



SERVICE DELIVERY STRATEGY

FORM 1

COUNTY: TOOMBS

I. GENERAL INSTRUCTIONS:

1. FORM 1 is required for **ALL** SDS submittals. Only one set of these forms should be submitted per county. The completed forms should clearly present the collective agreement reached by all cities and counties that were party to the service delivery strategy.
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 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 style="text-align: center;">OPTION A <i>Revising or Adding to the SDS</i></p> | <p style="text-align: center;">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 style="background-color: #000080; color: white; padding: 10px; text-align: center;"> <p>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.</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 OFFICIAL UPDATE OF THE SERVICE DELIVERY STRATEGY AND SUBMITTAL OF REVISED FORMS AND ATTACHMENTS TO THE GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS UNDER THE "OPTION A" PROCESS DESCRIBED, ABOVE.

II. LOCAL GOVERNMENTS INCLUDED IN THE SERVICE DELIVERY STRATEGY:

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

Toombs County, City of Lyons, City of Santa Claus, City of Vidalia, Toombs County Development Authority, City of Vidalia Downtown Development Authority, City of Lyons Downtown Development Authority, City of Vidalia Development Authority, Toombs County Hospital Authority, City of Lyons Housing Authority, City of Vidalia Housing Authority, City of Lyons Mainstreet, Vidalia Area Convention and Visitors Bureau, Mainstreet Vidalia/Downtown Vidalia Association, Ochoopee Regional Library, Toombs County Health Department

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

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

Cemeteries
Code Enforcement
Courts
Extension Service
Indigent Defense
Mosquito Control
Planning/Zoning
Public Health
Public Housing
Public Welfare
Recycling
Solid Waste Collection
Tax Assessment

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.

Aging Services
Airport
Ambulance Service
Animal Control
Cultural
E-911
Economic Development
Elections/Voter Registration
Emergency Management
Fire Protection
Hospital
Housing Rehabilitation (New Service)
Library
Mapping/GIS
Municipal Police Protection
Parks
Prisoner Housing - Municipal Prisoners (New Service)
Prisoner Housing - Superior and State Court Prisoners (New Service)
Probation Services
Recreation
Road/Street Construction
Road/Street Maintenance
Sewer
Solid Waste Disposal
Tax Collection - City Taxes (Formerly Included as Tax Collection)
Tourism
Water



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

COUNTY: TOOMBS

Service: Aging Services

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

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.): **City of Vidalia (Action Pact)**

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.):

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.):

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.):

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.

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 |
|--------------------------------------|-----------------------|
| Toombs County | General Fund |
| City of Vidalia | General Fund |
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4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?

The service has been modified to reflect a change with the service provider. The City of Vidalia, rather than Toombs County, will provide the service through the provision of a building location to include maintenance and utilities for the building and grounds. Toombs County will contribute \$3,600 per year to the City of Vidalia for cost of service.

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 |
|-----------------------|----------------------------|-----------------------------------|
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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: **John Jones, Toombs County Manager**
 Phone number: **912-526-3311** Date completed: 1/10/2019

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:
ALSO, NICK OVERSTREET, VIDALIA CITY MANAGER, 912-537-7661



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

COUNTY: TOOMBS

Service: Airport

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

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.): **City of Vidalia**

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.):

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.):

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.):

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.

SDS FORM 2, continued

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

| Local Government or Authority | Funding Method |
|--------------------------------------|--|
| City of Vidalia | General Fund, State, Federal, Rent, Fuel Sales, Grants |
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4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?

Grant funds have been added as a funding method.

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

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

None

7. Person completing form: **John Jones, Toombs County Manager**
 Phone number: **912-526-3311** Date completed: 1/10/2019

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:
ALSO, NICK OVERSTREET, VIDALIA CITY MANAGER, 912-537-7661



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

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COUNTY: TOOMBS

Service: Ambulance Service

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

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.): **Toombs County**

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.):

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.):

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.):

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.

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 |
|--------------------------------------|-----------------------------|
| Toombs County | General Fund, Fees |
| Montgomery County | Annual Contract for Service |
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4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?

Toombs County will continue to provide the service countywide. The County also provides ambulance service to Montgomery County by annual contract and fixed amount for cost incurred in Montgomery County. The service was modified to include a new contract provision which requires an annual renewal between Toombs and Montgomery counties.

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 |
|-----------------------|----------------------------------|-----------------------------------|
| Ambulance Service | Toombs County, Montgomery County | 1/1 - 12/31, Annual Renewal |
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6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?

None

7. Person completing form: **John Jones, Toombs County Manager**
 Phone number: **912-526-3311** Date completed: 1/10/2019

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:



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COUNTY: TOOMBS

Service: Animal Control

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

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.):

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.):

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):

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.): **Toombs County, City of Lyons, City of Vidalia**

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.

SDS FORM 2, continued

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

| Local Government or Authority | Funding Method |
|--------------------------------------|-------------------------------|
| Toombs County | Insurance Premium Tax, Grants |
| City of Lyons | General Fund, Grants |
| City of Vidalia | General Fund, Grants |
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4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?

Grant funding has been added as a funding method. Each government will continue to provide the service within their own jurisdiction, with the County contracting with the City of Lyons to pick-up and house animals from the unincorporated area.

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

None

7. Person completing form: **John Jones, Toombs County Manager**
 Phone number: **912-526-3311** Date completed: 1/10/2019

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:
ALSO, NICK OVERSTREET, VIDALIA CITY MANAGER, 912-537-7661 AND JASON HALL, LYONS CITY MANAGER, 912-526-3626



SERVICE DELIVERY STRATEGY

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COUNTY: TOOMBS

Service: Cemeteries

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

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.):

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.):

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):

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.): **Toombs County, City of Lyons, City of Vidalia**

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.

SDS FORM 2, continued

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

| Local Government or Authority | Funding Method |
|--------------------------------------|-----------------------------|
| Toombs County | General Fund |
| City of Lyons | General Fund |
| City of Vidalia | General Fund, Contract Fees |
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4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?

Toombs County may temporarily maintain abandoned cemeteries in the unincorporated areas. The City of Lyons will continue maintenance for its city cemetery. The City of Vidalia contracts with a private firm in exchange for interest on deposits.

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

None

7. Person completing form: **John Jones, Toombs County Manager**

Phone number: **912-526-3311** Date completed: 1/10/2019

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:

ALSO, NICK OVERSTREET, VIDALIA CITY MANAGER, 912-537-7661 AND JASON HALL, LYONS CITY MANAGER, 912-526-3626



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

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COUNTY: TOOMBS

Service: Code Enforcement

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

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.):

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.):

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.):

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.): **Toombs County, City of Lyons, City of Vidalia**

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.

SDS FORM 2, continued

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

| Local Government or Authority | Funding Method |
|--------------------------------------|-----------------------|
| Toombs County | Insurance Premium Tax |
| City of Lyons | General Fund, Fees |
| City of Vidalia | General Fund, Fees |
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4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?

No change is anticipated. Each government will provide the service within their own jurisdiction.

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

None

7. Person completing form: **John Jones, Toombs County Manager**
 Phone number: **912-526-3311** Date completed: 1/10/2019

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:
ALSO, NICK OVERSTREET, VIDALIA CITY MANAGER, 912-537-7661 AND JASON HALL, LYONS CITY MANAGER, 912-526-3626



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

COUNTY: TOOMBS

Service: Courts

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

- 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.):

- 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.):

- 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):

- 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.): **City of Lyons (Municipal Court), City of Vidalia (Municipal Court), Toombs County (all others countywide)**

- 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.

SDS FORM 2, continued

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

| Local Government or Authority | Funding Method |
|--------------------------------------|-----------------------------------|
| Toombs County | General Fund, Fines & Forfeitures |
| City of Lyons | General Fund, Fines & Forfeitures |
| City of Vidalia | General Fund, Fines & Forfeitures |
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4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?

No change is anticipated.

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

None

7. Person completing form: **John Jones, Toombs County Manager**

Phone number: **912-526-3311** Date completed: 1/10/2019

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:

ALSO, NICK OVERSTREET, VIDALIA CITY MANAGER, 912-537-7661 AND JASON HALL, LYONS CITY MANAGER, 912-526-3626



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

COUNTY: TOOMBS

Service: Cultural

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

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.):

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.):

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 Lyons Main Street, City of Vidalia

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.):

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.

SDS FORM 2, continued

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

| Local Government or Authority | Funding Method |
|--------------------------------------|--|
| City of Lyons | General Fund |
| City of Vidalia | General Fund, State, Private contributions, Grants, SPLOST |
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4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?

The City of Lyons has been added as a service and funding entity to reflect services and programs supported by Lyons Main Street. Funding methods have also been updated to include grants and SPLOST. The City of Vidalia has authorized local legislation for charitable funding and will provide support for the Altama Gallery and operate the PAL Theater.

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

None

7. Person completing form: **John Jones, Toombs County Manager**
 Phone number: **912-526-3311** Date completed: 1/10/2019

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:
ALSO, NICK OVERSTREET, VIDALIA CITY MANAGER, 912-537-7661 AND JASON HALL, LYONS CITY MANAGER, 912-526-3626



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

COUNTY: TOOMBS

Service: E-911

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

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.): **Toombs County**

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.):

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.):

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.):

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.

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 |
|--------------------------------------|--|
| Toombs County | General Fund, Surcharges, SPLOST, and Grants |
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4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?

Montgomery County has been removed as a funding local government. Toombs County will provide emergency 911 service countywide. The City of Vidalia will continue to provide police dispatching within its city limits. The City of Lyons will continue to utilize Toombs County for police dispatching.

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

None

7. Person completing form: **John Jones, Toombs County Manager**

Phone number: **912-526-3311** Date completed: 1/10/2019

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:

ALSO, NICK OVERSTREET, VIDALIA CITY MANAGER, 912-537-7661 AND JASON HALL, LYONS CITY MANAGER, 912-526-3626



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

COUNTY: TOOMBS

Service: *Economic Development*

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

- 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.):

- 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.):

- 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:)

- 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.): **Toombs County Development Authority, City of Lyons Downtown Development Authority, City of Vidalia Downtown Development Authority, Main Street Lyons, Main Street Vidalia/Downtown Vidalia Association, Vidalia Convention and Visitors Bureau**

- 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.

SDS FORM 2, continued

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

| Local Government or Authority | Funding Method |
|--------------------------------------|---|
| Toombs Co., Toombs Co. Dev. Auth. | General Fund, Grants, Private |
| Vidalia Conv. & Visitors Bureau | General Fund, Hotel-Motel Tax |
| City of Lyons DDA, Vidalia DDA | General Fund, Grants, Private |
| City of Vidalia Dev. Auth. | Contract with Toombs County Development Authority, Grants |
| Main Street Lyons | General Fund, Hotel-Motel Tax |
| Main Street Vidalia/DVA | General Fund, Private, Grants, Hotel-Motel Tax |

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

Main Street Lyons has replaced Lyons Better Hometown Program as a service and funding provider. Toombs County and the Vidalia Convention and Visitors Bureau have been included as funding providers. Funding methods have also been updated to include hotel-motel tax and grants.

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

None

7. Person completing form: **John Jones, Toombs County Manager**
 Phone number: **912-526-3311** Date completed: 1/10/2019

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:
ALSO, NICK OVERSTREET, VIDALIA CITY MANAGER, 912-537-7661 AND JASON HALL, LYONS CITY MANAGER, 912-526-3626



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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COUNTY: TOOMBS

Service: Elections/Voter Registration

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

- 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.):

- 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.):

- 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:)

- 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.): **Toombs County, City of Lyons, City of Santa Claus, City of Vidalia**

- 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.

SDS FORM 2, continued

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

| Local Government or Authority | Funding Method |
|--------------------------------------|-----------------------|
| Toombs County | General Fund |
| City of Lyons | General Fund |
| City of Santa Claus | General Fund |
| City of Vidalia | General Fund |
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4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?

Toombs County will provide for countywide voter registration. The County will provide for countywide elections, elections in unincorporated areas, and state and federal elections. City elections (elections held without a countywide, state or federal election on the ballot in a city) will be the responsibility of each city. At present each City contracts with the County to conduct the election.

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

None

7. Person completing form: **John Jones, Toombs County Manager**

Phone number: **912-526-3311** Date completed: 1/10/2019

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:

ALSO, NICK OVERSTREET, VIDALIA CITY MANAGER, 912-537-7661 AND JASON HALL, LYONS CITY MANAGER, 912-526-3626



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

COUNTY: TOOMBS

Service: *Emergency Management*

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

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.): **Toombs County EMA**

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.):

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.):

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.):

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.

SDS FORM 2, continued

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

| Local Government or Authority | Funding Method |
|--------------------------------------|---|
| Toombs County | General Fund, State, Federal, Grants, Private |
| City of Vidalia | General Fund, Grants |
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4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?

Service delivery entity has been updated to the Toombs County EMA office. Funding methods have been updated to include grants and direct federal funding. The City of Lyons has been removed as a funding local government. The County will continue to provide the service countywide with the City of Vidalia contributing \$3,000 per year.

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

None

7. Person completing form: **John Jones, Toombs County Manager**

Phone number: **912-526-3311** Date completed: 1/10/2019

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:

ALSO, NICK OVERSTREET, VIDALIA CITY MANAGER, 912-537-7661 AND JASON HALL, LYONS CITY MANAGER, 912-526-3626



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

| | |
|----------------------|----------------------------------|
| COUNTY:TOOMBS | Service:Extension Service |
|----------------------|----------------------------------|

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

- 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.): **Toombs County**

- 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.):

- 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):

- 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.):

- 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.

SDS FORM 2, continued

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

| Local Government or Authority | Funding Method |
|--------------------------------------|-----------------------|
| Toombs County | General Fund, State |
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4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?

No change anticipated.

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

None

7. Person completing form: **John Jones, Toombs County Manager**
 Phone number: **912-526-3311** Date completed: 1/10/2019

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:
ALSO, NICK OVERSTREET, VIDALIA CITY MANAGER, 912-537-7661 AND JASON HALL, LYONS CITY MANAGER, 912-526-3626



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

COUNTY: TOOMBS

Service: Fire Protection

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

- 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.):

- 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.):

- 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.):

- 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.): **Toombs County, City of Lyons, City of Vidalia**

- 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.

SDS FORM 2, continued

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

| Local Government or Authority | Funding Method |
|--------------------------------------|-----------------------|
| Toombs County | Insurance Premium Tax |
| City of Lyons | General Fund |
| City of Santa Claus | General Fund |
| City of Vidlaia | General Fund |
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4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?

No service change is anticipated. The City of Santa Claus contracts with the City of Lyons for fire service; the funding method of the contract has been updated for Santa Claus. Agreements were updated and are now renewed annually.

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 |
|-----------------------|--------------------------------|-----------------------------------|
| Automatic Aid | Toombs County, City of Lyons | 9/1/99, Renewed Annually |
| Mutual Aid | City of Vidalia, City of Lyons | Annual Renewal |
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6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?

None

7. Person completing form: **John Jones, Toombs County Manager**

Phone number: **912-526-3311** Date completed: 1/10/2019

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:

ALSO, NICK OVERSTREET, VIDALIA CITY MANAGER, 912-537-7661 AND JASON HALL, LYONS CITY MANAGER, 912-526-3626



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

COUNTY:TOOMBS

Service:Hospital

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

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.): **Toombs County Hospital Authority**

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.):

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):

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.):

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.

SDS FORM 2, continued

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

| Local Government or Authority | Funding Method |
|--------------------------------------|-----------------------------------|
| Toombs County Hospital Authority | Bonded Indebtedness, Fees, Grants |
| | |
| | |
| | |
| | |

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

Grants have been added as a new funding method.

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

None

7. Person completing form: **John Jones, Toombs County Manager**
 Phone number: **912-526-3311** Date completed: 1/10/2019

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:
ALSO, NICK OVERSTREET, VIDALIA CITY MANAGER, 912-537-7661 AND JASON HALL, LYONS CITY MANAGER, 912-526-3626



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

COUNTY: TOOMBS

Service: *Housing Rehabilitation*

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

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.):

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.):

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.):

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.): **Toombs County, City of Lyons, City of Santa Claus, City of Vidalia**

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.

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> |
|--------------------------------------|-----------------------|
| Toombs County | Grant Funds |
| City of Lyons | Grant Funds |
| City of Santa Claus | Grant Funds |
| City of Vidalia | Grant Funds |
| | |
| | |

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

Housing Rehabilitation is a new service and will be funded through grant awards.

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

None

7. Person completing form: **John Jones, Toombs County Manager**

Phone number: **912-526-3311** Date completed: 1/10/2019

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:

ALSO, NICK OVERSTREET, VIDALIA CITY MANAGER, 912-537-7661 AND JASON HALL, LYONS CITY MANAGER, 912-526-3626



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

| | |
|----------------------|---------------------------------|
| COUNTY:TOOMBS | Service:Indigent Defense |
|----------------------|---------------------------------|

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

- 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.):

- 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.):

- 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:)

- 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.): **Toombs County, City of Lyons, City of Vidalia**

- 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.

SDS FORM 2, continued

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

| Local Government or Authority | Funding Method |
|--------------------------------------|-----------------------|
| Toombs County | General Fund, Fines |
| City of Lyons | General Fund, Fines |
| City of Vidalia | General Fund, Fines |
| | |
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| | |

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

No service change is anticipated. The Cities will provide the service for their municipal court, while the County will provide the service for all other courts countywide.

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

None

7. Person completing form: **John Jones, Toombs County Manager**

Phone number: **912-526-3311** Date completed: 1/10/2019

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:

ALSO, NICK OVERSTREET, VIDALIA CITY MANAGER, 912-537-7661 AND JASON HALL, LYONS CITY MANAGER, 912-526-3626



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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| | |
|----------------------|------------------------|
| COUNTY:TOOMBS | Service:Library |
|----------------------|------------------------|

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

- 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.): **Ohoopsee Regional Library**
- 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.):
- 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):
- 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.):
- 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.

SDS FORM 2, continued

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

| Local Government or Authority | Funding Method |
|--------------------------------------|-----------------------|
| Toombs County | General Fund, State |
| City of Lyons | General Fund, State |
| City of Vidalia | General Fund, State |
| | |
| | |
| | |

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

Service funding has changed as the City of Vidalia contributes \$67,000 per year to the Ohoopsee Regional Library Board; the City of Lyons now provides utilities and building maintenance and \$8,000, and the County provides \$46,000 and grounds maintenance at the regional library board building.

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

None

7. Person completing form: **John Jones, Toombs County Manager**
 Phone number: **912-526-3311** Date completed: 1/10/2019

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:
ALSO, NICK OVERSTREET, VIDALIA CITY MANAGER, 912-537-7661 AND JASON HALL, LYONS CITY MANAGER, 912-526-3626



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

| | |
|-----------------------|-----------------------------|
| COUNTY: TOOMBS | Service: Mapping/GIS |
|-----------------------|-----------------------------|

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

- 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.): **Heart of Georgia Altamaha Regional Commission**

- 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.):

- 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):

- 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.):

- 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.

SDS FORM 2, continued

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

| Local Government or Authority | Funding Method |
|--------------------------------------|-----------------------|
| Toombs County | General Fund |
| City of Lyons | General Fund |
| City of Santa Claus | General Fund |
| City of Vidalia | General Fund |
| | |
| | |

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

The Heart of Georgia Altamaha Regional Commission (HOGARC) is available for mapping/GIS services and has been updated as the provider for the service. Each local government, as member of the HOGARC, has access to Regional Commission services on a fee for service basis.

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

None

7. Person completing form: **John Jones, Toombs County Manager**
 Phone number: **912-526-3311** Date completed: 1/10/2019

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:
ALSO, NICK OVERSTREET, VIDALIA CITY MANAGER, 912-537-7661 AND JASON HALL, LYONS CITY MANAGER, 912-526-3626



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

| | |
|----------------------|---|
| COUNTY:TOOMBS | Service: <i>Mosquito Control</i> |
|----------------------|---|

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

- 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.):

- 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.):

- 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 Vidalia)

- 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.):

- 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.

SDS FORM 2, continued

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

| Local Government or Authority | Funding Method |
|--------------------------------------|-----------------------|
| City of Vidalia | General Fund |
| | |
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| | |

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

No change is anticipated. The City of Vidalia continues to use mosquito tablets and spray to provide this service to its citizens.

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 |
|-----------------------|----------------------------|-----------------------------------|
| | | |
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| | | |

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

None

7. Person completing form: **John Jones, Toombs County Manager**
 Phone number: **912-526-3311** Date completed: 1/10/2019

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:
ALSO, NICK OVERSTREET, VIDALIA CITY MANAGER, 912-537-7661 AND JASON HALL, LYONS CITY MANAGER, 912-526-3626



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

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| | |
|----------------------|--|
| COUNTY:TOOMBS | Service:Municipal Police Protection |
|----------------------|--|

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

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.):

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.):

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 Lyons, City of Vidalia

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.):

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.

SDS FORM 2, continued

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

| Local Government or Authority | Funding Method |
|--------------------------------------|---|
| City of Lyons | General Fund, State, Federal, Fees, Fines, Forfeiture, Grants |
| City of Vidalia | General Fund, State, Federal, Fees, Fines, Forfeiture, Grants |
| | |
| | |
| | |

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

Grants have been added as a funding method; however, no change in service is anticipated.. The cities of Lyons and Vidalia provide a higher level of protection within their own jurisdiction and have a mutual aid agreement with each other.

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 |
|-----------------------|--------------------------------|-----------------------------------|
| Mutual Aid | City of Lyons, City of Vidalia | renewed annually |
| | | |
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| | | |

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

None

7. Person completing form: **John Jones, Toombs County Manager**
 Phone number: **912-526-3311** Date completed: 1/10/2019

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:
ALSO, NICK OVERSTREET, VIDALIA CITY MANAGER, 912-537-7661 AND JASON HALL, LYONS CITY MANAGER, 912-526-3626



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

COUNTY: TOOMBS

Service: Parks

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

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.):

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.):

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):

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.): **Toombs County, City of Lyons, City of Vidalia, City of Santa Claus**

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.

SDS FORM 2, continued

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

| Local Government or Authority | Funding Method |
|--------------------------------------|-------------------------------------|
| Toombs County | General Fund, State, Grants, SPLOST |
| City of Lyons | General Fund, State, Grants, SPLOST |
| City of Vidalia | General Fund, State, Grants, SPLOST |
| City of Santa Claus | General Fund, State, Grants, SPLOST |
| | |
| | |

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

The City of Santa Claus has been added as a service provider and funding local government. Funding methods have been updated for the City of Santa Claus and now include SPLOST funds for all local governments.

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 |
|-----------------------|----------------------------|-----------------------------------|
| | | |
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| | | |
| | | |

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

None

7. Person completing form: **John Jones, Toombs County Manager**

Phone number: **912-526-3311** Date completed: 1/10/2019

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:

ALSO, NICK OVERSTREET, VIDALIA CITY MANAGER, 912-537-7661 AND JASON HALL, LYONS CITY MANAGER, 912-526-3626



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

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COUNTY: TOOMBS

Service: *Planning/Zoning*

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

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.):

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.):

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 Lyons, City of Vidalia

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.):

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.

SDS FORM 2, continued

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

| Local Government or Authority | Funding Method |
|--------------------------------------|-----------------------|
| City of Lyons | General Fund, Fees |
| City of Vidalia | General Fund, Fees |
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4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?

No change is anticipated.

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

None

7. Person completing form: **John Jones, Toombs County Manager**

Phone number: **912-526-3311** Date completed: 1/10/2019

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:

ALSO, NICK OVERSTREET, VIDALIA CITY MANAGER, 912-537-7661 AND JASON HALL, LYONS CITY MANAGER, 912-526-3626



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

COUNTY: TOOMBS

Service: Prisoner Housing - Municipal Prisoners

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

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.):

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.):

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 Lyons, City of Vidalia

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.):

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.

SDS FORM 2, continued

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

| Local Government or Authority | Funding Method |
|--------------------------------------|--|
| City of Lyons | General Fund, Jail Construction and Staffing (JAIL) add-on fee |
| City of Vidalia | General Fund, Jail Construction and Staffing (JAIL) add-on fee |
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4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?

This is a new service to the Service Delivery Strategy Agreement. The County charges municipalities per diem for offenders held in the County jail who have been charged with offenses for which a municipal court maintains jurisdiction. This per diem helps to pay for costs associated with housing inmates charged with violating municipal laws. Although municipalities are under no obligation to use the County jail, each municipality in Toombs County may choose to enter into an agreement with the County to house municipal offenders in the County's facility because of the prohibitive cost to construct additional jails or to send inmates to nearby counties. Georgia law allows municipalities to impose a 10% jail add-on fee. The cities of Lyons and Vidalia charge this fee to inmates, which covers a portion of the cost of City per diem reimbursements to the County. General funds are utilized to pay the remaining balance of per diem.

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

None

7. Person completing form: **John Jones, Toombs County Manager**
 Phone number: **912-526-3311** Date completed: 1/10/2019

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:
ALSO, NICK OVERSTREET, VIDALIA CITY MANAGER, 912-537-7661 AND JASON HALL, LYONS CITY MANAGER, 912-526-3626



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

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COUNTY: TOOMBS

Service: Prisoner Housing - Superior and State Court Prisoners

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

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.): **Toombs County Sheriff**

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.):

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):

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.):

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.

SDS FORM 2, continued

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

| Local Government or Authority | Funding Method |
|--------------------------------------|-----------------------|
| Toombs County | General Fund |
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4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?

This is a new service to the Service Delivery Strategy Agreement.

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

None

7. Person completing form: **John Jones, Toombs County Manager**
 Phone number: **912-526-3311** Date completed: 1/10/2019

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:
ALSO, NICK OVERSTREET, VIDALIA CITY MANAGER, 912-537-7661 AND JASON HALL, LYONS CITY MANAGER, 912-526-3626



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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COUNTY: TOOMBS

Service: Probation Services

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

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.):

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.):

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):

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.): **Toombs County, City of Lyons, City of Vidalia**

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.

SDS FORM 2, continued

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

| Local Government or Authority | Funding Method |
|--------------------------------------|-----------------------|
| Toombs County | Fines, Fees |
| City of Lyons | Fines, Fees |
| City of Vidalia | Fines, Fees |
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4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?

Fees have been added as a funding method for the City of Lyons. The City of Vidalia will provide this service through its Municipal Court. The City of Lyons and Toombs County contract with private firms.

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

None

7. Person completing form: **John Jones, Toombs County Manager**
 Phone number: **912-526-3311** Date completed: 1/10/2019

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:
ALSO, NICK OVERSTREET, VIDALIA CITY MANAGER, 912-537-7661 AND JASON HALL, LYONS CITY MANAGER, 912-526-3626



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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COUNTY: TOOMBS

Service: Public Health

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

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.): **Toombs County (Health Department)**

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.):

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):

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.):

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.

SDS FORM 2, continued

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

| Local Government or Authority | Funding Method |
|--------------------------------------|-----------------------|
| Toombs County | General Fund, Grants |
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4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?

No change is anticipated.

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

None

7. Person completing form: **John Jones, Toombs County Manager**

Phone number: **912-526-3311** Date completed: 1/10/2019

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:

ALSO, NICK OVERSTREET, VIDALIA CITY MANAGER, 912-537-7661 AND JASON HALL, LYONS CITY MANAGER, 912-526-3626



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

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| COUNTY:TOOMBS | Service:Public Housing |
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1. Check the box that best describes the agreed upon delivery arrangement for this service:

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.):

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.):

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 Lyons Housing Authority, City of Vidalia Housing Authority

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.):

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.

SDS FORM 2, continued

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

| Local Government or Authority | Funding Method |
|--------------------------------------|-----------------------|
| City of Lyons | Federal |
| City of Vidalia | Federal |
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4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?

No change is anticipated.

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

None

7. Person completing form: **John Jones, Toombs County Manager**

Phone number: **912-526-3311** Date completed: 1/10/2019

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:

ALSO, NICK OVERSTREET, VIDALIA CITY MANAGER, 912-537-7661 AND JASON HALL, LYONS CITY MANAGER, 912-526-3626



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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COUNTY:TOOMBS

Service:Public Welfare

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

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.):**Toombs County (DFCS)**

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.):

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):

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.):

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.

SDS FORM 2, continued

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

| Local Government or Authority | Funding Method |
|--------------------------------------|-----------------------|
| Toombs County | General Fund |
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4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?

No change is anticipated.

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

None

7. Person completing form: **John Jones, Toombs County Manager**
 Phone number: **912-526-3311** Date completed: 1/10/2019

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:
ALSO, NICK OVERSTREET, VIDALIA CITY MANAGER, 912-537-7661 AND JASON HALL, LYONS CITY MANAGER, 912-526-3626



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

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| | |
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| COUNTY: TOOMBS | Service: Recreation |
|-----------------------|----------------------------|

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

- 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.):

- 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.):

- 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:)

- 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.): **Toombs County, City of Lyons, City of Vidalia**

- 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.

SDS FORM 2, continued

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

| Local Government or Authority | Funding Method |
|--------------------------------------|------------------------------------|
| Toombs County | General Fund, Grants, Fees, SPLOST |
| City of Lyons | General Fund, Grants, Fees, SPLOST |
| City of Vidalia | General Fund, Grants, Fees, SPLOST |
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4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?

No change in service delivery is anticipated. Funding methods have been updated to include fees and SPLOST funds.

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

None

7. Person completing form: **John Jones, Toombs County Manager**

Phone number: **912-526-3311** Date completed: 1/10/2019

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:

ALSO, NICK OVERSTREET, VIDALIA CITY MANAGER, 912-537-7661 AND JASON HALL, LYONS CITY MANAGER, 912-526-3626



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

COUNTY: **TOOMBS**

Service: **Recycling**

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

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.):

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.):

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.):

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.): **Toombs County, City of Lyons, City of Vidalia**

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.

SDS FORM 2, continued

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

| Local Government or Authority | Funding Method |
|--------------------------------------|--|
| Toombs County | General Fund, Solid Waste Collection Fees & Grants |
| City of Lyons | General Fund, Solid Waste Collection Fees & Grants |
| City of Vidalia | General Fund, Solid Waste Collection Fees & Grants |
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4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?

No change is anticipated. Each government collects recyclable items within its own jurisdiction.

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

None

7. Person completing form: **John Jones, Toombs County Manager**
 Phone number: **912-526-3311** Date completed: 1/10/2019

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:
ALSO, NICK OVERSTREET, VIDALIA CITY MANAGER, 912-537-7661 AND JASON HALL, LYONS CITY MANAGER, 912-526-3626



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

COUNTY:TOOMBS

Service:Road/Street Construction

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

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.):

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.):

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.):

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.): **Toombs County, City of Lyons, City of Vidalia**

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.

SDS FORM 2, continued

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

| Local Government or Authority | Funding Method |
|--------------------------------------|--|
| Toombs County | General Fund, State, Grants, SPLOST, TSPLOST |
| City of Lyons | General Fund, State, Grants, SPLOST, TSPLOST |
| City of Vidalia | General Fund, State, Grants, SPLOST, TSPLOST |
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4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?

Funding methods have been updated to include TSPLOST, grants, and general funds. Each government will provide this service within their own jurisdiction.

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

None

7. Person completing form: **John Jones, Toombs County Manager**
 Phone number: **912-526-3311** Date completed: 1/10/2019

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:
ALSO, NICK OVERSTREET, VIDALIA CITY MANAGER, 912-537-7661 AND JASON HALL, LYONS CITY MANAGER, 912-526-3626



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

COUNTY: TOOMBS

Service: Road/Street Maintenance

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

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.):

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.):

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):

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.): **Toombs County, City of Lyons, City of Santa Claus, City of Vidalia**

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.

SDS FORM 2, continued

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

| Local Government or Authority | Funding Method |
|--------------------------------------|--|
| Toombs County | General Fund, State, Grants, SPLOST, TSPLOST |
| City of Lyons | General Fund, State, Grants, SPLOST, TSPLOST |
| City of Santa Claus | General Fund, State, Grants, SPLOST, TSPLOST |
| City of Vidalia | General Fund, State, Grants, SPLOST, TSPLOST |
| | |
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4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?

The City of Santa Claus has been added as a local government providing the service. Funding methods have been updated to include SPLOST, TSPLOST, state, grants, and general funds. Each government will provide this service within their own jurisdiction.

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

None

7. Person completing form: **John Jones, Toombs County Manager**
 Phone number: **912-526-3311** Date completed: 1/10/2019

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:
ALSO, NICK OVERSTREET, VIDALIA CITY MANAGER, 912-537-7661 AND JASON HALL, LYONS CITY MANAGER, 912-526-3626



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

COUNTY: TOOMBS

Service: Sewer

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

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.):

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.):

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 Lyons, City of Santa Claus, City of Vidalia

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.):

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.

SDS FORM 2, continued

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

| Local Government or Authority | Funding Method |
|--------------------------------------|---|
| City of Lyons | Enterprise Fund/Fees, State, SPLOST, Grants |
| City of Santa Claus | Enterprise Fund/Fees, State, SPLOST, Grants |
| City of Vidalia | Enterprise Fund/Fees, State, SPLOST, Grants |
| | |
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4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?

Funding methods have been updated to include enterprise funds. Each government will provide this service within their own jurisdiction. A new service agreement between the City of Lyons and the City of Santa Claus has been attached.

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 |
|-----------------------------|------------------------------------|-----------------------------------|
| Santa Claus Sewer Provision | City of Lyons, City of Santa Claus | 10/10-Open |
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6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?

None

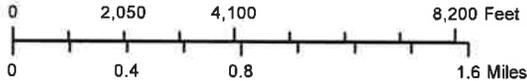
7. Person completing form: **John Jones, Toombs County Manager**
 Phone number: **912-526-3311** Date completed: 1/10/2019

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

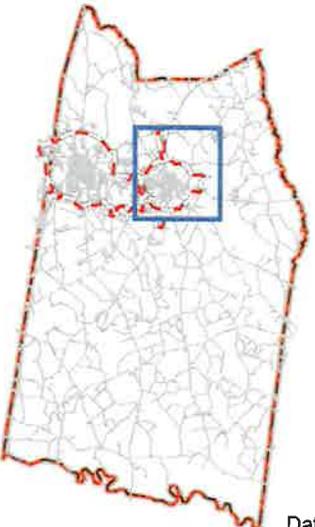
If not, provide designated contact person(s) and phone number(s) below:
ALSO, NICK OVERSTREET, VIDALIA CITY MANAGER, 912-537-7661, AND JASON HALL, LYONS CITY MANAGER, 912-526-3626

City of Lyons Sewer Service Area

-  Roads
-  Tax Parcels 2018
-  Lyons City Limits
-  Lyons Sewer SDS



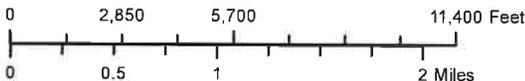
"The data sets represented here-in are presented to the user with the understanding that, because of the nature of some GIS datasets, there is no guarantee of completeness or accuracy. Conclusions drawn from, or actions taken on the basis of this data are the sole responsibility of the user."



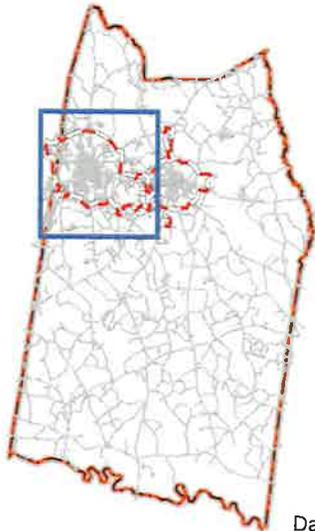
Date: 8/5/2019

City of Vidalia Sewer Service Area

-  Roads
-  Vidalia City Limits
-  Tax Parcels 2018
-  Vidalia Sewer SDS
-  County Boundary



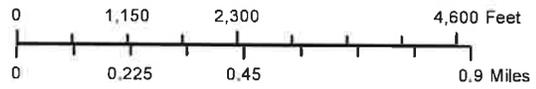
"The data sets represented here-in are presented to the user with the understanding that, because of the nature of some GIS datasets, there is no guarantee of completeness or accuracy. Conclusions drawn from, or actions taken on the basis of this data are the sole responsibility of the user."



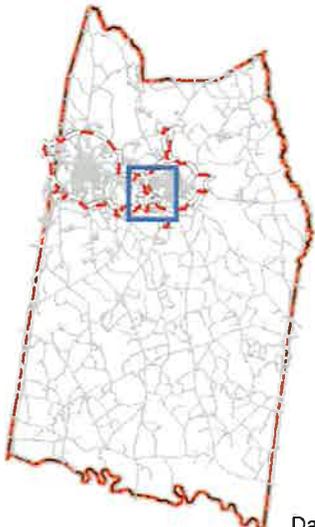
Date: 8/5/2019

City of Lyons/Vidalia Sewer Service Area Detailed

-  Roads
-  Vidalia City Limits
-  Tax Parcels 2018
-  Lyons City Limits
-  Vidalia Sewer SDS
-  Lyons Sewer SDS



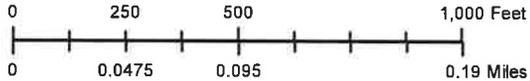
"The data sets represented here-in are presented to the user with the understanding that, because of the nature of some GIS datasets, there is no guarantee of completeness or accuracy. Conclusions drawn from, or actions taken on the basis of this data are the sole responsibility of the user."



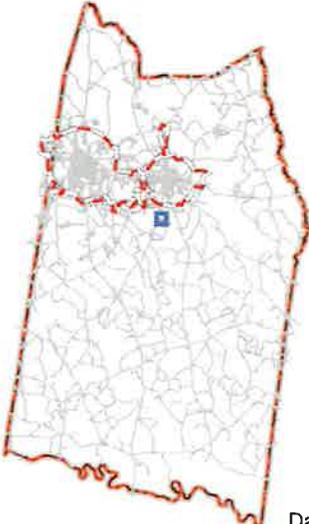
Date: 8/5/2019

City of Santa Claus Sewer Service Area

-  Roads
-  Tax Parcels 2018
-  Santa Claus City Limits
-  Santa Claus Sewer SDS



"The data sets represented here-in are presented to the user with the understanding that, because of the nature of some GIS datasets, there is no guarantee of completeness or accuracy. Conclusions drawn from, or actions taken on the basis of this data are the sole responsibility of the user."



Date: 8/5/2019

STATE OF GEORGIA

ORIGINAL

COUNTY OF TOOMBS

AGREEMENT BETWEEN
CITY OF SANTA CLAUS AND CITY OF LYONS

This agreement made and entered into this the 5th day of October, 2010, between the City of Santa Claus, Georgia, and the City of Lyons, Georgia.

WITNESSETH:

WHEREAS, the City of Santa Claus is desirous of obtaining sewer services and emergency water services for the residents of the City of Santa Claus and

WHEREAS, the City of Santa Claus has commissioned the preparation of certain Plans for a sewage system and emergency water services for the City of Santa Claus which will be more particularly described hereinafter; and

WHEREAS, the Parties hereto are desirous of entering into an agreement which will be binding upon themselves and future administrations for the placement of the sewage lines and a water line from the existing lines of the City of Lyons to the City of Santa Claus and connecting therewith such that the City of Santa Claus shall have the use of certain sewage treatment facilities currently being operated by the City of Lyons; and

WHEREAS, the City of Lyons is currently operating the East Treatment Plant which contains sufficient capacity to satisfy the present needs of the City of Santa Claus; and

WHEREAS, the City of Santa Claus will furnish all expenses for both the sewage and water line projects according to engineering services of Hofstadter and Associates, Macon, Georgia.

NOW THEREFORE, the Parties hereto agree as follows, to wit:

- (1) The City of Santa Claus shall construct said water lines, sewer lines and necessary Lift Stations in accordance to plans and specifications provided by Hofstadter and Associates, Consultant Engineers, Macon, Georgia. All construction work shall be accomplished by a competent general contractor hired pursuant to competitive bids as required by law. The sewer and water lines shall be the property of Santa Claus. The City of Santa Claus shall indemnify and save harmless the City of Lyons from any and all damages arising out of the construction, operation, repair, or existence of said City of Santa Claus sewer except to any such damages

- (1) arising from the failure of the City of Lyons to operate the East Treatment Plant efficiently.
- (2) The City of Santa Claus shall be responsible for the payment of all costs of design and construction of said water, sewer lines and lift stations, right of ways (row) and any upgrades to the City of Lyons necessary for this project to function properly.
- (3) The City of Santa Claus will pay to the City of Lyons a fee of **\$2.75 per 1000 gallons of sewage received per day**. The City of Lyons will send an invoice, based on the number of gallons received that month. Payment is due the 10th of the next month. Should the City of Lyons increase its sewer fee to its residents, then the same amount of increase will be added to the City of Santa Claus.
- (4) Either party or its designee may annually:
 - (a) inspect any of the facilities of the other party which are subject of this agreement or are reasonably related thereto, and/or
 - (b) audit all of the records maintained by or on behalf of the other party in connection therewith, in order to verify the amounts of actual flows, costs and fees referred to herein. Each party shall fully cooperate with the other in connection with said audit and inspections.
- (5) This agreement shall be binding upon and enure to the benefit of the parties hereto and their respective successors and assigns. Each party represents to the other that such party has the authority under Georgia law to undertake or provide the services, activities, and facilities described herein.
- (6) A flow meter will be established and maintained at the primary pumping station for measurement of the City of Santa Claus wastewater.
- (7) Should the City of Santa Claus decide to end this agreement a written notice to the City of Lyons ninety days (90) prior to termination is required.
- (8) A 6 inch water line will be installed along the same trench as the sewer main for the purpose of use in an emergency situation only. A gate valve will be installed at the City limits of Lyons and only the City of Lyons can open this valve after proper request from the City of Santa Claus is made.
- (9) The City of Santa Claus will be responsible for the upkeep and maintenance of both the water and sewer lines from the city limits of Lyons to Santa Claus.

IN WITNESS WHEREOF this water and sewer agreement has been duly executed by the parties hereto on the day and year first above written.

CITY OF SANTA CLAUS

BY: Earl Horton Jr.
Mayor

ATTEST: Lalynn Clayton
Clerk

CITY OF LYONS

I, _____, Clerk of the City of Santa Claus, Georgia do hereby certify that the above matter came before the Council of the City of Santa Claus, at a duly called meeting with a quorum present on the _____, 2010, and after discussion, the matter was adopted by said Council by resolution.

BY: John C. Rowland
Mayor

ATTEST: Lynn Rowland
Clerk

I, Lynn Rowland, Clerk of the City of Lyons, Georgia, do hereby certify the above matter came before the Council of the City of Lyons, at a duly called meeting with a quorum present on the 5th October, 2010, and after discussion, the matter was adopted by said Council by resolution.



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

COUNTY: TOOMBS

Service: Solid Waste Collection

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

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.):

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.):

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):

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.): **Toombs County, City of Lyons, City of Santa Claus, City of Vidalia**

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.

SDS FORM 2, continued

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

| Local Government or Authority | Funding Method |
|--------------------------------------|-----------------------|
| Toombs County | Insurance Premiums |
| City of Lyons | Fees |
| City of Santa Claus | General Fund |
| City of Vidalia | Fees |
| | |
| | |

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

No change is anticipated. Each government will continue to provide the service within their jurisdiction.

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

None

7. Person completing form: **John Jones, Toombs County Manager**
 Phone number: **912-526-3311** Date completed: 1/10/2019

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:
ALSO, NICK OVERSTREET, VIDALIA CITY MANAGER, 912-537-7661 AND JASON HALL, LYONS CITY MANAGER, 912-526-3626



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

COUNTY: TOOMBS

Service: Solid Waste Disposal

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

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.):

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.):

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.):

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.): **Toombs County, City of Lyons, City of Santa Claus, City of Vidalia**

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.

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 |
|--------------------------------------|-----------------------|
| Toombs County | General Fund, Fees |
| City of Lyons | Fees |
| City of Santa Claus | General Fund |
| City of Vidalia | Fees |
| | |
| | |

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

The cities of Lyons, Santa Claus, and Vidalia have been added as service providing entities. Funding methods have been updated for each local government. Each government will provide the service within their jurisdiction.

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

None

7. Person completing form: **John Jones, Toombs County Manager**

Phone number: **912-526-3311** Date completed: 1/10/2019

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:

ALSO, NICK OVERSTREET, VIDALIA CITY MANAGER, 912-537-7661 AND JASON HALL, LYONS CITY MANAGER, 912-526-3626



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

COUNTY: **TOOMBS**

Service: **Tax Assessment**

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

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.): **Toombs County**

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.):

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):

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.):

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.

SDS FORM 2, continued

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

| Local Government or Authority | Funding Method |
|--------------------------------------|-----------------------|
| Toombs County | General Fund |
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4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?

No change is anticipated.

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

None

7. Person completing form: **John Jones, Toombs County Manager**
 Phone number: **912-526-3311** Date completed: 1/10/2019

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:
ALSO, NICK OVERSTREET, VIDALIA CITY MANAGER, 912-537-7661 AND JASON HALL, LYONS CITY MANAGER, 912-526-3626



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

COUNTY: TOOMBS

Service: Tax Collection - City Taxes

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

- 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.):

- 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.):

- 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 Lyons, City of Santa Claus, City of Vidalia

- 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.):

- 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.

SDS FORM 2, continued

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

| Local Government or Authority | Funding Method |
|--------------------------------------|-----------------------|
| City of Lyons | General Fund |
| City of Santa Claus | General Fund |
| City of Vidalia | General Fund |
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4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?

Name of service was modified to be specific to City Taxes. Each municipality will continue to provide for tax collection within their respective jurisdiction. Toombs County utilizes the Toombs County Tax Commissioner, a constitutional officer, and no longer considers this service as being provided by the Board of Commissioners.

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

None

7. Person completing form: **John Jones, Toombs County Manager**
 Phone number: **912-526-3311** Date completed: 1/10/2019

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:
ALSO, NICK OVERSTREET, VIDALIA CITY MANAGER, 912-537-7661 AND JASON HALL, LYONS CITY MANAGER, 912-526-3626



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

COUNTY: TOOMBS

Service: Tourism

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

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.): **Vidalia Area Convention and Visitors Bureau**

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.):

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):

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.):

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.

SDS FORM 2, continued

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

| Local Government or Authority | Funding Method |
|--------------------------------------|-------------------------------|
| City of Lyons | General Fund, Hotel/Motel Tax |
| City of Vidalia | General Fund, Hotel/Motel Tax |
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4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?

The Vidalia Area CVB is the main entity for providing tourism services countywide. The service has been modified to reflect the CVB and service delivery are no longer provided to or funded in part by Montgomery County or any municipality within.

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

None

7. Person completing form: **John Jones, Toombs County Manager**
 Phone number: **912-526-3311** Date completed: 1/10/2019

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:
ALSO, NICK OVERSTREET, VIDALIA CITY MANAGER, 912-537-7661 AND JASON HALL, LYONS CITY MANAGER, 912-526-3626



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

COUNTY: TOOMBS

Service: Water

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

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.):

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.):

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.):

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.):

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.): **City of Lyons, City of Santa Claus, City of Vidalia**

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.

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

| Local Government or Authority | Funding Method |
|--------------------------------------|---|
| City of Lyons | Water & Sewer Enterprise Fund, Grants, SPLOST |
| City of Santa Claus | Water & Sewer Enterprise Fund, Grants, SPLOST |
| City of Vidalia | Water & Sewer Enterprise Fund, Grants, SPLOST |
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4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?

Funding methods have been updated to include Enterprise Funds, grants and SPLOST. New maps have also been attached. Each government will continue to provide and/or reserve the right to provide the service in areas as depicted on the attached map.

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

None

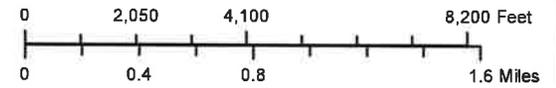
7. Person completing form: **John Jones, Toombs County Manager**
 Phone number: **912-526-3311** Date completed: 1/10/2019

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

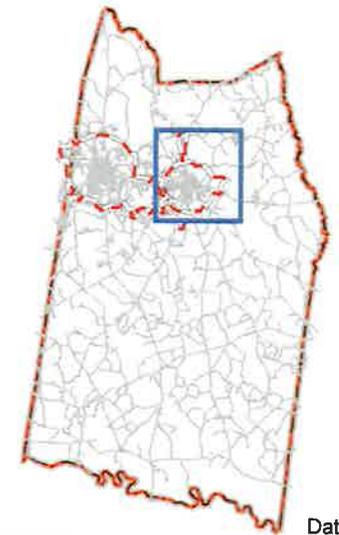
If not, provide designated contact person(s) and phone number(s) below:
ALSO, NICK OVERSTREET, VIDALIA CITY MANAGER, 912-537-7661 AND JASON HALL, LYONS CITY MANAGER, 912-526-3626

City of Lyons Water Service Area

- Roads
- ⋯ Lyons City Limits
- ▭ Tax Parcels 2018
- Lyons Water SDS



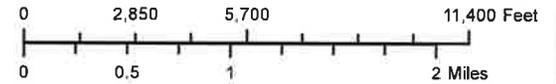
"The data sets represented here-in are presented to the user with the understanding that, because of the nature of some GIS datasets, there is no guarantee of completeness or accuracy. Conclusions drawn from, or actions taken on the basis of this data are the sole responsibility of the user."



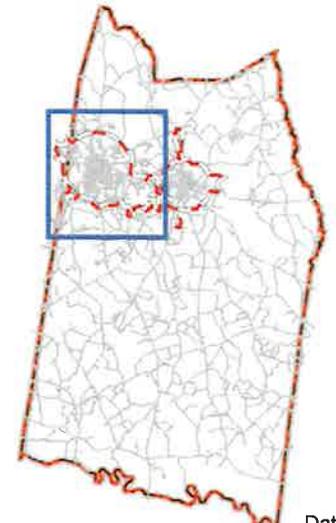
Date: 8/5/2019

City of Vidalia Water Service Area

- Roads
- Vidalia City Limits
- Tax Parcels 2018
- Vidalia Water SDS
- County Boundary



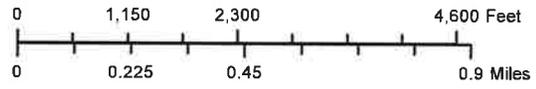
"The data sets represented here-in are presented to the user with the understanding that, because of the nature of some GIS datasets, there is no guarantee of completeness or accuracy. Conclusions drawn from, or actions taken on the basis of this data are the sole responsibility of the user."



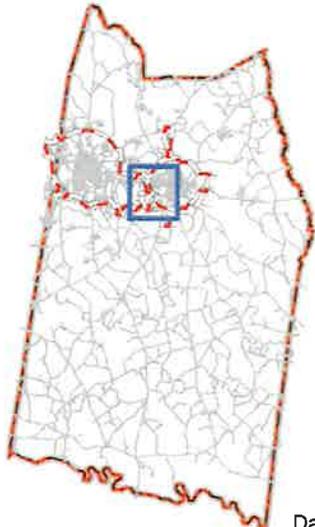
Date: 8/5/2019

City of Lyons/Vidalia Water Service Area Detailed

-  Roads
-  Vidalia City Limits
-  Tax Parcels 2018
-  Vidalia Water SDS
-  Lyons City Limits
-  Lyons Water SDS



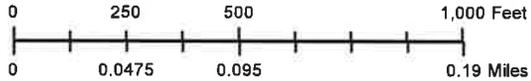
"The data sets represented here-in are presented to the user with the understanding that, because of the nature of some GIS datasets, there is no guarantee of completeness or accuracy. Conclusions drawn from, or actions taken on the basis of this data are the sole responsibility of the user."



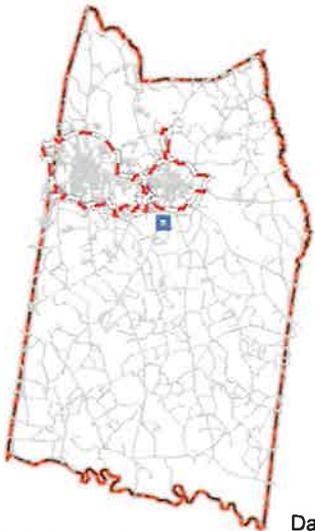
Date: 8/5/2019

City of Santa Claus Water Service Area

- Roads
- Tax Parcels 2018
- ▭ Santa Claus City Limits
- Santa Claus Water SDS



"The data sets represented here-in are presented to the user with the understanding that, because of the nature of some GIS datasets, there is no guarantee of completeness or accuracy. Conclusions drawn from, or actions taken on the basis of this data are the sole responsibility of the user."



Date: 8/5/2019



SERVICE DELIVERY STRATEGY

FORM 3: Summary of Land Use Agreements

Instructions:

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

COUNTY: TOOMBS COUNTY

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

None

2. Check the boxes indicating how these incompatibilities or conflicts were addressed:

- Amendments to existing comprehensive plans
- Adoption of a joint comprehensive plan
- Other measures (amend zoning ordinances, add environmental regulations, etc.)

If "other measures" was checked, describe these measures:
N/A

NOTE:
If the necessary plan amendments, regulations, ordinances, etc. have not yet been formally adopted, indicate when each of the affected local governments will adopt them.

3. What policies, procedures and/or processes have been established by local governments (and water and sewer authorities) to ensure that new extraterritorial water and sewer service will be consistent with all applicable land use plans and ordinances? Toombs County and the cities of Lyons, Santa Claus, and Vidalia have signed a joint resolution that establishes a process for handling disputes concerning property annexation and land use.

4. Person completing form: **John Jones**

Phone number: **912-526-3311** Date completed: 1/10/19

5. 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:



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 2000 population of over 9,000 residing within the county; and 4) no less than 50% of all other cities with a 2000 population of between 500 and 9,000 residing within the county. Cities with a 2000 population below 500 and local authorities providing services under the strategy are not required to sign this form, but are encouraged to do so.

COUNTY: TOOMBS

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

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

| JURISDICTION | TITLE | NAME | SIGNATURE | DATE |
|---------------------------|----------|---------------------|---|---------|
| <u>TOOMBS COUNTY</u> | Chairman | David Sikes |  | 9-12-19 |
| <u>CITY OF LYONS</u> | Mayor | Willis NeSmith, Jr. |  | 9/9/19 |
| <u>CITY OF SANTA CLAU</u> | Mayor | Vincent Meadows |  | 9/26/19 |
| <u>CITY OF VIDALIA</u> | Mayor | Ronnie Dixon |  | 9-18-19 |