





COUNTY: GORDON

I. GENERAL INSTRUCTIONS:

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

OPTION A Revising or Adding to the SDS

- 4. List all services provided or primarily funded by each general purpose local government and authority within the county which are revised or added to the SDS in Section IV, below. (It is acceptable to break a service into separate components if this will facilitate description of the service delivery strategy.)
- 5. For **each** service or service component listed in Section IV, complete a separate, updated *Summary of Service Delivery Arrangements* form (FORM 2).
- 6. Complete one copy of the Certifications 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).]

OPTION B Extending the Existing SDS

- 4. In Section IV type, "NONE."
- 5. Complete one copy of the Certifications for Extension of Existing SDS form (FORM 5) and have it signed by the authorized representatives of the participating local governments. [Please note that DCA cannot validate the strategy unless it is signed by the local governments required by law (see Instructions, FORM 5).]
- 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 http://www.dca.ga.gov/development/PlanningQualityGrowth/programs/servicedelivery.asp, or call the Office of Planning and Quality Growth at (404) 679-5279.

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

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

II. LOCAL GOVERNMENTS INCLUDED IN THE SERVICE DELIVERY STRATEGY:

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

Calhoun-Gordon County Airport Authority

Gordon County

City of Calhoun

City of Plainville

City of Fairmount

City of Ranger

City of Resaca

Calhoun Housing Authority

Calhoun-Gordon County Library, Unit of the Northwest Georgia Regional Library System

Development Authority of Gordon County

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

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

Alcohol License Service Delivery

Emergency Management

Emergency Medical Services / Ambulance

Rural Public Transportation

Senior Center Services

Soil Erosion Permitting & Enforcement

Solid Waste Disposal

Tax Assessments and Collections

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

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

Airport Services

Animal Control

Building & Development, Permitting & Inspections

E-911 Emergency Dispatch

Economic Development

Electric Distribution

Fire Protection

County Administration / Finance

Housing

Law Enforcement

Libraries

Municipal Administration/Finance

Municipal Court Services

Recreation and Parks

Roads and Bridges

Solid Waste Collection

Telecommunications

Water

Wastewater



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SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

Make copies of this form and complete one for each service I Answer each question below, attaching additional pages as necessional be reported to the Department of Community Affairs.	listed on FORM 1, Section IV. Use <u>EXACTLY the same service names listed on FORM 1</u> ssary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:GORDON	Service: Airport Services
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:
 a.) Service will be provided countywide (i.e., inc (If this box is checked, identify the government, aut Airport Authority 	cluding all cities and unincorporated areas) by a single service provider, thority or organization providing the service.):Calhoun-Gordon County
b.) Service will be provided only in the unincorp checked, identify the government, authority or orga	porated portion of the county by a single service provider. (If this box is nization providing the service.):
 c.) ☐ One or more cities will provide this service or provided in unincorporated areas. (If this box is che service; 	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
 d.) ☐ One or more cities will provide this service o service in unincorporated areas. (If this box is check service.): 	inly within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
e.) Dther (If this box is checked, attach a legible identify the government, authority, or other organization	e map delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	e areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
If these conditions will continue under this strategy, <u>at</u> overlapping but higher levels of service (See O.C.G.A. overlapping service areas or competition cannot be eli	tach an explanation for continuing the arrangement (i.e., . 36-70-24(1)), overriding benefits of the duplication, or reasons that iminated).
If these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party a	y, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
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SDS FORM 2, continued

Local Government or A Calhoun-Gordon County A		
Authority	The state of the s	
Authority	50% of funding from City of Calhoun General Fu	nd.
How will the strategy chan	ge the previous arrangements for providing and/or funding this	service within the county?
This strategy changes the p	revious arrangement by clarifying the funding mechanism.	
this service:	very agreements or intergovernmental contracts that will be us	ed to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
Airport Service Delivery	Gordon County, Cities of Calhoun, Fairmount, Plainville,	3/16/2000, renewed and
Agreement	Ranger, Resaca	effective except as modified
		by this form.
i. What other mechanisms (if acts of the General Assemb	any) will be used to implement the strategy for this service (e.gly, rate or fee changes, etc.), and when will they take effect?	., ordinances, resolutions, local
. What other mechanisms (if acts of the General Assemb	any) will be used to implement the strategy for this service (e.gly, rate or fee changes, etc.), and when will they take effect?	., ordinances, resolutions, local
i. What other mechanisms (if acts of the General Assemb	any) will be used to implement the strategy for this service (e.gy, rate or fee changes, etc.), and when will they take effect?	., ordinances, resolutions, local
acts of the General Assemb	y, rate or fee changes, etc.), and when will they take effect?	., ordinances, resolutions, local
Person completing form: Ed Phone number: 706-629-015	y, rate or fee changes, etc.), and when will they take effect? die Peterson	



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SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:	
Make copies of this form and complete one for each service In Answer each question below, attaching additional pages as necessishould be reported to the Department of Community Affairs.	isted on FORM 1, Section IV. Use EXACTLY the same service names listed on FORM 1. sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:GORDON	Service: Alcohol License Service Delivery
1. Check <u>one</u> box that best describes the agreed upo	n delivery arrangement for this service:
a.) Service will be provided countywide (i.e., inc (If this box is checked, identify the government, aut	cluding all cities and unincorporated areas) by a single service provider. hority or organization providing the service.):
b.) Service will be provided only in the unincorp checked, identify the government, authority or organ	orated portion of the county by a single service provider. (If this box is nization providing the service.):
c.) One or more cities will provide this service o provided in unincorporated areas. (If this box is che service:	nly within their incorporated boundaries, and the service will not be cked, identify the government(s), authority or organization providing the
service in unincorporated areas. (If this box is check	nly within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the of Plainville, City of Fairmount, City of Ranger, City of Resaca
e.)	e map delineating the service area of each service provider, and tion that will provide service within each service area.):
In developing this strategy, were overlapping servic identified?	e areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	ntation as described, below)
⊠No	
these conditions will continue under this strategy, <u>att</u> verlapping but higher levels of service (See O.C.G.A. verlapping service areas or competition cannot be eli	tach an explanation for continuing the arrangement (i.e., 36-70-24(1)), overriding benefits of the duplication, or reasons that minated).
these conditions will be eliminated under the strategy	y, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

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

Local Government or Authority	Funding Method		
Gordon County	User Fees		
City of Calhoun	User Fees		
City of Fairmount	User Fees		
City of Plainville	User Fees		
City of Ranger	User Fees		
City of Resaca	User Fees		

City of Fairmount	User Fees	User Fees			
City of Plainville	User Fees				
City of Ranger	User Fees	User Fees			
City of Resaca	User Fees	User Fees			
4. How will the strategy chang	ge the previous arrangements for providing and/or fundin	g this service within the county?			
this service:	rery agreements or intergovernmental contracts that will				
Agreement Name Alcohol License Service	Contracting Parties	Effective and Ending Dates			
Delivery Agreement	Gordon County, Cities of Calhoun, Fairmount, Plain				
Delivery Agreement	Ranger, Resaca	effective except as modified			
-		by this form.			
. What other mechanisms (if a acts of the General Assembly	any) will be used to implement the strategy for this service, rate or fee changes, etc.), and when will they take effe	e (e.g., ordinances, resolutions, local ect?			
		=			
Person completing form: Edd Phone number: 706-629-015 Is this the person who should		er proposed local government			
projects are consistent with the	ne service delivery strategy'? ⊠Yes ⊡No	, , ,			
in not, provide designated con	stact person(s) and phone number(s) below:				



Georgia Community Affairs



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

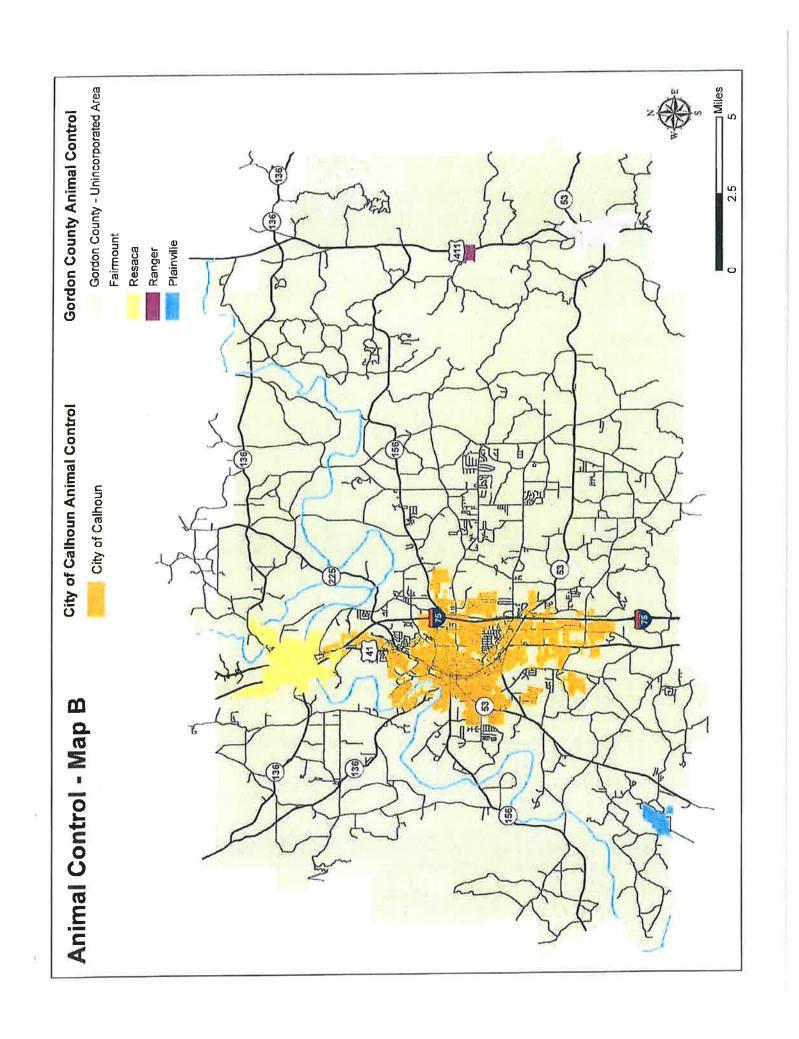
Instructions:

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

Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	ssary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:GORDON	Service:Animal Control
1. Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service;
a.) Service will be provided countywide (i.e., inc (If this box is checked, identify the government, aut	cluding all cities and unincorporated areas) by a single service provider. chority or organization providing the service.):
b.) Service will be provided only in the unincorp checked, identify the government, authority or organized in the control of	porated portion of the county by a single service provider. (If this box is nization providing the service.):
	nly within their incorporated boundaries, and the service will not be cked, identify the government(s), authority or organization providing the
	nly within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	le map delineating the service area of each service provider, and ation that will provide service within each service area.): Gordon
2. In developing this strategy, were overlapping servic identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
f these conditions will continue under this strategy, <u>at</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be el	tach an explanation for continuing the arrangement (i.e., . 36-70-24(1)), overriding benefits of the duplication, or reasons that iminated).
f these conditions will be eliminated under the strateg vill be taken to eliminate them, the responsible party a	y, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

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List each government or auth enterprise funds, user fees, ge fees, bonded indebtedness, et	eneral fu	t will help to pay for this service and indicate how t inds, special service district revenues, hotel/motel	he service will be funded (e.g., taxes, franchise taxes, Impact
Local Government or Auth	ority	Funding Metho	d
Gordon County		General Fund, User fees	
City of Calhoun General Fund; User fees			
-			
1			
4. How will the strategy change t	he previ	ious arrangements for providing and/or funding this	service within the county?
A new Service Delivery area ma 5. List any formal service delivery this service:		neen implimented.	sed to Implement the strategy for
Agreement Name		Contracting Parties	Effective and Ending Dates
Animal Control Service	Gordo	n County, Fairmount, Plainville, Ranger, Resaca	3/16/2000, renewed and
Delivery Agreement	Cordo	n odanty, i difficulti, i lainville, italiger, itesaea	effective except as modified
Beinery rigidement			· · · · · · · · · · · · · · · · · · ·
			by this form.
What other mechanisms (if any acts of the General Assembly, r) will be ate or fe	used to implement the strategy for this service (e.ge changes, etc.), and when will they take effect?	g., ordinances, resolutions, local
7. Person completing form: Eddie Phone number: 706-629-0151		on le completed: 10/31/2018	
 Is this the person who should be projects are consistent with the 	e contac service o	sted by state agencies when evaluating whether pro dellvery strategy? ⊠Yes ⊡No	oposed local government
If not, provide designated contact	ot persor	n(s) and phone number(s) below:	









FORM 2: Summary of Service Delivery Arrangements

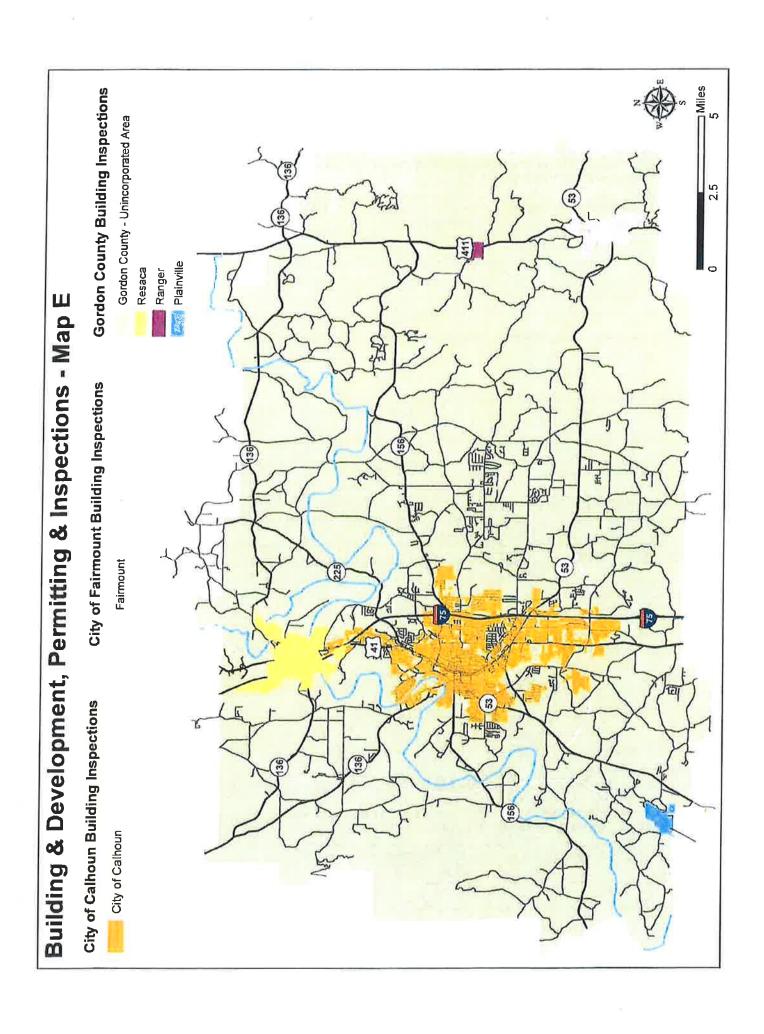
Instructions:

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

should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:GORDON	Service: Building & Development, Permitting & Inspections
Check <u>one</u> box that best describes the agreed upon	n delivery arrangement for this service:
a.) Service will be provided countywide (i.e., inc (If this box is checked, identify the government, auth	eluding all cities and unincorporated areas) by a single service provider. hority or organization providing the service.):
b.) Service will be provided only in the unincorport checked, identify the government, authority or organ	orated portion of the county by a single service provider. (If this box is nization providing the service.):
c.) One or more cities will provide this service or provided in unincorporated areas. (If this box is checkervice:	nly within their incorporated boundaries, and the service will not be cked, identify the government(s), authority or organization providing the
d.) One or more cities will provide this service or service in unincorporated areas. (If this box is check service.):	nly within their incorporated boundaries, and the county will provide the ted, identify the government(s), authority or organization providing the
e.) Other (If this box is checked, attach a legible identify the government, authority, or other organizationnty, City of Calhoun, City of Fairmount	e map delineating the service area of each service provider, and tion that will provide service within each service area.): Gordon
2. In developing this strategy, were overlapping service identifled?	e areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional documer	ntation as described, below)
⊠No	
f these conditions will continue under this strategy, <u>atta</u> overlapping but higher levels of service (See O.C.G.A. overlapping service areas or competition cannot be elin	ach an explanation for continuing the arrangement (i.e., 36-70-24(1)), overriding benefits of the duplication, or reasons that minated).
f these conditions will be eliminated under the strategy vill be taken to eliminate them, the responsible party ar	r, attach an implementation schedule listing each step or action that not the agreed upon deadline for completing it.

SDS	FO	RM	2. c	onti	nued
The second second second		Carlo de la Ca	_		

Local Government or Aut	hority Funding Method	d
Gordon County	Enterprise Fund	
City of Calhoun	General Fund; User fees	
City of Fairmount	General Fund; User fees	
		4
How will the strategy change	the previous arrangements for providing and/or funding this	service within the county?
ી new Service Delivery area m	ap has been implimented.	
List any formal service deliver	y agreements or intergovernmental contracts that will be us	ed to implement the strategy
this service;	y agreements or intergovernmental contracts that will be us	ou to imploment the shategy
this service;		
his service; Agreement Name	Contracting Parties	Effective and Ending Dat
his service: Agreement Name uilding & Development	Contracting Parties Gordon County, Cities of Calhoun, Fairmount, Plainville,	Effective and Ending Dat 3/16/2000, renewed and
his service: **Agreement Name uilding & Development ermitting and Inspections	Contracting Parties	Effective and Ending Dat 3/16/2000, renewed and effective except as modifie
Agreement Name Suilding & Development Permitting and Inspections	Contracting Parties Gordon County, Cities of Calhoun, Fairmount, Plainville,	Effective and Ending Dat
Agreement Name uilding & Development ermitting and Inspections	Contracting Parties Gordon County, Cities of Calhoun, Fairmount, Plainville,	Effective and Ending Dat 3/16/2000, renewed and effective except as modifie
Agreement Name Suilding & Development Permitting and Inspections	Contracting Parties Gordon County, Cities of Calhoun, Fairmount, Plainville,	Effective and Ending Dat 3/16/2000, renewed and effective except as modifie
Agreement Name uilding & Development ermitting and Inspections ervice Delivery Agreement	Contracting Parties Gordon County, Cities of Calhoun, Fairmount, Plainville, Ranger, Resaca	Effective and Ending Dat 3/16/2000, renewed and effective except as modifie by this form.
Agreement Name Building & Development Permitting and Inspections Service Delivery Agreement	Contracting Parties Gordon County, Cities of Calhoun, Fairmount, Plainville, Ranger, Resaca y) will be used to implement the strategy for this service (e.g.	Effective and Ending Dat 3/16/2000, renewed and effective except as modifie by this form.
this service: **Agreement Name Building & Development Permitting and Inspections Service Delivery Agreement What other mechanisms (if an	Contracting Parties Gordon County, Cities of Calhoun, Fairmount, Plainville, Ranger, Resaca	Effective and Ending Dat 3/16/2000, renewed and effective except as modifie by this form.
this service: **Agreement Name Building & Development Permitting and Inspections Service Delivery Agreement What other mechanisms (if an	Contracting Parties Gordon County, Cities of Calhoun, Fairmount, Plainville, Ranger, Resaca y) will be used to implement the strategy for this service (e.g.	Effective and Ending Dat 3/16/2000, renewed and effective except as modifie by this form.
this service: Agreement Name Building & Development Permitting and Inspections Service Delivery Agreement What other mechanisms (if an	Contracting Parties Gordon County, Cities of Calhoun, Fairmount, Plainville, Ranger, Resaca y) will be used to implement the strategy for this service (e.g.	Effective and Ending Dat 3/16/2000, renewed and effective except as modifie by this form.
this service: Agreement Name Building & Development Permitting and Inspections Service Delivery Agreement What other mechanisms (if an	Contracting Parties Gordon County, Cities of Calhoun, Fairmount, Plainville, Ranger, Resaca y) will be used to implement the strategy for this service (e.g.	Effective and Ending Dat 3/16/2000, renewed and effective except as modifie by this form.
this service: Agreement Name Building & Development Permitting and Inspections Service Delivery Agreement What other mechanisms (if an	Contracting Parties Gordon County, Cities of Calhoun, Fairmount, Plainville, Ranger, Resaca y) will be used to implement the strategy for this service (e.g.	Effective and Ending Dat 3/16/2000, renewed and effective except as modifie by this form.
this service: **Agreement Name Building & Development Permitting and Inspections Service Delivery Agreement What other mechanisms (if an	Contracting Parties Gordon County, Cities of Calhoun, Fairmount, Plainville, Ranger, Resaca y) will be used to implement the strategy for this service (e.g.	Effective and Ending Dat 3/16/2000, renewed and effective except as modifie by this form.
this service: Agreement Name Building & Development Permitting and Inspections Service Delivery Agreement What other mechanisms (if an	Contracting Parties Gordon County, Cities of Calhoun, Fairmount, Plainville, Ranger, Resaca y) will be used to implement the strategy for this service (e.grate or fee changes, etc.), and when will they take effect?	Effective and Ending Dat 3/16/2000, renewed and effective except as modifie by this form.









FORM 2: Summary of Service Delivery Arrangements

Instructions:

Make copies of this form and complete one for each service li Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	isted on FORM 1, Section IV. Use EXACTLY the same service names listed on FORM 1, sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:GORDON	Service: County Administration/Finance
Check one box that best describes the agreed upo	
	cluding all cities and unincorporated areas) by a single service provider. hority or organization providing the service.): Gordon County
b.) Service will be provided only in the unincorp checked, identify the government, authority or organ	orated portion of the county by a single service provider. (If this box is nization providing the service.):
	nly within their incorporated boundaries, and the service will not be cked, identify the government(s), authority or organization providing the
d.) One or more cities will provide this service o service in unincorporated areas. (If this box is check service.):	nly within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	le map delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping servic identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
If these conditions will continue under this strategy, <u>at</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be el	tach an explanation for continuing the arrangement (i.e., a. 36-70-24(1)), overriding benefits of the duplication, or reasons that iminated).
f these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party a	y, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

Page 1 of 2

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	will help to pay for this service and indicate how the nds, special service district revenues, hotel/motel ta	
Local Government or Authority	Funding Method	
Gordon County	General Fund	
4. How will the strategy change the previous	ous arrangements for providing and/or funding this	service within the county?
municipalities has not changed, but the	tes to the funding of general administration and fina SDS Form for General Administration/Finance has stration/Finance and County Administration/Finance	been divided into two new
List any formal service delivery agreen this service:	nents or intergovernmental contracts that will be use	ed to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
	e used to implement the strategy for this service (e.gee changes, etc.), and when will they take effect?	g., ordinances, resolutions, local
N/A		
7. Person completing form: Eddie Peters Phone number: 706-629-0151 Da	son ate completed: 1/3/19	
8. Is this the person who should be contact projects are consistent with the service	cted by state agencies when evaluating whether prodelivery strategy? ⊠Yes ⊡No	oposed local government
If not, provide designated contact perso	on(s) and phone number(s) below:	



Community Affairs



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:GORDON	Service:E-911 Emergency Dispatch		
1. Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:		
a.) Service will be provided countywide (i.e., inc (If this box is checked, identify the government, aut	cluding all cities and unincorporated areas) by a single service provider, thority or organization providing the service.):Gordon County		
b.) Service will be provided only in the unincorporate checked, identify the government, authority or organized or organized control of the	porated portion of the county by a single service provider. (If this box is inization providing the service.):		
c.) ☐ One or more cities will provide this service of provided in unincorporated areas. (If this box is che service:	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the		
 d.) ☐ One or more cities will provide this service of service in unincorporated areas. (If this box is check service.): 	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the		
e.) Other (If this box is checked, attach a legib identify the government, authority, or other organization)	le map delineating the service area of each service provider, and ation that will provide service within each service area.):		
2. In developing this strategy, were overlapping serving identified?	ce areas, unnecessary competition and/or duplication of this service		
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)		
⊠No			
If these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that diminated).		
If these conditions will be eliminated under the strates will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.		
	Page 1 of 2		

	202 LO	tivi 2, continueu	
List each government or authorise funds, user fees, gefees, bonded indebtedness, et	eral funds, special serv	for this service and indicate how the rice district revenues, hotel/motel ta	e service will be funded (e.g., xes, franchise taxes, impact
Local Government or Auth	rity	Funding Method	
Gordon County		E-911 phone line charges	
1			
			1 1 1 1
How will the strategy change t	e previous arrangemen	ts for providing and/or funding thls	service within the county?
City of Calhoun will no longer m	ike any payments to Go	ordon County for dispatch services.	
List any formal service delivery this service:	agreements or intergov	ernmental contracts that will be use	ed to implement the strategy for
Agreement Name		tracting Parties	Effective and Ending Dates
E-911 Emergency Dispatch	Gordon County, Cities	of Calhoun, Fairmount, Plainville,	10/31/2018 - 10/31/2028
Service Delivery Agreement	Ranger, Resaca		Renewed and effective,
			except as modified by this
			form
6. What other mechanisms (if any acts of the General Assembly,	will be used to implemate or fee changes, etc.)	ent the strategy for this service (e.g), and when will they take effect?	., ordinances, resolutions, local
7. Person completing form: Eddie Phone number: 706-629-0151 8. Is this the person who should be projects are consistent with the If not, provide designated conta	Date completed: 10 e contacted by state age ervice delivery strategy	encies when evaluating whether pro ?? ⊠Yes ⊡No	oposed local government
	, , , , , , , , , , , , , , , , , , , ,		



Georgia Community Affairs



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

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Make copies of this form and complete one for each service listed on FORM 1, Section IV. Use EXACTLY the same service names listed on FORM 2 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:GORDON	Service:Economic Development			
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:			
(If this box is checked, identify the government, aut	cluding all cities and unincorporated areas) by a single service provider, thority or organization providing the service.): The Gordon County ority of Gordon County will provide this service to all entities			
b.) Service will be provided only in the unincorp checked, identify the government, authority or organ	orated portion of the county by a single service provider. (If this box is nization providing the service.):			
	nly within their incorporated boundaries, and the service will not be cked, identify the government(s), authority or organization providing the			
	nly within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the			
e.) Other (If this box is checked, attach a legible identify the government, authority, or other organization)	e map delineating the service area of each service provider, and ation that will provide service within each service area.):			
2. In developing this strategy, were overlapping service identified?	ee areas, unnecessary competition and/or duplication of this service			
☐Yes (if "Yes," you must attach additional docume	entation as described, below)			
⊠No				
f these conditions will continue under this strategy, <u>at</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be eli	tach an explanation for continuing the arrangement (i.e., . 36-70-24(1)), overriding benefits of the duplication, or reasons that iminated).			
f these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party a	y, <u>attach an implementation schedule</u> listing each step or action that and the agreed upon deadline for completing it.			

企业 型		SDS FORM 2, continued	
List each government or auth enterprise funds, user fees, ge fees, bonded indebtedness, e	eneral fu	t will help to pay for this service and indicate how th inds, special service district revenues, hotel/motel to	ie service will be funded (e.g., axes, franchise taxes, impact
Local Government or Auth	ority	Funding Method	
Gordon County		Hotel-Motel Taxes, General Fund	
Calhoun		General Fund	
			,
4. How will the strategy change	the prev	ious arrangements for providing and/or funding this	service within the county?
		angement by clarifying the funding mechanism. ments or intergovernmental contracts that will be us	ed to implement the strategy for
Agreement Name	ľ	Contracting Parties	Effective and Ending Dates
Economic Development	Gordo	on County, Calhoun, Fairmount, Plainville, Ranger,	3/16/2000, renewed and
Service Delivery Agreement	Resac	ca	effective except as modified
			by this form, to end on
			10/31/2028.
3. What other mechanisms (if an acts of the General Assembly,	y) will be rate or f	e used to implement the strategy for this service (e.ge changes, etc.), and when will they take effect?	g., ordinances, resolutions, local
7. Person completing form: Eddic Phone number: 706-629-0151 3. Is this the person who should to projects are consistent with the	Da oe conta	ate completed: 10/31/2018 acted by state agencies when evaluating whether pro	oposed local government







FORM 2: Summary of Service Delivery Arrangements

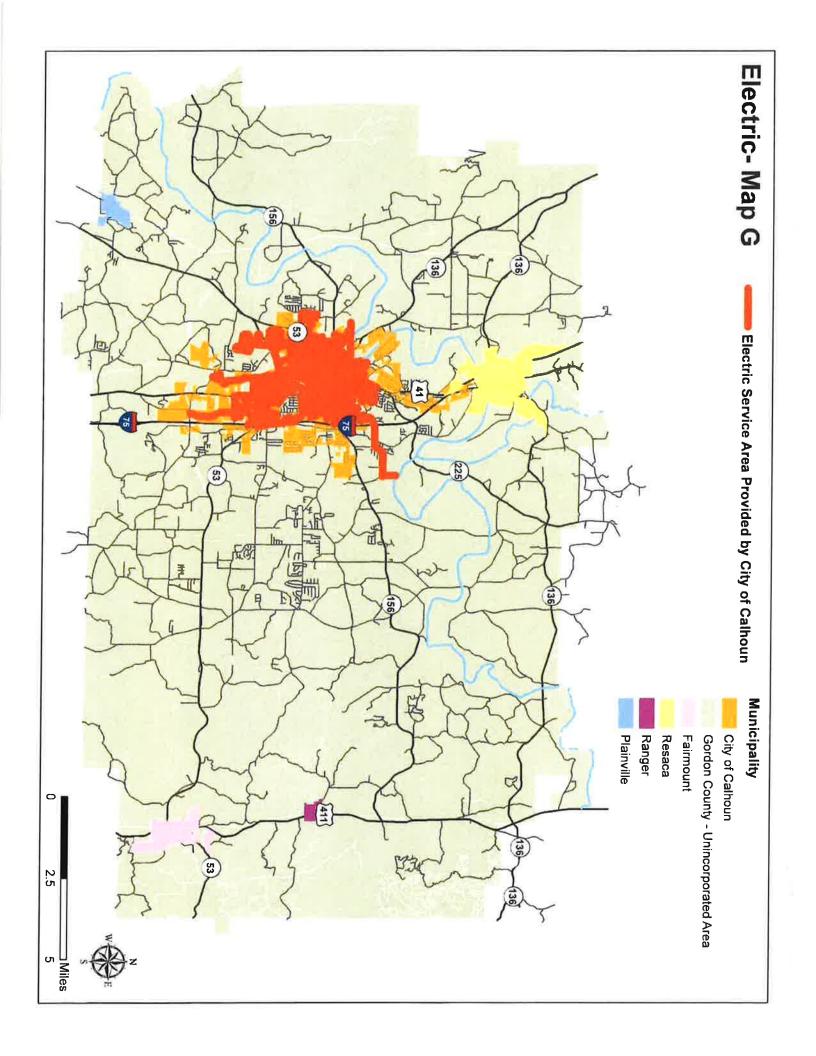
Instructions:

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

Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:GORDON	Service: Electric Distribution
Check <u>one</u> box that best describes the agreed upo	n delivery arrangement for this service:
a.) Service will be provided countywide (i.e., inc (If this box is checked, identify the government, aut	cluding all cities and unincorporated areas) by a single service provider. hority or organization providing the service.):
b.) Service will be provided only in the unincorp checked, identify the government, authority or orga	orated portion of the county by a single service provider. (If this box is nization providing the service.):
c.) One or more cities will provide this service o provided in unincorporated areas. (If this box is che service:	nly within their incorporated boundaries, and the service will not be cked, identify the government(s), authority or organization providing the
d.) One or more cities will provide this service o service in unincorporated areas. (If this box is check service.):	nly within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	e map delineating the service area of each service provider, and attion that will provide service within each service area.): City of
In developing this strategy, were overlapping service identified?	e areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
	tach an explanation for continuing the arrangement (i.e., . 36-70-24(1)), overriding benefits of the duplication, or reasons that iminated).
f these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party a	y, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

SDS FORM 2, continued

Local Government or Auth	ority Funding Method	
City of Calhoun	User fees	
. How will the strategy change t	he previous arrangements for providing and/or funding this	s service within the county?
City of Calhoun provides electri	cal services within the attached service map area, and pur	chases wholesale nower from
	of Georgia. A new Service Delivery area map has been im	
List any formal service delivery this service:	agreements or intergovernmental contracts that will be us	sed to implement the strategy f
Agreement Name	Contracting Parties	Effective and Ending Date
	Contracting Parties Calhoun, MEAG	Effective and Ending Date 3/16/2000, renewed and
Georgia Territorial Agreement		3/16/2000, renewed and
Georgia Territorial Agreement Electric Distribution Service	Calhoun, MEAG	Effective and Ending Date 3/16/2000, renewed and effective except as modified by this form.
Georgia Territorial Agreement Electric Distribution Service	Calhoun, MEAG Gordon County, Cities of Calhoun, Fairmount, Plainville	3/16/2000, renewed and effective except as modified
Georgia Territorial Agreement Electric Distribution Service	Calhoun, MEAG Gordon County, Cities of Calhoun, Fairmount, Plainville	3/16/2000, renewed and effective except as modified
Georgia Territorial Agreement Electric Distribution Service Delivery Agreement	Calhoun, MEAG Gordon County, Cities of Calhoun, Fairmount, Plainville Ranger, Resaca	3/16/2000, renewed and effective except as modified by this form.
Georgia Territorial Agreement Electric Distribution Service Delivery Agreement What other mechanisms (if any	Calhoun, MEAG Gordon County, Cities of Calhoun, Fairmount, Plainville	3/16/2000, renewed and effective except as modified by this form.
Georgia Territorial Agreement Electric Distribution Service Delivery Agreement What other mechanisms (if any	Calhoun, MEAG Gordon County, Cities of Calhoun, Fairmount, Plainville Ranger, Resaca	3/16/2000, renewed and effective except as modified by this form.
Georgia Territorial Agreement Electric Distribution Service Delivery Agreement What other mechanisms (if any acts of the General Assembly, i	Calhoun, MEAG Gordon County, Cities of Calhoun, Fairmount, Plainville Ranger, Resaca	3/16/2000, renewed and effective except as modified by this form.
Georgia Territorial Agreement Electric Distribution Service Delivery Agreement What other mechanisms (if any acts of the General Assembly, in the	Calhoun, MEAG Gordon County, Cities of Calhoun, Fairmount, Plainville Ranger, Resaca	3/16/2000, renewed and effective except as modified by this form.
Georgia Territorial Agreement Electric Distribution Service Delivery Agreement What other mechanisms (if any acts of the General Assembly, i	Calhoun, MEAG Gordon County, Cities of Calhoun, Fairmount, Plainville Ranger, Resaca	3/16/2000, renewed and effective except as modified by this form.
Georgia Territorial Agreement Electric Distribution Service Delivery Agreement What other mechanisms (if any acts of the General Assembly, acts of the Gene	Calhoun, MEAG Gordon County, Cities of Calhoun, Fairmount, Plainville Ranger, Resaca () will be used to implement the strategy for this service (exate or fee changes, etc.), and when will they take effect?	3/16/2000, renewed and effective except as modified by this form. g., ordinances, resolutions, loc









FORM 2: Summary of Service Delivery Arrangements

Instructions:

Make copies of this form and complete one for each service listed on FORM 1, Section IV. Use <u>EXACTLY the same service names listed on FORM 1</u> . Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.						
COUNTY:GORDON	Service: Emergency Management					
 Check one box that best describes the agreed upon a.) Service will be provided countywide (i.e., including this box is checked, identify the government, automotive the contract of the contract of the countywide (i.e., including the countywide). 	on delivery arrangement for this service: cluding all cities and unincorporated areas) by a single service provider, chority or organization providing the service.):Gordon 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 o provided in unincorporated areas. (If this box is che service:	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the					
 d.) One or more cities will provide this service of service in unincorporated areas. (If this box is check service.): 	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the					
e.) ☐ Other (If this box is checked, attach a legible identify the government, authority, or other organization)	le map delineating the service area of each service provider, and atlon that will provide service within each service area.):					
In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service					
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)					
⊠No						
If these conditions will continue under this strategy, at overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be el	ttach an explanation for continuing the arrangement (i.e., a. 36-70-24(1)), overriding benefits of the duplication, or reasons that illminated).					
If these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.					
	Page 1 of 2					

	SDS FORM 2, continued	
	obo i onim 2, continuou	
List each government or autho enterprise funds, user fees, ger fees, bonded indebtedness, etc	rity that will help to pay for this service and indicate how th neral funds, special service district revenues, hotel/motel to c.).	e service will be funded (e.g., axes, franchise taxes, impact
Local Government or Author	prity Funding Method	estiment energy and executive
Gordon County	General Fund	
		106
4. How will the strategy change th	ne previous arrangements for providing and/or funding this	service within the county?
N/A		
this service:	agreements or intergovernmental contracts that will be use	ed to implement the strategy for Effective and Ending Dates
Agreement Name Emergency Management	Gordon County, Cities of Calhoun, Fairmount, Plainville,	3/16/2000, renewed and
Service Delivery Agreement	Ranger, Resaca	effective except as modified
Corred Benvery / Igredition	/ Autigory (Autografia	by this form.
) will be used to implement the strategy for this service (e.gate or fee changes, etc.), and when will they take effect?	,, ordinances, resolutions, local
Same as No. 5 above,		
7. Person completing form: Eddie Phone number: 706-629-0151	Peterson Date completed: 10/31/2018	
 Is this the person who should be projects are consistent with the s 	e contacted by state agencies when evaluating whether pro service delivery strategy? ⊠Yes ⊡No	oposed local government
If not, provide designated contact		6







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:GORDON	Service:Emergency Medical Services/Ambulance						
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:						
 a.) Service will be provided countywide (i.e., including this box is checked, identify the government, automatically including the countywide (i.e., including the countywide). 	cluding all cities and unincorporated areas) by a single service provider, thority or organization providing the service.):Gordon County						
b.) Service will be provided only in the unincorp checked, identify the government, authority or orga	porated portion of the county by a single service provider. (If this box is anization providing the service.):						
c.) One or more cities will provide this service of provided in unincorporated areas. (If this box is cheservice:	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the						
 d.) ☐ One or more cities will provide this service of service in unincorporated areas. (If this box is check service.); 	only within their incorporated boundaries, and the county will provide the sked, identify the government(s), authority or organization providing the						
e.) Other (If this box is checked, attach a legib identify the government, authority, or other organization)	le map delineating the service area of each service provider, and ation that will provide service within each service area.):						
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service						
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)						
⊠No							
If these conditions will continue under this strategy, <u>at</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be expected to the control of the contr	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that diminated).						
If these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.						
	Page 1 of 2						

SDS FORM 2, continue	ed	
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Local Government or Aut	hority C. C. C.	Participation of the second se
Gordon County	hority Funding Metho General Fund	
	Constant una	
4. How will the strategy change	the previous arrangements for providing and/or funding this	s service within the county?
N/A		
List any formal service deliver	w agreements or intersections and a section to the territory	sed to implement the strategy fo
this service;	ry agreements or intergovernmental contracts that will be us	out to implement the strategy to
Agreement Name	Contracting Parties	Effective and Ending Dates
Agreement Name Emergency Medical Services	Contracting Parties Gordon County, Cities of Calhoun, Fairmount, Plainville,	
Agreement Name Emergency Medical Services Ambulance Service Delivery	Contracting Parties	Effective and Ending Dates
Agreement Name Emergency Medical Services Ambulance Service Delivery	Contracting Parties Gordon County, Cities of Calhoun, Fairmount, Plainville,	Effective and Ending Dates 3/16/2000, renewed and
Agreement Name Emergency Medical Services Ambulance Service Delivery	Contracting Parties Gordon County, Cities of Calhoun, Fairmount, Plainville,	Effective and Ending Dates 3/16/2000, renewed and effective except as modified
Agreement Name Emergency Medical Services Ambulance Service Delivery	Contracting Parties Gordon County, Cities of Calhoun, Fairmount, Plainville,	Effective and Ending Dates 3/16/2000, renewed and effective except as modified
Agreement Name Emergency Medical Services Ambulance Service Delivery Agreement	Contracting Parties Gordon County, Cities of Calhoun, Fairmount, Plainville, Ranger, Resaca	Effective and Ending Dates 3/16/2000, renewed and effective except as modified by this form.
Agreement Name Emergency Medical Services Ambulance Service Delivery Agreement What other mechanisms (if an	Contracting Parties Gordon County, Cities of Calhoun, Fairmount, Plainville,	Effective and Ending Dates 3/16/2000, renewed and effective except as modified by this form.
Agreement Name Emergency Medical Services Ambulance Service Delivery Agreement . What other mechanisms (if an	Contracting Parties Gordon County, Cities of Calhoun, Fairmount, Plainville, Ranger, Resaca y) will be used to implement the strategy for this service (e.g., and the strategy for this service).	Effective and Ending Dates 3/16/2000, renewed and effective except as modified by this form.
Agreement Name Emergency Medical Services Ambulance Service Delivery Agreement What other mechanisms (if an acts of the General Assembly, Same as No. 5 above.	Contracting Parties Gordon County, Cities of Calhoun, Fairmount, Plainville, Ranger, Resaca y) will be used to implement the strategy for this service (e. rate or fee changes, etc.), and when will they take effect?	Effective and Ending Dates 3/16/2000, renewed and effective except as modified by this form.
Agreement Name Emergency Medical Services Ambulance Service Delivery Agreement What other mechanisms (if an acts of the General Assembly, Same as No. 5 above. Person completing form: Eddie Phone number: 706-629-0151	Contracting Parties Gordon County, Cities of Calhoun, Fairmount, Plainville, Ranger, Resaca y) will be used to implement the strategy for this service (e. rate or fee changes, etc.), and when will they take effect?	Effective and Ending Dates 3/16/2000, renewed and effective except as modified by this form. g., ordinances, resolutions, local



Community Affairs



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

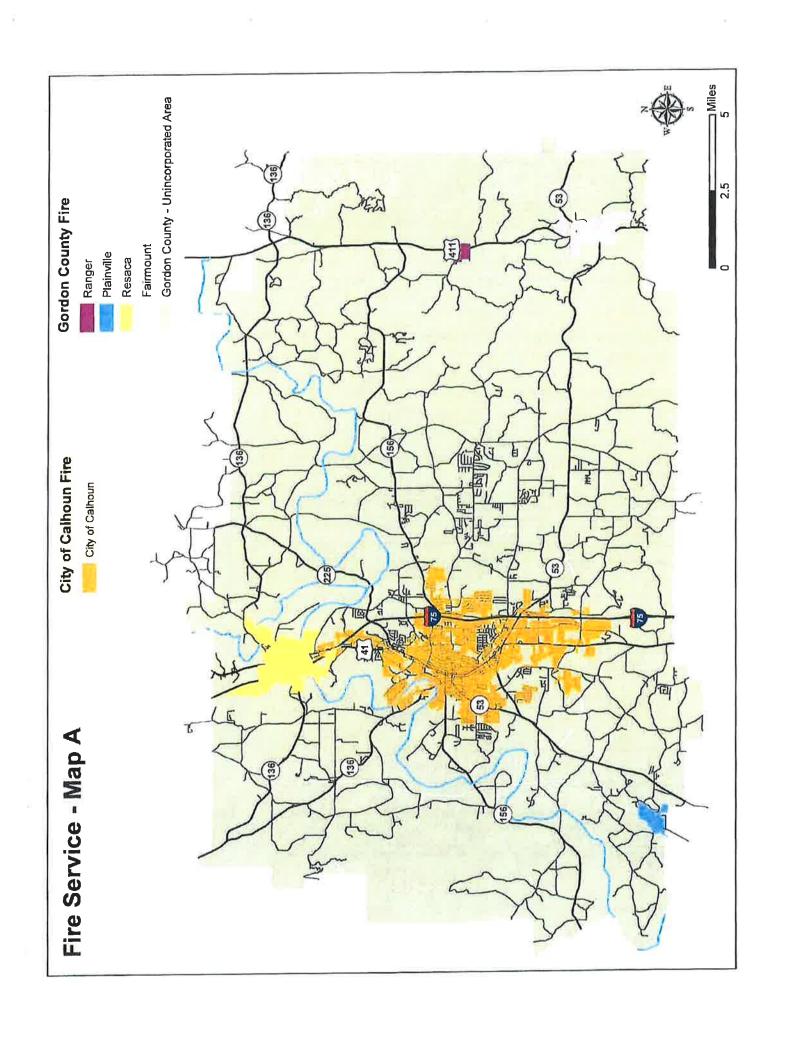
Instructions:

Make copies of this form and complete one for each service Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	listed on FORM 1, Section IV. Use <u>EXACTLY</u> the same service names listed on FORM 1. ssary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:GORDON	Service: Fire Protection
1. Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:
a.) Service will be provided countywide (i.e., in (If this box is checked, identify the government, au	cluding all cities and unincorporated areas) by a single service provider, thorlty or organization providing the service.):
b.) Service will be provided only in the unlncorp checked, identify the government, authority or orga	porated portion of the county by a single service provider. (If this box is anization providing the service.):
c.) One or more cities will provide this service of provided in unincorporated areas. (If this box is che service:	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
	only within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the
e.) 🖾 Other (If this box is checked, attach a legib identify the government, authority, or other organization County, City of Calhoun	ole map delineating the service area of each service provider, and ation that will provide service within each service area.): Gordon
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
f these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).
f these conditions will be eliminated under the strates will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

Page 1 of 2

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Local Government or Au	thority	Funding Method	
Gordon County		Insurance Premium Tax; User Fees; General Fu	
City of Calhoun		Insurance Premium Tax; User Fees; General Fu	nd
. How will the strategy change	e the prev	ious arrangements for providing and/or funding this	s service within the county?
This strategy changes the premap has been implimented.	evious arra	angement by clarifying the funding mechanism. Als	o, a new Service Delivery area
List any formal service delive	ery agreei	ments or intergovernmental contracts that will be us	sed to implement the strategy
Agreement Name		Contracting Parties	Effective and Ending Date
Agreement Name	Gordo	Contracting Parties on County, Fairmount, Plainville, Ranger, Resaca	3/16/2000, renewed and
Agreement Name Fire Protection Service	Gordo		
Agreement Name Fire Protection Service	Gordo		3/16/2000, renewed and effective except as modified
Agreement Name Fire Protection Service	Gordo		3/16/2000, renewed and effective except as modified
Agreement Name Fire Protection Service Delivery Agreement What other mechanisms (if a	any) will be		3/16/2000, renewed and effective except as modified by this form.
Agreement Name Fire Protection Service Delivery Agreement What other mechanisms (if a acts of the General Assembly Person completing form: Ede Phone number: 706-629-015	die Peters Date be conta	e used to implement the strategy for this service (e. fee changes, etc.), and when will they take effect? son ate completed: 10/31/2018	3/16/2000, renewed and effective except as modified by this form. g., ordinances, resolutions, lo
Agreement Name Fire Protection Service Delivery Agreement What other mechanisms (if a acts of the General Assembly Person completing form: Ede Phone number: 706-629-015 Is this the person who should projects are consistent with the	die Peters De die be conta	e used to implement the strategy for this service (e. fee changes, etc.), and when will they take effect? son ate completed: 10/31/2018	3/16/2000, renewed and effective except as modified by this form. g., ordinances, resolutions, lo





Community Affairs



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:	
Make copies of this form and complete one for each service II Answer each question below, attaching additional pages as necessional be reported to the Department of Community Affairs.	sted on FORM 1, Section IV. Use <u>EXACTLY the same service names listed on FORM 1</u> sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:GORDON	Service:Housing
1. Check <u>one</u> box that best describes the agreed upor	n delivery arrangement for this service;
 a.) Service will be provided countywide (i.e., inc (If this box is checked, identify the government, auth Authority 	luding all cities and unincorporated areas) by a single service provider, nority or organization providing the service.):Calhoun Housing
b.) Service wllf be provided only in the unincorporthecked, identify the government, authority or organ	orated portion of the county by a single service provider. (If this box is nization providing the service.):
c.) One or more cities will provide this service or provided in unincorporated areas. (If this box is checkervice:	nly within their incorporated boundaries, and the service will not be cked, identify the government(s), authority or organization providing the
d.) One or more cities will provide this service on service in unincorporated areas. (If this box is check service.):	nly within their incorporated boundaries, and the county will provide the ed, identify the government(s), authority or organization providing the
e.) Other (If this box is checked, attach a legible identify the government, authority, or other organization	e map delineating the service area of each service provider, and it in that will provide service within each service area.):
. In developing this strategy, were overlapping service identified?	e areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional documen	ntation as described, below)
⊠No	
these conditions will continue under this strategy, att. verlapping but higher levels of service (See O.C.G.A. verlapping service areas or competition cannot be elin	ach an explanation for continuing the arrangement (i.e., 36-70-24(1)), overriding benefits of the duplication, or reasons that minated).
these conditions will be eliminated under the strategy ill be taken to eliminate them, the responsible party ar	, attach an implementation schedule listing each step or action that not the agreed upon deadline for completing it.

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		FU	NUL			<u> 1111</u>		

List each government or author enterprise funds, user fees, ge fees, bonded indebtedness, et	eneral funds,	I help to pay for this service and indicate how the , special service district revenues, hotel/motel ta:	e service will be funded (e.g., xes, franchise taxes, impact
Local Government or Auth	ority	Funding Method	
Calhoun Housing Authority	Lo	oans, Grants, Contributions, User fees	
4. How will the strategy change t	the previous	arrangements for providing and/or funding this	service within the county?
		ement by clarifying the name of the Housing Auti	
this service;		Contracting Parties	Effective and Ending Dates
Agreement Name	Gordon C	County, Citles of Calhoun, Fairmount, Plainville,	3/16/2000, renewed and
Housing Authority Service	Ranger, F		effective except as modified
Delivery Agreement	Kanyer, I	163000	by this form, to end on
			10/31/2028.
		A CONTRACTOR OF THE CONTRACTOR	7.57.5 (7.25.2)
What other mechanisms (if an acts of the General Assembly,	ly) will be us rate or fee	sed to implement the strategy for this service (e.gchanges, etc.), and when will they take effect?	g., ordinances, resolutions, local
Same as No. 5 above,			
7. Person completing form: Eddi Phone number: 706-629-0151 8. Is this the person who should	Date be contacte	completed: 10/31/2018 ad by state agencies when evaluating whether pr	oposed local government
projects are consistent with the	e service de	s) and phone number(s) below:	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

Answer each question below, attaching additional pages as should be reported to the Department of Community Affairs.	necessary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:GORDON	Service:Law Enforcement
1. Check <u>one</u> box that best describes the agreed	d upon delivery arrangement for this service:
 a.) Service will be provided countywide (i.e. (If this box is checked, identify the government) 	e., including all cities and unincorporated areas) by a single service provider. t, authority or organization providing the service.):
b.) Service will be provided only in the uninchecked, identify the government, authority or	ncorporated portlon of the county by a single service provider. (If this box is organization providing the service.):
c.) One or more cities will provide this serv provided in unincorporated areas. (If this box is service:	rice only within their incorporated boundaries, and the service will not be s checked, identify the government(s), authority or organization providing the
service): Gordon County provides law enfo	rice only within their incorporated boundaries, and the county will provide the checked, identify the government(s), authority or organization providing the reement for the unincorporated area of Gordon County and the Cities ce Department provides law enforcement for the City of Calhoun, enforcement for the City of Fairmount.
e.) Other (If this box is checked, attach a lidentify the government, authority, or other org.	egible map delineating the service area of each service provider, and anization that will provide service within each service area.):
2. In developing this strategy, were overlapping sidentified?	service areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional do	cumentation as described, below)
⊠No	
f these conditions will continue under this strategoverlapping but higher levels of service (See O.Coverlapping service areas or competition cannot	gy, attach an explanation for continuing the arrangement (i.e., C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that be eliminated).
f these conditions will be eliminated under the st	rrategy, 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 b	e 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		
Gordon County	General Fund; Fines; Forfeitures; Grants		
City of Calhoun	General Fund; Fines; Forfeitures; Grants		
City of Fairmount	General Fund; Fines; Forfeitures; Grants		
Plainville	General Fund; Fines; Forfeitures; Grants		
Ranger	General Fund; Fines; Forfeitures; Grants		
Resaca	General Fund; Fines; Forfeitures; Grants		

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?
This strategy changes the previous arrangement by clarifying the service delivery arrangement.

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

Law Enforcement Service Gordon County, of Delivery Agreement Ranger, Resaca	Cities of Calhoun, Fairmount, Plainville, 3/16/2000, renewed and effective except as modified
Delivery Agreement Ranger, Resaca	offective expect as modified
	enective except as modified
	by this form, to end on
	10/31/2028.

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

Same as No. 5 above,			

- 7. Person completing form: **Eddie Peterson**Phone number: **706-629-0151**Date completed: 10/31/2018
- 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ⊠Yes □No

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







FORM 2: Summary of Service Delivery Arrangements

Instructions:	
Make copies of this form and complete one for each service I Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	isted on FORM 1, Section IV. Use <u>EXACTLY the same service names listed on FORM</u> seary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:GORDON	Service:Libraries
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:
a.) Service will be provided countywide (i.e., inc (If this box is checked, identify the government, aut Library, Unit of the Northwest Georgia Regional	cluding all cities and unincorporated areas) by a single service provider, hority or organization providing the service.):Calhoun-Gordon County Library System
b.) Service will be provided only in the unincorporate checked, identify the government, authority or organized or control of the control of	orated portion of the county by a single service provider. (If this box is nization providing the service.):
c.) One or more cities will provide this service or provided in unincorporated areas. (If this box is cherservice:	nly within their incorporated boundaries, and the service will not be cked, identify the government(s), authority or organization providing the
d.) One or more cities will provide this service or service in unincorporated areas. (If this box is check service.):	nly within their incorporated boundaries, and the county will provide the sed, identify the government(s), authority or organization providing the
e.)	e map delineating the service area of each service provider, and tion that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	e areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional document	ntation as described, below)
⊠No	
these conditions will continue under this strategy, <u>att</u> verlapping but higher levels of service (See O.C.G.A. verlapping service areas or competition cannot be elim	ach an explanation for continuing the arrangement (i.e., 36-70-24(1)), overriding benefits of the duplication, or reasons that minated).
these conditions will be eliminated under the strategy rill be taken to eliminate them, the responsible party a	r, attach an implementation schedule listing each step or action that nd the agreed upon deadline for completing it.

SDS FORM 2, continued

3. List each government of	r authority that will help to pa	ly for this service and i	ndicate how the serv	vice will be funded (e.g.,
enterprise funds, user fe	es, general funds, special se	ervice district revenues	, hotel/motel taxes, t	franchise taxes, impact
fees, bonded indebtedne				

Local Government or Authority	Funding Method
Gordon County	General Fund
City of Calhoun	General Fund
City of Plainville	General Fund
City of Ranger	General Fund
City of Fairmount	General Fund
City of Resaca	General Fund

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

This strategy changes the previous arrangement by clarifying the service provider,

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

Agreement Name	Contracting Parties	Effective and Ending Dates
Library Service Delivery	Dalton Regional Library System, Gordon County,	03/16/2000, renewed and
Agreement	Calhoun, Fairmount, Plainville, Ranger, Resaca	effective except as modified
· · · · · · · · · · · · · · · · · · ·		by this form, to end on
		10/31/2028.

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

7.	Person	completing	form:	Eddie	Peterson
----	--------	------------	-------	-------	----------

Phone number: 706-629-0151

Date completed: 10/31/2018

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

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







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

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•		•		-		1.4			ш	ш		

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.).							
Local Government or Authority	Funding Method						
City of Calhoun	General Fund						
City of Fairmount	General Fund						
City of Resaca	General Fund						
City of Plainville	General Fund						
City of Ranger	General Fund						
	7. E						
4. How will the strategy change the previous arrangements for providing and/or funding this service within the county? The Service Delivery Strategy as it relates to the funding of general administration and finance within the County and municipalities has not changed, but the SDS Form for General Administration/Finance has been divided into two new categories for clarity: Municipal Administration/Finance and County Administration/Finance.							
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?							

7. Person completing form: Eddie Peterson
Phone number: 706-629-0151 Date completed: 1/3/19
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:

N/A







FORM 2: Summary of Service Delivery Arrangements

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

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.).

Funding Method	
General Fund; Fines; Forfeitures	
General Fund; Fines; Forfeitures	
General Fund; Fines; Forfeitures	
	General Fund; Fines; Forfeitures General Fund; Fines; Forfeitures

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

The Service Delivery Strategy has been updated to reflect that the City of Resaca now provides Municipal Court Services.

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
Municipal Court Service	Gordon County, Cities of Calhoun, Fairmount, Plainville	3/16/2000 renewed and
Delivery Agreement	Ranger, and Resaca	effective except as modified
		by this form.

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

Same as No. 5 above.

- 7. Person completing form: Jim Ledbetter, Gordon County Administrator
 Phone number: (706) 879-2314 Date completed: 11/30/18
- 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? Xyes No

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







FORM 2: Summary of Service Delivery Arrangements

Instructions:

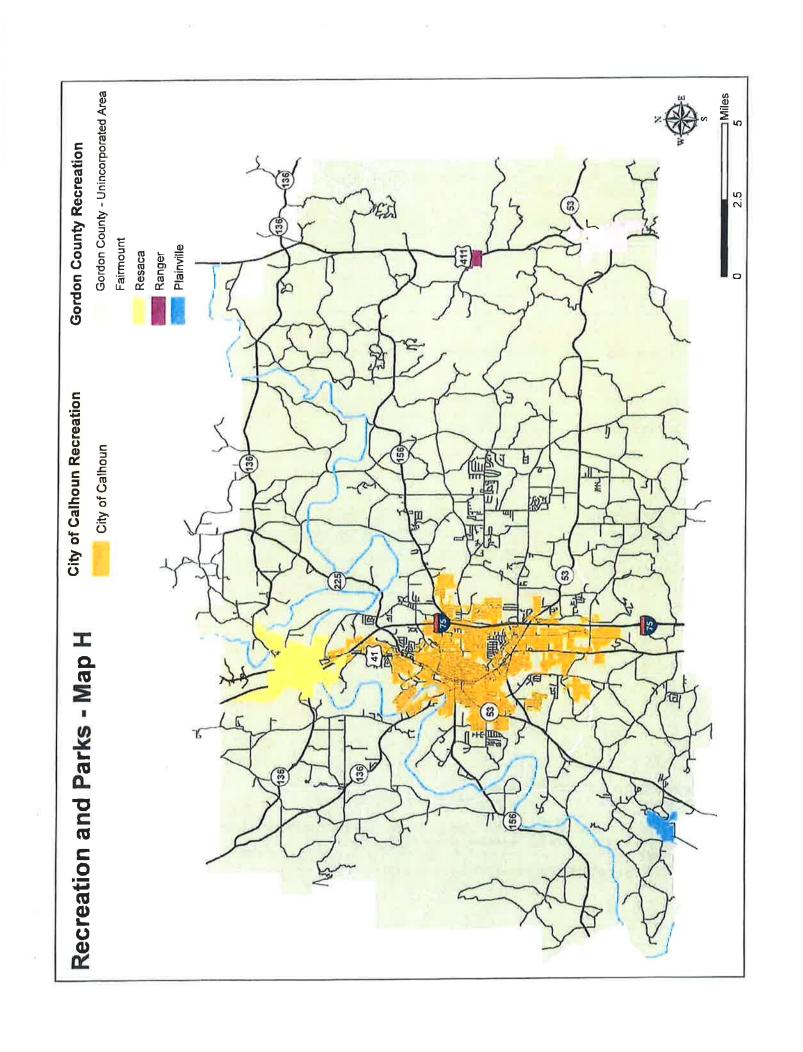
Make copies of this form and complete one for each service listed on FORM 1, Section IV. Use EXACTLY the same service names listed on FORM 1.

COUNTY:GORDON	Service: Recreation and Parks
1. Check <u>one</u> box that best describes the agreed up	oon delivery arrangement for this service:
a.) Service will be provided countywide (i.e., in (If this box is checked, identify the government, and	ncluding all cities and unincorporated areas) by a single service provider uthority or organization providing the service.):
b.) Service will be provided only in the unincorchecked, identify the government, authority or org	rporated portion of the county by a single service provider. (If this box is anization providing the service.):
c.) One or more cities will provide this service provided in unincorporated areas. (If this box is ch service:	only within their incorporated boundaries, and the service will not be necked, identify the government(s), authority or organization providing the
d.) One or more cities wlll provide this service service in unincorporated areas. (If this box is chesservice.):	only within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the
identify the government, authority, or other organiz	ble map delineating the service area of each service provider, and cation that will provide service within each service area.): Gordon eatlon departments. Residents are free to participate in whatever eds and preferences.
. In developing this strategy, were overlapping servi	ice areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
these conditions will continue under this strategy, a verlapping but higher levels of service (See O.C.G.A verlapping service areas or competition cannot be e	ttach an explanation for continuing the arrangement (l.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that ellminated).

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

Local Government or Aut	thority	Funding Method	Harania Sana
Gordon County		General Fund; User Fees	
Calhoun		General Fund; User Fees	
A STATE OF THE STA			110000000000000000000000000000000000000
l. How will the strategy change	the previ	ous arrangements for providing and/or funding this	service within the county?
Gordon County will continue to annual increase until the total annual amount to be paid thro	contribution	nnual contributions to Calhoun per the existing agre on reaches five hundred thousand dollars (\$500,00 ber 31, 2028.	eement, with the three percent 10), which will be the maximum
i. List any formal service delive this service:	ery agreen	nents or intergovernmental contracts that will be us	ed to implement the strategy for
Agreement Name	11 N+315	Contracting Parties	Effective and Ending Dates
Revised and Amended		n County, Cities of Calhoun, Falrmount, Plainville,	05/05/2009, renewed and
Revised and Amended Comprehensive Plan			05/05/2009, renewed and effective except as modified
Revised and Amended Comprehensive Plan Pertaining to Recreation		n County, Cities of Calhoun, Falrmount, Plainville,	05/05/2009, renewed and effective except as modified by this form, to end on
Revised and Amended Comprehensive Plan Pertaining to Recreation and Parks Service Delivery		n County, Cities of Calhoun, Falrmount, Plainville,	05/05/2009, renewed and effective except as modified
Agreement Name Revised and Amended Comprehensive Plan Pertaining to Recreation and Parks Service Delivery Strategies		n County, Cities of Calhoun, Falrmount, Plainville,	05/05/2009, renewed and effective except as modified by this form, to end on
Revised and Amended Comprehensive Plan Pertaining to Recreation and Parks Service Delivery		n County, Cities of Calhoun, Falrmount, Plainville,	05/05/2009, renewed and effective except as modified by this form, to end on
Revised and Amended Comprehensive Plan Pertaining to Recreation and Parks Service Delivery Strategies What other mechanisms (if a	Range	n County, Cities of Calhoun, Falrmount, Plainville,	05/05/2009, renewed and effective except as modified by this form, to end on 10/31/2028.
Revised and Amended Comprehensive Plan Pertaining to Recreation and Parks Service Delivery Strategies What other mechanisms (if a	Range	n County, Cities of Calhoun, Falrmount, Plainville, er, Resaca	05/05/2009, renewed and effective except as modified by this form, to end on 10/31/2028.
Revised and Amended Comprehensive Plan Pertaining to Recreation and Parks Service Delivery Strategies What other mechanisms (if a	Range	n County, Cities of Calhoun, Falrmount, Plainville, er, Resaca	05/05/2009, renewed and effective except as modified by this form, to end on 10/31/2028.
Revised and Amended Comprehensive Plan Pertaining to Recreation and Parks Service Delivery Strategies What other mechanisms (if a	ny) will be	n County, Cities of Calhoun, Fairmount, Plainville, er, Resaca used to implement the strategy for this service (e.gee changes, etc.), and when will they take effect?	05/05/2009, renewed and effective except as modified by this form, to end on 10/31/2028.





(a Georgia Community Affairs



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

1-	 1	nne

Make copies of this form and complete one for each service li Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	isted on FORM 1, Section IV. Use <u>EXACTLY the same service names listed on FORM 1</u> , isary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:GORDON	Service:Roads and Bridges
Check <u>one</u> box that best describes the agreed upo	n delivery arrangement for this service:
a.) Service will be provided countywide (i.e., inc (If this box is checked, Identify the government, aut	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.):
b.) Service will be provided only in the unincorp checked, identify the government, authority or organ	porated portion of the county by a single service provider. (If this box is nization providing the service.):
c.) ☐ One or more citles will provide this service o provided in unincorporated areas. (If this box is che service:	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
d.) 🖾 One or more cities will provide this service o service in unincorporated areas. (If this box is check service.): Gordon County, City of Calhoun	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
e.) Other (If this box is checked, attach a legible identify the government, authority, or other organization)	le map delineating the service area of each service provider, and ation that will provide service within each service area.):
In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
If these conditions will continue under this strategy, <u>at</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be el	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).
If these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

S	DS	FO	RM 2	, conti	nued
_		and the court	and an investment of the court	III - Control of the last	

Local Government or Authori	tv Funding	Method
Gordon County	General Fund, SPLOST	,
City of Calhoun	General Fund, SPLOST	
. How will the strategy change the	previous arrangements for providing and/or fun	dlng this service within the county?
Gordon County provides assistance	e with paving services to each municipality. In a	addition Gordon County will provide
paving services each year to the Ci	ty of Calhoun for 4 miles of city streets, with the	e city streets to be paved being
designated by the City of Calhoun.		
l ist any formal service delivery ag	reements or intergovernmental contracts that w	ull be used to implement the strategy fo
List arry formal service delivery ag	reements of intergovernmental contracts that w	viii be used to implement the strategy to
this service:		
this service:		
this service: Agreement Name	Contracting Parties	Effective and Ending Dates
this service:		Effective and Ending Dates
this service:		Effective and Ending Dates
this service:		Effective and Ending Dates
this service:		Effective and Ending Dates
this service:		Effective and Ending Dates
this service:		Effective and Ending Dates
this service: **Agreement Name** **What other mechanisms (if any) with the content of the cont		rvice (e.g., ordinances, resolutions, loca
this service: Agreement Name What other mechanisms (if any) wi	Contracting Parties Il be used to implement the strategy for this ser	rvice (e.g., ordinances, resolutions, loca
this service: Agreement Name What other mechanisms (if any) wi	Contracting Parties Il be used to implement the strategy for this ser	rvice (e.g., ordinances, resolutions, loca
this service: **Agreement Name** What other mechanisms (if any) with the service:	Contracting Parties Il be used to implement the strategy for this ser	rvice (e.g., ordinances, resolutions, loca
this service: **Agreement Name** What other mechanisms (if any) wi	Contracting Parties Il be used to implement the strategy for this ser	rvice (e.g., ordinances, resolutions, loca
this service: **Agreement Name** **What other mechanisms (if any) with the content of the cont	Contracting Parties Il be used to implement the strategy for this ser	rvice (e.g., ordinances, resolutions, loca
Mhat other mechanisms (if any) water of the General Assembly, rate	Contracting Parties If be used to implement the strategy for this ser or fee changes, etc.), and when will they take e	rvice (e.g., ordinances, resolutions, loca
this service: Agreement Name What other mechanisms (if any) wi	Contracting Parties If be used to implement the strategy for this ser or fee changes, etc.), and when will they take e	rvice (e.g., ordinances, resolutions, loca
What other mechanisms (if any) what of the General Assembly, rate Person completing form: Eddie Perhone number: 706-629-0151 as this the person who should be continuated.	Contracting Parties If be used to implement the strategy for this ser or fee changes, etc.), and when will they take eterson	rvice (e.g., ordinances, resolutions, localeffect?



(AGeorgia Community Affairs



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

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Make copies of this form and complete one for each service listed on FORM 1, Section IV. Use EXACTLY the same service names listed on FORM 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.			
COUNTY:GORDON	Service:Rural Public Transportation		
1. Check one box that best describes the agreed upo a.) Service will be provided countywide (i.e., income).	cluding all cities and unincorporated areas) by a single service provider.		
	thority or organization providing the service.):Gordon County porated portion of the county by a single service provider. (If this box is unization providing the service.):		
c.) One or more cities will provide this service of provided in unincorporated areas. (If this box is che service:	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the		
d.) One or more cities will provide this service of service in unincorporated areas. (If this box is checkervice.):	only within their incorporated boundaries, and the county will provide the eked, identify the government(s), authority or organization providing the		
e.) Other (If this box is checked, attach a legib identify the government, authority, or other organization)	le map delineating the service area of each service provider, and ation that will provide service within each service area.):		
In developing this strategy, were overlapping serving identified?	ce areas, unnecessary competition and/or duplication of this service		
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)		
⊠No			
If these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that illiminated).		
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.		
	Page 1 of 2		

		SDS FORM 2, continued		
 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				
Gordon County		General Fund; GA D.O.T. Grant		
		Constant and, OA B.C. T. Grant		
-				
ļ				
4. How will the strategy change to	he previ	ous arrangements for providing and/or funding this	service within the county?	
N/A				
5. List any formal service delivery this service:	ag ree n	nents or Intergovernmental contracts that will be use	ed to implement the strategy for	
Agreement Name		Contracting Parties	Effective and Ending Dates	
Rural Transportation Service	Gordo	n County, Cities of Calhoun, Fairmount, Plainville,	3/16/2000, renewed and	
Delivery Agreement	Range	r, Resaca	effective except as modified	
			by this form,	
6. What other mechanisms (if any acts of the General Assembly, r) will be ate or fe	used to implement the strategy for this service (e.g ee changes, etc.), and when will they take effect?	., ordinances, resolutions, local	
Same as No. 5 above.				
7. Person completing form: Eddie Phone number: 706-629-0151		on te completed: 10/31/2018		
. 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	ct perso	n(s) and phone number(s) below:		
			*	



Georgia Deput Marie Community Affairs



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

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:GORDON	Service:Senior Center Services			
Check <u>one</u> box that best describes the agreed upon	n delivery arrangement for this service:			
a.) Service will be provided countywide (i.e., inc (If this box is checked, identify the government, aut)	cluding all cities and unincorporated areas) by a single service provider, hority or organization providing the service.):Gordon County			
b.) Service will be provided only in the unincorporate checked, identify the government, authority or organ	orated portion of the county by a single service provider. (If this box is nization providing the service.):			
c.) One or more cities will provide this service of provided in unincorporated areas. (If this box is chesservice:	nly within their incorporated boundaries, and the service will not be cked, Identify the government(s), authority or organization providing the			
d.) One or more cities will provide this service of service in unincorporated areas. (If this box is check service.):	nly within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the			
e.) Other (If this box is checked, attach a legible identify the government, authority, or other organization)	e map delineating the service area of each service provider, and ation that will provide service within each service area.):			
2. In developing this strategy, were overlapping servic identified?	e areas, unnecessary competition and/or duplication of this service			
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)			
⊠No				
f these conditions will continue under this strategy, <u>at</u> overlapping but higher levels of service (See O.C.G.A. overlapping service areas or competition cannot be eli	tach an explanation for continuing the arrangement (i.e., 36-70-24(1)), overriding benefits of the duplication, or reasons that iminated).			
f these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party a	y, attach an Implementation schedule listing each step or action that and the agreed upon deadline for completing it.			
	Page 1 of 2			

		SDS FORM 2, continued	
List each government or au enterprise funds, user fees, fees, bonded indebtedness,	general fu	will help to pay for this service and indicate how th nds, special service district revenues, hotel/motel to	axes, franchise taxes, impact
Local Government or Au	ithority	Funding Method	
Gordon County		General Fund	
5			
4. How will the strategy change	e the previ	ous arrangements for providing and/or funding this	service within the county?
N/A			
List any formal service deliventhis service:	ery agreen	nents or intergovernmental contracts that will be us	ed to implement the strategy for
Agreement Name		Contracting Parties	Effective and Ending Dates
Senior Center Service	Gordo	n County, Cities of Calhoun, Fairmount, Plainville,	3/16/2000, renewed and
Delivery Agreement	Range	r, Resaca	effectived except as modified
			by this form.
-			
6. What other mechanisms (if a acts of the General Assembly	any) will be y, rate or fe	used to implement the strategy for this service (e.gee changes, etc.), and when will they take effect?	g., ordinances, resolutions, local
Same as No. 5 above.			
7. Person completing form: Edd Phone number: 706-629-015		on te completed: 10/31/2018	
Is this the person who should projects are consistent with the	d be conta ne service	cted by state agencies when evaluating whether prodelivery strategy? ⊠Yes ⊡No	oposed local government
If not, provide designated cor	ntact perso	n(s) and phone number(s) below:	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.				
COUNTY:GORDON	Service:Soil Erosion Permitting & Enforcement			
1. Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:			
a.) Service will be provided countywide (i.e., inc (If this box is checked, identify the government, aut	cluding all cities and unincorporated areas) by a single service provider, thority or organization providing the service.):			
b.) Service will be provided only in the unincorportected, identify the government, authority or organized or the control of	porated portion of the county by a single service provider. (If this box is nization providing the service.):			
c.) 🖾 One or more cities will provide this service of provided in unincorporated areas. (If this box is che service: Gordon County, Calhoun, State of George	only within their incorporated boundaries, and the service will not be acked, identify the government(s), authority or organization providing the gia			
d.) One or more cities will provide this service of service in unincorporated areas. (If this box is check service.):	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the			
e.) Other (If this box is checked, attach a legib identify the government, authority, or other organization)	le map delineating the service area of each service provider, and ation that will provide service within each service area.):			
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service			
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)			
⊠No				
f these conditions will continue under this strategy, and overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be elements.	ttach an explanation for continuing the arrangement (i.e., a. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).			
f these conditions will be eliminated under the strateg vill be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.			
	Page 1 of 2			

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List each government or auth enterprise funds, user fees, g fees, bonded indebtedness, e	eneral fu	it will help to pay for this service and indicate how the indext of the indicate how the indext of the indicate how the indext of the indicate how the indicate	ne service will be funded (e.g., axes, franchise taxes, impact
Local Government or Auti	hority	Funding Method	d
Gordon County		Enterprise Fund, User Fees	
City of Calhoun		General Fund, User fees	
		ious arrangements for providing and/or funding this	
N/A. 5. List any formal service deliver this service;	y agreer	nents or intergovernmental contracts that will be us	sed to implement the strategy for
Agreement Name		Contracting Parties	Effective and Ending Dates
Comprehensive Plan	Gordo	n, Calhoun, Fairmont, Plainville, Ranger, Resaca	3/16/2000, renewed and
Pertaining to Soil Erosion			effective except as modified
Permitting & Enforcement			by this form
3			
	-		
	-		
3. What other mechanisms (if any acts of the General Assembly,	y) will be rate or fo	used to implement the strategy for this service (e.gee changes, etc.), and when will they take effect?	g., ordinances, resolutions, local
projects are consistent with the	Da e conta service	te completed: 10/31/2018 cted by state agencies when evaluating whether pr	oposed local government



(AGeorgia Community Affairs



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

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:GORDON	Service:Solid Waste Collection		
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:		
a.) Service will be provided countywide (i.e., inc (If this box is checked, identify the government, aut	cluding all cities and unincorporated areas) by a single service provider, hority or organization providing the service.):		
b.) Service will be provided only in the unincorp checked, identify the government, authority or orga	orated portion of the county by a single service provider. (If this box is nization providing the service.):		
c.) One or more cities will provide this service o provided in unincorporated areas. (If this box is che service:	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the		
d.) 🖾 One or more cities will provide this service o service in unincorporated areas. (If this box is check service.): Gordon County, Calhoun, Fairmount, F	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the Plainville, Resaca		
e.) Other (If this box is checked, attach a legible identify the government, authority, or other organization)	le map delineating the service area of each service provider, and ation that will provide service within each service area.):		
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service		
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)		
⊠No			
f these conditions will continue under this strategy, at overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be el	ttach an explanation for continuing the arrangement (i.e., a. 36-70-24(1)), overriding benefits of the duplication, or reasons that iminated).		
f these conditions will be eliminated under the strateg vill be taken to eliminate them, the responsible party a	y, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.		
	Page 1 of 2		

·		The second second			
	-/ -/	• 1 .T. EG		7.4	nued
~ 1 " <i>[</i> ~]	14 V J	4 T L' / EE	448 H K	1 4 5 6 1	

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g.,

Local Government or Authority	Funding Method		
Gordon County	Enterprise Funds, User Fees		
Calhoun	General Fund, User Fees		
Plainville	General Fund, User Fees		
Resaca	General Fund, User Fees		
Fairmount	General Fund, User Fees		
. How will the strategy change the prev	vious arrangements for providing and/or funding this service within the county?		
The strategy changes the previous arra	vious arrangements for providing and/or funding this service within the county? rangement by adding Fairmount as a service provider. rements or intergovernmental contracts that will be used to implement the strate		

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

7. Person completing form: Eddie Peterson

Phone number: 706-629-0151

Date completed: 10/31/2018

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

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







FORM 2: Summary of Service Delivery Arrangements

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:GORDON	Service:Solid Waste Disposal			
Check <u>one</u> box that best describes the agreed upo	n delivery arrangement for this service:			
a.) Service will be provided countywide (i.e., income (if this box is checked, identify the government, aut	cluding all cities and unincorporated areas) by a single service provider, chority or organization providing the service.): Gordon County			
b.) Service will be provided only in the unincorp checked, identify the government, authority or organ	norated portion of the county by a single service provider. (If this box is nization providing the service.):			
c.) One or more cities will provide this service o provided in unincorporated areas. (If this box is che service:	nly within their incorporated boundaries, and the service will not be cked, identify the government(s), authority or organization providing the			
d.) One or more cities will provide this service o service in unincorporated areas. (If this box is check service.):	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the			
e.) Other (If this box is checked, attach a legible identify the government, authority, or other organization)	le map delineating the service area of each service provider, and ation that will provide service within each service area.):			
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service			
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)			
⊠No				
f these conditions will continue under this strategy, <u>at</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be eli	tach an explanation for continuing the arrangement (i.e., 36-70-24(1)), overriding benefits of the duplication, or reasons that iminated).			
f these conditions will be eliminated under the strateg vill be taken to eliminate them, the responsible party a	y, <u>attach an implementation schedule</u> listing each step or action that and the agreed upon deadline for completing it.			
	Page 1 of 2			

		SDS FORM 2, continued	
	eneral fi	at will help to pay for this service and indicate how thunds, special service district revenues, hotel/motel t	
Local Government or Authority		Funding Method	,
Gordon County	ionty	Enterprise Fund	
The state of the s			
4. How will the strategy change t	the prev	rious arrangements for providing and/or funding this	service within the county?
N/A 5. List any formal service delivery this service:	y agreel	ments or intergovernmental contracts that will be us	ed to implement the strategy for
Agreement Name	04	Contracting Parties	Effective and Ending Dates
IGA for Solid Waste Disposal		on County, Cities of Calhoun, Fairmount, Plainville, er, Resaca	3/16/2000, renewed and
	Nany	er, Nesaca	effective except as modified
			by this form.
·	-		
		e used to implement the strategy for this service (e.ge changes, etc.), and when will they take effect?	L ordinances, resolutions, local
IGA for Solid Waste Disposal at	Red Bo	one Ridges Landfill.	
7. Person completing form: Eddie Phone number: 706-629-0151		son ate completed: 10/31/2018	
Is this the person who should be projects are consistent with the	e conta service	cted by state agencies when evaluating whether pro delivery strategy? ⊠Yes ⊡No	pposed local government
If not, provide designated conta	ct perso	on(s) and phone number(s) below:	







FORM 2: Summary of Service Delivery Arrangements

Inetructione:

Instructions:	
Make copies of this form and complete one for each service to Answer each question below, attaching additional pages as necessiould be reported to the Department of Community Affairs.	isted on FORM 1, Section IV. Use <u>EXACTLY the same service names listed on FORM 1</u> sary. If the contact person for this service (fisted at the bottom of the page) changes, this
COUNTY:GORDON	Service:Tax Assessments and Collections
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:
	cluding all cities and unincorporated areas) by a single service provider, hority or organization providing the service.): Gordon County
b.) Service will be provided only in the unincorp checked, identify the government, authority or organ	orated portion of the county by a single service provider. (If this box is nization providing the service.):
c.) One or more cities will provide this service o provided in unincorporated areas. (If this box is che service:	nly within their incorporated boundaries, and the service will not be cked, identify the government(s), authority or organization providing the
	nly within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
e.) Other (If this box is checked, attach a legiblidentify the government, authority, or other organization)	e map delineating the service area of each service provider, and tion that will provide service within each service area.):
!. In developing this strategy, were overlapping service identified?	e areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
these conditions will continue under this strategy, <u>at</u> verlapping but higher levels of service (See O.C.G.A. verlapping service areas or competition cannot be eli	tach an explanation for continuing the arrangement (i.e., 36-70-24(1)), overriding benefits of the duplication, or reasons that iminated).
these conditions will be eliminated under the strategrill be taken to eliminate them, the responsible party a	y, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

Local Government or Aut	thority	Funding Meti	hod
Gordon County		eral Fund	100
•			
. How will the strategy change	the previous an	rangements for providing and/or funding t	his service within the county?
N/A			
	ry agreements c	or intergovernmental contracts that will be	used to implement the strategy f
this service:			
Agreement Name		Contracting Parties	Effective and Ending Date
Tax Assessments and	Gordon Cour	nty, Cities of Calhoun, Fairmount, Plainvill	
Collections Service Delivery	Ranger, Resa	aca	effective except as modified
Agreement			by this form.
What other mechanisms (if ar acts of the General Assembly,	ny) will be used t rate or fee char	to implement the strategy for this service (nges, etc.), and when will they take effect	(e.g., ordinances, resolutions, loc ?
What other mechanisms (if ar acts of the General Assembly,	ny) will be used t rate or fee char	to implement the strategy for this service nges, etc.), and when will they take effect	(e.g., ordinances, resolutions, loc?
acts of the General Assembly,	ny) will be used t , rate or fee char	to implement the strategy for this service inges, etc.), and when will they take effect	(e.g., ordinances, resolutions, loc ?
acts of the General Assembly,	ny) will be used t , rate or fee char	to implement the strategy for this service anges, etc.), and when will they take effect	(e.g., ordinances, resolutions, loc?
What other mechanisms (if ar acts of the General Assembly, Same as No. 5 above.	ny) will be used t , rate or fee char	to implement the strategy for this service nges, etc.), and when will they take effect	(e.g., ordinances, resolutions, lod?
acts of the General Assembly,	rate or fee char	nges, etc.), and when will they take effect	(e.g., ordinances, resolutions, lod?
eacts of the General Assembly, Same as No. 5 above. Person completing form: Eddi Phone number: 706-629-0151	ie Peterson Date com	nges, etc.), and when will they take effect	?
acts of the General Assembly, Same as No. 5 above, Person completing form: Eddi Phone number: 706-629-0151	ie Peterson Date com	nges, etc.), and when will they take effect	?





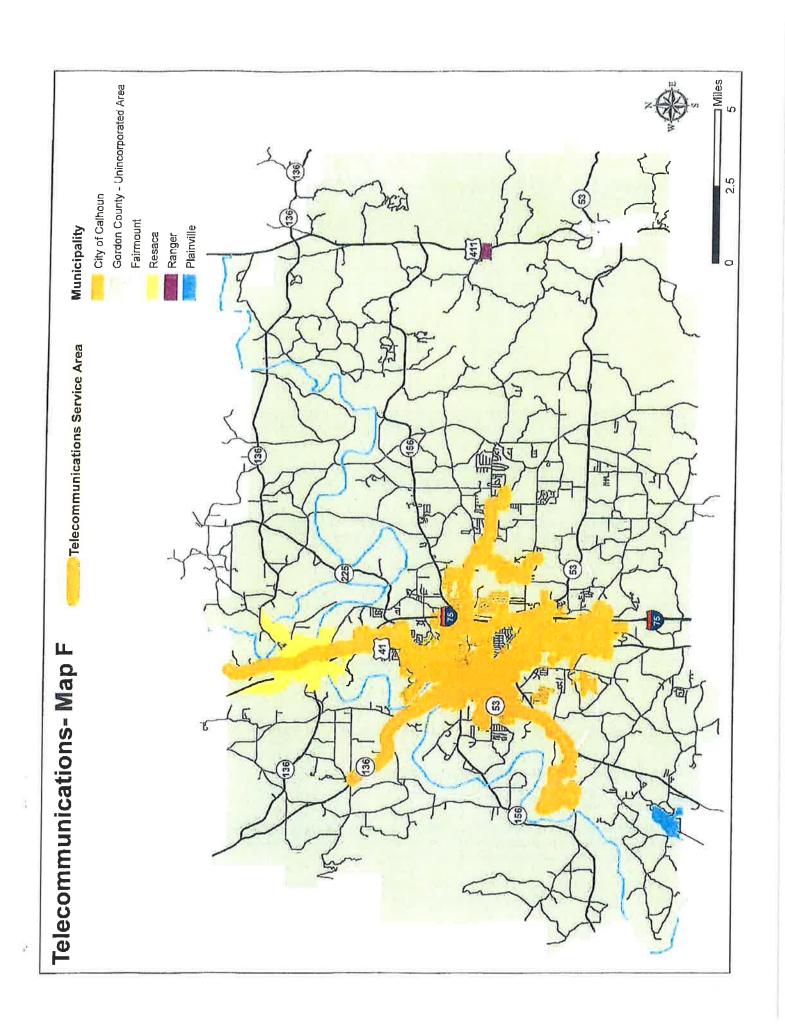


FORM 2: Summary of Service Delivery Arrangements

	isted on FORM 1, Section IV. Use EXACTLY the same service names listed on FORM 1. sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:GORDON	Service: Telecommunications
Check <u>one</u> box that best describes the agreed upo	n delivery arrangement for this service:
a.) Service will be provided countywide (i.e., inc (If this box is checked, identify the government, aut	cluding all cities and unincorporated areas) by a single service provider, hority or organization providing the service.):
b.) Service will be provided only in the unincorp checked, identify the government, authority or organ	orated portion of the county by a single service provider. (If this box is nization providing the service.):
	nly within their incorporated boundarles, and the service will not be cked, identify the government(s), authority or organization providing the
	nly within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
e.) Other (If this box is checked, attach a legible identify the government, authority, or other organization)	e map delineating the service area of each service provider, and tion that will provide service within each service area.): Calhoun
2. In developing this strategy, were overlapping service identified?	e areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
	tach an explanation for continuing the arrangement (i.e., . 36-70-24(1)), overriding benefits of the duplication, or reasons that iminated).
f these conditions will be eliminated under the strateg vill be taken to eliminate them, the responsible party a	y, <u>attach an implementation schedule</u> listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

Local Government or Aut	horitu F II to 41			
City of Calhoun		Funding Method User fees; Loans		
219 51 551115111	econ 1886, Econic			
How will the strategy change	the previous arrangements for providing and/or funding this	s service within the county?		
ist any formal service deliver	rap has been implimented. Ty agreements or intergovernmental contracts that will be use	sed to implement the strateg		
his service:	y agreements or intergovernmental contracts that will be us			
his service: Agreement Name	y agreements or intergovernmental contracts that will be us Contracting Parties	Effective and Ending Da		
his service: Agreement Name elecommunications Service	y agreements or intergovernmental contracts that will be us **Contracting Parties** Gordon County, Cities of Calhoun, Fairmount, Plainville,	Effective and Ending Da 3/16/2000, renewed and		
his service: Agreement Name elecommunications Service	y agreements or intergovernmental contracts that will be us Contracting Parties	Effective and Ending Da 3/16/2000, renewed and effective except as modifi		
his service:	y agreements or intergovernmental contracts that will be us **Contracting Parties** Gordon County, Cities of Calhoun, Fairmount, Plainville,	Effective and Ending Da		
his service: Agreement Name elecommunications Service	y agreements or intergovernmental contracts that will be us **Contracting Parties** Gordon County, Cities of Calhoun, Fairmount, Plainville,	Effective and Ending Da 3/16/2000, renewed and effective except as modifie		
his service: Agreement Name elecommunications Service	y agreements or intergovernmental contracts that will be us **Contracting Parties** Gordon County, Cities of Calhoun, Fairmount, Plainville,	Effective and Ending Da 3/16/2000, renewed and effective except as modifie		
Agreement Name elecommunications Service elivery Agreement	y agreements or intergovernmental contracts that will be us Contracting Parties Gordon County, Cities of Calhoun, Fairmount, Plainville, Ranger, Resaca	Effective and Ending Da 3/16/2000, renewed and effective except as modified by this form		
Agreement Name elecommunications Service elivery Agreement Vhat other mechanisms (if an	Contracting Parties Gordon County, Cities of Calhoun, Fairmount, Plainville, Ranger, Resaca	Effective and Ending Da 3/16/2000, renewed and effective except as modifi by this form		
his service: Agreement Name elecommunications Service elivery Agreement Vhat other mechanisms (if an	y agreements or intergovernmental contracts that will be us Contracting Parties Gordon County, Cities of Calhoun, Fairmount, Plainville, Ranger, Resaca	Effective and Ending Da 3/16/2000, renewed and effective except as modifi by this form		
his service: Agreement Name elecommunications Service elivery Agreement Vhat other mechanisms (if an	Contracting Parties Gordon County, Cities of Calhoun, Fairmount, Plainville, Ranger, Resaca	Effective and Ending Da 3/16/2000, renewed and effective except as modifi by this form		
Agreement Name elecommunications Service elivery Agreement Vhat other mechanisms (if anyots of the General Assembly,	Contracting Parties Gordon County, Cities of Calhoun, Fairmount, Plainville, Ranger, Resaca	Effective and Ending Da 3/16/2000, renewed and effective except as modifi by this form		
his service: Agreement Name elecommunications Service elivery Agreement Vhat other mechanisms (if an	Contracting Parties Gordon County, Cities of Calhoun, Fairmount, Plainville, Ranger, Resaca	Effective and Ending Da 3/16/2000, renewed and effective except as modifi by this form		

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









FORM 2: Summary of Service Delivery Arrangements

Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	esary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:GORDON	Service:Waste Water
1. Check one box that best describes the agreed upo	on delivery arrangement for this service:
_	cluding all cities and unincorporated areas) by a single service provider.
b.) Service will be provided only in the unincorp checked, identify the government, authority or orga	porated portion of the county by a single service provider. (If this box is inization providing the service.):
c.) One or more cities will provide this service of provided in unincorporated areas. (If this box is cheservice:	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
e.) 🛛 Other (If this box is checked, attach a legib identify the government, authority, or other organiza Calhoun, City of Fairmount.	le map delineating the service area of each service provider, and ation that will provide service within each service area.): City of
In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
If these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strated will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

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		
Calhoun	User fees; Bonded Indebtedness; Grants		
Fairmount	User fees; Bonded Indebtedness; Grants		

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

The City of Calhoun and City of Fairmount both own and operate the only wastewater treatment facilities in Gordon County. Calhoun's wastewater system provides the service within Calhoun's incorporated area and designated areas within unincorporated Gordon County. Fairmount's wastewater system is limited in size and serves a limited customer base within Fairmount's incorporated area. There are no overlapping service areas, unnecessary competition and/or duplication of water and wastewater services. A new Service area map has been implemented.

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
Water & Wastewater Service	Gordon County, Cities of Calhoun, Fairmount, Plainville,	3/16/2000
Delivery Agreement	Ranger, Resaca	
Revisions to the Agreement	Same as above	10/15/2002
		renewed and effective
		except as modified by
		this form, to end 10/31/2028.

6. W	hat other mechanisms	(if any) will be u	ised to implem	ent the strateg	y for this se	ervice (e.g.,	ordinances,	resolutions,	local
ac	ts of the General Asse	mbly, rate or fee	changes, etc.), and when wi	ll they take	effect?			

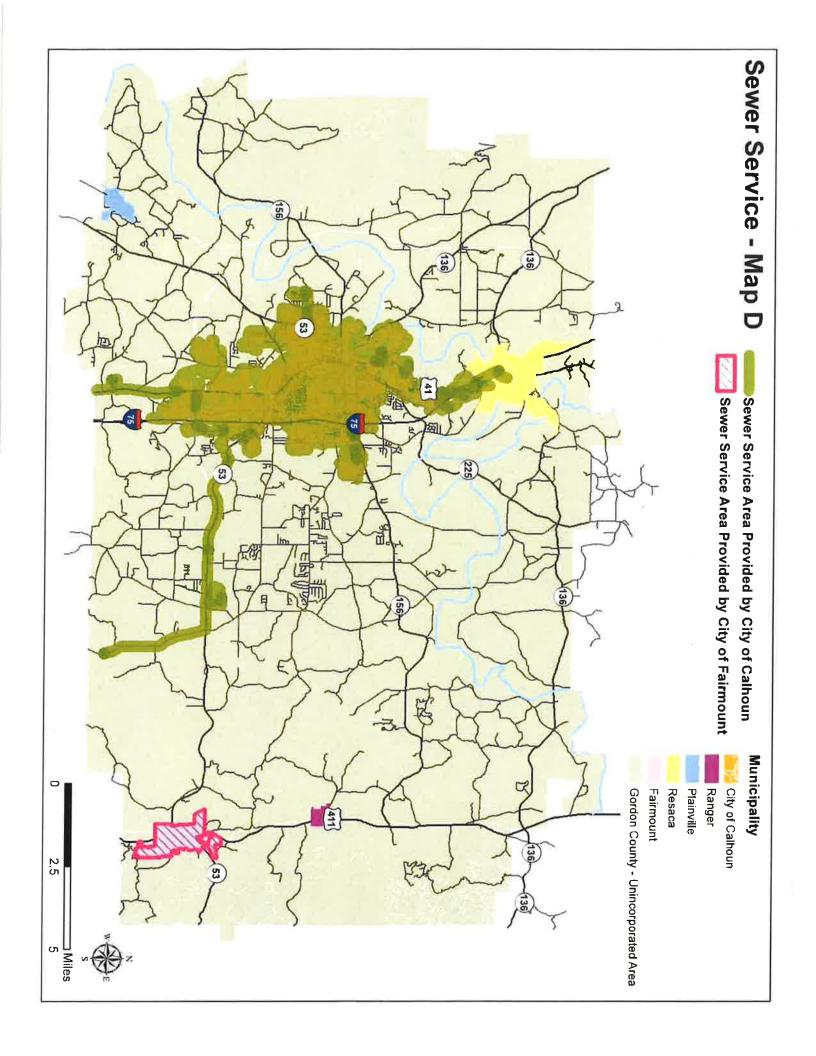
Same as No. 5 above.		

7. Person completing form: Eddie Peterson

Phone number: **706-629-0151** Date completed: 10/31/2018

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

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









FORM 2: Summary of Service Delivery Arrangements

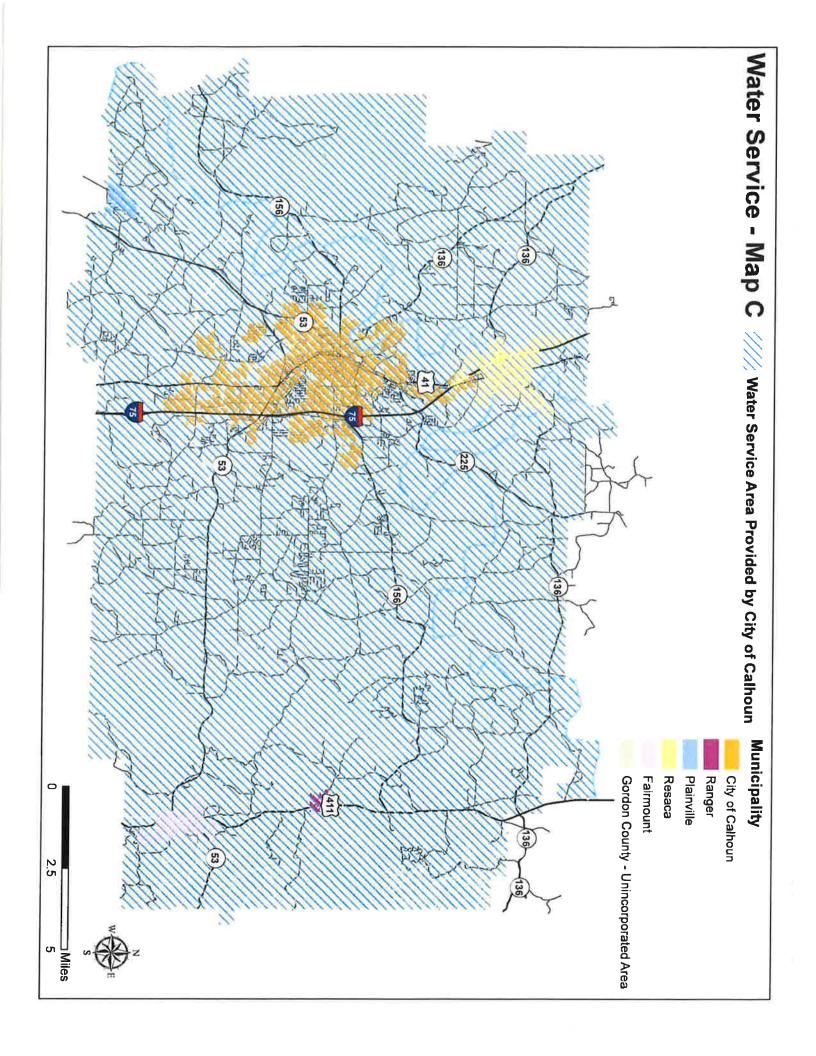
Instructions:

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

Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:GORDON	Service: Water
Check one box that best describes the agreed upo Service will be provided countywide (i.e., inc (If this box is checked, identify the government, aut)	cluding all cities and unincorporated areas) by a single service provider.
_	porated portion of the county by a single service provider. (If this box is
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	le map delineating the service area of each service provider, and ation that will provide service within each service area.): City of
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
	ttach an explanation for continuing the arrangement (i.e., a. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).
If these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

SDS FORM 2, continued

Local Government or Auth	nority Funding Method	Funding Method		
Calhoun	User fees; Bonded Indebtedness; Grants			
How will the strategy change	the previous arrangements for providing and/or funding this	service within the county?		
The City of Calhoun provides the mplimented.	ne only public water system in Gordon County. A new servi	ce area map has been		
List any formal service deliver this service:	y agreements or intergovernmental contracts that will be us	sed to implement the strategy f		
Agreement Name	Contracting Parties	Effective and Ending Date		
	Contracting Parties Gordon County, Cities of Calhoun, Fairmount, Plainville,	Effective and Ending Date 3/16/2000		
Vater & Wastewater Service Pelivery Agreement				
Vater & Wastewater Service Delivery Agreement	Gordon County, Cities of Calhoun, Fairmount, Plainville,			
Vater & Wastewater Service Delivery Agreement	Gordon County, Cities of Calhoun, Fairmount, Plainville, Ranger, Resaca	3/16/2000 10/15/2002 renewed and effective		
Vater & Wastewater Service Pelivery Agreement	Gordon County, Cities of Calhoun, Fairmount, Plainville, Ranger, Resaca	3/16/2000 10/15/2002 renewed and effective except as modified by		
Vater & Wastewater Service Delivery Agreement	Gordon County, Cities of Calhoun, Fairmount, Plainville, Ranger, Resaca	3/16/2000 10/15/2002 renewed and effective except as modified by		
Water & Wastewater Service Delivery Agreement Revisions to the Agreement What other mechanisms (if an	Gordon County, Cities of Calhoun, Fairmount, Plainville, Ranger, Resaca	10/15/2002 renewed and effective except as modified by this form, to end 10/31/2028		
Water & Wastewater Service Delivery Agreement Revisions to the Agreement What other mechanisms (if an	Gordon County, Cities of Calhoun, Fairmount, Plainville, Ranger, Resaca Same as above y) will be used to implement the strategy for this service (e.	3/16/2000 10/15/2002 renewed and effective except as modified by this form, to end 10/31/2028		
Water & Wastewater Service Delivery Agreement Revisions to the Agreement What other mechanisms (if an acts of the General Assembly,	Gordon County, Cities of Calhoun, Fairmount, Plainville, Ranger, Resaca Same as above y) will be used to implement the strategy for this service (e. rate or fee changes, etc.), and when will they take effect?	3/16/2000 10/15/2002 renewed and effective except as modified by this form, to end 10/31/2028		
Vater & Wastewater Service Delivery Agreement Revisions to the Agreement What other mechanisms (if an acts of the General Assembly, Same as No. 5 above. Person completing form: Eddi Phone number: 706-629-0151	Gordon County, Cities of Calhoun, Fairmount, Plainville, Ranger, Resaca Same as above y) will be used to implement the strategy for this service (e. rate or fee changes, etc.), and when will they take effect?	3/16/2000 10/15/2002 renewed and effective except as modified by this form, to end 10/31/2028 g., ordinances, resolutions, loc		









FORM 3: Summary of Land Use Agreements

service delivery strategy. If the contact person for this service (listed at the bottom of this page) changes, this should be reported to the Department of Community Affairs.					
COUNTY:GORDON					
What incompatibilities or conflicts between the land use plans of local governments we developing the service delivery strategy? None	vere identified in the process of				
2. Check the boxes indicating how these incompatibilities or conflicts were addressed:	NOTE:				
☐ Amendments to existing comprehensive plans	- The state of the				
Adoption of a joint comprehensive plan	If the necessary plan amendments, regulations, ordinances, etc. have not yet				
Other measures (amend zoning ordinances, add environmental regulations, etc.)	been formally adopted, indicate when each of the affected local governments will adopt them.				
If "other measures" was checked, describe these measures: N/A	The state of the s				
3. What policies, procedures and/or processes have been established by local governme authorities) to ensure that new extraterritorial water and sewer service will be consistent and ordinances? The City of Calhoun provides the only public water system in Gordon City of Fairmount both own and operate the only wastewater treatment facilities in Gordon System provides the service within Calhoun's incorporated area and designated areas we Fairmount's wastewater system is limited in size and serves a limited customer base with There are no overlapping service areas, unnecessary competition and/or duplication of versions.	with all applicable land use plans County. The City of Calhoun and the on County. Calhoun's wastewater ithin unincorporated Gordon County. nin Fairmount's incorporated area.				
4. Person completing form: Eddie Peterson, City Administrator					
Phone number: (706) 629-0151 Date completed: 10/31/2018					
5. Is this the person who should be contacted by state agencies when evaluating whethe projects are consistent with the service delivery strategy? ∑Yes ☐No	r proposed local government				
If not, provide designated contact person(s) and phone number(s) below:					







SERVICE DELIVERY STRATEGY FORM 4: Certifications

Instructions:

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

COUNTY: GORDON

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));
- 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
CITY OF CALHOUN	Mayor	Jimmy F. Palmer	Johns J. Balm	11/27/16
CITY OF FAIRMOUNT	Mayor	Calvin Watts	U	
CITY OF PLAINVILLE	Mayor	Jim Miller	gin mille	11-27-18
CITY OF RANGER	Mayor	Chad Stamey	Inad Staney	11/30/18
CITY OF RESACA	Mayor	Samuel Allen	Aller	11/28/18
GORDON COUNTY	Mayor	Becky Hood	Becky Hood	11/28/18
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A RESOLUTION BY THE GORDON COUNTY BOARD OF COMMISSIONERS TO AMEND AND UPDATE THE SERVICE DELIVERY STRATEGY OF GORDON COUNTY

WHEREAS, the Georgia General Assembly adopted legislation in 1997 known as House Bill 489 (the Service Delivery Strategy Act), codified in Chapter 70 of Title 36 of the Official Code of Georgia, with the intent of minimizing inefficiencies resulting from duplication of services and competition between local government, and to provide a mechanism to resolve disputes over local government service delivery, funding equity, and land use; and

WHEREAS, pursuant to the Service Delivery Act, Gordon County and the Cities of Calhoun, Fairmount, Plainville, Ranger, and Resaca completed their first Service Delivery Strategy on March 17, 2000, which reflected their preferred arrangements for providing local services throughout the County; and

WHEREAS, pursuant to O.C.G.A. § 36-70-28, a county and its respective municipalities are required to periodically review and revise their Service Delivery Strategy and such updates shall be accomplished by approval of the Service Delivery Strategy by the necessary parties to such agreement and by resolution of the county governing authority; and

WHEREAS, the amended and updated Service Delivery Strategy, attached hereto as Exhibit "A," has now been completed and is ready for approval by Gordon County, by and through its Board of Commissioners, and the Cities of Calhoun, Fairmount, Plainville, Ranger, and Resaca.

NOW THEREFORE, BE IT RESOLVED, that the Service Delivery Strategy attached hereto as Exhibit "A" is approved by Gordon County in compliance with the Service Delivery Strategy Act, the health, safety, and welfare of the citizens of Gordon County demanding it.

BE IT FURTHER RESOLVED, that the Chair of the Gordon County Board of Commissioners is hereby authorized to execute the Service Delivery Strategy and any documents necessary to effectuate this Resolution.

SO RESOLVED AND ADOPTED, this _____ day of November, 2018

GORDON COUNTY BOARD OF COMMISSIONERS

Becky Hood CVa

Chad Steward, Vice-Chair

Kevin Cunningham

Bud Owens

Norris Sexton

Attest:

By: Munette Berry, Clerk

RESOLUTION

A RESOLUTION OF THE CITY OF CALHOUN, GEORGIA, APPROVING FORMS PERTAINING TO SETTLEMENT WITH GORDON COUNTY, GEORGIA OVER THE DELIVERY AND FUNDING OF CERTAIN SERVICES PURSUANT TO THE SERVICE DELIVERY ACT.

WITNESSETH:

WHEREAS, the City of Calhoun ("Calhoun") is a municipal corporation duly organized and existing under the laws of the State of Georgia, and is charged with providing certain public services to local residents; and

WHEREAS, the Service Delivery Act, O.C.G.A. § 36-70-20, et seq., requires each county and all cities located therein to develop, approve, and implement a service delivery strategy that specifies the manner in which all local governmental services will be provided and funded; and

WHEREAS, the Service Delivery Act also requires the periodic review and revision of service delivery strategies upon the occurrence of any one of the six conditions specified in O.C.G.A. § 36-70-28(b); and

WHEREAS, Calhoun and Gordon County, have been engaged in negotiations to review and revise the Parties' existing Service Delivery Strategy; and

WHEREAS, Calhoun is hereby adopting the following forms to present to the County pursuant to the agreement reached at mediation on October 2, 2018; and

WHEREAS, the Mayor and Council of Calhoun desire to approve the forms contained herein for the funding and provision of services as set forth thereunder and to authorize the Mayor and Council of Calhoun to sign same and transmit to the County.

THEREFORE, IT IS NOW RESOLVED BY THE CITY COUNCIL OF THE CITY OF CALHOUN, GEORGIA, AS FOLLOWS:

- 1. Incorporation of Recitals. The above stated recitals are true and correct and are incorporated as though fully set forth herein.
- 2. Acceptance of Service Delivery Strategy Agreements. Calhoun hereby approves the Service Delivery Strategy Agreements attached hereto as Exhibit "A."
- 3. Authorization of the Mayor, City Attorney, and Clerk. Calhoun hereby authorizes transmission of the Service Delivery Strategy Agreements attached as Exhibit A to Gordon County, Fairmount, Plainville, Ranger and Resaca as applicable, for approval.
- 4. Severability. To the extent any portion of this Resolution is declared to be invalid, unenforceable, or nonbinding, that shall not affect the remaining portions of this

Resolution.

- 5. Repeal of Conflicting Provisions. All Calhoun resolutions are hereby repealed to the extent they are inconsistent with this Resolution.
- 6. Effective Date. This Resolution shall take effect immediately.

THIS RESOLUTION adopted this 12th day of November, 2018.

CITY OF CALHOUN, GEORGIA

James F. Palmer, Mayor

George Crowley, Mayor Pro Tem

Ray Denmon, Councilman

At Edwards, Councilman

Jackie Palazzolo, Councilwoman

ATTEST:

Title: City Clerk