





COUNTY: LEE

I. GENERAL INSTRUCTIONS:

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

OPTION A Revising or Adding to the SDS	OPTION B Extending the Existing SDS
 4. List all services provided or primarily funded by each general purpose local government and authority within the county which are revised or added to the SDS in Section IV, below. (It is acceptable to break a service into separate components if this will facilitate description of the service delivery strategy.) 5. For each service or service component listed in Section IV, complete a separate, updated Summary of Service Delivery Arrangements form (FORM 2). 6. Complete one copy of the Certifications form (FORM 4) and have it signed by the authorized representatives of participating local governments. [Please note that DCA cannot validate the strategy unless it is signed by the local governments required by law (see Instructions, FORM 4).] 	 In Section IV type, "NONE." 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).] Proceed to step 7, below. For answers to most frequently asked questions on Georgia's Service Delivery Act, links and helpful publications, visit DCA's website at http://www.dca.ga.gov/development/PlanningQualityGrowth/programs/servicedelivery.asp , or call the Office of Planning and Quality Growth at (404) 679-5279.

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

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

II. LOCAL GOVERNMENTS INCLUDED IN THE SERVICE DELIVERY STRATEGY:

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

Lee County Board of Commissioners

Lee County Utilities Authority

Lee County Parks & Recreation

Development Authority of Lee County

City of Leesburg

City of Smithville

RS "Bob" Boney Senior Center and SW Georgia Council on Aging

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

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

Agriculture Extension Service, Alcohol License Issuance, Animal Control, Building Inspection, Business License Issuance, Cemetery Maintenance, Chamber of Commerce, Coroner Services, Driveway Pipe Installation, Health/Mental Health, Indigent Legal Defense, Inert Waste Landfill, Law Enforcement (City Police and Sheriff), Library, Magistrate Court, Mosquito Spraying, Municipal Court, Planning and Zoning, Probate and Superior Court, Road and ROW Maintenance, Road Paving and Resurfacing, Senior Citizens Center, Storm Water Management, Tax Assessments; Tax Collections-Auto and Mobile Homes, Tax Collections-Property, Utility Billing (water, sewer, garbage, streetlights), Water Treatment and Distribution, Wastewater Treatment, Welfare Services (DFACS)

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.

REVISED: Election and Voter Registration combined into one service; Fire Services & Emergency Management & Emergency Medical Services combined into one service; E-911 Communications; Economic Development; Jail (Criminal Justice Center); Parks and Recreation REMOVED: Curbside Solid Waste Collection (included in Utility Billing); Curbside Inert Waste Collection ADDED:Geographic Information Systems (GIS)







FORM 2: Summary of Service Delivery Arrangements

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:LEE COUNTY	Service: Agriculture Extension Service		
Check one box that best describes the agreed upon	on delivery arrangement for this service:		
a.) Service will be provided countywide (i.e., inc (If this box is checked, identify the government, aut Service	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.):Lee County Extension		
b.) Service will be provided only in the unincorp checked, identify the government, authority or organization.	porated portion of the county by a single service provider. (If this box is anization providing the service.):		
c.) One or more cities will provide this service of provided in unincorporated areas. (If this box is che service:	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the		
 d.) ☐ One or more cities will provide this service of service in unincorporated areas. (If this box is checked): 	only within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the		
e.) Other (If this box is checked, attach a legit identify the government, authority, or other organization)	ole map delineating the service area of each service provider, and cation that will provide service within each service area.):		
2. In developing this strategy, were overlapping servidentified?	ice areas, unnecessary competition and/or duplication of this service		
☐ Yes (if "Yes," you must attach additional docum	nentation as described, below)		
⊠No			
If these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G. overlapping service areas or competition cannot be expected.	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	egy, <u>attach an implementation schedule</u> listing each step or action that and the agreed upon deadline for completing it.		
	Barriel al O		

Local Government or Author	rity Funding Me	thod
e County Board of Commission		
ow will the strategy change th	e previous arrangements for providing and/or funding	g this service within the county?
	did	
change to the service just ad	ded agreement to question 5	
ist any formal service delivery is service:	agreements or intergovernmental contracts that will	
Agreement Name	Contracting Parties	May 26, 1999 - Ongoing
riculture Extension Service	Lee County, Cities of Leesburg & Smithville	way ∠o, 1999 - Ongoing
What other mechanisms (if any cits of the General Assembly, r	r) will be used to implement the strategy for this servi rate or fee changes, etc.), and when will they take eff	ce (e.g., ordinances, resolutions, le fect?
isting agreement will continue		
erson completing form: Roza hone number: 229.759.6000	nne Braswell Date completed: 11/26/18	
Person completing form: Rozal hone number: 229.759.6000 is this the person who should to rojects are consistent with the	nne Braswell Date completed: 11/26/18 be contacted by state agencies when evaluating whe service delivery strategy? ∐Yes ⊠No	ther proposed local government







FORM 2: Summary of Service Delivery Arrangements

Make copies of this form and complete one for each service if Answer each question below, attaching additional pages as necessional be reported to the Department of Community Affairs.	leted on FORM 1, Section IV. Use EXACTLY the same service names listed on FORM 1. ssary. If the contact person for this service (listed at the bottom of the page) changes, this			
COUNTY:LEE COUNTY	Service:Alcohol Licenses Issuance			
Check one box that best describes the agreed upon				
 a.) Service will be provided countywide (i.e., in (If this box is checked, identify the government, au 	cluding all cities and unincorporated areas) by a single service provider, ithority or organization providing the service.):			
b.) Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):				
c.) One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service:				
d.) One or more cities will provide this service service in unincorporated areas. (If this box is che service.): Lee County Board of Commissioners	only within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the City of Leesburg, City of Smithville			
e.) Other (If this box is checked, attach a legi identify the government, authority, or other organization)	ble map delineating the service area of each service provider, and zation that will provide service within each service area.):			
In developing this strategy, were overlapping sendentified?	vice areas, unnecessary competition and/or duplication of this service			
☐ Yes (if "Yes," you must attach additional docur	mentation as described, below)			
⊠No				
If these conditions will continue under this strategy, overlapping but higher levels of service (See O.C.G overlapping service areas or competition cannot be	attach an explanation for continuing the arrangement (i.e., i.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	egy, attach an implementation schedule listing each step or action that by and the agreed upon deadline for completing it.			
	Page 1 of 2			

SDS FORM 2, continued				
List each government or authorit enterprise funds, user fees, gene fees, bonded indebtedness, etc.)		ter taxes, manorina taxes, impact		
Local Government or Author	ity Funding Me	thod		
Lee County Board of Commissioners User Fees				
City of Leesburg	User Fees			
City of Smithville	User Fees	User Fees		
4. How will the strategy change the	previous arrangements for providing and/or funding	g this service within the county?		
No change to the service just add 5. List any formal service delivery a this service;	agreements or intergovernmental contracts that will	be used to implement the strategy for		
Agreement Name	Contracting Parties	Effective and Ending Dates		
Agreement Name Alcohol Licenses Issuance	Les County, Cities of Lessburg & Smithville	May 26, 1999 - Ongoing		
raddior Electricos iscasinos				
	(b)			
What other mechanisms (if any acts of the General Assembly, range)) will be used to implement the strategy for this serv ate or fee changes, etc.), and when will they take ef	ice (e.g., ordinances, resolutions, local fect?		
Existing agreement will continue.				
7. Person completing form: Rozar Phone number: 229.759.6000 8. Is this the person who should be	nne Braswell Date completed: 11/26/18			

if not, provide designated contact person(s) and phone number(s) below: CHRIST! DOCKERY OR MIKE SISTRUNK 229.759.6000







FORM 2: Summary of Service Delivery Arrangements

FORM 2: Summary of Service Delivery Arrangements				
Instructions:				
Make copies of this form and complete one for each service listed on FORM 1, Section IV. Use EXACTLY the same service names listed on FORM 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.				
COUNTY:LEE COUNTY Service: Animal Control				
	on delivery arrangement for this service:			
1. Check one box that best describes the agreed upo				
 a.) Service will be provided countywide (i.e., including the solution of the solution) Commissioners 	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.):Lee County Board of			
b.) Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):				
c.) One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service:				
 d.) One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.): 				
e.) Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.):				
In developing this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?				
☐ Yes (if "Yes," you must attach additional docum	nentation as described, below)			
⊠No				
If these conditions will continue under this strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that explanation service areas or competition cannot be eliminated).				

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.

		SDS FORM 2, continued	
List each government or authority enterprise funds, user fees, generates, bonded indebtedness, etc.).	that al fur	will help to pay for this service and indicate how the nds, special service district revenues, hotel/motel tax	service will be funded (e.g., es, franchise taxes, impact
Local Government or Authorit	y	Funding Method	
Lee County Board of Commissione		General Fund	
	_		
How will the strategy change the	previ	ious arrangements for providing and/or funding this	service within the county?
None			
List any formal service delivery a this service: Agreement Name	gree	ments or intergovernmental contracts that will be use	ed to implement the strategy fo
Agreement Name			
. What other mechanisms (if any) acts of the General Assembly, rat	will b	e used to implement the strategy for this service (e. fee changes, etc.), and when will they take effect?	g., ordinances, resolutions, loca
None			
Person completing form: Rozani Phone number: 229.759.6000 Is this the person who should be	Con	raswell pate completed: 12/11/18 tacted by state agencies when evaluating whether p te delivery strategy? ∐Yes ⊠No	proposed local government
	t per	son(s) and phone number(s) below:	







FORM 2: Summary of Service Delivery Arrangements

Make copies of this form and complete one for each service listed on FORM 1, Section IV. Use EXACTLY the same service names listed on FORM 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.				
COUNTY:LEE COUNTY Service: Building Inspection				
Check one box that best describes the agreed upo	on delivery arrangement for this service:			
Service will be provided countywide (i.e., inc (if this box is checked, identify the government, aut Commissioners	cluding all cities and unincorporated areas) by a single service provider, thority or organization providing the service.):Lee County Board of			
b.) Service will be provided only in the unincorporachecked, identify the government, authority or organization.	porated portion of the county by a single service provider. (If this box is inization providing the service.):			
c.) One or more cities will provide this service of provided in unincorporated areas. (If this box is che service:	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the			
 d.) One or more cities will provide this service of service in unincorporated areas. (If this box is checked): 	only within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the			
e.) Other (If this box is checked, attach a legit identify the government, authority, or other organization)	ole map delineating the service area of each service provider, and eation that will provide service within each service area.):			
In developing this strategy, were overlapping serv identified?	ice areas, unnecessary competition and/or duplication of this service			
☐ Yes (if "Yes," you must attach additional docum	nentation as described, below)			
⊠No				
If these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G. overlapping service areas or competition cannot be	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	egy, <u>attach an implementation schedule</u> listing each step or action that y and the agreed upon deadline for completing it.			
	4 of 0			

SDS FORM 2, continued

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

Local Government or Authority	Funding Method	
Lee County Board of Commissioners	General Fund and User Fees	
City of Leesburg	User Fees	
City of Smithville	User Fees	

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

No change to the service just added agreement to question 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
Building Inspection	Lee County, Cities of Leesburg & Smithville	May 26, 1999 - Ongoing

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?

Existing agreement will continue.

7. Person completing form: Rozanne Braswell

Phone number: 229.759.6000 Date completed: 11/26/18

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

If not, provide designated contact person(s) and phone number(s) below: CHRISTI DOCKERY OR MIKE SISTRUNK 229.759.6000







FORM 2: Summary of Service Delivery Arrangements

Make copies of this form and complete one for each service in Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	sted on FORM 1, Section IV. Use <u>EXACTLY the same service names listed on FORM 1.</u> sary. If the contact person for this service (listed at the bottom of the page) changes, this			
COUNTY:LEE COUNTY	Service:Business License Issuance			
1. Check one box that best describes the agreed upon a.) Service will be provided countywide (i.e., in (If this box is checked, identify the government, au	cluding all cities and unincorporated areas) by a single service provider.			
b.) Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):				
c.) One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service:				
 d.) One or more cities will provide this service service in unincorporated areas. (If this box is chesservice.): Lee County Board of Commissioners, 	only within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the City of Leesburg, City of Smithville			
e.) Other (If this box is checked, attach a legil identify the government, authority, or other organizations)	ble map delineating the service area of each service provider, and cation that will provide service within each service area.):			
In developing this strategy, were overlapping servidentified?	rice areas, unnecessary competition and/or duplication of this service			
☐ Yes (if "Yes," you must attach additional docun	nentation as described, below)			
⊠No				
If these conditions will continue under this strategy, overlapping but higher levels of service (See O.C.G. overlapping service areas or competition cannot be	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 part	egy, attach an implementation schedule listing each step or action that y and the agreed upon deadline for completing it.			
	Page 1 of 2			

SDS	S FO	RM	2.	con'	tin	ued
						,

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	
Lee County Board of Commissioners	User Fees	
City of Leesburg	User Fees	
City of Smithville	User Fees	_
		_

4. How will the strategy	change the previous arrangements f	or providing and/or ful	nding this service within the	county'
4 HAW WIII THE STRATEGY	Charine the previous all aligements i	A biotionia arrana	ilania alla alla alla alla alla alla all	

No change to the service just added agreement to question 5

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
Business License Issuance	Lee County, Cities of Leesburg & Smlthville	May 26, 1999 - Ongoing

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

Existing agreement will continue.

7. Person completing form: Rozanne Braswell

Phone number: 229.759.6000 Date completed: 11/26/18

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

If not, provide designated contact person(s) and phone number(s) below: CHRISTI DOCKERY OR MIKE SISTRUNK 229.759.6000







FORM 2: Summary of Service Delivery Arrangements

Make copies of this form and complete one for each service li Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	sted on FORM 1, Section IV. Use EXACTLY the same service names listed on FORM 1. sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:LEE COUNTY	Service:Cemetery Maintenance
Check one box that best describes the agreed upo	
a.) Service will be provided countywide (i.e., In- (If this box is checked, identify the government, au-	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.):
 b.) Service will be provided only in the unincorpore checked, identify the government, authority or organized. 	porated portion of the county by a single service provider. (If this box is anization providing the service.):
c.) One or more cities will provide this service of provided in unincorporated areas. (If this box is choservice: Cities of Leesburg and Smithville	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
 d.) ☐ One or more cities will provide this service service in unincorporated areas. (If this box is checked): 	only within their Incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the
e.) Other (If this box is checked, attach a legit identify the government, authority, or other organized	ble map delineating the service area of each service provider, and cation that will provide service within each service area.):
In developing this strategy, were overlapping servidentified?	lice areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docun	nentation as described, below)
⊠No	
overlapping but higher levels of service (See O.C.G. overlapping service areas or competition cannot be	
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	egy, attach an implementation schedule listing each step or action that yand the agreed upon deadline for completing it.
	Page 1 of 2

	SDS FORM 2, contin	nued	
b. 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.).			unded (e.g., xes, impact
Local Government or Author	rity	Funding Method	
City of Leesburg	General Fund		
City of Smithville	General Fund		
4. How will the strategy change to	ne previous arrangements for providing a	and/or funding this service within the	e county?
No change			
this service:	agreements or intergovernmental contracting Parties		the strategy for
Agreement Name	Conducting 1 and		
What other mechanisms (if an acts of the General Assembly,	y) will be used to implement the strategy rate or fee changes, etc.), and when wil	y for this service (e.g., ordinances, r Il they take effect?	esolutions, loca
None			
7. Person completing form: Roze Phone number: 229.759.6000 8. Is this the person who should projects are consistent with the	nne Braswell Date completed: 11/12/18 be contacted by state agencies when e	ovaluating whether proposed local g	government
If not, provide designated cont	act person(s) and phone number(s) bel JRG, (229) 759-6465 AND MAYOR JA	low: CK SMITH, SMITHVILLE, (229) 840	6-2101







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

Make copies of this form and complete one for each service in Answer each question below, attaching additional pages as neceing should be reported to the Department of Community Affairs.	assary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:LEE COUNTY	Service:Chamber of Commerce
1. Check one box that best describes the agreed up	
a.) Service will be provided countywide (i.e., ir (If this box is checked, identify the government, au Commerce	ncluding all cities and unincorporated areas) by a single service provider. uthority or organization providing the service.): Lee County Chamber of
b.) Service will be provided only in the uninconchecked, identify the government, authority or org	rporated portion of the county by a single service provider. (If this box is anization providing the service.):
 c.) One or more cities will provide this service provided in unincorporated areas. (If this box is characterise) 	only within their incorporated boundaries, and the service will not be necked, identify the government(s), authority or organization providing the
 d.) One or more cities will provide this service service in unincorporated areas. (If this box is che service.): 	only within their incorporated boundaries, and the county will provide the ecked, identify the government(s), authority or organization providing the
e.) Other (If this box is checked, attach a leginderity the government, authority, or other organization)	ible map delineating the service area of each service provider, and ization that will provide service within each service area.):
In developing this strategy, were overlapping ser identified?	vice areas, unnecessary competition and/or duplication of this service
Yes (if "Yes," you must attach additional docu	mentation as described, below)
⊠No	
overlapping but higher levels of service (See O.C.) overlapping service areas or competition cannot be	
If these conditions will be eliminated under the stra will be taken to eliminate them, the responsible par	tegy, <u>attach an implementation schedule</u> listing each step or action that ty and the agreed upon deadline for completing it.
	Page 1 of 2

List each government or auth enterprise funds, user fees, go	(0.)	
ees, bonded indebtedness, e		thod
ee County	General Fund	
City of Leesburg	General Fund	
		this continue within the county?
How will the strategy change	THE PROPERTY OF THE PROPERTY O	
LOM Mill file strategy outside	the previous arrangements for providing and/or funding	This service within the country.
HOM Mill the strategy curingo	the previous arrangements for providing and/or remains	g the service within the county.
HOM All the strategy outside	the previous arrangements for providing and/or remains	g this service within the commy.
		, this service within the commy
	added agreement to question 5	, this service warm the commy
		, this service within the commy
No change to the service just	added agreement to question 5	
No change to the service just :		
No change to the service just	added agreement to question 5 ery agreements or intergovernmental contracts that will	be used to implement the strategy
No change to the service just the service just the service delives this service: Agreement Name	added agreement to question 5 ery agreements or intergovernmental contracts that will Contracting Parties	be used to implement the strategy Effective and Ending De
No change to the service just : List any formal service delive this service:	added agreement to question 5 ery agreements or intergovernmental contracts that will	be used to implement the strategy
No change to the service just the service just the service delives this service: Agreement Name	added agreement to question 5 ery agreements or intergovernmental contracts that will Contracting Parties	be used to implement the strategy Effective and Ending De
lo change to the service just : List any formal service delive this service: Agreement Name	added agreement to question 5 ery agreements or intergovernmental contracts that will Contracting Parties	be used to implement the strategy Effective and Ending De
lo change to the service just : List any formal service delive this service: Agreement Name	added agreement to question 5 ery agreements or intergovernmental contracts that will Contracting Parties	be used to implement the strategy Effective and Ending De
No change to the service just the service just the service delives this service: Agreement Name	added agreement to question 5 ery agreements or intergovernmental contracts that will Contracting Parties	be used to implement the strategy Effective and Ending De

7. Person completing form: Rozanne Braswell, Lee County Planning, Zoning & Engineering Director
Phone number: 229.759.6000 Date completed: December 11, 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: Christi Dockery, Lee County Co-Manager, (229) 759-6000

None







FORM 2: Summary of Service Delivery Arrangements

Instructions:

Make copies of this form and complete one for each service listed on FORM 1, Section IV. Use <u>EXACTLY</u> 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 necessary. If the contact person for this service (listed at the section of the page) with pages as necessary. If the contact person for this service (listed at the section of the page) with pages as necessary.	
COUNTY:LEE COUNTY	Service: Code Enforcement
Check <u>one</u> box that best describes the agreed upon	on delivery arrangement for this service:
 a.) Service will be provided countywide (i.e., inc (If this box is checked, identify the government, aut Commissioners 	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.): Lee County Board of
b.) Service will be provided only in the unincorpolecked, identify the government, authority or organization.	corated portion of the county by a single service provider. (If this box is anization providing the service.):
c.) One or more cities will provide this service of provided in unincorporated areas. (If this box is choservice:	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
d.) One or more cities will provide this service of service in unincorporated areas. (If this box is check service.):	only within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the
e.) Other (If this box is checked, attach a legit identify the government, authority, or other organize	ole map delineating the service area of each service provider, and cation that will provide service within each service area.):
2. In developing this strategy, were overlapping serv identified?	ice areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional documentation as described, below)	
⊠No	
overlapping but higher levels of service (See O.C.G. overlapping service areas or competition cannot be	
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	egy, attach an implementation schedule listing each step or action that y and the agreed upon deadline for completing it.
	Dogo 4 of 2

SDS FORM 2, continued

General Fund Fines City of Smithville Fines How will the strategy change the previous arrangements for providing and/or funding this service within the county? Update of funding method. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strate; this service: Agreement Name Contracting Parties Effective and Ending Description	Local Government or Autho	rity Funding I	Method
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ist any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategies service: Agreement Name Contracting Parties Effective and Ending D 1999 - Ongoing Use County, Leesburg and Smithville 1999 - Ongoing What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions cts of the General Assembly, rate or fee changes, etc.), and when will they take effect? Person completing form: Rozanne Braswell, Lee County Planning, Zoning & Engineering Director Date completed: December 11, 2018 Set his the person who should be contacted by state agencies when evaluating whether proposed local government.			
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Person completing form: Rozanne Braswell, Lee County Planning, Zoning & Engineering Director Phone number: 229.759.6000 Date completed: December 11, 2018 Is this the person who should be contacted by state agencies when evaluating whether proposed local government	What other mechanisms (if an)	Lee County, Leesburg and Smithville () will be used to implement the strategy for this se	1999 - Ongoing ervice (e.g., ordinances, resolutions,
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Person completing form: Rozanne Braswell, Lee County Planning, Zoning & Engineering Director Phone number: 229.759.6000 Date completed: December 11, 2018 Is this the person who should be contacted by state agencies when evaluating whether proposed local government	What other mechanisms (if an)	Lee County, Leesburg and Smithville () will be used to implement the strategy for this se	1999 - Ongoing ervice (e.g., ordinances, resolutions,
Phone number: 229.759.6000 Date completed: December 11, 2018 Is this the person who should be contacted by state agencies when evaluating whether proposed local government	What other mechanisms (if any acts of the General Assembly,	Lee County, Leesburg and Smithville () will be used to implement the strategy for this se	1999 - Ongoing ervice (e.g., ordinances, resolutions,
Phone number: 229.759.6000 Date completed: December 11, 2018 Is this the person who should be contacted by state agencies when evaluating whether proposed local government	What other mechanisms (if any	Lee County, Leesburg and Smithville () will be used to implement the strategy for this se	1999 - Ongoing ervice (e.g., ordinances, resolutions,
Phone number: 229.759.6000 Date completed: December 11, 2018 Is this the person who should be contacted by state agencies when evaluating whether proposed local government	What other mechanisms (if any acts of the General Assembly,	Lee County, Leesburg and Smithville () will be used to implement the strategy for this se	1999 - Ongoing ervice (e.g., ordinances, resolutions,
Is this the person who should be contacted by state agencies when evaluating whether proposed local governmen	What other mechanisms (if any acts of the General Assembly, t	Lee County, Leesburg and Smithville () will be used to implement the strategy for this serate or fee changes, etc.), and when will they take	arvice (e.g., ordinances, resolutions, leffect?
Is this the person who should be contacted by state agencies when evaluating whether proposed local governmen	What other mechanisms (if any acts of the General Assembly, to one Person completing form: Roza	Lee County, Leesburg and Smithville (i) will be used to implement the strategy for this serate or fee changes, etc.), and when will they take nne Braswell, Lee County Planning, Zoning &	arvice (e.g., ordinances, resolutions, leffect?
	What other mechanisms (if any acts of the General Assembly, some Person completing form: Roza Phone number: 229.759.6000	Lee County, Leesburg and Smithville (i) will be used to implement the strategy for this serate or fee changes, etc.), and when will they take nne Braswell, Lee County Planning, Zoning & Date completed: December 11, 2018	1999 - Ongoing ervice (e.g., ordinances, resolutions, leffect?
	What other mechanisms (if any acts of the General Assembly, when the General Assembly, which is the General Assembly which is the General Assembly when the General Assembly which is the General Assembly which is the General Assembly which is the General Assembly when the General Assembly which is the General Assembly when the Gen	Lee County, Leesburg and Smithville (1) will be used to implement the strategy for this serate or fee changes, etc.), and when will they take Inne Braswell, Lee County Planning, Zoning & Inne Date completed: December 11, 2018 Descentiated by state agencies when evaluating we	1999 - Ongoing ervice (e.g., ordinances, resolutions, effect?
If not, provide designated contact person(s) and phone number(s) below:	What other mechanisms (if any acts of the General Assembly, and acts of th	Lee County, Leesburg and Smithville (7) will be used to implement the strategy for this serate or fee changes, etc.), and when will they take Inne Braswell, Lee County Planning, Zoning & Date completed: December 11, 2018 December 11, 2018 Describe delivery strategy? □Yes ☒No	1999 - Ongoing ervice (e.g., ordinances, resolutions, leffect?







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

Make copies of this form and complete one for each service is Answer each question below, attaching additional pages as necessional 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:LEE COUNTY	Service: Coroner Services
Check one box that best describes the agreed upo	on delivery arrangement for this service:
a \ X Service will be provided countywide (i.e., int	cluding all cities and unincorporated areas) by a single service provider, thority or organization providing the service.):Lee County Board of
b.) Service will be provided only in the unincorp checked, identify the government, authority or organization.	porated portion of the county by a single service provider. (If this box is anization providing the service.):
c.) One or more cities will provide this service of provided in unincorporated areas. (If this box is che service:	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
d.) One or more cities will provide this service of service in unincorporated areas. (If this box is checked):	only within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the
e.) Other (If this box is checked, <u>attach a legit</u> identify the government, authority, or other organiz	ole map delineating the service area of each service provider, and cation that will provide service within each service area.):
In developing this strategy, were overlapping serving identified?	ice areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	nentation as described, below)
⊠No	
If these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G. overlapping service areas or competition cannot be of	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	egy, <u>attach an implementation schedule</u> listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

	SDS FORM 2 continued				
		SDS FORM 2, continued			
List each government or author enterprise funds, user fees, ger fees, bonded indebtedness, etc.	neral fur	will help to pay for this service and indicate ho ids, special service district revenues, hotel/mo	w the service will be funded (e.g., tel taxes, franchise taxes, impact		
Local Government or Author	ority	Funding Me	thod		
Lee County Board of Commission		General Fund			
4. How will the strategy change the	he previ	ous arrangements for providing and/or funding	this service within the county?		
No change to the service just ac 5. List any formal service delivery this service:		reement to question 5 nents or intergovernmental contracts that will i	be used to implement the strategy for		
Agreement Name		Contracting Parties	Effective and Ending Dates		
Coroner Services	Lee C	ounty, Cities of Leesburg & Smithville	May 26, 1999 - Ongoing		
	_				
What other mechanisms (if any acts of the General Assembly,	y) will be rate or t	e used to implement the strategy for this servic fee changes, etc.), and when will they take effo	ce (e.g., ordinances, resolutions, local ect?		
Existing agreement will continue	e.				
7. Person completing form: Roza Phone number: 229.759.6000	Da	ate completed: 11/26/18	h		
8. Is this the person who should i	be conta e servica	acted by state agencies when evaluating whet e delivery strategy?	ner proposed local government		

If not, provide designated contact person(s) and phone number(s) below: CHRISTI DOCKERY OR MIKE SISTRUNK 229.759.6000







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:LEE COUNTY	Service:Driveway Pipe Installation
Check one box that best describes the agreed upon	on delivery arrangement for this service:
 a.) Service will be provided countywide (i.e., inc (if this box is checked, identify the government, aut Commissioners 	cluding all cities and unincorporated areas) by a single service provider, thority or organization providing the service.):Lee County Board of
b.) Service will be provided only in the unincorp checked, identify the government, authority or organized or services.	porated portion of the county by a single service provider. (If this box is anization providing the service.):
c.) One or more cities will provide this service of provided in unincorporated areas. (If this box is che service:	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
d.) One or more citles will provide this service of service in unincorporated areas. (If this box is check service.):	only within their incorporated boundaries, and the county will provide the sked, identify the government(s), authority or organization providing the
e.) Other (If this box is checked, attach a legitidentify the government, authority, or other organization)	ole map delineating the service area of each service provider, and ation that will provide service within each service area.):
In developing this strategy, were overlapping serving identified?	ice areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	nentation as described, below)
⊠No	
If these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G. overlapping service areas or competition cannot be a	attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	egy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Daniel of O

		SDS FORM 2, continued	
List each government or author enterprise funds, user fees, ger fees, bonded indebtedness, etc	ieral fui	will help to pay for this service and indicate how the nds, special service district revenues, hotel/motel tax	service will be funded (e.g., res, franchise taxes, impact
Local Government or Author	rity	Funding Method	
Lee County Board of Commission	oners	User Fees	
4. How will the strategy change th	e prev	l ious arrangements for providing and/or funding this s	service within the county?
No change to the service just ad			
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
Agreement Name Driveway Pipe Installation	Lee C	Contracting Parties County, Cities of Leesburg & Smithville	Effective and Ending Dates May 26, 1999 - Ongoing
	Lee C		
Driveway Pipe Installation 6. What other mechanisms (if any	v) will b		May 26, 1999 - Ongoing
Driveway Pipe Installation 6. What other mechanisms (if any	y) will b	ounty, Cities of Leesburg & Smithville e used to implement the strategy for this service (e.g.	May 26, 1999 - Ongoing
6. What other mechanisms (if any acts of the General Assembly, if Existing agreement will continued. 7. Person completing form: Roza Phone number: 229.759.6000	y) will brate or	e used to implement the strategy for this service (e.gree changes, etc.), and when will they take effect?	May 26, 1999 - Ongoing
6. What other mechanisms (if any acts of the General Assembly, if Existing agreement will continue 7. Person completing form: Roza Phone number: 229.759.6000 8. Is this the person who should be projects are consistent with the	nne Br	e used to implement the strategy for this service (e.gree changes, etc.), and when will they take effect?	May 26, 1999 - Ongoing







FORM 2: Summary of Service Delivery Arrangements

Make copies of this form and complete one for each service if Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	lated on FORM 1, Section IV. Use <u>EXACTLY the same service names issed on FORM 1.</u> sery. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:LEE COUNTY	Service:E-911 Emergency & Non-Emergency Communications
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:
 a.) Service will be provided countywide (i.e., inc (If this box is checked, identify the government, aut 	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.): Lee County
b.) Service will be provided only in the unincorp checked, identify the government, authority or orga	porated portion of the county by a single service provider. (If this box is anization providing the service.):
 c.) ☐ One or more cities will provide this service of provided in unincorporated areas. (If this box is che service: 	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
 d.) ☐ One or more cities will provide this service of service in unincorporated areas. (If this box is check service.): 	only within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the
e.) Other (If this box is checked, <u>attach a legib</u> identify the government, authority, or other organiz	ole map delineating the service area of each service provider, and eation that will provide service within each service area.):
2. In developing this strategy, were overlapping servi identified?	ice areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	nentation as described, below)
⊠No	
If these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G./overlapping service areas or competition cannot be a	attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	egy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

Local Government or Author	prity Funding N	Method
ee County	General Fund	
ity of Leesburg	General Fund	
low will the strategy change the	ne previous arrangements for providing and/or fund	ing this service within the county?
e City of Leesburg will pay fo	r one-half of the radio costs (\$10,262.42). Added a	greement to question 5.
ist any formal service delivery is service:	agreements or intergovernmental contracts that w	iii be used to implement the strategy
Agreement Name	Contracting Parties	Effective and Ending Da
	Contracting Parties City of Leesburg & Lee County	Effective and Ending Da 3/1/19 to 6/30/29
tergovernmental Agreement		3/1/19 to 6/30/29
tergovernmental Agreement What other mechanisms (if anyots of the General Assembly,	City of Leesburg & Lee County	3/1/19 to 6/30/29
tergovernmental Agreement What other mechanisms (if any cts of the General Assembly,	City of Leesburg & Lee County	3/1/19 to 6/30/29
tergovernmental Agreement What other mechanisms (if any other General Assembly, one	City of Leesburg & Lee County	3/1/19 to 6/30/29 vice (e.g., ordinances, resolutions, leffect?
What other mechanisms (if any acts of the General Assembly, one Person completing form: Roza Phone number: 229.759.6000	city of Leesburg & Lee County y) will be used to implement the strategy for this serate or fee changes, etc.), and when will they take on the changes of the change of the c	3/1/19 to 6/30/29 rvice (e.g., ordinances, resolutions, leffect?
. What other mechanisms (if any acts of the General Assembly, None . Person completing form: Roza Phone number: 229.759.6000	city of Leesburg & Lee County y) will be used to implement the strategy for this servate or fee changes, etc.), and when will they take on the county Planning, Zoning & Expression Date completed: January 8, 2019 be contacted by state agencies when evaluating when the county Planning of the county Planning is a contacted by state agencies when evaluating when the county Planning is a contacted by state agencies when evaluating when the county Planning is a contacted by state agencies when evaluating when the county Planning is a contacted by state agencies when evaluating when the county Planning is a contacted by state agencies when evaluating when the county Planning is a contacted by state agencies when evaluating when the county Planning is a contacted by state agencies when evaluating when the county Planning is a contacted by state agencies when evaluating when the county Planning is a contacted by state agencies when evaluating when the county Planning is a contacted by state agencies when evaluating when the county Planning is a contacted by state agencies when evaluating when the county Planning is a contacted by state agencies when evaluating when the county Planning is a contacted by state agencies when evaluating when the county Planning is a contacted by state agencies when evaluating when the county Planning is a contacted by state agencies when evaluating when the county Planning is a contacted by state agencies when evaluating when the county Planning is a contacted by state agencies when evaluating when the county Planning is a contacted by state agencies when evaluating when the county Planning is a contacted by state agencies when evaluating when the county Planning is a contacted by state agencies when evaluating is a contacted by state agencies when	3/1/19 to 6/30/29 rvice (e.g., ordinances, resolution effect?

INTERGOVERNMENTAL AGREEMENT BETWEEN THE BOARD OF COMMISSIONERS OF LEE COUNTY, AND THE MAYOR AND CITY COUNCIL OF SMITHVILLE, GEORGIA IN CONNECTION WITH THE PROVISION OF E-911 SERVICES

This AGREEMENT made and entered into effective this day of January. 2019, by and between the Board of Commissioners of Lee County, Georgia, of 102 Starksville Ave N, Leesburg, Georgia 31763 (hereinafter collectively referred to as "County") and The Mayor and City Council of Smithville, Georgia of 166 Main Street, Smithville, Georgia 31787 (hereinafter collectively referred to as "City").

WITNESSETH:

WHEREAS, O.C.G.A §36-70-20 requires local governments in Georgia to develop a service delivery strategy in order to provide efficient, cost-effective, and responsive services to citizens in the county and cities in such county; and

WHEREAS, such service delivery strategy must be renewed every ten (10) vears; and

WHEREAS, the County and the City are currently involved in the service delivery strategy ("SDS") renewal process and deem it appropriate to enter into this intergovernmental agreement in connection with the provision of governmental services to the respective citizens of the County and the City.

WHEREAS, The County and the City certify that they are governmental entities under the laws of the State of Georgia and are authorized to enter into intergovernmental agreements for joint services, for the provision of services or for the

joint and separate use of the facilities or equipment pursuant to Article 9, Section 3, Part 1 of the Constitution in the State of Georgia of 1983.

NOW, THEREFORE, IN CONSIDERATION, of the premises, and for other good and valuable consideration, the receipt and sufficiency which is hereby acknowledged, the parties hereto due hereby agree to the following.

E-911 COMMUNICATION RESPONSE SERVICES

- 1. County shall continue to operate and provide the E-911 Communication Response Services ("E-911 services") for the benefit of the County and City. The E-911 services shall be managed by the County and shall be staffed by County employees, said employees being subject to the personnel ordinances, rules, and regulations of the County.
- 2. The County will pay 100% of the cost of the operation of the E-911 Support Services and City shall not be required to reimburse the County for any portion of such cost.
- 3. This is the sole Agreement between the parties with respect to the subject matter hereof and any modification, changes or altercations therein shall be approved by both parties in writing.
- 4. In addition to any and all the rights the parties may have available hereunder to and according to law, if a party hereunder defaults by failing to perform any provision, term, or condition, of this Agreement, the other party may terminate this Agreement by providing written notice to the defaulting party. Such notice shall describe in sufficient detail the nature of the default(s). The party receiving such notice shall have ten (10) calendar days from the date of such notice to cure the default(s). Unless

waived by party providing notice, the failure to cure the default(s) within such ten (10) day time period shall result in the automatic termination of this Agreement. No party's waiver of a default, violation, or breach of any term or covenant of this Agreement shall be construed to be a waiver of any other or future default, violation, or breach of any term or covenant of this Agreement. Nor does any party's forbearance to enforce one or more of the remedies provided in this Agreement or by law upon a default, waive the default, or any other current and/or future default.

- 5. This Agreement shall become effective as of the effective date set out above and shall be applicable during the parties hereto during the term hereof.
- 6. Unless otherwise terminated in accord with the terms hereof, the Agreement shall terminate as of June 30, 2029.
- 7. This Agreement shall be construed in accord with the laws of the State of Georgia.

IN WITNESS WHEREOF, the undersigned have set their hands and affixed their seals effective the day and year first above written.

City of Smithville

By:

Mayor

[SEAL]

Lee County Board of Commissioners

By:

Chairman

Attest _____

SEAL







FORM 2: Summary of Service Delivery Arrangements

Instructions:

Make copies of this form and complete one for each service listed on FORM 1, Section IV. Use <u>EXACTLY the same service names listed on FORM 1</u>. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this

should be reported to the Department of Community Affairs.	Service and the service and th
COUNTY:LEE COUNTY	Service:Economic Development
1. Check one box that best describes the agreed upon a.) Service will be provided countywide (i.e., inc (If this box is checked, identify the government, authorizing the commissioners through the Development Authorized.	cluding all cities and unincorporated areas) by a single service provider, thority or organization providing the service.):Lee County Board of
b.) Service will be provided only in the unincorp checked, identify the government, authority or orga	porated portion of the county by a single service provider. (If this box is anization providing the service.):
c.) One or more cities will provide this service of provided in unincorporated areas. (If this box is che service:	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
d.) One or more cities will provide this service of service in unincorporated areas. (If this box is check service.):	only within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the
e.) Other (If this box is checked, attach a legit identify the government, authority, or other organiz	ble map delineating the service area of each service provider, and cation that will provide service within each service area.):
In developing this strategy, were overlapping serv identified?	ice areas, unnecessary competition and/or duplication of this service
☐Yes (if "Yes," you must attach additional docum	nentation as described, below)
⊠No	92
If these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G. overlapping service areas or competition cannot be o	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	egy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

SDS FORM 2, continued				
List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.). Local Government or Authority Funding Method				
Local Government or Author	rity	Funding Method		
Lee County		General Fund		
How will the strategy change the previous arrangements for providing and/or funding this service within the county?				
Update of Service Provider				
this service:	agree	ments or intergovernmental contracts that will be use		
Agreement Name	<u> </u>	Contracting Parties	Effective and Ending Dates	
What other mechanisms (if any acts of the General Assembly, recognitions)) will b	e used to implement the strategy for this service (e.g fee changes, etc.), and when will they take effect?	g., ordinances, resolutions, local	
None				
projects are consistent with the	D e cont servic act pers	ate completed: 11/12/18 acted by state agencies when evaluating whether predelivery strategy? ☐Yes ☒No son(s) and phone number(s) below:	oposed local government	







FORM 2: Summary of Service Delivery Arrangements

Answer each question below, attaching additional pages as neces about 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:LEE COUNTY	Service:Elections and Voter Registration
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:
a.) Service will be provided countywide (i.e., inc (If this box is checked, identify the government, aut and Voter Registration	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.): Lee County Elections
b.) Service will be provided only in the unincorporachecked, identify the government, authority or organization.	porated portion of the county by a single service provider. (If this box is anization providing the service.):
c.) One or more cities will provide this service of provided in unincorporated areas. (If this box is cheservice:	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
 d.) ☐ One or more cities will provide this service of service in unincorporated areas. (If this box is check service.): 	only within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the
e.) Other (If this box is checked, attach a legit identify the government, authority, or other organization)	ole map delineating the service area of each service provider, and tation that will provide service within each service area.):
2. In developing this strategy, were overlapping servidentified?	ice areas, unnecessary competition and/or duplication of this service
Yes (if "Yes," you must attach additional docum	nentation as described, below)
⊠No	
if these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G. overlapping service areas or competition cannot be experienced.)	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	egy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	P 4 of 2

Local Government or Autho	Prity Funding Me	thod
ee County City of Leesburg	General Fund	
City of Smithville	General Fund	
or Childrenic	Dyriolar Falla	
- 11.122 did 1.21 di latigo jact coi	mbined into one. Also agreements were added to que	
Liet any formal service delivery	agreements or intergovernmental contracts that will	be used to implement the strate
this service:	agreements or intergovernmental contracts that will	
this service: Agreement Name	Contracting Parties	Effective and Ending L
Agreement Name Resolution Board of Elections	Contracting Parties Lee County/City of Leesburg/City of Smithville	Effective and Ending L May 26, 1999 ongoing
Agreement Name Resolution Board of Elections GC Municipal Elections	Contracting Parties Lee County/City of Leesburg/City of Smithville Lee County/City of Leesburg	May 26, 1999 ongoing May 26, 1999 ongoing
Agreement Name Resolution Board of Elections GC Municipal Elections Resolution Municipal Elections	Contracting Parties Lee County/City of Leesburg/City of Smithville Lee County/City of Leesburg Lee County/City of Leesburg	Effective and Ending L May 26, 1999 ongoing
Agreement Name Resolution Board of Elections GC Municipal Elections	Contracting Parties Lee County/City of Leesburg/City of Smithville Lee County/City of Leesburg	May 26, 1999 ongoing May 26, 1999 ongoing May 26, 1999 ongoing

If not, provide designated contact person(s) and phone number(s) below: CHRISTI DOCKERY, LEE COUNTY CO-MANAGER, (229) 759-6000







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

Answer each question below, attaching additional pages as necesshould 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:LEE COUNTY	Service: Fire Services & Emergency Services & Emergency Medical Services
Check <u>one</u> box that best describes the agreed upon	on delivery arrangement for this service:
 a.) Service will be provided countywide (i.e., in (If this box is checked, identify the government, au Emergency Services 	cluding all cities and unincorporated areas) by a single service provider. athority or organization providing the service.): Lee County Fire and
b.) Service will be provided only in the unincor checked, identify the government, authority or organization.	porated portion of the county by a single service provider. (If this box is anization providing the service.):
c.) One or more cities will provide this service provided in unincorporated areas. (If this box is ch service:	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
d.) One or more cities will provide this service service in unincorporated areas. (If this box is cheservice.):	only within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the
e.) Other (If this box is checked, attach a legit identify the government, authority, or other organization)	ble map delineating the service area of each service provider, and zation that will provide service within each service area.):
In developing this strategy, were overlapping serv identified?	rice areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	nentation as described, below)
⊠No	
If these conditions will continue under this strategy, and overlapping but higher levels of service (See O.C.G. overlapping service areas or competition cannot be	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	egy, attach an implementation schedule listing each step or action that y and the agreed upon deadline for completing it.

SDS FORM 2, continued

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

Local Government or Authority	Funding Method
ee County	General Fund and Insurance Premium Tax
City of Leesburg	Insurance Premium Tax
City of Smithville	Insurance Premium Tax
How will the strategy change the prev	vious arrangements for providing and/or funding this service within the county?
	vious arrangements for providing and/or funding this service within the county? into one service. Also agreement were added to question 5.

Lee County/City of Leesburg/City of Smithville

May 26, 1999 ongoing

ne	

- 7. Person completing form: Rozanne Braswell, Lee County Planning, Zoning & Engineering Director
 Phone number: 229.759.6000 Date completed: November 26, 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: Christi Dockery, Lee County Co-Manager, (229) 759-6000

Fire and Emergency Services







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

should be reported to the Department of Community Affairs.			
COUNTY:LEE COUNTY	Service:Geographic Information Systems (GIS)		
Check one box that best describes the agreed upon delivery arrangement for this service:			
a.) Service will be provided countywide (i.e., inc (If this box is checked, identify the government, aut Zoning & Engineering Department	cluding all cities and unincorporated areas) by a single service provider, thority or organization providing the service.): Lee County Planning,		
b.) Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):			
c.) One or more citles will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service:			
 d.) ☐ One or more cities will provide this service of service in unincorporated areas. (If this box is checked): 	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the		
e.) Other (If this box is checked, attach a legit identify the government, authority, or other organization)	ole map delineating the service area of each service provider, and ation that will provide service within each service area.):		
2. In developing this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?			
Yes (if "Yes," you must attach additional docum	nentation as described, below)		
⊠No			
overlapping but higher levels of service (See O.C.G. overlapping service areas or competition cannot be			
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	egy, <u>attach an implementation schedule</u> listing each step or action that and the agreed upon deadline for completing it.		
	Page 1 of 2		

Local Government or Authori	fty Funding N	lethod
e County	General Fund	
ow will the strategy change the	previous arrangements for providing and/or fundi	ing this service within the county?
e County established full-time G	GIS services effective August 27, 2018.	
st any formal service delivery a	agreements or intergovernmental contracts that w	ill be used to implement the strateg
ils service:		
Agreement Name	Contracting Parties	Effective and Ending Da
	The state of the s	
What other mechanisms (if any)	will be used to implement the strategy for this set te or fee changes, etc.), and when will they take o	rvice (e.g., ordinances, resolutions, effect?
//hat other mechanisms (if any)	will be used to implement the strategy for this set te or fee changes, etc.), and when will they take o	rvice (e.g., ordinances, resolutions, effect?
Vhat other mechanisms (if any) ats of the General Assembly, ra	will be used to implement the strategy for this set te or fee changes, etc.), and when will they take o	rvice (e.g., ordinances, resolutions, effect?
/hat other mechanisms (if any) its of the General Assembly, ra	will be used to implement the strategy for this set te or fee changes, etc.), and when will they take o	rvice (e.g., ordinances, resolutions, effect?
/hat other mechanisms (if any) its of the General Assembly, ra	ne Braswell, Lee County Planning, Zoning & E	enect?
What other mechanisms (if any) ots of the General Assembly, rather the Gen	ne Braswell, Lee County Planning, Zoning & E Date completed: November 28, 2018	Engineering Director
What other mechanisms (if any) ots of the General Assembly, ratione one Person completing form: Rozani hone number: 229.759.6000 is this the person who should be rojects are consistent with the s	ne Braswell, Lee County Planning, Zoning & E	Engineering Director







FORM 2: Summary of Service Delivery Arrangements

Make copies of this form and complete one for each service listed on FORM 1, Section IV. Use EXACTLY the same service names listed on FORM 1 answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.		
COUNTY:LEE COUNTY	Service:Health/ Mental Health	
1. Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:	
	cluding all cities and unincorporated areas) by a single service provider, thority or organization providing the service.):Lee County Health	
b.) Service will be provided only in the unincorporate checked, identify the government, authority or organization.	porated portion of the county by a single service provider. (If this box is anization providing the service.):	
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the	
	only within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the	
	ole map delineating the service area of each service provider, and cation that will provide service within each service area.):	
2. In developing this strategy, were overlapping serving identified?	ice areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional docum	nentation as described, below)	
⊠No		
	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).	
f these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	egy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.	

SDS FORM 2, continued

	neral fu	t will help to pay for this service and indicate ho inds, special service district revenues, hotel/mo	
Local Government or Author	ority	Funding Met	thad
Lee County Board of Commissi		General Fund	7100
	011010	Contrain and	
			-
-			
4. How will the strategy change the	ne prev	ious arrangements for providing and/or funding	this service within the county?
No change to the service just ac			
this service:	agree	ments or intergovernmental contracts that will b	e used to implement the strategy for
Agreement Name		Contracting Parties	Effective and Ending Dates
Health/ Mental Health	Lee C	County, Cities of Leesburg & Smithville	May 26, 1999 - Ongoing
		e used to implement the strategy for this service fee changes, etc.), and when will they take effe	
Existing agreement will continue	· 40		
7. Person completing form: Rozal Phone number: 229.759.6000		aswell ate completed: 11/26/18	
		acted by state agencies when evaluating wheth e delivery strategy?	er proposed local government
If not, provide designated contact person(s) and phone number(s) below: CHRISTI DOCKERY OR MIKE SISTRUNK 229.759.6000			







FORM 2: Summary of Service Delivery Arrangements

instructions:

Make copies of this form and complete one for each service listed on FORM 1, Section IV. Use <u>EXACTLY the same service names listed on FORM 1</u> . Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.			
COUNTY:LEE COUNTY	Service:Indigent Legal Defense		
Check one box that best describes the agreed upon	on delivery arrangement for this service:		
	cluding all cities and unincorporated areas) by a single service provider, thority or organization providing the service.):Lee County Board of		
b.) Service will be provided only in the unincorp checked, identify the government, authority or organized to the control of	porated portion of the county by a single service provider. (If this box is inization providing the service.):		
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the		
	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the		
e.)	le map delineating the service area of each service provider, and ation that will provide service within each service area.):		
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service		
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)		
⊠No			
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).		
If these conditions will be eliminated under the strateo will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.		

	SDS FORM 2, continued			
List each government or aut enterprise funds, user fees, g lees, bonded indebtedness, d	general fu	will help to pay for this service and indicate hinds, special service district revenues, hotel/m	ow the service will be funded (e.g., otel taxes, franchise taxes, impact	
Local Government or Au	thority	Funding Me	ethod	
ee County Board of Commis	ssioners	General Fund		
How will the strategy change	e the prev	ious arrangements for providing and/or fundin	g this service within the county?	
List any formal service delivential his service:	ery agree	ments or intergovernmental contracts that will		
Agreement Name	No.	Contracting Parties	Effective and Ending Date	
digent Legal Defence	1 00 (
inidaur redai neieuse	Lee	County, Cities of Leesburg & Smithville	May 26, 1999 - Ongoing	
Idigani Lagai Dalense	Lee	County, Cities of Leesburg & Smithville	May 26, 1999 - Ongoing	
iuigant Lagai Dalanse	Lee	County, Cities of Leesburg & Smithville	May 26, 1999 - Ongoing	
iuigant Lagai Dalanse	Lee	County, Cities of Leesburg & Smithville	May 26, 1999 - Ongoing	
What other mechanisms (if a	any) will b	e used to implement the strategy for this service changes, etc.), and when will they take ef	ice (e.g., ordinances, resolutions, k	
What other mechanisms (if a acts of the General Assemble Existing agreement will contin	any) will b	e used to implement the strategy for this serv	ice (e.g., ordinances, resolutions, k	

If not, provide designated contact person(s) and phone number(s) below: CHRISTI DOCKERY OR MIKE SISTRUNK 229.759.6000







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.				
COUNTY:LEE COUNTY Service:Inert Waste Landfill				
(If this box is checked, identify the government, aut Commissioners	cluding all cities and unincorporated areas) by a single service provider, thority or organization providing the service.):Lee County Board of			
 b.) Service will be provided only in the unincorport checked, identify the government, authority or organ 	porated portion of the county by a single service provider. (If this box is inization providing the service.):			
c.) One or more cities will provide this service of provided in unincorporated areas. (If this box is che service:	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the			
 d.) One or more cities will provide this service of service in unincorporated areas. (If this box is checked): 	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the			
e.) Other (If this box is checked, <u>attach a legib</u> identify the government, authority, or other organiz	ole map delineating the service area of each service provider, and ation that will provide service within each service area.):			
2. In developing this strategy, were overlapping servi identified?	ice areas, unnecessary competition and/or duplication of this service			
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)			
⊠No				
If these conditions will continue under this strategy, <u>attach an explanation for continuing the arrangement</u> (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).				
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, <u>attach an implementation schedule</u> listing each step or action that and the agreed upon deadline for completing it.			
	Person 4 of 2			

	SDS FORM 2, continued	
i. List each government or author enterprise funds, user fees, ger fees, bonded indebtedness, etc	ity that will help to pay for this service and indicate heral funds, special service district revenues, hotel/mo).	ow the service will be funded (e.g., otel taxes, franchise taxes, impact
Local Government or Author	rity Funding Me	ethod
Lee County	General Fund and Fees	
. How will the strategy change th	e previous arrangements for providing and/or funding	g this service within the county?
No change		
this service:	agreements or intergovernmental contracts that will	
Agreement Name	Contracting Parties	Effective and Ending Dates
	a contract of the contract of	
. What other mechanisms (if any acts of the General Assembly, r	will be used to implement the strategy for this serving ate or fee changes, etc.), and when will they take eff	ce (e.g., ordinances, resolutions, local lect?
None		
projects are consistent with the	Date completed: 11/12/18 e contacted by state agencies when evaluating where service delivery strategy? ☐Yes ☒No et person(s) and phone number(s) below:	ther proposed local government







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.			
COUNTY:LEE COUNTY	Service: Jail Facility		
	on delivery arrangement for this service: cluding all cities and unincorporated areas) by a single service provider, thority or organization providing the service.): Jail-Lee County		
b.) Service will be provided only in the unincorp checked, identify the government, authority or organized to the control of	porated portion of the county by a single service provider. (If this box is inlication providing the service.):		
	only within their incorporated boundaries, and the service will not be acked, identify the government(s), authority or organization providing the		
	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the		
	le map delineating the service area of each service provider, and ation that will provide service within each service area.):		
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service		
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)		
Man			
If these conditions will continue under this strategy, at overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be elements.)	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).		
If these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party	gy, <u>attach an implementation schedule</u> listing each step or action that and the agreed upon deadline for completing it.		
	- 1001		

ene	FO	R M	2	con	finuec	1

3.	List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g.,
	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	
Lee County	General Fund	
City of Leesburg	Jail Surcharge & General Fund	

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

The City of Leesburg adopted a joint resolution to impose the jail surcharge on all applicable municipal cititations as provided in the "Jail Construction and Staffing Act". O.C.G.A. 15-21-90, et seq.

The City of Leesburg will reimburse Lee County for medical expenses incurred by Leesburg inmates.

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
ntergovernmental Agreement	Lee County & City of Leesburg	3/1/19 to 6/30/29

•	6. What other mechanisms (If any) will be used to implement the strategy for this service (e.g., ordinances,	resolutions l	ocal
Ο.	of Adult of the Charlishis (ii any) will be used to implement the strategy for this service (e.g., ordinarioos,	1000101,0110,	
	acts of the General Assembly rate or fee changes, etc.) and when will they take effect?		

None	

- 7. Person completing form: Rozanne Braswell, Lee County Planning, Zoning & Engineering Director
 Phone number: 229.759.6000 Date completed: January 8, 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: Christi Dockery, Lee County Co-Manager, (229) 759-6000

INTERGOVERNMENTAL AGREEMENT BETWEEN THE BOARD OF COMMISSIONERS OF LEE COUNTY, AND THE MAYOR AND CITY COUNCIL OF LEESBURG, GEORGIA IN CONNECTION WITH THE PROVISION OF VARIOUS SERVICES

This AGREEMENT made and entered into effective this day of January, 2019, by and between the Board of Commissioners of Lee County, Georgia, of 102 Starksville Ave N, Leesburg, Georgia 31763 (hereinafter collectively referred to as "County") and The Mayor and City Council of Leesburg, Georgia of 107 Walnut Ave N, Leesburg, Georgia 31763 (hereinafter collectively referred to as "City").

WITNESSETH:

WHEREAS, O.C.G.A §36-70-20 requires local governments in Georgia to develop a service delivery strategy in order to provide efficient, cost-effective, and responsive services to citizens in the county and cities in such county; and

WHEREAS, such service delivery strategy must be renewed every ten (10) years; and

WHEREAS, the County and the City are currently involved in the service delivery strategy ("SDS") renewal process and deem it appropriate to enter into this intergovernmental agreement in connection with the provision of governmental services to the respective citizens of the County and the City.

WHEREAS, The County and the City certify that they are governmental entities under the laws of the State of Georgia and are authorized to enter into intergovernmental agreements for joint services, for the provision of services or for the

joint and separate use of the facilities or equipment pursuant to Article 9, Section 3, Part 1 of the Constitution in the State of Georgia of 1983.

NOW, THEREFORE, IN CONSIDERATION, of the premises, and for other good and valuable consideration, the receipt and sufficiency which is hereby acknowledged, the parties hereto due hereby agree to the following.

I. Lee County Criminal Justice Center

- 1. The County shall continue to operate the Lee County Criminal Justice Center ("County Jail") under the oversight and supervision of the Sheriff of Lee County, his lawful deputies and his administrative staff.
- 2. Persons arrested by the Police Department of Leesburg for City Ordinance violations occurring within the corporate limits of the City of Leesburg, including, but not limited to, traffic offenses which violate the Uniform Rules of the Road Act ("City Prisoners"), where such City Prisoners will have their case or cases tried or adjudicated in the Municipal Court of Leesburg, and who are required to be confined to jail pending trial or pending release on bond, may be housed in the County Jail upon delivery of such City Prisoners to the County Jail by authorized law enforcement officers of the City. At the time of delivery of such City Prisoners to the County Jail, the City law enforcement officer delivering such City Prisoner shall provide such paperwork and documentation regarding such City Prisoner as may be required by the Sheriff of Lee County or his lawful deputy.
- 3. Upon accepting custody of such City Prisoners, and during such time as a City Prisoner is incarcerated in the County Jail, the County, acting through the Lee County Sheriff's Department, shall maintain custody of each such City Prisoner at

the County Jail and shall provide each City Prisoner with inmate heath care, inmate transport for medical appointments, and warrant tracking. Transportation for City Prisoners to and from Municipal Court appearances shall be provided by the City through its police department.

- Lee County Jail, the City of Leesburg agrees to adopt an appropriate resolution requiring the Municipal Court of the City of Leesburg to impose the add-on fees and fines authorized under the provisions of the Jail Construction and Staffing Act (O.C.G.A. §15-21-90) in connection with all persons sentenced by the Municipal Court of Lee County where the add-on fees and fines are authorized by O.C.G.A. §15-21-90. Such add-on fees and fines shall be collected by the Clerk of the Leesburg Municipal Court or such other person or entity charged by the City with the collection of fees and fines imposed by said Court. All such received and collected add-on fees and fines shall be paid over to the County for deposit in the County Jail Fund on a monthly basis. All such add-on fees and fines shall be paid to the County by the tenth (10th) of each month and each such payment shall include all such add-on fees and fines received or collected by the City for the immediately preceding calendar month. Funds deposited in such fund shall be expended in accord with the provisions of O.C.G.A. §15-21-95.
- 5. With respect to medical costs incurred for medical services provided to any inmate in the Lee County Jail who is a City Prisoner, such medical costs shall be paid by the City. The County shall invoice the City for such cost on a monthly basis and such invoices shall be paid by the City within twenty (20) calendar days of the date of such invoice.

II. E-911 COMMUNICATION RESPONSE SERVICES

- 6. County shall continue to operate and provide the E-911 Communication Response Services ("E-911 services") for the benefit of the County and City. The E-911 services shall be managed by the County and shall be staffed by County employees, said employees being subject to the personnel ordinances, rules, and regulations of the County.
- 7. The County will pay 100% of the cost of the operation of the E-911 Services and City shall reimburse the County for such portion of such cost in the amount calculated in accord with this Agreement.
- Services shall be calculated based upon the number of public safety communications radios owned by the City divided by the number of public safety communications radios owned by the City and the County multiplied by the annual budget for operating the E-911 Services. Such calculations shall be based upon the number of such radios in operation as of July 1, 2019, and the annual amount payable by the City to the County as partial reimbursement for the County's cost of its provision of E-911 Services, as calculated annually hereunder, shall be paid annually on July 5 of each year during the term of this Agreement.

III. GENERAL MATTERS

9. This is the sole Agreement between the parties with respect to the subject matter hereof and any modification, changes or altercations therein shall be approved by both parties in writing.

- 10. Subject to provisions of this Agreement, nothing herein shall be deemed or construed to limit the ability or authority of the Sheriff of Lee County to manage the day-to-day operations of the Lee County Jail and to operate the jail in such manner as he may determine is required by local, state, and federal laws, ordinances, and regulations.
- 11. In addition to any and all the rights the parties may have available hereunder to and according to law, if a party hereunder defaults by failing to perform any provision, term, or condition of this Agreement (including without limitation, the failure to make a monetary payment when due), the other party may terminate this Agreement by providing written notice to the defaulting party. Such notice shall describe in sufficient detail the nature of the default(s). The party receiving such notice shall have ten (10) calendar days from the date of such notice to cure the default(s). Unless waived by party providing notice, the failure to cure the default(s) within such ten (10) day time period shall result in the automatic termination of this Agreement. No part's waiver of a default, violation, or breach of any term or covenant of this Agreement shall be construed to be a waiver of any other or future default, violation, or breach of any term or covenant of this Agreement. Nor does any party's forbearance to enforce one or more of the remedies provided in this Agreement or by law upon a default, waive the default, or any other current and/or future default.
- 12. This Agreement shall become effective as of the effective date set out above and shall be applicable during the parties hereto during the term hereof.
- 13. Unless otherwise terminated in accord with the terms hereof, the Agreement shall terminate as of June 30, 2029.

14. This Agreement shall be construed in accord with the laws of the State of Georgia.

IN WITNESS WHEREOF, the undersigned have set their hands and affixed their seals effective the day and year first above written.

City	-61		L .	-

By:

Attest:

Clark

[SEAL]

Lee County Board of Commissioners

By:

Chairman

Attest Clerk

[SEAL]







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs,				
COUNTY:LEE COUNTY	Service:Law Enforcement (City Police)			
1. Check one box that best describes the agreed upon delivery arrangement for this service: a.) Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): b.) Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):				
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the			
	only within their incorporated boundaries, and the county will provide the sked, identify the government(s), authority or organization providing the			
	ole map delineating the service area of each service provider, and ation that will provide service within each service area.):			
2. In developing this strategy, were overlapping servi identified?	ce areas, unnecessary competition and/or duplication of this service			
✓ Yes (if "Yes," you must attach additional docum	entation as described, below)			
□No				
If these conditions will continue under this strategy, <u>attach an explanation for continuing the arrangement</u> (l.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).				
If these conditions will be eliminated under the strategy, <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			

Local Government or Authority	Funding M	ethod
City of Leesburg	General Fund	
City of Smithville	General Fund	
4. How will the strategy change the prev	ious arrangements for providing and/or fundin	g this service within the county?
No change to the service just added ag	reement to question 5	
5. List any formal service delivery agreen this service: Agreement Name	ments or intergovernmental contracts that will	be used to implement the strategy for Effective and Ending Dates
		May 26, 1999 - Ongoing
Law Emoroomone (Oily 1 onoc) Lee C	county, Citles of Leesburg & Smithville	I way 20, 1999 - Origoniy
Edit Elliotomon (only 1 ondo)	ounty, Cives of Leesburg & Smithville	iviay 20, 1999 - Origonig
East Elliotoviloni (Olly Folioty)	ounty, Cities of Leesburg & Smithville	May 20, 1999 - Origonig
Zaw Zimorowioni (Ony Folioty)	ounty, Cives of Leesburg & Smithville	May 20, 1999 - Origing
East Elliotovitonic (only 1 onloc)	ounty, Gives of Leesburg & Smithville	May 20, 1999 - Origung
3. What other mechanisms (if any) will be	e used to implement the strategy for this service changes, etc.), and when will they take ef	ce (e.g., ordinances, resolutions, local
3. What other mechanisms (if any) will be	e used to implement the strategy for this servi	ce (e.g., ordinances, resolutions, local
3. What other mechanisms (if any) will be acts of the General Assembly, rate or it Existing agreement will continue. 7. Person completing form: Rozanne Bro	e used to implement the strategy for this service changes, etc.), and when will they take ef	ce (e.g., ordinances, resolutions, local







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:LEE COUNTY	Service:Law Enforcement (Sheriff)			
Check one box that best describes the agreed upon delivery arrangement for this service:				
 a.) Service will be provided countywide (i.e., income (if this box is checked, identify the government, aut	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.):Lee County Board of			
b.) Service will be provided only in the unincorporachecked, identify the government, authority or organization.	porated portion of the county by a single service provider. (If this box is inization providing the service.):			
c.) One or more cities will provide this service of provided in unincorporated areas. (If this box is che service:	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the			
 d.) ☐ One or more cities will provide this service of service in unincorporated areas. (If this box is check service.): 	only within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the			
e.) Dther (If this box is checked, attach a legible identify the government, authority, or other organizations)	tle map delineating the service area of each service provider, and ation that will provide service within each service area.):			
2. In developing this strategy, were overlapping servi identified?	ce areas, unnecessary competition and/or duplication of this service			
☑Yes (if "Yes," you must attach additional docum	entation as described, below)			
□NO				
If these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G./overlapping service areas or competition cannot be e	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that sliminated).			
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.			
	Davis 4 at 0			

		SDS FORM 2, continued	
	neral fu	t will help to pay for this service and indicate hounds, special service district revenues, hotel/mo	
Local Government or Author	ority	Funding Me	thod
Lee County Board of Commissi	oners	General Fund	
	_		
How will the strategy change the	ne prev	ious arrangements for providing and/or funding	this service within the county?
List any formal service delivery this service:	agree:	ments or intergovernmental contracts that will t	be used to implement the strategy for
Agreement Name		Contracting Parties	Effective and Ending Dates
aw Enforcement (Sheriff)	Lee C	county, Cities of Leesburg & Smithville	May 26, 1999 - Ongoing
		-	
		e used to implement the strategy for this servic fee changes, etc.), and when will they take effe	
ixisting agreement will continue			
Person completing form: Rozai Phone number: 229.759.6000		aswell ate completed: 11/26/18	
		acted by state agencies when evaluating wheth e delivery strategy? ⊡Yes ⊠No	ner proposed local government
f not, provide designated conta CHRISTI DOCKERY OR MIKE	ct perso E SISTI	on(s) and phone number(s) below: RUNK 229.759.6000	

Service Delivery Strategy

Lee County Law Enforcement (Sheriff)

Explanation for Continuing the Arrangement

Service Delivery Strategy issue #5: Overlapping service areas are evident in three services - law enforcement (Sheriff), road and ROW maintenance, and water treatment and distribution.

Service Delivery Strategy Solution #5: The Lee County Sheriff's Office provides law enforcement services to the entire county including the two cities. However, the two cities have their own police departments which patrol each cities' corporate limits but not the unincorporated areas. Therefore, the Sheriff's Office has an overlapping service area but the city police departments do not. This situation is not considered a duplication of services because the cities' police departments provide a higher level of law enforcement services within the city limits than the county can provide.







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.				
COUNTY:LEE COUNTY	Service: Library			
1. Check one box that best describes the agreed upo a.) Service will be provided countywide (i.e., inc (If this box is checked, identify the government, aut Board	on delivery arrangement for this service: cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.):Lee County Library			
b.) Service will be provided only in the unincorp checked, identify the government, authority or orga	porated portion of the county by a single service provider. (If this box is anization providing the service.):			
 c.) One or more cities will provide this service of provided in unincorporated areas. (If this box is cheservice: 	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the			
d.) One or more cities will provide this service of service in unincorporated areas. (If this box is check service.):	only within their incorporated boundaries, and the county will provide the sked, identify the government(s), authority or organization providing the			
e.) Other (If this box is checked, <u>attach a legib</u> identify the government, authority, or other organization)	ole map delineating the service area of each service provider, and ation that will provide service within each service area.):			
In developing this strategy, were overlapping serving identified?	ice areas, unnecessary competition and/or duplication of this service			
☐ Yes (if "Yes," you must attach additional docum	nentation as described, below)			
If these conditions will continue under this strategy, a	attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).			
	gy, attach an implementation schedule listing each step or action that			
	Page 1 of 2			

	SDS FORM 2, continued	
List each government or authorit enterprise funds, user fees, gene fees, bonded indebtedness, etc.)	y that will help to pay for this service and indicate ho ral funds, special service district revenues, hotel/mo	ow the service will be funded (e.g., otel taxes, franchise taxes, impact
Local Government or Author	ity Funding Me	thod
Lee County Board of Commission	ners General Fund	
City of Leesburg	General Fund	
City of Smithville	General Fund	
No change to the service just add 5. List any formal service delivery a this service:	ed agreement to question 5 agreements or intergovernmental contracts that will	be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
Library	Lee County, Cities of Leesburg & Smithville	May 26, 1999 - Ongoing
5. What other mechanisms (if any) acts of the General Assembly, ra	will be used to implement the strategy for this servite or fee changes, etc.), and when will they take eff	ce (e.g., ordinances, resolutions, loca ect?

Existing agreement will continue.







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

SDS FORM 2, continued			
List each government or author enterprise funds, user fees, ger fees, bonded indebtedness, etc.	neral fu	t will help to pay for this service and indicate how the nds, special service district revenues, hotel/motel tax	e service will be funded (e.g., kes, franchise taxes, impact
Local Government or Author	rity	Funding Method	
Lee County Board of Commission		General Fund	
4. How will the strategy change th	ne prev	ious arrangements for providing and/or funding this	service within the county?
No change			
this service:	agree	ments or intergovernmental contracts that will be use	
Agreement Name	1 00 0	Contracting Parties	Effective and Ending Dates
Magistrate Court Services	Lee C	County, Cities of Leesburg & Smithville	May 26, 1999 - Ongoing
		e used to implement the strategy for this service (e.ç fee changes, etc.), and when will they take effect?	g., ordinances, resolutions, local
Existing agreement will continue	ı .		
7. Person completing form: Rozal Phone number: 229.759.6000		aswell ate completed: 11/26/18	
		acted by state agencies when evaluating whether pre e delivery strategy?	oposed local government
If not, provide designated conta			







FORM 2: Summary of Service Delivery Arrangements

Instructions:

1. Check one box that best describes the agreed upon delivery arrangement for this service: a.) Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): b.) Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): c.) One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service: d.) One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.): Lee County Board of Commissioners, City of Leesburg, City of Smithville e.) Other (If this box is checked, attach a leable map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.): 2. In developing this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified? Yes (if "Yes," you must attach additional documentation as described, below) No 1. These conditions will continue under this strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated). If these conditions will be eliminated under the strategy attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible pa	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.			
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(If this box is checked, identify the government, authority or organization providing the service.): b.) □ Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): c.) □ One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.): Lee County Board of Commissioners, City of Leesburg, City of Smithville e.) □ Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.): 2. In developing this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified? □ Yes (if "Yes," you must attach additional documentation as described, below) No If these conditions will continue under this strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated. If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.	Check <u>one</u> box that best describes the agreed upon	on delivery arrangement for this service:		
c.) One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service: d.) One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.): Lee County Board of Commissioners, City of Leesburg, City of Smithville e.) Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.): lindeveloping this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified? Yes (if "Yes," you must attach additional documentation as described, below) No If these conditions will continue under this strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated). If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.	a.) Service will be provided countywide (i.e., in (if this box is checked, identify the government, aut	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.):		
provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service: d.) d.) One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.): Lee County Board of Commissioners, City of Leesburg, City of Smithville e.) Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.): In developing this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified? Yes (if "Yes," you must attach additional documentation as described, below) No If these conditions will continue under this strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated). If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.	b.) Service will be provided only in the unincorp checked, identify the government, authority or organization.	porated portion of the county by a single service provider. (If this box is anization providing the service.):		
service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.): Lee County Board of Commissioners, City of Leesburg, City of Smithville e.) Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.): 2. In developing this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified? Yes (if "Yes," you must attach additional documentation as described, below) No If these conditions will continue under this strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated). If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.	provided in unincorporated areas. (If this box is che	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the		
identify the government, authority, or other organization that will provide service within each service area.): 2. In developing this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified? — Yes (if "Yes," you must attach additional documentation as described, below) — No If these conditions will continue under this strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated). If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.	service in unincorporated areas. (If this box is ched	cked, identify the government(s), authority or organization providing the		
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If these conditions will continue under this strategy, <u>attach an explanation for continuing the arrangement</u> (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated). If these conditions will be eliminated under the strategy, <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.		ice areas, unnecessary competition and/or duplication of this service		
If these conditions will continue under this strategy, <u>attach an explanation for continuing the arrangement</u> (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated). If these conditions will be eliminated under the strategy, <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.	☐ Yes (if "Yes," you must attach additional docum	nentation as described, below)		
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will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.	overlapping but higher levels of service (See O.C.G.,	A. 36-70-24(1)), overriding benefits of the duplication, or reasons that		
Page 1 of 2	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		

SDS	FORM	2.	continued

3. List each government or authority that will help to pay for this service and Indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.).				
Local Government or Author	rity	Funding Method		
Lee County Board of Commission		General Fund		
City of Leesburg		General Fund		
City of Smithville				
,	y or ornitarying			
4. How will the strategy change th	e prev	ious arrangements for providing and/or funding this	service within the county?	
No change to the service just ad 5. List any formal service delivery this service:		reement to question 5 ments or intergovernmental contracts that will be use	ed to implement the strategy for	
Agreement Name		Contracting Parties	Effective and Ending Dates	
Mosquito Spraying	Lee C	ounty, Cities of Leesburg & Smithville	May 26, 1999 - Ongoing	
		*		
		_		
	-			
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?				
Existing agreement will continue.				
7. Person completing form: Rozanne Braswell Phone number: 229.759.6000 Date completed: 11/26/18				
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ☐Yes ☒No				
If not, provide designated contact person(s) and phone number(s) below: CHRISTI DOCKERY OR MIKE SISTRUNK 229.759.6000				







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.		
COUNTY:LEE COUNTY	Service:Municipal Court	
Check one box that best describes the agreed upo	on delivery arrangement for this service:	
 a.) Service will be provided countywide (i.e., inc (If this box is checked, identify the government, aut 	cluding all cities and unincorporated areas) by a single service provider, thority or organization providing the service.):	
b.) Service will be provided only in the unincorp checked, identify the government, authority or orga	porated portion of the county by a single service provider. (If this box is inization providing the service.):	
c.) One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service: City of Leesburg and City of Smithville		
d.) One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):		
	le map delineating the service area of each service provider, and ation that will provide service within each service area.):	
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional documentation 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 strates will be taken to eliminate them, the responsible party	gy, <u>attach an implementation schedule</u> listing each step or action that and the agreed upon deadline for completing it.	
	Page 1 of 2	

	SDS FORM 2, continued	
List each government or author enterprise funds, user fees, gen fees, bonded indebtedness, etc	ity that will help to pay for this service and indicate lear and funds, special service district revenues, hotel/n	how the service will be funded (e.g., notel taxes, franchise taxes, impact
Local Government or Author	rity Funding N	lethod
City of Leesburg	General Fund	
City of Smithville	General Fund	
4. How will the strategy change th	e previous аггаngements for providing and/or fundi	ng this service within the county?
No change		
this service:	agreements or intergovernmental contracts that wil	
Agreement Name	Contracting Parties	Effective and Ending Dates
What other mechanisms (if any acts of the General Assembly, r) will be used to implement the strategy for this sen ate or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, local ffect?
None		
7. Person completing form: Rozar Phone number: 229.759.6000	nne Braswell Date completed: 11/12/18	
Is this the person who should be projects are consistent with the	e contacted by state agencies when evaluating who service delivery strategy? ∐Yes ⊠No	ether proposed local government
If not, provide designated conta CHRISTI DOCKERY (229) 759	ct person(s) and phone number(s) below: -6000	







FORM 2: Summary of Service Delivery Arrangements

Instructions:

Make copies of this form and complete one for each service listed on FORM 1, Section IV. Use EXACTLY the same service names listed on FORM 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.			
COUNTY:LEE COUNTY	Service:Parks and Recreation		
Check one box that best describes the agreed upo	on delivery arrangement for this service:		
a.) Service will be provided countywide (i.e., inc (if this box is checked, identify the government, aut Recreation Department	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.): Lee County Parks and		
b.) Service will be provided only in the unincorp checked, identify the government, authority or organized to the control of	porated portion of the county by a single service provider. (If this box is inization providing the service.):		
c.) One or more cities will provide this service of provided in unincorporated areas. (If this box is che service:	c.) One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the		
d.) One or more cities will provide this service of service in unincorporated areas. (If this box is check service.):	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the		
e.) Other (If this box is checked, attach a legible identify the government, authority, or other organization)	tle map delineating the service area of each service provider, and ation that will provide service within each service area.):		
2. In developing this strategy, were overlapping serving identified?	ce areas, unnecessary competition and/or duplication of this service		
	entation as described, below)		
If these conditions will continue under this strategy.	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).		
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, <u>attach an implementation schedule</u> listing each step or action that and the agreed upon deadline for completing it.		
	Page 1 of 2		

	SDS FORM 2, continued	
List each government or author enterprise funds, user fees, ger fees, bonded indebtedness, etc	rity that will help to pay for this service and indicate ho neral funds, special service district revenues, hotel/mo :.).	w the service will be funded (e.g., tel taxes, franchise taxes, impact
Local Government or Author	prity Funding Me	hod
Lee County	General Fund and User Fees	
4. How will the strategy change th	ne previous arrangements for providing and/or funding	this service within the county?
Update of Service Provider and	added agreement to question 5.	
5. List any formal service delivery this service:	r agreements or intergovernmental contracts that will t	
Agreement Name	Contracting Parties	Effective and Ending Dates
Parks and Recreation	Lee County/City of Leesburg/City of Smithville	May 26, 1999 ongoing
6. What other mechanisms (if any acts of the General Assembly, i	y) will be used to implement the strategy for this service rate or fee changes, etc.), and when will they take effe	a (e.g., ordinances, resolutions, local
6. What other mechanisms (if any acts of the General Assembly, I	r) will be used to implement the strategy for this service ate or fee changes, etc.), and when will they take effe	e (e.g., ordinances, resolutions, local oct?
None 7. Person completing form: Roza Phone number: 229.759.6000 8. Is this the person who should to projects are consistent with the If not, provide designated contains and the provide designated contains and the provide designated contains and the projects are consistent with the provide designated contains and the provided designated desi	nne Braswell, Lee County Planning, Zoning & Eng Date completed: November 26, 2018 be contacted by state agencies when evaluating whether service delivery strategy? Type Solon (229) 759-6000	Insering Director







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this	
COUNTY:LEE COUNTY	Service: Planning and Zoning	
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:	
a.) Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):Lee County Board of Commissioners		
b.) Service will be provided only in the unincorp checked, identify the government, authority or organized or control of the	porated portion of the county by a single service provider. (If this box is nization providing the service.):	
c.) One or more cities will provide this service 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:		
	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the	
e.) Other (If this box is checked, attach a legible identify the government, authority, or other organization)	le map delineating the service area of each service provider, and ation that will provide service within each service area.):	
In developing this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?		
☐ Yes (if "Yes," you must attach additional documentation as described, below)		
⊠No		
If these conditions will continue under this strategy, <u>at</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be el	ttach an explanation for continuing the arrangement (i.e., a. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).	
If these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.	
	Dono 4 of 2	

SDS	FO	RM	2.	continue	d
U U U	_			CONTINUE	_

Local Government or Author	rity Fun	ding Method
Lee County Board of Commissi	oners General Fund and User Fees	
		r funding this service within the county?
No change to the service just ad List any formal service delivery this service:		
List any formal service delivery	ded agreement to question 5 agreements or intergovernmental contracts	hat will be used to implement the strategy t
List any formal service delivery his service: Agreement Name	ded agreement to question 5 agreements or intergovernmental contracts Contracting Parties	hat will be used to implement the strategy
List any formal service delivery his service: Agreement Name Resolution Planning Services	ded agreement to question 5 agreements or intergovernmental contracts	hat will be used to implement the strategy Effective and Ending Date October 11, 1994 - Ongoing
List any formal service delivery this service: Agreement Name Resolution Planning Services Resolution Plan. Commission	ded agreement to question 5 agreements or intergovernmental contracts Contracting Parties Lee County/City of Leesburg	hat will be used to implement the strategy Effective and Ending Date October 11, 1994 - Ongoing
List any formal service delivery this service:	ded agreement to question 5 agreements or intergovernmental contracts Contracting Parties Lee County/City of Leesburg Lee County/Cities of Leesburg & Smithville	hat will be used to implement the strategy to the strategy of

7. Person completing form: Rozanne Braswell

None

Phone number: 229.759.6000 Date completed: 11/26/18

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

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

CHRISTI DOCKERY OR MIKE SISTRUNK 229.759.6000







FORM 2: Summary of Service Delivery Arrangements

le:	etr.	inti	ane

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:LEE	Service:Probate and Superior Court
I. Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:
a.) Service will be provided countywide (i.e., in (If this box is checked, identify the government, au Commissioners through Probate and Superior	cluding all cities and unincorporated areas) by a single service provider, thority or organization providing the service.):Lee County Board of Court
b.) Service will be provided only in the unincorporate checked, identify the government, authority or organization.	porated portion of the county by a single service provider. (If this box is anization providing the service.):
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
d.) One or more cities will provide this service of service in unincorporated areas. (If this box is check service.):	only within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the
	ole map delineating the service area of each service provider, and ration that will provide service within each service area.):
2. In developing this strategy, were overlapping serving identified?	ice areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	nentation as described, below)
⊠No	
f these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G., overlapping service areas or competition cannot be e	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
f these conditions will be eliminated under the strate vill be taken to eliminate them, the responsible party	egy, 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 6	ontinued
			CHELLIC CO.

List each government or author enterprise funds, user fees, gen fees, bonded indebtedness, etc	eral fu	will help to pay for this service and indicate how the nds, special service district revenues, hotel/motel tax	e service will be funded (e.g., xes, franchise taxes, impact
Local Government or Autho	rity	Funding Method	
Lee County Board of Commission		General Fund	
Lee County Board of Commission	711013	Concrair and	
How will the strategy change the	e previ	ous arrangements for providing and/or funding this	service within the county?
No change to the service just ad 5. List any formal service delivery this service:		reement to question 5 ments or intergovernmental contracts that will be use	ed to implement the strategy for
Agreement Name		Contracting Parties	Effective and Ending Dates
Probate and Superior Court	Lee C	ounty, Cities of Leesburg & Smithville	May 26, 1999 - Ongoing
6. What other mechanisms (if any acts of the General Assembly, r) will be	e used to implement the strategy for this service (e. fee changes, etc.), and when will they take effect?	g., ordinances, resolutions, local
Existing agreement will continue	•		
7. Person completing form: Rozar Phone number: 229.759.6000	Da	ate completed: 11/26/18	roposed local government
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: CHRISTI DOCKERY OR MIKE SISTRUNK 229.759.6000			







FORM 2: Summary of Service Delivery Arrangements

Instructions:

should be reported to the Department of Community Affairs.			
COUNTY:LEE COUNTY	Service:Road and ROW Maintenance		
Check one box that best describes the agreed upon	on delivery arrangement for this service:		
a.) Service will be provided countywide (i.e., inc (if this box is checked, identify the government, aut	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.):		
b.) Service will be provided only in the unincorp checked, identify the government, authority or organization.	porated portion of the county by a single service provider. (If this box is inization providing the service.):		
c.) One or more cities will provide this service of provided in unincorporated areas. (If this box is che service:	c.) One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the		
service in unincorporated areas. (If this box is chec	d.) One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.): Lee County Board of Commissioners, City of Leesburg, City of Smithville		
e.) Other (If this box is checked, attach a legible identify the government, authority, or other organize	ole map delineating the service area of each service provider, and ation that will provide service within each service area.):		
2. In developing this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?			
☑ Yes (if "Yes," you must attach additional docum	nentation as described, below)		
□No			
If these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G. overlapping service areas or competition cannot be experience.	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, <u>attach an implementation schedule</u> listing each step or action that and the agreed upon deadline for completing it.		
	Page 1 of 2		

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SDS FORM 2, continued				
enterprise funds, user fees, ge fees, bonded indebtedness, et	neral fu c.).	t will help to pay for this service and indicate how the nds, special service district revenues, hotel/motel to		
Local Government or Authority		Funding Method		
Lee County Board of Commissioners		General Fund		
City of Leesburg		General Fund		
Clty of Smithville		General Fund		
4. How will the strategy change to	he prev	ious arrangements for providing and/or funding this	service within the county?	
No change to the service just act		reement to question 5 ments or intergovernmental contracts that will be us	sed to implement the strategy for	
this service:		Contraction Basics	Effective and English Dates	
Road and ROW Maintenance	les C	Contracting Parties county, Cities of Leesburg & Smithville	Effective and Ending Dates May 26, 1999 - Ongoing	
TOBS BIS TOTT WEITER	200 0	ourse, outed of Ecosoury & Childrenic	ividy 20, 1999 - Origining	
				
What other mechanisms (if any acts of the General Assembly, in the control of the General Assembly, in the control of the General Assembly, in the control of the cont) will be	e used to implement the strategy for this service (e ee changes, etc.), and when will they take effect?	g., ordinances, resolutions, local	
Existing agreement will continue).			
7. Person completing form: Rozal Phone number: 229.759.6000		aswell ate completed: 11/26/18		
8. Is this the person who should b	e conta	icted by state agencies when evaluating whether p	roposed local government	

If not, provide designated contact person(s) and phone number(s) below: CHRISTI DOCKERY OR MIKE SISTRUNK 229.759.6000

Service Delivery Strategy

Lee County Road and ROW Maintenance

Explanation for Continuing the Arrangement

Service Delivery Strategy Issue #5: Overlapping service areas are evident in three services - law enforcement (Sheriff), road and ROW maintenance, and water treatment and distribution.

Service Delivery Strategy Solution #5: Lee County Board of Commissioners provides road and ROW maintenance for all roads within the unincorporated areas of the county. The two cities (Leesburg and Smithville) also provide road and ROW maintenance for all the roads within their corporate limits. However, the county also maintains city roads on an as-needed basis because the cities do not have the equipment the county has. Therefore, the overlapping service area has overriding benefits.







FORM 2: Summary of Service Delivery Arrangements

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COUNTY:LEE COUNTY	Service:Road Paving and Resurfacing			
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:			
	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.): Lee County Board of			
b.) Service will be provided only in the unincorp checked, identify the government, authority or organ	porated portion of the county by a single service provider. (If this box is inization providing the service.):			
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the			
d.) One or more cities will provide this service of service in unincorporated areas. (If this box is check service.):	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the			
e.) ☐ Other (If this box is checked, attach a legib identify the government, authority, or other organization)	ele map delineating the service area of each service provider, and ation that will provide service within each service area.):			
In developing this strategy, were overlapping servi identified?	ce areas, unnecessary competition and/or duplication of this service			
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)			
⊠No				
If these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G./ overlapping service areas or competition cannot be e	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).			
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.			
	Dans 4 of 0			

	SDS FORIW	2, continued		
3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees; general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.).				
Local Government or Author	Local Government or Authority Funding Method			
Lee County Board of Commission				
4. How will the strategy change th	e previous arrangements fo	r providing and/or funding	g this service within the county?	
No change to the service just ad	ded agreement to question	5	F	
List any formal service delivery this service:			be used to implement the strategy for	
Agreement Name		ting Parties	Effective and Ending Dates	
Road Paving and Resurfacing	Lee County, Cities of Lees	burg & Smithville	May 26, 1999 - Ongoing	
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?				
Existing agreement will continue				
7. Person completing form: Rozal Phone number: 229.759.6000 8. Is this the person who should be projects are consistent with the If not, provide designated contachers of the project of the provide designated contachers of the project of the provide designated contachers of the provided designated designated contachers of the provided designated desi	Date completed: 11/26 contacted by state agencient contacted by state agencient contacted by strategy?	ies when evaluating whe ∐Yes ⊠No	ther proposed local government	
Official Poorters of min-	515 RUNK 225.7 38.0000			







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

should be reported to the Department of Community Affairs.				
COUNTY:LEE COUNTY	Service: Senior Citizens Center			
Check one box that best describes the agreed upo				
 a.) Service will be provided countywide (i.e., inc (if this box is checked, identify the government, aut Center and The SW Georgia Council on Agency 	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.): RS "BOB" Boney Senior			
b.) Service will be provided only in the unincorporachecked, identify the government, authority or organization.	porated portion of the county by a single service provider. (If this box is unization providing the service.):			
c.) One or more cities will provide this service of provided in unincorporated areas. (If this box is che service:	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the			
 d.) ☐ One or more cities will provide this service of service in unincorporated areas. (If this box is check service.): 	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the			
e.) Other (If this box is checked, <u>attach a legib</u> identify the government, authority, or other organiz	tle map delineating the service area of each service provider, and ation that will provide service within each service area.):			
2. In developing this strategy, were overlapping servi identified?	ice areas, unnecessary competition and/or duplication of this service			
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)			
If these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G./ overlapping service areas or competition cannot be expected to the control of the service areas or competition.	uttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).			
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.			
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		SDS FORM 2, continued	
3. List each government or autr enterprise funds, user fees, g fees, bonded indebtedness, e	eneral fu	t will help to pay for this service and indicate h nds, special service district revenues, hotel/m	ow the service will be funded (e.g., otel taxes, franchise taxes, impact
Local Government or Aut	hority	Funding M	ethad
Lee County Board of Commis		General Fund	
City of Leesburg		General Fund	
4. How will the strategy change	the prev	ious arrangements for providing and/or funding	g this service within the county?
No change to the service just a 5. List any formal service delive		ments or intergovernmental contracts that will	be used to implement the strategy for
Agreement Name		Contracting Parties	Effective and Ending Dates
Senior Citizens Center	Lee C	County, Cities of Leesburg & Smithville	May 26, 1999 - Ongoing
6. What other mechanisms (if a acts of the General Assembly	ny) will b	e used to implement the strategy for this serv fee changes, etc.), and when will they take ef	lce (e.g., ordinances, resolutions, loca fect?
Existing agreement will contin	ue.		
7. Person completing form: Roz Phone number: 229.759.6000 8. Is this the person who should	zanne Br	raswell ate completed: 11/26/18	

If not, provide designated contact person(s) and phone number(s) below: CHRISTI DOCKERY OR MIKE SISTRUNK 229.759.6000







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

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

SDS FORM 2, continued				
 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				
Lee County Board of Commissioners General Fund				
City of Leesburg		General Fund		
-				
4. How will the strategy change th	ne prev	ious arrangements for providing and/or funding this s	service within the county?	
Update to the service provider and the funding method. Also an agreement was added to question 5. 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	
Stormwater Management	Lee C	County, City of Leesburg	May 26, 1999-Ongoing	
What other mechanisms (if any acts of the General Assembly, in the control of the control o	/) will b	e used to implement the strategy for this service (e.g fee changes, etc.), and when will they take effect?		
6. What other mechanisms (if any acts of the General Assembly, I	r) will b	e used to implement the strategy for this service (e.g		
None 7. Person completing form: Roza Phone number: 229,759,6000	nne Br	e used to implement the strategy for this service (e.g fee changes, etc.), and when will they take effect? raswell ate completed: 11/26/18	g., ordinances, resolutions, local	
None 7. Person completing form: Roza Phone number: 229.759.6000 8. Is this the person who should be active to the person where the person who should be ac	nne Br	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: Roza Phone number: 229.759.6000 8. Is this the person who should be projects are consistent with the	nne Br	e used to implement the strategy for this service (e.gfee changes, etc.), and when will they take effect? aswell ate completed: 11/26/18 acted by state agencies when evaluating whether proceed by strategy? Yes No son(s) and phone number(s) below:	g., ordinances, resolutions, local	







FORM 2: Summary of Service Delivery Arrangements

Make copies of this form and complete one for each service if Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	seed on FORM 1, Section IV. Use EXACTLY the same service names listed on FORM 1. sery. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:LEE COUNTY	Service:Tax Assessments
Check one box that best describes the agreed upon	on delivery arrangement for this service:
a.) Service will be provided countywide (i.e., Inc (if this box is checked, identify the government, au Commissioners thorugh the Board of Tax Asse	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.): Lee County Board of
b.) Service will be provided only in the unincorporated checked, identify the government, authority or organization.	porated portion of the county by a single service provider. (If this box is anization providing the service.):
c.) One or more cities will provide this service of provided in unincorporated areas. (If this box is che service:	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
d.) One or more cities will provide this service of service in unincorporated areas. (If this box is check service.):	only within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the
e.) Other (If this box is checked, attach a legit identify the government, authority, or other organization)	ole map delineating the service area of each service provider, and action that will provide service within each service area.):
2. In developing this strategy, were overlapping serving identified?	ice areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docum	nentation as described, below)
⊠No	
If these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G. overlapping service areas or competition cannot be experienced.)	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	egy, <u>attach an implementation schedule</u> listing each step or action that and the agreed upon deadline for completing it.
(Page 1 of 2

	ority that will help to pay for this service and indica neral funds, special service district revenues, hot c.).	
Local Government or Author	ority Funding	g Method
Lee County	General Fund	
4. How will the strategy change t	he previous arrangements for providing and/or fu	nding this service within the county?
No change to the service just a	ded agreement to question 5	
List any formal service delivery this service:	y agreements or intergovernmental contracts that	will be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
Tax Assessments	Lee County	May 26, 1999 ongoing
6. What other mechanisms (if any		
	y) will be used to implement the strategy for this a rate or fee changes, etc.), and when will they take	
None 7. Person completing form: Roza Phone number: 229.759.6000 8. Is this the person who should be projects are consistent with the		e effect?







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

should be reported to the Department of Community Affairs.				
COUNTY:LEE COUNTY	Service: Tax Collection Auto and Mobile Home			
Check <u>one</u> box that best describes the agreed upon	on delivery arrangement for this service:			
a.) Service will be provided countywide (i.e., industrial (if this box is checked, identify the government, aut Commissioners through elected Tax Commission	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.):Lee County Board of oner			
b.) Service will be provided only in the unincorporated, identify the government, authority or organization.	porated portion of the county by a single service provider. (If this box is anization providing the service.):			
c.) One or more cities will provide this service of provided in unincorporated areas. (If this box is che service:	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the			
 d.) ☐ One or more cities will provide this service of service in unincorporated areas. (If this box is checked): 	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the			
e.) Other (If this box is checked, <u>attach a legib</u> identify the government, authority, or other organiz	ele map delineating the service area of each service provider, and ation that will provide service within each service area.):			
2. In developing this strategy, were overlapping servi identified?	ce areas, unnecessary competition and/or duplication of this service			
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)			
⊠No				
If these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G./ overlapping service areas or competition cannot be experience.	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, <u>attach an implementation schedule</u> listing each step or action that and the agreed upon deadline for completing it.			
	Page 1 of 2			

Local Government or Author	ority	Funding Method	
ee County Board of Commission		General Fund	
low will the strategy change th	ne previ	ious arrangements for providing and/or funding this	service within the county?
change to the service just ad	ided ag	reement to guestion 5	
, origings to the sorthes just as		4	
lat and formal analysis deliver		nents or intergovernmental contracts that will be use	ed to implement the strategy
list any formal service delivery nis service:	agreer	Helitz of littergoverninental contracts that will be ose	so to implement the strategy
Agreement Name		Contracting Parties	Effective and Ending Date
ax Collection Auto and	Lee C	county, Cities of Leesburg & Smithville	May 26, 1999 - Ongoing
ANIIA HAMA			
Oblic Hulle	-		
OMIG HUNIE			
oune Home			
ounc Home			
What other mechanisms (if any	y) will b	e used to implement the strategy for this service (e.g	g., ordinances, resolutions, lo
What other mechanisms (if any	y) will b	e used to implement the strategy for this service (e.ş fee changes, etc.), and when will they take effect?	g., ordinances, resolutions, lo
What other mechanisms (if any	y) will b	e used to implement the strategy for this service (e.g fee changes, etc.), and when will they take effect?	g., ordinances, resolutions, lo
What other mechanisms (if any	y) will b	e used to implement the strategy for this service (e.gfee changes, etc.), and when will they take effect?	g., ordinances, resolutions, lo
What other mechanisms (if any	rate or	e used to implement the strategy for this service (e.şfee changes, etc.), and when will they take effect?	g., ordinances, resolutions, lo
What other mechanisms (if any	rate or	e used to implement the strategy for this service (e.g fee changes, etc.), and when will they take effect?	g., ordinances, resolutions, lo
What other mechanisms (if any	rate or	e used to implement the strategy for this service (e. fee changes, etc.), and when will they take effect?	g., ordinances, resolutions, lo
What other mechanisms (if any cts of the General Assembly, i kisting agreement will continue	nate or :	fee changes, etc.), and when will they take effect?	g., ordinances, resolutions, lo
What other mechanisms (if any cts of the General Assembly, it is in a greement will continue the completing form: Roza	nate or :	fee changes, etc.), and when will they take effect?	g., ordinances, resolutions, lo
What other mechanisms (if anyots of the General Assembly, itsiting agreement will continue Person completing form: Roza hone number: 229.759.6000	nne Br	aswell ate completed: 11/26/18 acted by state agencies when evaluating whether pr	
What other mechanisms (if any acts of the General Assembly, it is is a second to the General Assembly, it is is a second to the General Assembly, it is is the person who should it is the person who	nne Br	fee changes, etc.), and when will they take effect?	
Existing agreement will continue Person completing form: Roza Phone number: 229.759.6000	nne Br	aswell ate completed: 11/26/18	
What other mechanisms (if any acts of the General Assembly, is act	nne Br	aswell ate completed: 11/26/18 acted by state agencies when evaluating whether pr	







FORM 2: Summary of Service Delivery Arrangements

	sted on FORM 1, Section IV. Use <u>EXACTLY the same service names listed on FORM 1</u> , ary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:LEE COUNTY	Service:Tax Collection- Property
1. Check one box that best describes the agreed upor a.) Service will be provided countywide (i.e., incl (If this box is checked, identify the government, auth	luding all cities and unincorporated areas) by a single service provider.
b.) Service will be provided only in the unincorport checked, identify the government, authority or organ	prated portion of the county by a single service provider. (If this box is nization providing the service.):
	nly within their incorporated boundaries, and the service will not be cked, identify the government(s), authority or organization providing the
service in unincorporated areas. (If this box is check	nly within their incorporated boundaries, and the county will provide the ted, identify the government(s), authority or organization providing the prough the elected Tax Commissioner, City of Leesburg,
	e map delineating the service area of each service provider, and tion that will provide service within each service area.):
In developing this strategy, were overlapping service identified?	e areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
	tach an explanation for continuing the arrangement (i.e., 36-70-24(1)), overriding benefits of the duplication, or reasons that minated).
If these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party a	y, <u>attach an implementation schedule</u> listing each step or action that and the agreed upon deadline for completing it.

SHS	FORM	2. con	timuod
		L. CUII	

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.).					
		A Substitution of the Control of the			
Lee County Board of Commissioners		General Fund			
		General Fund			
City of Smithville		General Fund			
City of Citinatonic					
4. How will the strategy change th	e prev	ious arrangements for providing and/or funding this	service within the county?		
No change to the service just ad	No change to the service just added agreement to question 5				
this service:	agree	ments or intergovernmental contracts that will be use			
Agreement Name		Contracting Parties	Effective and Ending Dates		
Tax Collection- Property	Lee C	County, Cities of Leesburg & Smithville	May 26, 1999 - Ongoing		
	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?				
Existing agreement will continue.					
7. Person completing form: Rozanne Braswell Phone number: 229.759.6000 Date completed: 11/26/18					
B. 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: CHRISTI DOCKERY OR MIKE SISTRUNK 229.759.6000					







FORM 2: Summary of Service Delivery Arrangements

Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	isted on FORM 1, Section IV. Use EXACTLY the same service names listed on FORM 1. sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:LEE COUNTY	Service: Utility Billing (water, sewer, garbage, streetlights)
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:
 a.)	cluding all cities and unincorporated areas) by a single service provider. hority or organization providing the service.):
b.) Service will be provided only in the unincorporate checked, identify the government, authority or organ	orated portion of the county by a single service provider. (If this box is nization providing the service.):
c.) One or more cities will provide this service or provided in unincorporated areas. (If this box is checked) service:	nly within their incorporated boundaries, and the service will not be cked, identify the government(s), authority or organization providing the
d.) One or more cities will provide this service or service in unincorporated areas. (If this box is check service.): Lee County Board of Commissioners, County Board of	nly within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the City of Leesburg, City of Smithville
e.) Other (If this box is checked, attach a legible identify the government, authority, or other organization)	e map delineating the service area of each service provider, and tion that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	e areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional documen	ntation as described, below)
⊠No	>
f these conditions will continue under this strategy, att. overlapping but higher levels of service (See O.C.G.A. overlapping service areas or competition cannot be eliminated by the competition by the competition cannot be eliminated by the competition cannot be eliminated by the competition by the competitio	ach an explanation for continuing the arrangement (i.e., 36-70-24(1)), overriding benefits of the duplication, or reasons that minated).
these conditions will be eliminated under the strategy rill be taken to eliminate them, the responsible party ar	y, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

SOS	FO	PM.	2	continued	ŀ
SUC		IN IVI	4	R (5 0 1 1 1 1 1 1 1 1 1	1

fees, bonded indebtedness, et	rierai iu	t will help to pay for this service and indicate hon nds, special service district revenues, hotel/mon	w the service will be funded (e.g., iel taxes, franchise taxes, impact
Local Government or Auth	ority	Funding Met	hod
Lee County Board of Commissioners		User Fees	nou .
City of Leesburg		User Fees	
City of Smithville		User Fees	
4. How will the strategy change t	he previ	ous arrangements for providing and/or funding	this service within the county?
Curbside Solid Waste collection	is inclu	ded in Utility Billing as garbage. Added agreem	ent to question 5
List any formal service delivery this service: Agreement Name	/ agreen	nents or intergovernmental contracts that will be	
Utility Billing	Loo Co	Contracting Parties bunty, Cities of Leesburg & Smithville	Effective and Ending Dates
Simily Simily	Lee Ci	burity, Cities of Leesburg & Smithville	May 26, 1999 - Ongoing
What other mechanisms (if any acts of the General Assembly, r) will be	used to implement the strategy for this service be changes, etc.), and when will they take effec	(e.g., ordinances, resolutions, local
6. What other mechanisms (if any acts of the General Assembly, r	ale or re	used to implement the strategy for this service be changes, etc.), and when will they take effec	(e.g., ordinances, resolutions, local
acts of the General Assembly, r	nne Bras	e changes, etc.), and when will they take effec	(e.g., ordinances, resolutions, local
Existing agreement will continue. 7. Person completing form: Rozan Phone number: 229.759.6000	nne Bras	swell e completed: 11/26/18	!?
Existing agreement will continue. 7. Person completing form: Rozar Phone number: 229.759.6000 8. Is this the person who should be projects are consistent with the second continue.	nne Bras Date e contac service o	swell e completed: 11/26/18 cted by state agencies when evaluating whether delivery strategy? Yes No	!?







FORM 2: Summary of Service Delivery Arrangements

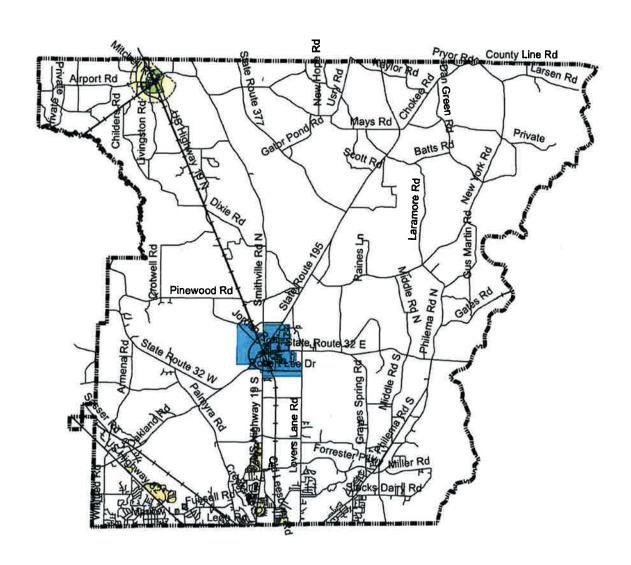
Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	isted on FORM 1, Section IV. Use <u>EXACTLY the same service names listed on FORM 1</u> ssary. If the contact person for this service (listed at the bottom of the page) changes,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

SDS FORM 2, continued

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

Local Government or Author	ity Funding Met	thod					
ee County Utility Authority	General Fund transfer in, Debt, and User Fee						
City of Leesburg	User Fees						
City of Smithville	User Fees						
•							
	previous arrangements for providing and/or funding	this service within the county?					
No change to the service just add List any formal service delivery a	ed agreement to question 5 agreements or intergovernmental contracts that will b	e used to implement the strategy					
Agreement Name	Contracting Parties	Effective and Ending Date					
	Lee County Utility Authority, Cities of Leesburg &	May 26, 1999 - Ongoing					
		may 20, 1000 Grigoria					
What other mechanisms (if any) acts of the General Assembly, ra	will be used to implement the strategy for this service te or fee changes, etc.), and when will they take effe	e (e.g., ordinances, resolutions, lo ct?					

Lee County, Georgia Wastewater Treatment Service Areas



Wastewater Treatment Service Areas

Provider



City of Leesburg

City of Smithville











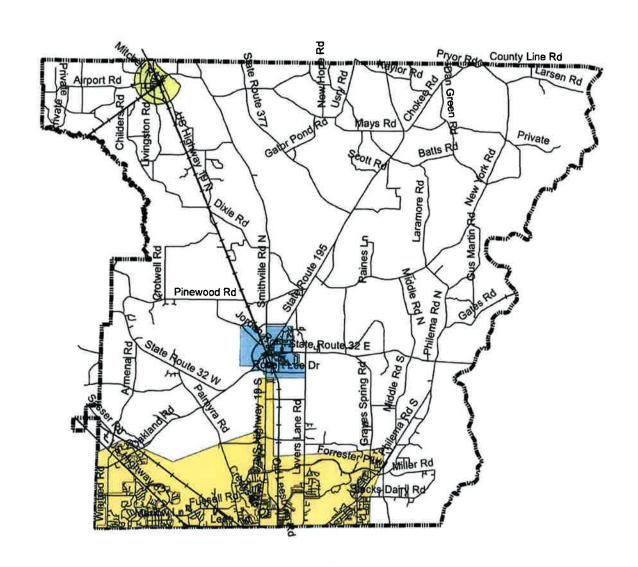


FORM 2: Summary of Service Delivery Arrangements

Make copies of this form and complete one for each service if Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	isted on FORM 1, Section IV. Use EXACTLY the same service names listed on FORM 1. sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:LEE COUNTY	Service:Water Treatment and Distribution
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:
 a.)	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.):
b.)	porated portion of the county by a single service provider. (If this box is inization providing the service.):
c.) One or more cities will provide this service of provided in unincorporated areas. (If this box is cheservice:	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
d.) One or more cities will provide this service of service in unincorporated areas. (If this box is check service.):	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
e.) Other (If this box is checked, attach a legible identify the government, authority, or other organize Utility Authority, City of Leesburg, City of Smith	le map delineating the service area of each service provider, and ation that will provide service within each service area.): Lee County wille
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
If these conditions will continue under this strategy, at overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be elements.)	ttach an explanation for continuing the arrangement (i.e., a. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).
If these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party a	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

	SDS FORM 2, continued					
List each government or author enterprise funds, user fees, ger fees, bonded indebtedness, etc.	neral fui	will help to pay for this service and indicate how the nds, special service district revenues, hotel/motel ta	e service will be funded (e.g., ixes, franchise taxes, impact			
Local Government or Author	ority	Funding Method				
Lee County Utility Authority		General Fund transfer in, Debt, and User Fees				
City of Leesburg		User Fees				
City of Smithville		User Fees				
4. How will the strategy change th	he previ	ous arrangements for providing and/or funding this	service within the county?			
No change to the service just ac	ided ag	reement to question 5				
5. List any formal service delivery	agreen	nents or intergovernmental contracts that will be use	ed to implement the strategy for			
this service:						
Agreement Name	1.00	Contracting Parties	Effective and Ending Dates			
Agreement Name Water Treatment and		ounty Utility Authority, Cities of Leesburg &	Effective and Ending Dates May 26, 1999 - Ongoing			
Agreement Name	Lee Co	ounty Utility Authority, Cities of Leesburg &				
Agreement Name Water Treatment and		ounty Utility Authority, Cities of Leesburg &				
Agreement Name Water Treatment and		ounty Utility Authority, Cities of Leesburg &				
Agreement Name Water Treatment and		ounty Utility Authority, Cities of Leesburg &				
Agreement Name Water Treatment and Distribution 6. What other mechanisms (if any	Smith	ounty Utility Authority, Cities of Leesburg &	May 26, 1999 - Ongoing			
Agreement Name Water Treatment and Distribution 6. What other mechanisms (if any	Smithv y) will be rate or fe	ounty Utility Authority, Cities of Leesburg & ville used to implement the strategy for this service (e.c.	May 26, 1999 - Ongoing			
Agreement Name Water Treatment and Distribution 6. What other mechanisms (if any acts of the General Assembly, respectively). Existing agreement will continue 7. Person completing form: Rozar Phone number: 229.759.6000	smith	swell te completed: 11/26/18	May 26, 1999 - Ongoing			
Agreement Name Water Treatment and Distribution 6. What other mechanisms (if any acts of the General Assembly, respectively). The Existing agreement will continue for the Completing form: Rozar Phone number: 229.759.6000 8. Is this the person who should be projects are consistent with the second continue for the continue fo	y will be ate or fe	swell te completed: 11/26/18 cted by state agencies when evaluating whether pro	May 26, 1999 - Ongoing			

Lee County, Georgia Water Treatment and Distribution Areas



Water Service Areas

Provider



City of Leesburg

City of Smithville













FORM 2: Summary of Service Delivery Arrangements

Α	Make copies of this form and complete one for each service listed on FORM 1, Section IV. Use EXACTLY the same service names listed on FORM 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.				
C	OUNTY:LEE COUNTY	Service:Welfare Services (DFACS)			
1	. Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:			
	a.) Service will be provided countywide (i.e., inc (if this box is checked, identify the government, aut Commissioners through Lee County Department	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.):Lee County Board of an of Family and Children Services			
	b.) Service will be provided only in the unincorp checked, identify the government, authority or organized	porated portion of the county by a single service provider. (If this box is unization providing the service.):			
	c.) One or more cities will provide this service of provided in unincorporated areas. (If this box is che service:	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the			
	d.) One or more cities will provide this service of service in unincorporated areas. (If this box is check service.):	only within their incorporated boundaries, and the county will provide the sked, identify the government(s), authority or organization providing the			
	e.) Other (If this box is checked, attach a legible identify the government, authority, or other organization)	ele map delineating the service area of each service provider, and ation that will provide service within each service area.):			
2	. In developing this strategy, were overlapping servi identified?	ce areas, unnecessary competition and/or duplication of this service			
	☐ Yes (if "Yes," you must attach additional docum	nentation as described, below)			
	⊠No				
0	these conditions will continue under this strategy, a verlapping but higher levels of service (See O.C.G., verlapping service areas or competition cannot be e	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).			
II V	these conditions will be eliminated under the strate ill be taken to eliminate them, the responsible party	gy, <u>attach an implementation schedule</u> listing each step or action that and the agreed upon deadline for completing it.			
		B 4 . 4 . 6			

SDS FORM 2, continued							
 List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.). 							
Local Government or Author	ority	Funding Method	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
Lee County Board of Commissi		General Fund					
•							
4. How will the strategy change th	he previ	ous arrangements for providing and/or funding this	service within the county?				
No change to the service just ad	ided ag	reement to question 5					
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				
Agreement Name Welfare Services (DFACS)	Lee C	Contracting Parties ounty, Cities of Leesburg & Smithville	Effective and Ending Dates May 26, 1999 - Ongoing				
	Lee C						
	Lee C						
	Lee C						
	Lee C						
	Lee C						
Welfare Services (DFACS) 6. What other mechanisms (if any	y) will be		May 26, 1999 - Ongoing				
Welfare Services (DFACS) 6. What other mechanisms (if any	r) will be	ounty, Cities of Leesburg & Smithville used to implement the strategy for this service (e.g.	May 26, 1999 - Ongoing				
Welfare Services (DFACS) 6. What other mechanisms (if any acts of the General Assembly, recognitions)	y) will be ate or fi	ounty, Cities of Leesburg & Smithville e used to implement the strategy for this service (e.ge changes, etc.), and when will they take effect?	May 26, 1999 - Ongoing				
6. What other mechanisms (if any acts of the General Assembly, received by the General Assembly by t	nne Bra Da	e used to implement the strategy for this service (e.ge changes, etc.), and when will they take effect?	May 26, 1999 - Ongoing				
6. What other mechanisms (if any acts of the General Assembly, received by the General Assembly by the General Ass	nne Bra Da e conta service	e used to implement the strategy for this service (e.ge changes, etc.), and when will they take effect? Is well the completed: 11/26/18 In t	May 26, 1999 - Ongoing				







FORM 3: Summary of Land Use Agreements

nstructions:						
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:LEE						
What incompatibilities or conflicts between the land use plans of local governments we developing the service delivery strategy? None	vere identified in the process of					
Check the boxes indicating how these incompatibilities or conflicts were addressed:						
Amendments to existing comprehensive plans	NOTE:					
Adoption of a joint comprehensive plan	If the necessary plan amendments, regulations, ordinances, etc. have not yet					
☐ Other measures (amend zoning ordinances, add environmental regulations, etc.)	been formally adopted, indicate when each of the affected local governments					
If "other measures" was checked, describe these measures: Describe "Other" Measures Here	will adopt them.					
3. What policies, procedures and/or processes have been established by local governments) to ensure that new extraterritorial water and sewer service will be consistent and ordinances? All governments will be guided by the SDS and will secure permission elected body of the jurisdiction before extraterritoral services are provided. An updated territory or services are added to the service delivery area.	t with all applicable land use plans n through resolution or from the					
4. Person completing form: Rozanne Braswell						
Phone number: 229.759.6000 Date completed: January 2019						
5. Is this the person who should be contacted by state agencies when evaluating wheth projects are consistent with the service delivery strategy? ☐Yes ☒No	er proposed local government					
If not, provide designated contact person(s) and phone number(s) below:						
CHRISTIE DOCKERY, CO-COUNTY MANAGER, 229.759.6000						







FORM 4: Certifications

Instructions:

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

COUNTY: LEE

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

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

JURISDICTION	TITLE	NAME	SIGNATURE	DATE
LEE COUNTY	Board of Commissioners	Billy Mathis		1/0/19
	Chairman		1.0/- 1	1/9/19
CITY OF LEESBURG	Мауог	Jim Quinn	then says	KLEVIBIN
CITY OF SMITHVILLE	Mayor	Jack Smith	or or or	TO CAPITO
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