



SERVICE DELIVERY STRATEGY

FORM 1

COUNTY: **TAYLOR COUNTY**

I. GENERAL INSTRUCTIONS:

1. FORM 1 is required for ALL SDS submittals. Only one set of these forms should be submitted per county. The completed forms 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.)

<p>OPTION A <i>Revising or Adding to the SDS</i></p>	<p>OPTION B <i>Extending the Existing SDS</i></p>
<ol style="list-style-type: none"> 4. List all services provided or primarily funded by each general purpose local government and authority within the county which are revised or added to the SDS in Section IV, below. (It is acceptable to break a service into separate components if this will facilitate description of the service delivery strategy.) 5. For each service or service component listed in Section IV, complete a separate, updated <i>Summary of Service Delivery Arrangements</i> form (FORM 2). 6. Complete one copy of the <i>Certifications</i> form (FORM 4) and have it signed by the authorized representatives of participating local governments. [Please note that DCA cannot validate the strategy unless it is signed by the local governments required by law (see Instructions, FORM 4).] 	<ol style="list-style-type: none"> 4. In Section IV type, "NONE." 5. Complete one copy of the <i>Certifications for Extension of Existing SDS</i> form (FORM 5) and have it signed by the authorized representatives of the participating local governments. [Please note that DCA cannot validate the strategy unless it is signed by the local governments required by law (see Instructions, FORM 5).] 6. Proceed to step 7, below. <div data-bbox="841 1186 1510 1413" style="background-color: #003366; color: white; padding: 10px; text-align: center;"> <p><i>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.</i></p> </div>

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.

Taylor County
Butler
Reynolds

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.

Airport	Parking Facilities (Ride Share)
Building Code Inspection	Parks - Recreation
Business Licensing	Planning & Zoning
Cemetery	Public Health
Cooperative Extension Service	Public Housing
County Coroner	Recycling
Courts	Senior Citizens Center
Economic Development	Social Services
Emergency Management Agency	Solid Waste Collection
Emergency Medical & Rescue	Solid Waste Disposal
Fire Protection	Street Lights
Indigent Defense	Tax Appraisal/Assesment
Jail	Tax Collection
Law Enforcement	Voter Registration
Libraries	

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.

Roads and Streets
Sanitary Sewage Treatment changed to Sanitary Sewage Collection, Treatment and Disposal
Water Treatment and Distribution changed to Water Collection, Treatment and Distribution



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: TAYLOR COUNTY

Service: *Roads and Streets*

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

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

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

- 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.): **Taylor County, Butler, Reynolds**

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

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

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

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Taylor County	Gen Funds, SPLOST, TSPLOST, LMIG, GDOT, St/Fed Grants/Loans, Bonds, Impact Fees, Special St/Fed Appropriations, State Authority/Bank, et.al.
Butler	Gen Funds, SPLOST, TSPLOST, LMIG, GDOT, St/Fed Grants/Loans, et.al
Reynolds	Gen Funds, SPLOST, TSPLOST, LMIG, GDOT, St/Fed Grants/Loans, et.al

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

The funding method is identified more thoroughly.

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

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

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

-

7. Person completing form: **Lenda Taunton**

Phone number: **478-862-3336** Date completed: January 15, 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:

LENDA TAUNTON, COUNTY MANAGER, 478-862-3336



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: TAYLOR COUNTY

Service: *Sanitary Sewage Collection, Treatment and Disposal*

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

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

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

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

- e.) Other (If this box is checked, **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.): **Taylor County, Butler, Reynolds**

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).

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SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Taylor County	User Fees, SPLOST, St/Fed Grants/Loans, et. al.
Butler	User Fees, SPLOST, St/Fed Grants/Loans, et. al.
Reynolds	User Fees, SPLOST, St/Fed Grants/Loans, et. al.

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

The funding method is identified more thoroughly.

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

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

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

-

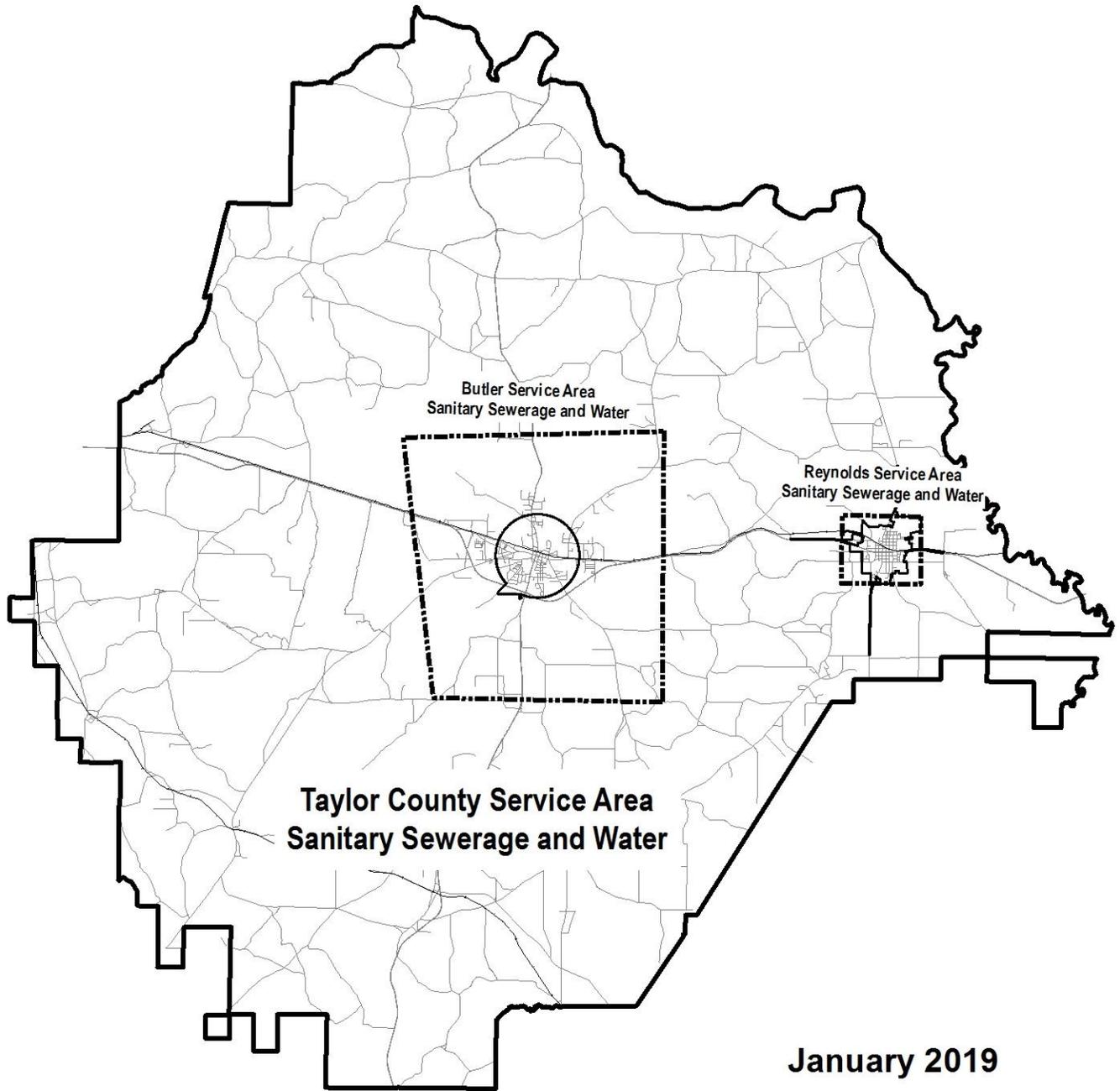
7. Person completing form: **Lenda Taunton**

Phone number: **478-862-3336** Date completed: January 15, 2019

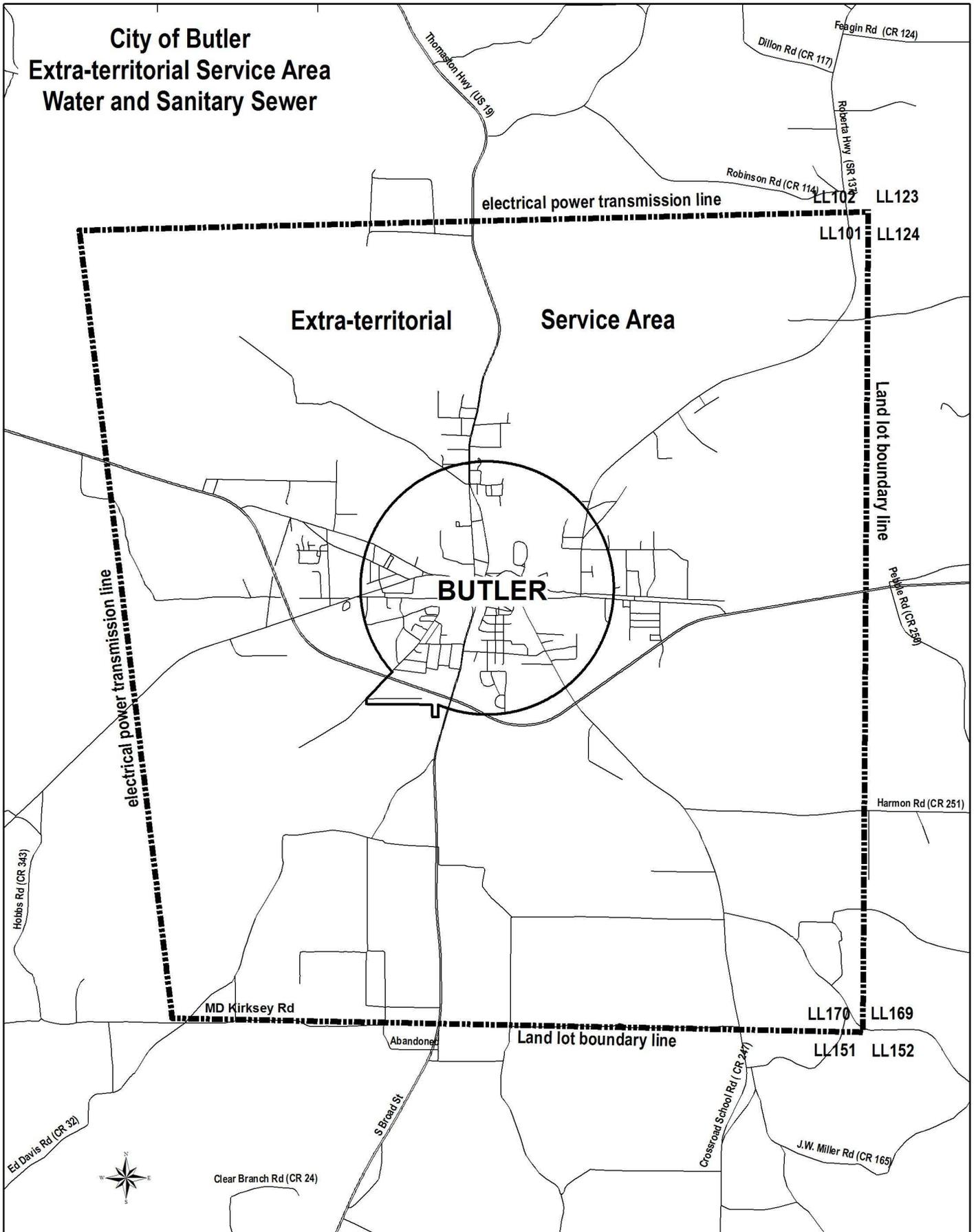
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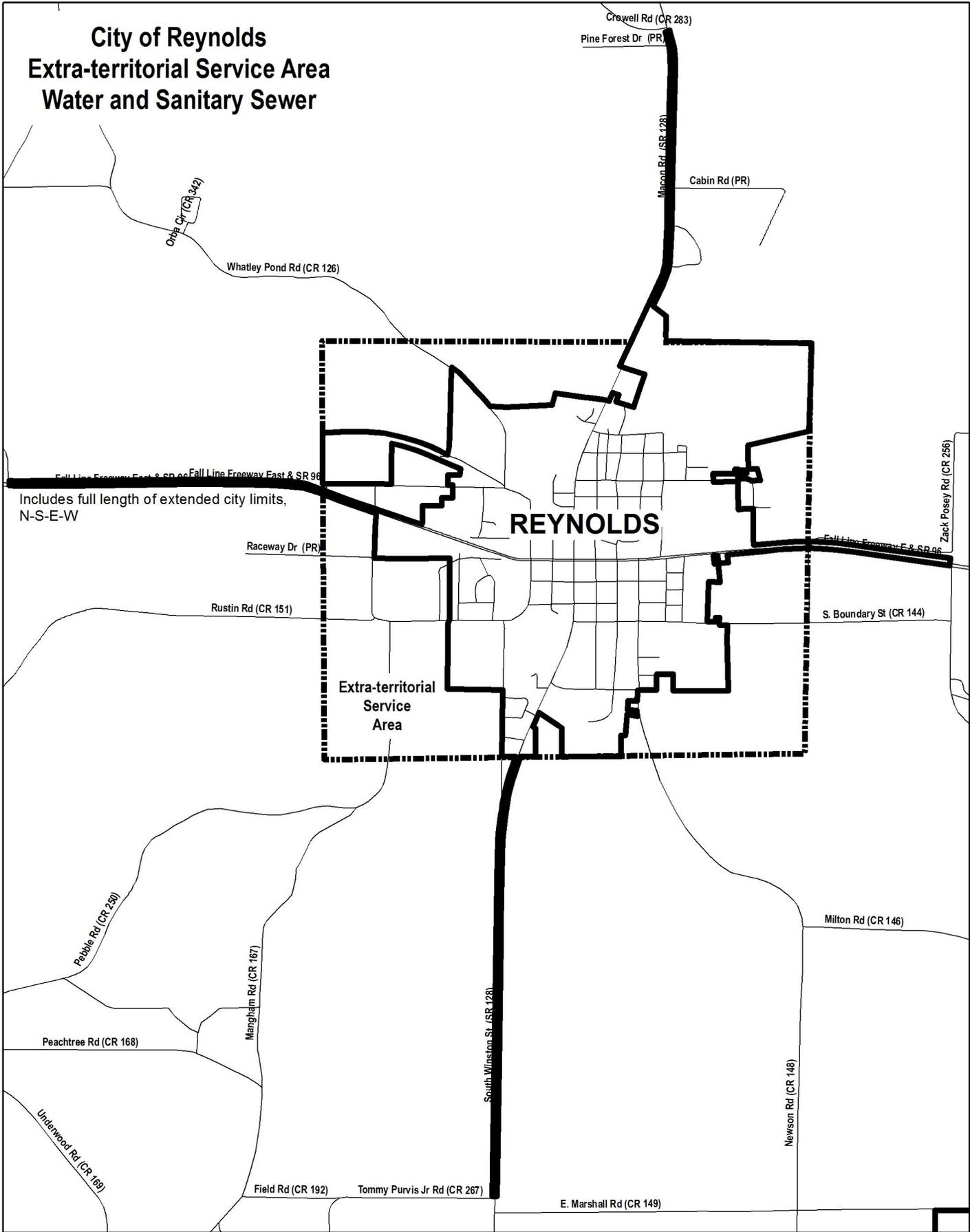
Lenda Taunton, County Manager - 478-862-3336



City of Butler Extra-territorial Service Area Water and Sanitary Sewer



City of Reynolds Extra-territorial Service Area Water and Sanitary Sewer





SERVICE DELIVERY STRATEGY

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COUNTY: TAYLOR COUNTY

Service: *Water Collection, Treatment and Distribution*

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

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- 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.):
Taylor County, Butler, Reynolds

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**

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SDS FORM 2, continued

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<i>Local Government or Authority</i>	<i>Funding Method</i>
Taylor County	User Fees, SPLOST, St/Fed Grants/Loans, et. al.
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Reynolds	User Fees, SPLOST, St/Fed Grants/Loans, et. al.

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

The funding method is identified more thoroughly.

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<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>
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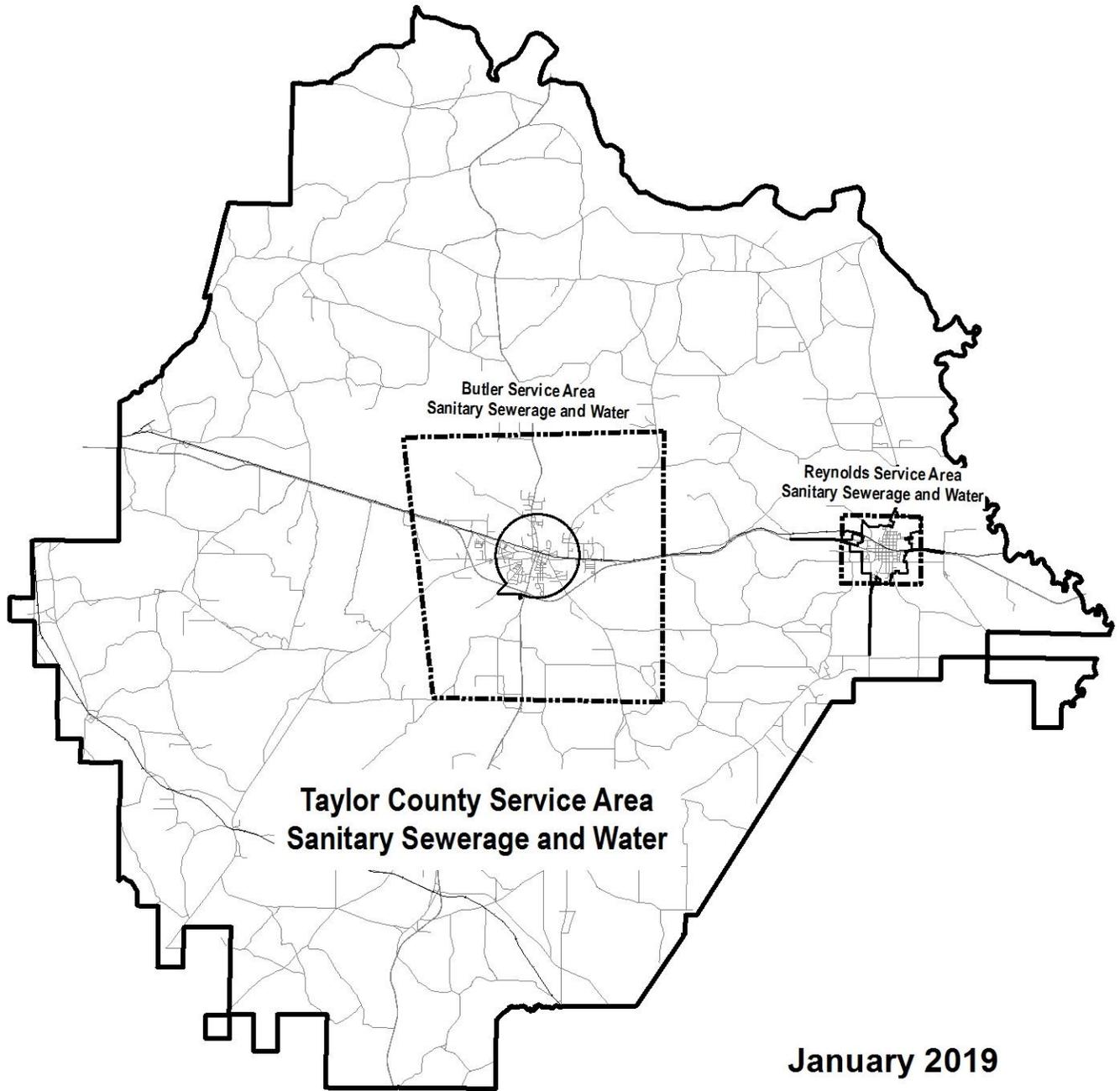
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Phone number: **478-862-3336** Date completed: January 15, 2019

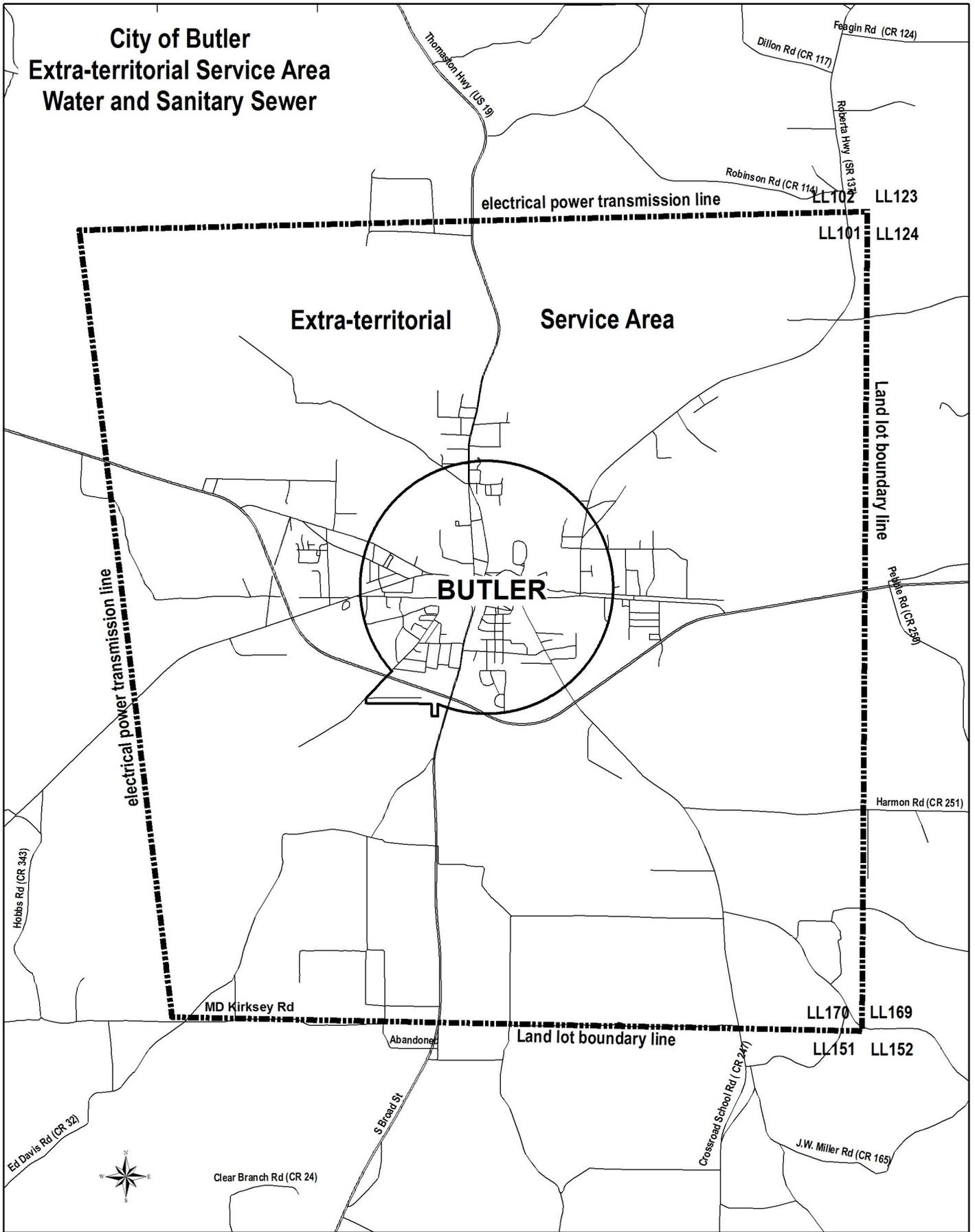
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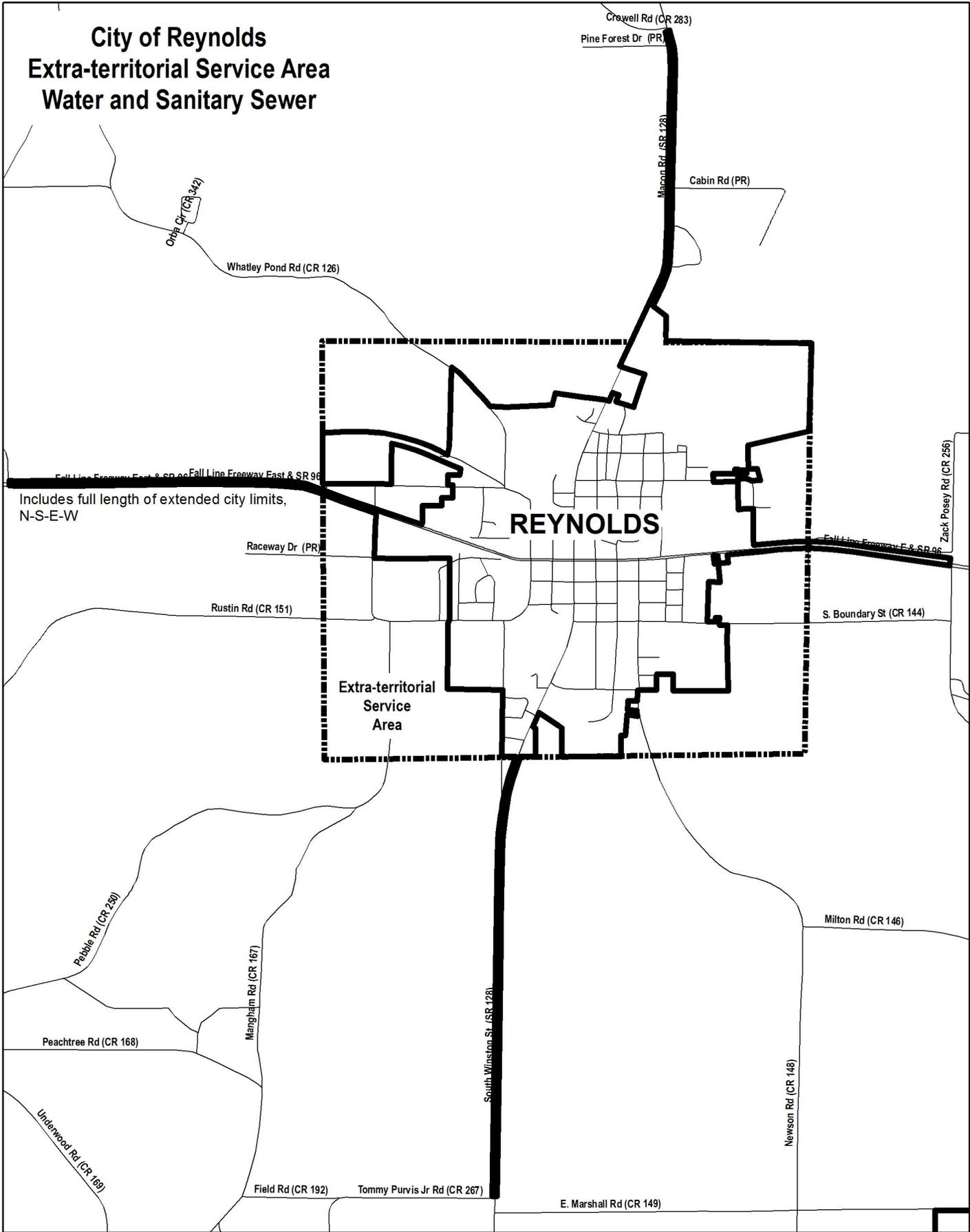
Lenda Taunton, County Manager - 478-862-3336



**City of Butler
Extra-territorial Service Area
Water and Sanitary Sewer**



City of Reynolds Extra-territorial Service Area Water and Sanitary Sewer





Georgia[®] Department of
Community Affairs



SERVICE DELIVERY STRATEGY
FORM 4: Certifications

Instructions:

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

COUNTY: TAYLOR COUNTY

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

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

JURISDICTION	TITLE	NAME	SIGNATURE	DATE
<u>BUTLER</u>	Mayor	William Barry Whitley	<i>William B. Whitley</i>	1-15-19
<u>REYNOLDS</u>	Mayor	Walter Turner	<i>Walter Turner</i>	1/28/19
<u>TAYLOR COUNTY</u>	Chairman	Cicero Latimore	<i>Cicero Latimore</i>	12-4-18

JOINT RESOLUTION REVISING AND AUTHORIZING EXECUTION
TAYLOR COUNTY SERVICE DELIVERY STRATEGY

WHEREAS, O.C.G.A. § 36-70-20 requires each County and certain local governments within such County to identify any overlap(s) and gap(s) in the delivery of local public service(s), and to develop a Service Delivery Strategy providing a rational approach of allocating delivery and funding of local public services; and

WHEREAS, in response to O.C.G.A. § 36-70-20 duly elected representatives of the Taylor County Board of Commissioners, the City of Butler and the City of Reynolds prepared, approved and during the first calendar quarter of 1999, executed Taylor County's Service Delivery Strategy, and in May, 1999, the state regulatory agency, the Georgia Department of Community Affairs, verified same as meeting the requirements of O.C.G.A. § 36-70-20; and

WHEREAS, in further response to O.C.G.A. § 36-70-20 said Strategy was updated in March, 2008, with revision of the delivery arrangement of indigent defense, said revision being verified by the state regulatory agency in late March, 2008; and

WHEREAS, in response to the procedural mandate to review said Service Delivery Strategy at least every ten years, duly elected representatives of the Taylor County Board of Commissioners, the City of Butler and the City of Reynolds have reviewed the Taylor County Service Delivery Strategy and determined the following changes are warranted:

1. "Roads and Streets" be revised to more accurately reflect service providers and funding methods;
2. "Sanitary Sewage Treatment" be changed to "Sanitary Sewage Collection, Treatment and Disposal", and otherwise revised to more accurately reflect service providers and funding methods; and

3. “Water Treatment and Distribution” be changed to “Water Collection, Treatment and Distribution”, and otherwise revised to more accurately reflect service providers and funding methods; and
4. The supplemental “descriptions” of “Roads and Streets” and the services revised herein to read, “Sanitary Sewage Collection, Treatment and Disposal” and “Water Collection, Treatment and Distribution” be revised to more accurately reflect service providers and funding methods.

NOW, THEREFORE, BE IT RESOLVED by the Taylor County Board of Commissioners, the Mayor and Council of the City of Butler and the Mayor and Council of the City of Reynolds, and it is hereby resolved by authority of the same, as follows:

1. That all forms pertinent and relevant to incorporation of the above cited revisions into the Taylor County Service Delivery Strategy be completed and prepared for submission to the Georgia Department of Community Affairs, said forms being attached hereto and deemed fully part of this action as if incorporated herein verbatim;
2. That the Service Delivery Strategy adopted in 1999, with the revision of 2008 and the revisions incorporated herein are now adopted in full as the Taylor County Service Delivery Strategy;
3. That the Chairman of the Taylor County Board of Commissioners, the Mayor of the City of Butler and the Mayor of the City of Reynolds are authorized to execute the appropriate certification acknowledging the updates and revisions approved and incorporated herein;
4. That the chief administrative officers of Taylor County, City of Butler and City of

Reynolds are each authorized to attest the signatures of their respective chief elected officials certifying the current update/revision, and

5. That all necessary documents pertaining hereto be promptly forwarded to the Georgia Department of Community Affairs for verification pursuant to O.C.G.A. § 36-70-20 and/or applicable regulatory measures.

RESOLVED, this 4th day of Dec. 2018 ~~January, 2019~~

BY: TAYLOR COUNTY BOARD OF COMMISSIONERS



Cicero Latimore, Chairman


ATTEST

RESOLVED, this 15 day of January, 2019

BY: CITY OF BUTLER



William Barry Whitley, Mayor


ATTEST

Mayor- PRO TEM

RESOLVED, this 28 day of January, 2019

BY: CITY OF REYNOLDS



Walter Turner, Mayor


ATTEST