



SERVICE DELIVERY STRATEGY

FORM 1

COUNTY: **EFFINGHAM COUNTY**

I. GENERAL INSTRUCTIONS:

1. FORM 1 is required for ALL SDS submittals. Only one set of these forms should be submitted per county. The completed forms should clearly present the collective agreement reached by all cities and counties that were party to the service delivery strategy.
2. List each local government and/or authority that provides services included in the service delivery strategy in Section II below.
3. List all services provided or primarily funded by each general purpose local government and 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 <i>Revising or Adding to the SDS</i>	OPTION B <i>Extending the Existing SDS</i>
<ol style="list-style-type: none">4. List all services provided or primarily funded by each general purpose local government and authority within the county which are revised or added to the SDS in Section IV, below. (It is acceptable to break a service into separate components if this will facilitate description of the service delivery strategy.)5. For each service or service component listed in Section IV, complete a separate, updated <i>Summary of Service Delivery Arrangements</i> form (FORM 2).6. Complete one copy of the <i>Certifications</i> form (FORM 4) and have it signed by the authorized representatives of participating local governments. (Please note that DCA cannot validate the strategy unless it is signed by the local governments required by law (see Instructions, FORM 4).)	<ol style="list-style-type: none">4. In Section IV type, "NONE."5. Complete one copy of the <i>Certifications for Extension of Existing SDS</i> form (FORM 5) and have it signed by the authorized representatives of the participating local governments. (Please note that DCA cannot validate the strategy unless it is signed by the local governments required by law (see Instructions, FORM 5).)6. Proceed to step 7, below.

For answers to most frequently asked questions on Georgia's Service Delivery Act, links and helpful publications, visit DCA's website at www.dca.servicedelivery.org, 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. Email the completed forms and any attachments as .pdf attachments to: pemd.opqga@dca.ga.gov, or mail the completed forms along with any attachments to:
**GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS
OFFICE OF PLANNING AND QUALITY GROWTH
60 Executive Park South, N.E.
Atlanta, Georgia 30329**

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

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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.

Effingham County
City of Guyton
City of Rincon
City of Springfield

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

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

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.

Animal Control; Board of Elections and Registrations; Building and Site Inspections and Building Permits; Code Enforcement; County Prison; Courts; Drainage/Stormwater Management; E911/Communications; Economic Development; Elections and Voter Registration; Emergency Management; Emergency Medical Services; Engineering Services; Extension Service; Fire Protection; Forestry; General Government Services, Finance, and Purchasing; GIS/Mapping; Hospital; Indigent Defense; Jail; Landfill (transfer station); Law Enforcement; Library; Parks and Recreation; Planning, Subdivision Review, and Zoning; Public Health Services; Road/Street/Bridge Construction and Maintenance; Senior Citizens Meal Programs; Senior Citizens Programs (excluding meals); Social Services; Soil Erosion and Control; Solid Waste Collection; Street Lighting; Street Sweeping; Tax Assessment; Tax Collection; Traffic Control; Wastewater Collection and Treatment; Water Supply and Distribution.

KE May 17 1998



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY:EFFINGHAM COUNTY

Service:Animal Control

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

☒ Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):Effingham County

☐ Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): Type Name of Government, Authority or Organization Here

☐ One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service: Type Name of Government, Authority or Organization Here

☐ One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.): Type Name of Government, Authority or Organization Here

☐ Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.): Type Name of Government, Authority or Organization Here

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

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

☒ No

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

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

Handwritten signatures: KE, mms, wjw, J

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Effingham County	See Consent Order entered on October 19, 2011 and attachments thereto.
Type Gov't/Authority Name Here	
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here

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

Effingham County will continue to provide animal control services on a county-wide basis.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End

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?

Consent Order entered on October 19, 2011.

7. Person completing form: **Eric Gotwalt**

Phone number: (912) 232-3770

Date completed: November 10, 2011

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:

DAVID R. CRAWLEY, EFFINGHAM COUNTY ADMINISTRATOR (912) 754-2111

KE *MA* *UK* *JS*



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY:EFFINGHAM

Service:Building/Site Inspections & Permitting

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

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

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

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

☒ **No**

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

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

SDS FORM 2, continued

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

Local Government or Authority	Funding Method
Effingham County	See Consent Order entered on October 19 th , 2011 and attachments thereto
City of Springfield	User fees; general fund revenue
City of Rincon	User fees; general fund revenue
City of Guyton	User fees; general fund revenue

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

The strategy ensures that the cost of building inspection and permitting services in the unincorporated area are not funded using ad valorem property tax revenue collected from property owners within the municipalities or LOST.

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

Agreement Name	Contracting Parties	Effective and Ending Dates

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

Consent Order entered on October 19, 2011

7. Person completing form: **Brett Bennett**

Phone number: **(912)-754-7617** Date completed: January 18th, 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:



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY:EFFINGHAM

Service:Code Enforcement

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

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

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

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

☒ **No**

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Effingham County	See Consent Order entered on October 19 th , 2011 and attachments thereto
City of Springfield	User fees; general fund revenue
City of Rincon	User fees; general fund revenue
City of Guyton	User fees; general fund revenue

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

The strategy ensures that the cost of code enforcement services in the unincorporated area are not funded using ad valorem property tax revenue collected from property owners within the municipalities or LOST.

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

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

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

Consent Order entered on October 19, 2011

7. Person completing form: **Brett Bennett**

Phone number: **(912)-754-7617** Date completed: January 18th, 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:



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY:EFFINGHAM COUNTY

Service:County Prison

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

☒ Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):Effingham County

☐ Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): Type Name of Government, Authority or Organization Here

☐ One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service: Type Name of Government, Authority or Organization Here

☐ One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.): Type Name of Government, Authority or Organization Here

☐ Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.): Type Name of Government, Authority or Organization Here

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

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

☒ No

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

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

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SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Effingham County	See Consent Order entered on October 19, 2011 and attachments thereto.
Type Gov't/Authority Name Here	
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here

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

The County operates a prison for the housing of state inmates under a contract between the County and the Georgia Department of Corrections. The prison provides meals for the Effingham County jail, meals for senior citizens, and inmate labor which is available to the county and to the municipalities.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End

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?

Consent Order entered on October 19, 2011.

7. Person completing form: Eric Gotwalt

Phone number: (912) 232-3770 Date completed: 11/10/2011

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:

DAVID R. CRAWLEY, EFFINGHAM COUNTY ADMINISTRATOR, 912) 754-2111



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY:EFFINGHAM COUNTY

Service:Courts

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

- ☐ Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): Effingham County
- ☐ Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): Type Name of Government, Authority or Organization Here
- ☐ One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service: Type Name of Government, Authority or Organization Here
- ☐ One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.): Type Name of Government, Authority or Organization Here
- ☒ Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.): Effingham County, City of Guyton, City of Rincon, City of Springfield

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

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

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

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

Handwritten signatures and initials

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Effingham County	See Consent Order entered on October 19, 2011 and attachments thereto.
City of Guyton	Fees, fines, forfeitures, supplemented by general fund revenue
City of Rincon	Fees, fines, forfeitures, supplemented by general fund revenue
City of Springfield	Fees, fines, forfeitures, supplemented by general fund revenue
Type Gov't/Authority Name Here	Detail Funding Here

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

The cities will continue to provide municipal court services within their respective jurisdictions. The municipal courts are courts of limited subject-matter jurisdiction. The County will continue to provide county-wide court services through the Superior, State, Probate, and Magistrate Courts.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End

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?

Consent Order entered on October 19, 2011.

7. Person completing form: **Eric Gotwalt**

Phone number: (912) 232-3770 Date completed: 11/10/2011

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:

DAVID R. CRAWLEY, EFFINGHAM COUNTY ADMINSTRATOR, (912) 754-2111



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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COUNTY:EFFINGHAM

Service:Drainage and Stormwater Management

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

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

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

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

☒ **No**

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

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

SDS FORM 2, continued

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

Local Government or Authority	Funding Method
Effingham County	See Consent Order entered on October 19 th , 2011 and attachments thereto
City of Springfield	User fees; general fund revenue
City of Rincon	User fees; general fund revenue
City of Guyton	User fees; general fund revenue

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

The strategy ensures that the cost of drainage and stormwater management services in the unincorporated area are not funded using ad valorem property tax revenue collected from property owners within the municipalities or LOST.

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

Agreement Name	Contracting Parties	Effective and Ending Dates

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

Consent Order entered on October 19, 2011

7. Person completing form: **Brett Bennett**

Phone number: **(912)-754-7617** Date completed: January 18th, 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:



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY:EFFINGHAM COUNTY

Service:E911/Communications

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

☒ Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):**Effingham County**

☐ Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): **Type Name of Government, Authority or Organization Here**

☐ One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service: **Type Name of Government, Authority or Organization Here**

☐ One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.): **Type Name of Government, Authority or Organization Here**

☐ Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.): **Type Name of Government, Authority or Organization Here**

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

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

☒ No

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

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

Handwritten signatures and initials

SDS FORM 2, continued

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

Local Government or Authority	Funding Method
Effingham County	See Consent Order entered on October 19, 2011 and attachments thereto.
Type Gov't/Authority Name Here	
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here

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

The County will continue to provide E911/Communications services on a county-wide basis.

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

Agreement Name	Contracting Parties	Effective and Ending Dates
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End

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?

Consent Order entered on October 19, 2011.

7. Person completing form: **Eric Gotwalt**

Phone number: (912) 232-3770 Date completed: 11/10/2011

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:

DAVID R. CRAWLEY, EFFINGHAM COUNTY ADMINISTRATOR, (912) 754-2111



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY:EFFINGHAM COUNTY

Service:Economic Development

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

☒ Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):Effingham County

☐ Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): Type Name of Government, Authority or Organization Here

☐ One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service: Type Name of Government, Authority or Organization Here

☐ One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.): Type Name of Government, Authority or Organization Here

☐ Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.): Type Name of Government, Authority or Organization Here

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

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

☒ No

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

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

Handwritten signatures and initials

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Effingham County Ind. Dev. Auth.	See Consent Order entered on October 19, 2011 and attachments thereto.
Effingham County	
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here

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

The Effingham County Industrial Development Authority will continue to provide commercial and industrial recruiting services and economic development services on a county-wide basis.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End

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?

Consent Order entered on October 19, 2011.

7. Person completing form: Eric Gotwalt

Phone number: (912) 232-3770 Date completed: 11/10/2011

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:

DAVID R. CRAWLEY, EFFINGHAM COUNTY ADMINISTRATOR, (912) 754-2111



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY:EFFINGHAM

Service: *Economic Development - Municipal*

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

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

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

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

☒ **No**

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
City of Springfield	General Fund and Grants
City of Rincon	General Fund and Grants
City of Guyton	General Fund and Grants
Downtown Development Authority of Springfield, Georgia	General Fund and Grants

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

There will be no duplication of the county service because the Cities of Rincon, Springfield (and Springfield DDA), and Guyton will provide economic development services within their incorporated limits at a higher level than the base level of service provided throughout the geographic area of the County by Effingham County.

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

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

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

Consent Order entered on October 19, 2011

7. Person completing form: **Brett Bennett**

Phone number: **912-754-7617** Date completed: January 18, 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:



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY:EFFINGHAM

Service:Elections and Voter Registration

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

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

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

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

☒ **No**

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Effingham County	See Consent Order entered on October 19 th , 2011 and attachments thereto
City of Springfield	General Fund Revenue; qualifying fees
City of Rincon	General Fund Revenue; qualifying fees
City of Guyton	General Fund Revenue; qualifying fees

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

The Effingham County Board of Elections will provide voter registration and election services on a county wide basis. The municipalities will supervise municipal elections

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

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

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

Consent Order entered on October 19, 2011

7. Person completing form: **Brett Bennett**

Phone number: **(912)-754-7617** Date completed: January 18th, 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:



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY:EFFINGHAM COUNTY

Service:Emergency Management

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

☒ Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): **Effingham County**

☐ Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): **Type Name of Government, Authority or Organization Here**

☐ One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service: **Type Name of Government, Authority or Organization Here**

☐ One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.): **Type Name of Government, Authority or Organization Here**

☐ Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.): **Type Name of Government, Authority or Organization Here**

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

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

☒ No

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

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

Handwritten signature: K. L. May

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Effingham County	See Consent Order entered on October 19, 2011 and attachments thereto.
Type Gov't/Authority Name Here	
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here

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

Effingham County will continue to provide emergency management services on a county-wide basis.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End

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?

Consent Order entered on October 19, 2011.

7. Person completing form: Eric Gotwalt

Phone number: (912) 232-3770 Date completed: 11/10/2011

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:

DAVID R. CRAWLEY, EFFINGHAM COUNTY ADMINISTRATOR, (912) 754-2111



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY:EFFINGHAM COUNTY

Service:Emergency Medical Services

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

☒ Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):Effingham County

☐ Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): Type Name of Government, Authority or Organization Here

☐ One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service: Type Name of Government, Authority or Organization Here

☐ One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.): Type Name of Government, Authority or Organization Here

☐ Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.): Effingham County, City of Guyton, City of Rincon, City of Springfield

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

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

☒ No

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

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

Handwritten signatures and initials

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Effingham County	See Consent Order entered on October 19, 2011 and attachments thereto.
Type Gov't/Authority Name Here	Detail Funding Here

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

Effingham County will continue to provide county-wide EMS services.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End

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?

Consent Order entered on October 19, 2011.

7. Person completing form: Eric Golwalt

Phone number: (912) 232-3770 Date completed: 11/10/2011

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:

DAVID R. CRAWLEY, EFFINGHAM COUNTY ADMINISTRATOR, (912) 754-2111



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY:EFFINGHAM

Service:Engineering Services

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

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

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

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

☒ **No**

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Effingham County	See Consent Order entered on October 19 th , 2011 and attachments thereto
City of Springfield	User fees; general fund revenue
City of Rincon	User fees; general fund revenue
City of Guyton	User fees; general fund revenue

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

The strategy ensures that the cost of engineering services in the unincorporated area are not funded using ad valorem property tax revenue collected from property owners within the municipalities or LOST.

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

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

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

Consent Order entered on October 19, 2011

7. Person completing form: **Brett Bennett**

Phone number: **(912)-754-7617** Date completed: January 18th, 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:



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY:EFFINGHAM COUNTY

Service:Extension Service

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

☒ Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):Effingham County

☐ Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): Type Name of Government, Authority or Organization Here

☐ One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service: Type Name of Government, Authority or Organization Here

☐ One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.): Type Name of Government, Authority or Organization Here

☐ Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.): Effingham County, City of Guyton, City of Rincon, City of Springfield

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

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

☒ No

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

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

Handwritten signatures and initials

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Effingham County	See Consent Order entered on October 19, 2011 and attachments thereto.
Type Gov't/Authority Name Here	Detail Funding Here

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

The University of Georgia Agricultural Extension service will continue to provide county-wide services. Effingham County will provide supplemental funding.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End

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?

Consent Order entered on October 19, 2011.

7. Person completing form: **Eric Gotwalt**

Phone number: (912) 232-3770

Date completed: 11/10/2011

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.

DAVID R. CRAWLEY, EFFINGHAM COUNTY ADMINISTRATOR, (912) 754-2111

Handwritten signatures and initials: RD, MHA, UP, P

SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY:EFFINGHAM COUNTY

Service:Fire Protection

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

☐ Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): **Type Name of Government, Authority or Organization Here**

☐ Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): **Type Name of Government, Authority or Organization Here**

☐ One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service: **Type Name of Government, Authority or Organization Here**

☒ One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.): **Effingham County, Cities of Guyton, Rincon, and Springfield**

☐ Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.): **Type Name of Government, Authority or Organization Here**

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

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

☒ No

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

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

Handwritten signatures and initials

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Effingham County	See Consent Order entered on October 19, 2011 and attachments thereto.
City of Guyton	User fees; SPLOST
City of Rincon	User fees; SPLOST
City of Springfield	User fees; SPLOST
Type Gov't/Authority Name Here	Detail Funding Here

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

This strategy ensures that the costs of fire protection services in the unincorporated area are not funded using ad valorem property tax revenue collected from property owners within the municipalities or LOST.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>
Fire Protection Services	Effingham County, Cities of Guyton, Rincon, Springfield	July 1, 2011 - June 30, 2016
Agreement	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End

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?

Consent Order entered on October 19, 2011.

7. Person completing form: **Eric Gotwalt**

Phone number: (912) 232-3770 Date completed: 11/10/2011

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:

DAVID R. CRAWLEY, EFFINGHAM COUNTY ADMINISTRATOR, (912) 754-2111



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

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COUNTY:EFFINGHAM COUNTY

Service:Forestry

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

☒ Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):**Effingham County**

☐ Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): **Type Name of Government, Authority or Organization Here**

☐ One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service: **Type Name of Government, Authority or Organization Here**

☐ One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.): **Type Name of Government, Authority or Organization Here**

☐ Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.): **Effingham County, City of Guyton, City of Rincon, City of Springfield**

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

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

☒ No

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

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

[Handwritten signatures]

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Effingham County	See Consent Order entered on October 19, 2011 and attachments thereto.
Type Gov't/Authority Name Here	Detail Funding Here

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

The Georgia Forestry Service will continue to provide county-wide services. Effingham County will provide supplemental funding.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End

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?

Consent Order entered on October 19, 2011.

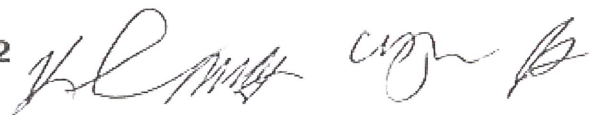
7. Person completing form: **Eric Gotwalt**

Phone number: (912) 232-3770 Date completed: 11/10/2011

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:

DAVID R. CRAWLEY, EFFINGHAM COUNTY ADMINISTRATOR, (912) 754-2111





SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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COUNTY:EFFINGHAM

**Service:General Government Services, Finance, Purchasing -
Unincorporated Services**

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

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

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

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

☒ **No**

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Effingham County	See Consent Order entered on October 19 th , 2011 and attachments thereto

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

The strategy ensures that a proportionate share of the cost of General Government Services, Finance, and Purchasing shall be provided in the unincorporated area (Special Service District) for those services identified in the Consent Order entered on October 19th, 2011 and the attachments thereto

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

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

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

Consent Order entered on October 19, 2011

7. Person completing form: **Brett Bennett**

Phone number: **(912)-754-7617** Date completed: January 18th, 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:



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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COUNTY:EFFINGHAM COUNTY

Service:GIS/Mapping

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

☒ Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):**Effingham County**

☐ Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): **Type Name of Government, Authority or Organization Here**

☐ One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service: **Type Name of Government, Authority or Organization Here**

☐ One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.): **Type Name of Government, Authority or Organization Here**

☐ Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.): **Type Name of Government, Authority or Organization Here**

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

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

☒ No

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

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

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SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Effingham County	See Consent Order entered on October 19, 2011 and attachments thereto.
Type Gov't/Authority Name Here	
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here

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

Effingham County will continue to provide GIS/Mapping services on a county-wide basis. Data and mapping services will be provided to municipal governments at no charge provided that municipalities do not disseminate data in violation of the the County's vendor licensing agreements.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End

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?

Consent Order entered on October 19, 2011.

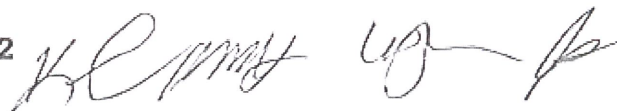
7. Person completing form: **Eric Gotwalt**

Phone number: **(912) 232-3770** Date completed: 11/10/2011

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:

DAVID R. CRAWLEY, EFFINGHAM COUNTY ADMINISTRATOR, (912) 754-2111





SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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COUNTY:EFFINGHAM COUNTY

Service:Hospital

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

- ☒ Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):**Effingham County**
- ☐ Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): **Type Name of Government, Authority or Organization Here**
- ☐ One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service: **Type Name of Government, Authority or Organization Here**
- ☐ One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.): **Type Name of Government, Authority or Organization Here**
- ☐ Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.): **Type Name of Government, Authority or Organization Here**

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

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

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

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

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SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Effingham County Hospital Authority	See Consent Order entered on October 19, 2011 and attachments thereto.
Effingham County	
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here

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

The Effingham County Hospital Authority will continue to operate the Effingham County Hospital and provide indigent care for all residents of Effingham County.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End

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?

Consent Order entered on October 19, 2011.

7. Person completing form: Eric Gotwalt

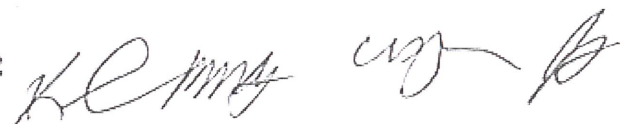
Phone number: (912) 232-3770

Date completed: 11/10/2011

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:

DAVID R. CRAWLEY, EFFINGHAM COUNTY ADMINISTRATOR, (912) 754-2111





SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

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COUNTY:EFFINGHAM

Service:Indigent Defense

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

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

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

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

☒ **No**

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Effingham County	See Consent Order entered on October 19 th , 2011 and attachments thereto

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:

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

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

Consent Order entered on October 19, 2011

7. Person completing form: **Brett Bennett**

Phone number: **(912)-754-7617**

Date completed: January 18th, 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:



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

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COUNTY:EFFINGHAM

Service:Indigent Defense - Municipal Courts

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

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

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

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

☒ **No**

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
City of Springfield	General Fund Revenue
City of Rincon	General Fund Revenue
City of Guyton	General Fund Revenue

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:

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

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

Consent Order entered on October 19, 2011

7. Person completing form: **Brett Bennett**

Phone number: **(912)-754-7617** Date completed: January 18th, 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:



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY:EFFINGHAM COUNTY

Service:Jail

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

☒ Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):**Effingham County**

☐ Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): **Type Name of Government, Authority or Organization Here**

☐ One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service: **Type Name of Government, Authority or Organization Here**

☐ One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.): **Type Name of Government, Authority or Organization Here**

☐ Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.): **Type Name of Government, Authority or Organization Here**

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

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

☒ No

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

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

[Handwritten signatures]

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Effingham County	See Consent Order entered on October 19, 2011 and attachments thereto.
Type Gov't/Authority Name Here	
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here

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

The Effingham County Sheriff will continue to operate a jail for the pre-trial detention of those who violate the criminal laws of the state and ordinances of the respective local governments within the county. The parties have entered into jail services agreements that will implement a 10% surcharge to all fines imposed in the municipal courts and a 10% addition to all bonds approved by the municipal courts, in lieu of paying a per diem fee to the county for housing of municipal detainees. Effingham County already imposes similar surcharges in criminal cases pending before the Superior, State, and Magistrate Courts.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>
Jail Services Agreement	Effingham County, Cities of Guyton, Rincon, Springfield	July 1, 2011 to June 30, 2012
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End

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?

Consent Order entered on October 19, 2011. In addition, with regard to SPLOST revenue collected pursuant to the SPLOST referendum approved by the voters of Effingham County in November 2010, funding for construction of a new jail (a level one project) will be allocated in the amount of \$16,000,000. This level one funding will be distributed monthly over five (5) years in the amount of \$3,200,000 per year that the SPLOST is collected. SPLOST receipts in excess of the monthly amount distributed for the jail construction project shall be distributed to the County and the Cities on a pro-rata basis based on the most recent population census.

7. Person completing form: **Eric Gotwalt**

Phone number: **(912) 232-3770** Date completed: 11/10/2011

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:

DAVID R. CRAWLEY, EFFINGHAM COUNTY ADMINISTRATOR, (912) 754-2111



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY:EFFINGHAM COUNTY

Service:Landfill (Transfer Station)

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

☒ Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):Effingham County

☐ Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): Type Name of Government, Authority or Organization Here

☐ One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.): Type Name of Government, Authority or Organization Here

☐ One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.): Type Name of Government, Authority or Organization Here

☐ Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.): Type Name of Government, Authority or Organization Here

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

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

☒ No

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

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

Handwritten signature: J. E. May

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Effingham County	See Consent Order entered on October 19, 2011 and attachments thereto.
Type Gov't/Authority Name Here	
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here

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

Effingham County will continue to provide landfill services at its solid waste transfer station.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>
		Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End

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?

Consent Order entered on October 19, 2011.

7. Person completing form: **Eric Gotwalt**

Phone number: **(912) 232-3770**

Date completed: 11/10/2011

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:

DAVID R. CRAWLEY, EFFINGHAM COUNTY ADMINISTRATOR, (912) 754-2111

HE May 10 2012



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

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COUNTY: EFFINGHAM COUNTY

Service: Law Enforcement

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

☐ Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): Effingham County

☐ Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): Type Name of Government, Authority or Organization Here

☒ One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service: Cities of Guyton, Rincon, Springfield (the Effingham County Sheriff's Office is excluded from the service delivery strategy agreement per Unofficial Opinion U2005-2 of the Georgia Attorney General; see also Channell v. Houston, 2010 WL 2718170 (Ga. 2010).

☐ One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.): Type Name of Government, Authority or Organization Here

☐ Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.): Type Name of Government, Authority or Organization Here

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

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

☒ No

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

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

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SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
City of Guyton	General fund revenue; fines; fees; forfeitures; SPLOST; grants
City of Rincon	General fund revenue; fines; fees; forfeitures; SPLOST; grants
City of Springfield	General fund revenue; fines; fees; forfeitures; SPLOST; grants
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here

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

The Effingham County Sheriff's Office provides law enforcement throughout Effingham County. The municipalities will continue to provide a higher level of service within their corporate limits.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>
		Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End

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?

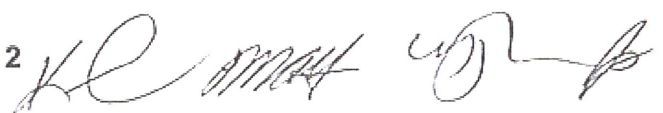
Consent Order entered on October 19, 2011.

7. Person completing form: **Eric Gotwalt**
Phone number: **(912) 232-3770** Date completed: **11/10/2011**

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:

DAVID R. CRAWLEY, EFFINGHAM COUNTY ADMINISTRATOR, (912) 754-2111





SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY:EFFINGHAM COUNTY

Service:Library

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

☒ Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):**Effingham County**

☐ Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): **Type Name of Government, Authority or Organization Here**

☐ One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service: **Type Name of Government, Authority or Organization Here**

☐ One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.): **Type Name of Government, Authority or Organization Here**

☐ Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.): **Type Name of Government, Authority or Organization Here**

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

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

☒ No

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

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

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SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Effingham County	See Consent Order entered on October 19, 2011 and attachments thereto.
Type Gov't/Authority Name Here	
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here

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

The Live Oak Library System provides library resources on a county-wide basis. Effingham County and the Effingham County Board of Education provide funding.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End

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?

Consent Order entered on October 19, 2011.

7. Person completing form: **Eric Gotwalt**

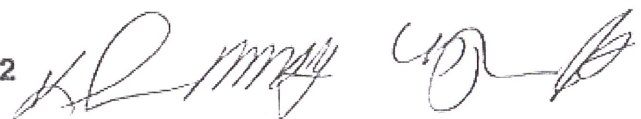
Phone number: **(912) 232-3770**

Date completed: 11/10/2011

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:

DAVID R. CRAWLEY, EFFINGHAM COUNTY ADMINISTRATOR, (912) 754-2111





SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY:EFFINGHAM

Service:*Parks and Recreation*

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

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

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

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

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Effingham County	See Consent Order entered on October 19 th , 2011 and attachments thereto
City of Springfield	General fund revenue; SPLOST; grants; user fees; concession fees
City of Rincon	General fund revenue; SPLOST; grants; user fees; concession fees
City of Guyton	General fund revenue; SPLOST; grants; user fees; concession fees

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

The strategy will encourage cooperative development and funding of recreation activities and facilities in Effingham County.

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

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

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

Consent Order entered on October 19, 2011

7. Person completing form: **Brett Bennett**

Phone number: **(912)-754-7617** Date completed: January 18th, 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:



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY:EFFINGHAM

Service: Planning, Subdivision Review, Zoning

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

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

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

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

☒ **No**

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Effingham County	See Consent Order entered on October 19 th , 2011 and attachments thereto
City of Springfield	User fees; general fund revenue
City of Rincon	User fees; general fund revenue
City of Guyton	User fees; general fund revenue

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

The strategy ensures that the cost of planning, subdivision review, and zoning services in the unincorporated area are not funded using ad valorem property tax revenue collected from property owners within the municipalities or LOST.

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

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

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

Consent Order entered on October 19, 2011

7. Person completing form: **Brett Bennett**

Phone number: **(912)-754-7617** Date completed: January 18th, 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:



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

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

COUNTY:EFFINGHAM COUNTY

Service:Public Health Services

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

☒ Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):Effingham County

☐ Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): Type Name of Government, Authority or Organization Here

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

☐ One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.): Type Name of Government, Authority or Organization Here

☐ Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.): Type Name of Government, Authority or Organization Here

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

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

☒ No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Effingham County	See Consent Order entered on October 19, 2011 and attachments thereto.
	Detail Funding Here
	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here

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

The Effingham County Health Department will continue to provide a health services on a county-wide basis.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>
		Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End

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?

Consent Order entered on October 19, 2011.

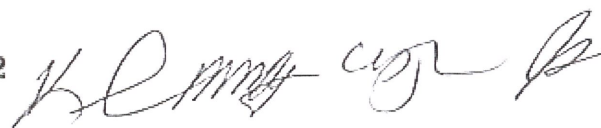
7. Person completing form: **Eric Gotwalt**

Phone number: **(912) 232-3770** Date completed: 11/10/2011

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:

DAVID R. CRAWLEY, EFFINGHAM COUNTY ADMINISTRATOR, (912) 754-2111





SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY:EFFINGHAM

Service:Road and Bridge Construction and Maintenance

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

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

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

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

☒ **No**

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

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

SDS FORM 2, continued

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

Local Government or Authority	Funding Method
Effingham County	See Consent Order entered on October 19 th , 2011 and attachments thereto
City of Springfield	General fund revenue; SPLOST; grants
City of Rincon	General fund revenue; SPLOST; grants
City of Guyton	General fund revenue; SPLOST; grants

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

This strategy will encourage cooperative development and funding of road and bridge construction and maintenance in Effingham 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
Service Devliery Strategy	Effingham County, Cities of Guyton, Rincon, Springfield	July 1, 2011 to June 30, 2021
Agreement for Road		
Construction and Maintenance		

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?

Consent Order entered on October 19, 2011

7. Person completing form: **Brett Bennett**

Phone number: **(912)-754-7617** Date completed: January 18th, 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:



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

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COUNTY:EFFINGHAM COUNTY

Service:Senior Citizen Meal Programs

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

☒ Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):**Effingham County**

☐ Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): **Type Name of Government, Authority or Organization Here**

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

☐ One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.): **Type Name of Government, Authority or Organization Here**

☐ Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.): **Type Name of Government, Authority or Organization Here**

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

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

☒ No

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

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

[Handwritten signatures]

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Effingham County	See Consent Order entered on October 19, 2011 and attachments thereto.
Type Gov't/Authority Name Here	Detail Funding Here

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

Effingham County will continue to provide meals for senior citizens on a county-wide basis according to need.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>
		Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End

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?

Consent Order entered on October 19, 2011.

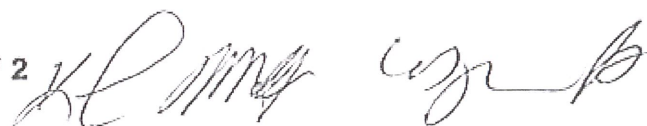
7. Person completing form: **Eric Gotwalt**

Phone number: **(912) 232-3770** Date completed: 11/10/2011

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:

DAVID R. CRAWLEY, EFFINGHAM COUNTY ADMINISTRATOR, (912) 754-2111





SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

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COUNTY:EFFINGHAM COUNTY

Service:Senior Citizens Programs

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

- ☐ Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): **Type Name of Government, Authority or Organization Here**
- ☐ Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): **Type Name of Government, Authority or Organization Here**
- ☐ One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service: **Type Name of Government, Authority or Organization Here**
- ☒ One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.): **Effingham County, the Cities of Guyton, Rincon, and Springfield**
- ☐ Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.):

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

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

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

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

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SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Effingham County	See Consent Order entered on October 19, 2011 and attachments thereto.
City of Guyton	User fees; general fund revenue; grants
City of Rincon	User fees; general fund revenue; grants
City of Springfield	User fees; general fund revenue; grants
Type Gov't/Authority Name Here	Detail Funding Here

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

Effingham County will continue to provide senior citizens services to the unincorporated area. The municipalities will provide senior citizens services within their corporate limits.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>
To be supplemented	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End

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?

Consent Order entered on October 19, 2011.

7. Person completing form: **Eric Gotwalt**

Phone number: **(912) 232-3770** Date completed: **11/10/2011**

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:

DAVID R. CRAWLEY, EFFINGHAM COUNTY ADMINISTRATOR, (912) 754-2111





SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

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COUNTY:EFFINGHAM COUNTY

Service:Social Services (DFACS, Victim Witness, Family Connection, Gateway, Rural Regional Transportation)

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

☒ Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):Effingham County

☐ Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): Type Name of Government, Authority or Organization Here

☐ One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service: Type Name of Government, Authority or Organization Here

☐ One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.): Type Name of Government, Authority or Organization Here

☐ Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.): Type Name of Government, Authority or Organization Here

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

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

☒ No

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

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

Handwritten signatures and initials

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Effingham County	See Consent Order entered on October 19, 2011 and attachments thereto.
Type Gov't/Authority Name Here	
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here

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

Effingham County will continue to provide social services on a county-wide basis.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End

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?

Consent Order entered on October 19, 2011.

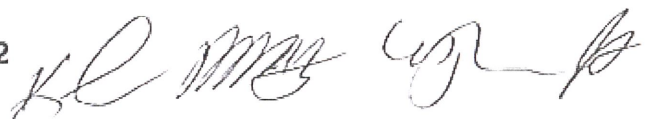
7. Person completing form: **Eric Gotwalt**

Phone number: **(912) 232-3770** Date completed: **11/10/2011**

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:

DAVID R. CRAWLEY, EFFINGHAM COUNTY ADMINISTRATOR, (912) 754-2111





SERVICE DELIVERY STRATEGY

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COUNTY:EFFINGHAM

Service:Soil and Erosion Control

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

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

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

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

☒ **No**

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Effingham County	See Consent Order entered on October 19 th , 2011 and attachments thereto
City of Rincon	User fees; general fund revenue

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

Rincon is now providing this service within it's municipal boundaries

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

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

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

Consent Order entered on October 19, 2011

7. Person completing form: **Brett Bennett**

Phone number: **(912)-754-7617** Date completed: January 18th, 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:



SERVICE DELIVERY STRATEGY

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COUNTY:EFFINGHAM

Service:*Solid Waste Collection*

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

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

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

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

☒ **No**

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Effingham County	See Consent Order entered on October 19 th , 2011 and attachments thereto
City of Springfield	User fees; general fund revenue, SPLOST
City of Rincon	User fees; general fund revenue, SPLOST
City of Guyton	User fees; general fund revenue, SPLOST

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

The strategy ensures that the cost of solid waste collection services in the unincorporated area are not funded using ad valorem property tax revenue collected from property owners within the municipalities or LOST.

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

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

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

Consent Order entered on October 19, 2011

7. Person completing form: **Brett Bennett**

Phone number: **(912)-754-7617** Date completed: January 18th, 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:



SERVICE DELIVERY STRATEGY

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COUNTY:EFFINGHAM

Service:*Street Lighting*

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

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

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

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

☒ **No**

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Effingham County	See Consent Order entered on October 19 th , 2011 and attachments thereto
City of Springfield	User fees; general fund revenue
City of Rincon	User fees; general fund revenue
City of Guyton	User fees; general fund revenue

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

The strategy ensures that the cost of street lighting services in the unincorporated area are not funded using ad valorem property tax revenue collected from property owners within the municipalities or LOST.

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

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

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

Consent Order entered on October 19, 2011

7. Person completing form: **Brett Bennett**

Phone number: **(912)-754-7617** Date completed: January 18th, 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:



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

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COUNTY:EFFINGHAM

Service:*Street Sweeping*

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

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

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

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

☒ **No**

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Effingham County	See Consent Order entered on October 19 th , 2011 and attachments thereto
City of Springfield	User fees; general fund revenue
City of Rincon	User fees; general fund revenue
City of Guyton	User fees; general fund revenue

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

The strategy ensures that the cost of street sweeping services in the unincorporated area are not funded using ad valorem property tax revenue collected from property owners within the municipalities or LOST.

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

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

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

Consent Order entered on October 19, 2011

7. Person completing form: **Brett Bennett**

Phone number: **(912)-754-7617** Date completed: January 18th, 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:



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY:EFFINGHAM COUNTY

Service:Tax Assessment

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

☒ Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):Effingham County

☐ Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): Type Name of Government, Authority or Organization Here

☐ One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service: Type Name of Government, Authority or Organization Here

☐ One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.): Type Name of Government, Authority or Organization Here

☐ Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.): Type Name of Government, Authority or Organization Here

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

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

☒ No

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

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

[Handwritten signatures]

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Effingham County	See Consent Order entered on October 19, 2011 and attachments thereto.
Type Gov't/Authority Name Here	
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here

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

The Effingham County Board of Tax Assessors will continue to provide services on a county-wide basis.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End

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?

Consent Order entered on October 19, 2011.

7. Person completing form: **Eric Gotwalt**
Phone number: **(912) 232-3770** Date completed: **11/10/2011**

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:

DAVID R. CRAWLEY, EFFINGHAM COUNTY ADMINISTRATOR, (912) 754-2111



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY:EFFINGHAM

Service:Tax Collection

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

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

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

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

☒ **No**

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Effingham County	See Consent Order entered on October 19 th , 2011 and attachments thereto

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:

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

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

Consent Order entered on October 19, 2011

7. Person completing form: **Brett Bennett**

Phone number: **(912)-754-7617** Date completed: January 18th, 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:



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY:EFFINGHAM

Service:Tax Collection - Municipal

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

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

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

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

☒ **No**

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
City of Springfield	User fees; general fund revenue
City of Rincon	User fees; general fund revenue
City of Guyton	User fees; general fund revenue

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:

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

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

Consent Order entered on October 19, 2011

7. Person completing form: **Brett Bennett**

Phone number: **(912)-754-7617** Date completed: January 18th, 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:



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY:EFFINGHAM COUNTY

Service:Traffic Control (traffic lighting, traffic signs, and traffic signals)

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

☐ Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): Type Name of Government, Authority or Organization Here

☐ Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): Type Name of Government, Authority or Organization Here

☐ One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service: Type Name of Government, Authority or Organization Here

☒ One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.): Effingham County, Cities of Guyton, Rincon, and Springfield

☐ Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.): Type Name of Government, Authority or Organization Here

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

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

☒ No

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

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

[Handwritten signatures]

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Effingham County	See Consent Order entered on October 19, 2011 and attachments thereto.
City of Guyton	General fund revenue; SPLOST
City of Rincon	General fund revenue; SPLOST
City of Springfield	General fund revenue; SPLOST
Type Gov't/Authority Name Here	Detail Funding Here

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

This strategy ensures that the costs of traffic control services in the unincorporated area are not funded using ad valorem property tax revenue collected from property owners within the municipalities or LOST.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End

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?

Consent Order entered on October 19, 2011.

7. Person completing form: **Eric Gotwalt**

Phone number: (912) 232-3770 Date completed: 11/10/2011

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:

GEORGE B. SHAW, EFFINGHAM COUNTY ADMINISTRATOR, (912) 754-2111



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY:EFFINGHAM

Service:Wastewater Treatment and Collection

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

- a.) ☐ Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):
- b.) ☐ Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):
- c.) ☐ One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service):
- d.) ☐ One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):
- e.) ☒ Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.): **0Effingham County, City of Springfield, City of Rincon, City of Guyton**

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

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

☒ **No**

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Effingham County	See Consent Order entered on October 19, 2011 and attachments thereto
City of Springfield	User Fees; SPLOST; Grants
City of Rincon	User Fees; SPLOST; Grants
City of Guyton	User Fees; SPLOST; Grants

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

This strategy ensures tha the costs of wastewater collection and treatment services in the unincorporated area are not funded using ad valorem property tax revenue collected from property owners within the municipalities or LOST.

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

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

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

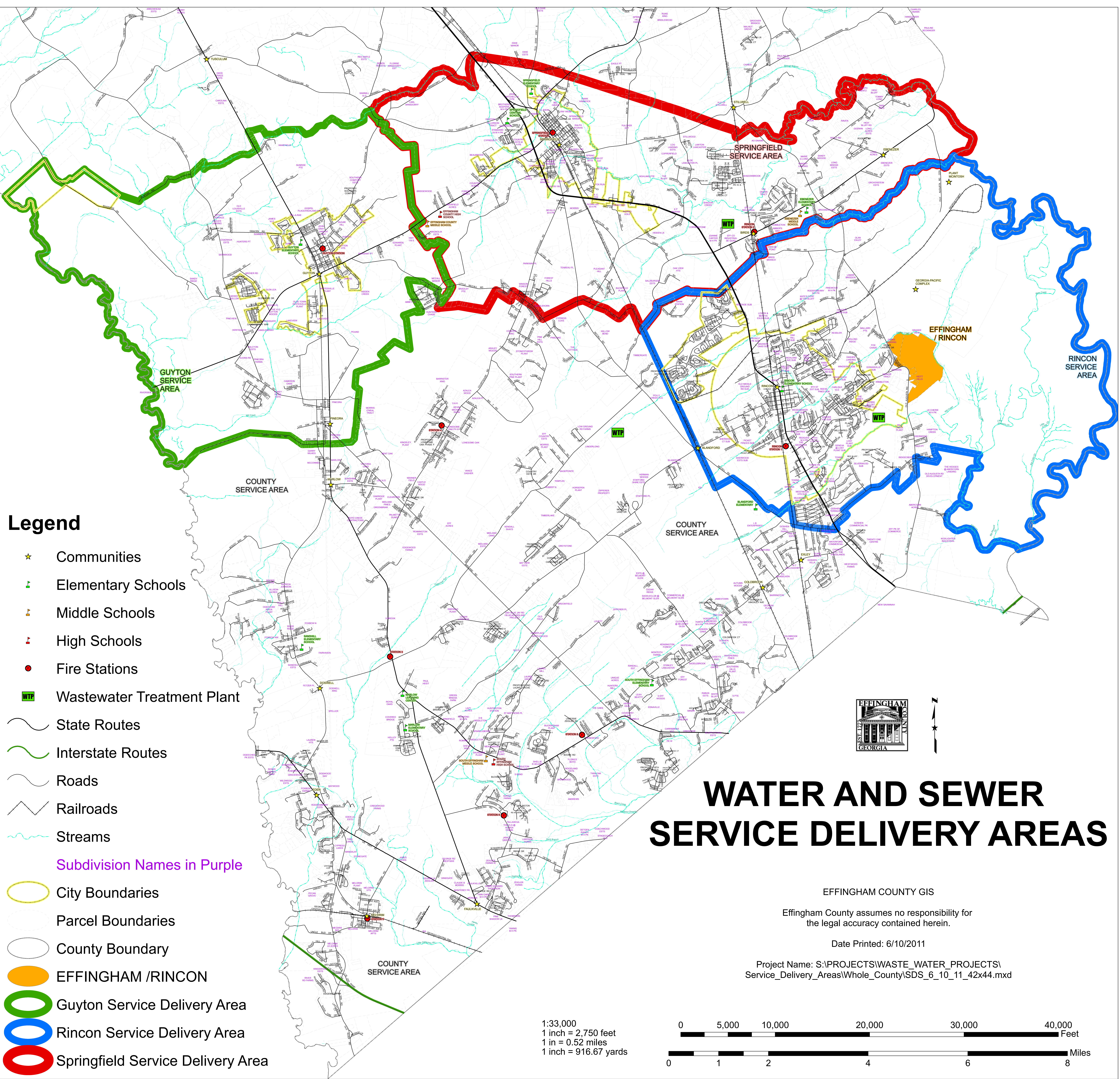
Consent Order entered on October 19, 2011

7. Person completing form: **Brett Bennett**

Phone number: **912-754-7617** Date completed: January 18, 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:



- Legend**
- ★ Communities
 - Elementary Schools
 - Middle Schools
 - High Schools
 - Fire Stations
 - WTP Wastewater Treatment Plant
 - State Routes
 - Interstate Routes
 - Roads
 - Railroads
 - Streams
 - Subdivision Names in Purple
 - City Boundaries
 - Parcel Boundaries
 - County Boundary
 - EFFINGHAM /RINCON
 - Guyton Service Delivery Area
 - Rincon Service Delivery Area
 - Springfield Service Delivery Area

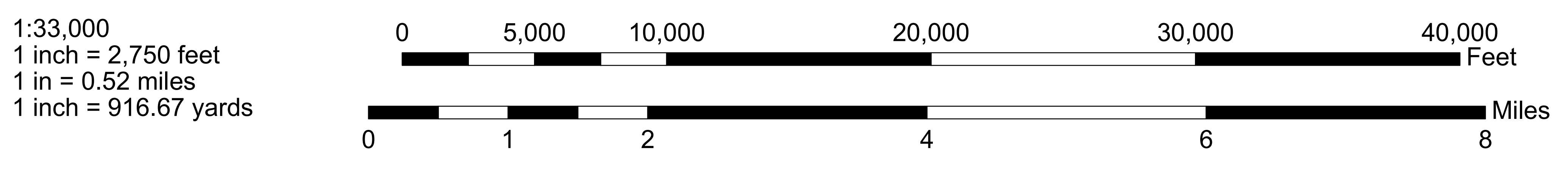
WATER AND SEWER SERVICE DELIVERY AREAS

EFFINGHAM COUNTY GIS

Effingham County assumes no responsibility for the legal accuracy contained herein.

Date Printed: 6/10/2011

Project Name: S:\PROJECTS\WASTE_WATER_PROJECTS\Service_Delivery_Areas\Whole_County\SDS_6_10_11_42x44.mxd





SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY:EFFINGHAM COUNTY

Service:Water Supply and Distribution

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

☐ Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): **Type Name of Government, Authority or Organization Here**

☐ Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): **Type Name of Government, Authority or Organization Here**

☐ One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service: **Type Name of Government, Authority or Organization Here**

☐ One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.): **Type Name of Government, Authority or Organization Here**

☒ Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.): **Effingham County, Cities of Guyton, Rincon, and Springfield**

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

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

☒ No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Effingham County	See Consent Order entered on October 19, 2011 and attachments thereto.
City of Guyton	User fees; SPLOST; grants
City of Rincon	User fees; SPLOST; impact fees; grants
City of Springfield	User fees; SPLOST; grants
Type Gov't/Authority Name Here	Detail Funding Here

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

This strategy ensures that the costs of water supply and distribution services in the unincorporated area are not funded using ad valorem property tax revenue collected from property owners within the municipalities or LOST.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>
Water, Sewer, and Re-Use	Effingham County and the City of Rincon	Effective April 27, 2011
Water Agreement Between	List Contracting Parties Here	Effective - End
Effingham County and the City	List Contracting Parties Here	Effective - End
of Rincon	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End

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?

Consent Order entered on October 19, 2011.

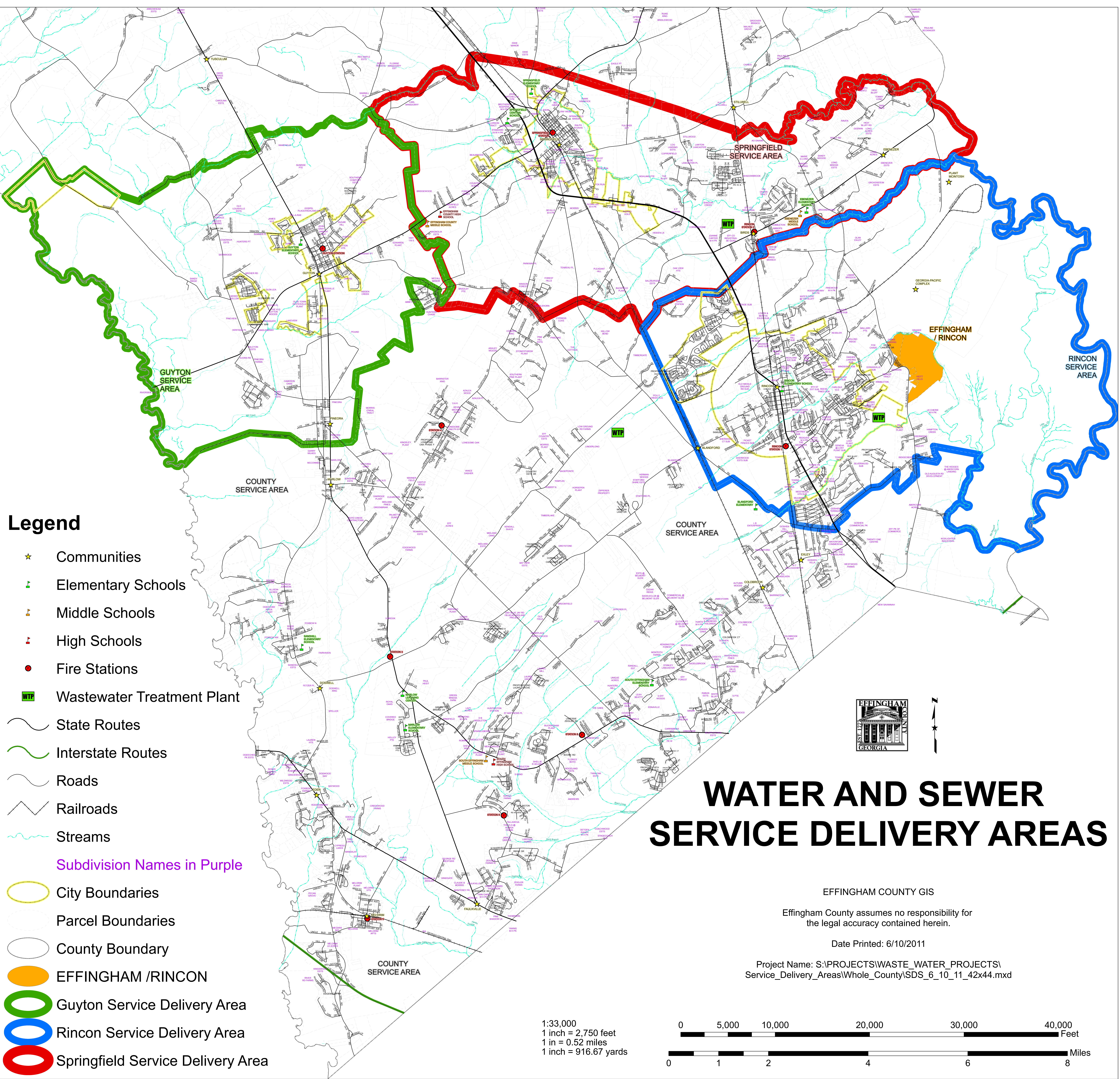
7. Person completing form: **Eric Gotwalt**

Phone number: (912) 232-3770 Date completed: 11/10/2011

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

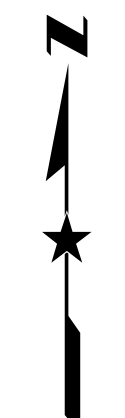
If not, provide designated contact person(s) and phone number(s) below:

DAVID R. CRAWLEY, EFFINGHAM COUNTY ADMINISTRATOR, (912) 754-2111



Legend

- ★ Communities
- Elementary Schools
- Middle Schools
- High Schools
- Fire Stations
- WTP Wastewater Treatment Plant
- State Routes
- Interstate Routes
- Roads
- Railroads
- Streams
- Subdivision Names in Purple
- City Boundaries
- Parcel Boundaries
- County Boundary
- EFFINGHAM /RINCON
- Guyton Service Delivery Area
- Rincon Service Delivery Area
- Springfield Service Delivery Area



WATER AND SEWER SERVICE DELIVERY AREAS

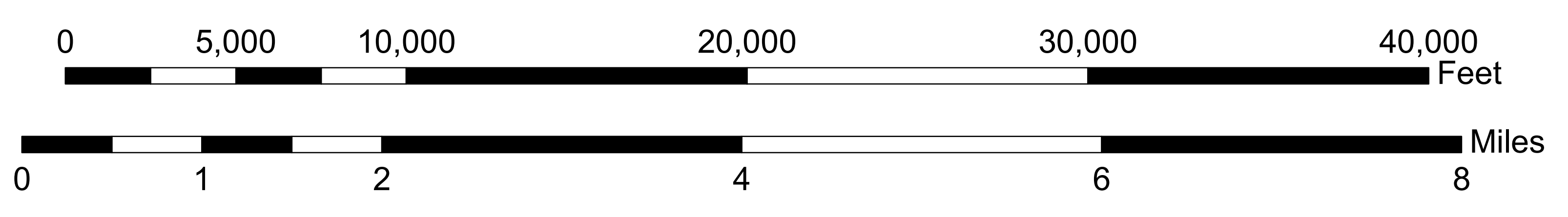
EFFINGHAM COUNTY GIS

Effingham County assumes no responsibility for the legal accuracy contained herein.

Date Printed: 6/10/2011

Project Name: S:\PROJECTS\WASTE_WATER_PROJECTS\ Service_Delivery_Areas\Whole_County\SDS_6_10_11_42x44.mxd

1:33,000
1 inch = 2,750 feet
1 in = 0.52 miles
1 inch = 916.67 yards



IN THE SUPERIOR COURT OF EFFINGHAM COUNTY
STATE OF GEORGIA

FILED FOR RECORD

2011 OCT 19 PM 4:35

ELIZABETH Z. HURSEY
CLERK E.C.S.C.

EFFINGHAM COUNTY BOARD)
OF COMMISSIONERS et al.,)
)
Petitioner,)
)
vs.)
)
CITY OF RINCON, GEORGIA ET AL.,)
)
Respondents.)

Civil Action No. SU09CV649W

CONSENT ORDER

The parties hereto having appeared before the Court and having represented to the Court that the stipulation and agreements attached hereto represent the legally binding agreement negotiated between said parties for the delivery of local government services, it is hereby ORDERED that, pursuant to the authority conferred by O.C.G.A. § 36-70-25.1(d)(2), the local government service delivery strategies for Effingham County as reflected in the attachments hereto shall be and hereby are approved.

Within thirty (30) days of the date of entry of a final order, the parties agree to submit all required documentation to the Georgia Department of Community Affairs for certification of an updated Service Delivery Strategy for the parties. This documentation will include any other information required for an updated local government service delivery strategy for Effingham County.

The Court further approves and incorporates by reference herein the Stipulation Regarding Governmental Services, which defines and distinguishes among county-wide services and special service district services, and the agreements attached thereto. As to local government services that are not addressed by separate intergovernmental agreement, the stipulation shall delineate sources of funding that may be used for services provided by Effingham County.

Any party may seek to modify or terminate the agreements approved hereunder at any

time in the manner authorized by O.C.G.A. §§ 36-70-25.1 and 36-70-28.

SO ORDERED this 29th day of Aug, 2011.


ALBERT RAHN III
SENIOR SUPERIOR COURT JUDGE

Order prepared by:

Eric R. Gotwalt
Georgia Bar No. 303180

ZIPPERER, LORBERBAUM & BEAUVAIS
P.O. Box 9147
Savannah GA 31412
Ph. (912) 232-3770
Fx. (912) 232-0643

STATE OF GEORGIA

COUNTY OF EFFINGHAM

JOINT RESOLUTION REGARDING SERVICE DELIVERY STRATEGY FOR THE CITIES OF GUYTON,
RINCON, AND SPRINGFIELD, AND EFFINGHAM COUNTY

WHEREAS, the respective governing authorities of the Cities of Guyton, Rincon, Springfield, and Effingham County have approved a stipulation in late 2010 to set forth a service delivery strategy between the local governments, intended to bring pending litigation in the Superior Court of Effingham County to a close; and

WHEREAS, the parties have agreed upon certain modifications to said original 2010 stipulation, and wish to approve an updated stipulation reflecting same;

NOW, THEREFORE, BE IT RESOLVED BY THE GOVERNING AUTHORITY OF EACH NAMED LOCAL GOVERNMENT THAT:

1. The Stipulation attached hereto as Exhibit "A" and incorporated herein is hereby re-approved and re-adopted in its entirety, superseding any other previous versions adopted by any party.
2. The area previously identified on the approved water and sewer service map as "undesignated" shall be shown as "Effingham/Rincon" and shall be the subject of terms and conditions mutually acceptable to the City of Rincon and Effingham County to ensure the availability of water and sewer service to that area.
3. Each of the respective governing authorities of the Cities of Guyton, Rincon, Springfield, and Effingham County, and the mayor of each city and the Chair of the Effingham County Board of Commissioners and the clerks and legal counsel of each local government are authorized to sign the Stipulation on behalf of said local government, and each local government agrees to be bound by the provisions of said Stipulation.
4. Legal counsel for each local government is authorized to file this Stipulation into the records of the Superior Court of Effingham County, Georgia, and to act upon this Stipulation as a settlement of the case known as *Board of Commissioners of Effingham County, City of Guyton, City of Rincon, and City of Springfield*, Civil Action No.: SU09CV640W, now pending in said court.
5. All ordinances or parts of ordinances or resolutions or parts of resolutions or actions approved in conflict with the provisions of this resolution are hereby repealed and superseded by this resolution.
6. This resolution shall become effective immediately upon the date set forth herein.

RESOLVED THIS 27 DAY OF April, 2011.

Approved as to legal form

GM Butler
City Attorney

CITY OF GUYTON, GEORGIA

By: Michael A. Garvin
Michael A. Garvin, Mayor

ATTEST: Debra Scruggs
Debra Scruggs, City Clerk

[City Seal]

Approved as to legal form

Raymond Lickley
City Attorney

CITY OF RINCON, GEORGIA

By: Ken Lee
Ken Lee, Mayor

ATTEST: Wanda Hendrix
Wanda Hendrix, City Clerk
[City Seal]

Approved as to legal form

Jeff Northway
City Attorney

CITY OF SPRINGFIELD, GEORGIA

By: Jeff Northway
Jeff Northway, Mayor

ATTEST: Linda T. Rinear
Linda T. Rinear, City Clerk

[City Seal]

Approved as to legal form

C. D. Zeigler
County Attorney

EFFINGHAM COUNTY BOARD OF
COMMISSIONERS

By: C. D. Zeigler
C. D. Zeigler, Chair 4/27/11

ATTEST: Patrice M. Crawley
Patrice M. Crawley, County Clerk

[County Seal]

**IN THE SUPERIOR COURT OF EFFINGHAM COUNTY
STATE OF GEORGIA**

BOARD OF COMMISSIONERS OF
EFFINGHAM COUNTY, CITY OF
GUYTON, CITY OF RINCON,
AND CITY OF SPRINGFIELD

Civil Action No.: SU09CV640W

Petitioners.

STIPULATION REGARDING GOVERNMENTAL SERVICES

Come now here the parties to stipulate and agree to the following:

1. The Georgia Service Delivery Strategy Act (O.C.G.A. § 36-70-20 *et seq.*) mandates that local governments identify and categorize governmental services on the basis of the provider, for whom such service primarily benefits, and whether or not any services are jointly provided and/or funded. O.C.G.A. § 36-70-24(3).
2. The parties have identified and categorized a number of governmental services according to these parameters.

**SERVICES PROVIDED BY EFFINGHAM COUNTY COUNTY-WIDE (ALL CITIES AND
UNINCORPORATED AREAS)**

3. The following services are provided by Effingham County as county-wide services for the benefit of unincorporated and incorporated residents, individuals, and property owners:
 - A. Animal control
 - B. County Prison
 - C. County Hospital (through Effingham County Hospital Authority)
 - D. Court Services (Superior, State, Magistrate & Probate Courts, District Attorney's Office, Solicitor General, and Probation Services)
 - E. E911 / Communications
 - F. Economic Development (through Effingham County Industrial Development Authority)
 - G. Election / Voter Registration (for county-wide elections)
 - H. Emergency management
 - I. Emergency medical services
 - J. Extension service
 - K. Forestry
 - L. General government services / finance / general admin / purchasing (funded pro rata for services in this column)

- M. GIS / Mapping
 - N. Indigent Defense (Superior & State Court)
 - O. Landfill (Transfer Station)
 - P. Public health services (through Effingham County Health Dept)
 - Q. Social services (DFACS / Victim Witness / Family Connection / Gateway / Rural Regional Transportation / Library)
 - R. Tax assessment (through Effingham County Board of Assessors)
 - S. Tax collection (through Effingham County Tax Collector)
 - U. Senior Citizen Meal Program.
4. The cities may continue to provide for municipal courts in their respective jurisdictions. The cities may engage in independent economic development activities funded by municipal budgets.

SERVICES PROVIDED BY EFFINGHAM COUNTY FOR THE UNINCORPORATED AREA OF THE COUNTY (SPECIAL SERVICE DISTRICT)

5. Pursuant to O.C.G.A. § 36-70-24(3)(A), the service delivery strategy for the parties "shall ensure that the cost of any service which a county provides primarily for the benefit of the unincorporated area of the county shall be borne by the unincorporated area residents, individuals, and property owners who receive the service."
- 6.1 The following services are provided by Effingham County primarily for the benefit of the unincorporated area of Effingham County, and shall be funded as set forth in this section commencing with the County's fiscal year beginning July 1, 2011, and thereafter:
- A. Building and site inspection and building permits
 - B. Code enforcement
 - C. Engineering services (for services identified in Section 6.1)
 - D. Fire protection
 - E. General government services / finance / general admin / purchasing (pro rata funding for services identified in Section 6.1);
 - F. Planning / subdivision review / zoning
 - G. Senior citizen activity programs
 - H. Soil erosion & control permitting and enforcement
 - I. Solid waste collection
 - J. Street lighting
 - K. Traffic control (signage, traffic signals, traffic lighting)
 - L. Wastewater treatment & collection
 - M. Water supply & distribution.
- 6.2 Effingham County will derive funding for the services outlined in Section 6.1 solely from the following:

- i. special service districts created by Effingham County in which property taxes, insurance premium taxes, assessments, or user fees are levied or imposed (per O.C.G.A. § 36-70-24(3)(B));
- ii. SPLOST revenue per voter referendum;
- iii. grants for services outlined in Section 6.1;
- iv. enterprise fund revenue, permitting fees, and impact fees derived from the unincorporated area of Effingham County, all such revenue derived from services specified in Section 6.1; and
- v. any other revenue (excluding LOST and general fund ad valorem property taxes derived from the base millage rate levied for services identified in Section 3), defined as follows:

GROUP A:

- (1) interest on investments;
- (2) occupational taxes;
- (3) alcoholic beverage taxes;
- (4) fieri facias revenue and penalties on property-related taxes;

provided, however, that if Effingham County at its discretion uses any Group A revenue for any service listed herein Section 6.1, such revenue must be distributed pro rata across the entire county budget.

GROUP B:

- (1) payments in lieu of taxes (PILOTs);
- (2) cable franchise fees;

provided, however, that Effingham County may use in its discretion as appropriate any Group B revenue for any services whatsoever it provides, including but not limited to services specified in Section 6.1.

The spreadsheet attached hereto as **Exhibit 1** shall serve as a template for the allocation of currently available County revenue sources with regard to the funding of County services identified in Section 6.1.

- 6.3 Inter-fund allocations made from general fund reserves for services enumerated in Section 6.1 between July 1, 1999 through June 30, 2011 shall be addressed as follows:

As of June 30, 2010, the County's audited financial statements reflect unreserved general fund balances of \$24,488,746.00, inclusive of inter-fund receivables. From July 1, 2006 through June 30, 2010, the cumulative average digest value of taxable property in the unincorporated area represented 80.10% of the total digest value of all taxable property in Effingham County; accordingly, \$19,615,485.55 represents the pro rata portion of the unreserved general fund balance available to the County for transfers.

From July 1, 2006 through June 30, 2011, the County has authorized inter-fund loans from general fund reserves to the water and sewer enterprise fund (including anticipated loans of \$400,000.00 before June 30, 2011) in the amount of \$11,531,741.81 as of June 30, 2011.

The parties agree that the County may treat the unpaid balance of the aforesaid loans as of June 30, 2011, in an amount up to and including \$11,531,741.81 as a permanent transfer. The parties further agree that the County may make a one-time permanent transfer of up to \$5,000,000.00 from unreserved general fund balances to the special service district fund, such that the cumulative transfers authorized herein shall not exceed \$16,531,741.81.

To account for the Cities' proportionate contribution to said unreserved general fund balances, the County shall participate in City or jointly-funded projects in the following amounts (based on the most-recent five-year average digest percentage for each City and permanent transfers from County general fund balance to water and sewer and special service district funds as of June 30, 2011):

City of Guyton:	<u>\$ 414,946.72 (2.51%)</u>
City of Rincon:	<u>\$2,344,200.99 (14.18%)</u>
City of Springfield:	<u>\$ 530,668.91 (3.21%)</u>

The County participation pledged hereunder shall be applied to retire debt or for capital projects at the discretion of the respective City, not later than June 30, 2014. In the event that any City has not received County assistance in the amounts pledged hereunder as of June 30, 2014, the County shall remit cash from general fund balance, unless the parties agree otherwise. The County's maximum annual obligation to each City shall not exceed one-third (1/3) of the total participation pledged hereunder.

In the event that Effingham County makes inter-fund transfers for services enumerated in Section 6.1 after June 30, 2011 (for example, to its enterprise funds from the general fund) not reconciled by the end of a fiscal year, it may only use revenues collected from special service district ad valorem property taxes, special service district assessments, insurance premium taxes, and user fees, or other funds derived from or received for the above services to pay for these inter-fund allocations. Effingham County shall reconcile and repay any inter-fund allocations made during a fiscal year no later than six (6) months of the conclusion of that fiscal year.

7. In the event that Effingham County and one or more municipalities enter into an intergovernmental agreement for any service identified in Section 6.1 as a service provided by Effingham County primarily for the benefit of the unincorporated area of the county, the terms of that agreement shall be incorporated by reference into this stipulation for the duration of that intergovernmental agreement, and shall control in case of conflict.

8. Within its corporate limits, each municipality in Effingham County may provide or continue to provide the services identified in Section 6.1 and fund same with any legal sources of revenue.
9. **Soil erosion and control.** The City of Rincon will continue to provide soil erosion and control services for property within its corporate limits, and the Cities of Guyton and Springfield will continue to rely on Effingham County to provide said services for its respective jurisdictions and shall be included in any special service district established by the County for funding purposes. The Cities of Guyton and Springfield may individually opt out of this arrangement if they begin providing soil erosion and control permitting and enforcement services within their corporate boundaries pursuant to authorization by the State of Georgia.
10. **Senior Citizen Activity Programs.** Senior Citizen Activity Programs sponsored by Effingham County shall be the subject of a special service district that includes the unincorporated area of Effingham County and the Cities of Guyton and Springfield, and the Cities of Guyton and Springfield may individually opt out of this arrangement if they begin providing comparable senior citizen activity programs within their corporate boundaries. The City of Rincon will continue to provide its own program within its corporate limits.

OTHER SERVICES GOVERNED BY INTERGOVERNMENTAL AGREEMENTS

11. **Drainage / stormwater.** The "drainage / stormwater" category consists of infrastructure maintenance and construction, engineering, modeling activities, and floodplain management. The parties agree to participate in a county-wide stormwater utility study to be completed by October 31, 2011, and funded by Effingham County with general ad valorem taxes contributed by both incorporated and unincorporated residents. Based on the recommendations of the study, the parties agree to negotiate to determine what level of service will be provided by what entity(-ies) and how such service will be funded, and to categorize the "drainage / stormwater" service within the parameters of the Georgia Service Delivery Act. Unless the parties agree otherwise, the parties will reach a resolution by no later than December 31, 2011. Until this issue is resolved, or if the parties fail to achieve a resolution, "drainage / stormwater" shall be a service provided separately by Effingham County for the unincorporated area of the county, and by the cities for their respective incorporated areas, and funded according to the provisions of Sections 6.2 and 7.
12. **Parks and recreation.** The "parks and recreation" category consists of active and passive sports and leisure activities and facilities (including athletic opportunities, team sports, instructional activities, etc.), and maintenance and construction of outdoor and indoor recreational facilities. The parties will determine the amount of county general fund ad valorem taxes collected from incorporated areas for recreational purposes based upon the percentage to each municipality based on the most recent digest available. The digest percentages attributable to each municipality will then be multiplied by the amount of general fund ad valorem property taxes included in the county

recreational budget for that fiscal year, and the amounts calculated will be remitted to the respective municipalities (based on the digest percentage for each) in the form of cash, in-kind services, or credits towards joint projects as determined by the respective municipalities.

The parties have entered into a Service Delivery Strategy Agreement for Parks and Recreation reflecting these arrangements, effective July 1, 2011, to determine on an annual basis how such municipal contributions will be credited back to the cities (such as in-kind, in cash, shared through joint city-county recreational projects and/or programs, etc.). Each intergovernmental agreement includes the proviso that the municipalities agree to make its recreational programs and facilities available to all county residents on the same terms as its citizens, and vice versa by the county to city residents. A copy of said Agreement is attached hereto as Exhibit 2 and is adopted and incorporated as if set forth herein.

Effingham County shall derive funding for county parks and recreation in a manner consistent with the spreadsheet attached hereto as Exhibit 1 and from sources which shall be identified in the worksheet required to be submitted to DCA, "Form 2: Summary of Service Delivery Strategy Arrangements."

13. **Jail fines.** The County has entered into separate agreements with the Cities of Guyton, Rincon and Springfield for jail services pursuant to OCGA Section 15-21-92 *et seq.* Said agreements are adopted and incorporated as if set forth fully herein. Copies of said Agreements are attached as **Exhibits 3.1, 3.2, and 3.3.**
14. **Roads / bridges.** The "roads / bridges" category consists of maintenance, construction, and repair of roads, streets, sidewalks, and bridges and rights-of-way. The parties will determine the amount of county general fund ad valorem taxes collected from incorporated areas for roads/bridges purposes based upon the percentage to each municipality based on the most recent digest available. The digest percentages attributable to each municipality will then be multiplied by the amount of general fund ad valorem property taxes included in the county roads/bridges budget for that fiscal year, and the amounts calculated will be remitted to the respective municipalities (based on the digest percentage for each) in the form of cash, in-kind services, or credits towards joint projects as determined by the respective municipalities.

The parties have entered into a ten-year Service Delivery Strategy Agreement for Road Construction and Maintenance, effective July 1, 2011, between each city and the county to determine on an annual basis how such municipal contributions will be credited back to the cities (such as in-kind, in cash, shared through joint city-county roads/bridges projects and/or programs, etc.). A copy of said Agreement is attached hereto as **Exhibit 4** and is adopted and incorporated as if set forth herein.

Effingham County shall derive funding for county road and bridge construction and maintenance in a manner consistent with the spreadsheet attached hereto as Exhibit 1 and from sources which shall be identified in the worksheet required to be submitted to DCA, "Form 2: Summary of Service Delivery Strategy Arrangements."

SERVICES PROVIDED BY A MUNICIPALITY OUTSIDE OF ITS CORPORATE BOUNDARIES

15. **Water and sewer.** The parties hereby adopt a water and sewer delivery area map for each of the parties, attached hereto as **Exhibit 5**. The parties shall reevaluate this map for revisions, if necessary, no later than five (5) years from the date of entry of this stipulation; if no needed revisions are identified by any party, the map shall continue to be in effect. The municipal parties hereto may provide water and sewer service outside of its corporate boundaries to those unincorporated areas located within its respective service delivery area.

Third party entities will make requests for water and sewer service in writing to the local government designated as the primary service provider by the water and sewer delivery map. Depending on the scope and complexity of water and/or sewer service requested, the primary service provider will determine whether or not it is willing or able to provide the service. The time frame for response will depend on the specifics of each project; however, in any event if the primary service provider cannot or will not commit to service within one year's time from the date of request, the neighboring local government with adjacent infrastructure will have the first right of refusal to commit to provide such service. In any event, within one year and ninety (90) days of the date of the original request for service, the neighboring local government will indicate whether it is willing or able to provide the service. After the expiration of the time parameters noted herein, if no party to this agreement can or is willing to commit to provide the requested service, then a private provider may do so.

No party to this agreement shall be required to begin design or construction of any water or sewer extension unless the developer has (1) contractually bound itself to pay all applicable aid-to-construction fees, capital cost recovery fees, impact fees, tap-in fees, or other fees established by ordinance of the service provider, by whatever name, and (2) provided such consideration or collateral to secure its obligation as the service provider may require.

Municipalities shall not arbitrarily discriminate against a developer in the unincorporated area of its service area as to rates or fees, nor as to its determination of the consideration or security necessary to secure the developer's obligation to pay such rates or fees.

16. **Fire protection.** The parties have approved an intergovernmental agreement for the provision of fire protection service, which shall be effective on July 1, 2011. This agreement includes a service delivery area map assigning certain fire response areas to each party. During the term of the intergovernmental agreement, each party shall provide fire protection service to its respective fire

response areas, and participate in mutual aid with the other parties for operation in other fire response areas. A copy of said Agreement is attached as **Exhibit 6**.

Pending the effective date of the aforesaid agreement, the parties shall continue to provide fire protection to the unincorporated areas of Effingham County under the terms of the expired 2005 fire services agreements and most recently assigned response areas. Effingham County will complete an audit of fire service area house counts and disburse any funds due to the cities for fire services provided by the Cities, retroactive to July 1, 2005, through June 30, 2011, under the aforementioned 2005 fire agreements within 45 days of completion of the audit.

THIRD-PARTY ENTITIES PROVIDING COUNTY-WIDE SERVICES

17. **Economic development.** The Effingham County Industrial Development Authority will continue to provide county-wide economic development service, and will be funded the statutory millage rate levied on all county residents (unincorporated and incorporated) as required by local constitutional amendment.
18. **Hospital.** The Effingham County Hospital Authority will continue to provide county-wide public hospital service, and will be funded through the millage rate levied on all county residents (unincorporated and incorporated) as required by the Georgia Hospital Authorities Law.

REVENUE ALLOCATION TEMPLATE

19. The spreadsheet attached hereto and previously referred to as Exhibit 1 shall serve as a template for the allocation of currently available County revenue sources with regard to the funding of County services identified herein.

DCA SUBMITTALS

20. Within thirty (30) days of the date of entry of this stipulation, the parties agree to submit all required documentation to the Georgia Department of Community Affairs for certification of an updated Service Delivery Strategy for the parties, incorporating the terms of this stipulation and any referenced intergovernmental agreements. This documentation will include any other information required for an updated local government service delivery strategy for Effingham County.

STATUS OF SERVICE DELIVERY STRATEGY ACT

21. In the event that the Service Delivery Strategy Act (O.C.G.A. Section 36-70-20 et seq.) is repealed in whole, this Stipulation shall be considered terminated as of the last day of the Effingham County fiscal year in which the repeal becomes final.

This 27 day of April, 2011.



Eric Gotwalt 4/27/11
Attorney for Effingham County
Zipperer Lorberbaum & Beauvais, P. C.
PO Box 9147
Savannah, GA 31412
(912) 232-3770
GA Bar No.: 303180



Ramona M. Bartos 5/10/11
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Bartos Law Firm, LLC
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J. Raymond Dickey
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(912) 826-2500
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Hillary Burns
Attorney for the City of Springfield
1851 Highway 21 North
Springfield, GA 31329
(912) 826-0014
GA Bar No.: 330138

Exhibit 1

Service DeliveryPage 1 of 2

Exhibit 1a

	Enumerated Revenues - Use Fees										Non-Enumerated Revenues										Net Cost of Services										
	Inter-Gov					Total User Fees					Interest on Invest.					Total Non-Enumer.					Net Cost of Services										
	Inter-Gov	Permits	Charge for Services	Fines & Forfeits	Misc Rev	Total User Fees	Interest on Invest.	License Bus. Dev.	Other Taxes	Penalties	Sales Tax	Total Non-Enumer.	Net Cost of Services																		
Partial Duplication																															
Financial Adm - General	1,302,442					0																									
Information Technology	647,438					0																									
General Building Est R.M.S.I						0																									
Government Buildings	311,020					0																									
Total	2,260,900					0																									
Duplicated																															
Public Works -Roads,Bridges,Drain.	2,002,485					10,200																									
Senior Citizens	131,704					0																									
Senior Citizens	-131,704					0																									
Parks & Recreation	1,268,710					240,470																									
Building Inspection	417,075					127,100																									
Building Inspection	-417,075					-127,100																									
Zoning (code enforcement)	304,133					0																									
Zoning (code enforcement)	-304,133					-40,300																									
Total	3,041,204					207,735																									
Totals	28,005,142					6,300,650																									
Other Funds																															
Fire Protection	3,054,510					2,543,899																									
Water / Sewer	3,302,297					1,000,713																									
Sanitation Collection	2,652,807					2,075,504																									
011	870,764					926,756																									
Land fill (transfer eye)	-180,114					0																									
County Hospital																															
Senior Citizens	131,704					0																									
Building Inspection	417,075					127,100																									
Zoning (code enforcement)	304,133					0																									
Revenue Moved to Spec Dist						0																									
Pills						0																									
Cablevision						0																									
EDA						0																									
Total	10,507,776					6,737,364																									
Totals	39,202,917					13,120,019																									

	Mincon	Springfield	Guyton	Total
Payment for Public Works	14.94%	3.27%	2.74%	
Payment for Recreation	\$ 202,577.72	\$ 64,030.09	\$ 43,000.03	\$ 410,274.84
	\$ 110,001.50	\$ 25,000.03	\$ 21,450.70	\$ 156,452.23
	\$ 400,580.31	\$ 89,030.12	\$ 75,100.02	\$ 564,710.45

Exhibit 1/b

Exhibit 2

**STATE OF GEORGIA
EFFINGHAM COUNTY**

**SERVICE DELIVER STRATEGY AGREEMENT
FOR RECREATION**

This Agreement made and entered into this 27 day of April, 2011, by and between Effingham County, Georgia, a political subdivision of the State of Georgia, hereinafter referred to as "County" and the Cities of Guyton, Rincon, and Springfield, hereinafter referred to collectively as the "Municipalities":

WHEREAS, the Service Delivery Strategy Act, O.C.G.A. §§ 36-70-20 et seq. seeks to "minimize inefficiencies resulting from duplication of services and competition between local governments and to provide a mechanism to resolve disputes over local government service delivery, funding inequity, and land use"; and

WHEREAS, the Service Delivery Strategy Act encourages cooperation among governmental entities regarding the provision of local government services; and

WHEREAS, in furtherance of the purposes of the Service Delivery Strategy Act, the parties wish to enter into an agreement for the funding of recreation programs and activities and maintenance; and

NOW, THEREFORE, in consideration of the foregoing recitals and the mutual covenants and promises hereinafter set forth, the parties hereto have agreed, and do hereby agree as follows:

1. This agreement shall be effective for a term of ten (10) years commencing on July 1, 2011. Any party may seek to modify or terminate the agreement at any time in the manner authorized by O.C.G.A. §§ 36-70-25.1 and 36-70-28. In the event that the Service Delivery Strategy Act is repealed in whole, this Agreement shall be considered terminated as of the last day of the Effingham County fiscal year in which the repeal becomes effective.

2. For the purposes of this agreement, recreation programs and activity costs include recreation facility engineering and design costs, recreation facility property acquisition costs, material and labor costs, and other expenses incurred in connection with the construction, maintenance, and operation of recreation facilities, as well as personnel and other costs incurred in connection with the provision of recreation services.

3. Within thirty (30) days of the date on which the County's annual tax digest is submitted to the Georgia Department of Revenue, the parties will determine the pro rata amount of county general fund ad valorem taxes collected from municipal property owners for recreation programs and activities based upon the percentage of the digest value of property within each municipality as compared to the digest value of all property county-wide. The amount of general fund ad valorem property tax revenues included in the county recreation budget for the fiscal

year for which the digest was submitted will then be multiplied by the digest percentages attributable to property within each municipality. The amounts calculated will be remitted to the respective municipalities (based on the digest percentage for each) in the form of cash, unless the respective municipalities request that the credits be provided in the form of in-kind services or credits towards joint projects, in which event the affected parties shall prepare a project-specific agreement for approval. In the event that a municipality does not elect to receive credits in the form of in-kind services or credits toward joint projects, payments shall be made to the municipality in a lump sum on or before January 31 of the county fiscal year for which the digest was submitted; provided that no payments shall be due until the annual digest is submitted to the Department of Revenue and the pro rata percentage of the digest attributable to property within the municipality has been determined.

4. Whether remitted in the form of cash, in-kind services, or credits toward joint services, all funds due to the municipalities pursuant to this agreement shall be used for recreation purposes and for no other purposes.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the date and year first written above.

BOARD OF COMMISSIONERS OF
EFFINGHAM COUNTY, GEORGIA


C. D. Zeigler, Chairman

4/27/11
Date

Attest:


Patrice Crawley, Clerk

CITY OF GUYTON


Michael Garvin, Mayor

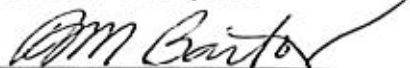
5-10-2011
Date

Attest:



Clerk

Reviewed and approved by City Attorney
Pursuant to City Charter Section 6.31

BARTOS LAW FIRM, LLC

By: 
Ramona M. Bartos, Esq.

CITY OF RINCON


Ken Lee, Mayor
City of Rincon

5-10-2011
Date

Attest:


Clerk

CITY OF SPRINGFIELD


Jeff Northway, Mayor
City of Springfield

5-5-2011
Date

Attest:


Clerk

Exhibit 3.1

STATE OF GEORGIA

COUNTY OF EFFINGHAM

COUNTY JAIL AGREEMENT

THIS AGREEMENT, entered into as of this 27 day of April, 2011, between and among Effingham County, a political subdivision of the State of Georgia, hereinafter called, "the County", the City of Guyton, Georgia, a municipal corporation of the State of Georgia, hereinafter called "the City" and the SHERIFF OF EFFINGHAM COUNTY, hereinafter called "the Sheriff".

WITNESSETH:

WHEREAS, the City desires to contract with the County, for the detention of persons charged with, or convicted of violation of the laws and ordinances of the City, or held as material witnesses or detention; and

WHEREAS, the County constructed a jail to serve the people of Effingham County that complies with federal standards and state laws and is operated in accordance with such laws, standards, policies and procedures; and

WHEREAS, the Sheriff is recognized by law as the jailer of Effingham County, in charge of the inmates in said jail; and

WHEREAS, there is sufficient space and facilities to house inmates for the City; and

WHEREAS, the Effingham County Board of Commissioners has adopted a resolution on February 15, 2011 continuing that certain resolution adopted on December 5, 1989, and imposing the collection of additional penalties on fines and forfeitures, so as to provide funds for constructing, operating and staffing the County Jail, pursuant to O.C.G.A. Section 15-21-92; and

NOW THEREFORE, for and in consideration of the promises and the mutual undertakings hereinafter contained, the County, the City and the Sheriff hereby agree as follows:

1. **PURPOSE.** It is the intent of this Agreement that, in pursuance of law enforcement in and for the City of Guyton and Effingham County, the Sheriff will accept, book, and house inmates for the City. The parties intend that this agreement shall serve as an intergovernmental contract, providing for use of the county jail, correctional institution, or detention facility by municipal prisoners, pursuant to O.C.G.A. Section 15-21-92.
2. **DEFINITIONS.** As used throughout this Agreement, the following terms shall have the meaning set forth below:
 - (a) "Book" shall mean to (1) complete NCIC/GCIC fingerprinting and submit to the appropriate jurisdiction(s); (2) to complete and submit OBTS; and (3) to complete intake booking procedures.
 - (b) "The County" shall mean Effingham County.

(c) "The City" shall mean the City of Guyton.

(d) The "County Commission" shall mean the Board of Commissioners of Effingham County, Georgia.

(e) "County Administrator" shall mean the chief administrative officer of the County appointed by the Board of Commissioners.

(f) "City Manager" shall mean the administrative head of the city government, appointed by the Guyton City Council. In the absence of an appointed City Manager or Interim City Manager, "City Manager" shall mean the City Clerk of the City of Guyton.

(g) The "City Council" shall mean the Guyton City Council.

(h) "Jail" shall mean the Effingham County Jail located at 130 First St. Ext. Springfield, Georgia.

(i) "Inmate" means a person who is detained in the jail by reason of being charged with or convicted of a municipal offense or violation of the criminal or traffic laws of this state.

(j) "Jail Officer in Charge" means the Sheriff of Effingham County, or person designated by him to have supervision of the Jail.

(k) "Sheriff" is the Jailer of Effingham County, Georgia.

(l) "Inmate Day" means any part of one calendar day, beginning at 12:01 a.m. and ending at 12:00 a.m.

3. **TERM.** This term of agreement shall be one year beginning January 1, 2011. However, this Agreement shall automatically renew for additional terms of one (1) year as provided hereinafter.

4. **OBLIGATIONS OF COUNTY SHERIFF AND COUNTY.**

(a) The Sheriff will accept into the Jail such inmates as the City may request, including persons arrested by the peace officers of the City of Guyton and persons sentenced to jail terms by the Municipal Court of the City of Guyton, for offenses arising out of violations of either state law, ordinances, or both, and shall give priority in the housing of Inmates over prisoners from other counties at the discretion of the Sheriff.

(b) The Sheriff shall accept the inmates into the jail and provide secure custody, care and safekeeping of such inmates in accordance with state and local laws, standards, policies and procedures applicable to the operation of the jail.

(c) The Sheriff shall maintain the authority to refuse any inmate for medical reasons.

(d) Any inmate refused for medical reasons will not be admitted until released by a hospital.

- (e) Transportation of Inmates to and from the Jail to Effingham County Court only shall be performed by the Sheriff's Office, and the expense thereof shall be borne by the County. Transportation of a juvenile under court order from a juvenile or superior court judge or transportation to a "first appearance" will be the responsibility of the Sheriff and the expense borne by the County.
- (f) The County shall hold harmless and indemnify the City of Guyton, its officers, agents and employees from and against all damages, losses, costs and expenses including reasonable damages, losses, costs, and expenses, including reasonable attorney fees, for claims for injuries or damages arising out of any occurrence while a prisoner / inmate is in the care, custody, and control of the Sheriff or the County.
- (g) Such sums remitted to the county governing authority as contemplated by the Georgia Jail Construction and Staffing Act (OCGA Section 15-21-90 et seq.) shall be deposited by Effingham County into a special account to be known as the "county jail fund".

5. **OBLIGATIONS OF THE CITY.** The City agrees to the following obligations:

- (a) **Regarding transportation.** To transport the Inmates to the Jail and release them to the custody of the Jail Officer in charge. In addition to the usual information obtained and records maintained with respect to inmates detained by Effingham County, the Sheriff shall keep a record of the Inmate committed to the Jail, which record shall contain:

- the name of the person committed;
- the person's age, sex, and race;
- the process under which the person was committed;
- the date of commitment to the Jail;
- under what order discharged.

Transportation to and from the City Court shall be provided by the City. Removal and return of the same Inmate in a 24-hour period by the City shall not constitute a new admission. Any juvenile not under court order from a juvenile or superior court judge will be the responsibility of the City to transport to a juvenile receiving facility.

Transportation of City inmates to and from the Jail for medical care shall be provided by the City.

- (b) **Regarding the Georgia Jail Construction and Staffing Act (OCGA Section 15-21-90 et seq.):** To impose and collect (i) an additional penalty of ten per cent (10%) of the original fine for each offense against the criminal or traffic laws of this state or any ordinance of the municipality when such cases are tried in the municipal court of the City of Guyton, Georgia, and (ii) an additional sum of ten per cent (10%) of the original amount of any bail or bond posted, in any case involving a violation of the criminal or traffic laws of this state or any ordinance of the municipality when such cases are tried in the municipal court of the City of Guyton, Georgia; and to remit the sums collected pursuant to paragraphs (i) and (ii) above to

the governing authority of Effingham County on the tenth day of the month following the month in which such sums are collected.

(c) **Time served:** Shall advise the County of the time to be served by each prisoner and any reduction in sentence for the prisoner.

6. **SUPERVISION BY THE SHERIFF.** All Inmates delivered to the Jail by the City shall be under the direct supervision and control of the Sheriff. The City agrees that the Sheriff shall compute the maximum "good time allowance" for Inmates the same as for non-Superior Court sentenced inmates, and that conversion of the computation of the Inmate from earned time governed sentences to good-time governed sentences shall be made by the Sheriff according to State Law, and the City agrees to be bound by such determination.
7. **SHERIFF'S RULES.** All rules and regulations legally and constitutionally adopted and promulgated by the Sheriff for the operation of the Jail shall be applicable to the Inmate and the Sheriff is granted the authority to enforce same, including the right to work inmates within the confines of the Jail and allow inmates to serve as trustees.
8. **COST ATTENDANT TO CUSTODY.** The Sheriff shall maintain physical custody of the Inmates and the Sheriff shall furnish them food and clothing. The Sheriff will only provide non-prescription medication routinely maintained at the jail. All other health care expenses including security, transportation, medical or prescription expenses shall be billed to the City, unless covered by insurance maintained by the County for inmate medical care. The decision of when and where medical care shall be provided shall be at the sole discretion of the Sheriff or his representative. It shall be the responsibility of the Sheriff to transport the inmate to and from the medical facilities.
9. **TRANSITION FROM CITY INMATE STATUS.** It is understood and agreed that Inmates shall be chargeable to the City until released or booked for violation of State or Federal charges, or bound over by the Municipal Court of the City of Guyton, or to the State or Superior Court of Effingham County. This transition is to be done in writing, in a timely manner.
10. **EXTENSION OF AGREEMENT.** This Agreement will be automatically renewable for successive one (1) year terms unless canceled and terminated as specified herein. Continuation of the Agreement shall be on the same terms and conditions as set forth in this original agreement.
11. **TERMINATION.** This Agreement may be terminated by either party, with or without cause, at any time upon ninety (90) days notice in writing, delivered by certified mail to the respective Manager of the County or of the City.
12. **NOTICES.** All notices provided for herein shall be in writing and shall be deemed to have been given when deposited in the United States mail and sent via certified mail, return receipt requested, address as follows:

If to the County: County Administrator of Effingham County
 601 N. Laurel Street
 Springfield, GA 31329

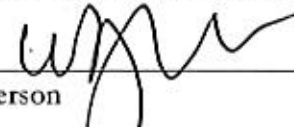
Sheriff of Effingham County
P.O. Box 1015
Springfield, GA 31329


If to the City City Manager / City Clerk
 P.O. Box 99
 Guyton, GA 31326

13. **AMENDMENT.** This Agreement cannot be amended, modified, changed, discharged, or terminated except in writing signed by the parties under proper authority.
14. **FULL FORCE AND EFFECT.** The parties and the undersigned individual officers shall cause to be done all things necessary to execute this contract and give it full force and effect.
15. **MEDIATION.** The parties hereto agree that in the event any dispute should arise regarding the matters covered by this Agreement which cannot be resolved between the parties, said dispute shall be submitted to non-binding mediation. The mediator shall be selected by mutual agreement of the parties at the time any such dispute arises.
16. **PREVIOUS AGREEMENTS; ENTIRE AGREEMENT.** This contract contains all the terms and conditions and represents the entire agreement between the parties and supersedes any pre-existing contracts relating to the use of the County Jail by municipal prisoners. There are no understandings, representations or agreements, written or oral, other than those contained herein.

IN WITNESS WHEREOF, the parties have, by and through their duly authorized representatives, hereunto set their hands and affixed their seals the day and year first above written.

EFFINGHAM COUNTY BOARD OF COMMISSIONERS

BY: 
Chairperson

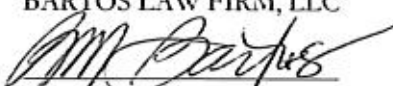
ATTEST: 
County Clerk

[SEAL]

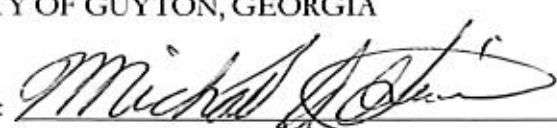

Jimmy McDuffie, Sheriff of Effingham County, Georgia

Agreement reviewed and approved
by City Attorney:

BARTOS LAW FIRM, LLC


Ramona M. Bartos
City Attorney for City of Guyton,
Georgia
(Pursuant to City Charter Section
6.31)

CITY OF GUYTON, GEORGIA

BY: 
Michael A. Garvin, Mayor

ATTEST: Debra M. Scruggs
Debra M. Scruggs, City Clerk

[city seal]

Exhibit 3.2

STATE OF GEORGIA

COUNTY OF EFFINGHAM

COUNTY JAIL AGREEMENT

THIS AGREEMENT, entered into as of this 27 day of April, 2011, between and among Effingham County, a political subdivision of the State of Georgia, hereinafter called, "the County", the City of Rincon, Georgia, a municipal corporation of the State of Georgia, hereinafter called "the City" and the SHERIFF OF EFFINGHAM COUNTY, hereinafter called "the Sheriff".

WITNESSETH:

WHEREAS, the City desires to contract with the County, for the detention of persons charged with, or convicted of violation of the laws and ordinances of the City, or held as material witnesses or detention; and

WHEREAS, the County constructed a jail to serve the people of Effingham County that complies with federal standards and state laws and is operated in accordance with such laws, standards, policies and procedures; and

WHEREAS, the Sheriff is recognized by law as the jailer of Effingham County, in charge of the inmates in said jail; and

WHEREAS, there is sufficient space and facilities to house inmates for the City; and

WHEREAS, the Effingham County Board of Commissioners has adopted a resolution on February 15, 2011 continuing that certain resolution adopted on December 5, 1989, and imposing the collection of additional penalties on fines and forfeitures, so as to provide funds for constructing, operating and staffing the County Jail, pursuant to O.C.G.A. Section 15-21-92; and

NOW THEREFORE, for and in consideration of the promises and the mutual undertakings hereinafter contained, the County, the City and the Sheriff hereby agree as follows:

1. **PURPOSE.** It is the intent of this Agreement that, in pursuance of law enforcement in and for the City of Rincon and Effingham County, the Sheriff will accept, book, and house inmates for the City. The parties intend that this agreement shall serve as an intergovernmental contract, providing for use of the county jail, correctional institution, or detention facility by municipal prisoners, pursuant to O.C.G.A. Section 15-21-92.
2. **DEFINITIONS.** As used throughout this Agreement, the following terms shall have the meaning set forth below:
 - (a) "Book" shall mean to (1) complete NCIC/GCIC fingerprinting and submit to the appropriate jurisdiction(s); (2) to complete and submit OBTS; and (3) to complete intake booking procedures.

(b) "The County" shall mean Effingham County.

(c) "The City" shall mean the City of Rincon.

(d) The "County Commission" shall mean the Board of Commissioners of Effingham County, Georgia.

(e) "County Administrator" shall mean the chief administrative officer of the County appointed by the Board of Commissioners.

(f) "City Manager" shall mean the administrative head of the city government, appointed by the Rincon City Council. In the absence of an appointed City Manager or Interim City Manager, "City Manager" shall mean the City Clerk of the City of Rincon.

(g) The "City Council" shall mean the Rincon City Council.

(h) "Jail" shall mean the Effingham County Jail located at 130 First St. Ext. Springfield, Georgia.

(i) "Inmate" means a person who is detained in the jail by reason of being charged with or convicted of a municipal offense or violation of the criminal or traffic laws of this state.

(j) "Jail Officer in Charge" means the Sheriff of Effingham County, or person designated by him to have supervision of the Jail.

(k) "Sheriff" is the Jailer of Effingham County, Georgia.

(l) "Inmate Day" means any part of one calendar day, beginning at 12:01 a.m. and ending at 12:00 a.m.

3. **TERM.** This term of agreement shall be one year beginning January 1, 2011. However, this Agreement shall automatically renew for additional terms of one (1) year as provided hereinafter.

4. **OBLIGATIONS OF COUNTY SHERIFF AND COUNTY.**

(a) The Sheriff will accept into the Jail such inmates as the City may request, including persons arrested by the peace officers of the City of Rincon and persons sentenced to jail terms by the Municipal Court of the City of Rincon, for offenses arising out of violations of either state law, ordinances, or both, and shall give priority in the housing of Inmates over prisoners from other counties at the discretion of the Sheriff.

(b) The Sheriff shall accept the inmates into the jail and provide secure custody, care and safekeeping of such inmates in accordance with state and local laws, standards, policies and procedures applicable to the operation of the jail.

(c) The Sheriff shall maintain the authority to refuse any inmate for medical reasons.

(d) Any inmate refused for medical reasons will not be admitted until released by a hospital.

- (e) Transportation of Inmates to and from the Jail to Effingham County Court only shall be performed by the Sheriff's Office, and the expense thereof shall be borne by the County. Transportation of a juvenile under court order from a juvenile or superior court judge or transportation to a "first appearance" will be the responsibility of the Sheriff and the expense borne by the County.
- (f) The County shall hold harmless and indemnify the City of Rincon, its officers, agents and employees from and against all damages, losses, costs and expenses including reasonable damages, losses, costs, and expenses, including reasonable attorney fees, for claims for injuries or damages arising out of any occurrence while a prisoner / inmate is in the care, custody, and control of the Sheriff or the County.
- (g) Such sums remitted to the county governing authority as contemplated by the Georgia Jail Construction and Staffing Act (OCGA Section 15-21-90 *et seq.*) shall be deposited by Effingham County into a special account to be known as the "county jail fund".

5. **OBLIGATIONS OF THE CITY.** The City agrees to the following obligations:

- (a) **Regarding transportation.** To transport the Inmates to the Jail and release them to the custody of the Jail Officer in charge. In addition to the usual information obtained and records maintained with respect to inmates detained by Effingham County, the Sheriff shall keep a record of the Inmate committed to the Jail, which record shall contain:

- the name of the person committed;
- the person's age, sex, and race;
- the process under which the person was committed;
- the date of commitment to the Jail;
- under what order discharged.

Transportation to and from the City Court shall be provided by the City. Removal and return of the same Inmate in a 24-hour period by the City shall not constitute a new admission. Any juvenile not under court order from a juvenile or superior court judge will be the responsibility of the City to transport to a juvenile receiving facility.

Transportation of City inmates to and from the Jail for medical care shall be provided by the City.

- (b) **Regarding the Georgia Jail Construction and Staffing Act (OCGA Section 15-21-90 *et seq.*):** To impose and collect (i) an additional penalty of ten per cent (10%) of the original fine for each offense against the criminal or traffic laws of this state or any ordinance of the municipality when such cases are tried in the municipal court of the City of Rincon, Georgia, and (ii) an additional sum of ten per cent (10%) of the original amount of any bail or bond posted, in any case involving a violation of the criminal or traffic laws of this state or any ordinance of the municipality when such cases are tried in the municipal court of the City of Rincon, Georgia; and to remit the sums collected pursuant to paragraphs (i) and (ii) above to the governing authority of Effingham County on the tenth day of the month following the month in which such sums are collected.

(c) **Time served:** Shall advise the County of the time to be served by each prisoner and any reduction in sentence for the prisoner.

6. **SUPERVISION BY THE SHERIFF.** All Inmates delivered to the Jail by the City shall be under the direct supervision and control of the Sheriff. The City agrees that the Sheriff shall compute the maximum "good time allowance" for Inmates the same as for non-Superior Court sentenced inmates, and that conversion of the computation of the Inmate from earned time governed sentences to good-time governed sentences shall be made by the Sheriff according to State Law, and the City agrees to be bound by such determination.
7. **SHERIFF'S RULES.** All rules and regulations legally and constitutionally adopted and promulgated by the Sheriff for the operation of the Jail shall be applicable to the Inmate and the Sheriff is granted the authority to enforce same, including the right to work inmates within the confines of the Jail and allow inmates to serve as trustees.
8. **COST ATTENDANT TO CUSTODY.** The Sheriff shall maintain physical custody of the Inmates and the Sheriff shall furnish them food and clothing. The Sheriff will only provide non-prescription medication routinely maintained at the jail. All other health care expenses including security, transportation, medical or prescription expenses shall be billed to the City, unless covered by insurance maintained by the County for inmate medical care. The decision of when and where medical care shall be provided shall be at the sole discretion of the Sheriff or his representative. It shall be the responsibility of the Sheriff to transport the inmate to and from the medical facilities.
9. **TRANSITION FROM CITY INMATE STATUS.** It is understood and agreed that Inmates shall be chargeable to the City until released or booked for violation of State or Federal charges, or bound over by the Municipal Court of the City of Rincon, or to the State or Superior Court of Effingham County. This transition is to be done in writing, in a timely manner.
10. **EXTENSION OF AGREEMENT.** This Agreement will be automatically renewable for successive one (1) year terms unless canceled and terminated as specified herein. Continuation of the Agreement shall be on the same terms and conditions as set forth in this original agreement.
11. **TERMINATION.** This Agreement may be terminated by either party, with or without cause, at any time upon ninety (90) days notice in writing, delivered by certified mail to the respective Manager of the County or of the City.
12. **NOTICES.** All notices provided for herein shall be in writing and shall be deemed to have been given when deposited in the United States mail and sent via certified mail, return receipt requested, address as follows:

If to the County: County Administrator of Effingham County
 601 N. Laurel Street
 Springfield, GA 31329

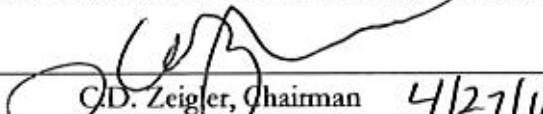
 Sheriff of Effingham County
 P.O. Box 1015
 Springfield, GA 31329

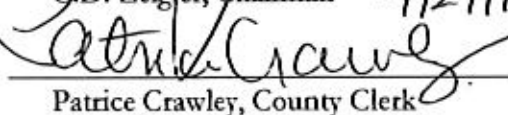
If to the City City Manager / City Clerk
P.O. Box 232
Rincon, GA 31326

13. **AMENDMENT.** This Agreement cannot be amended, modified, changed, discharged, or terminated except in writing signed by the parties under proper authority.
14. **FULL FORCE AND EFFECT.** The parties and the undersigned individual officers shall cause to be done all things necessary to execute this contract and give it full force and effect.
15. **MEDIATION.** The parties hereto agree that in the event any dispute should arise regarding the matters covered by this Agreement which cannot be resolved between the parties, said dispute shall be submitted to non-binding mediation. The mediator shall be selected by mutual agreement of the parties at the time any such dispute arises.
16. **PREVIOUS AGREEMENTS; ENTIRE AGREEMENT.** This contract contains all the terms and conditions and represents the entire agreement between the parties and supersedes any pre-existing contracts relating to the use of the County Jail by municipal prisoners. There are no understandings, representations or agreements, written or oral, other than those contained herein.

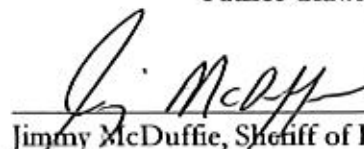
IN WITNESS WHEREOF, the parties have, by and through their duly authorized representatives, hereunto set their hands and affixed their seals the day and year first above written.

EFFINGHAM COUNTY BOARD OF COMMISSIONERS

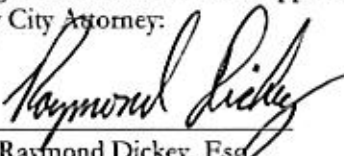
BY: 
C.D. Zeigler, Chairman 4/27/11

ATTEST: 
Patrice Crawley, County Clerk

[SEAL]



Jimmy McDuffie, Sheriff of Effingham County, Georgia

Agreement reviewed and approved
by City Attorney:


J. Raymond Dickey, Esq.
City Attorney for City of Rincon,
Georgia

CITY OF RINCON, GEORGIA

BY: 
Ken Lee, Mayor

ATTEST: 
Wanda Hendrix, City Clerk

[city seal]

Exhibit 3.3

STATE OF GEORGIA
COUNTY OF EFFINGHAM

COUNTY JAIL AGREEMENT

THIS AGREEMENT, entered into as of this 27th day of April, 2011, between and among Effingham County, a political subdivision of the State of Georgia, hereinafter called, "the County", the City of Springfield, Georgia, a municipal corporation of the State of Georgia, hereinafter called "the City" and the SHERIFF OF EFFINGHAM COUNTY, hereinafter called "the Sheriff".

WITNESSETH:

WHEREAS, the City desires to contract with the County, for the detention of persons charged with, or convicted of violation of the laws and ordinances of the City, or held as material witnesses or detention; and

WHEREAS, the County constructed a jail to serve the people of Effingham County that complies with federal standards and state laws and is operated in accordance with such laws, standards, policies and procedures; and

WHEREAS, the Sheriff is recognized by law as the jailer of Effingham County, in charge of the inmates in said jail; and

WHEREAS, there is sufficient space and facilities to house inmates for the City; and

WHEREAS, the Effingham County Board of Commissioners has adopted a resolution on February 15, 2011 continuing that certain resolution adopted on December 5, 1989, and imposing the collection of additional penalties on fines and forfeitures, so as to provide funds for constructing, operating and staffing the County Jail, pursuant to O.C.G.A. Section 15-21-92; and

NOW THEREFORE, for and in consideration of the promises and the mutual undertakings hereinafter contained, the County, the City and the Sheriff hereby agree as follows:

1. **PURPOSE.** It is the intent of this Agreement that, in pursuance of law enforcement in and for the City of Springfield and Effingham County, the Sheriff will accept, book, and house inmates for the City. The parties intend that this agreement shall serve as an intergovernmental contract, providing for use of the county jail, correctional institution, or detention facility by municipal prisoners, pursuant to O.C.G.A. Section 15-21-92.
2. **DEFINITIONS.** As used throughout this Agreement, the following terms shall have the meaning set forth below:
 - (a) "Book" shall mean to (1) complete NCIC/GCIC fingerprinting and submit to the appropriate jurisdiction(s); (2) to complete and submit OBTS; and (3) to complete intake booking procedures.
 - (b) "The County" shall mean Effingham County.

- (c) "The City" shall mean the City of Springfield.
- (d) The "County Commission" shall mean the Board of Commissioners of Effingham County, Georgia.
- (e) "County Administrator" shall mean the chief administrative officer of the County appointed by the Board of Commissioners.
- (f) "City Manager" shall mean the administrative head of the city government, appointed by the Springfield City Council. In the absence of an appointed City Manager or Interim City Manager, "City Manager" shall mean the City Clerk of the City of Springfield.
- (g) The "City Council" shall mean the Springfield City Council.
- (h) "Jail" shall mean the Effingham County Jail located at 130 First St. Ext. Springfield, Georgia.
- (i) "Inmate" means a person who is detained in the jail by reason of being charged with or convicted of a municipal offense or violation of the criminal or traffic laws of this state.
- (j) "Jail Officer in Charge" means the Sheriff of Effingham County, or person designated by him to have supervision of the Jail.
- (k) "Sheriff" is the Jailer of Effingham County, Georgia.
- (l) "Inmate Day" means any part of one calendar day, beginning at 12:01 a.m. and ending at 12:00 a.m.

3. **TERM.** This term of agreement shall be one year beginning January 1, 2011. However, this Agreement shall automatically renew for additional terms of one (1) year as provided hereinafter.

4. **OBLIGATIONS OF COUNTY SHERIFF AND COUNTY.**

- (a) The Sheriff will accept into the Jail such inmates as the City may request, including persons arrested by the peace officers of the City of Springfield and persons sentenced to jail terms by the Municipal Court of the City of Springfield, for offenses arising out of violations of either state law, ordinances, or both, and shall give priority in the housing of Inmates over prisoners from other counties at the discretion of the Sheriff.
- (b) The Sheriff shall accept the inmates into the jail and provide secure custody, care and safekeeping of such inmates in accordance with state and local laws, standards, policies and procedures applicable to the operation of the jail.
- (c) The Sheriff shall maintain the authority to refuse any inmate for medical reasons.
- (d) Any inmate refused for medical reasons will not be admitted until released by a hospital.
- (e) Transportation of Inmates to and from the Jail to Effingham County Court only shall be performed by the Sheriff's Office, and the expense thereof shall be borne by the County.

Transportation of a juvenile under court order from a juvenile or superior court judge or transportation to a "first appearance" will be the responsibility of the Sheriff and the expense borne by the County.

- (f) The County shall hold harmless and indemnify the City of Springfield, its officers, agents and employees from and against all damages, losses, costs and expenses including reasonable damages, losses, costs, and expenses, including reasonable attorney fees, for claims for injuries or damages arising out of any occurrence while a prisoner / inmate is in the care, custody, and control of the Sheriff or the County.
- (g) Such sums remitted to the county governing authority as contemplated by the Georgia Jail Construction and Staffing Act (OCGA Section 15-21-90 et seq.) shall be deposited by Effingham County into a special account to be known as the "county jail fund".

5. **OBLIGATIONS OF THE CITY.** The City agrees to the following obligations:

- (a) **Regarding transportation.** To transport the Inmates to the Jail and release them to the custody of the Jail Officer in charge. In addition to the usual information obtained and records maintained with respect to inmates detained by Effingham County, the Sheriff shall keep a record of the Inmate committed to the Jail, which record shall contain:
 - the name of the person committed;
 - the person's age, sex, and race;
 - the process under which the person was committed;
 - the date of commitment to the Jail;
 - under what order discharged.

Transportation to and from the City Court shall be provided by the City. Removal and return of the same Inmate in a 24-hour period by the City shall not constitute a new admission. Any juvenile not under court order from a juvenile or superior court judge will be the responsibility of the City to transport to a juvenile receiving facility.

Transportation of City inmates to and from the Jail for medical care shall be provided by the City.

- (b) **Regarding the Georgia Jail Construction and Staffing Act (OCGA Section 15-21-90 et seq.):** To impose and collect (i) an additional penalty of ten per cent (10%) of the original fine for each offense against the criminal or traffic laws of this state or any ordinance of the municipality when such cases are tried in the municipal court of the City of Springfield, Georgia, and (ii) an additional sum of ten per cent (10%) of the original amount of any bail or bond posted, in any case involving a violation of the criminal or traffic laws of this state or any ordinance of the municipality when such cases are tried in the municipal court of the City of Springfield, Georgia; and to remit the sums collected pursuant to paragraphs (i) and (ii) above to the governing authority of Effingham County on the tenth day of the month following the month in which such sums are collected.

(c) **Time served:** Shall advise the County of the time to be served by each prisoner and any reduction in sentence for the prisoner.

6. **SUPERVISION BY THE SHERIFF.** All Inmates delivered to the Jail by the City shall be under the direct supervision and control of the Sheriff. The City agrees that the Sheriff shall compute the maximum "good time allowance" for Inmates the same as for non-Superior Court sentenced inmates, and that conversion of the computation of the Inmate from earned time governed sentences to good-time governed sentences shall be made by the Sheriff according to State Law, and the City agrees to be bound by such determination.
7. **SHERIFF'S RULES.** All rules and regulations legally and constitutionally adopted and promulgated by the Sheriff for the operation of the Jail shall be applicable to the Inmate and the Sheriff is granted the authority to enforce same, including the right to work inmates within the confines of the Jail and allow inmates to serve as trustees.
8. **COST ATTENDANT TO CUSTODY.** The Sheriff shall maintain physical custody of the Inmates and the Sheriff shall furnish them food and clothing. The Sheriff will only provide non-prescription medication routinely maintained at the jail. All other health care expenses including security, transportation, medical or prescription expenses shall be billed to the City, unless covered by insurance maintained by the County for inmate medical care. The decision of when and where medical care shall be provided shall be at the sole discretion of the Sheriff or his representative. It shall be the responsibility of the Sheriff to transport the inmate to and from the medical facilities.
9. **TRANSITION FROM CITY INMATE STATUS.** It is understood and agreed that Inmates shall be chargeable to the City until released or booked for violation of State or Federal charges, or bound over by the Municipal Court of the City of Springfield, or to the State or Superior Court of Effingham County. This transition is to be done in writing, in a timely manner.
10. **EXTENSION OF AGREEMENT.** This Agreement will be automatically renewable for successive one (1) year terms unless canceled and terminated as specified herein. Continuation of the Agreement shall be on the same terms and conditions as set forth in this original agreement.
11. **TERMINATION.** This Agreement may be terminated by either party, with or without cause, at any time upon ninety (90) days notice in writing, delivered by certified mail to the respective Manager of the County or of the City.
12. **NOTICES.** All notices provided for herein shall be in writing and shall be deemed to have been given when deposited in the United States mail and sent via certified mail, return receipt requested, address as follows:

If to the County: County Administrator of Effingham County
601 N. Laurel Street
Springfield, GA 31329

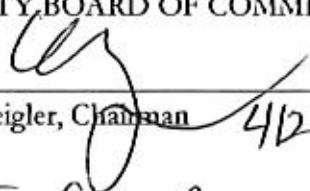
Sheriff of Effingham County
P.O. Box 1015
Springfield, GA 31329

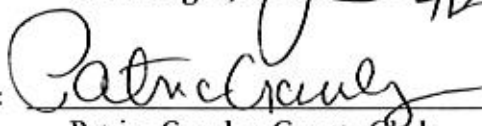
If to the City City Manager / City Clerk
P.O. 1
Springfield, GA 31329

13. **AMENDMENT.** This Agreement cannot be amended, modified, changed, discharged, or terminated except in writing signed by the parties under proper authority.
14. **FULL FORCE AND EFFECT.** The parties and the undersigned individual officers shall cause to be done all things necessary to execute this contract and give it full force and effect.
15. **MEDIATION.** The parties hereto agree that in the event any dispute should arise regarding the matters covered by this Agreement which cannot be resolved between the parties, said dispute shall be submitted to non-binding mediation. The mediator shall be selected by mutual agreement of the parties at the time any such dispute arises.
16. **PREVIOUS AGREEMENTS; ENTIRE AGREEMENT.** This contract contains all the terms and conditions and represents the entire agreement between the parties and supersedes any pre-existing contracts relating to the use of the County Jail by municipal prisoners. There are no understandings, representations or agreements, written or oral, other than those contained herein.

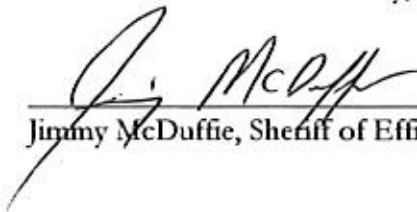
IN WITNESS WHEREOF, the parties have, by and through their duly authorized representatives, hereunto set their hands and affixed their seals the day and year first above written.

EFFINGHAM COUNTY BOARD OF COMMISSIONERS

BY: 
C. D. Zeigler, Chairman 4/27/11


ATTEST: 
Patrice Crawley, County Clerk

[SEAL]


Jimmy McDuffie, Sheriff of Effingham County, Georgia

CITY OF SPRINGFIELD, GEORGIA

BY: 
Jeff Northway, Mayor

ATTEST: 
City Clerk

[City seal]

Exhibit 4

**STATE OF GEORGIA
EFFINGHAM COUNTY**

**SERVICE DELIVER STRATEGY AGREEMENT
FOR ROAD CONSTRUCTION AND MAINTENANCE**

This Agreement made and entered into this 27 day of April, 2011, by and between Effingham County, Georgia, a political subdivision of the State of Georgia, hereinafter referred to as "County" and the Cities of Guyton, Rincon, and Springfield, hereinafter referred to collectively as the "Municipalities":

WHEREAS, the Service Delivery Strategy Act, O.C.G.A. §§ 36-70-20 et seq. seeks to "minimize inefficiencies resulting from duplication of services and competition between local governments and to provide a mechanism to resolve disputes over local government service delivery, funding inequity, and land use"; and

WHEREAS, the Service Delivery Strategy Act encourages cooperation among governmental entities regarding the provision of local government services; and

WHEREAS, in furtherance of the purposes of the Service Delivery Strategy Act, the parties wish to enter into an agreement for the funding of road and bridge construction and maintenance; and

NOW, THEREFORE, in consideration of the foregoing recitals and the mutual covenants and promises hereinafter set forth, the parties hereto have agreed, and do hereby agree as follows:

1. This agreement shall be effective for a term of ten (10) years commencing on July 1, 2011. Any party may seek to modify or terminate the agreement at any time in the manner authorized by O.C.G.A. §§ 36-70-25.1 and 36-70-28. In the event that the Service Delivery Strategy Act is repealed in whole, this Agreement shall be considered terminated as of the last day of the Effingham County fiscal year in which the repeal becomes effective.

2. For the purposes of this agreement, road and bridge construction and maintenance costs include engineering and design costs, property acquisition costs, material and labor costs, and other expenses incurred in connection with the construction, maintenance, and repair of roads, streets, bridges, sidewalks, bikeways, and rights-of-way.

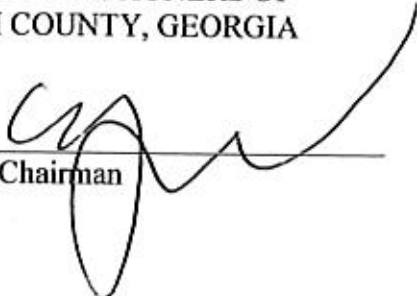
3. Within thirty (30) days of the date on which the County's annual tax digest is submitted to the Georgia Department of Revenue, the parties will determine the pro rata amount of county general fund ad valorem taxes collected from municipal property owners for road and bridge construction and maintenance based upon the percentage of the digest value of property within each municipality as compared to the digest value of all property county-wide. The amount of general fund ad valorem property tax revenues included in the county roads and bridges construction and maintenance budget for the fiscal year for which the digest was

submitted will then be multiplied by the digest percentages attributable to property within each municipality. The amounts calculated will be remitted to the respective municipalities (based on the digest percentage for each) in the form of cash, unless the respective municipalities request that the credits be provided in the form of in-kind services or credits towards joint projects, in which event the affected parties shall prepare a project-specific agreement for approval. In the event that a municipality does not elect to receive credits in the form of in-kind services or credits toward joint projects, payments shall be made to the municipality in a lump sum on or before January 31 of the county fiscal year for which the digest was submitted; provided that no payments shall be due until the annual digest is submitted to the Department of Revenue and the pro rata percentage of the digest attributable to property within the municipality has been determined.

4. Whether remitted in the form of cash, in-kind services, or credits toward joint services, all funds due to the municipalities pursuant to this agreement shall be used for road and bridge construction and maintenance purposes and for no other purposes.

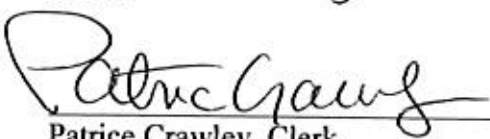
IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the date and year first written above.

BOARD OF COMMISSIONERS OF
EFFINGHAM COUNTY, GEORGIA


C. D. Zeigler, Chairman

4/27/11
Date

Attest:

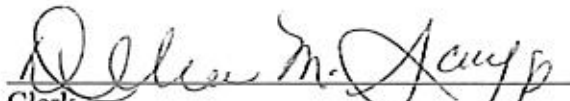

Patrice Crawley, Clerk

CITY OF GUYTON


Michael Garvin, Mayor

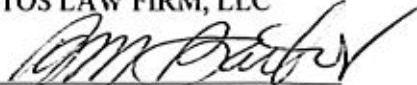
5-10-2011
Date

Attest:


Clerk

Reviewed and approved by City Attorney
Pursuant to City Charter Section 6.31

BARTOS LAW FIRM, LLC

By: 
Ramona M. Bartos, Esq.

CITY OF RINCON


Ken Lee, Mayor
City of Rincon

5-10-2011
Date

Attest:

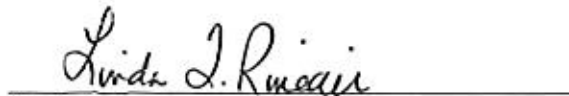

Clerk

CITY OF SPRINGFIELD


Jeff Northway, Mayor
City of Springfield

5-5-2011
Date

Attest:


Clerk

STATE OF GEORGIA

EFFINGHAM COUNTY

FIRE PROTECTION SERVICES AGREEMENT

This agreement made and entered into this 27 day of April, 2011, by and between Effingham County, Georgia, a political subdivision of the State of Georgia, hereinafter referred to as "County", and the "City of Rincon"; the "City of Guyton"; and the "City of Springfield" hereinafter referred to as the "Municipalities":

WHEREAS, the parties to this Agreement are the collective local governments existing in Effingham County, Georgia; and

WHEREAS, House Bill 489 seeks to "intended to minimize inefficiencies resulting from duplication of services and competition between local governments and to provide a mechanism to resolve disputes over local government service delivery, funding inequity, and land use." OCGA Section 36-70-20; and

WHEREAS, the parties hereto wish to agree upon how fire protection services will be provided within the unincorporated areas of Effingham County, and how provision of such services will be funded; and

WHEREAS, the County desires to protect the safety and welfare of its citizens and to assist its citizens in obtaining economical and adequate fire protection services;

WHEREAS, the Municipal Fire Departments, here and after referred as the "Fire Departments" are departments of the Municipalities, organized under the laws of Georgia for the purpose of preserving and protecting lives and property of citizens of various response areas from loss or damage by fire;

WHEREAS, each Fire Department has a Certificate of Compliance, which authorizes it to operate as a legally organized fire department in the State of Georgia and to exercise the general and emergency powers as set forth in Title 25, Chapter 3, Article I of the Official Code of Georgia Annotated;

WHEREAS, the County and the Municipalities desire to enter into an Agreement under which the Municipalities will provide personnel and resources to operate County-owned fire stations and apparatus to provide proper fire protection and rescue services for the citizens of Effingham County;

WHEREAS, this Agreement is authorized by the 1983 Constitution of the State of Georgia Article IX, Section 3, Paragraph 1, and Article IX, Section 2, paragraph 3; House Bill 489 (i.e. OCGA Section 36-70-20 *et seq.*), and the Georgia Mutual Aid Act (OCGA Section 36-69-1 *et seq.*);

NOW, THEREFORE, in consideration of the foregoing recitals and the mutual covenants and promises hereinafter set forth, the parties hereto have agreed, and do hereby agree as follows:

SECTION 1 SCOPE OF SERVICES

1.1. Definitions.

- 1.1.1. **Fire apparatus or apparatus** means those vehicles and integral equipment as defined by NFPA 1901 Standard for Automotive Fire Apparatus.
- 1.1.2. **ISO** means Insurance Services Office, Inc.
- 1.1.3. **NFPA** means National Fire Protection Association.

1.2. Fire Departments shall perform all such services as may be provided by law or necessarily pertaining thereto, including:

- 1.2.1. Provide personnel and personal gear and equipment to operate fire stations in the unincorporated area of Effingham County as set forth more specifically herein;
- 1.2.2. Respond to all fire and rescue alarms as expeditiously as possible upon being dispatched;
- 1.2.3. Conduct public programs on fire safety education;
- 1.2.4. Take such actions as may be necessary and appropriate to achieve target ISO rates as set forth in this agreement or as otherwise determined by the parties as reflected in an negotiated and adopted budget;
- 1.2.5. Provide or make available an annual financial audit;
- 1.2.6. Provide pre-fire planning services;
- 1.2.7. Provide evidence that all fire fighters have attained the minimum number of training hours annually, as required by the State of Georgia;
- 1.2.8. Train and register all rescue personnel as required by the Georgia Emergency Management Agency;
- 1.2.9. Register all rescue trucks with the Georgia Emergency Management Agency or list as a support unit to a current license holder;
- 1.2.10. Provide detection and preservation of evidence in suspected arson cases;
- 1.2.11. Assist with or arrange for testing, inspection and maintenance of water sources; fire departments shall collaborate with the respective public works departments of each local government entity to perform such testing, inspection, and maintenance, and cooperate with private water providers for the same;
- 1.2.12. Respond as needed but dependent on availability to Emergency Management Agency emergencies or disasters occurring outside of the primary response and automatic aid areas assigned to any Fire Department;
- 1.2.13. Cooperate and participate in joint training exercises at least biannually as jointly scheduled by the County and Municipal Fire Chiefs.

SECTION 2 PLANNING AND BUDGETING

2.1. The Municipalities and the County shall meet annually during the second week in January to discuss services in the unincorporated area. Topics to be discussed shall include:

- 2.1.1. Target ISO ratings for the next fiscal year;

- 2.1.2. District/Fire Station map updates, and planning for new municipal and county fire stations;
 - 2.1.3. Paid and volunteer personnel levels and future personnel needs to meet target ISO ratings;
 - 2.1.4. Incentives and recruitment to reach target staffing goals;
 - 2.1.5. Equipment and personnel needs and priorities to meet target ISO ratings;
 - 2.1.6. Budgeting for equipment, personnel, and station operation.
- 2.2. Municipalities shall provide a draft budget for the operation of each station to the County on or before the date of the annual meeting.
 - 2.3. The County and Municipal Fire Chiefs shall meet at least monthly for discussion of service collaboration and planning, and shall simultaneously courtesy copy one another with the latest state-mandated monthly fire report at said monthly meeting.

SECTION 3 CONSIDERATION

- 3.1. The County shall provide funding for fire protection services in the unincorporated areas as allowed by House Bill 489 (i.e. OCGA Section 36-70-20 *et seq.*).
- 3.2. The amounts disbursed to the Municipalities annually shall be that amount agreed upon by the County and respective Municipalities.
- 3.3. Disbursement to the Municipalities shall be made monthly by the County in equal installments no later than the tenth (10th) day of the month; in the event the County is late in making disbursements required under this Agreement, then the County shall additionally pay the Municipality(-ies) a late charge equal to 5% of the late installment.

SECTION 4 VEHICLES, FACILITIES AND EQUIPMENT

- 4.1. The County currently owns, maintains, and operates the following fire stations in the unincorporated area: **Station 1 (Clyo); Station 2 (Berryville); Station 3 (Marlow); Station 4 (Courthouse Road); Station 5 (Meldrim); Station 6 (Shawnee); Station 7 (Kildare); Station 8 (South Effingham, Hwy 30); Station 9 (Faulkville); Station 10 (Egypt).**
- 4.2. The Municipal Fire Departments shall equip each station in the unincorporated area with city-owned and maintained fire trucks having all equipment (including mobile radios) necessary to meet NFPA standards. Municipal Fire Departments shall be required to inspect each fire truck assigned for use in the unincorporated area and to maintain a log of such inspections. The Municipal Fire Departments shall provide personnel, personal gear, and supplies (airpacks, hand-held equipment, hoses, etc.). The Municipal Fire Departments shall maintain all personal gear and supplies in accordance with ISO and NFPA standards. To promote greater compatibility among the County and Municipal Fire Departments and to take advantage of their combined purchasing power, the County and the Municipalities will confer with regard to the purchase of fire trucks, airpacks, and air filling stations.

- 4.2.1. The Municipal Fire Departments shall notify the County Fire Chief in the event that any fire truck assigned for use in the unincorporated area is taken out of service for more than 24 hours for repairs, is declared inoperable, or is transferred or re-assigned to another fire station and not replaced by a truck with comparable capabilities.
- 4.3 The County is constructing or will construct, during FY 2010-2011 new fire stations in the following unincorporated areas to be operated by the stated department: (1) on Goshen Road in the vicinity of Highway 21 to be operated by the City of Rincon; (2) in the Pineora community to be operated by the City of Guyton in the vicinity of the County's existing recreation complex; and (3) in the vicinity of Tusculum Road to be operated by the County. Nothing shall preclude the County from establishing new stations in the unincorporated areas of Effingham County, and from contracting with municipalities for service.
- 4.4 Fire Departments shall provide all fire equipment and services necessary to maintain their current ISO rating based on budgetary constraints. The County shall maintain and service all station facilities and provide all furnishings and office equipment for the fire station; provided, however, that Fire Departments shall deliver all county-owned vehicles to the location designated by the County for regularly scheduled maintenance and report all unscheduled maintenance needs. Personal gear, radios, supplies and/or services needed in the performance of their duties will be provided and maintained by the Fire Departments. Annual testing is required for all hose, ladders, and annual visual inspections of self-contained breathing apparatus, and bottles. Hydrostatic tests must be performed on self-contained breathing apparatus bottles every 3 to 5 years as recommended by the manufacturer, all water sources are to be inventoried and identified in a consistent and standardized format. The fire chiefs of the county and respective municipalities shall make recommendations as to the minimum fire-fighting capabilities needed at each station in the unincorporated area, consistent with NFPA standards and target ISO ratings, said recommendations to be presented in conjunction with the annual planning and budgeting meetings required by Section 2 of this Agreement.
- 4.5 The County shall be provided bi-annual (or more frequently as required by NFPA and/or ISO) water supply tests and condition reports on all hydrants in the unincorporated area. These tests will consist of records and testing as outlined in American Water Works Association Manual 17, "Installation, Field Testing, and Maintenance of Fire Hydrants" or successor publication. The County and Cities shall approve ordinances to provide for private water providers to cooperate with hydrant and water line testing by the County, the Cities, the Fire Departments, or a third party engaged by the County, the Cities, or the Fire Departments.
- 4.6. Municipalities shall not establish any station, sub-station, or other facility in the unincorporated area of Effingham County without the written consent of the Board of Commissioners. Effingham County agrees to have no objection to the continued operation of the Griffin's Lake fire station by the City of Guyton; this provision shall survive any termination or expiration of this Agreement.

SECTION 5

FIRE DEPARTMENTS RELATION TO THE COUNTY

- 5.1. It is expressly agreed and understood that Municipal Fire Departments are in all respects independent contractors as to their duties and obligations under this agreement and are in no respect an agency or agent of the County, nor are its employees to be considered employees of the County. This Agreement specifies the general scope of work to be done by the Fire Departments, however, the method(s) to be utilized and the manpower employed to accomplish the work shall be the complete responsibility and under the complete control of the Fire Departments.
- 5.2. Fire protection services to be performed under this agreement may not be subcontracted or sublet without the express written consent of the County. Any sublease must be renewed with consent annually. Fire Departments must agree to provide mutual aid services to all other Fire Departments within the County and vice versa.

SECTION 6

FIRE DEPARTMENT STAFF

- 6.1. All Fire Chiefs, supervisors, fire fighters, first responders and other personnel, whether paid or volunteer, are under the direction and control of the Fire Department and are employees or volunteers of the Fire Departments and are not employees or volunteers of the County. This does not preclude the Fire Departments' staff and other workers from being paid by the Emergency Management Agency in time of emergency or crisis on a contract basis only. This will be limited to an occurrence basis authorized by the Emergency Management Director, as funds are made available, each staff member must be covered by their Fire Departments liability and worker's compensation insurance to volunteer or work.
- 6.2. Municipalities agree that they will ensure that their fire fighters, rescue personnel, and first responders shall have satisfactorily completed the relevant and required training needed to perform their duties.
- 6.3. Municipal Fire Departments shall not employ or use as a volunteer any Person who has been convicted of a felony or crime involving moral turpitude within seven years prior to his/her commencement of employment or service or who has been convicted of a violation of the Georgia Controlled Substance Act or any statute regulating the use of narcotics or other drugs, unless a volunteer is an incarcerated trustee under a prisoner firefighter program. No volunteer under the age of 18 shall drive or operate any "Emergency" vehicle.
- 6.4. Municipal Fire Departments will regulate personnel with a disciplinary procedure for policy violations during the employment or service period via department bylaws or municipal personnel policies, whichever are applicable, excepting for (1) felony convictions and (2) violations of the Georgia Controlled Substances Act, which both require immediate dismissal from duty.

- 6.5. To the extent applicable, Municipal Fire Departments agree that their employees and volunteers shall be solely dependent upon them for compensation and all other fringe benefits that might arise from such employment or service either by contract or by law. Fire Departments shall provide all insurance and employer contributions as may be required by laws and/or as agreed upon at the time of employment or service.
- 6.6. New volunteers should be directed and assigned to the fire station nearest their residence.
- 6.7. Roster sharing among stations operated by individual Municipal Fire Departments, as feasible, is encouraged in order to maximize ISO ratings.

SECTION 7 AREA TO BE SERVED

- 7.1. Fire Stations shall have a primary response area and an automatic aid area. Primary dispatch will be by the Effingham County E-911 dispatcher. Automatic aid shall be provided in response to all structure fires. As of the date of this Agreement, the map attached hereto as Exhibit "A" shall serve as the primary response area and automatic aid area map, such map to be updated and revised by mutual agreement of the County and Municipal Fire Chiefs, to be approved by the governing authorities of the respective local governments.

SECTION 8 RECORDS AND REPORTS

- 8.1. Municipal Fire Departments shall maintain such records and reports in respect to the subject matter hereof as are required under the laws and regulations of the State of Georgia and NFPA. The fire reports must meet the requirements of the Insurance Commissioner of the State of Georgia, and must be submitted to the proper department at the Insurance Commissioner's Office annually.
- 8.2. In addition to the annual audit required under Section 1.2.5, municipalities shall, report annually to the County Administrator, the number of fires, number of fire incidents by type, losses if known, personal injuries, suspected fire causes, number of fire fighters and description of equipment responding to fires and the response times for each emergency, and whether or not any other fire departments in the County or from elsewhere responded. The County shall provide a similar report to the Municipalities.

SECTION 9 MUTUAL AID AGREEMENTS

- 9.1. Municipal Fire Departments agree to respond to all incidents as directed by the County's dispatching entity or upon specific requests from another fire department in the County; provided, however, that in the event of any conflict or perceived conflict involving simultaneous calls, the Dispatcher, as supervised by the respective Fire Chief or Fire Officer in charge, shall use discretion in making every reasonable effort to respond to every request considering the available fire protection resources and all other circumstances. The parties' fire chiefs will develop standards to guide the dispatcher in mutual aid deployment.

- 9.2. **Mutual aid.** Fire Departments must maintain and provide the county with written mutual aid agreements with neighboring departments for the purpose of structure fires and rescue.
- 9.3. **Automatic aid.** Municipal Fire Departments and the Effingham County Fire Department must reciprocally provide an automatic aid to a bordering fire department whose primary service area is within 5 miles of the station, or overlaps the bordering department. Effingham E-911 will dispatch the automatic aid fire department for that area. Both departments will be the primary responder.

SECTION 10 INSURANCE

- 10.1. During the term of this Agreement, Municipalities shall maintain in full force and effect liability insurance in the amount of not less than \$300,000 per person and \$1,000,000 per event, and all required insurance coverage for worker's compensation, death and bodily injury, liability, and property damage. The County shall be named as an additional insured.
- 10.2. Municipalities shall provide to the County with their annual reports a current certificate of insurance from an insurance company authorized and licensed to do business in the State of Georgia showing that the Fire Department will have in force and effect on the effective date of this Agreement insurance in the required amounts against the stated liabilities and naming the County as an additional insured.
- 10.2. The County will maintain property insurance on all structures which houses city-owned equipment and/or from which a Municipal Fire Department operates, and name the relevant City as an additional insured.

SECTION 11 INDEMNIFICATION

- 11.1. To the extent permitted by law, the Municipalities agree to hold the County harmless from any and all liabilities, claims, expenses, demands, rights, or causes of action of any kind or nature, and for attorneys fees, costs, and judgments arising out of any claims, demands or suits from or by reason of the ownership and maintenance of equipment and vehicles, and/or providing of fire protection services of whatever nature. This indemnification does not apply to liability resulting from acts and omissions of County employees.
- 11.2. To the extent permitted by law, the County agrees to hold the Municipalities harmless from any and all liabilities, claims, expenses, demands, rights, or causes of action of any kind or nature, and for attorneys fees, costs, and judgments arising out of any claims, demands or suits from or by reason of the ownership and maintenance of equipment and vehicles, and/or providing of fire protection services of whatever nature. This indemnification does not apply to liability resulting from acts and omissions of municipal employees.

- 11.3. The insurance requirements herein are minimum requirements for this Agreement and in no way limit the indemnity covenants contained in this Agreement.

SECTION 12 DEFAULT

- 12.1. The failure of any party to enforce any breach of this Agreement by any other party shall not constitute a waiver as to the right to require performance of such defaulted obligation nor waiver of any future breach of the Agreement.

SECTION 13 DISCRIMINATION IN PERSONNEL AND SERVICES

- 13.1. The parties agree that they shall not discriminate against any person in the provision of any services or in terms or conditions of employment on the basis of race, color, religion, national origin, gender, age, or handicap and will comply with all applicable Federal, State, and local laws, regulations, and guidelines prohibiting discrimination.

SECTION 14 TERM AND RENEWAL

- 14.1. The term of this Agreement shall begin on July 1, 2011 and end on June 30, 2016, unless said term shall sooner terminate as herein provided.
- 14.2. This Agreement shall automatically renew itself for an additional five-year term, provided neither party gives notice of its intent not to renew not less than twelve (12) months before the expiration of the term then current.
- 14.3. Any Municipality may terminate this Agreement as between such Municipality and the County at any time, provided a twelve-month written notice is given to the County. The County may terminate this Agreement as between the County and any Municipality at any time, provided a twelve-month written notice is given to the affected Municipality.
- 14.4. This Agreement shall remain in full force and effect at any time while this agreement is under negotiation.
- 14.5. This agreement may be terminated at any time as between the County and any other party by agreement of the County and such other party.
- 14.6. In the event that this Agreement is terminated as between the County and a Municipality, the County shall have the option to purchase at fair market value from that Municipality any fire apparatus purchased by a Municipality during the term of this Agreement and assigned for use in the unincorporated area, pursuant to the amortization methodology established in Exhibit "B" attached hereto and incorporated herein.

SECTION 15 ANNEXATION

- 15.1. Upon annexation by any Municipality of property including or surrounding any County-owned fire station, Municipality shall have the right to purchase the fire station from the County for fair market value. Should said Municipality fail to exercise the right to

purchase a County-owned fire station in an area that it is annexed, the County may compel the Municipality to provide compensation for the fire station to the extent authorized by the applicable statutory framework governing annexation of county-owned facilities.

- 15.2. Through the term of this Agreement, county-owned stations annexed and acquired by any Municipality shall continue to respond to incidents in the district to which that station was assigned prior to annexation. Response areas are subject to modification pursuant to Section 7.1. herein.

SECTION 16 MISCELLANEOUS

- 16.1 **Entire Agreement.** This document, as supplemented by the Effingham County Service Delivery Agreement (i.e. required Department of Community Affairs submittals), comprises the entire Agreement among the parties regarding its subject matter and supersedes and replaces all prior and contemporaneous agreements or courses of dealing. It may not be amended except in writing signed by all parties. It shall not be affected by any course of dealing.
- 16.2 **Headings.** The headings in this Agreement are for convenience only, and shall not be considered as a part of this Agreement. However, the recitals are an integral part of this Agreement.
- 16.3 **Notices.** Any written notice required or permitted in this Agreement shall be given by first class mail addressed to the clerk of the respective party as follows
- | | |
|--|--|
| City Clerk
City of Guyton
PO Box 99
Guyton, GA 31312 | City Clerk
City of Springfield
PO Box 1
Springfield, GA 31329 |
| City Clerk
City of Rincon
PO Box 232
Rincon, GA 31326 | County Clerk
Effingham County Board of
Commissioners
601 North Laurel St
Springfield, GA 31329 |
- 16.4. **Invalidity.** Should any part of this Agreement be declared invalid by a court having competent jurisdiction, then the other parts shall remain in full force and effect unless amended by mutual agreement of the parties.
- 16.5. **Governing law.** This Agreement shall be construed and interpreted under the laws of the State of Georgia.
- 16.6. **Legal Authority upon Approval by Governing Bodies.** This Agreement shall not be in force and effect unless approved by a resolution of the governing bodies of all parties, which shall follow any required public notices and hearings.

16.7. No Creation of Legal Entity. This Agreement does not create a separate legal entity or public body corporate.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the date and year first written above.

BOARD OF COMMISSIONERS OF
EFFINGHAM COUNTY, GEORGIA

C.D. Zeigler, Chairman

Attested by:

Patrice Crawley, County Clerk

CITY OF SPRINGFIELD, GEORGIA

Jeff Northway, Mayor

Attested by:

City Clerk

CITY OF RINCON, GEORGIA

By:

Ken Lee, Mayor

Attested by:

Wanda Hendrix, City Clerk

CITY OF GUYTON, GEORGIA

Michael Garvin, Mayor

Attested by:

Debra M. Scruggs, City Clerk

Reviewed and approved by City Attorney,
per City Charter

BARTOS LAW FIRM, LLC

By:

Ramona M. Bartos, City Attorney
for City of Guyton, GA

EXHIBIT "A"

FIRE RESPONSE AREA AND AUTOMATIC AID AREA MAP

[ATTACHED HERETO]



FIRE SERVICE DELIVERY BOUNDARIES AND AUTO AID

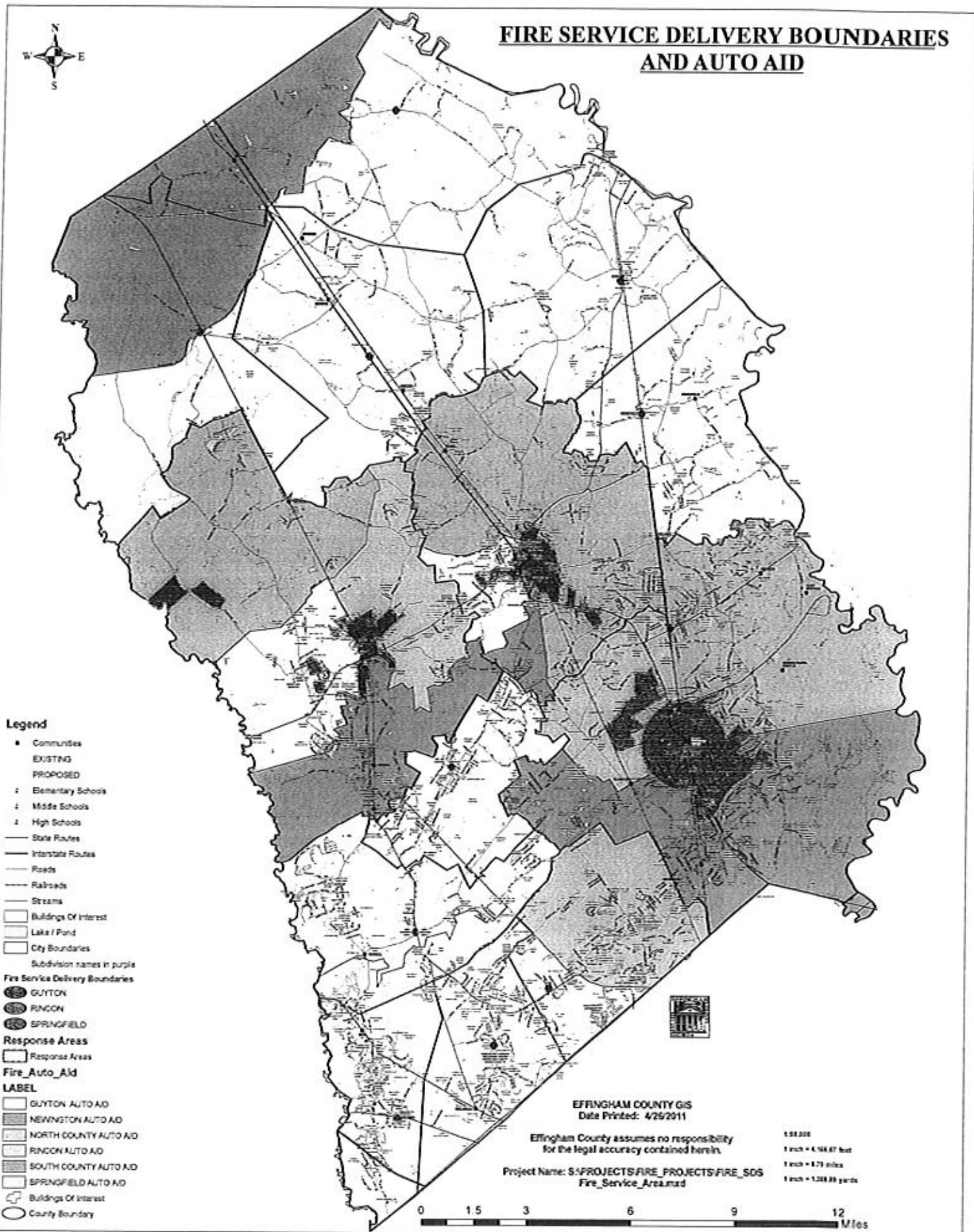


EXHIBIT "B"

Equipment buyout between City and County at contract termination before the end of year ten:

The Fire departments of the city will establish a sinking fund as part of its annual budget to account for depreciation and replacement of equipment purchase by the city. Equipment will be amortized over a 10 year life for funding of the sinking fund. The expense of the sinking fund will be a part of the annual budget used to calculate the funding from the county. The county will fund the City's operational cost including the expense for the sinking fund based on the percentage of fire calls in the unincorporated areas to the total fire call of the city.

Should the City or the County choose to discontinue the contract, and if the County is desirous to purchase the equipment of one of the stations in the unincorporated areas then the price of the equipment will be determined as follows:

Formula: The County's purchase price will be the FMV plus negative equity due to under funding of the sinking fund, or the book value (purchase cost less accumulated depreciation using a 10 year amortization) plus excess equity due to over of funding the sinking fund. Negative or excess equity will be determined by difference in FMV and the book value at the time of contract termination. The percentage of equity due the City will be based on the number of fire calls in the incorporated and unincorporated areas to the total calls of the City's fire department.

The present equity percentage is set at 35/65 percent City/County. If this percentage should change in subsequent contract years the equity percentage in the formulas above would be based on the average equity percentage over the period the fire contract between the City and County was in place.

Example:

Yr End	Purch Cost	Accum Deprec.	Book Value	FMV	County's By Out 35/65%
1	300,000	30,000	270,000	260,000 280,000	266,500 273,500
2	300,000	60,000	240,000	230,000 260,000	236,500 247,000
5	300,000	150,000	150,000	130,000 210,000	143,000 171,000
10	300,000	300,000	0	130,000	45,500

After ten years the first right to purchase terminates.

STATE OF GEORGIA
EFFINGHAM COUNTY

**WATER, SEWER, AND RE-USE WATER AGREEMENT
BETWEEN EFFINGHAM COUNTY AND THE CITY OF RINCON**

THIS AGREEMENT is made and entered into this 27 day of April, 2011, by and between the Effingham County Board of Commissioners, the lawfully elected governing authority of Effingham County (the "County"), a political subdivision of the State of Georgia, and the City of Rincon ("Rincon"), an incorporated municipality of the State of Georgia (collectively, the "PARTIES");

RECITALS:

WHEREAS, House Bill 489 requires local governments within each county to identify all governmental services provided within the county and to execute agreements as to the service areas of each governmental entity; and

WHEREAS, the service delivery strategy agreements required by House Bill 489 must be calculated to promote the delivery of local government services in "the most efficient, effective, and responsive manner"; and

WHEREAS, the PARTIES desire to amend their respective water and sewer service delivery areas to recognize the presence and proximity of Rincon's existing water and sewer infrastructure to certain property in the unincorporated area generally located to the east of the Rincon city limits and to the north of Chimney Road, and including that certain property identified by County Map and Parcel Nos. 475-57, 475-58A, and 475-58B and known as Grandview (collectively referred to as the "SUBJECT AREA"); and

WHEREAS, Rincon represents that it has or will have sufficient water, sewer and re-use capacity to serve the SUBJECT AREA, including sufficient capacity to serve up to 1,544 equivalent residential units ("ERU's") to the property known as Grandview (*The PARTIES agree that an Equivalent Residential Unit or ERU shall mean average water demand of 300 gallons per day*); and

WHEREAS, the PARTIES have approved contemporaneously herewith a Water and Sewer Service Delivery Map that designates the SUBJECT AREA to be within Rincon's Water and Sewer Service Area; and

WHEREAS, in May 2006, certain Water, Sewer, and Re-Use Water Service Agreements (the "Agreements") were executed with regard to the provision of water, sewer, and re-use service to the property known as Grandview; and

WHEREAS, validity of the Agreements and the County's contractual rights and obligations (if any) in regard to the property known as Grandview are currently the subject of litigation in the matter of Old Augusta Development Group, Inc. v. Effingham County et al.,

Adversary Proceeding No. 10-04094-LWD (United States Bankruptcy Court, Southern District of Georgia) and in the matter of Benjamin R. Roach, Chapter 7 Bankruptcy Trustee v. Effingham County Board of Commissioners et al., Civil Action No. SU10CV804T (Superior Court of Effingham County, Georgia) (collectively, the "LITIGATION"); and

WHEREAS, the PARTIES wish to address the provision of water, sewer, and re-use service to the property known as Grandview.

WITNESSETH:

NOW, THEREFORE, in consideration of the representations, promises, and benefits to the PARTIES, the PARTIES agree as follows:

1. The property known as Grandview shall be and is identified on the Water and Sewer Service Delivery Map approved contemporaneously herewith as "Effingham County/City of Rincon";

2. Rincon shall provide water, sewer and re-use water service to the property known as Grandview, or, at Rincon's option, permit the County to serve the property known as Grandview by constructing system improvements to connect from Rincon's existing water, sewer, and re-use infrastructure to water, sewer and re-use connection points located within or adjacent to the property identified as Grandview ("the system improvements").

3. In the event that Rincon elects to permit the County to serve the property known as Grandview by connecting to Rincon's infrastructure, Rincon may bill the County a surcharge for water (the terms and conditions of such surcharge being memorialized in a "Potable Water Supply Agreement" previously executed by Rincon and Effingham County on May 8, 2007) and may bill the County at an amount not to exceed Rincon's wholesale rates for re-use water and sewer usage.

4.a. In the event that a final judgment or order is issued in the LITIGATION which directs the County to make water, sewer and re-use water service available to the property known as Grandview on or before a date certain, and Rincon elects to serve Grandview under the terms of such final judgment or order, Rincon shall construct and own the necessary system improvements, and the County shall pay for the cost of constructing the necessary system improvements if an agreement with the owners of Grandview and Rincon cannot be reached concerning payment of the cost of the system improvements. In the event Rincon is unable or unwilling to construct the system improvements necessary to extend its existing infrastructure to the property known as Grandview by the date specified in any such final judgment or order, Rincon agrees to permit the County to construct the necessary system improvements to extend Rincon's infrastructure to the property known as Grandview.

4.b. Rincon acknowledges that the County may decide that system improvements to Grandview are necessary notwithstanding any final order or judgment in the LITIGATION. Rincon agrees that within 90 days of receipt of written notice from the County expressing its desire to perform the system improvements, Rincon will provide the County with notice in

writing whether it will construct such improvements. In the event Rincon declines to perform the system improvements or fails to respond within 90 days of receipt of such notice, Rincon agrees that the County may construct the system improvements subject to all other provisions of this Agreement, and Rincon shall provide water, sewer and re-use water service to the property known as Grandview, or, at Rincon's option, permit the County to serve the property.

5. The County agrees that Rincon shall own the system improvements, which shall be designed by Rincon or, if designed by the County, in accordance with any requirements established by Rincon and subject to approval by Rincon. The County shall provide all necessary easements, right of ways, and/or property and/or cooperate with Rincon in obtaining the necessary easements, right of ways, and/or property.

6. If the property known as Grandview is not annexed by the City of Rincon, the County agrees to enforce and collect the impact fees, aid-to-construction fees, or capital cost recovery fees enacted by Rincon which are applicable to the Grandview property.

7. Rincon agrees that if the County constructs the system improvements, the County shall be reimbursed from impact fees, aid-to-construction fees, or capital cost recovery fees by whatever name paid to Rincon or the County by development within the SUBJECT AREA served by the County's extension of Rincon's infrastructure.

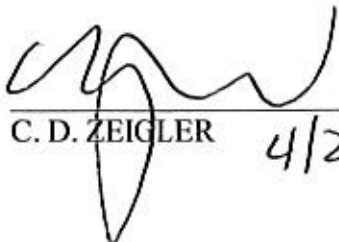
8. The connection points to Rincon's infrastructure shall be as follows:

Water Connection Point: Fort Howard Road at Bunyon Kessler Road

Sewer Connection Point: Rincon Wastewater treatment plant

IN WITNESS WHEREOF the County has caused these presents to be executed by its proper officer under seal, and Rincon has caused these presents to be executed by its proper officer under seal affixed, this 27 day of April, 2011.

EFFINGHAM COUNTY BOARD OF COMMISSIONERS

BY: 
C. D. ZEIGLER 4/27/11

ATTEST:


PATRICE MORRIS, CLERK

CITY OF RINCON, GEORGIA

BY:


KENNETH LEE, MAYOR

ATTEST:


WANDA HENDRIX, CITY CLERK



SERVICE DELIVERY STRATEGY
FORM 4: Certifications

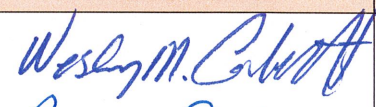


Instructions:

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: EFFINGHAM

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
<u>EFFINGHAM COUNTY</u>	Chairman	Wesley Corbitt		6/11/2019
<u>CITY OF SPRINGFIELD</u>	Mayor	Barton Alderman		6/13/2019
<u>CITY OF RINCON</u>	Mayor	Ken Lee		6/14/2019
<u>CITY OF GUYTON</u>	Mayor	Jeff Lariscy		