





COUNTY: CLAY COUNTY

I. GENERAL INSTRUCTIONS:

- 1. <u>FORM 1 is required for **ALL** SDS submittals</u>. 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. List all services provided or primarily funded by each 4. In Section IV type, "NONE." 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). For answers to most frequently asked questions on 6. Complete one copy of the *Certifications* form (FORM 4) 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).] 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.

Clay County Board of Commissioners, City of Fort Gaines, City of Bluffton, Clay County Development Authority, Clay Fire Department, Clay Economic Development Council, Direct Service Corporation, Dept. of Family & Children Services, Fort Gaines Hospital Authority, Fort Gaines-Clay County Recreation Commission, Georgia Dept. of Human Services, Grady EMS, Southwest Georgia Regional Housing Authority, Fort Gaines Downtown Development Authority, Kinchafoonee Regional Library System, Lower Chattahoochee Regional E-911 Authority, Southwest Georgia Regional Technology Authority, Randolph County, UGA Cooperative Extension Service

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.

Coroner, Court Services, Clay County Development Authority, Dept. of Family & Children Services, Clay Economic Development Council, Elections, Emergency Medical Services, Extension Service, Fire Department & Protection, Fort Gaines Downtown Development Authority, Fort Gaines Hospital Authority, Inert Landfill, Jail, Land Use Planning, Law Enforcement, Library Services, Mental Health Services, Neighborhood Services Center, Public Health, Public Transportation, Recreation, Lower Chattahoochee Regional E-911 Authority, Southwest Georgia Regional Housing Authority, Southwest Georgia Regional Technology Authority, Roads, Sewer, Senior Citizens Center, Tax Digest

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.

Garbage Service, Neighborhood Revitalization (Housing), Water, Zoning







FORM 2: Summary of Service Delivery Arrangements

Instructions:

Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	ssary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:CLAY	Service: Coroner
1. Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:
	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.): Clay County
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 cked, identify the government(s), authority or organization providing the
	ole 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 servi identified?	ice areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	nentation as described, below)
⊠No	
	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	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

Local Government or Auth	ority Funding M	Method
Clay County	General Fund	
How will the strategy change t	he previous arrangements for providing and/or fundi	ng this service within the county?
List any formal service deliver	y agreements or intergovernmental contracts that wil	Il ha wand to implement the atrategy
Liot arry rorman con vice acriver	y agreements of intergovernmental contracts that will	ii be used to implement the strategy
	y agreements of intergovernmental contracts that will	in be used to implement the strategy
his service:		,
this service: Agreement Name	Contracting Parties Clay County, Bluffton, Fort Gaines	Effective and Ending Date 7/15/19-7/15/24
this service: Agreement Name	Contracting Parties	Effective and Ending Date
this service: Agreement Name	Contracting Parties	Effective and Ending Date
this service: Agreement Name	Contracting Parties	Effective and Ending Date
his service: Agreement Name	Contracting Parties	Effective and Ending Date
this service: Agreement Name	Contracting Parties	Effective and Ending Date
this service: Agreement Name Master Svc Del Agreement	Contracting Parties	Effective and Ending Date 7/15/19-7/15/24
this service: Agreement Name Master Svc Del Agreement What other mechanisms (if an	Contracting Parties Clay County, Bluffton, Fort Gaines	Effective and Ending Date 7/15/19-7/15/24 vice (e.g., ordinances, resolutions, lo
this service: Agreement Name Master Svc Del Agreement What other mechanisms (if an	Contracting Parties Clay County, Bluffton, Fort Gaines y) will be used to implement the strategy for this servential strategy.	Effective and Ending Date 7/15/19-7/15/24 vice (e.g., ordinances, resolutions, lo
this service: Agreement Name Master Svc Del Agreement What other mechanisms (if an	Contracting Parties Clay County, Bluffton, Fort Gaines y) will be used to implement the strategy for this servential strategy.	Effective and Ending Date 7/15/19-7/15/24 vice (e.g., ordinances, resolutions, lo
this service: Agreement Name Master Svc Del Agreement What other mechanisms (if an	Contracting Parties Clay County, Bluffton, Fort Gaines y) will be used to implement the strategy for this servential strategy.	Effective and Ending Date 7/15/19-7/15/24 vice (e.g., ordinances, resolutions, lo
this service: Agreement Name Master Svc Del Agreement What other mechanisms (if an	Contracting Parties Clay County, Bluffton, Fort Gaines y) will be used to implement the strategy for this servential strategy.	Effective and Ending Date 7/15/19-7/15/24 vice (e.g., ordinances, resolutions, lo
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this service: Agreement Name Master Svc Del Agreement What other mechanisms (if an	Clay County, Bluffton, Fort Gaines y) will be used to implement the strategy for this servate or fee changes, etc.), and when will they take etc.	Effective and Ending Date 7/15/19-7/15/24 vice (e.g., ordinances, resolutions, lo
Agreement Name Master Svc Del Agreement What other mechanisms (if an acts of the General Assembly, Person completing form: Joel Phone number: 706-256-2910 Is this the person who should	Clay County, Bluffton, Fort Gaines Y) will be used to implement the strategy for this servate or fee changes, etc.), and when will they take elements.	Effective and Ending Date 7/15/19-7/15/24 vice (e.g., ordinances, resolutions, loffect?







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:CLAY	Service: Court Services
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:
	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.): Clay County
b.) Service will be provided only in the unincorp checked, identify the government, authority or organized or the control of	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
	ele 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 ‰es,+you must attach additional docum	entation as described, below)
⊠No	
	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

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	eral fu	will help to pay for this service and indicate and indicate and special service district revenues, hotel/n	
Local Government or Author	ritv	Funding M	lethod
Clay County	y	General Fund	
. How will the strategy change th	e previ	ous arrangements for providing and/or fundir	ng this service within the county?
List any formal service delivery this service:	agreer	nents or intergovernmental contracts that wil	,
Agreement Name		Contracting Parties	Effective and Ending Dates
Master Svc Del Agreement	Clay	County, Bluffton, Fort Gaines	7/15/2019-7/15/2024
		e used to implement the strategy for this servee changes, etc.), and when will they take ef	
projects are consistent with the	e conta service	ate completed: 7/10/2019 acted by state agencies when evaluating when exacted by strategy? ⊠Yes □No	ether proposed local government
ii not, provide designated conta	ct pers	on(s) and phone number(s) below:	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.	,
COUNTY:CLAY	Service: Clay County Development Authority
Check one box that best describes the agreed upo	n delivery arrangement for this service:
a.) Service will be provided countywide (i.e., inc	cluding all cities and unincorporated areas) by a single service provider. hority or organization providing the service.): Clay County
b.) Service will be provided only in the unincorp checked, identify the government, authority or organ	orated portion of the county by a single service provider. (If this box is nization 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
	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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Local Government or Auth	 	ing Method
Clay County	General Fund	
How will the strategy change t	ne previous arrangements for providing and/or	funding this service within the county?
	agreements or intergovernmental contracts th	at will be used to implement the strategy f
this service:		at will be used to implement the strategy i
this service: Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties Clay County, Bluffton, Fort Gaines	
Agreement Name		Effective and Ending Date
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Agreement Name		Effective and Ending Date
Agreement Name		Effective and Ending Date
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Agreement Name Master Svc Del Agreement What other mechanisms (if an		Effective and Ending Date 7/15/2019-7/15/2024 s service (e.g., ordinances, resolutions, loc
Agreement Name Master Svc Del Agreement What other mechanisms (if an	Clay County, Bluffton, Fort Gaines y) will be used to implement the strategy for this	Effective and Ending Date 7/15/2019-7/15/2024 s service (e.g., ordinances, resolutions, loc
Agreement Name Master Svc Del Agreement What other mechanisms (if an	Clay County, Bluffton, Fort Gaines y) will be used to implement the strategy for this	Effective and Ending Date 7/15/2019-7/15/2024 s service (e.g., ordinances, resolutions, loc
Agreement Name Master Svc Del Agreement What other mechanisms (if an	Clay County, Bluffton, Fort Gaines y) will be used to implement the strategy for this	Effective and Ending Date 7/15/2019-7/15/2024 s service (e.g., ordinances, resolutions, loc
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Agreement Name Master Svc Del Agreement What other mechanisms (if an	Clay County, Bluffton, Fort Gaines y) will be used to implement the strategy for this rate or fee changes, etc.), and when will they ta	Effective and Ending Date 7/15/2019-7/15/2024 s service (e.g., ordinances, resolutions, loc
Agreement Name Master Svc Del Agreement What other mechanisms (if an acts of the General Assembly, Person completing form: Joel Phone number: 706-256-2910 Is this the person who should	Clay County, Bluffton, Fort Gaines y) will be used to implement the strategy for this rate or fee changes, etc.), and when will they to	Effective and Ending Date 7/15/2019-7/15/2024 s service (e.g., ordinances, resolutions, localite effect?







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Arians.	
COUNTY:CLAY	Service: Dept. of Family & Children Services
1. Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:
	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.): Department of Family
b.) Service will be provided only in the unincorp checked, identify the government, authority or organized	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
	ble map delineating the service area of each service provider, and cation that will provide service within each service area.):
2. In developing this strategy, were overlapping servi identified?	ice areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	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).
f these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

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Local Government or Author	ority Funding M	lethod
Clay County	General Fund, State Funds	
How will the strategy change th	ne previous arrangements for providing and/or fundir	ng this convice within the county?
low will trie strategy charige ti	ie previous arrangements for providing and/or fundi	ig this service within the county?
	agreements or intergovernmental contracts that will	I be used to implement the strategy
this service:		
Agreement Name	Contracting Parties	Effective and Ending Da
Master Svc Del Agreement	Clay County, Bluffton, Fort Gaines	7/15/2019 - 7/15/2024
Master Svc Del Agreement	· · · · · · · · · · · · · · · · · · ·	
Master Svc Del Agreement	Clay County, Bluffton, Fort Gaines	7/15/2019 - 7/15/2024
Master Svc Del Agreement	Clay County, Bluffton, Fort Gaines	7/15/2019 - 7/15/2024
Naster Svc Del Agreement	Clay County, Bluffton, Fort Gaines	7/15/2019 - 7/15/2024
Master Svc Del Agreement	Clay County, Bluffton, Fort Gaines	7/15/2019 - 7/15/2024
Master Svc Del Agreement Dept of Family & Children Svc What other mechanisms (if any	Clay County, Bluffton, Fort Gaines Clay County, DFCS	7/15/2019 - 7/15/2024 7/15/2019 - 7/15/2024 rice (e.g., ordinances, resolutions, I
Master Svc Del Agreement Dept of Family & Children Svc What other mechanisms (if any	Clay County, Bluffton, Fort Gaines Clay County, DFCS	7/15/2019 - 7/15/2024 7/15/2019 - 7/15/2024 rice (e.g., ordinances, resolutions, I
Master Svc Del Agreement Dept of Family & Children Svc What other mechanisms (if any	Clay County, Bluffton, Fort Gaines Clay County, DFCS	7/15/2019 - 7/15/2024 7/15/2019 - 7/15/2024 rice (e.g., ordinances, resolutions, I
Master Svc Del Agreement Dept of Family & Children Svc What other mechanisms (if any	Clay County, Bluffton, Fort Gaines Clay County, DFCS	7/15/2019 - 7/15/2024 7/15/2019 - 7/15/2024 rice (e.g., ordinances, resolutions, I
Master Svc Del Agreement Dept of Family & Children Svc What other mechanisms (if any	Clay County, Bluffton, Fort Gaines Clay County, DFCS	7/15/2019 - 7/15/2024 7/15/2019 - 7/15/2024 rice (e.g., ordinances, resolutions, I
Master Svc Del Agreement Dept of Family & Children Svc What other mechanisms (if any	Clay County, Bluffton, Fort Gaines Clay County, DFCS	7/15/2019 - 7/15/2024 7/15/2019 - 7/15/2024 rice (e.g., ordinances, resolutions, I
Master Svc Del Agreement Dept of Family & Children Svc What other mechanisms (if any	Clay County, Bluffton, Fort Gaines Clay County, DFCS	7/15/2019 - 7/15/2024 7/15/2019 - 7/15/2024 rice (e.g., ordinances, resolutions, I
Master Svc Del Agreement Dept of Family & Children Svc What other mechanisms (if any	Clay County, Bluffton, Fort Gaines Clay County, DFCS y) will be used to implement the strategy for this serverate or fee changes, etc.), and when will they take ef	7/15/2019 - 7/15/2024 7/15/2019 - 7/15/2024 rice (e.g., ordinances, resolutions, I
Master Svc Del Agreement Dept of Family & Children Svc What other mechanisms (if any acts of the General Assembly, if the General Assembly, if the Person completing form: Joel In Phone number: 706-256-2910 Is this the person who should be	Clay County, Bluffton, Fort Gaines Clay County, DFCS y) will be used to implement the strategy for this serverate or fee changes, etc.), and when will they take effective the strategy for this serverate or fee changes, etc.)	7/15/2019 - 7/15/2024 7/15/2019 - 7/15/2024 rice (e.g., ordinances, resolutions, Iffect?







FORM 2: Summary of Service Delivery Arrangements

Instructions:

COUNTY:CLAY	Service: Clay Economic Development Council
1. Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:
	cluding all cities and unincorporated areas) by a single service provider.
	chority or organization providing the service.):Clay Economic
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 nization 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
	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 serving identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
If these conditions will continue under this strategy, <u>a</u> cverlapping but higher levels of service (See O.C.G.Acverlapping service areas or competition cannot be e	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

SDS FORM 2, continued

	eral fu	will help to pay for this service and indicate how the nds, special service district revenues, hotel/motel tax	
Local Government or Autho	rity	Funding Method	
Clay County		General Fund	
City of Fort Gaines		General Fund	
4. How will the strategy change th	e previ	ous arrangements for providing and/or funding this s	service within the county?
5. List any formal service delivery this service:	agreer	ments or intergovernmental contracts that will be use	ed to implement the strategy for
Agreement Name		Operation Parties	Effective and English Parks
Agreement Name		Contracting Parties	Effective and Ending Dates
	Clay	County Pluffton Fort Coince	
Master Svc Del Agreement	Clay (County, Bluffton, Fort Gaines	7/15/2019 - 7/15/2024
	Clay (County, Bluffton, Fort Gaines	
	Clay (County, Bluffton, Fort Gaines	
	Clay	County, Bluffton, Fort Gaines	
	Clay (County, Bluffton, Fort Gaines	
	Clay	County, Bluffton, Fort Gaines	
Master Svc Del Agreement 6. What other mechanisms (if any) will be	county, Bluffton, Fort Gaines e used to implement the strategy for this service (e.g. ee changes, etc.), and when will they take effect?	7/15/2019 - 7/15/2024
6. What other mechanisms (if any acts of the General Assembly, re) will bo	e used to implement the strategy for this service (e.giee changes, etc.), and when will they take effect?	7/15/2019 - 7/15/2024
Master Svc Del Agreement 6. What other mechanisms (if any) will be ate or t	e used to implement the strategy for this service (e.giee changes, etc.), and when will they take effect?	7/15/2019 - 7/15/2024
Master Svc Del Agreement 6. What other mechanisms (if any acts of the General Assembly, rates of the General Assembly, rate) will be ate or f	e used to implement the strategy for this service (e.giee changes, etc.), and when will they take effect?	7/15/2019 - 7/15/2024 ., ordinances, resolutions, local







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

should be reported to the Department of Community Affairs.	,
COUNTY:CLAY	Service: Elections
Check <u>one</u> box that best describes the agreed upo	n 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. hority or organization providing the service.):
b.) Service will be provided only in the unincorp checked, identify the government, authority or organ	orated portion of the county by a single service provider. (If this box is nization 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 Fort Gaines
	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	
If these conditions will continue under this strategy, <u>a</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).
If these conditions will be eliminated under the strated will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

Page 1 of 2

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SD:	3	OK:	4WI	74.0	CO	m	tı	m	Π:	-10

Local Government or Author	ority Fu	nding Method
Clay County	General Fund	
Town of Bluffton	General Fund	
City of Fort Gaines	General Fund	
How will the strategy change t	ne previous arrangements for providing and/	or funding this service within the county?
	re premete analogemente les premaing anal	o
List and famous last delices.		that will be seed to implement the attention.
	agreements or intergovernmental contracts	that will be used to implement the strategy
this service:		
		1 =
Agreement Name	Contracting Parties	Effective and Ending Date
Master Svc Del Agreement	Clay County, Bluffton, Fort Gaines	7/15/2019 - 7/15/2024
. What other mechanisms (if an	/) will be used to implement the strategy for the strate	this service (e.g., ordinances, resolutions, lo
	y) will be used to implement the strategy for trate or fee changes, etc.), and when will the	
	y) will be used to implement the strategy for rate or fee changes, etc.), and when will the	
acts of the General Assembly,	rate or fee changes, etc.), and when will they	
acts of the General Assembly, Person completing form: Joel	rate or fee changes, etc.), and when will they Hanif, Regional Planner	
acts of the General Assembly,	rate or fee changes, etc.), and when will they	
Person completing form: Joel Phone number: 706-256-2910	rate or fee changes, etc.), and when will they Hanif, Regional Planner Date completed: 7/10/2019	v take effect?
Person completing form: Joel Phone number: 706-256-2910 Is this the person who should I	Hanif, Regional Planner Date completed: 7/10/2019 De contacted by state agencies when evaluations.	/ take effect?
acts of the General Assembly, Person completing form: Joel Phone number: 706-256-2910 Is this the person who should I	rate or fee changes, etc.), and when will they Hanif, Regional Planner Date completed: 7/10/2019	take effect?







FORM 2: Summary of Service Delivery Arrangements

Instructions:

Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:CLAY	Service: Emergency Medical Services
1. Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:
	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.): Grady EMS
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 cked, identify the government(s), authority or organization providing the
	ble 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 servi identified?	ice areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	nentation as described, below)
⊠No	
	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	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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	neral fur	will help to pay for this service and indicate how the	
Local Government or Author	ority	Funding Method	1
Clay County		General Fund	
City of Fort Gaines		General Fund	
4. How will the strategy change th	ne previ	ous arrangements for providing and/or funding this	service within the county?
5. List any formal service delivery this service:	agreen	nents or intergovernmental contracts that will be us	sed to implement the strategy for
Agreement Name		Contracting Parties	Effective and Ending Dates
Agreement Name		Contracting rarties	Effective and Effulling Dates
Master Svc Del Agreement	Clay C	County, Bluffton, Fort Gaines	7/15/2019 - 7/15/2024
	Clay C		
	Clay C		
	Clay (
	Clay 0		
	Clay C		
	Clay (
Master Svc Del Agreement 6. What other mechanisms (if any	/) will be		7/15/2019 - 7/15/2024
Master Svc Del Agreement 6. What other mechanisms (if any	/) will be	County, Bluffton, Fort Gaines e used to implement the strategy for this service (e.	7/15/2019 - 7/15/2024
Master Svc Del Agreement 6. What other mechanisms (if any	y) will be rate or f	e used to implement the strategy for this service (e. ee changes, etc.), and when will they take effect?	7/15/2019 - 7/15/2024
Master Svc Del Agreement 6. What other mechanisms (if any acts of the General Assembly, response to the Gen	/) will be rate or f	e used to implement the strategy for this service (e. ee changes, etc.), and when will they take effect?	7/15/2019 - 7/15/2024 g., ordinances, resolutions, local







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Arians.	
COUNTY:CLAY	Service: Extension Service
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., inc	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.): UGA Cooperative
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 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 eked, identify the government(s), authority or organization providing the
	ele 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 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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Local Government or Auth	ority	Funding Metho	od
Clay County		General Fund	
How will the strategy change t	the prev	ious arrangements for providing and/or funding thi	is service within the county?
int any formal consists deliver		mente or intercovernmental post-set that will be	upod to implement the street
List any formai service deliver his service:	y agreer	ments or intergovernmental contracts that will be u	used to implement the strategy
HIS SELVICE.			
Agreement Name		Contracting Parties	Effective and Ending Date
Agreement Name Master Svc Del Agreement		County, Bluffton, Fort Gaines	7/15/2019 - 7/15/2024
Agreement Name Master Svc Del Agreement			<u> </u>
Agreement Name Master Svc Del Agreement		County, Bluffton, Fort Gaines	7/15/2019 - 7/15/2024
Agreement Name laster Svc Del Agreement		County, Bluffton, Fort Gaines	7/15/2019 - 7/15/2024
Agreement Name laster Svc Del Agreement		County, Bluffton, Fort Gaines	7/15/2019 - 7/15/2024
Agreement Name laster Svc Del Agreement lemo of Understanding	Clay (County, Bluffton, Fort Gaines County, UGA Cooperative Extension Service	7/15/2019 - 7/15/2024 7/15/2019 - 7/10/2024
Agreement Name laster Svc Del Agreement lemo of Understanding What other mechanisms (if an	Clay (County, Bluffton, Fort Gaines County, UGA Cooperative Extension Service e used to implement the strategy for this service (6	7/15/2019 - 7/15/2024 7/15/2019 - 7/10/2024 e.g., ordinances, resolutions, lo
Agreement Name Master Svc Del Agreement Memo of Understanding What other mechanisms (if an	Clay (County, Bluffton, Fort Gaines County, UGA Cooperative Extension Service	7/15/2019 - 7/15/2024 7/15/2019 - 7/10/2024 e.g., ordinances, resolutions, lo
Agreement Name Iaster Svc Del Agreement Iemo of Understanding What other mechanisms (if an	Clay (County, Bluffton, Fort Gaines County, UGA Cooperative Extension Service e used to implement the strategy for this service (6	7/15/2019 - 7/15/2024 7/15/2019 - 7/10/2024 e.g., ordinances, resolutions, lo
Agreement Name laster Svc Del Agreement lemo of Understanding What other mechanisms (if an	Clay (County, Bluffton, Fort Gaines County, UGA Cooperative Extension Service e used to implement the strategy for this service (6	7/15/2019 - 7/15/2024 7/15/2019 - 7/10/2024 e.g., ordinances, resolutions, lo
Agreement Name Iaster Svc Del Agreement Iemo of Understanding What other mechanisms (if an	Clay (County, Bluffton, Fort Gaines County, UGA Cooperative Extension Service e used to implement the strategy for this service (6	7/15/2019 - 7/15/2024 7/15/2019 - 7/10/2024 e.g., ordinances, resolutions, lo
Agreement Name Master Svc Del Agreement Memo of Understanding What other mechanisms (if an	Clay (County, Bluffton, Fort Gaines County, UGA Cooperative Extension Service e used to implement the strategy for this service (6	7/15/2019 - 7/15/2024 7/15/2019 - 7/10/2024 e.g., ordinances, resolutions, lo
Agreement Name Master Svc Del Agreement Memo of Understanding What other mechanisms (if an	Clay (County, Bluffton, Fort Gaines County, UGA Cooperative Extension Service e used to implement the strategy for this service (6	7/15/2019 - 7/15/2024 7/15/2019 - 7/10/2024 e.g., ordinances, resolutions, lo
Agreement Name Master Svc Del Agreement Memo of Understanding What other mechanisms (if an	Clay (County, Bluffton, Fort Gaines County, UGA Cooperative Extension Service e used to implement the strategy for this service (effect) and when will they take effect?	7/15/2019 - 7/15/2024 7/15/2019 - 7/10/2024 e.g., ordinances, resolutions, lo
Agreement Name Master Svc Del Agreement Memo of Understanding What other mechanisms (if an acts of the General Assembly, Person completing form: Joel Phone number: 706-256-2910 Is this the person who should	Clay (y) will be rate or the state of the contact	County, Bluffton, Fort Gaines County, UGA Cooperative Extension Service e used to implement the strategy for this service (e fee changes, etc.), and when will they take effect? Regional Planner	7/15/2019 - 7/15/2024 7/15/2019 - 7/10/2024 e.g., ordinances, resolutions, lo







FORM 2: Summary of Service Delivery Arrangements

Instructions:

Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:CLAY	Service: Fire Department & Protection
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:
	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.): Clay Fire Department
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 cked, identify the government(s), authority or organization providing the
	ble 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 servi identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
If these conditions will continue under this strategy, <u>a</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

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

Local Government or Author	ority	Funding Method	
Clay County		General Fund, Federal and State Grants	
Town of Bluffton		General Fund, Federal and State Grants	-
City of Fort Gaines		General Fund, Federal and State Grants	
4. How will the strategy change th	ne previ	ous arrangements for providing and/or funding this	service within the county?
	agreer	ments or intergovernmental contracts that will be use	ed to implement the strategy for
this service:			
Agreement Name		Contracting Parties	Effective and Ending Dates
Master Svc Del Agreement	Clay (County, Bluffton, Fort Gaines	7/15/2019 - 7/15/2024
Memorandum of Agreement	_	County, Georgia Forestry Commission	7/15/2019 - 7/10/2024
J	,	, , , , , , , , , , , , , , , , , , ,	
		e used to implement the strategy for this service (e.g	g., ordinances, resolutions, local
acts of the General Assembly, i	ale or i	ee changes, etc.), and when will they take effect?	
<u>L</u>			_
7. Person completing form: Joel I Phone number: 706-256-2910		Regional Planner ate completed: 7/10/2019	
		acted by state agencies when evaluating whether predefine delivery strategy? \boxtimes Yes \square No	oposed local government
If not provide designated conta	act pers	on(s) and phone number(s) below:	
provide designated conta	ioi pois	onto, and phone numberto, 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 EXACTLY the same service names listed on FORM 1.

Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:CLAY	Service: Fort Gaines Downtown Development Authority
Check <u>one</u> box that best describes the agreed upon	
(If this box is checked, identify the government, aut	
checked, identify the government, authority or orga	· · · · · · · · · · · · · · · · · · ·
	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
	ble 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 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	
	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

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

City of Fort Gaines		General Fund	
Fort Gaines Downtown Dev Aut	hority	General Fund, Federal/State Grants, Loans	
L		L	
How will the strategy change the	ne previ	ous arrangements for providing and/or funding this	service within the county?
List any formal service delivery this service:	agreer	nents or intergovernmental contracts that will be use	ed to implement the strategy for
this service.			
Agreement Name		Contracting Parties	Effective and Ending Dates
Master Svc Del Agreement	Clay (County, Bluffton, Fort Gaines	7/15/2019 - 7/15/2024
			_
6 What other mechanisms (if any	ı) will be	e used to implement the strategy for this service (e.g	a ordinances resolutions local
		ee changes, etc.), and when will they take effect?	j., ordinarices, resolutions, local
, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,		or onengos, eres,, and mich in may take enect.	
7. Person completing form: Joel I			
Phone number: 706-256-2910	D	ate completed: 7/10/2019	
8 Is this the person who should h	oo conta	acted by state agencies when evaluating whether pr	conosed local government
		e delivery strategy? Yes No	oposed local government
F. Sjoote and contained with the	33. 1.00	20 2., Shalog, . 🔄 . 33 🗀 110	
If not, provide designated conta	act pers	on(s) and phone number(s) below:	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:CLAY	Service: Fort Gaines Hospital Authority
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., 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 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 sked, 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.):
2. In developing this strategy, were overlapping servi identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
If these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G./ overlapping service areas or competition cannot be expressed to the condition of the service areas or competition cannot be expressed to the conditions are conditions as a service areas or competition cannot be expressed to the conditions are conditions will continue under this strategy, a condition of the conditions will continue under this strategy, and continue under this strategy, a condition of the conditions will continue under this strategy.	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

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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.).

	rity Funding	Method
City of Fort Gaines	General Fund	
Fort Gaines Hospital Authority	General Fund, Federal/State Grants, Loa	ans
How will the strategy change the	e previous arrangements for providing and/or fun	nding this service within the county?
List any formal service delivery a this service:	agreements or intergovernmental contracts that	will be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
Master Svc Del Agreement	Clay County, Bluffton, Fort Gaines	7/15/2019 - 7/15/2024
	will be used to implement the strategy for this sate or fee changes, etc.), and when will they take	
acts of the General Assembly, ra	ate or fee changes, etc.), and when will they take	
Person completing form: Joel H Phone number: 706-256-2910 Is this the person who should be	ate or fee changes, etc.), and when will they take	effect?
Person completing form: Joel H Phone number: 706-256-2910 Is this the person who should be projects are consistent with the s	anif, Regional Planner Date completed: 7/10/2019	effect?







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:CLAY	Service: Garbage Service
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:
	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.): Clay County
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
	ole map delineating the service area of each service provider, and eation that will provide service within each service area.):
2. In developing this strategy, were overlapping servi identified?	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 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

ees, bonded indebtedness, e	,	
Local Government or Auth		
ay County	General Fund, User Fees, Federal/State G	rants
low will the strategy change	the previous arrangements for providing and/or fundi	ng this service within the county?
or SDS omitted user fees ar	nd grants as funding sources.	
ist anv formal service delive	ry agreements or intergovernmental contracts that wil	l be used to implement the strategy
nis service:	ry agreements or intergovernmental contracts that wil	
is service: Agreement Name	Contracting Parties	Effective and Ending Da
is service: Agreement Name		
is service: Agreement Name	Contracting Parties	Effective and Ending Da
is service: Agreement Name	Contracting Parties	Effective and Ending Da
is service: Agreement Name	Contracting Parties	Effective and Ending Da
is service: Agreement Name	Contracting Parties	Effective and Ending Da
is service: Agreement Name	Contracting Parties	Effective and Ending Da
Agreement Name aster Svc Del Agreement Vhat other mechanisms (if ar	Contracting Parties	Effective and Ending Da 7/15/2019 - 7/15/2024 rice (e.g., ordinances, resolutions, I
Agreement Name aster Svc Del Agreement Vhat other mechanisms (if ar	Contracting Parties Clay County, Bluffton, Fort Gaines ny) will be used to implement the strategy for this serv	Effective and Ending Da 7/15/2019 - 7/15/2024 rice (e.g., ordinances, resolutions, I
Agreement Name aster Svc Del Agreement What other mechanisms (if ar	Contracting Parties Clay County, Bluffton, Fort Gaines ny) will be used to implement the strategy for this serv	Effective and Ending Da 7/15/2019 - 7/15/2024 rice (e.g., ordinances, resolutions, I
Agreement Name aster Svc Del Agreement What other mechanisms (if ar	Contracting Parties Clay County, Bluffton, Fort Gaines ny) will be used to implement the strategy for this serv	Effective and Ending Da 7/15/2019 - 7/15/2024 rice (e.g., ordinances, resolutions, I
Agreement Name aster Svc Del Agreement Vhat other mechanisms (if ar	Clay County, Bluffton, Fort Gaines Clay County, Bluffton, Fort Gaines The strategy for this server, rate or fee changes, etc.), and when will they take etc.	Effective and Ending Da 7/15/2019 - 7/15/2024 rice (e.g., ordinances, resolutions, I







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

should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:CLAY	Service: Inert Landfill
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., income of 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 organized or services are considered in the unincorporate of the control	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 sked, identify the government(s), authority or organization providing the
	ele 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 docum	entation as described, below)
If these conditions will continue under this strategy, a	A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

Page 1 of 2

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fees, bonded indebtedness, etc	;.). 				
	Local Government or Authority Funding Method				
City of Fort Gaines		General Fund			
. How will the strategy change the	ne previo	ous arrangements for providing and/or fundir	ng this service within the county?		
. List any formal service delivery this service:	agreen	nents or intergovernmental contracts that will	be used to implement the strategy fo		
Agreement Name		Contracting Parties			
<u>`</u>			Effective and Ending Dates		
<u> </u>	Clay C	ounty, Bluffton, Fort Gaines	7/15/2019 - 7/15/2024		
<u> </u>	Clay C				
<u> </u>	Clay C		<u> </u>		
Master Svc Del Agreement	/) will be		7/15/2019 - 7/15/2024 ice (e.g., ordinances, resolutions, loca		
Master Svc Del Agreement	/) will be	ounty, Bluffton, Fort Gaines used to implement the strategy for this serv	7/15/2019 - 7/15/2024 ice (e.g., ordinances, resolutions, loca		
Master Svc Del Agreement	/) will be	ounty, Bluffton, Fort Gaines used to implement the strategy for this serv	ice (e.g., ordinances, resolutions, loca		
Master Svc Del Agreement . What other mechanisms (if any	y) will be rate or fe	used to implement the strategy for this serve changes, etc.), and when will they take ef	ice (e.g., ordinances, resolutions, loca		
Master Svc Del Agreement . What other mechanisms (if any acts of the General Assembly, in the General Assembly), in the General Assembly, in the	will be rate or fe	egional Planner te completed: 7/10/2019 cted by state agencies when evaluating whe	ice (e.g., ordinances, resolutions, locafect?		







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 necess should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:CLAY	Service: Jail
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:
	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.): Clay County
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 eked, identify the government(s), authority or organization providing the
	ele 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	
If these conditions will continue under this strategy, <u>a</u> cverlapping but higher levels of service (See O.C.G.Acverlapping service areas or competition cannot be e	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
f these conditions will be eliminated under the strated will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

Page 1 of 2

SDS FORM 2, continued

	ry that will help to pay for this service and indicate Fral funds, special service district revenues, hotel	
fees, bonded indebtedness, etc.)		
Local Government or Author	ity Funding	Method
Clay County	General Fund	
City of Fort Gaines	General Fund, Fines	
4. How will the strategy change the	previous arrangements for providing and/or fun-	ding this service within the county?
5. List any formal service delivery a	agreements or intergovernmental contracts that v	will be used to implement the strategy for
this service:	-	•
Agreement Name	Contracting Portion	Effective and Ending Dates
Agreement Name	Clay County Pluffton Fort Coines	Effective and Ending Dates
Master Svc Del Agreement	Clay County, Bluffton, Fort Gaines	7/15/2019 - 7/15/2024

6. What other mechanisms (if any acts of the General Assembly, r	•	``	g., ordinances, resolutions, local
7 Person completing form: Joel I	lanif Regional Planner		

7. Person completing form: **Joel Hanif, Regional Planner**Phone number: **706-256-2910**Date completed: 7/10/2019

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

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







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.					
COUNTY:CLAY	Service: Land Use Planning				
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., 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 unincorpolecked, identify the government, authority or organized	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 eked, identify the government(s), authority or organization providing the Fort Gaines				
	ele 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 docum	entation as described, below)				
⊠No					
	A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).				
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.				
	Page 1 of 2				

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Local Government or Autho	prity Funding	Method
Clay County	General Fund	
Town of Bluffton	General Fund	
City of Fort Gaines	General Fund	
How will the strategy change th	ne previous arrangements for providing and/or fund	ling this service within the county
		_
List any formal convice delivery	agraements or intergovernmental contracts that w	ill be used to implement the strate
	agreements or intergovernmental contracts that w	ili be used to implement the strate
this service:		
Agreement Name	Contracting Parties	Effective and Ending
)	Contracting Parties	Effective and Effullig
lactor Suc Dal Aaraamant	a. a a	
iasiei sve bei Ayreemeni	Clay County, Bluffton, Fort Gaines	7/15/2019 - 7/15/2024
nasier ove der Agreement	Clay County, Bluffton, Fort Gaines	7/15/2019 - 7/15/2024
naster ove der Agreement	Clay County, Bluffton, Fort Gaines	7/15/2019 - 7/15/2024
naster ove der Agreement	Clay County, Bluffton, Fort Gaines	7/15/2019 - 7/15/2024
viasiei Svo Dei Agreement	Clay County, Bluffton, Fort Gaines	7/15/2019 - 7/15/2024
viasiei Svc Dei Agreement	Clay County, Bluffton, Fort Gaines	7/15/2019 - 7/15/2024
Masier Svc Der Agreement	Clay County, Bluffton, Fort Gaines	7/15/2019 - 7/15/2024
. What other mechanisms (if any	') will be used to implement the strategy for this se	rvice (e.g., ordinances, resolutions
What other mechanisms (if any		rvice (e.g., ordinances, resolutions
What other mechanisms (if any	') will be used to implement the strategy for this se	rvice (e.g., ordinances, resolutions
What other mechanisms (if any	') will be used to implement the strategy for this se	rvice (e.g., ordinances, resolutions
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What other mechanisms (if any	') will be used to implement the strategy for this se	rvice (e.g., ordinances, resolutions
What other mechanisms (if any	') will be used to implement the strategy for this se	rvice (e.g., ordinances, resolution
What other mechanisms (if any	') will be used to implement the strategy for this se	rvice (e.g., ordinances, resolution
. What other mechanisms (if any	') will be used to implement the strategy for this se	rvice (e.g., ordinances, resolution
. What other mechanisms (if any acts of the General Assembly, r	y) will be used to implement the strategy for this se rate or fee changes, etc.), and when will they take	rvice (e.g., ordinances, resolution
	y) will be used to implement the strategy for this se rate or fee changes, etc.), and when will they take	rvice (e.g., ordinances, resolution
. What other mechanisms (if any acts of the General Assembly, r	y) will be used to implement the strategy for this se rate or fee changes, etc.), and when will they take	rvice (e.g., ordinances, resolution effect?

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







FORM 3: Summary of Land Use Agreements

Instructions:

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

Community Affairs.	
COUNTY:CLAY	
What incompatibilities or conflicts between the land use plans of local governments we developing the service delivery strategy? None	ere identified in the process of
2. Check the boxes indicating how these incompatibilities or conflicts were addressed:	NOTE:
 ☐ Amendments to existing comprehensive plans ☐ Adoption of a joint comprehensive plan ☐ Other measures (amend zoning ordinances, add environmental regulations, etc.) If "other measures" was checked, describe these measures: 	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 governme authorities) to ensure that new extraterritorial water and sewer service will be consistent and ordinances? Clay County, the Town of Bluffton and the City of Fort Gaines have an new extraterritorial water and sewer services will be consistent with all applicable land us	with all applicable land use plans agreement in place to insure that
4. Person completing form: Joel Hanif , Regional Planner	
Phone number: 706-256-2910 Date completed: 7/11/2019	
5. Is this the person who should be contacted by state agencies when evaluating whether projects are consistent with the service delivery strategy? ⊠Yes □No	r proposed local government
If not, provide designated contact person(s) and phone number(s) below:	







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:CLAY	Service:Law Enforcement
Check <u>one</u> box that best describes the agreed upo	n 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. chority 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
service in unincorporated areas. (If this box is chec	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the ntywide; City of Fort Gaines provides service within their
	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 docum	entation as described, below)
⊠No	
If these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that 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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	eral fu	will help to pay for this service and indicate how t nds, special service district revenues, hotel/motel		
Local Government or Authority		Funding Method		
Clay County		General Fund		
City of Fort Gaines		General Fund		
4. How will the strategy change th	ie previ	ous arrangements for providing and/or funding thi	is service within the county?	
5. List any formal service delivery this service:	agreer	nents or intergovernmental contracts that will be ເ	used to implement the strategy for	
Agreement Name		Contracting Parties	Effective and Ending Dates	
Master Svc Del Agreement	Clay (County, Bluffton, Fort Gaines	7/15/2019 - 7/15/2024	
Memorandum of Agreement	Clay (County, Bluffton	7/15/2019 - 7/15/2024	
		e used to implement the strategy for this service (eee changes, etc.), and when will they take effect?		







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Arians.				
COUNTY:CLAY	Service: Library Services			
1. Check one box that best describes the agreed upo				
	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.): Kinchafoonee Regional			
b.) Service will be provided only in the unincorp checked, identify the government, authority or organized or services are considered in the unincorporate of the control	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			
	ble 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 serving identified?	ce areas, unnecessary competition and/or duplication of this service			
☐ Yes (if "Yes," you must attach additional docum☒ No	entation as described, below)			
	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).			
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.			

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

Local Government or Author	rity Funding Metho	od
Clay County	General Fund	
City of Fort Gaines	General Fund	
Clay County Board of Education	General Fund, State Funds	
Kinchafoonee Regional Library S	Sys. State Funds	
4. How will the strategy change the	e previous arrangements for providing and/or funding thi	is service within the county?
this service:	agreements or intergovernmental contracts that will be u	,
Agreement Name	Contracting Parties	Effective and Ending Dates
Master Svc Del Agreement	Clay County, Bluffton, Fort Gaines	7/15/2019 - 7/15/2024
Memorandum of Agreement	Clay County, Board of Education	7/15/2019 - 7/15/2024
Memorandum of Agreement	Clay County, Kinchafoonee Regional Library System	7/15/2019 - 7/15/2024
	will be used to implement the strategy for this service (ate or fee changes, etc.), and when will they take effect?	
7. Person completing form: Joel H Phone number: 706-256-2910	anif Pagional Plannor	
Priorie number. 706-256-2910	Date completed: 7/10/2019	
8. Is this the person who should be		proposed local government







FORM 2: Summary of Service Delivery Arrangements

Instructions:

·	
COUNTY:CLAY	Service:Lower Chattahoochee Regional E-911 Authority
Check <u>one</u> box that best describes the agreed upo	an delivery arrangement for this convice:
1. 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. thority or organization providing the service.): Lower Chattahoochee
b.) Service will be provided only in the unincorp checked, identify the government, authority or organized or the control of	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 eked, identify the government(s), authority or organization providing the
	ele 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 serving identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
If these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

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•	will help to pay for this service and indicate how the service will be funded (e.g., ands, special service district revenues, hotel/motel taxes, franchise taxes, impact
Local Government or Authority	Funding Method
Clay County	General Fund
Lower Chatt Bog E 011 Authority	Fodoral/State Grants, Leans, Bonds

1	General Fund	General Fund				
Lower Chatt Reg E-911 Authori	ty Federal/State Grants, Loans, Bonds					
4. How will the strategy change the	ne previous arrangements for providing and/or funding this	service within the county?				
List any formal service delivery this service:	agreements or intergovernmental contracts that will be us	ed to implement the strategy for				
Agreement Name	Contracting Parties	Effective and Ending Dates				
Master Svc Del Agreement	Clay County, Bluffton, Fort Gaines	7/15/2019 - 7/15/2024				
Memo of Understanding	Clay County, Georgetown-Quitman County, Randolph	7/15/2019 - 7/15/2024				
	County, Stewart County					
	y) will be used to implement the strategy for this service (e. rate or fee changes, etc.), and when will they take effect?	g., ordinances, resolutions, local				
		g., ordinances, resolutions, local				
acts of the General Assembly, i	ate or fee changes, etc.), and when will they take effect?	g., ordinances, resolutions, local				
7. Person completing form: Joel I Phone number: 706-256-2910 8. Is this the person who should be	Tate or fee changes, etc.), and when will they take effect? Hanif, Regional Planner					







FORM 2: Summary of Service Delivery Arrangements

Instructions:

Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:CLAY	Service: Mental Health Services
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:
	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.): New Horizons Board
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 ked, identify the government(s), authority or organization providing the
	ole 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 servi identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
If these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be expressed to the condition of the service areas or competition cannot be expressed to the conditions are serviced t	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

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fees, bonded indebtedness, et			
Local Government or Auth	ority	Funding	Method
Clay County		General Fund	
How will the strategy change	the previ	ious arrangements for providing and/or fund	ding this service within the county?
	rv agreer	ments or intergovernmental contracts that w	ill he used to implement the strategy
this service:	,		
Agreement Name		Contracting Parties	Effective and Ending Da
Agreement Name Master Svc Del Agreement	Clay (Contracting Parties County, Bluffton, Fort Gaines	Effective and Ending Da 7/15/2019 - 7/15/2024
Agreement Name Master Svc Del Agreement	Clay (Contracting Parties	Effective and Ending Da
Agreement Name Master Svc Del Agreement	Clay (Contracting Parties County, Bluffton, Fort Gaines	Effective and Ending Da 7/15/2019 - 7/15/2024
Agreement Name Master Svc Del Agreement	Clay (Contracting Parties County, Bluffton, Fort Gaines	Effective and Ending Da 7/15/2019 - 7/15/2024
Agreement Name Master Svc Del Agreement	Clay (Contracting Parties County, Bluffton, Fort Gaines	Effective and Ending Da 7/15/2019 - 7/15/2024
Agreement Name Master Svc Del Agreement	Clay (Contracting Parties County, Bluffton, Fort Gaines	Effective and Ending Da 7/15/2019 - 7/15/2024
Agreement Name Master Svc Del Agreement Memo of Understanding What other mechanisms (if ar	Clay (Clay (Contracting Parties County, Bluffton, Fort Gaines	Effective and Ending Da 7/15/2019 - 7/15/2024 7/15/2019 - 7/15/2024 rvice (e.g., ordinances, resolutions, I
Agreement Name Master Svc Del Agreement Memo of Understanding What other mechanisms (if ar	Clay (Clay (Contracting Parties County, Bluffton, Fort Gaines County, New Horizons Board e used to implement the strategy for this ser	Effective and Ending Da 7/15/2019 - 7/15/2024 7/15/2019 - 7/15/2024 rvice (e.g., ordinances, resolutions, I
Master Svc Del Agreement Memo of Understanding . What other mechanisms (if ar	Clay (Clay (Contracting Parties County, Bluffton, Fort Gaines County, New Horizons Board e used to implement the strategy for this ser	Effective and Ending Da 7/15/2019 - 7/15/2024 7/15/2019 - 7/15/2024 rvice (e.g., ordinances, resolutions, I
Agreement Name Master Svc Del Agreement Memo of Understanding What other mechanisms (if ar	Clay (Clay (Contracting Parties County, Bluffton, Fort Gaines County, New Horizons Board e used to implement the strategy for this ser	Effective and Ending Da 7/15/2019 - 7/15/2024 7/15/2019 - 7/15/2024 rvice (e.g., ordinances, resolutions, I
Agreement Name Master Svc Del Agreement Memo of Understanding What other mechanisms (if ar	Clay (Clay (Contracting Parties County, Bluffton, Fort Gaines County, New Horizons Board e used to implement the strategy for this series changes, etc.), and when will they take of	Effective and Ending Da 7/15/2019 - 7/15/2024 7/15/2019 - 7/15/2024 rvice (e.g., ordinances, resolutions, I
Agreement Name Master Svc Del Agreement Memo of Understanding What other mechanisms (if ar acts of the General Assembly, Person completing form: Joel Phone number: 706-256-2910 Is this the person who should	Clay (Clay (Contracting Parties County, Bluffton, Fort Gaines County, New Horizons Board e used to implement the strategy for this series changes, etc.), and when will they take a	Effective and Ending Da 7/15/2019 - 7/15/2024 7/15/2019 - 7/15/2024 rvice (e.g., ordinances, resolutions, leffect?







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:CLAY	Service: Neighborhood Services Center
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., inc	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.): Clay County
b.) Service will be provided only in the unincorpolecked, 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 cked, identify the government(s), authority or organization providing the
	ole map delineating the service area of each service provider, and eation that will provide service within each service area.):
2. In developing this strategy, were overlapping servi identified?	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 will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
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Local Government or Auth	pority Funding M	lethod
Clay County	General Fund, User Fees	
How will the strategy change	the previous arrangements for providing and/or fundir	ng this service within the county?
List any formal service deliver	ry agreements or intergovernmental contracts that will	be used to implement the strategy
	y agreements of interget eminerical contracts that time	i bo acca to impromont the chateg.
this service:		
	Contracting Parties	Effective and Ending Da
Agreement Name	Contracting Parties Clay County, Bluffton, Fort Gaines	Effective and Ending Da 7/15/2019 - 7/15/2024
Agreement Name Master Svc Del Agreement	·	
Agreement Name Master Svc Del Agreement	Clay County, Bluffton, Fort Gaines	7/15/2019 - 7/15/2024
Agreement Name Master Svc Del Agreement	Clay County, Bluffton, Fort Gaines	7/15/2019 - 7/15/2024
Agreement Name Master Svc Del Agreement	Clay County, Bluffton, Fort Gaines	7/15/2019 - 7/15/2024
Agreement Name Master Svc Del Agreement	Clay County, Bluffton, Fort Gaines	7/15/2019 - 7/15/2024
Agreement Name Master Svc Del Agreement Memo of Understanding What other mechanisms (if ar	Clay County, Bluffton, Fort Gaines Clay County, New Horizons Board ay) will be used to implement the strategy for this serv	7/15/2019 - 7/15/2024 7/15/2019 - 7/15/2024 rice (e.g., ordinances, resolutions,
Agreement Name Master Svc Del Agreement Memo of Understanding What other mechanisms (if ar	Clay County, Bluffton, Fort Gaines Clay County, New Horizons Board	7/15/2019 - 7/15/2024 7/15/2019 - 7/15/2024 rice (e.g., ordinances, resolutions,
Agreement Name Master Svc Del Agreement Memo of Understanding What other mechanisms (if ar	Clay County, Bluffton, Fort Gaines Clay County, New Horizons Board ay) will be used to implement the strategy for this serv	7/15/2019 - 7/15/2024 7/15/2019 - 7/15/2024 rice (e.g., ordinances, resolutions,
Agreement Name Master Svc Del Agreement Memo of Understanding What other mechanisms (if ar	Clay County, Bluffton, Fort Gaines Clay County, New Horizons Board ay) will be used to implement the strategy for this serv	7/15/2019 - 7/15/2024 7/15/2019 - 7/15/2024 rice (e.g., ordinances, resolutions,
Agreement Name Master Svc Del Agreement Memo of Understanding What other mechanisms (if ar	Clay County, Bluffton, Fort Gaines Clay County, New Horizons Board ay) will be used to implement the strategy for this serv	7/15/2019 - 7/15/2024 7/15/2019 - 7/15/2024 rice (e.g., ordinances, resolutions,
Master Svc Del Agreement Memo of Understanding . What other mechanisms (if ar	Clay County, Bluffton, Fort Gaines Clay County, New Horizons Board ay) will be used to implement the strategy for this serv	7/15/2019 - 7/15/2024 7/15/2019 - 7/15/2024 rice (e.g., ordinances, resolutions,
Agreement Name Master Svc Del Agreement Memo of Understanding What other mechanisms (if ar	Clay County, Bluffton, Fort Gaines Clay County, New Horizons Board ay) will be used to implement the strategy for this serv	7/15/2019 - 7/15/2024 7/15/2019 - 7/15/2024 rice (e.g., ordinances, resolutions,
Agreement Name Master Svc Del Agreement Memo of Understanding What other mechanisms (if ar	Clay County, Bluffton, Fort Gaines Clay County, New Horizons Board by) will be used to implement the strategy for this serve rate or fee changes, etc.), and when will they take ef Hanif, Regional Planner	7/15/2019 - 7/15/2024 7/15/2019 - 7/15/2024 rice (e.g., ordinances, resolutions,
Agreement Name Master Svc Del Agreement Memo of Understanding What other mechanisms (if ar acts of the General Assembly, Person completing form: Joel Phone number: 706-256-2910 Is this the person who should	Clay County, Bluffton, Fort Gaines Clay County, New Horizons Board by) will be used to implement the strategy for this serve rate or fee changes, etc.), and when will they take ef Hanif, Regional Planner	7/15/2019 - 7/15/2024 7/15/2019 - 7/15/2024 rice (e.g., ordinances, resolutions, lifect?







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.	Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.						
COUNTY:CLAY	Service: Neighborhood Revitalization (Housing)						
Check <u>one</u> box that best describes the agreed upo Service will be provided countywide (i.e. inc.).	on delivery arrangement for this service: cluding all cities and unincorporated areas) by a single service provider.						
(If this box is checked, identify the government, aut							
	only within their incorporated boundaries, and the service will not be						
service:	ecked, identify the government(s), authority or organization providing the						
	only within their incorporated boundaries, and the county will provide the sked, identify the government(s), authority or organization providing the Fort Gaines						
	ole 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 servi identified?	ce areas, unnecessary competition and/or duplication of this service						
☐ Yes (if "Yes," you must attach additional docum ☐ No	entation as described, below)						
If these conditions will continue under this strategy, a	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).						
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.						
	Page 1 of 2						

SDS FORM 2, continued

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

Local Government or Authority	Funding Method
Clay County	General Fund, Federal/State Grants, Loans, SPLOST
Town of Bluffton	General Fund, Federal/State Grants, Loans, SPLOST
City of Fort Gaines	General Fund, Federal/State Grants, Loans, SPLOST

4. How will the strategy change	e the previous arrand	gements for p	providing and/c	r fundina	ı this service	within the	e county?
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This is a new service that may be provided by any local jurisdiction when grant funds are available to provide housing rehabilitation, housing construction/reconstruction, and/or demolition of vacant/dilapidated structures. This service may be complemented with public utility and/or infrastructure improvements and may be a joint city/county project.

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
Master Svc Del Agreement	Clay County, Bluffton, Fort Gaines	7/15/2019 - 7/15/2024

L						
6	6. What other mechanisms (if any acts of the General Assembly, r				., ordinances,	resolutions, local
L						
7	7. Person completing form: Joel I	. •				
	Phone number: 706-256-2910	Date completed	1: 7/10/2019			
8	Is this the person who should b projects are consistent with the			aluating whether pro	posed local	government
	If not, provide designated conta	ct person(s) and pho	ne number(s) belov	w:		







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Arians.	
COUNTY:CLAY	Service: Public Health
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., inc	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.): Georgia Department of
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 eked, identify the government(s), authority or organization providing the
	ele 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 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	
	A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

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Local Government or Auth	ority	Funding Method	<u></u>
Clay County		General Fund	
		I	
How will the strategy change t	the prev	ious arrangements for providing and/or funding this	service within the county?
_ist any formal service deliver	y agreer	ments or intergovernmental contracts that will be us	ed to implement the strategy
his service:	-	-	-
ilis service.			
		Contracting Parties	Effective and Ending Date
Agreement Name	Clay (Contracting Parties County, Bluffton, Fort Gaines	Effective and Ending Date 7/15/2019 - 7/15/2024
Agreement Name laster Svc Del Agreement			Ţ ,
Agreement Name Master Svc Del Agreement		County, Bluffton, Fort Gaines	7/15/2019 - 7/15/2024
Agreement Name laster Svc Del Agreement		County, Bluffton, Fort Gaines	7/15/2019 - 7/15/2024
Agreement Name aster Svc Del Agreement		County, Bluffton, Fort Gaines	7/15/2019 - 7/15/2024
Agreement Name laster Svc Del Agreement		County, Bluffton, Fort Gaines	7/15/2019 - 7/15/2024
Agreement Name laster Svc Del Agreement lemo of Understanding	Clay (County, Bluffton, Fort Gaines	7/15/2019 - 7/15/2024 7/15/2019 - 7/15/2024
Agreement Name Iaster Svc Del Agreement Iemo of Understanding What other mechanisms (if an	Clay (County, Bluffton, Fort Gaines County, Georgia Department of Human Services	7/15/2019 - 7/15/2024 7/15/2019 - 7/15/2024
Agreement Name laster Svc Del Agreement lemo of Understanding What other mechanisms (if an	Clay (County, Bluffton, Fort Gaines County, Georgia Department of Human Services e used to implement the strategy for this service (e.	7/15/2019 - 7/15/2024 7/15/2019 - 7/15/2024
Agreement Name Master Svc Del Agreement Memo of Understanding What other mechanisms (if an	Clay (County, Bluffton, Fort Gaines County, Georgia Department of Human Services e used to implement the strategy for this service (e.	7/15/2019 - 7/15/2024 7/15/2019 - 7/15/2024
Agreement Name Iaster Svc Del Agreement Iemo of Understanding What other mechanisms (if an	Clay (County, Bluffton, Fort Gaines County, Georgia Department of Human Services e used to implement the strategy for this service (e.	7/15/2019 - 7/15/2024 7/15/2019 - 7/15/2024
Agreement Name Master Svc Del Agreement Memo of Understanding What other mechanisms (if an	Clay (County, Bluffton, Fort Gaines County, Georgia Department of Human Services e used to implement the strategy for this service (e.	7/15/2019 - 7/15/2024 7/15/2019 - 7/15/2024
Agreement Name Master Svc Del Agreement Memo of Understanding What other mechanisms (if an	Clay (County, Bluffton, Fort Gaines County, Georgia Department of Human Services e used to implement the strategy for this service (e.	7/15/2019 - 7/15/2024 7/15/2019 - 7/15/2024
Agreement Name Master Svc Del Agreement Memo of Understanding What other mechanisms (if an	Clay (County, Bluffton, Fort Gaines County, Georgia Department of Human Services e used to implement the strategy for this service (e. fee changes, etc.), and when will they take effect?	7/15/2019 - 7/15/2024 7/15/2019 - 7/15/2024
Agreement Name laster Svc Del Agreement lemo of Understanding What other mechanisms (if an acts of the General Assembly, Person completing form: Joel Phone number: 706-256-2910 Is this the person who should	Clay (y) will be rate or the property of the contact of the cont	County, Bluffton, Fort Gaines County, Georgia Department of Human Services e used to implement the strategy for this service (e. ree changes, etc.), and when will they take effect? Regional Planner	7/15/2019 - 7/15/2024 7/15/2019 - 7/15/2024 g., ordinances, resolutions, lo







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:CLAY	Service: Public Transportation
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. thority or organization providing the service.): Clay County
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 cked, identify the government(s), authority or organization providing the
	ole map delineating the service area of each service provider, and eation that will provide service within each service area.):
2. In developing this strategy, were overlapping servi identified?	ice areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	ientation as described, below)
⊠No	
If these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G./ overlapping service areas or competition cannot be expressed to the service areas or competition cannot be expressed to the service areas or competition cannot be expressed to the service areas or competition.	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

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	rity that will help to pay for this service and indicate and funds, special service district revenues, hot .).	
Local Government or Author	ritv Fundir	ng Method
Clay County	Federal, State, and Local Funds (to incl	
4. How will the strategy change th	ne previous arrangements for providing and/or fu	Inding this service within the county?
this service:	agreements or intergovernmental contracts that	
Agreement Name	Contracting Parties	Effective and Ending Dates
Master Svc Del Agreement	Clay County, Bluffton, Fort Gaines	7/15/2019 - 7/15/2024
	r) will be used to implement the strategy for this ate or fee changes, etc.), and when will they tak	
projects are consistent with the	Hanif, Regional Planner Date completed: 7/10/2019 e contacted by state agencies when evaluating service delivery strategy? ⊠Yes □No	whether proposed local government







FORM 2: Summary of Service Delivery Arrangements

Instructions:

COUNTY:CLAY	Service: Recreation					
1. 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. thority or organization providing the service.):Fort Gaines-Clay County					
b.) Service will be provided only in the unincorp checked, identify the government, authority or organized or services and the control of th	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 sked, 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 docum	entation as described, below)					
⊠No						
If these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	A: 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).					
If these conditions will be eliminated under the strated will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.					

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ority	Funding	Method
	General Funds, Federal/State Grants	
	General Funds, Federal/State Grants	
he nrev	ious arrangements for providing and/or fund	ling this service within the county?
ne prev	lous arrangements for providing and/or fund	ing this service within the county:
v agreei	ments or intergovernmental contracts that w	ill be used to implement the strategy
, ag. 55.	monte of interger on internet contracte that the	se deed to implement the strategy
	Contracting Parties	Effective and Ending Date
Clav		7/15/2019 - 7/15/2024
+ -	<u> </u>	7/15/2019 - 7/15/2024
Olay	County, 1 of Curies	7/10/2013 1/10/2024
	e used to implement the strategy for this se	
	e used to implement the strategy for this sel fee changes, etc.), and when will they take o	
rate or	fee changes, etc.), and when will they take o	
rate or	fee changes, etc.), and when will they take o	
rate or	fee changes, etc.), and when will they take o	
rate or Hanif,	Regional Planner late completed: 7/10/2019	effect?
Hanif, Doe conta	Regional Planner Pate completed: 7/10/2019 acted by state agencies when evaluating when the completed in the complete of the c	effect?
Hanif, Doe conta	Regional Planner late completed: 7/10/2019	effect?
	y agree	General Funds, Federal/State Grants







FORM 2: Summary of Service Delivery Arrangements

Instructions:

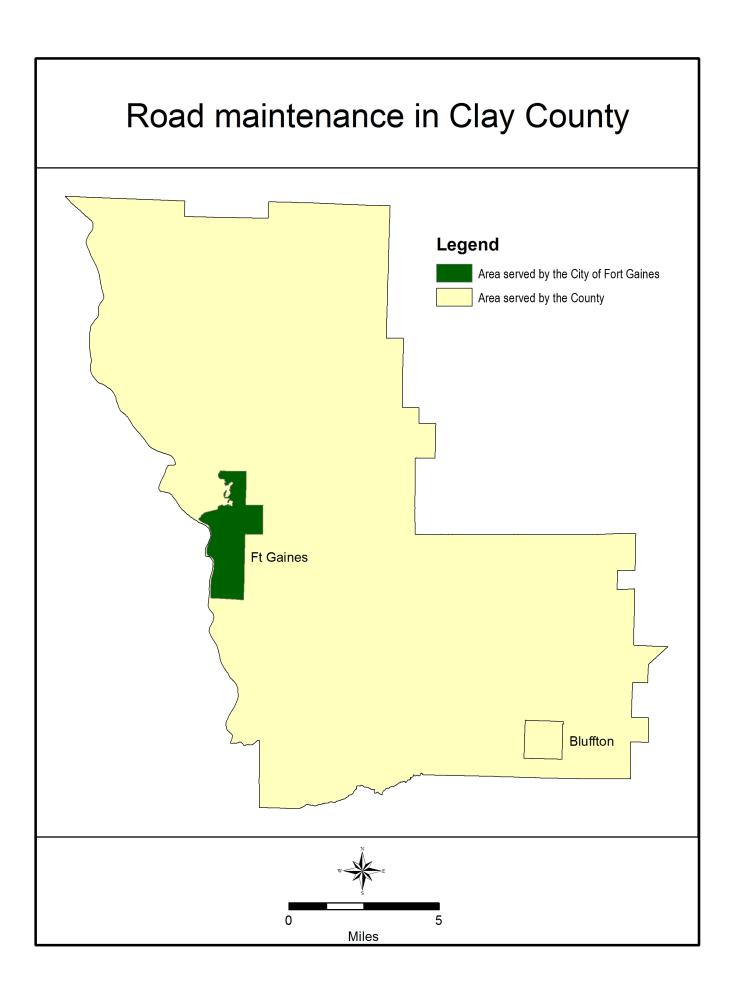
Make copies of this form and complete one for each service listed on FORM 1, Section IV. Use EXACTLY the same service names listed on FORM 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should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

should be reported to the Department of Community Affairs.					
COUNTY:CLAY	Service:Roads				
Check <u>one</u> 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 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 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.): Fort Gaines County provides this service in the rest of the 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 docume	entation as described, below)				
⊠No					
	A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).				
If these conditions will be eliminated under the 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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3	. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g.,
	enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact
	fees, bonded indebtedness, etc.).

Local Government or Author	rity Funding	Method			
Clay County	General Fund, Federal/State Grants, Loa	General Fund, Federal/State Grants, Loans, TIA Tax			
Town of Bluffton	General Fund, Federal/State Grants, Loa	ns, TIA Tax			
City of Fort Gaines	General Fund, Federal/State Grants, Loans, TIA Tax				
4. How will the strategy change th	e previous arrangements for providing and/or fund	ding this service within the county?			
List any formal service delivery this service:	agreements or intergovernmental contracts that v	vill be used to implement the strategy for			
Agreement Name	Contracting Parties	Effective and Ending Dates			
Master Svc Del Agreement	Clay County, Bluffton, Fort Gaines	7/15/2019 - 7/15/2024			
Memorandum of Agreement	Clay County, Bluffton	7/15/2019 - 7/15/2024			
) will be used to implement the strategy for this se ate or fee changes, etc.), and when will they take				
7. Person completing form: Joel F Phone number: 706-256-2910	Hanif, Regional Planner Date completed: 7/10/2019				
	e contacted by state agencies when evaluating wl service delivery strategy? ⊠Yes □No	hether proposed local government			
If not, provide designated conta	ct person(s) and phone number(s) below:				









FORM 2: Summary of Service Delivery Arrangements

Instructions:

modula be reported to the Department of Community Analis.					
COUNTY:CLAY	Service: Senior Citizen Center				
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:				
	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.): Direct Services				
b.) Service will be provided only in the unincorp checked, identify the government, authority or organized or services and the control of th	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				
	ble map delineating the service area of each service provider, and cation that will provide service within each service area.):				
2. In developing this strategy, were overlapping serving identified?	ice areas, unnecessary competition and/or duplication of this service				
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)				
⊠No					
	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).				
f these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.				

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	neral fun	will help to pay for this service and indicate l ds, special service district revenues, hotel/m	
Local Government or Auth	oritv	Funding M	lethod
Clay County	•	General Fund	
City of Fort Gaines		General Fund	
4. How will the strategy change t	he previo	ous arrangements for providing and/or funding	ng this service within the county?
List any formal service deliver this service: Agreement Name	y agreem	ents or intergovernmental contracts that wil	I be used to implement the strategy for Effective and Ending Dates
Master Svc Del Agreement	Clay C	ounty, Bluffton, Fort Gaines	7/15/2019 - 7/15/2024
Memorandum of Agreement		ounty, Direct Services Corporation	7/15/2019 - 7/15/2024
		used to implement the strategy for this serve changes, etc.), and when will they take ef	
7. Person completing form: Joel			
projects are consistent with the	be contac e service	te completed: 7/10/2019 cted by state agencies when evaluating whe delivery strategy? ⊠Yes □No n(s) and phone number(s) below:	ether proposed local government
	-		







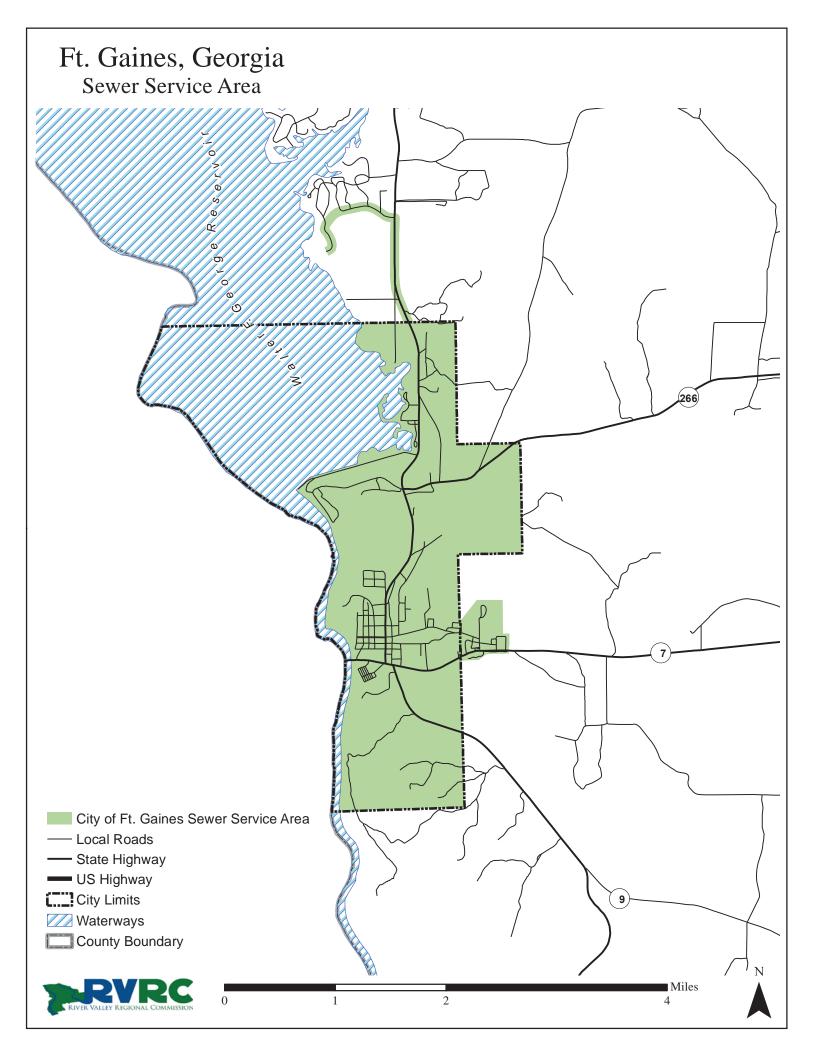
FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.					
COUNTY:CLAY	Service: Sewer				
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., 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 unincorpolecked, identify the government, authority or organized	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				
	ole map delineating the service area of each service provider, and ation that will provide service within each service area.): City of Fort				
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					
	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).				
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.				

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3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.). Local Government or Authority Funding Method City of Fort Gaines Water-Sewer Revenue Fund, User Fees, State/Federal Grants and Loans 4. How will the strategy change the previous arrangements for providing and/or funding this service within the county? 5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service: Agreement Name Contracting Parties Effective and Ending Dates Master Svc Del Agreement Clay County, Bluffton, Fort Gaines 7/15/2019 - 7/15/2024 6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect? 7. Person completing form: Joel Hanif, Regional Planner Phone number: **706-256-2910** Date completed: 7/10/2019 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? \(\subseteq Yes \subseteq No If not, provide designated contact person(s) and phone number(s) below:









FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

module be reported to the Department of Community Arians.					
COUNTY:CLAY	Service:Southwest Georgia Regional Housing Authority				
1. Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:				
	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.): Southwest Georgia				
b.) Service will be provided only in the unincorp checked, identify the government, authority or organized	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				
	ole 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 servi identified?	ce areas, unnecessary competition and/or duplication of this service				
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)				
⊠No					
If these conditions will continue under this strategy, <u>a overlapping</u> but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).				
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.				

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	eneral fu	will help to pay for this service and indicate how the nds, special service district revenues, hotel/motel ta	
Local Government or Auth	ority	Funding Method	
Southwest Georgia Regional F		Federal and State Grants, Loans	
Authority	iouoiiig	Todorar and State Statie, Esans	
ranomy			
1. How will the strategy change	the previ	ious arrangements for providing and/or funding this	service within the county?
5. List any formal service deliver this service:	y agreer	ments or intergovernmental contracts that will be use	ed to implement the strategy for
Agreement Name		Contracting Parties	Effective and Ending Dates
Master Svc Del Agreement	Clay (County, Bluffton, Fort Gaines	7/15/2019 - 7/15/2024
Memorandum of Agreement		County, Randolph County, Calhoun County, Early	7/15/2019 - 7/15/2024
<u> </u>	Count		
		•	
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		e used to implement the strategy for this service (e.gee changes, etc.), and when will they take effect?	g., ordinances, resolutions, loca
	Da be conta	ate completed: 7/10/2019 acted by state agencies when evaluating whether pr	roposed local government
•		e delivery strategy? ⊠Yes □No on(s) and phone number(s) below:	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

modula be reported to the Department of Community Analis.					
COUNTY:CLAY	Service: Southwest Georgia Regional Technology Authority				
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:				
	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.): Southwest Georgia				
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 cked, identify the government(s), authority or organization providing the				
	ole map delineating the service area of each service provider, and eation that will provide service within each service area.):				
2. In developing this strategy, were overlapping servi identified?	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).				
f these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.				

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	ty that will help to pay for this service and indicate how th			
	eral funds, special service district revenues, hotel/motel to	axes, franchise taxes, impact		
fees, bonded indebtedness, etc.)).			
Local Government or Author	rity Funding Method	d		
Clay County	General Fund			
SW GA Reg Technology Authorit	ority Federal and State Grants, Loans, Bonds			
4. How will the strategy change the	e previous arrangements for providing and/or funding this	s service within the county?		
5. List any formal service delivery	agreements or intergovernmental contracts that will be us	sed to implement the strategy for		
this service:				
Agreement Name	Contracting Parties	Effective and Ending Dates		
	Clay County, Bluffton, Fort Gaines	7/15/2019 - 7/15/2024		
	Clay County, Georgetown-Quitman County, Randolph	7/15/2019 - 7/15/2024		
		1/10/2019 - 1/10/2024		
	County, Stewart County			

6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?
7. Person completing form: Joel Hanif , Regional Planner Phone number: 706-256-2910 Date completed: 7/10/2019
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ⊠Yes □No
If not, provide designated contact person(s) and phone number(s) below:







FORM 2: Summary of Service Delivery Arrangements

Instructions:

Make copies of this form and complete one for each service listed on FORM 1, Section 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.				
COUNTY:CLAY	Service: Tax Digest			
Check <u>one</u> box that best describes the agreed upo	n delivery arrangement for this service:			
1. Official describes the agreed apo	in 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. hority or organization providing the service.):			
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 nization 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			
	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.			

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	eral fu	t will help to pay for this service and indicate how the nds, special service district revenues, hotel/motel tax	
Local Government or Autho	rity	Funding Method	
Clay County		General Fund	
City of Fort Gaines		General Fund	
4. How will the strategy change th	e prev	ious arrangements for providing and/or funding this	service within the county?
this service:	agreei	ments or intergovernmental contracts that will be use	-
Agreement Name		Contracting Parties	Effective and Ending Dates
Master Svc Del Agreement	Clay	County, Bluffton, Fort Gaines	7/15/2019 - 7/15/2024
		e used to implement the strategy for this service (e.gfee changes, etc.), and when will they take effect?	g., ordinances, resolutions, local
7. Person completing form: Joel F Phone number: 706-256-2910		Regional Planner ate completed: 7/10/2019	
projects are consistent with the	service	acted by state agencies when evaluating whether proceed delivery strategy? Yes No son(s) and phone number(s) below:	oposed local government







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Arians.				
COUNTY:CLAY	Service: Water			
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., income (if this box is checked, identify the government, aut	cluding all cities and unincorporated areas) by a single service provider. chority or organization providing the service.):			
b.) Service will be provided only in the unincorp checked, identify the government, authority or organized or the control of	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			
	le map delineating the service area of each service provider, and ation that will provide service within each service area.): Clay County,			
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 strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.			

SDS FORM 2, continued

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

Local Government or Authority	Funding Method
Clay County	Federal/State Grants & Loans, Local Funds, User Fees
Town of Bluffton	Federal/State Grants & Loans, Local Funds, User Fees
City of Fort Gaines	Federal/State Grants & Loans, Local Funds, User Fees

4	. How will the strategy	change the previous arr	rangements for providing	g and/or funding this se	rvice within the county?
г					

The SDS is being updated to reflect the former proposed water lines extending from Clay County into Randolph County. These lines are now complete.

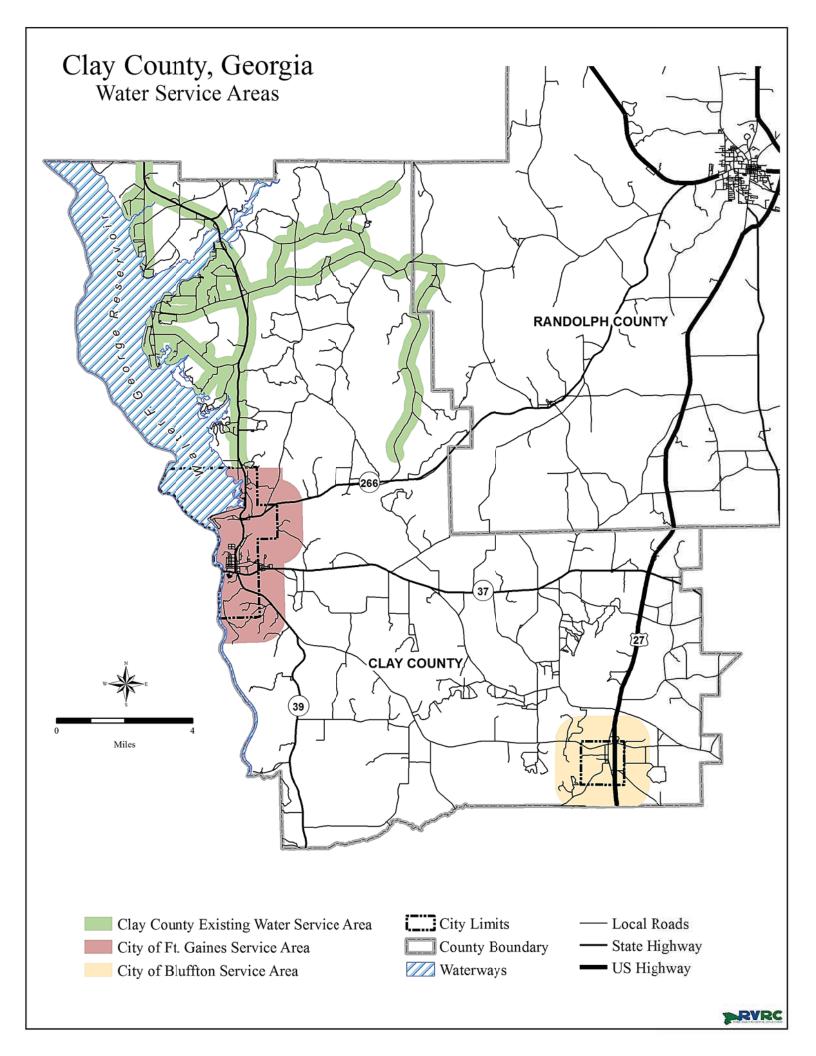
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:

Agreement Name	Contracting Parties	Effective and Ending Dates	
Master Svc Del Agreement	Clay County, Bluffton, Fort Gaines	7/15/2019 - 7/15/2024	
Water Service Agreement	Clay County, Randolph County	9/3/2016 - 9/3/2020	

` ',	ill be used to implement the strategy for this service (e.g. or fee changes, etc.), and when will they take effect?	, ordinances, resolutions, local
7. Person completing form: Joel Har Phone number: 706-256-2910	if, Regional Planner Date completed: 7/10/2019	
8. Is this the person who should be c	ontacted by state agencies when evaluating whether pro	posed local government

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

projects are consistent with the service delivery strategy? ⊠Yes □No









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

should be reported to the Department of Community Affairs.				
COUNTY:CLAY	Service: Zoning			
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., 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 unincorporate 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			
	ble 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 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				
	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).			
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.			

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 Author	rity	Funding Method				
Clay County		General Fund				
City of Fort Gaines		General Fund				
4. How will the strategy change th	ne previ	ous arrangements for providing and/or funding this	service within the county?			
The SDS is being updated since expired.	The SDS is being updated since the City of Fort Gaines' zoning contract with the River Valley Regional Commission has expired.					
this service:	agreer	nents or intergovernmental contracts that will be use	, 3			
Agreement Name		Contracting Parties	Effective and Ending Dates			
Master Svc Del Agreement	Clay (County, Bluffton, Fort Gaines	7/15/2019 - 7/15/2024			
Master Svc Del Agreement	Clay (County, Bluffton, Fort Gaines				
Master Svc Del Agreement	Clay (County, Bluffton, Fort Gaines				
Master Svc Del Agreement	Clay (County, Bluffton, Fort Gaines				
Master Svc Del Agreement	Clay (County, Bluffton, Fort Gaines				
Master Svc Del Agreement	Clay	County, Bluffton, Fort Gaines				
6. What other mechanisms (if any	y) will be	county, Bluffton, Fort Gaines e used to implement the strategy for this service (e.gee changes, etc.), and when will they take effect?	7/15/2019 - 7/15/2024			
6. What other mechanisms (if any	y) will be	e used to implement the strategy for this service (e.g	7/15/2019 - 7/15/2024			
6. What other mechanisms (if any	y) will be rate or f	e used to implement the strategy for this service (e.gee changes, etc.), and when will they take effect?	7/15/2019 - 7/15/2024			
6. What other mechanisms (if any acts of the General Assembly, response to the General Assembly, response t	Hanif, F	e used to implement the strategy for this service (e.giee changes, etc.), and when will they take effect?	7/15/2019 - 7/15/2024 g., ordinances, resolutions, local			







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:CLAY					
What incompatibilities or conflicts between the land use plans of local governments we developing the service delivery strategy? None	ere identified in the process of				
2. Check the boxes indicating how these incompatibilities or conflicts were addressed:	NOTE:				
 ☐ Amendments to existing comprehensive plans ☐ Adoption of a joint comprehensive plan ☐ Other measures (amend zoning ordinances, add environmental regulations, etc.) If "other measures" was checked, describe these measures: 	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? Clay County, the Town of Bluffton and the City of Fort Gaines have an agreement in place to insure that new extraterritorial water and sewer services will be consistent with all applicable land use plans and ordinances.					
4. Person completing form: Joel Hanif, Regional Planner					
Phone number: 706-256-2910 Date completed: 7/11/2019					
5. Is this the person who should be contacted by state agencies when evaluating whether projects are consistent with the service delivery strategy? ⊠Yes □No	r proposed local government				
If not, provide designated contact person(s) and phone number(s) below:					







SERVICE DELIVERY STRATEGY FORM 4: Certifications

Instructions:

This form must, at a minimum, be signed by an authorized representative of the following governments: 1) the county; 2) the city serving as the county seat; 3) all cities having a 2010 population of over 9,000 residing within the county; and 4) no less than 50% of all other cities with a 2010 population of between 500 and 9,000 residing within the county. Cities with a 2010 population below 500 and local authorities providing services under the strategy are not required to sign this form, but are encouraged to do so.

COUNTY: CLAY

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 (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
CLAY COUNTY	Chairman	Ernest Jenkins	heart Juli	7/15/19
TOWN OF BLUFFTON	Mayor	Freddie Odom	DOPFATT	7-15-19
CITY OF FORT GAINES	Mayor	Barry Waters	Edy Vold	2/11
	=			7/15/19