





COUNTY: JASPER COUNTY

I. GENERAL INSTRUCTIONS:

- 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.
- 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.)

OPTION A **OPTION B** Revising or Adding to the SDS Extending the Existing SDS 4. In Section IV type, "NONE." 4. List all services provided or primarily funded by each general purpose local government and authority within 5. Complete one copy of the Certifications for Extension of the county which are revised or added to the SDS in Existing SDS form (FORM 5) and have it signed by the Section IV, below. (It is acceptable to break a service into separate authorized representatives of the participating local components if this will facilitate description of the service delivery governments. [Please note that DCA cannot validate the strategy strategy.) unless it is signed by the local governments required by law (see 5. For each service or service component listed in Section Instructions, FORM 5).] IV, complete a separate, updated Summary of Service 6. Proceed to step 7, below. Delivery Arrangements form (FORM 2). 6. Complete one copy of the Certifications form (FORM 4) For answers to most frequently asked questions on Georgia's Service Delivery Act, links and helpful and have it signed by the authorized representatives of publications, visit DCA's website at participating local governments. [Please note that DCA cannot validate the strategy unless it is signed by the local governments http://www.dca.ga.gov/development/PlanningQ required by law (see Instructions, FORM 4).1 ualityGrowth/programs/servicedelivery.asp, or call the Office of Planning and Quality Growth at (404) 679-5279.

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

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

JASPER COUNTY BOARD OF COMMISSIONERS

MONTICELLO CITY COUNCIL

SHADY DALE CITY COUNCIL

TURTLE COVE WATER

ALCOVY WATER AUTHORITY

JASPER COUNTY WATER AUTHORITY

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

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

ANIMAL CONTROL

BUILDING INSPECTION

CODE ENFORCEMENT

ELECTIONS

JUVENILE COURT

MAGISTRATE COURT

PROBATE COURT

SUPERIOR COURT

ECONOMIC DEVELOPMENT SERVICES

EMERGENCY MEDICAL SERVICES

HOSPITAL

INDIGENT DEFENSE

LIBRARIES

MAPPING

PARKS AND RECREATION

PLANNING AND ZONING

PUBLIC HOUSING

PUBLIC WORKS

SENIOR CITIZENS SERVICES

SEWERAGE COLLECTION

TAX ASSESSORS AND TAX MAPS

TAX COMMISSIONER

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.

RECORDER COURT

FIRE PROTECTION

JAIL

LAW ENFORCEMENT

ADDRESSES

SOLID WASTE

SOCIAL SERVICES

WATER SUPPLY AND DISTRIBUTION







FORM 2: Summary of Service Delivery Arrangements

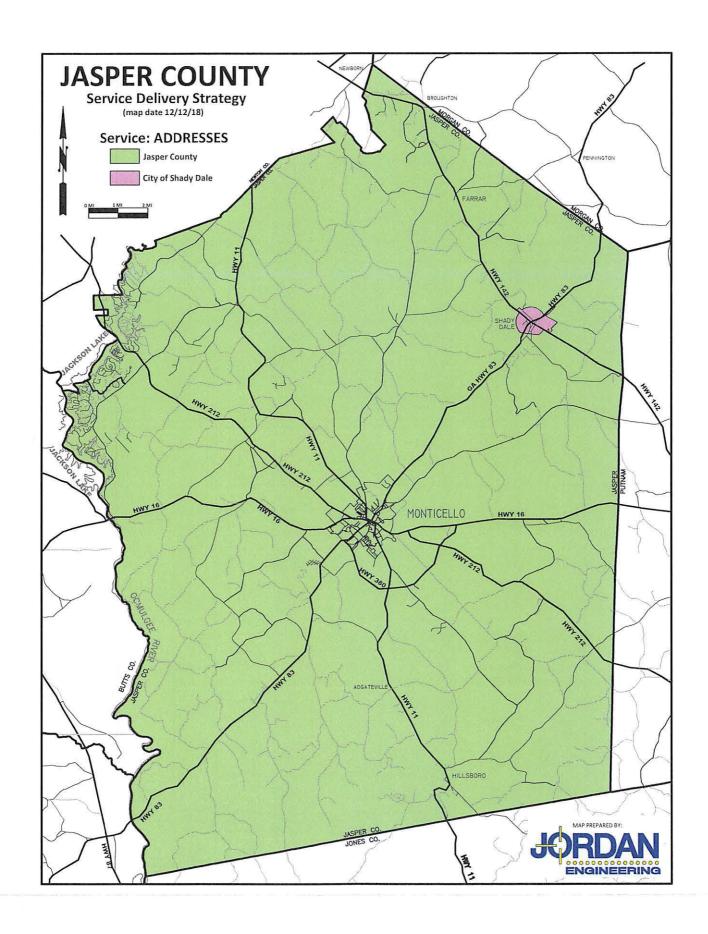
Instructions:

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.

	ssary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:JASPER COUNTY	Service: ADDRESSES
Check one box that best describes the agreed upo	on delivery arrangement for this service:
a.) Service will be provided countywide (i.e., inc (If this box is checked, identify the government, aut	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.):
b.) Service will be provided only in the unincorp checked, identify the government, authority or orga	porated portion of the county by a single service provider. (If this box is inization providing the service.):
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
	only within their incorporated boundaries, and the county will provide the eked, identify the government(s), authority or organization providing the
identify the government, authority, or other organization	le map delineating the service area of each service provider, and ation that will provide service within each service area.): JASPER D AREAS AND INCORPORATED CITY OF MONTICELLO. CITY OF ED CITY OF SHADY DALE.
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that diminated).
If these conditions will be eliminated under the strated will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

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	ity that will help to pay for this service and indica eral funds, special service district revenues, hote).			
	•			
Local Government or Autho		Funding Method		
JASPER COUNTY	GENERAL FUND			
CITY OF SHADY DALE	GENERAL FUND			
How will the strategy change the	e previous arrangements for providing and/or fur	nding this service within the county?		
THE CITY OF SHADY DALE AS	SIGNS ADDRESSES IN THE INCORPORATED) AREA OF SHADY DALE.		
this service:	agreements or intergovernmental contracts that			
Agreement Name	Contracting Parties	Effective and Ending Dates		
) will be used to implement the strategy for this s ate or fee changes, etc.), and when will they take			
	ate or fee changes, etc.), and when will they take			
7. Person completing form: MIKE Phone number: 706-468-4900 8. Is this the person who should be	ate or fee changes, etc.), and when will they take BENTON, COUNTY MANAGER	e effect?		









FORM 2: Summary of Service Delivery Arrangements

Instructions:

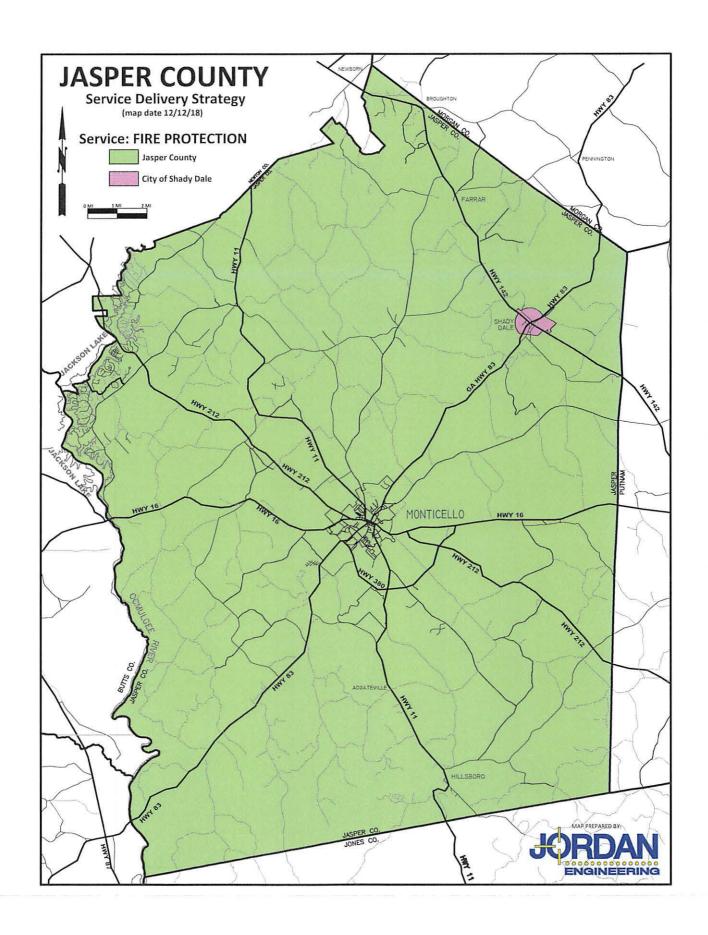
Make copies of this form and complete one for each service listed on FORM 1, Section IV. Use <u>EXACTLY the same service names listed on FORM 1</u>. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes,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

should be reported to the Department of Community Affairs.	ssary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:JASPER COUNTY	Service:FIRE PROTECTION
Check <u>one</u> box that best describes the agreed upon	on delivery arrangement for this service:
	cluding all cities and unincorporated areas) by a single service provider.
b.) Service will be provided only in the unincorp checked, identify the government, authority or organized or services.	porated portion of the county by a single service provider. (If this box is anization providing the service.):
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
	only within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the
identify the government, authority, or other organiza	ole map delineating the service area of each service provider, and ation that will provide service within each service area.): JASPER NCORPORATED AREAS AND INCORPORATED CITY OF ES FIRE PROTECTION IN INCORPORATED CITY OF SHADY DALE.
2. In developing this strategy, were overlapping serving identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate	gy attach an implementation schedule listing each step or action that

will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.

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SDS FORM 2, conti		
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	ty that will help to pay for this service and indicateral funds, special service district revenues, hotels.	
Local Government or Author	ity Funding	Method
JASPER COUNTY	GENERAL FUND	Wethou
THE WASTER THE WASTER STREET, THE PARTY OF T	The state of the s	
CITY OF SHADY DALE	GENERAL FUND	-
		-
4. How will the strategy change the	previous arrangements for providing and/or fund	ding this service within the county?
JASPER COUNTY PROVIDES F	IRE PROTECTION IN INCORPORATED CITY O	OF MONTICELLO.
this service:	agreements or intergovernmental contracts that v	
Agreement Name	Contracting Parties	Effective and Ending Dates
	will be used to implement the strategy for this se te or fee changes, etc.), and when will they take	
	te or fee changes, etc.), and when will they take	
7. Person completing form: MIKE E Phone number: 706-468-4900 8. Is this the person who should be	te or fee changes, etc.), and when will they take	effect?
7. Person completing form: MIKE E Phone number: 706-468-4900 8. Is this the person who should be projects are consistent with the s	BENTON, COUNTY MANAGER Date completed: Type Date Here contacted by state agencies when evaluating w	effect?









FORM 2: Summary of Service Delivery Arrangements

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Make copies of this form and complete one for each service listed on FORM 1, Section IV. Use <u>EXACTLY the same service names listed on FORM 1</u> . 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:JASPER COUNTY	Service: JAIL	
Check <u>one</u> box that best describes the agreed upo	n delivery arrangement for this service:	
	cluding all cities and unincorporated areas) by a single service provider. hority or organization providing the service.): JASPER COUNTY	
b.) Service will be provided only in the unincorp checked, identify the government, authority or orga	orated portion of the county by a single service provider. (If this box is nization providing the service.):	
	nly within their incorporated boundaries, and the service will not be cked, identify the government(s), authority or organization providing the	
	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the	
	le map delineating the service area of each service provider, and ation that will provide service within each service area.):	
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service	
Yes (if "Yes," you must attach additional docume	entation as described, below)	
⊠No		
	ttach an explanation for continuing the arrangement (i.e., a. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).	
If these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.	
,	Page 1 of 2	

SDS FORM 2, continued

	ity that will help to pay for this service and indicate eral funds, special service district revenues, hotel/r.).	
Local Government or Author	rity Funding N	Method
JASPER COUNTY	GENERAL FUND, FEES	
4. How will the strategy change the	e previous arrangements for providing and/or fundi	ing this service within the county?
JASPER COUTY OPERATES AI	ND FUNDS THE JAIL WITHOUT COMPENSATIO	N FROM ANY MUNICIPALITY.
List any formal service delivery this service:	agreements or intergovernmental contracts that wi	Il be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
	Y .	
) will be used to implement the strategy for this servate or fee changes, etc.), and when will they take e	
7. Person completing form: MIKE Phone number: 706-468-4900	BENTON, COUNTY MANAGER Date completed: Type Date Here	
	e contacted by state agencies when evaluating who service delivery strategy? ⊠Yes ⊡No	ether proposed local government
If not, provide designated contact	ct person(s) and phone number(s) below:	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

	ssary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:JASPER COUNTY	Service:LAW ENFORCEMENT
Check <u>one</u> box that best describes the agreed upon	on delivery arrangement for this service:
a.) Service will be provided countywide (i.e., ind (If this box is checked, identify the government, aut	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.):
b.) Service will be provided only in the unincorporate checked, identify the government, authority or organization.	porated portion of the county by a single service provider. (If this box is anization providing the service.):
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
	only within their incorporated boundaries, and the county will provide the eked, identify the government(s), authority or organization providing the
	elle map delineating the service area of each service provider, and ation that will provide service within each service area.): REMOVE LAW RATEGY
2. In developing this strategy, were overlapping servi identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
□No	
	A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

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 List each government or author enterprise funds, user fees, gen fees, bonded indebtedness, etc 	neral funds, special service district revenues	ndicate how the service will be funded (e.g., hotel/motel taxes, franchise taxes, impact
Local Government or Author	ority Fu	nding Method
		went and the second sec
4. How will the strategy change th	ne previous arrangements for providing and/	or funding this service within the county?
REMOVE LAW ENFORCEMENT	T FROM SERVICE DELIVERY STRATEGY	,
REMOVE LAW ENFORCEMEN	T FROM SERVICE DELIVERT STRATEGY	
List any formal service delivery this service:	agreements or intergovernmental contracts	that will be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
) will be used to implement the strategy for tate or fee changes, etc.), and when will they	this service (e.g., ordinances, resolutions, local y take effect?
7. Person completing form: MIKE Phone number: 706-468-4900	BENTON, COUNTY MANAGER Date completed: Type Date Here	
	e contacted by state agencies when evaluar service delivery strategy? ⊠Yes ⊡No	ting whether proposed local government
If not provide designated conta		
miner, provide designated centa	ct person(s) and phone number(s) below:	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

Answer each q		esary. If the contact person for this service (listed at the bottom of the page) changes, this		
COUNTY:J	ASPER COUNTY	Service:RECORDER COURT		
1. Check on	e box that best describes the agreed upo	on delivery arrangement for this service:		
a.) Se	rvice will be provided countywide (i.e., inc	cluding all cities and unincorporated areas) by a single service provider. thority 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 checked, identify the government, authority or organization providing the service.):				
		only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the		
	그리는 어디에 시크로 [178] 아이들은 그 아이들은 시크리아이들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람	only within their incorporated boundaries, and the county will provide the sked, identify the government(s), authority or organization providing the		
identify the		ole map delineating the service area of each service provider, and ation that will provide service within each service area.): CITY OF OURT THRU LEGISLATION.		
2. In developidentified?		ce areas, unnecessary competition and/or duplication of this service		
☐Yes (if	"Yes," you must attach additional docum	entation as described, below)		
□No				
overlapping		A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).		
		gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.		

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enterprise funds, user fees, gen fees, bonded indebtedness, etc	ity that will help to pay for this service and indicate heral funds, special service district revenues, hotel/m).	
Local Government or Author	rity Funding M	ethod
4. How will the strategy change th	e previous arrangements for providing and/or fundin	ng this service within the county?
THIS SERVICE IS GOING AWA	Y ENTIRELY.	
List any formal service delivery this service:	agreements or intergovernmental contracts that will	be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
		y
	will be used to implement the strategy for this serving to the strategy for t	
	ate or fee changes, etc.), and when will they take ef	
7. Person completing form: MIKE Phone number: 706-468-4900 8. Is this the person who should be	BENTON, COUNTY MANAGER	fect?
7. Person completing form: MIKE Phone number: 706-468-4900 8. Is this the person who should b projects are consistent with the	BENTON, COUNTY MANAGER Date completed: Type Date Here	fect?







FORM 2: Summary of Service Delivery Arrangements

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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:JASPER COUNTY	Service:SOCIAL SERVICES					
Check <u>one</u> box that best describes the agreed upo	on 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.): JASPER 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.):						
	le map delineating the service area of each service provider, and ation that will provide service within each service area.):					
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service					
Yes (if "Yes," you must attach additional docume	entation as described, below)					
⊠No						
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).					
If these conditions will be eliminated under the strated will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.					
Page 1 of 2						

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	ty that will help to pay for this service and indicate heral funds, special service district revenues, hotel/m).								
Local Government or Author	rity Funding M	lethod							
JASPER COUNTY	GENERAL FUND, USER FEES, GRANTS								
How will the strategy change the	e previous arrangements for providing and/or fundin	ng this service within the county?							
ADDING USER FEES AS AN ADDITIONAL FUNDING METHOD									
this service:	agreements or intergovernmental contracts that will								
Agreement Name	Contracting Parties	Effective and Ending Dates							
6. What other mechanisms (if any) acts of the General Assembly, ra	will be used to implement the strategy for this servite or fee changes, etc.), and when will they take eff	ice (e.g., ordinances, resolutions, local fect?							
7. Person completing form: MIKE I	BENTON, COUNTY MANAGER								
Phone number: 706-468-4900	Date completed: Type Date Here								
	e contacted by state agencies when evaluating whe service delivery strategy? ⊠Yes ⊡No	ther proposed local government							
If not, provide designated contact	et person(s) and phone number(s) below:								







FORM 2: Summary of Service Delivery Arrangements

Instructions:

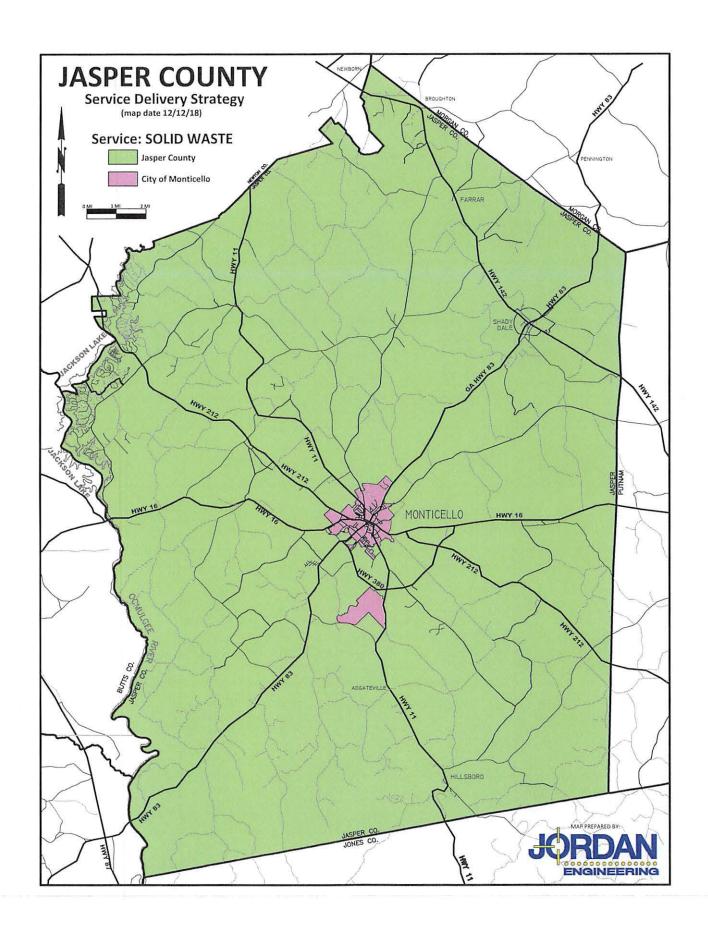
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Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.							
COUNTY:JASPER COUNTY	Service:SOLID WASTE						
Check one box that best describes the agreed upo	on delivery arrangement for this service:						
	cluding all cities and unincorporated areas) by a single service provider.						
b.) Service will be provided only in the unincorp checked, identify the government, authority or orga	porated portion of the county by a single service provider. (If this box is unization providing the service.):						
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the						
	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the						
identify the government, authority, or other organiza	le map delineating the service area of each service provider, and ation that will provide service within each service area.): JASPER EAS AND INCORPORATED CITY OF SHADY DALE. CITY OF CITY OF MONTICELLO.						
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service						
Yes (if "Yes," you must attach additional docume	entation as described, below)						
⊠No							
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).						
If these conditions will be eliminated under the strateg	gy, 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.

				Street, or other Parkets	
	-10	RM			= 0

 List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.). 									
Local Government or Authorit	/ Funding Metho	d							
JASPER COUNTY	USER FEES, GENERAL FUND								
CITY OF MONTICELLO	USER FEES								
OTT OF MONTIOLES	OCENTICEO								
4. How will the strategy change the p	revious arrangements for providing and/or funding this	s service within the county?							
JASPER COUNTY PROVIDES CURBSIBE PICKUP FOR SOLID WASTE FOR UNINCORPORATED AREAS AND INCORPORATED CITY OF SHADY DALE. JASPER COUNTY MAINTAINS A C & D LANFILL FOR UNINCORPORATED AREAS AND INCORPORATED AREAES. CITY OF MONTICELLO PROVIDES CURBSIDE PICKUP FOR INCORPORATED CITY OF MONTICELLO.									
List any formal service delivery ag this service:	reements or intergovernmental contracts that will be u	sed to implement the strategy for							
Agreement Name	Contracting Parties	Effective and Ending Dates							
	Il be used to implement the strategy for this service (e or fee changes, etc.), and when will they take effect?	.g., ordinances, resolutions, local							
7. Person completing form: MIKE BE Phone number: 706-468-4900	7. Person completing form: MIKE BENTON, COUNTY MANAGER Phone number: 706-468-4900 Date completed: Type Date Here								
	ontacted by state agencies when evaluating whether price delivery strategy? ⊠Yes ⊡No	proposed local government							
If not, provide designated contact p	If not, provide designated contact person(s) and phone number(s) below:								









FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

	should be reported to the Department of Community Affairs.							
C	COUNTY:JASPER COUNTY	Service:WATER SUPPLY AND DISTRIBUTION						
1	. Check one box that best describes the agreed upon a.) Service will be provided countywide (i.e., income (If this box is checked, identify the government, aut	cluding all cities and unincorporated areas) by a single service provider.						
	b.) Service will be provided only in the unincorp checked, identify the government, authority or organization.	porated portion of the county by a single service provider. (If this box is anization providing the service.):						
		only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the						
		only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the						
	identify the government, authority, or other organization	le map delineating the service area of each service provider, and ation that will provide service within each service area.): CITY OF COVE WATER, ALCOVY WATER AUTHORITY, JASPER COUNTY						
2	. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service						
	☐ Yes (if "Yes," you must attach additional docum	entation as described, below)						
	⊠No							
0	these conditions will continue under this strategy, <u>a</u> verlapping but higher levels of service (See O.C.G.A verlapping service areas or competition cannot be e	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).						
lf	these conditions will be eliminated under the strate	gy, 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.).

Local Government or Authority	Funding Method
CITY OF MONTICELLO	USER FEES
CITY OF SHADY DALE	USER FEES
TURTLE COVE WATER	USER FEES
ALCOVY WATER AUTHORITY	USER FEES
JASPER COUNTY WATER AUTH.	USER FEES

4	How will the strat	egy change th	e previous arrand	ements for r	providing and/c	or funding th	is service with	hin the county?
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JASPER COUNTY WATER AND SEWER AUTHORITY HAS BEEN ADDED TO THE ABOVE LIST.

CITY OF MONTICELLO WATER SERVICE DISTRICT INCLUDES PROPERTY ANNEXED IN 2018.

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	
IGA	Jasper County Water Authority; City of Monticello	TBD	

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?

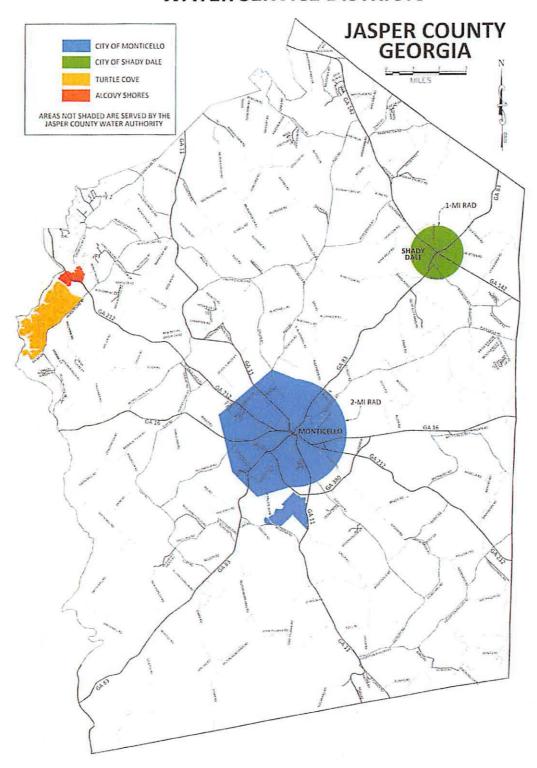
PER THE IGA INCLUDED IN PARAGRAPH 5, THE CITY OF MONTICELLO HEREBY AGREES TO NEGOTIATE WITH THE JASPER COUNTY WATER AND SEWER AUTHORITY REGARDING ALL ISSUES PERTAINING TO WATER SUPPLY AND DISTRIBUTION BETWEEN NON-CONTIGUOUS AREAS OF LAND INCORPORATED INTO THE CITY OF MONTICELLO.

- 7. Person completing form: MIKE BENTON, COUNTY MANAGER
 Phone number: 706-468-4900 Date completed: Type Date Here
- 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 WATER SERVICE DISTRICTS









FORM 3: Summary of Land Use Agreements

Instructions:

Answer each question below, attaching additional pages as necessary. Please note that any changes to the a service delivery strategy. If the contact person for this service (listed at the bottom of this page) changes, this community Affairs.				
COUNTY:JASPER COUNTY				
1. What incompatibilities or conflicts between the land use plans of local governments we developing the service delivery strategy? JASPER COUNTY, CITY OF MONTICELLO AND CITY OF SHADY DALE UPDATED IT IN 2018. POTENTIAL CONFLICTS WERE ELIMINATED DURING THE PLANNING PROPERTY.	S JOINT COMPREHENSIVE PLAN			
2. Check the boxes indicating how these incompatibilities or conflicts were addressed:	NOTE:			
☐ Amendments to existing comprehensive plans				
Adoption of a joint comprehensive plan	If the necessary plan amendments, regulations, ordinances, etc. have not yet			
Other measures (amend zoning ordinances, add environmental regulations, etc.)	been formally adopted, indicate when each of the affected local governments will adopt them.			
If "other measures" was checked, describe these measures:				
3. What policies, procedures and/or processes have been established by local governm authorities) to ensure that new extraterritorial water and sewer service will be consistent and ordinances? ALL GOVERNMENTS AND WATER AUTHORITIES WATER SERVIC THE 2018 UPDATE TO THE SERVICE DELIVERY STRATEGY. THE CITY OF MONTIC DEVELOP AN INTERGOVERNMENTAL AGREEMENT WITH THE JASPER COUNTY WATER SUPPLY AND DISTRIBUTION. ALL OTHER WATER AUTHORITIES OPERAT REQUIRED TO DEVELOP INTERGOVERNMENTAL AGREEMENTS AS NEEDED.	with all applicable land use plans E TERRITORY IS IDENTIFIED IN CELLO HAS AGREED TO WATER AUTHORITY REGARDING			
4. Person completing form: MIKE BENTON, COUNTY MANAGER				
Phone number: 706-468-4900 Date completed: Type Date Here				
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:







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: JASPER COUNTY

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

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

JURISDICTION	TITLE	NAME	SIGNATURE	DATE
JASPER COUNTY BOARD OF COMMISSIONERS	CHAIRMAN	CARI PENNAMON	granumu	10/15/18
MONTICELLO CITY COUNCIL	MAYOR	Bry An Standiler	But	10/10/18
SHADY DALE CITY COUNCIL	MAYOR	Bry An Standiler LARRY CHAMPION	Lang Champion	10/12/18
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