





# SERVICE DELIVERY STRATEGY FORM 1

## COUNTY: HARRIS COUNTY

## I. GENERAL INSTRUCTIONS:

- FORM 1 is required for ALL SDS submittals. Only one set of these forms should be submitted per county. The completed
  forms shall clearly present the collective agreement reached by all cities and counties that were party to the service
  delivery strategy.
- 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	OPTION B
Revising or Adding to the SDS	Extending the Existing SDS
<ol> <li>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.)</li> <li>For each service or service component listed in Section IV, complete a separate, updated <i>Summary of Service</i> <i>Delivery Arrangements</i> form (FORM 2).</li> <li>Complete one copy of the <i>Certifications</i> form (FORM 4) and have it signed by the authorized representatives of participating local governments. [Please note that DCA cannot validate the strategy unless it is signed by the local governments required by law (see Instructions, FORM 4).]</li> </ol>	<ul> <li>4. In Section IV type, "NONE."</li> <li>5. Complete one copy of the <i>Certifications for Extension of Existing SDS</i> form (FORM 5) and have it signed by the authorized representatives of the participating local governments. [Please note that DCA cannot validate the strategy unless it is signed by the local governments required by law (see Instructions, FORM 5).]</li> <li>6. Proceed to step 7, below.</li> <li>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/PlanningQ ualityGrowth/programs/servicedelivery.asp, or call the Office of Planning and Quality Growth at (404) 679-5279.</li> </ul>

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.

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.

Neighborhood Revitalization

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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 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:HARRIS	Service:Neighborhood Revitalization
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1. Check <u>one</u> box that best describes the agreed upon delivery arrangement for this service:

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

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.): Type Name of Government, Authority or Organization Here

c.) 🖾 One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service: **Pine Mountain, Waverly Hall, City of West Point** 

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

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

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

Section 24 (If "Yes," you must attach additional documentation as described, below)

## ⊠No

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

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

## **SDS FORM 2, continued**

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

Local Government or Authority	Funding Method			
Town of Pine Mountain	Grants, General Fund			
Town of Waverly Hall	Grants, General Fund			
City of West Point	Grants, General Fund			

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

.No Change

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

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

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

No other mechanisms will be used to implement this strategy.

7. Person completing form: Nancy McMichael Phone number: 706-628-4958 Date completed: May 9, 2019

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

If not, provide designated contact person(s) and phone number(s) below: TYPE CONTACT NAME, TITLE & PHONE HERE







## SERVICE DELIVERY STRATEGY

# FORM 3: Summary of Land Use Agreements

Instructions:

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

## COUNTY: HARRIS COUNTY

<ol> <li>What incompatibilities or conflicts between the land use plans of local governments were identified in the process of developing the service delivery strategy?</li> <li>No incompatabilities found.</li> </ol>				
2. Check the boxes indicating how these incompatibilities or conflicts were addressed:	NOTE:			
Amendments to existing comprehensive plans	If the necessary plan amendments,			
Adoption of a joint comprehensive plan	regulations, ordinances, etc. have not yet been formally adopted, indicate when			
Other measures (amend zoning ordinances, add environmental regulations, etc.)	each of the affected local governments will adopt them.			
If "other measures" was checked, describe these measures: Not Applicable				
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 of and ordinances? Harris County and Cities have and use land use plans and ordinances to the provision of new extraterritorial water and sewer sevices.	with all applicable land use plans			
4. Person completing form: Nancy McMichael				
Phone number: 706-628-4958 Date completed: 5-9-19				
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:				
TYPE CONTACT NAME, TITLE & PHONE HERE				







# 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: HARRIS COUNTY

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

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

JURISDICTION	TITLE	NAME	SIGNATURE	DATE
HAMILTON, CITY OF	Mayor	Rebecca Chambers	Kelucabard	6/18/19
HARRIS COUNTY	Chairman	Becky Langston	Bighy Lampton	5/21/19
PINE MOUNTAIN, TOWN	Mayor	Jim Trott	1 ins	6/10/1
SHILOH, CITY OF	Mayor	Ronnie Lipp	Pomie Sipp	26/4/10
WAVERLY HALL, TOWN	Mayor	Michael Harris	Muhantan	6/11/19
WEST POINT, CITY OF	Mayor	Steve Tramell	Anoul	6/10/200
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