any given day the maximum daily amount of water as allowed by the Environmental Protection Division of the Georgia Department of Natural Resources. Exhibit "A" may be modified periodically by the Authority but only with prior approval of the City.

3.

After delivery of the water through the meter on Highway No. 42, the Authority shall bill the City on a monthly basis. Said bill shall be due and payable to the Authority within ten (10) days after the date of said bill. The rate or price to be charged by the Authority to the City for said potable Ocmulgee River water shall be in accordance with Exhibit "B" attached hereto and incorporated here in reference.

4.

The Authority reserves the right to change the price of said water from time to time. However, prior to any increase in the cost of said water to the City, the Authority agrees to notify the City thirty (30) days prior to said increase in water cost.

5.

The term of this Agreement shall not exceed fifty (50) years from the date first written above. However, after the expiration of one (1) year either party may cancel its obligations after first giving the party thirty (30) days written notice to terminate same.

6.

This Agreement is separate and distinct from any previous or subsequent agreement of the parties relating to their respective water systems and shall not rescind or amend any previous agreement.

7.

Time is of the essence of this Agreement.

THE PARTIES hereunto set hands and seals and each officer so executing this agreement covenants that he has been duly authorized to enter into this agreement by his respective governmental unit.

CITY OF FLOVILLA

BY: George F. Smith
George F. Smith, Mayor

ATTESTED TO: James C. [Signature]
TITLE: Council Member
(SEAL)

Signed, Sealed, and
Delivered in the
presence of:

Peggy A. Pope
Unofficial Witness

Virginia C. Williams
NOTARY PUBLIC - STATE OF GA.
MY COMMISSION EXPIRES: 6-29-91
DATE EXECUTED: 7/23/90

THE BUTTS COUNTY, CITY OF FLOVILLA
CITY OF JACKSON, AND CITY OF
JENKINSBURG WATER AND SEWER
AUTHORITY

BY: Bill Jones
Bill Jones, Chairman

ATTESTED TO: Maurice Sells
TITLE: Manager

Signed, Sealed, and
Delivered in the
presence of:

Lynley Cantillon
Unofficial Witness

Leanne Fitzgerald
NOTARY PUBLIC - STATE OF GA.
MY COMMISSION EXPIRES: 5/9/90
DATE EXECUTED: 7/10/90

EXHIBIT A

Quantity of water Available: Not more than 250,000 gallons
per day

NOTE: Limitation on quantity of water is based on
distribution system parameters currently existing.

EXHIBIT B

Cost of Water: \$.88/1000 Gallons



SERVICE DELIVERY STRATEGY

FORM 3: Summary of Land Use Agreements

Instructions:

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

COUNTY: BUTTS COUNTY

1. What incompatibilities or conflicts between the land use plans of local governments were identified in the process of developing the service delivery strategy?

There were no incompatibilities or conflicts noted between the land use plans of Butts County, and the cities of Jackson, Jenkinsburg, and Flovilla.

2. Check the boxes indicating how these incompatibilities or conflicts were addressed:

- Amendments to existing comprehensive plans
- Adoption of a joint comprehensive plan
- Other measures (amend zoning ordinances, add environmental regulations, etc.)

If "other measures" was checked, describe these measures:

N/A

NOTE:

If the necessary plan amendments, regulations, ordinances, etc. have not yet been formally adopted, indicate when each of the affected local governments will adopt them.

3. What policies, procedures and/or processes have been established by local governments (and water and sewer authorities) to ensure that new extraterritorial water and sewer service will be consistent with all applicable land use plans and ordinances? Compatibility with land use plans and ordinances will be determined in accordance with the applicable law governing the procedure for resolving annexation disputes under O.C.G.A. § 36-36-110, et seq. Nothing contained herein, however, shall be construed to limit or abridge the authority or power for a city to make extraterritorial extensions of water and sewer services as permitted by the laws of the State of Georgia now in existence or as they may be amended or enacted in the future.

4. Person completing form: **Kay Pippin, Mayor and Steve H. Layson, County Administrator**

Phone number: **770-328-1251 (Jackson), 770-775-8200 (Butts County)**

Date completed: **7/24/18**

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

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



SERVICE DELIVERY STRATEGY
FORM 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: BUTTS COUNTY

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

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

JURISDICTION	TITLE	NAME	SIGNATURE	DATE
<u>BUTTS COUNTY</u>	Board of Commissioners Chairman	Russ Crumbley	<i>Russ Crumbley</i>	7/24/18
<u>FLOVILLA</u>	Mayor	Beth Ogletree	<i>Beth Ogletree</i>	7/24/18
<u>JACKSON</u>	Mayor	Kay Pippin	<i>Kay Pippin</i>	7-24-18
<u>JENKINSBURG</u>	Mayor	Eddie Ford	<i>Eddie Ford</i>	7-24-18