





## FORM 1

### COUNTY: JEFFERSON

#### I. GENERAL INSTRUCTIONS:

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

OPTION A Revising or Adding to the SDS	OPTION B Extending the Existing SDS
<ul> <li>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.)</li> <li>5. For each service or service component listed in Section IV, complete a separate, updated Summary of Service Delivery Arrangements form (FORM 2).</li> </ul>	<ul> <li>4. In Section IV type, "NONE."</li> <li>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).]</li> <li>6. Proceed to step 7, below.</li> </ul>
6. Complete one copy of the <i>Certifications</i> form (FORM 4) and have it signed by the authorized representatives of participating local governments. [Please note that DCA cannot validate the strategy unless it is signed by the local governments required by law (see Instructions, FORM 4).]	For answers to most frequently asked questions on Georgia's Service Delivery Act, links and helpful publications, visit DCA's website at www.dca.servicedelivery.org, or call the Office of Planning and Quality Growth at (404) 679-5279.

- 7. If any of the conditions described in the existing *Summary of Land Use Agreements* form (FORM 3) have changed or if it has been ten (10) or more years since the most recent FORM 3 was filed, update and include FORM 3 with the submittal.
- 8. Email the completed forms and any attachments as .pdf attachments to: <a href="mailto:pemmd.opqga@dca.ga.gov">pemmd.opqga@dca.ga.gov</a>, or mail the completed forms along with any attachments to: <a href="mailto:GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS">GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS</a>
  OFFICE OF PLANNING AND QUALITY GROWTH
  60 Executive Park South, N.E.
  Atlanta, Georgia 30329

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

#### 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.

Jefferson County, Avera, Bartow, Louisville, Stapleton, Wadley, and Wrens

Hospital Authority of Jefferson County

**Development Authority of Jefferson County** 

CBS of Middle GA/Ogeechee Div.

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

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

Administration, Buildings, and Grounds

Cemeteries

Chamber of Commerce

Clerk of Court

Coroner

Court House

**DFACS** 

**District Attorney** 

**Extension Service** 

Family Connections

Forestry

Health Department

**Indigent Care** 

Landfill/Garbage Collection

Library

Magistrate Court

Municipal Court

Nutrition

Police

Probate Judge

Rescue Service

Roads and Streets

Sheriff

Tax Commissioner

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

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

Airports

Animal Control (service deleted as not provided by any jurisdiction)

Authorities (service deleted as it is considered duplicate of Industrial Development with service provided by Development Authority of Jefferson County)

Code Enforcement

Elections (new service not in previous SDS)

E-911 (service formerly EMS-E-911 and split into two services E-911 and EMS)

EMS (service formerly EMS-E-911 and split into two services E-911 and EMS)

Emergency Management/Homeland Security (formerly Civil Defense and renamed)

Fire Protection

Hospital

**Industrial Development** 

Jefferson County Correctional Institute (new service not in previous SDS)

Jefferson County Service Center

Mosquito Control (new service not in previous SDS)

Natural Gas (new service not in previous SDS)

Parks and Recreation

Planning and Development (service deleted as duplicate of Planning and Zoning)

Planning and Zoning

Senior Center (new service not in previous SDS)

Street Lights (formerly Traffic and Street Lights has been broken into two services)

Tax Appraisal & Assessment (new service not in previous SDS)

Traffic Lights (formerly Traffic and Street Lights has been divided into two services)

Transit (formerly called "Transportation and DOT5311")

Water (formerly Water and Sewer has been divided into two services)

Sewer (formerly Water and Sewer has been divided into two services)

Voter Registration (new service not in previous SDS)







# **FORM 2: Summary of Service Delivery Arrangements**

#### Instructions:

Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:JEFFERSON	Service: Administration, Buildings & Grounds
Check the box that best describes the agreed upon  Service will be provided countywide (i.e., including this box is checked, identify the government, authority.)	ing all cities and unincorporated areas) by a single service provider. (If
	ed portion of the county by a single service provider. (If this box is
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the isville, Stapleton, Wadley, and Wrens
	ap 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
☐ <b>Yes</b> (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
If these conditions will continue under this strategy, <u>a</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

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<b>SDS</b>	FORI	VI 2.	conti	inuec

,	will help to pay for this service and indicate how the service will be funded (e.g., nds, special service district revenues, hotel/motel taxes, franchise taxes, impact
Local Government or Authority	Funding Method
Jefferson County	SPLOST General Funds

Local Government of Authorit	y   Fullai	ng wetnoa
Jefferson County	SPLOST, General Funds	
Avera, Bartow, Louisville, Stapleto	n SPLOST, General Funds	
Wadley, Wrens	SPLOST, General Funds	
4. How will the strategy change the լ	orevious arrangements for providing and/or f	unding this service within the county?
No change		
5. List any formal service delivery ag this service:	greements or intergovernmental contracts that	at will be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
N/A		
	vill be used to implement the strategy for this e or fee changes, etc.), and when will they ta	
None		
7. Person completing form: <b>Anne S.</b> Phone number: <b>(706) 210-2015</b>	Floyd, Director of Local Government Ser Date completed: 05/05/2018	vices, CSRA RC
	contacted by state agencies when evaluating rvice delivery strategy? ☐Yes ☒No	whether proposed local government
	person(s) and phone number(s) below:	







## **FORM 2: Summary of Service Delivery Arrangements**

#### Instructions:

Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:JEFFERSON	Service: Airports
Check the box that best describes the agreed upor	n delivery arrangement for this service:
Service will be provided countywide (i.e., including this box is checked, identify the government, authority	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.):
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is nization providing the service.):
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping servi identified?	ce areas, unnecessary competition and/or duplication of this service
☐ <b>Yes</b> (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
	A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

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	eral fun	will help to pay for this service and indicate how the ds, special service district revenues, hotel/motel tax	
Local Government or Author	ity	Funding Method	
Louisville		General Funds, SPLOST, TSPLOST, FAA/GDOT	
Wrens		General Funds, SPLOST, TSPLOST, FAA/GDOT	
4. How will the strategy change the	previc	ous arrangements for providing and/or funding this s	service within the county?
Funding method modified from pr by each local government.	evious	SDS. Both Louisville and Wrens have airports that	t are operated and maintained
List any formal service delivery a this service:	agreem	nents or intergovernmental contracts that will be use	ed to implement the strategy for
Agreement Name		Contracting Parties	Effective and Ending Dates
N/A			
		used to implement the strategy for this service (e.gee changes, etc.), and when will they take effect?	g., ordinances, resolutions, local
None			
Phone number: (706) 210-2015	Ď	d, Director of Local Government Services, CSR date completed: 02/27/2019	
8. Is this the person who should be projects are consistent with the s		cted by state agencies when evaluating whether produced by strategy? ☐Yes ☒No	oposed local government
		on(s) and phone number(s) below: FFERSON COUNTY, (478) 625-3332	







# **FORM 2: Summary of Service Delivery Arrangements**

#### Instructions:

Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:JEFFERSON	Service: Cemeteries
1. Check the box that best describes the agreed upor  Service will be provided countywide (i.e., including this box is checked, identify the government, authority the government).	ing all cities and unincorporated areas) by a single service provider. (If
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is nization providing the service.):
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
<del></del> ·	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	ap 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
☐ <b>Yes</b> (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that diminated).
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
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SUS	s FUR	(IVI 2.	continued

Bartow, Louisville, Wadley, Wrens   General Funds, Lot sales and fees		that will help to pay for this service and indicate al funds, special service district revenues, hotel/r	
Bartow, Louisville, Wadley, Wrens  General Funds, Lot sales and fees  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 fithis service:  Agreement Name  Contracting Parties  Effective and Ending Date  N/A  6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, loc acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?  None  7. Person completing form: Anne S. Floyd, Director of Local Government Services, CSRA RC Phone number: (706) 210-2015  Date completed: 05/05/2018  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? □ ves ☑ No  If not, provide designated contact person(s) and phone number(s) below:	Local Government or Authorit	y Funding N	Method
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			
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Phone number: <b>(706) 210-2015</b> Date completed: 05/05/2018  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:	None		
projects are consistent with the service delivery strategy?   Yes   No  If not, provide designated contact person(s) and phone number(s) below:			es, CSRA RC
			ether proposed local government







## **FORM 2: Summary of Service Delivery Arrangements**

#### Instructions:

Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:JEFFERSON	Service: Chamber Of Commerce
Check the box that best describes the agreed upor	n delivery arrangement for this service:
	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): <b>Chamber of Commerce</b>
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is inization providing the service.):
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
<del></del>	within their incorporated boundaries, and the county will provide the eked, identify the government(s), authority or organization providing the
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping servi identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
	A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

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

Local Government or Authority	Funding Method
Development Authority of Jefferson	General Fund, Membership Fees
County	
Louisville, Wadley, Wrens	Portion of hotel/motel tax
Jefferson County	General Fund pays Membership Fee, Portion of hotel/motel tax
4. How will the strategy change the prev	rious 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
N/A		

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?	

None			

- 7. Person completing form: **Anne S. Floyd, Director of Local Government Services, CSRA RC**Phone number: **(706) 210-2015**Date completed: 05/05/2018
- 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: ADAM BRETT, ADMINISTRATOR, JEFFERSON COUNTY, (478) 625-3332







# **FORM 2: Summary of Service Delivery Arrangements**

#### Instructions:

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:JEFFERSON	Service: Clerk Of Court			
Check the box that best describes the agreed upor	n delivery arrangement for this service:			
	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): <b>Jefferson County</b>			
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is inization providing the service.):			
<del></del> ·	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:			
<del></del>	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the			
	ap 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 docum	entation as described, below)			
⊠No				
If these conditions will continue under this strategy, <u>a</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).			
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.			
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Local Government or Authority	Funding	Method
Jefferson County	General Fund, Fees	
How will the strategy change the prev	vious arrangements for providing and/or fund	ling this service within the county?
Tiow will the strategy change the pre-	rious arrangements for providing and/or fund	ang this service within the county:
No change		
lo change		
List any formal service delivery agree this service:	ements or intergovernmental contracts that w	vill be used to implement the strategy
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name N/A		
Agreement Name N/A  What other mechanisms (if any) will be	be used to implement the strategy for this se	rvice (e.g., ordinances, resolutions, lo
Agreement Name N/A  What other mechanisms (if any) will be		rvice (e.g., ordinances, resolutions, lo
Agreement Name N/A  What other mechanisms (if any) will be	be used to implement the strategy for this se	rvice (e.g., ordinances, resolutions, lo
Agreement Name N/A  What other mechanisms (if any) will be acts of the General Assembly, rate or	be used to implement the strategy for this se	rvice (e.g., ordinances, resolutions, lo
Agreement Name N/A  What other mechanisms (if any) will be acts of the General Assembly, rate or	be used to implement the strategy for this se	rvice (e.g., ordinances, resolutions, lo
Agreement Name N/A  What other mechanisms (if any) will be	be used to implement the strategy for this se	rvice (e.g., ordinances, resolutions, lo
Agreement Name N/A  What other mechanisms (if any) will be acts of the General Assembly, rate or None	be used to implement the strategy for this selfee changes, etc.), and when will they take e	rvice (e.g., ordinances, resolutions, loeffect?
Agreement Name N/A  What other mechanisms (if any) will bacts of the General Assembly, rate or None  Person completing form: Anne S. Flo	be used to implement the strategy for this se	rvice (e.g., ordinances, resolutions, loeffect?
Agreement Name  I/A  What other mechanisms (if any) will be acts of the General Assembly, rate or line  None  Person completing form: Anne S. Flore Phone number: (706) 210-2015	be used to implement the strategy for this set fee changes, etc.), and when will they take on the complete of	rvice (e.g., ordinances, resolutions, lo effect?
Agreement Name N/A  What other mechanisms (if any) will be acts of the General Assembly, rate or None  Person completing form: Anne S. Florence None (706) 210-2015	be used to implement the strategy for this service fee changes, etc.), and when will they take to byd, Director of Local Government Service Date completed: 05/05/2018	rvice (e.g., ordinances, resolutions, loeffect?







# **FORM 2: Summary of Service Delivery Arrangements**

#### Instructions:

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:JEFFERSON	Service: Code Enforcement			
Check the box that best describes the agreed upor      Service will be provided countywide (i.e., including this box is checked, identify the government, authority the government).	ing all cities and unincorporated areas) by a single service provider. (If			
_	ed portion of the county by a single service provider. (If this box is			
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:			
<del></del> ·	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the <b>Wadley, and Wrens</b>			
	ap 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			
☐ <b>Yes</b> (if "Yes," you must attach additional docum	entation as described, below)			
⊠No				
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that diminated).			
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.			
	Page 1 of 2			

### **SDS FORM 2, continued**

3. 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
Jefferson County	General Fund, Fees
Bartow, Louisville, Wadley	General Fund
Wrens	General Fund

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

Jefferson County provides code enforcement for the unincorporated county, Bartow, and Wadley. Jefferson County and the City of Louisville provide code enforcement in this way. Louisville has permitting go through its office at City Hall, but the County building inspector provides inspections. Jefferson County and Louisville split revenues from fees. Wrens provides their own code enforcement.

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
N/A		

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?

There is no written agreement between Jefferson County and the City of Louisville for code enforcement, but they plan to develop one in the future.

- 7. Person completing form: **Anne S. Floyd, Director of Local Government Services, CSRA RC**Phone number: **(706) 210-2015**Date completed: 02/27/2019
- 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? 

  Yes 
  No

If not, provide designated contact person(s) and phone number(s) below: ADAM BRETT, ADMINISTRATOR, JEFFERSON COUNTY, (478) 625-3332







# **FORM 2: Summary of Service Delivery Arrangements**

#### Instructions:

Answer each question below, attaching additional pages as necesshould 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:JEFFERSON	Service: Coroner
1. Check the box that best describes the agreed upor  Service will be provided countywide (i.e. include).	n delivery arrangement for this service: ing all cities and unincorporated areas) by a single service provider. (If
this box is checked, identify the government, author	rity or organization providing the service.):Jefferson County
Service will be provided only in the unincorporate checked, identify the government, authority or orga	ed portion of the county by a single service provider. (If this box is nization providing the service.):
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	ap 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
<ul><li>☐ Yes (if "Yes," you must attach additional docum</li><li>☑ No</li></ul>	entation as described, below)
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).
If these conditions will be eliminated under the strated will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

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Local Government or Authority  Jefferson County	i diding	Method
	General Funds	
	<u> </u>	
How will the strategy change the prev	ious arrangements for providing and/or fund	ing this service within the county?
lo change.		
<u> </u>		
List any formal convice delivery agree	ments or intergovernmental contracts that w	ill be used to implement the strategy f
this service:	ments of intergovernmental contracts that w	ill be used to implement the strategy i
Agreement Name	Contracting Parties	Effective and Ending Date
N/A		
<u> </u>		
	e used to implement the strategy for this ser fee changes, etc.), and when will they take of	
	inco changes, etc.,, and internal in the take t	
lana		
lone		
Person completing form: Anne S. Flo	yd, Director of Local Government Service Date completed: /2018	es, CSRA RC
Phone number: <b>(706) 210-2015</b>		
• •	acted by state agencies when evaluating whe e delivery strategy?	ether proposed local government







# **FORM 2: Summary of Service Delivery Arrangements**

#### Instructions:

Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:JEFFERSON	Service: Court House
	ing all cities and unincorporated areas) by a single service provider. (If
_	rity or organization providing the service.): <b>Jefferson County</b> ed portion of the county by a single service provider. (If this box is nization providing the service.):
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
<del></del> ·	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	ap 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
☐ <b>Yes</b> (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that diminated).
If these conditions will be eliminated under the 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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2D2	FOR	IVI 2.	conti	nuec

Local Government or Authority	Funding	Method
Jefferson County	General Fund	
. How will the strategy change the pre	vious arrangements for providing and/or fund	ling this service within the county?
No change		
List any formal service delivery agree this service:	ements or intergovernmental contracts that w	rill be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
N/A		
	be used to implement the strategy for this see fee changes, etc.), and when will they take	
None		
. Person completing form: <b>Anne S. Flo</b> Phone number: <b>(706)</b> 210-2015	byd, Director of Local Government Service Date completed: /2018	es, CSRA RC
Friorie flumber. (700) 210-2013		nether proposed local government
, ,	tacted by state agencies when evaluating whe ce delivery strategy?  ☐Yes  ☑No	iction proposed local government







# **FORM 2: Summary of Service Delivery Arrangements**

#### Instructions:

	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:JEFFERSON	Service: DFACS
Check the box that best describes the agreed upon	n delivery arrangement for this service:
	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): <b>Jefferson County</b>
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is nization providing the service.):
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
<del></del> · · · · · · · · · · · · · · · · · ·	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
	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 strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

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	nat will help to pay for this service and indicate I funds, special service district revenues, hotel/m	
Land Community on Authority	F Sin a N	
Local Government or Authority	General Funds	letnoa
Jefferson County		
State Funds	State of Georgia Funds	
4. How will the strategy change the pro-	evious arrangements for providing and/or fundir	ng this service within the county?
No change		
this service:	eements or intergovernmental contracts that will	
N/A	Contracting Parties	Effective and Ending Dates
IV/A		
	be used to implement the strategy for this server fee changes, etc.), and when will they take ef	
None		
Phone number: <b>(706) 210-2015</b>	loyd, Director of Local Government Services Date completed: 05/05/2018	
8. Is this the person who should be co projects are consistent with the serv	ntacted by state agencies when evaluating whe ice delivery strategy?  ☐Yes  ☐No	ther proposed local government
	rson(s) and phone number(s) below: JEFFERSON COUNTY, (478) 625-3332	







# **FORM 2: Summary of Service Delivery Arrangements**

#### Instructions:

Answer each question below, attaching additional pages as necesshould 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:JEFFERSON	Service: District Attorney
1. Check the box that best describes the agreed upor  Service will be provided countywide (i.e., including).	n delivery arrangement for this service: ing all cities and unincorporated areas) by a single service provider. (If
this box is checked, identify the government, authors.  Service will be provided only in the unincorporate	rity or organization providing the service.): <b>Jefferson County</b> ed portion of the county by a single service provider. (If this box is
Checked, identify the government, authority or orga	nization providing the service.):  within their incorporated boundaries, and the service will not be provided
	entify the government(s), authority or organization providing the service:
<del></del> .	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	ap 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
☐ <b>Yes</b> (if "Yes," you must attach additional documed    ✓ <b>No</b>	entation as described, below)
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that diminated).
If these conditions will be eliminated under the strated will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

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Local Government or Authority	/ Funding I	Method
Jefferson County	General Fund	
How will the strategy change the p	previous arrangements for providing and/or fundi	ing this service within the county?
No change		
to onango		
	reements or intergovernmental contracts that wi	Il be used to implement the strategy f
this service:		
	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name  N/A  What other mechanisms (if any) w	ill be used to implement the strategy for this server or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, loc
Agreement Name N/A  What other mechanisms (if any) w	ill be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo
Agreement Name N/A  What other mechanisms (if any) wacts of the General Assembly, rate	ill be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo
Agreement Name N/A  What other mechanisms (if any) wacts of the General Assembly, rate	ill be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo
Agreement Name N/A  What other mechanisms (if any) w	ill be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo
Agreement Name N/A  What other mechanisms (if any) wacts of the General Assembly, rate	ill be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo
Agreement Name  N/A  What other mechanisms (if any) wacts of the General Assembly, rate  None  Person completing form: Anne S. Phone number: (706) 210-2015  Is this the person who should be one	ill be used to implement the strategy for this ser or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, lo







## **FORM 2: Summary of Service Delivery Arrangements**

#### Instructions:

Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:JEFFERSON	Service: E-911
Check the box that best describes the agreed upor	n delivery arrangement for this service:
	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): <b>Jefferson County</b>
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is nization providing the service.):
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	ap 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 docum	entation as described, below)
⊠No	
If these conditions will continue under this strategy, <u>a</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

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<ol><li>List each government or author enterprise funds, user fees, gen fees, bonded indebtedness, etc.</li></ol>	eral funds, speci			
Local Government or Autho	rity	Fund	ing Method	
Jefferson County		Fund, User Fees, SPLOST		
4. How will the strategy change th	e previous arran	gements for providing and/or	funding this s	ervice within the county?
Funding method modified. Form	erly service was	named EMS-E-911, but it wa	s split into two	o services, EMS and E-911
5. List any formal service delivery this service:	agreements or ir	ntergovernmental contracts th	at will be use	d to implement the strategy for
Agreement Name		Contracting Parties		Effective and Ending Dates
N/A				
6. What other mechanisms (if any acts of the General Assembly, r				, ordinances, resolutions, loca
None				
7. Person completing form: <b>Anne</b> Phone number: <b>(706) 210-2015</b>		tor of Local Government Ser pleted: 02/27/2019	rvices, CSR <i>A</i>	\ RC
8. Is this the person who should b projects are consistent with the			g whether pro	posed local government
If not, provide designated contact ADAM BRETT, ADMINISTRAT				







# **FORM 2: Summary of Service Delivery Arrangements**

#### Instructions:

Answer each question below, attaching additional pages as necesshould 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:JEFFERSON	Service: Elections
	n delivery arrangement for this service: ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.):Jefferson County
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is nization providing the service.):
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the sville, Stapleton, Wadley, and Wrens
	ap 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
☐ <b>Yes</b> (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
If these conditions will continue under this strategy, <u>a</u> overlapping but higher levels of service (See O.C.G.F. overlapping service areas or competition cannot be e	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

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200				

	ral funds, specia	pay for this service and indicate how I service district revenues, hotel/mote	
Local Government or Authori	ity	Funding Meth	od
Jefferson County	General F	unds	
Avera, Bartow, Louisville	General F	unds	
Stapleton, Wadely, Wrens	General F	unds	
4. How will the strategy change the	previous arrang	ements for providing and/or funding th	nis service within the county?
included.		elections. This is a new service in the ergovernmental contracts that will be	
Agreement Name		Contracting Parties	Effective and Ending Dates
N/A			
		nplement the strategy for this service s, etc.), and when will they take effect	
None			
Phone number: (706) 210-2015	Date comple	r of Local Government Services, C eted: 02/27/2019	
8. Is this the person who should be projects are consistent with the se		ate agencies when evaluating whether rategy? ∐Yes ⊠No	r proposed local government
If not, provide designated contact ADAM BRETT, ADMINISTRATO			







## **FORM 2: Summary of Service Delivery Arrangements**

#### Instructions:

Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:JEFFERSON	Service: Emergency Management/Homeland Security
Check the box that best describes the agreed upon	n delivery arrangement for this service:
	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): <b>Jefferson County</b>
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is inization providing the service.):
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
·	within their incorporated boundaries, and the county will provide the eked, identify the government(s), authority or organization providing the
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping servi identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
	A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

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	eral func	vill help to pay for this service and indicate how the ds, special service district revenues, hotel/motel tax	
Local Government or Autho	rity	Funding Method	
Jefferson County		General Fund	
State of Georgia	;	State Funds	
, and the second			
4. How will the strategy change th	e previo	us arrangements for providing and/or funding this	service within the county?
		il Defense to Emergency Management/Homeland	
Agreement Name N/A		Contracting Parties	Effective and Ending Dates
IN/A			
		used to implement the strategy for this service (e.ge changes, etc.), and when will they take effect?	g., ordinances, resolutions, local
None			
7. Person completing form: <b>Anne</b> Phone number: <b>(706) 210-2015</b>	•	d, Director of Local Government Services, CSR atte completed: 2/27/2019	A RC
Is this the person who should b projects are consistent with the		eted by state agencies when evaluating whether prodelivery strategy?  ☐Yes  ☑No	oposed local government
		n(s) and phone number(s) below: FERSON COUNTY, (478) 625-3332	







## **FORM 2: Summary of Service Delivery Arrangements**

#### Instructions:

Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:JEFFERSON	Service: EMS
Check the box that best describes the agreed upor	n delivery arrangement for this service:
	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): <b>Jefferson County</b>
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is nization providing the service.):
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	ap 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
☐ <b>Yes</b> (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
If these conditions will continue under this strategy, <b>a</b> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

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Local Government or Authority	Funding I	Viethod
Jefferson County	General Fund	
How will the strategy change the prev	vious arrangements for providing and/or fund	ing this service within the county?
Service is being provided by a private	contractor. EMS-E-911 was split into two ne	w services, EMS and 911.
31 7 1	·	,
	ments or intergovernmental contracts that wi	ill be used to implement the strategy f
this service:		
Agreement Name	Contracting Parties	Effective and Ending Date
N/A	_	
	be used to implement the strategy for this ser fee changes, etc.), and when will they take e	
None		
Darson completing forms Anna C Ele	byd, Director of Local Government Service Date completed: 2/27/2019	es, CSRA RC
Phone number: (706) 210-2015	······································	
Phone number: <b>(706) 210-2015</b>	tacted by state agencies when evaluating wh	ether proposed local government







## **FORM 2: Summary of Service Delivery Arrangements**

#### Instructions:

Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:JEFFERSON	Service: Extension Service
Check the box that best describes the agreed upor	n delivery arrangement for this service:
	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): <b>Jefferson County</b>
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is nization providing the service.):
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	ap 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 docum	entation as described, below)
⊠No	
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

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	eral fu	will help to pay for this service and indicate how the holds, special service district revenues, hotel/motel to	
Local Government or Authority		Funding Metho	d
Jefferson County		General Fund	-
State of Georgia		State Funds	
-			
4. How will the strategy change th	e previ	ous arrangements for providing and/or funding this	s service within the county?
No change			
5. List any formal service delivery this service:	agreer	nents or intergovernmental contracts that will be u	sed to implement the strategy for
Agreement Name		Contracting Parties	Effective and Ending Dates
N/A			
6. What other mechanisms (if any acts of the General Assembly, r	) will be ate or f	e used to implement the strategy for this service (eee changes, etc.), and when will they take effect?	e.g., ordinances, resolutions, local
None			
7. Person completing form: <b>Anne</b> Phone number: <b>(706) 210-2015</b>		vd, Director of Local Government Services, CS Date completed: /2018	RA RC
		acted by state agencies when evaluating whether per delivery strategy?  ☐Yes ⊠No	proposed local government
		on(s) and phone number(s) below: FFERSON COUNTY, (478) 625-3332	







## **FORM 2: Summary of Service Delivery Arrangements**

#### Instructions:

Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:JEFFERSON	Service: Family Connections
Check the box that best describes the agreed upor	n delivery arrangement for this service:
	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): <b>Jefferson County</b>
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is nization providing the service.):
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
·	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
	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 strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

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	<b>3</b> 30	1157	W	) (	$^{\mathbf{c}}$	т	m	<b>Jed</b>
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	eral fu	will help to pay for this service and indicate how the nds, special service district revenues, hotel/motel tax	
Local Government or Author	ritv	Funding Method	
State of Georgia	y	Federal and State Funds, Grants	
State of Goorgia		Todorar and State Funds, Statio	
4. How will the strategy change the	e previ	ious arrangements for providing and/or funding this s	service within the county?
No change			
5. List any formal service delivery this service:	agreer	ments or intergovernmental contracts that will be use	ed to implement the strategy for
Agreement Name		Contracting Parties	Effective and Ending Dates
N/A			
		e used to implement the strategy for this service (e.gfee changes, etc.), and when will they take effect?	J., ordinances, resolutions, local
None			
7. Person completing form: Anne Phone number: (706) 210-2015		yd, Director of Local Government Services, CSR. Date completed: 05/05/2018	A RC
		acted by state agencies when evaluating whether probe delivery strategy? $\square$ Yes $\boxtimes$ No	oposed local government
		on(s) and phone number(s) below: EFFERSON COUNTY, (478) 625-3332	







# **FORM 2: Summary of Service Delivery Arrangements**

#### Instructions:

Answer each question below, attaching additional pages as necesshould 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:JEFFERSON	Service: Fire Protection
Check the box that best describes the agreed upor      Service will be provided countywide (i.e., including this box is checked, identify the government, authority the government).	ing all cities and unincorporated areas) by a single service provider. (If
_	ed portion of the county by a single service provider. (If this box is
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the sville, Stapleton, Wadley, Wrens
	ap 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
☐ <b>Yes</b> (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
If these conditions will continue under this strategy, <u>a</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that diminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

#### **SDS FORM 2, continued**

3.	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
1	fees, bonded indebtedness, etc.).

Local Government or Authority	Funding Method
Jefferson County	General Funds, SPLOST
Avera, Bartow, Louisville	General Funds, SPLOST
Stapleton, Wadley, Wrens	General Funds, SPLOST

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

Funding method modified. Explanation of service provided here. Keysville, in Burke County, will provide mutual aid. Countywide fire protection is provided by the cities and county. County subsidizes cost of each department maintenance and operation with general funds. Equipment may be purchased with SPLOST. County provides service to unincorporated areas with mutual aid by the cities.

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
N/A		

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?	

None

- 7. Person completing form: **Anne S. Floyd, Director of Local Government Services, CSRA RC**Phone number: **(706) 210-2015**Date completed: 02/27/2019
- 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? 

  Yes 
  No

If not, provide designated contact person(s) and phone number(s) below: ADAM BRETT, ADMINISTRATOR, JEFFERSON COUNTY, (478) 625-3332







## **FORM 2: Summary of Service Delivery Arrangements**

#### Instructions:

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:JEFFERSON	Service: Forestry		
Check the box that best describes the agreed upor	n delivery arrangement for this service:		
	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): <b>Jefferson County</b>		
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is nization providing the service.):		
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:		
·	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the		
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):		
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service		
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)		
⊠No			
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).		
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.		
	Page 1 of 2		

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fees, bonded indebtedness, etc.).	unds, special service district revenues, hotel/motel t	ne service will be funded (e.g., axes, franchise taxes, impact
Local Government or Authority	Funding Method	1
Jefferson County	General Funds	
State of Georgia	State Funds	
4. How will the strategy change the pre	vious arrangements for providing and/or funding this	service within the county?
No change		
this service:	ements or intergovernmental contracts that will be us	
Agreement Name	Contracting Parties	Effective and Ending Dates
N/A		
	be used to implement the strategy for this service (er fee changes, etc.), and when will they take effect?	.g., ordinances, resolutions, local
		.g., ordinances, resolutions, local
acts of the General Assembly, rate of None		
None  7. Person completing form: Anne S. Fle Phone number: (706) 210-2015	byd, Director of Local Government Services, CSI Date completed: 05/05/2018  tacted by state agencies when evaluating whether p	RA RC







## **FORM 2: Summary of Service Delivery Arrangements**

#### Instructions:

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:JEFFERSON	Service: Health Department		
Check the box that best describes the agreed upor	n delivery arrangement for this service:		
	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): <b>Jefferson County</b>		
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is nization providing the service.):		
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:		
·	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the		
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):		
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service		
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)		
⊠No			
	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 strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.		
	Page 1 of 2		

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	_	4 6 7 6	VI 65		

fees, bonded indebtedness, etc.).	unds, special service district revenues, hotel/motel t	ne service will be funded (e.g., axes, franchise taxes, impact
Local Government or Authority	Funding Method	1
Jefferson County	General Funds	
State of Georgia	State Funds	
4. How will the strategy change the pre	vious arrangements for providing and/or funding this	service within the county?
No change		
this service:	ements or intergovernmental contracts that will be us	
Agreement Name	Contracting Parties	Effective and Ending Dates
N/A		
	be used to implement the strategy for this service (er fee changes, etc.), and when will they take effect?	.g., ordinances, resolutions, local
		.g., ordinances, resolutions, local
acts of the General Assembly, rate of None		
None  7. Person completing form: Anne S. Fle Phone number: (706) 210-2015	byd, Director of Local Government Services, CSI Date completed: 05/05/2018  tacted by state agencies when evaluating whether p	RA RC







# **FORM 2: Summary of Service Delivery Arrangements**

#### Instructions:

Answer each question below, attaching additional pages as necesshould be reported to the Department of Community Affairs.	essary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:JEFFERSON	Service: Hospital
Check the box that best describes the agreed up	on delivery arrangement for this service:
	Iding all cities and unincorporated areas) by a single service provider. (If nority or organization providing the service.): <b>Hospital Authority of</b>
Service will be provided only in the unincorpora checked, identify the government, authority or org	ated portion of the county by a single service provider. (If this box is ganization providing the service.):
	y within their incorporated boundaries, and the service will not be provided dentify the government(s), authority or organization providing the service:
	y within their incorporated boundaries, and the county will provide the ecked, identify the government(s), authority or organization providing the
	map delineating the service area of each service provider, and ization that will provide service within each service area.):
2. In developing this strategy, were overlapping ser identified?	vice areas, unnecessary competition and/or duplication of this service
☐ <b>Yes</b> (if "Yes," you must attach additional documents	mentation as described, below)
⊠No	
	attach an explanation for continuing the arrangement (i.e., 6.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strat will be taken to eliminate them, the responsible part	tegy, attach an implementation schedule listing each step or action that ty and the agreed upon deadline for completing it.
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3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.).

Local Government or Authority	Funding Method
Hospital Authority of Jefferson	User Fees
County	
Jefferson County	General Funds, SPLOST
City of Louisville	General Funds, SPLOST
State of Georgia	Federal and State Funds

Jenerson County	General Funds, SPLOST		
City of Louisville	General Funds, SPLOST		
State of Georgia	Federal and State Funds		
4. How will the strategy change the	ne previous arrangements for providing and/or fu	unding this s	service within the county?
Funding method modified. Jeffe	erson County passed a 3 mills tax in 2018 with a	floating rate	e that will be used for funding.
this service:	agreements or intergovernmental contracts tha	t will be use	
Agreement Name	Contracting Parties		Effective and Ending Dates
N/A			
	<ul> <li>will be used to implement the strategy for this rate or fee changes, etc.), and when will they tak</li> </ul>		g., ordinances, resolutions, local
None other than Box 4.			
Phone number: (706) 210-2015	·	·	
projects are consistent with the	be contacted by state agencies when evaluating service delivery strategy? ☐Yes ☒No	whether pro	oposed local government
	act person(s) and phone number(s) below: FOR, JEFFERSON COUNTY, (478) 625-3332		







# **FORM 2: Summary of Service Delivery Arrangements**

#### Instructions:

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:JEFFERSON	Service: Indigent Care	
Check the box that best describes the agreed upon	n delivery arrangement for this service:	
	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): <b>Jefferson County</b>	
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is nization providing the service.):	
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:	
<del></del> ·	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the	
	ap 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, <u>a</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).	
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.	
	Page 1 of 2	

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Local Government or Authority	Funding I	Method
Jefferson County	General Funds	
How will the strategy change the p	revious arrangements for providing and/or fund	ling this service within the county?
No change		
· ·		
List any formal portion delivery an	reements or intergovernmental contracts that w	ill be used to implement the strategy t
this service:	eements of intergovernmental contracts that w	ill be used to implement the strategy i
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name		
Agreement Name N/A  What other mechanisms (if any) w	Il be used to implement the strategy for this ser	rvice (e.g., ordinances, resolutions, lo
Agreement Name N/A  What other mechanisms (if any) w		rvice (e.g., ordinances, resolutions, loc
Agreement Name N/A  What other mechanisms (if any) w	Il be used to implement the strategy for this ser	rvice (e.g., ordinances, resolutions, lo
Agreement Name N/A  What other mechanisms (if any) wacts of the General Assembly, rate	Il be used to implement the strategy for this ser	rvice (e.g., ordinances, resolutions, lo
Agreement Name N/A  What other mechanisms (if any) wacts of the General Assembly, rate	Il be used to implement the strategy for this ser	rvice (e.g., ordinances, resolutions, lo
Agreement Name N/A  What other mechanisms (if any) wacts of the General Assembly, rate	Il be used to implement the strategy for this ser	rvice (e.g., ordinances, resolutions, lo
Agreement Name N/A  What other mechanisms (if any) wacts of the General Assembly, rate	Il be used to implement the strategy for this ser	rvice (e.g., ordinances, resolutions, lo
Agreement Name N/A  What other mechanisms (if any) wacts of the General Assembly, rate  None  Person completing form: Anne S.	Il be used to implement the strategy for this ser	rvice (e.g., ordinances, resolutions, loeffect?
Agreement Name  N/A  What other mechanisms (if any) wacts of the General Assembly, rate  None  Person completing form: Anne S. Phone number: (706) 210-2015  Is this the person who should be completed to the complete of the	Il be used to implement the strategy for this ser or fee changes, etc.), and when will they take e	rvice (e.g., ordinances, resolutions, loeffect?
Agreement Name N/A  . What other mechanisms (if any) w acts of the General Assembly, rate  None  . Person completing form: Anne S. Phone number: (706) 210-2015  . Is this the person who should be coprojects are consistent with the ser	Il be used to implement the strategy for this ser or fee changes, etc.), and when will they take of the changes	rvice (e.g., ordinances, resolutions, effect?







## **FORM 2: Summary of Service Delivery Arrangements**

#### Instructions:

nswer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this nould be reported to the Department of Community Affairs.			
COUNTY:JEFFERSON	Service: Industrial Development		
Check the box that best describes the agreed upor	n delivery arrangement for this service:		
	ing all cities and unincorporated areas) by a single service provider. (If brity or organization providing the service.): <b>Development Authority of</b>		
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is anization providing the service.):		
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:		
	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the		
	nap 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			
	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).		
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.		
	Page 1 of 2		

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

Local Government or Authority	Funding Method
Jefferson County	General Fund, SPLOST, Grants, Industrial Bonds, RLF
Development Authority of Jefferson	Millage rate revenue of .375, SPLOST, Grants, Loans, Leased industrial
County	property, sale of industrial property

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?
Development Authority of Jefferson County provides countywide industrial development (Wadley Development Authority dissolved.) Funding sources revised.

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
N/A		

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

7. Person completing form: **Anne S. Floyd, Director of Local Government Services, CSRA RC**Phone number: **(706) 210-2015**Date completed: 02/27/2019

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

If not, provide designated contact person(s) and phone number(s) below: ADAM BRETT, ADMINISTRATOR, JEFFERSON COUNTY, (478) 625-3332

None







## **FORM 2: Summary of Service Delivery Arrangements**

#### Instructions:

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:JEFFERSON	Service: Jefferson County Correctional Institute		
1. Check the box that best describes the agreed upor			
	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): <b>Jefferson County</b>		
Service will be provided only in the unincorporate checked, identify the government, authority or orga	ed portion of the county by a single service provider. (If this box is nization providing the service.):		
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:		
<del></del> .	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the		
	ap 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		
	entation as described, below)		
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that diminated).		
If these conditions will be eliminated under the strated will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.		
	Page 1 of 2		

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enterprise funds, user fees, gen fees, bonded indebtedness, etc.	eral funds, special service district revenues, hotel	e how the service will be funded (e.g., //motel taxes, franchise taxes, impact		
	,	Mathad		
Local Government or Author  Jefferson County		Funding Method General Funds, State Fund Reimbursements		
State of Georgia	State Funds	51105		
State of Georgia	State Fullus			
How will the strategy change th	e previous arrangements for providing and/or fund	ding this service within the county?		
assistance to cities, public works	of about 140-155 state low/medium security prisors dept., cleaning detail, lawn maintenance detail, rethe SDS not having previously been included.			
this service:	agreements or intergovernmental contracts that v			
Agreement Name N/A	Contracting Parties	Effective and Ending Dates		
N/A				
6. What other mechanisms (if any	) will be used to implement the strategy for this se	ervice (e.g., ordinances, resolutions, local		
acts of the General Assembly, r	ate or fee changes, etc.), and when will they take	effect?		
acts of the General Assembly, random None	ate or fee changes, etc.), and when will they take	effect?		
None	S. Floyd, Director of Local Government Servic	effect?		
7. Person completing form: Anne Phone number: (706) 210-2015 8. Is this the person who should b	S. Floyd, Director of Local Government Servic	effect?		







## **FORM 2: Summary of Service Delivery Arrangements**

#### Instructions:

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:JEFFERSON	Service: Jefferson County Service Center		
Check the box that best describes the agreed upor	n delivery arrangement for this service:		
	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): <b>Community Service Board</b>		
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is nization providing the service.):		
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:		
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the		
	ap 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		
☐ <b>Yes</b> (if "Yes," you must attach additional docume	entation as described, below)		
⊠No			
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).		
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.		
	Page 1 of 2		

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	neral fu	t will help to pay for this service and indicate how the nds, special service district revenues, hotel/motel tax			
Local Government or Author	ority	Funding Method			
Jefferson County	<i>orrey</i>		General Funds, SPLOST		
Community Service Board of Mi	iddle	Federal and State Funds			
Georgia/Ogeechee Division		- Sastarana State Fanas			
4. How will the strategy change th	ne prev	ious arrangements for providing and/or funding this	service within the county?		
Goergia/Ogeechee Division is re	enewed	netween Jefferson County and the Community Service I annually.  The service is a service in the community Service in the community Service is a service in the contract of the contract in the contract is the contract of the contract in the contract in the contract is the contract of the contract in the			
Agreement Name		Contracting Parties	Effective and Ending Dates		
Lease	Jeffer	son County and CSB of Middle GA/Ogeechee	Lease renewed annually		
	Divi	sion	-		
		e used to implement the strategy for this service (e.gfee changes, etc.), and when will they take effect?	g., ordinances, resolutions, local		
None					
7. Person completing form: Anne Phone number: (706) 210-2015		yd, Director of Local Government Services, CSR. Date completed: 02/27/2019	A RC		
		acted by state agencies when evaluating whether probable delivery strategy? $\square$ Yes $\boxtimes$ No	oposed local government		
		on(s) and phone number(s) below: EFFERSON COUNTY, (478) 625-3332			







## **FORM 2: Summary of Service Delivery Arrangements**

#### Instructions:

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:JEFFERSON	Service:Landfill Garbage Collection		
Check the box that best describes the agreed upon  Service will be provided countywide (i.e., including this box is checked, identify the government, authority).	ing all cities and unincorporated areas) by a single service provider. (If		
_	ed portion of the county by a single service provider. (If this box is		
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:		
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the Stapleton, Wadley, Wrens		
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):		
2. In developing this strategy, were overlapping servi identified?	ce areas, unnecessary competition and/or duplication of this service		
☐ <b>Yes</b> (if "Yes," you must attach additional docum	entation as described, below)		
⊠No			
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).		
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.		
	Page 1 of 2		

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

Local Government or Authority	Funding Method		
Jefferson County	General Fund, Tipping Fees, User Fees		
Bartow, Louisville, Stapleton	General Fund, Tipping Fees, User Fees		
Wadley, Wrens	General Fund, Tipping Fees, User Fees		
4. How will the strategy change the previous	ious arrangements for providing and/or funding this	service within the county?	
No change			
this service:	ments or intergovernmental contracts that will be us	-	
this service:  Agreement Name	ments or intergovernmental contracts that will be us  Contracting Parties	ed to implement the strategy for  Effective and Ending Dates	
this service:		-	
this service:  Agreement Name		-	
this service:  Agreement Name		-	
this service:  Agreement Name		-	
this service:  Agreement Name		-	
this service:  Agreement Name N/A  6. What other mechanisms (if any) will be		Effective and Ending Dates	

7. Person completing form: **Anne S. Floyd, Director of Local Government Services, CSRA RC**Phone number: **(706) 210-2015**Date completed: 05/05/2018

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: ADAM BRETT, ADMINISTRATOR, JEFFERSON COUNTY, (478) 625-3332







## **FORM 2: Summary of Service Delivery Arrangements**

#### Instructions:

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:JEFFERSON	Service: Library		
1. Check the box that best describes the agreed upor  Service will be provided countywide (i.e., including this box is checked, identify the government, authority.)	ing all cities and unincorporated areas) by a single service provider. (If		
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is nization providing the service.):		
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:		
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the <b>Vadley</b>		
	ap 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		
☐ <b>Yes</b> (if "Yes," you must attach additional docum	entation as described, below)		
⊠No			
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that diminated).		
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.		
	Page 1 of 2		

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

,		
Local Government or Authority	Funding Method	
Jefferson County	General Funds	
Louisville, Wrens, Wadley General Funds, SPLOST		
State of Georgia	State Funds	
4. How will the strategy change the prev	ious arrangements for providing and/or funding this	service within the county?
No change		
this service:	ments or intergovernmental contracts that will be us	_
Agreement Name	Contracting Parties	Effective and Ending Dates
N/A		
	e used to implement the strategy for this service (e fee changes, etc.), and when will they take effect?	.g., ordinances, resolutions, local
None		
	yd, Director of Local Government Services, CSI Date completed: 05/05/2018	RA RC
8. Is this the person who should be conta projects are consistent with the service	acted by state agencies when evaluating whether perdelivery strategy? ∐Yes ⊠No	proposed local government
If not, provide designated contact pers	on(s) and phone number(s) below: EFFERSON COUNTY, (478) 625-3332	







## **FORM 2: Summary of Service Delivery Arrangements**

#### Instructions:

Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:JEFFERSON	Service: Magistrate Court
Check the box that best describes the agreed upor	n delivery arrangement for this service:
	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): <b>Jefferson County</b>
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is nization providing the service.):
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
·	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
	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 strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

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Jefferson County  General Funds, Fees  How will the strategy change the previous arrangements for providing and/or funding this service within the cour  No change  List any formal service delivery agreements or intergovernmental contracts that will be used to implement the str this service:	Local Government or Authority	Funding	Method
List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strates service:  Agreement Name  Contracting Parties  Effective and Ending  What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resoluting acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?  None  Person completing form: Anne S. Floyd, Director of Local Government Services, CSRA RC  Phone number: (706) 210-2015  Date completed: 05/05/2018  Is this the person who should be contacted by state agencies when evaluating whether proposed local government	Jefferson County		
List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strictis service:  Agreement Name  Contracting Parties  Effective and Endin  I/A  What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutive acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?  Ione  Person completing form: Anne S. Floyd, Director of Local Government Services, CSRA RC  Phone number: (706) 210-2015  Date completed: 05/05/2018  Is this the person who should be contacted by state agencies when evaluating whether proposed local government.			
List any formal service delivery agreements or intergovernmental contracts that will be used to implement the stribis service:    Agreement Name			
List any formal service delivery agreements or intergovernmental contracts that will be used to implement the stribis service:    Agreement Name			
List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strictis service:  Agreement Name  Contracting Parties  Effective and Endin  I/A  What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutive acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?  Ione  Person completing form: Anne S. Floyd, Director of Local Government Services, CSRA RC  Phone number: (706) 210-2015  Date completed: 05/05/2018  Is this the person who should be contacted by state agencies when evaluating whether proposed local government.			
List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strictis service:  Agreement Name  Contracting Parties  Effective and Endin  I/A  What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutive acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?  Ione  Person completing form: Anne S. Floyd, Director of Local Government Services, CSRA RC  Phone number: (706) 210-2015  Date completed: 05/05/2018  Is this the person who should be contacted by state agencies when evaluating whether proposed local government.			
List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strates service:    Agreement Name	How will the strategy change the pre	vious arrangements for providing and/or fund	ling this service within the county?
List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strict his service:    Agreement Name			
List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strates service:    Agreement Name			
Agreement Name  Contracting Parties  Effective and Ending  What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resoluting acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?  Person completing form: Anne S. Floyd, Director of Local Government Services, CSRA RC  Phone number: (706) 210-2015  Date completed: 05/05/2018  Is this the person who should be contacted by state agencies when evaluating whether proposed local government.	lo change		
Agreement Name  Contracting Parties  Effective and Ending  What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resoluting acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?  Person completing form: Anne S. Floyd, Director of Local Government Services, CSRA RC  Phone number: (706) 210-2015  Date completed: 05/05/2018  Is this the person who should be contacted by state agencies when evaluating whether proposed local government.			
Agreement Name  Contracting Parties  Effective and Ending  What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resoluting acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?  Person completing form: Anne S. Floyd, Director of Local Government Services, CSRA RC  Phone number: (706) 210-2015  Date completed: 05/05/2018  Is this the person who should be contacted by state agencies when evaluating whether proposed local government.			
Agreement Name  Contracting Parties  Effective and Ending  What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolution acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?  Person completing form: Anne S. Floyd, Director of Local Government Services, CSRA RC  Phone number: (706) 210-2015  Date completed: 05/05/2018  Is this the person who should be contacted by state agencies when evaluating whether proposed local government.		ements or intergovernmental contracts that w	ill be used to implement the strategy
What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resoluti acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?  Person completing form: Anne S. Floyd, Director of Local Government Services, CSRA RC Phone number: (706) 210-2015 Date completed: 05/05/2018  Is this the person who should be contacted by state agencies when evaluating whether proposed local government.	his service.		
What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolution acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?  Ione  Person completing form: Anne S. Floyd, Director of Local Government Services, CSRA RC Phone number: (706) 210-2015 Date completed: 05/05/2018  Is this the person who should be contacted by state agencies when evaluating whether proposed local government.	TIIS SCIVICC.		
lone  Person completing form: Anne S. Floyd, Director of Local Government Services, CSRA RC Phone number: (706) 210-2015 Date completed: 05/05/2018  Is this the person who should be contacted by state agencies when evaluating whether proposed local government.		Contracting Parties	Effective and Ending Dat
one  Person completing form: Anne S. Floyd, Director of Local Government Services, CSRA RC Phone number: (706) 210-2015 Date completed: 05/05/2018  Is this the person who should be contacted by state agencies when evaluating whether proposed local government.	Agreement Name	Contracting Parties	Effective and Ending Dat
lone  Person completing form: Anne S. Floyd, Director of Local Government Services, CSRA RC Phone number: (706) 210-2015 Date completed: 05/05/2018  Is this the person who should be contacted by state agencies when evaluating whether proposed local government.	Agreement Name	Contracting Parties	Effective and Ending Dat
one  Person completing form: Anne S. Floyd, Director of Local Government Services, CSRA RC Phone number: (706) 210-2015 Date completed: 05/05/2018  Is this the person who should be contacted by state agencies when evaluating whether proposed local government.	Agreement Name	Contracting Parties	Effective and Ending Dat
Person completing form: Anne S. Floyd, Director of Local Government Services, CSRA RC Phone number: (706) 210-2015 Date completed: 05/05/2018  Is this the person who should be contacted by state agencies when evaluating whether proposed local government.	Agreement Name	Contracting Parties	Effective and Ending Dat
one  Person completing form: Anne S. Floyd, Director of Local Government Services, CSRA RC Phone number: (706) 210-2015 Date completed: 05/05/2018  s this the person who should be contacted by state agencies when evaluating whether proposed local government.	Agreement Name	Contracting Parties	Effective and Ending Dat
Person completing form: Anne S. Floyd, Director of Local Government Services, CSRA RC Phone number: (706) 210-2015 Date completed: 05/05/2018  Is this the person who should be contacted by state agencies when evaluating whether proposed local government	Agreement Name	Contracting Parties	Effective and Ending Dat
Person completing form: Anne S. Floyd, Director of Local Government Services, CSRA RC Phone number: (706) 210-2015 Date completed: 05/05/2018  Is this the person who should be contacted by state agencies when evaluating whether proposed local government.	Agreement Name  I/A  What other mechanisms (if any) will	be used to implement the strategy for this ser	rvice (e.g., ordinances, resolutions, lo
Person completing form: Anne S. Floyd, Director of Local Government Services, CSRA RC Phone number: (706) 210-2015 Date completed: 05/05/2018  Is this the person who should be contacted by state agencies when evaluating whether proposed local government.	Agreement Name  I/A  What other mechanisms (if any) will	be used to implement the strategy for this ser	rvice (e.g., ordinances, resolutions, lo
Person completing form: Anne S. Floyd, Director of Local Government Services, CSRA RC Phone number: (706) 210-2015 Date completed: 05/05/2018  Is this the person who should be contacted by state agencies when evaluating whether proposed local government.	Agreement Name  I/A  What other mechanisms (if any) will	be used to implement the strategy for this ser	rvice (e.g., ordinances, resolutions, lo
Phone number: <b>(706) 210-2015</b> Date completed: 05/05/2018  Is this the person who should be contacted by state agencies when evaluating whether proposed local governments of the person who should be contacted by state agencies when evaluating whether proposed local governments of the person who should be contacted by state agencies when evaluating whether proposed local governments of the person who should be contacted by state agencies when evaluating whether proposed local governments of the person who should be contacted by state agencies when evaluating whether proposed local governments of the person who should be contacted by state agencies when evaluating whether proposed local governments of the person who should be contacted by state agencies when evaluating whether proposed local governments of the person who should be contacted by state agencies when evaluating whether proposed local governments of the person who should be contacted by state agencies when evaluating whether proposed local governments of the person who should be contacted by state agencies when evaluating whether proposed local governments of the person who should be contacted by state agencies when evaluating whether proposed local governments of the person who should be contacted by the person when the person where	Agreement Name  N/A  What other mechanisms (if any) will	be used to implement the strategy for this ser	rvice (e.g., ordinances, resolutions, lo
Phone number: <b>(706) 210-2015</b> Date completed: 05/05/2018  Is this the person who should be contacted by state agencies when evaluating whether proposed local governments of the person who should be contacted by state agencies when evaluating whether proposed local governments of the person who should be contacted by state agencies when evaluating whether proposed local governments of the person who should be contacted by state agencies when evaluating whether proposed local governments of the person who should be contacted by state agencies when evaluating whether proposed local governments of the person who should be contacted by state agencies when evaluating whether proposed local governments of the person who should be contacted by state agencies when evaluating whether proposed local governments of the person who should be contacted by state agencies when evaluating whether proposed local governments of the person who should be contacted by state agencies when evaluating whether proposed local governments of the person who should be contacted by state agencies when evaluating whether proposed local governments of the person who should be contacted by state agencies when evaluating whether proposed local governments of the person who are person when the person where the pe	Agreement Name  I/A  What other mechanisms (if any) will acts of the General Assembly, rate o	be used to implement the strategy for this ser	rvice (e.g., ordinances, resolutions, lo
Phone number: <b>(706) 210-2015</b> Date completed: 05/05/2018  Is this the person who should be contacted by state agencies when evaluating whether proposed local governments of the person who should be contacted by state agencies when evaluating whether proposed local governments of the person who should be contacted by state agencies when evaluating whether proposed local governments of the person who should be contacted by state agencies when evaluating whether proposed local governments of the person who should be contacted by state agencies when evaluating whether proposed local governments of the person who should be contacted by state agencies when evaluating whether proposed local governments of the person who should be contacted by state agencies when evaluating whether proposed local governments of the person who should be contacted by state agencies when evaluating whether proposed local governments of the person who should be contacted by state agencies when evaluating whether proposed local governments of the person who should be contacted by state agencies when evaluating whether proposed local governments of the person who should be contacted by state agencies when evaluating whether proposed local governments of the person who are person when the person where the person where the person where the person when the person where the pe	Agreement Name  I/A  What other mechanisms (if any) will acts of the General Assembly, rate o	be used to implement the strategy for this ser	rvice (e.g., ordinances, resolutions, lo
	Agreement Name  I/A  What other mechanisms (if any) will acts of the General Assembly, rate o	be used to implement the strategy for this ser	rvice (e.g., ordinances, resolutions, lo
<b>,</b>	Agreement Name  I/A  What other mechanisms (if any) will acts of the General Assembly, rate of the General Assembly in the completing form: Anne S. FI	be used to implement the strategy for this ser r fee changes, etc.), and when will they take e	rvice (e.g., ordinances, resolutions, lo
f not, provide designated contact person(s) and phone number(s) below:	Agreement Name  I/A  What other mechanisms (if any) will acts of the General Assembly, rate of t	be used to implement the strategy for this ser ree changes, etc.), and when will they take experience oyd, Director of Local Government Service Date completed: 05/05/2018	rvice (e.g., ordinances, resolutions, loeffect?







## **FORM 2: Summary of Service Delivery Arrangements**

#### Instructions:

Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:JEFFERSON	Service: Mosquito Control
Check the box that best describes the agreed upor  Service will be provided countywide (i.e., including this box is checked, identify the government, authority the government).	ing all cities and unincorporated areas) by a single service provider. (If
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is nization providing the service.):
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	ap 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
☐ <b>Yes</b> (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that diminated).
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

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Local Government or Authority	Funding M	lethod
Louisville and Wrens	General Funds	
How will the strategy change the pre	vious arrangements for providing and/or fundir	ng this service within the county?
New Service not previously listed in S	DS.	
, ,		
List any formal service delivery agre this service:	ements or intergovernmental contracts that will	be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Date
N/A		
	be used to implement the strategy for this serv r fee changes, etc.), and when will they take ef	
None		
	and Director of Local Government Services	s, CSRA RC
	Date completed: 05/05/2018	
Person completing form: Anne S. Fl Phone number: (706) 210-2015  Is this the person who should be cor projects are consistent with the servi	Date completed: 05/05/2018  Itacted by state agencies when evaluating whe	ether proposed local government







## **FORM 2: Summary of Service Delivery Arrangements**

#### Instructions:

Answer each question below, attaching additional pages as necesshould 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:JEFFERSON	Service: Municipal Court
1. Check the box that best describes the agreed upor  Service will be provided countywide (i.e., including this box is checked, identify the government, authority.)	ing all cities and unincorporated areas) by a single service provider. (If
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is nization providing the service.):
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	ap 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
☐ <b>Yes</b> (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that diminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

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	t will help to pay for this service and indicate how the inds, special service district revenues, hotel/motel ta	
Local Government or Authority	Funding Method	
Bartow, Louisville, Stapleton	General Funds	
Wadley, Wrens	General Funds	
4. How will the strategy change the prev	rious arrangements for providing and/or funding this	service within the county?
No change		
this service:	ments or intergovernmental contracts that will be use	
Agreement Name	Contracting Parties	Effective and Ending Dates
N/A		
	e used to implement the strategy for this service (e.qfee changes, etc.), and when will they take effect?	g., ordinances, resolutions, local
None		
	yd, Director of Local Government Services, CSR Date completed: 05/05/2018	A RC
Phone number: (706) 210-2015	Date completed: 05/05/2018 acted by state agencies when evaluating whether pr	







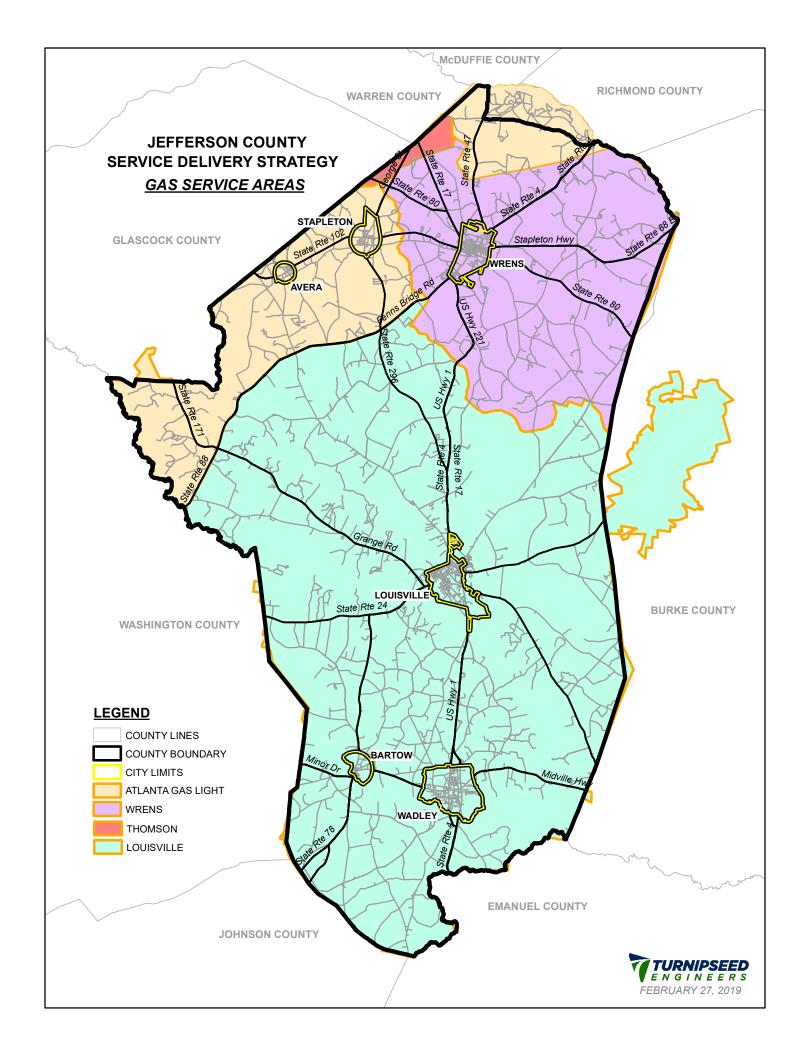
# **FORM 2: Summary of Service Delivery Arrangements**

#### Instructions:

Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:JEFFERSON	Service: Natural Gas
1. Check the box that best describes the agreed upon	
Service will be provided countywide (i.e., including this box is checked, identify the government, author	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.):
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is inization providing the service.):
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the sked, identify the government(s), authority or organization providing the
identify the government, authority, or other organization	ap delineating the service area of each service provider, and ation that will provide service within each service area.): Louisville, ice to Wadley's residents), Wrens, and Thomson
2. In developing this strategy, were overlapping servi identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum   ☑ No	entation as described, below)
	A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
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	that will help to pay for this service and indicate how the al funds, special service district revenues, hotel/motel tax		
Local Government or Authorit	y Funding Method		
Louisville	User Fees, SPLOST		
Wadley	User Fees, SPLOST		
Wrens	User Fees, SPLOST		
	,		
<u>'</u>			
4. How will the strategy change the p	previous arrangements for providing and/or funding this	service within the county?	
	rice to its city customers, and to Vidette and Gough in Busa. The City of Wrens provides natural gas to its city cus eviously been included in SDS.		
this service:	reements or intergovernmental contracts that will be use		
Agreement Name	Contracting Parties	Effective and Ending Dates	
N/A			
	vill be used to implement the strategy for this service (e.ge or fee changes, etc.), and when will they take effect?	g., ordinances, resolutions, local	
None			
7. Person completing form: <b>Anne S.</b> Phone number: <b>(706) 210-2015</b>	Floyd, Director of Local Government Services, CSR Date completed: 02/27/2019	A RC	
	contacted by state agencies when evaluating whether provice delivery strategy? $\square$ Yes $\boxtimes$ No	oposed local government	
If not, provide designated contact person(s) and phone number(s) below: ADAM BRETT, ADMINISTRATOR, JEFFERSON COUNTY, (478) 625-3332			









## **FORM 2: Summary of Service Delivery Arrangements**

#### Instructions:

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:JEFFERSON	Service: Nutrition			
Check the box that best describes the agreed upor	n delivery arrangement for this service:			
	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): <b>Jefferson County</b>			
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is nization providing the service.):			
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:			
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the			
	ap 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			
☐ <b>Yes</b> (if "Yes," you must attach additional docum	entation as described, below)			
⊠No				
If these conditions will continue under this strategy, <u>a</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).			
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.			
	Page 1 of 2			

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Local Government or Authority	Funding I	Method
Jefferson County	General Funds	
How will the strategy change the p	revious arrangements for providing and/or fund	ing this service within the county?
No change.		
to onango.		
List any formal service delivery agi	eements or intergovernmental contracts that wi	Il be used to implement the strategy f
this service:		,
this service:  Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	
Agreement Name N/A  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	Effective and Ending Date  vice (e.g., ordinances, resolutions, loc
Agreement Name N/A  What other mechanisms (if any) wi	Il be used to implement the strategy for this ser	Effective and Ending Date  vice (e.g., ordinances, resolutions, loc
Agreement Name N/A  What other mechanisms (if any) wi acts of the General Assembly, rate	Il be used to implement the strategy for this ser	Effective and Ending Date  vice (e.g., ordinances, resolutions, loc
Agreement Name N/A  What other mechanisms (if any) wi acts of the General Assembly, rate	Il be used to implement the strategy for this ser	Effective and Ending Date  vice (e.g., ordinances, resolutions, loc
What other mechanisms (if any) wi	Il be used to implement the strategy for this ser	Effective and Ending Date  vice (e.g., ordinances, resolutions, loc
Agreement Name N/A  What other mechanisms (if any) with acts of the General Assembly, rate	Il be used to implement the strategy for this ser	Effective and Ending Date  vice (e.g., ordinances, resolutions, lo
Agreement Name  N/A  What other mechanisms (if any) water acts of the General Assembly, rate  None  Person completing form: Anne S. In Phone number: (706) 210-2015  Is this the person who should be contained to the person	Il be used to implement the strategy for this ser or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, losffect?







## **FORM 2: Summary of Service Delivery Arrangements**

#### Instructions:

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:JEFFERSON	Service: Parks And Recreation			
Check the box that best describes the agreed upor      Service will be provided countywide (i.e., including this box is checked, identify the government, authority the government.)	ing all cities and unincorporated areas) by a single service provider. (If			
Service will be provided only in the unincorporate checked, identify the government, authority or orga	ed portion of the county by a single service provider. (If this box is nization providing the service.):			
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:			
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the Stapleton, Wadley, Wrens			
	ap 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			
☐ <b>Yes</b> (if "Yes," you must attach additional documents	entation as described, below)			
☑No  If these conditions will continue under this strategy. 2	ttach an explanation for continuing the arrangement (i.e.			
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).			
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.			
	Page 1 of 2			

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	eral fu	will help to pay for this service and indicate nds, special service district revenues, hotel/r	
Local Government or Autho	rity	Funding N	Method
Jefferson County, Bartow, Louis		General Funds, SPLOST	icurou
Stapleton, Wadley, Wrens		General Funds, SPLOST	
, , , , , , , , , , , , , , , , , , , ,			
4. How will the strategy change th	ie previ	ous arrangements for providing and/or fundi	ng this service within the county?
separate recreation departments	s. Barto	e Jefferson County Recreation Department. ow and Stapleton operate separate recreation, and Wrens for operation and funding.)	
this service:	agreer	ments or intergovernmental contracts that wi	
Agreement Name		Contracting Parties	Effective and Ending Dates
N/A			
		e used to implement the strategy for this service changes, etc.), and when will they take e	
None			
7. Person completing form: Anne Phone number: (706) 210-2015		yd, Director of Local Government Service Date completed: 02/27/2019	s, CSRA RC
•		acted by state agencies when evaluating whe e delivery strategy?	ether proposed local government







# **FORM 2: Summary of Service Delivery Arrangements**

#### Instructions:

Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:JEFFERSON	Service: Planning and Zoning
Check the box that best describes the agreed upon	n delivery arrangement for this service:
Service will be provided countywide (i.e., including this box is checked, identify the government, authority	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.):
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is nization providing the service.):
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the sville, Stapleton, Wadley, Wrens
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping servi identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
If these conditions will continue under this strategy, <u>a</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

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

Local Covernment on Authority	Eungling Man	thad
Local Government or Authority Jefferson County	General Funds, Permit Fees	mou
·	General Funds, Permit Fees	
Avera, Bartow, Louisville	General Funds, Permit Fees  General Funds, Permit Fees	
Stapleton, Wadley, Wrens	General Funds, Permit Fees	
4. How will the strategy change the p	revious arrangements for providing and/or funding	this service within the county?
No change.		
5. List any formal service delivery agr this service:	eements or intergovernmental contracts that will b	e used to implement the strategy for
this service.		
Agreement Name	Contracting Parties	Effective and Ending Dates
N/A		
		L
	Il be used to implement the strategy for this service or fee changes, etc.), and when will they take effe	
None		
7. Person completing form: Anne S. I Phone number: (706) 210-2015	Floyd, Director of Local Government Services, Date completed: 02/27/2019	CSRA RC
8. Is this the person who should be consistent with the services are consistent with the services.	ontacted by state agencies when evaluating wheth	er proposed local government

If not, provide designated contact person(s) and phone number(s) below: ADAM BRETT, ADMINISTRATOR, JEFFERSON COUNTY, (478) 625-3332







## **FORM 2: Summary of Service Delivery Arrangements**

#### Instructions:

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:JEFFERSON	Service: Police	
Check the box that best describes the agreed upor      Service will be provided countywide (i.e., including this box is checked, identify the government, authority the government.)	ing all cities and unincorporated areas) by a single service provider. (If	
	ed portion of the county by a single service provider. (If this box is	
⊠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: Bartow, Louisvile, Stapleton, Wadley, and Wrens		
·	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the	
	ap 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	
☐ <b>Yes</b> (if "Yes," you must attach additional docum	entation as described, below)	
⊠No		
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that diminated).	
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.	
Page 1 of 2		

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SUS	s FOR	(IVI 2.	continued

	hat will help to pay for this service and indicate	
fees, bonded indebtedness, etc.).	I funds, special service district revenues, hotel/r	noter taxes, tranchise taxes, impact
Local Government or Authority	Funding I	Method
Bartow, Louisville	General Funds, SPLOST	100.100
Stapleton, Wadley, Wrens	General Funds, SPLOST	
, , , , , , , , , , , , , , , , , , , ,		
4. How will the strategy change the p	revious arrangements for providing and/or fundi	ing this service within the county?
No change		
No change		
5. List any formal service delivery agr	eements or intergovernmental contracts that wi	Il be used to implement the strategy for
this service:		
Agreement Name	Contracting Parties	Effective and Ending Dates
N/A	John doming Furtion	Encoure and Enamy Dates
	Il be used to implement the strategy for this ser or fee changes, etc.), and when will they take e	
None		
7. Person completing form: <b>Anne S. I</b> Phone number: <b>(706) 210-2015</b>	Floyd, Director of Local Government Service Date completed: 05/05/2018	es, CSRA RC
	ontacted by state agencies when evaluating who vice delivery strategy?  ☐Yes ⊠No	ether proposed local government
If not, provide designated contact p		







## **FORM 2: Summary of Service Delivery Arrangements**

#### Instructions:

Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:JEFFERSON	Service: Probate Judge
Check the box that best describes the agreed upor	n delivery arrangement for this service:
	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): <b>Jefferson County</b>
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is inization providing the service.):
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
·	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
	A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

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Jefferson County  General Funds, Fees  How will the strategy change the previous arrangements for providing and/or funding this service within the cour  No change  List any formal service delivery agreements or intergovernmental contracts that will be used to implement the str this service:	Local Government or Authority	Funding	Method
List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strates service:  Agreement Name  Contracting Parties  Effective and Ending  What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resoluting acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?  None  Person completing form: Anne S. Floyd, Director of Local Government Services, CSRA RC  Phone number: (706) 210-2015  Date completed: 05/05/2018  Is this the person who should be contacted by state agencies when evaluating whether proposed local government	Jefferson County		
List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strictis service:  Agreement Name  Contracting Parties  Effective and Endin  I/A  What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutive acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?  Ione  Person completing form: Anne S. Floyd, Director of Local Government Services, CSRA RC  Phone number: (706) 210-2015  Date completed: 05/05/2018  Is this the person who should be contacted by state agencies when evaluating whether proposed local government.			
List any formal service delivery agreements or intergovernmental contracts that will be used to implement the stribis service:    Agreement Name			
List any formal service delivery agreements or intergovernmental contracts that will be used to implement the stribis service:    Agreement Name			
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List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strictis service:  Agreement Name  Contracting Parties  Effective and Endin  I/A  What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutive acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?  Ione  Person completing form: Anne S. Floyd, Director of Local Government Services, CSRA RC  Phone number: (706) 210-2015  Date completed: 05/05/2018  Is this the person who should be contacted by state agencies when evaluating whether proposed local government.			
List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strates service:    Agreement Name	How will the strategy change the pre	vious arrangements for providing and/or fund	ling this service within the county?
List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strict his service:    Agreement Name			
List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strates service:    Agreement Name			
Agreement Name  Contracting Parties  Effective and Ending  What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resoluting acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?  Person completing form: Anne S. Floyd, Director of Local Government Services, CSRA RC  Phone number: (706) 210-2015  Date completed: 05/05/2018  Is this the person who should be contacted by state agencies when evaluating whether proposed local government.	lo change		
Agreement Name  Contracting Parties  Effective and Ending  What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resoluting acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?  Person completing form: Anne S. Floyd, Director of Local Government Services, CSRA RC  Phone number: (706) 210-2015  Date completed: 05/05/2018  Is this the person who should be contacted by state agencies when evaluating whether proposed local government.			
Agreement Name  Contracting Parties  Effective and Ending  What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resoluting acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?  Person completing form: Anne S. Floyd, Director of Local Government Services, CSRA RC  Phone number: (706) 210-2015  Date completed: 05/05/2018  Is this the person who should be contacted by state agencies when evaluating whether proposed local government.			
Agreement Name  Contracting Parties  Effective and Ending  What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolution acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?  Person completing form: Anne S. Floyd, Director of Local Government Services, CSRA RC  Phone number: (706) 210-2015  Date completed: 05/05/2018  Is this the person who should be contacted by state agencies when evaluating whether proposed local government.		ements or intergovernmental contracts that w	ill be used to implement the strategy
What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resoluti acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?  Person completing form: Anne S. Floyd, Director of Local Government Services, CSRA RC Phone number: (706) 210-2015 Date completed: 05/05/2018  Is this the person who should be contacted by state agencies when evaluating whether proposed local government.	his service.		
What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolution acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?  Ione  Person completing form: Anne S. Floyd, Director of Local Government Services, CSRA RC Phone number: (706) 210-2015 Date completed: 05/05/2018  Is this the person who should be contacted by state agencies when evaluating whether proposed local government.	TIIS SCIVICC.		
lone  Person completing form: Anne S. Floyd, Director of Local Government Services, CSRA RC Phone number: (706) 210-2015 Date completed: 05/05/2018  Is this the person who should be contacted by state agencies when evaluating whether proposed local government.		Contracting Parties	Effective and Ending Dat
one  Person completing form: Anne S. Floyd, Director of Local Government Services, CSRA RC Phone number: (706) 210-2015 Date completed: 05/05/2018  Is this the person who should be contacted by state agencies when evaluating whether proposed local government.	Agreement Name	Contracting Parties	Effective and Ending Dat
lone  Person completing form: Anne S. Floyd, Director of Local Government Services, CSRA RC Phone number: (706) 210-2015 Date completed: 05/05/2018  Is this the person who should be contacted by state agencies when evaluating whether proposed local government.	Agreement Name	Contracting Parties	Effective and Ending Dat
one  Person completing form: Anne S. Floyd, Director of Local Government Services, CSRA RC Phone number: (706) 210-2015 Date completed: 05/05/2018  Is this the person who should be contacted by state agencies when evaluating whether proposed local government.	Agreement Name	Contracting Parties	Effective and Ending Dat
Person completing form: Anne S. Floyd, Director of Local Government Services, CSRA RC Phone number: (706) 210-2015 Date completed: 05/05/2018  Is this the person who should be contacted by state agencies when evaluating whether proposed local government.	Agreement Name	Contracting Parties	Effective and Ending Dat
one  Person completing form: Anne S. Floyd, Director of Local Government Services, CSRA RC Phone number: (706) 210-2015 Date completed: 05/05/2018  s this the person who should be contacted by state agencies when evaluating whether proposed local government.	Agreement Name	Contracting Parties	Effective and Ending Dat
Person completing form: Anne S. Floyd, Director of Local Government Services, CSRA RC Phone number: (706) 210-2015 Date completed: 05/05/2018  Is this the person who should be contacted by state agencies when evaluating whether proposed local government	Agreement Name	Contracting Parties	Effective and Ending Dat
Person completing form: Anne S. Floyd, Director of Local Government Services, CSRA RC Phone number: (706) 210-2015 Date completed: 05/05/2018  Is this the person who should be contacted by state agencies when evaluating whether proposed local government.	Agreement Name  I/A  What other mechanisms (if any) will	be used to implement the strategy for this ser	rvice (e.g., ordinances, resolutions, lo
Person completing form: Anne S. Floyd, Director of Local Government Services, CSRA RC Phone number: (706) 210-2015 Date completed: 05/05/2018  Is this the person who should be contacted by state agencies when evaluating whether proposed local government.	Agreement Name  I/A  What other mechanisms (if any) will	be used to implement the strategy for this ser	rvice (e.g., ordinances, resolutions, lo
Person completing form: Anne S. Floyd, Director of Local Government Services, CSRA RC Phone number: (706) 210-2015 Date completed: 05/05/2018  Is this the person who should be contacted by state agencies when evaluating whether proposed local government.	Agreement Name  I/A  What other mechanisms (if any) will	be used to implement the strategy for this ser	rvice (e.g., ordinances, resolutions, lo
Phone number: <b>(706) 210-2015</b> Date completed: 05/05/2018  Is this the person who should be contacted by state agencies when evaluating whether proposed local governments of the person who should be contacted by state agencies when evaluating whether proposed local governments of the person who should be contacted by state agencies when evaluating whether proposed local governments of the person who should be contacted by state agencies when evaluating whether proposed local governments of the person who should be contacted by state agencies when evaluating whether proposed local governments of the person who should be contacted by state agencies when evaluating whether proposed local governments of the person who should be contacted by state agencies when evaluating whether proposed local governments of the person who should be contacted by state agencies when evaluating whether proposed local governments of the person who should be contacted by state agencies when evaluating whether proposed local governments of the person who should be contacted by state agencies when evaluating whether proposed local governments of the person who should be contacted by state agencies when evaluating whether proposed local governments of the person who should be contacted by the	Agreement Name  N/A  What other mechanisms (if any) will	be used to implement the strategy for this ser	rvice (e.g., ordinances, resolutions, lo
Phone number: <b>(706) 210-2015</b> Date completed: 05/05/2018  Is this the person who should be contacted by state agencies when evaluating whether proposed local governments of the person who should be contacted by state agencies when evaluating whether proposed local governments of the person who should be contacted by state agencies when evaluating whether proposed local governments of the person who should be contacted by state agencies when evaluating whether proposed local governments of the person who should be contacted by state agencies when evaluating whether proposed local governments of the person who should be contacted by state agencies when evaluating whether proposed local governments of the person who should be contacted by state agencies when evaluating whether proposed local governments of the person who should be contacted by state agencies when evaluating whether proposed local governments of the person who should be contacted by state agencies when evaluating whether proposed local governments of the person who should be contacted by state agencies when evaluating whether proposed local governments of the person who should be contacted by state agencies when evaluating whether proposed local governments of the person who are person when the person where the pe	Agreement Name  I/A  What other mechanisms (if any) will acts of the General Assembly, rate o	be used to implement the strategy for this ser	rvice (e.g., ordinances, resolutions, lo
Phone number: <b>(706) 210-2015</b> Date completed: 05/05/2018  Is this the person who should be contacted by state agencies when evaluating whether proposed local governments of the person who should be contacted by state agencies when evaluating whether proposed local governments of the person who should be contacted by state agencies when evaluating whether proposed local governments of the person who should be contacted by state agencies when evaluating whether proposed local governments of the person who should be contacted by state agencies when evaluating whether proposed local governments of the person who should be contacted by state agencies when evaluating whether proposed local governments of the person who should be contacted by state agencies when evaluating whether proposed local governments of the person who should be contacted by state agencies when evaluating whether proposed local governments of the person who should be contacted by state agencies when evaluating whether proposed local governments of the person who should be contacted by state agencies when evaluating whether proposed local governments of the person who should be contacted by state agencies when evaluating whether proposed local governments of the person who should be contacted by the person when the person where	Agreement Name  I/A  What other mechanisms (if any) will acts of the General Assembly, rate o	be used to implement the strategy for this ser	rvice (e.g., ordinances, resolutions, lo
	Agreement Name  I/A  What other mechanisms (if any) will acts of the General Assembly, rate o	be used to implement the strategy for this ser	rvice (e.g., ordinances, resolutions, lo
<b>,</b>	Agreement Name  I/A  What other mechanisms (if any) will acts of the General Assembly, rate of the General Assembly in the completing form: Anne S. FI	be used to implement the strategy for this ser r fee changes, etc.), and when will they take e	rvice (e.g., ordinances, resolutions, lo
f not, provide designated contact person(s) and phone number(s) below:	Agreement Name  I/A  What other mechanisms (if any) will acts of the General Assembly, rate of t	be used to implement the strategy for this ser ree changes, etc.), and when will they take experience oyd, Director of Local Government Service Date completed: 05/05/2018	rvice (e.g., ordinances, resolutions, loeffect?







## **FORM 2: Summary of Service Delivery Arrangements**

### Instructions:

Answer each question below, attaching additional pages as necesshould 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:JEFFERSON	Service: Rescue Service
1. Check the box that best describes the agreed upor  Service will be provided countywide (i.e., including this box is checked, identify the government, authority.)	ng all cities and unincorporated areas) by a single service provider. (If
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is nization providing the service.):
	within their incorporated boundaries, and the service will not be provided ntify the government(s), authority or organization providing the service:
service in unincorporated areas. (If this box is chec	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the and Wrens. Keysville in Burke County as mutual aid.
	ap 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
☐ <b>Yes</b> (if "Yes," you must attach additional docume	entation as described, below)
☑No	ttack an explanation for continuing the errongement (i.e.
overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

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

Funding Metho	od .	
General Funds, SPLOST, State & Federal Grants		
General Funds, SPLOST, State & Federal Grants		
General Funds, SPLOST, State & Federal Gran	ts	
ous arrangements for providing and/or funding thi	s service within the county?	
ments or intergovernmental contracts that will be u	used to implement the strategy for	
G .	,	
Contracting Posting	Effective and Ending Dates	
Contracting Parties	Effective and Enging Dates	
	2.1.00 a.v. a.v.a 2.1.a.v.g 2 a.c.o	
e used to implement the strategy for this service (	e.g., ordinances, resolutions, loca	
e used to implement the strategy for this service (ee changes, etc.), and when will they take effect?	e.g., ordinances, resolutions, loca	
	General Funds, SPLOST, State & Federal Gran	

If not, provide designated contact person(s) and phone number(s) below: ADAM BRETT, ADMINISTRATOR, JEFFERSON COUNTY, (478) 625-3332

projects are consistent with the service delivery strategy? ☐Yes ☒No

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government







## **FORM 2: Summary of Service Delivery Arrangements**

### Instructions:

Answer each question below, attaching additional pages as necesshould 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:JEFFERSON	Service: Roads and Streets
1. Check the box that best describes the agreed upor  Service will be provided countywide (i.e., including).	n delivery arrangement for this service:
this box is checked, identify the government, author	rity or organization providing the service.):
Service will be provided only in the unincorporate checked, identify the government, authority or orga	ed portion of the county by a single service provider. (If this box is nization providing the service.):
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the sville, Stapleton, Wadley, and Wrens
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
identified?	ce areas, unnecessary competition and/or duplication of this service
<ul><li>☐ Yes (if "Yes," you must attach additional docum</li><li>☑ No</li></ul>	entation as described, below)
If these conditions will continue under this strategy, <u>a</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that diminated).
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

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	will help to pay for this service and indicate how the nds, special service district revenues, hotel/motel tax	
Local Government or Authority	Funding Method	
Jefferson County, Avera, Bartow	General Funds, GDOT Funds, TIA, SPLOST	
Louisville, Stapleton, Wadley, Wrens	General Funds, GDOT Funds, TIA, SPLOST	
4. How will the strategy change the previous	ous arrangements for providing and/or funding this	service within the county?
No change		
5. List any formal service delivery agreen this service:	nents or intergovernmental contracts that will be use	
Agreement Name	Contracting Parties	Effective and Ending Dates
N/A		
	e used to implement the strategy for this service (e.gee changes, etc.), and when will they take effect?	g., ordinances, resolutions, local
None		
	yd, Director of Local Government Services, CSR. Date completed: 05/05/2018	A RC
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: ADAM BRETT, ADMINISTRATOR, JEFFERSON COUNTY, (478) 625-3332		







## **FORM 2: Summary of Service Delivery Arrangements**

### Instructions:

Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:JEFFERSON	Service: Senior Center
Check the box that best describes the agreed upor	n delivery arrangement for this service:
	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): <b>Jefferson County</b>
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is nization providing the service.):
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	ap 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 docum	entation as described, below)
⊠No	
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

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enterprise funds, user fees, gene	y that will help to pay for this service and indicate horal funds, special service district revenues, hotel/mo		
fees, bonded indebtedness, etc.)	•		
Local Government or Author	•		
Jefferson County	General Funds, State & Federal Grants, Aid	through Area Agency on Aging	
	of CSRA RC		
4. How will the strategy change the	previous arrangements for providing and/or funding	g this service within the county?	
Service provides seniors with a plaservice in the SDS having not pre-	ace to socialize, enjoy a healthy meal, and participa viously been included.	ate in group activities. This is a new	
this service:	agreements or intergovernmental contracts that will		
Agreement Name N/A	Contracting Parties	Effective and Ending Dates	
IN/A			
	will be used to implement the strategy for this service te or fee changes, etc.), and when will they take effective		
None			
7. Person completing form: Anne S Phone number: (706) 210-2015	5. Floyd, Director of Local Government Services, Date completed: 02/27/2019	, CSRA RC	
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			
	t person(s) and phone number(s) below: OR, JEFFERSON COUNTY, (478) 625-3332		







## **FORM 2: Summary of Service Delivery Arrangements**

### Instructions:

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

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:JEFFERSON	Service: Sewer
1. Check the box that best describes the agreed upon  Service will be provided countywide (i.e., including this box is checked, identify the government, authority.)	ing all cities and unincorporated areas) by a single service provider. (If
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is anization providing the service.):
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the
	nap 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
☐ <b>Yes</b> (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	David 4 (CO

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

Local Government or Authority	Funding Method
Bartow	User Fees, SPLOST, Grants
Louisville	User Fees, SPLOST, Grants
Wadley, Wrens	User Fees, SPLOST, Grants

4. How will the strategy change the previous arrangements for pro	oviding and/or lunding this service within the county?
Louisville has taken over operation of Jefferson County's small s sewer customers.	ewer system. Jefferson County no longer has water or

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
Acquisition of the Jefferson	City of Louisville and and Jefferson County	12/15/2015-no ending date
County Water and Sewer		
System		

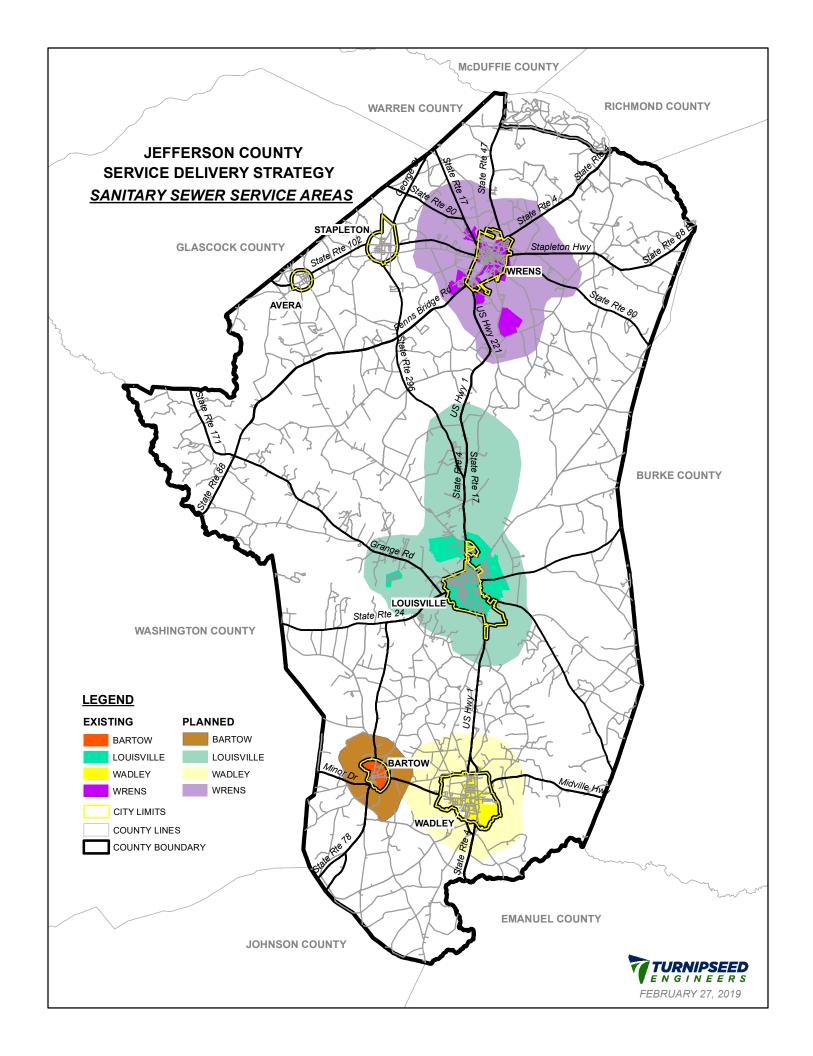
6.	vvnat otner	r mecnanism	s (if any) v	wiii be usea	to impleme	nt the strate	egy for th	nis service (	e.g., ord	iinances, i	resolutions,	iocai
	acts of the	General Ass	embly, rat	e or fee cha	inges, etc.),	and when	will they	take effect	?			

Adoption of new Jefferson County Joint Comprehensive Plan

- 7. Person completing form: **Anne S. Floyd, Director of Local Government Services, CSRA RC**Phone number: **(706) 210-2015**Date completed: 05/05/2018
- 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: ADAM BRETT, ADMINISTRATOR, JEFFERSON COUNTY, (478) 625-3332









## **FORM 2: Summary of Service Delivery Arrangements**

### Instructions:

Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:JEFFERSON	Service: Sheriff
Check the box that best describes the agreed upor	n delivery arrangement for this service:
	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): <b>Jefferson County</b>
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is nization providing the service.):
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	ap 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 docum	entation as described, below)
⊠No	
If these conditions will continue under this strategy, <u>a</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

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	eral fu	t will help to pay for this service and indicate how the nds, special service district revenues, hotel/motel ta	
Local Government or Author	ritv	Funding Method	
Jefferson County	, rey	General Funds, Fees, SPLOST, Federal and State	e Grants
4. How will the strategy change the	e prev	lious arrangements for providing and/or funding this	service within the county?
No change			
5. List any formal service delivery this service:	agreei	ments or intergovernmental contracts that will be use	ed to implement the strategy for
Agreement Name		Contracting Parties	Effective and Ending Dates
N/A			
		e used to implement the strategy for this service (e.gfee changes, etc.), and when will they take effect?	g., ordinances, resolutions, local
None			
7. Person completing form: Anne Phone number: (706) 210-2015		yd, Director of Local Government Services, CSR Date completed: 05/05/2018	A RC
		acted by state agencies when evaluating whether predelivery strategy? $\square$ Yes $ ot \!\!\! \square$ No	oposed local government
If not, provide designated contact person(s) and phone number(s) below:  ADAM BRETT, ADMINISTRATOR, JEFFERSON COUNTY, (478) 625-3332			







## **FORM 2: Summary of Service Delivery Arrangements**

#### Instructions:

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:JEFFERSON	Service: Street Lights				
Check the box that best describes the agreed upor      Service will be provided countywide (i.e., including this box is checked, identify the government, authority the government).	ing all cities and unincorporated areas) by a single service provider. (If				
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is nization providing the service.):				
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:				
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the sville, Stapleton, Wadley, and Wrens				
	ap 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				
☐ <b>Yes</b> (if "Yes," you must attach additional docume	entation as described, below)				
⊠No					
If these conditions will continue under this strategy, <u>a</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that diminated).				
If these conditions will be eliminated under the strategy, <u>attach an implementation schedule</u> listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.					
	Page 1 of 2				

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	that will help to pay for this service and indicate how I funds, special service district revenues, hotel/mot		
Avera Partow Louisville	General Funds	hod	
Avera, Bartow, Louisville,	General Funds General Funds		
Stapleton, Wadley, Wrens			
Jefferson County	General Funds		
4. How will the strategy change the p	revious arrangements for providing and/or funding	this service within the county?	
This Traffic and Street Lights service	e is broken into two services, one for Traffic Lights	and one for Street Lights.	
this service:	reements or intergovernmental contracts that will be		
Agreement Name	Contracting Parties	Effective and Ending Dates	
N/A			
	Ill be used to implement the strategy for this service or fee changes, etc.), and when will they take effective		
None			
7. Person completing form: <b>Anne S.</b> I Phone number: <b>(706) 210-2015</b>	Floyd, Director of Local Government Services, © Date completed: 05/05/2018	CSRA RC	
	ontacted by state agencies when evaluating whether vice delivery strategy? ☐Yes ⊠No	er proposed local government	
If not, provide designated contact person(s) and phone number(s) below:  ADAM BRETT, ADMINISTRATOR, JEFFERSON COUNTY, (478) 625-3332			







## **FORM 2: Summary of Service Delivery Arrangements**

#### Instructions:

Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:JEFFERSON	Service: Tax Appraisal & Assessment
Check the box that best describes the agreed upor	n delivery arrangement for this service:
	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): <b>Jefferson County</b>
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is nization providing the service.):
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
<del></del> ·	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping servi identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

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Local Government or Authorit	y Funding	Method
Jefferson County	General Funds	
	l l	
How will the strategy change the p	previous arrangements for providing and/or fund	ding this service within the county?
lew Service listed not in previous	SDS. Jefferson County pays for all property ass	sessment.
List any formal service delivery ac	reements or intergovernmental contracts that w	vill be used to implement the strategy
this service:		a a a a a a a ap. a a a a a
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
N/A		
What other mechanisms (if any) w	Contracting Parties  Till be used to implement the strategy for this se or fee changes, etc.), and when will they take	rvice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) w	rill be used to implement the strategy for this se	rvice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) w	rill be used to implement the strategy for this se	rvice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) wacts of the General Assembly, rate	rill be used to implement the strategy for this se	rvice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) wacts of the General Assembly, rate	rill be used to implement the strategy for this se	rvice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) wacts of the General Assembly, rate	rill be used to implement the strategy for this se	rvice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) wacts of the General Assembly, rate	vill be used to implement the strategy for this see or fee changes, etc.), and when will they take	rvice (e.g., ordinances, resolutions, lo effect?
What other mechanisms (if any) wacts of the General Assembly, rate	rill be used to implement the strategy for this se	rvice (e.g., ordinances, resolutions, lo effect?
What other mechanisms (if any) wacts of the General Assembly, rate  Jone  Person completing form: Anne S. Phone number: (706) 210-2015  Is this the person who should be one	rill be used to implement the strategy for this se or fee changes, etc.), and when will they take	rvice (e.g., ordinances, resolutions, loeffect?
What other mechanisms (if any) wacts of the General Assembly, rate  None  Person completing form: Anne S. Phone number: (706) 210-2015  Is this the person who should be oprojects are consistent with the se	Floyd, Director of Local Government Servic Date completed: 05/05/2018	rvice (e.g., ordinances, resolutions, leeffect?







## **FORM 2: Summary of Service Delivery Arrangements**

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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:	Service: Tax Commissioner
Check the box that best describes the agreed upon	n delivery arrangement for this service:
	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): <b>Jefferson County</b>
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is nization providing the service.):
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
·	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping servi identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
	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 strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

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SUS	s FUR	(IVI 2.	continued

	neral funds, special service district revenue	indicate how the service will be funded (e.g., es, hotel/motel taxes, franchise taxes, impact
Local Government or Author	prity F	unding Method
Jefferson County	General Funds	
I. How will the strategy change the	ne previous arrangements for providing and	d/or funding this service within the county?
No change		
5. List any formal service delivery this service:	agreements or intergovernmental contract	ts that will be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
N/A		
	v) will be used to implement the strategy for rate or fee changes, etc.), and when will the	r this service (e.g., ordinances, resolutions, loca ey take effect?
7. Person completing form: Anne Phone number: (706) 210-2015	S. Floyd, Director of Local Government Date completed: 05/05/2018	t Services, CSRA RC
	be contacted by state agencies when evalu service delivery strategy?  ☐Yes ☑No	ating whether proposed local government
	act person(s) and phone number(s) below: OR, JEFFERSON COUNTY, (478) 625-33	332







## **FORM 2: Summary of Service Delivery Arrangements**

#### Instructions:

Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:JEFFERSON	Service: Traffic Lights
Check the box that best describes the agreed upon	n delivery arrangement for this service:
Service will be provided countywide (i.e., including this box is checked, identify the government, authorized the countywide (i.e., including the countywide).	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.):
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is nization providing the service.):
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
<del></del>	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the <b>Wadley, and Wrens</b>
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping servi identified?	ce areas, unnecessary competition and/or duplication of this service
☐ <b>Yes</b> (if "Yes," you must attach additional docum	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 strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

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	.).		
Local Government or Author	ritv	Funding Method	
Bartow, Louisville, Wadley, Wre		General Funds, GDOT	
Jefferson County		General Funds, GDOT	
ocherson county		icherari unus, obot	
4. How will the strategy change th	e previous	s arrangements for providing and/or funding this s	service within the county?
The former Traffic and Street Lig Lights.	hts servic	e has been broken into two services, one for Trat	ific Lights and one for Street
this service:	agreemei	nts or intergovernmental contracts that will be use	ed to implement the strategy for
Agreement Name		Contracting Parties	Effective and Ending Dates
N/A			
		sed to implement the strategy for this service (e.g changes, etc.), and when will they take effect?	J., ordinances, resolutions, local
acts of the General Assembly, r		, , , , , , , , , , , , , , , , , , ,	
None			
None		Director of Local Government Services, CSR de completed: 05/05/2018	A RC
None  7. Person completing form: Anne Phone number: (706) 210-2015	Dat e contacte	Director of Local Government Services, CSR de completed: 05/05/2018 ed by state agencies when evaluating whether pro	







## **FORM 2: Summary of Service Delivery Arrangements**

### Instructions:

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COUNTY:JEFFERSON	Service: Transit
Check the box that best describes the agreed upor	n delivery arrangement for this service:
	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): <b>Jefferson County</b>
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is nization providing the service.):
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	ap 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 docum	entation as described, below)
⊠No	
If these conditions will continue under this strategy, <u>a</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

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		IRI	$\mathcal{M}$	coni	tinued
	_	4 6 7 6	VI 65		

<ol><li>List each government or author enterprise funds, user fees, gen fees, bonded indebtedness, etc</li></ol>	eral funds, special service dis		v the service will be funded (e.g., el taxes, franchise taxes, impact
Local Government or Author	rity	Funding Meth	nod
Jefferson County	General Funds, State		
4. How will the strategy change th	e previous arrangements for	providing and/or funding t	his service within the county?
Renaming this service, "Transpo	rtation and DOT5311" to rena	amed service, "Transit."	
5. List any formal service delivery this service:	agreements or intergovernme	ental contracts that will be	e used to implement the strategy for
Agreement Name	Contraction	ng Parties	Effective and Ending Dates
N/A			
6. What other mechanisms (if any acts of the General Assembly, r			(e.g., ordinances, resolutions, locat?
None			
7 D	0 Flord Binaton (1 and		2004 00
7. Person completing form: <b>Anne</b> Phone number: <b>(706) 210-2015</b>	Date completed: 02/27/		SKA KC
8. Is this the person who should b projects are consistent with the			er proposed local government
If not, provide designated conta ADAM BRETT, ADMINISTRAT			







## **FORM 2: Summary of Service Delivery Arrangements**

#### Instructions:

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:JEFFERSON	Service: Voter Registration			
Check the box that best describes the agreed upon	n delivery arrangement for this service:			
	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): <b>Jefferson County</b>			
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is nization providing the service.):			
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:			
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the			
	ap 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			
☐ <b>Yes</b> (if "Yes," you must attach additional docum	entation as described, below)			
⊠No				
If these conditions will continue under this strategy, <b>a</b> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).			
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.			
	Page 1 of 2			

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Local Government or Author	rity Funding	Method
Jefferson County	General Funds	
4. How will the strategy change the	e previous arrangements for providing and/or fund	ling this service within the county?
	ountywide voter registration. This is a new servi	ce in the SDS having not previously
been included.		
5. List any formal service delivery a this service:	agreements or intergovernmental contracts that w	rill be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
N/A		
	will be used to implement the strategy for this se ate or fee changes, etc.), and when will they take	
acts of the General Assembly, ra		
acts of the General Assembly, ra		effect?
None  7. Person completing form: Anne S Phone number: (706) 210-2015  8. Is this the person who should be	ate or fee changes, etc.), and when will they take of the changes.	es, CSRA RC
None  7. Person completing form: Anne 3 Phone number: (706) 210-2015  8. Is this the person who should be projects are consistent with the signated contact.	S. Floyd, Director of Local Government Service Date completed: 02/27/2019 e contacted by state agencies when evaluating when the contacted by state agencies when the contacted by the contacted by state agencies when the contacted by state agencies when the contacted by the contacted by state agencies when the contacted by the contacted by the contacted by state agencies when the contacted by the contact	es, CSRA RC







## **FORM 2: Summary of Service Delivery Arrangements**

### Instructions:

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

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:JEFFERSON	Service: Water
Check the box that best describes the agreed upon	n delivery arrangement for this service:
☐ Service will be provided countywide (i.e., include this box is checked, identify the government, authority the government, authority the government.	ing all cities and unincorporated areas) by a single service provider. (If ority or organization providing the service.):
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is anization providing the service.):
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the
	nap delineating the service area of each service provider, and ation that will provide service within each service area.): Avera, Bartow,
2. In developing this strategy, were overlapping servi identified?	ce areas, unnecessary competition and/or duplication of this service
☐ <b>Yes</b> (if "Yes," you must attach additional docum	entation as described, below)
⊠No	
	A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	David 4 (CO

### **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
Avera, Bartow	User Fees, SPLOST, Grants
Louisville	User Fees, SPLOST, Grants
Stapleton, Wadley, Wrens	User Fees, SPLOST, Grants

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?	
Louisville has taken over operation of Jefferson County's small water system. Jefferson County no longer has water or sewer customers.	

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
Acquisition of the Jefferson	City of Louisville and and Jefferson County	12/15/2015-no ending date
County Water and Sewer		
System		

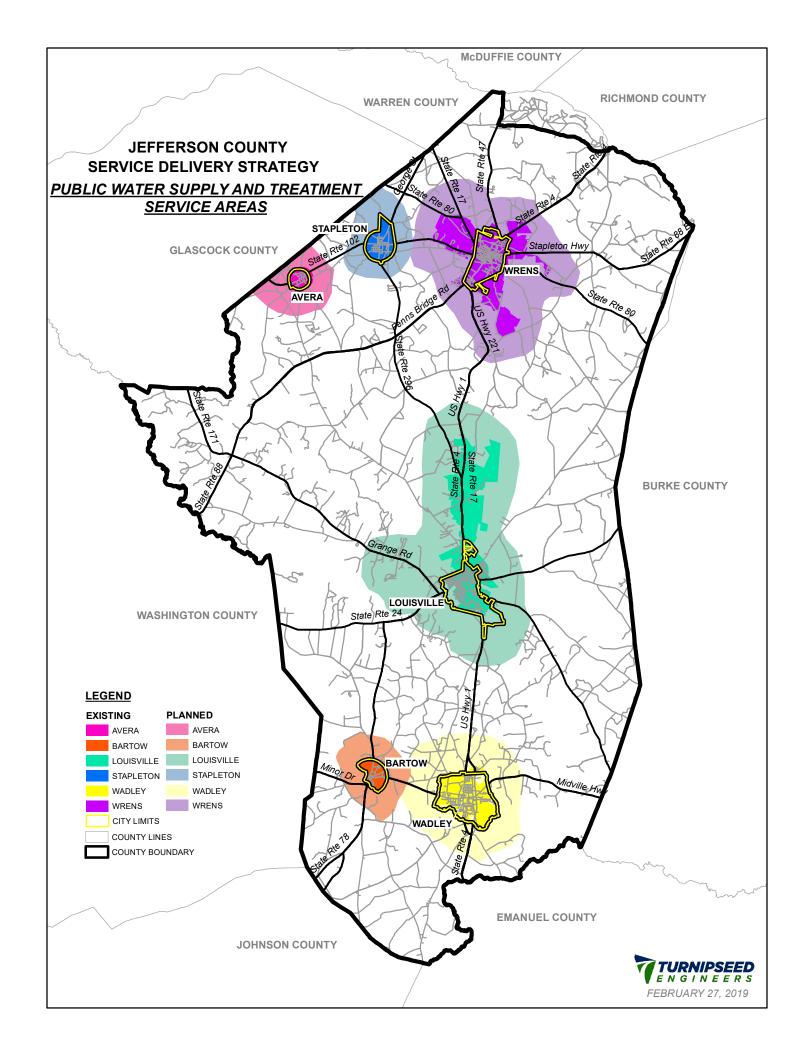
6. What other mechanisms (if any) will be used to implement the strategy to	or this service (e.g.,	ordinances,	resolutions,	local
acts of the General Assembly, rate or fee changes, etc.), and when will the	hey take effect?			
	•			

Adoption of new Jefferson County Joint Comprehensive Plan

- 7. Person completing form: **Anne S. Floyd, Director of Local Government Services, CSRA RC**Phone number: **(706) 210-2015**Date completed: 05/05/2018
- 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: ADAM BRETT, ADMINISTRATOR, JEFFERSON COUNTY, (478) 625-3332









## **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: JEFFERSON**

1. What incompatibilities or conflicts between the land use plans of local governments were identified in the process of developing the service delivery strategy?

There were no incompatabilities nor conflicts between land use plans identified for incorporated jurisdictions or unincorporated Jefferson County during the development of this SDS. In the 2004 Jefferson County Service Delivery Strategy, Page 3, Summary of Land Use Agreements, the County and municipalities adopted the same process for any disagreements about land use. This process has not changed. Cities will notify the County of any proposed annexation and/or rezoning that affects the unincorporated areas. County will respond to the city proposal of any objections within 45 days. Any unresolved situations will be mediated via a proper mediation process.

2. Check the boxes indicating how these incompatibilities or conflicts were addressed:  Amendments to existing comprehensive plans  Adoption of a joint comprehensive plan  Other measures (amend zoning ordinances, add environmental regulations, etc.)  If "other measures" was checked, describe these measures:  None	NOTE:  If the necessary plan amendments, regulations, ordinances, etc. have not yet been formally adopted, indicate when each of the affected local governments will adopt them.				
3. What policies, procedures and/or processes have been established by local governments (and water and sewer authorities) to ensure that new extraterritorial water and sewer service will be consistent with all applicable land use plans and ordinances? In the 2004 Service Delivery Strategy, Page 3, Summary of Land Use Agreements, there is a "Jefferson County Intergovernmental Agreement, Process for Provision of Extraterritorial Water and Sewer Services," that was adopted by Jefferson County and all municipalities which became effective on May 28, 1999. It states, "This extraterritorial process for water and sewer services shall remain in force and effect until amended by agreement of each party or unless otherwise terminated by operation of law."					
4. Person completing form: Anne S. Floyd, CSRA RC, Director of Local Government	Services				
Phone number: <b>(706) 394-7885</b> Date completed: 02/27/2019					
5. Is this the person who should be contacted by state agencies when evaluating whether projects are consistent with the service delivery strategy? ☐Yes ☒No	r proposed local government				
If not, provide designated contact person(s) and phone number(s) below:					

ADAM BRETT, COUNTY ADMINISTRATOR, (478) 625-3332	

Page 1 of 1







# FORM 4: Certifications

### Instructions:

This two page 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 2000 population of over 9,000 residing within the county; and 4) no less than 50% of all other cities with a 2000 population of between 500 and 9,000 residing within the county. Cities with a 2000 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: JEFFERSON**

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

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

TITLE	NAME	SIGNATURE	DATE
Mayor	Tommy M. Sheppard		
Mayor	Robert D. Morris		
Mayor	Larry Morgan	M-Marg	12-19-18
Chairman	Mitchell McGraw	Mitcher of	12/2/12
Mayor	Frank Parrish		
Mayor	Harold Moore	Gaiold Meno J.	12/27/18
Mayor	William L. Hadden		
	Mayor Mayor Mayor Chairman Mayor Mayor	Mayor Tommy M. Sheppard  Mayor Robert D. Morris  Mayor Larry Morgan  Chairman Mitchell McGraw  Mayor Frank Parrish  Mayor Harold Moore	Mayor Tommy M. Sheppard  Mayor Robert D. Morris  Mayor Larry Morgan  Chairman Mitchell McGraw  Mayor Frank Parrish  Mayor Harold Moore







# Service Delivery Strategy FORM 4: Certifications

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bn 1/30/18
A