



**SERVICE DELIVERY STRATEGY**

**FORM 1**

COUNTY: **WORTH**

**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.)

<b>OPTION A</b> <i>Revising or Adding to the SDS</i>	<b>OPTION B</b> <i>Extending the Existing SDS</i>
<ol style="list-style-type: none"> <li>4. List all services provided or primarily funded by each general purpose local government and authority within the county which are revised or added to the SDS in Section IV, below. (It is acceptable to break a service into separate components if this will facilitate description of the service delivery strategy.)</li> <li>5. For <b>each</b> service or service component listed in Section IV, complete a separate, updated <i>Summary of Service Delivery Arrangements</i> form (FORM 2).</li> <li>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).]</li> </ol>	<ol style="list-style-type: none"> <li>4. In Section IV type, "NONE."</li> <li>5. Complete one copy of the <i>Certifications for Extension of Existing SDS</i> form (FORM 5) and have it signed by the authorized representatives of the participating local governments. [Please note that DCA cannot validate the strategy unless it is signed by the local governments required by law (see Instructions, FORM 5).]</li> <li>6. Proceed to step 7, below.</li> </ol> <div style="background-color: #000080; color: white; padding: 10px; text-align: center; margin-top: 10px;"> <p><i>For answers to most frequently asked questions on Georgia's Service Delivery Act, links and helpful publications, visit DCA's website at <a href="http://www.dca.ga.gov/development/PlanningQualityGrowth/programs/servicedelivery.asp" style="color: white;">http://www.dca.ga.gov/development/PlanningQualityGrowth/programs/servicedelivery.asp</a>, or call the Office of Planning and Quality Growth at (404) 679-5279.</i></p> </div>

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

NOTE: ANY FUTURE CHANGES TO THE SERVICE DELIVERY ARRANGEMENTS DESCRIBED ON THESE FORMS WILL REQUIRE AN 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.

Worth County  
City of Poulan  
City of Sumner  
City of Sylvester  
City of Warwick  
Southwest Georgia Community Action Council  
Worth County Library Board  
Grady  
Worth County Economic Development Authority  
Best Friends Human Society  
Sylvester - Worth County Recreation Department  
Sylvester Housing Authority

**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.

911 Emergency Dispatch  
Ad Valorem Tax Billing & Collections  
Agricultural Building, including County  
Agent Airport  
Emergency Management/Rescue  
Law Enforcement  
Public Housing  
Recreation  
Roads and Bridges  
Storm Water Management  
Street Lighting  
Zoning

**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.

The following services has been revised:

Animal Control

Building Inspection and Code Enforcement

County Jail

Court Service

Economic Development

Emergency Medical

Fire Protection

Neighborhood Service Center - Community Action Council

Sewage Collection/Disposal

Social Services - Health Department, Mental Health and DFCS

Solid Waste Management

Water Supply & Distribution

The following services has been renamed:

Library changed to Sylvester Public Library Branch of Desto Trail Regional Library Tax

Disgest Preparation changed to Property Assesment for Ad Valorem Tax Purposes

Voter Registration & Election (County Wide) to Voter Registration & Election

The following service has be removed:

Cemetery

Voter Registration & Election (City Wide)

Sheriff Department



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: WORTH**

**Service: 911 Emergency Dispatch**

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.): **Worth 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.).

<i>Local Government or Authority</i>	<i>Funding Method</i>
Worth County	Telephone Surcharge
Sylvester	General Funds

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

No Change.

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

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

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

State Law

7. Person completing form: **Carl Rowland**

Phone number: **229.776.8200**      Date completed: 8-9-2018

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

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



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: WORTH**

**Service: Ad Valorem Tax Billing & 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.): **Worth 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.).

<b>Local Government or Authority</b>	<b>Funding Method</b>
Poulan	General Fund
Sumner	General Fund
Sylvester	General Fund
Warwick	General Fund
Worth	General Fund

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

No Changes

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

<b>Agreement Name</b>	<b>Contracting Parties</b>	<b>Effective and Ending Dates</b>
Intergovernmental Agreement	Worth County with Poulan, Sumner, Sylvester, Warwick	10/2001 - Annually

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?

N/A

7. Person completing form: **Carl Rowland**

Phone number: **229.776.8200**      Date completed: 8-9-2018

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

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



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: WORTH

Service: *Agricultural Building, including County Agent*

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.): **Worth 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.).

<i>Local Government or Authority</i>	<i>Funding Method</i>
Worth County	General Fund/Rental Fees

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

No Changes

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

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

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

N/A

7. Person completing form: **Carl Rowland**  
 Phone number: **229.776.8200**      Date completed: 8-9-2018

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

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



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: WORTH**

**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.): **Sylvester**

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.).

<b>Local Government or Authority</b>	<b>Funding Method</b>
Sylvester	General Fund, User Fees, Grants

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

No Changes

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

<b>Agreement Name</b>	<b>Contracting Parties</b>	<b>Effective and Ending Dates</b>

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?

N/A

7. Person completing form: **Carl Rowland**  
 Phone number: **229.776.8200**      Date completed: 8-9-2018

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

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



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: WORTH**

**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.): **Best Friends Humane Society**

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.).

<b>Local Government or Authority</b>	<b>Funding Method</b>
Worth County	General Fund
Poulan	General Fund
Sumner	General Fund
Sylvester	General Fund
Warwick	General Fund

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

Worth County and the Cities of Poulan, Sumner, Sylvester, and Warwick are each funding this service. The service is being provided on a contractual basis by Best Friends Humane Society.

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

<b>Agreement Name</b>	<b>Contracting Parties</b>	<b>Effective and Ending Dates</b>
Best Friends Humane Society	Worth County	7/11 - Annually
Best Friends Humane Society	Poulan	7/17 - Annually
Best Friends Humane Society	Sumner	7/17 - Annually
Best Friends Humane Society	Sylvester	7/17 - Annually
Best Friends Humane Society	Warwick	7/17 - Annually

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?

Ordinance - currently in effect.

7. Person completing form: **Carl Rowland**

Phone number: **229.776.8200**      Date completed: 8-9-2018

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

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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: WORTH

Service: *Building Inspection and 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.): **Worth County, City of Poulan, City of Sylvester and City of Warwick**

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.).

<b>Local Government or Authority</b>	<b>Funding Method</b>
Poulan	General Fund, Permit Fees
Sylvester	General Fund, Permit Fees
Worth County	General Fund, Permit Fees
Warwick	General Fund, Permit Fees

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

Worth County and the Cities of Poulan, Sylvester and Warwick are each funding this service. An intergovernmental agreement between Worth County and Warwick is in place.

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

<b>Agreement Name</b>	<b>Contracting Parties</b>	<b>Effective and Ending Dates</b>
InterGovernmental Agreement	Worth County and Warwick	11/2014 - Annual

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?

N/A

7. Person completing form: **Carl Rowland**

Phone number: **229.776.8200**      Date completed: 8-9-2018

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

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



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: WORTH

Service: County Jail

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.): **Worth 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.).

<i>Local Government or Authority</i>	<i>Funding Method</i>
Worth County	Court Fines

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

Updated funding method.

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

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

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

N/A

7. Person completing form: **Carl Rowland**  
 Phone number: **229.776.8200**      Date completed: 8-9-2018

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

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



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**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: WORTH**

**Service: Court 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.):

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.): **Worth County and the Cities of Poulan, Sumner, Sylvester and Warwick**

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

**Yes** (if "Yes," you must attach additional documentation as described, below)

**No**

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Poulan	General Fund, Fines
Sumner	General Fund, Fines
Sylvester	General Fund, Fines
Warwick	General Fund, Fines
Worth County	General Fund, Fines

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

Updated funding method.

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

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

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

N/A

7. Person completing form: **Carl Rowland**

Phone number: **229.776.8200**      Date completed: 8-9-2018

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

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

# Worth County

Court Services



## Legend

-  Poulan Service Area
-  Sumner Service Area
-  Sylvester Service Area
-  Warwick Service Area
-  Worth County Service Area





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: WORTH

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.): **Worth County Economic Development 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.).

<b>Local Government or Authority</b>	<b>Funding Method</b>
Worth County	Ad Valorem Tax

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

Update of the Funding Method but City of Sylvester is still a contributing factor for the Economic Development Authority.

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

<b>Agreement Name</b>	<b>Contracting Parties</b>	<b>Effective and Ending Dates</b>

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?

N/A

7. Person completing form: **Carl Rowland**

Phone number: **229.776.8200**      Date completed: 8-9-2018

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

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



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: WORTH

Service: *Emergency Management/Rescue*

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.): **Worth 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.).

<i>Local Government or Authority</i>	<i>Funding Method</i>
Worth County	General Fund

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

No Changes

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

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

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

N/A

7. Person completing form: **Carl Rowland**

Phone number: **229.776.8200**      Date completed: 8-9-2018

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

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





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: WORTH

Service: *Emergency Medical*

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.): **Grady EMS**
- 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.).

<i>Local Government or Authority</i>	<i>Funding Method</i>
Grady EMS	Private

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

The service provider has changed from Phoebe Worth to Grady EMS.

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>
Emergency Services Ag	Worth Co. Board of Commissioners & Grady EMS	7/16 - Annual

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?

N/A

7. Person completing form: **Carl Rowland**  
 Phone number: **229.776.8200**      Date completed: 8-9-2018

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

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



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: WORTH

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.):

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 Sylvester for Sylvester; Worth County for remaining municipalities and unincorporated areas. Poulan and Warwick.**

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

Yes (if "Yes," you must attach additional documentation as described, below)

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Poulan	General Fund
Sumner	General Fund
Sylvester	General Fund
Warwick	General Fund
Worth County	Insurance Premium Tax

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

Fire protection is provided and funded by the City of Sylvester through the general funds within Sylvester city limits. Fire protection is provided to the remaining municipalities and unincorporated areas of Worth County by Worth County Fire Department and the Volunteer Fire departments. The Volunteer Fire Departments are organized as private nonprofit organizations funded by Worth County. In order to ensure tax equity, a special fire tax district will be created by the county. Poulan and Warwick pay equipment and maintenance costs.

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>
Volunteer Fire Dept	Worth County, Poulan, Warwick and Sumner	9/1993; Annual

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?

Creation of speical fire tax district to fund fuire protection by county outside of sylvester.

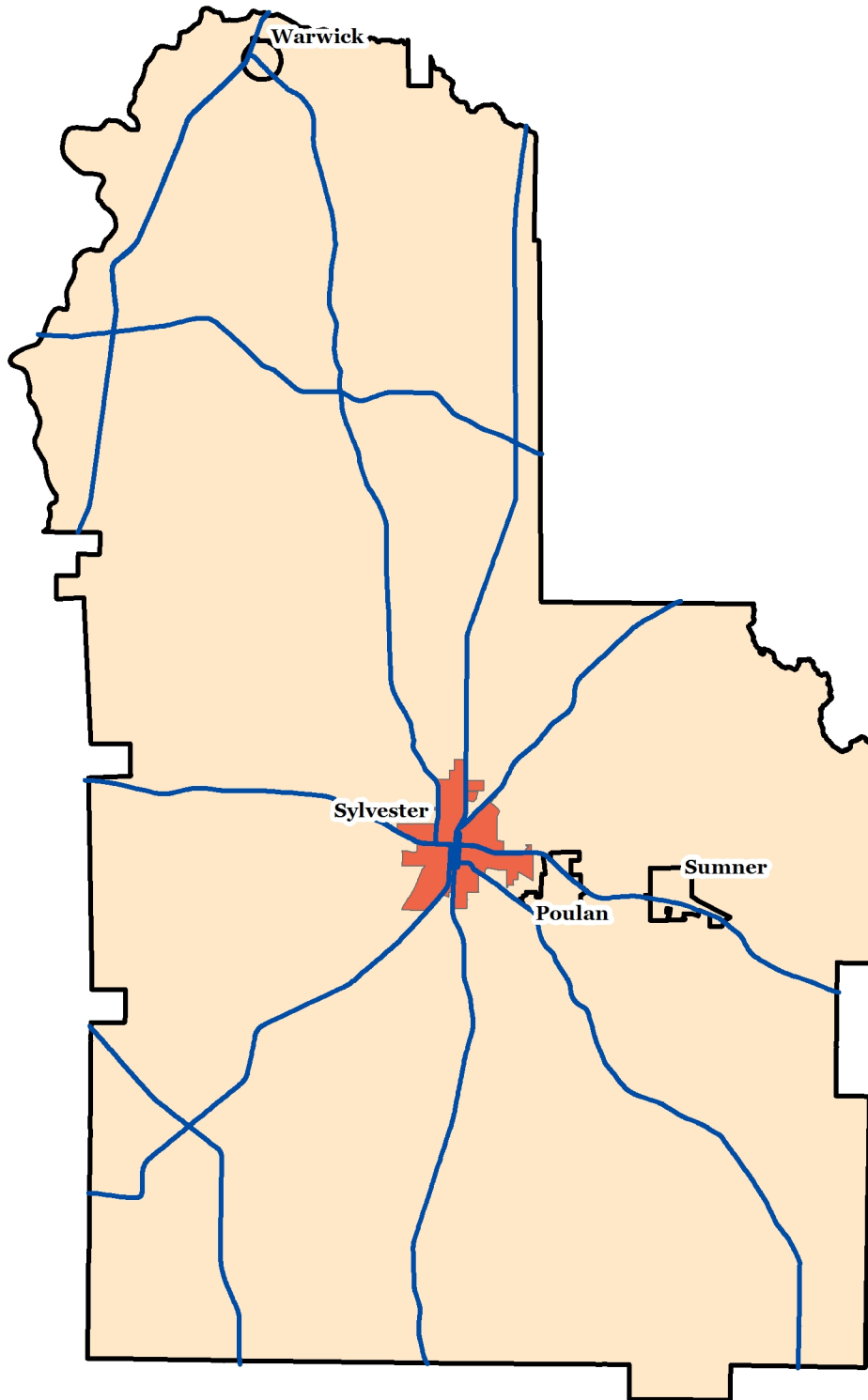
7. Person completing form: **Carl Rowland**  
 Phone number: **229.776.8200**      Date completed: 8-9-2018

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



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

# Worth County

Fire Protection



## Legend

-  Sylvester Fire Department Service Area
-  Worth County and Volunteer Fire Department Service Area





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: WORTH

Service: Law 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.):

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.): **Sheriff will provide countywide and Poulan, Sylvester, and Warwick will provide additional law enforcement in their incorporated limits.**

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.).

<b>Local Government or Authority</b>	<b>Funding Method</b>
Worth County	General Funds
Sylvester	General Funds
Worth County Schools	General Funds

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

No Changes

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

<b>Agreement Name</b>	<b>Contracting Parties</b>	<b>Effective and Ending Dates</b>

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?

N/A

7. Person completing form: **Carl Rowland**

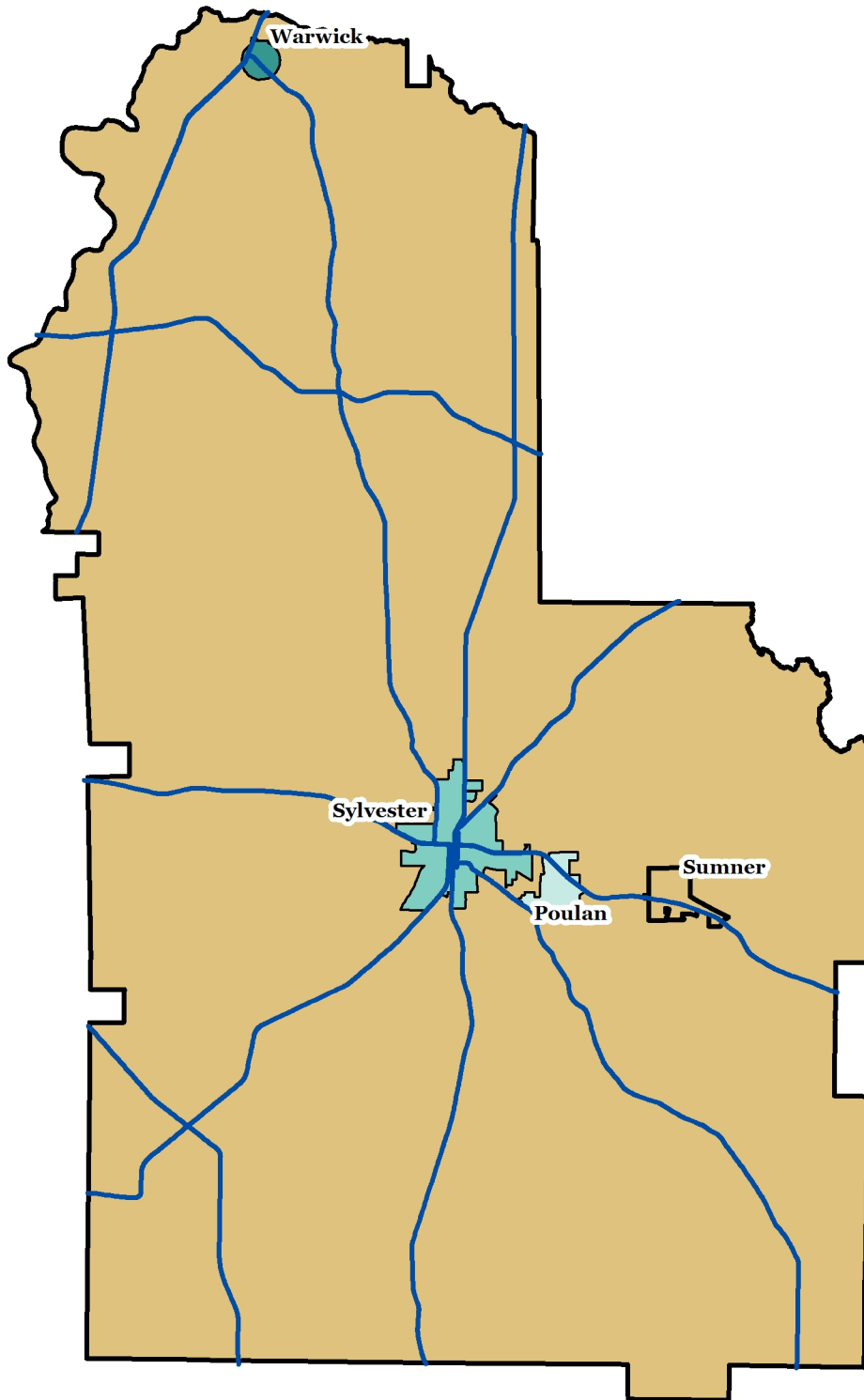
Phone number: **229.776.8200**      Date completed: 8-9-2018

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


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

# Worth County

Law Enforcement



## Legend

-  Worth County Service Area
-  Poulan Service Area
-  Sylvester Service Area
-  Warwick Service Area







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: WORTH**

**Service: *Neighborhood Service Center - Community Action Council***

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.): **Southwest Georgia Community Action Council**

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.).

<i>Local Government or Authority</i>	<i>Funding Method</i>
Community Action Council	Operating Funds (State and Federal Funds)

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

The service provider changed from Worth County to Southwest Georgia Community Action Council.

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

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

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

N/A

7. Person completing form: **Carl Rowland**  
 Phone number: **229.776.8200**      Date completed: 8-9-2018

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

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



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: WORTH

Service: *Property Assessment for Ad Valorem Tax Purposes*

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.): **Worth 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.).

<i>Local Government or Authority</i>	<i>Funding Method</i>
Worth County	Pro Rate Service by number of Parcels: 2/3 County and School Board

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

This service has a name change from Tax Digest Preparation to Property Assessment for Ad Valorem Tax Purposes and also an update in the funding method.

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

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

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

N/A

7. Person completing form: **Car Rowland**  
 Phone number: **229.776.8200**      Date completed: 8-9-2018

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

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



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: WORTH

Service: Public Housing

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.): **Sylvester Housing Authority serves Poulan, Sylvester, Warwick and Worth County**

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.).

<b>Local Government or Authority</b>	<b>Funding Method</b>
Sylvester Housing Authority	Grants/Rents

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

No Changes

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

<b>Agreement Name</b>	<b>Contracting Parties</b>	<b>Effective and Ending Dates</b>

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?

Housing Authority Law

7. Person completing form: **Carl Rowland**

Phone number: **229.776.8200**      Date completed: 8-9-2018

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

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



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: WORTH**

**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.): **Sylvester-Worth County Recreation 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.).

<i>Local Government or Authority</i>	<i>Funding Method</i>
Worth County	General Fund/User Fees
Sylvester	General Fund/User Fees

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

No Changes

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>
Recreation Service Agreement	Sylvester and Worth County	5/1970 - Ongoing

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

N/A

7. Person completing form: **Carl Rowland**

Phone number: **229.776.8200**      Date completed: 8-9-2018

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

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





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: WORTH

Service: Roads and Bridges

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.): **Worth County and Cities of Poulan, Sumner, Sylvester and Warwick**

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.).

<b>Local Government or Authority</b>	<b>Funding Method</b>
Worth County	General Fund/SPLOST Funds/DOT Funds
Poulan	General Fund/SPLOST Funds/DOT Funds
Sumner	General Fund/SPLOST Funds/DOT Funds
Sylvester	General Fund/SPLOST Funds/DOT Funds
Warwick	General Fund/SPLOST Funds/DOT Funds

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

No Changes

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

<b>Agreement Name</b>	<b>Contracting Parties</b>	<b>Effective and Ending Dates</b>

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?

N/A

7. Person completing form: **Carl Rowland**

Phone number: **229.776.8200**      Date completed: 8-9-2018

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

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



**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: WORTH**

**Service: Sewage Collection/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:  
**City of Sylvester**

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.).

<b>Local Government or Authority</b>	<b>Funding Method</b>
Sylvester	Enterprise Fund

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

Update of service area.

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

<b>Agreement Name</b>	<b>Contracting Parties</b>	<b>Effective and Ending Dates</b>

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?

N/A

7. Person completing form: **Carl Rowland**  
 Phone number: **229.776.8200**      Date completed: 8-9-2018

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

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



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: WORTH

Service: Sylvester Public Library Branch of Desoto Trail Regional 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.): **Worth County Library Board**

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.).

<i>Local Government or Authority</i>	<i>Funding Method</i>
Poulan	General Funds
Sylvester	General Funds
Warwick	General Funds
Worth County	General Funds

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

The City of Poulan was added to the funding method and the Worth County Schools were removed.

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

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

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

N/A

7. Person completing form: **Carl Rowland**  
 Phone number: **229.776.8200**      Date completed: 8-9-2018

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

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



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: WORTH

Service: Social Services-Health Department, Mental Health, DFCS

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.): **Worth 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.).

<b>Local Government or Authority</b>	<b>Funding Method</b>
Worth County	General Fund

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

The City of Sylvester has ben removed from the funding method.

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

<b>Agreement Name</b>	<b>Contracting Parties</b>	<b>Effective and Ending Dates</b>

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?

N/A

7. Person completing form: **Carl Rowland**  
 Phone number: **229.776.8200**      Date completed: 8-9-2018

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

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





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: WORTH

Service: Solid Waste 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.):

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.): **Poulan, Sylvester, Warwick, Worth County as per Worth County Consolidated Waste Plan**

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.).

<b>Local Government or Authority</b>	<b>Funding Method</b>
Worth County	Enterprise Fund/Landfill Fees
Poulan	Enterprise Fund
Sylvester	Enterprise Fund
Warwick	Enterprise Fund

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

The service is being provide on a contractual basis with Inert Waste

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

<b>Agreement Name</b>	<b>Contracting Parties</b>	<b>Effective and Ending Dates</b>
Inert Waste	Worth County, Sylvester and Poulan	11/2017 - Annual

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?

N/A

7. Person completing form: **Carl Rowland**  
 Phone number: **229.776.8200**      Date completed: 8-9-2018

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

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



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: WORTH

Service: Storm Water 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.):

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: **Poulan, Sylvester, and Warwick**)

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.).

<i>Local Government or Authority</i>	<i>Funding Method</i>
Poulan	General Fund
Sylvester	General Fund
Warwick	General Fund

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

No Changes

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

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

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

N/A

7. Person completing form: **Carl Rowland**  
 Phone number: **229.776.8200**      Date completed: 8-9-2018

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

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



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: WORTH

Service: *Street Lighting*

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:  
**Poulan, Sumner, Sylvester, and Warwick**

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.).

<i>Local Government or Authority</i>	<i>Funding Method</i>
Poulan	General Fund
Sumner	General Fund
Sylvester	Enterprise Fund
Warwick	General Fund

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

No Changes

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

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

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

N/A

7. Person completing form: **Carl Rowland**

Phone number: **229.776.8200**      Date completed: 8-9-2018

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

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



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: WORTH

Service: *Voter Registration & Elections*

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.): **Worth 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.).

<i>Local Government or Authority</i>	<i>Funding Method</i>
Poulan	General Fund
Sumner	General Fund
Sylvester	General Fund
Warwick	General Fund
Worth County	General Fund

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

Voter Registration and Elections both County and City Wide has become one service. The County will provide this service for all municipalities.

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

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

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

N/A

7. Person completing form: **Carl Rowland**  
 Phone number: **229.776.8200**      Date completed: 8-9-2018

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

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





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: WORTH**

**Service: *Water Supply & Distribution***

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.): **Poulan, Sumner, Sylvester and Warwick will provide water services in their incorporated boundaires. The City of Sylvester currently provides water services to the Isabella Community as specified in the agreement. The City of Poulan provides water services to Cotton, Voyles, PT Salter and Eason Road and Highway 285 (see resolution). Crisp County will provide water services to portions of Worth County as specified in the intergovernment agreement and may serve as back up water supplier to the City of Warwick.**

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

**Yes** (if "Yes," you must attach additional documentation as described, below)

**No**

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

If these conditions will be eliminated under the strategy, **attach an implementation schedule** listing each step or action that

will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Poulan	Enterprise Fund, Loans, Grants
Sumner	Enterprise Fund
Sylvester	Enterprise Fund, Loans, Grants
Warwick	Enterprise Fund
Worth	Enterprise Fund, Loans, Grants

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

Update of the service areas.

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>
Extraterritorial water & sewer	Worth County, Poulan, Sumner & Sylvester	June 2008; Annual
Extraterritorial water & sewer	Worth County & Crisp County	03/13/1997; Year to Year
Extraterritorial water & sewer	City of Sylvester & Isabella Community	June 2008; Annual
Extraterritorial water & sewer	Crisp County & City of Warwick	11/13/1997; Annual

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?

N/A

7. Person completing form: **Carl Rowland**







Phone number: **229.776.8200**      Date completed: 8-9-2018

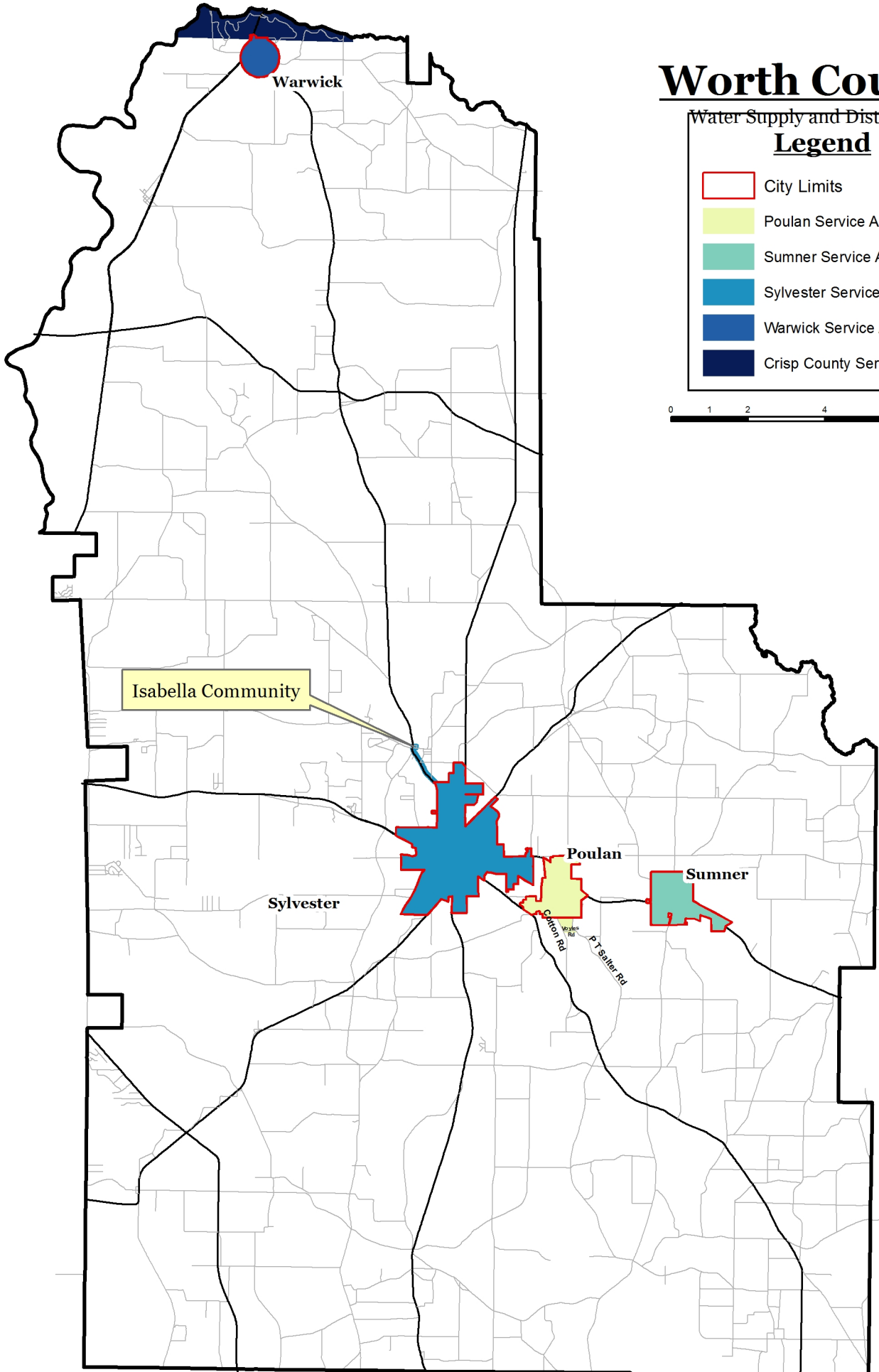
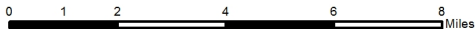
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy?  Yes  No

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

# Worth County

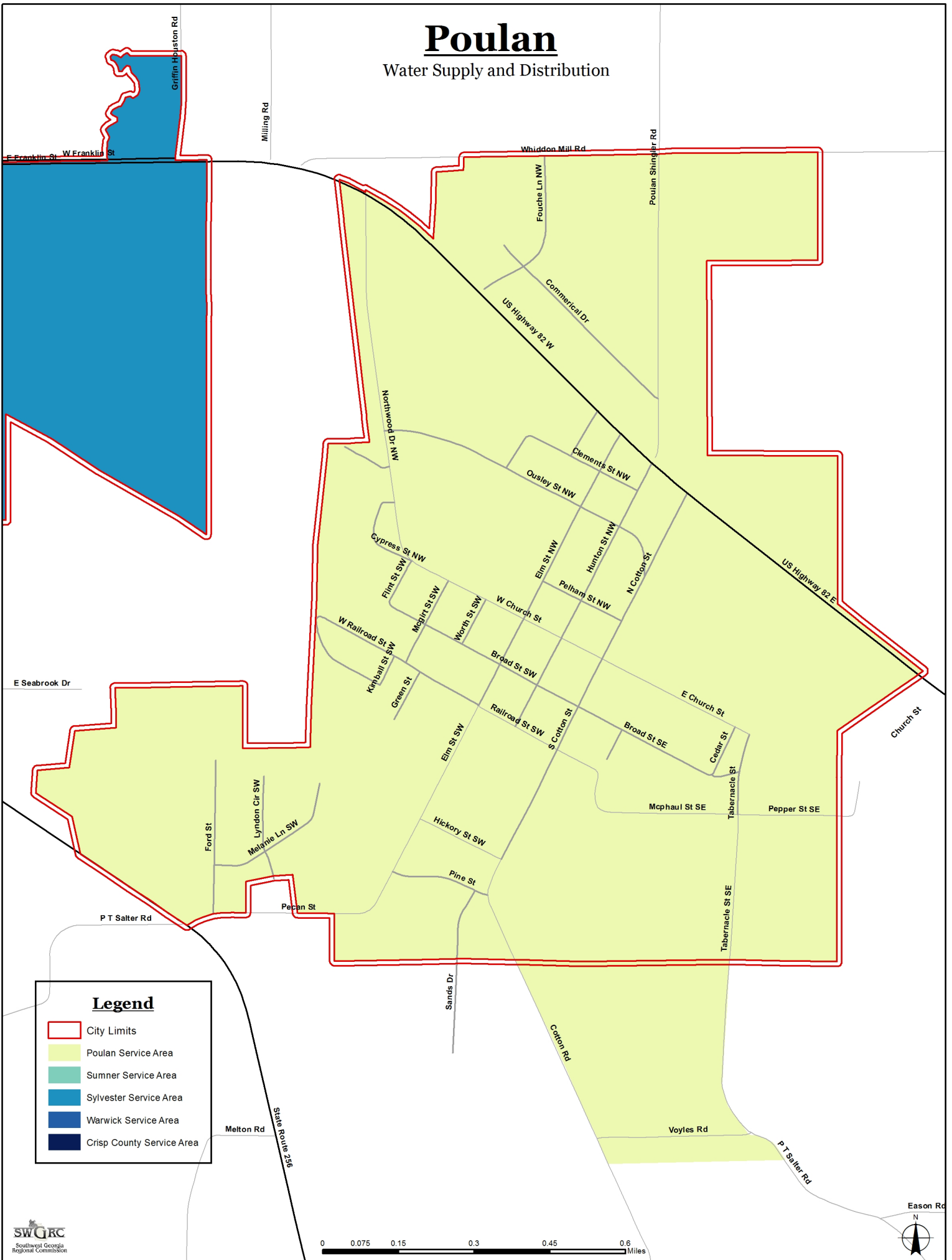
## Water Supply and Distribution Legend

-  City Limits
-  Poulan Service Area
-  Sumner Service Area
-  Sylvester Service Area
-  Warwick Service Area
-  Crisp County Service Area



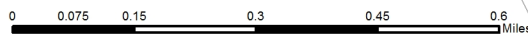
# Poulan

## Water Supply and Distribution



### Legend

- City Limits
- Poulan Service Area
- Sumner Service Area
- Sylvester Service Area
- Warwick Service Area
- Crisp County Service Area

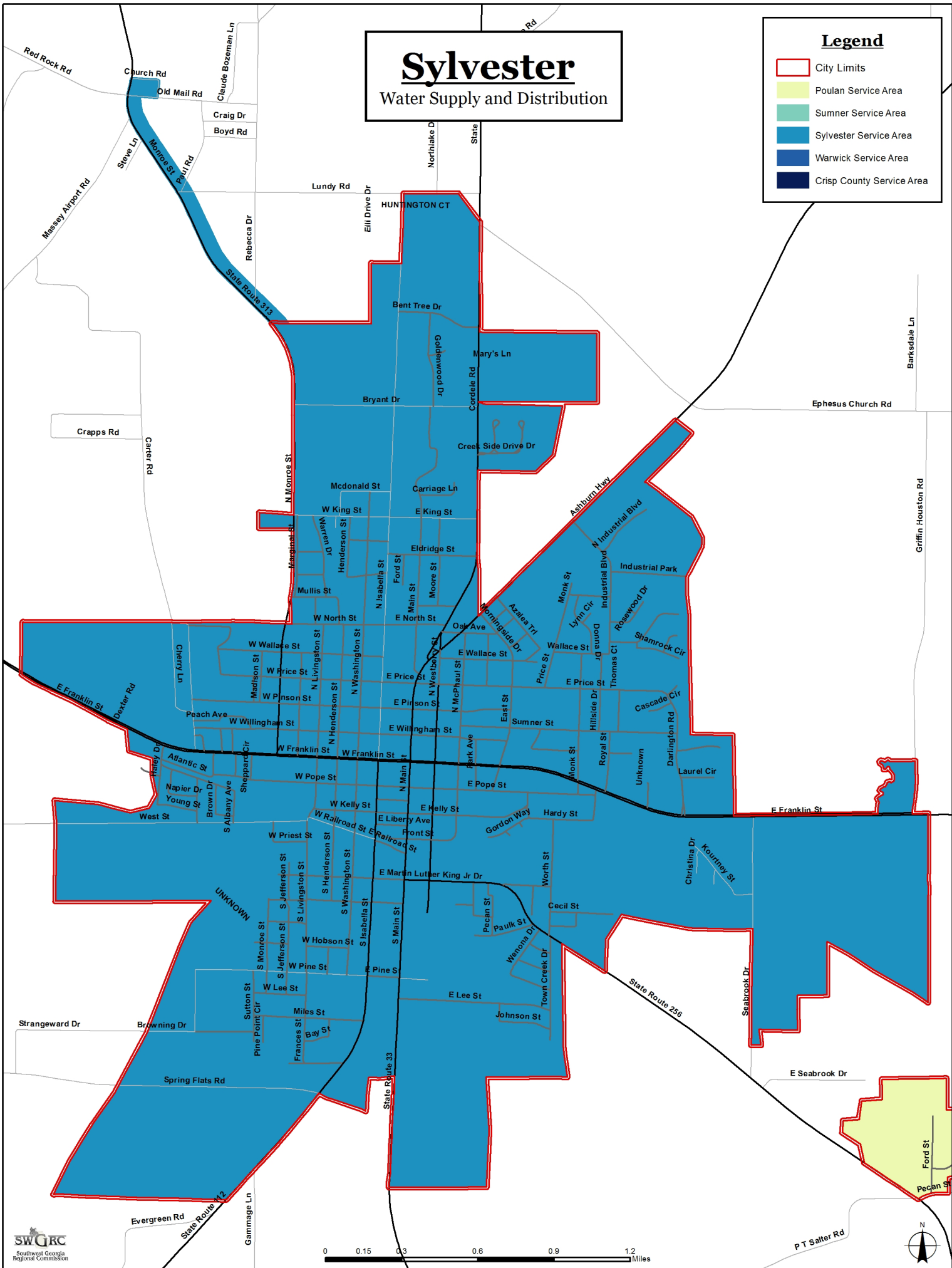


# Sylvester

## Water Supply and Distribution

**Legend**

- City Limits
- Poulan Service Area
- Sumner Service Area
- Sylvester Service Area
- Warwick Service Area
- Crisp County Service Area



**A Resolution Establishing a  
Process to Insure Compatibility with Applicable Land Use Plans and Ordinances  
and to Resolve Inter-Governmental Land Use Plan and Ordinance Inconsistencies  
Pursuant to the Provision of New Extra Territorial Water and Sewer Services**

WHEREAS, the Worth County Board of Commissioners and the Mayor and Councils of its political jurisdictions have found it necessary, desirable and in the public interest to establish a formal process to insure that the provision of new extraterritorial water and sewer service is consistent with all applicable land uses plans and ordinances of adjoining local governments, and

WHEREAS, the Worth County Board of Commissioners and its municipal jurisdictions have determined that a process to insure land use compatibility as it relates to the provision of new extraterritorial water and sewer services and land use plans/ordinances, and

WHEREAS, the Worth County Board of Commissioners and the governing bodies of the County's municipal jurisdictions have jointly developed a cooperative plan to insure consistency with applicable land use plans/ordinances,

**BE IT THEREFORE RESOLVED** by the Worth County Board of Commissioners of Worth County, Georgia and the governing bodies of the cities of Sumner, Warwick, Poulan, Sylvester and, **IT IS HEREBY RESOLVED** by the Authority of same:

**Section 1.** Effective immediately upon the adoption of this Resolution by the respective governments, the following process for insuring that proposed extraterritorial water and sewer service is compatible with the land use plans/ordinances of the new territory shall be implemented:

1. Prior to initiating the development of water and sewer services in extraterritorial boundaries, the local government proposing the new service will notify the adjacent government of the proposed new service by providing information on location of property, size of area, and existing/proposed land use associated with the property.
2. Within 10 working days following receipt of the above information, the local government receiving the notice of water/sewer extension will forward to the local government proposing the extension a statement either: (a) indicating that the proposal is compatible with that community's land use plan and all applicable ordinances; or (b) a description of why the proposal is inconsistent with the land use plan or ordinances providing supporting evidence. If the community proposing the service extension does not receive a response in writing within the deadline, the proposal shall be determined to be consistent with the community's land use plan or land use ordinances.

3. If the community desiring to extend the water or sewer services receives a notification that the proposal is incompatible with the land use plan, the community may respond in writing within 10 days of receiving the notification of land use inconsistency by: (a) requesting a meeting to discuss a formal change to the land use plan; (b) agreeing with the content of the notification and stopping action on the proposed service extension.
4. In the event the respective jurisdictions seek mediation, the governments will agree on a mediator, mediation schedule and determine participants in the mediation. Any costs associated with the mediation will be shared pro rata by the county and the city based on population in accordance with the most recent decennial census.
5. A proposal to extend extraterritorial water and sewer service shall not be implemented until any bona fide land use plan or land use ordinance inconsistencies are resolved pursuant to the dispute resolution process.
6. However, the final determination of the land use plan or land use ordinances will be accorded to the governing body receiving the proposed service extension.

**Section 2.** All ordinances and resolutions in conflict herewith are hereby repealed.

Worth County Board of Commissioners

ATTEST:

Neece Ford  
County Clerk

By: Billy McDonald 9-16-99  
Chairman Date

Mayor and Council, Sumner, Georgia

ATTEST:

Carl [Signature]  
Sumner City Clerk Witness

By: James [Signature] 10/4/99  
Mayor Date

Mayor and Council, Warwick, Georgia

ATTEST:

Neva Houston  
Warwick City Clerk

By: Frank F. Myers 10-5-99  
Mayor Date

Mayor and Council, Poulan, Georgia

ATTEST:

Robi Johnson  
Poulan City Clerk  
WP Disk 47 #4260-sk

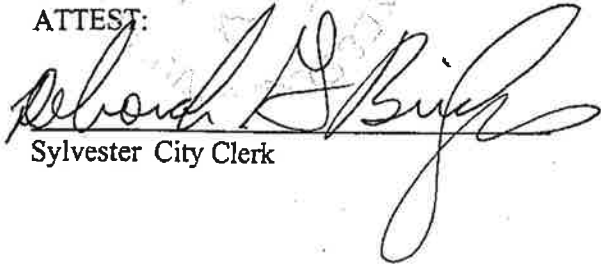
By: Julius [Signature] 9/21/99



Mayor

Date

ATTEST:

  
Sylvester City Clerk

Mayor and Council, Sylvester, Georgia

By:  9-5-99  
Mayor Date

MEMORANDUM

**TO:** Honorable Dan E. Miller  
Chair, Worth County Board of Commissioners  
Honorable Dustin Grubbs  
Mayor, City of Poulan  
Honorable James Trammell  
Mayor, Town of Sumner  
Honorable William Yearta  
Mayor, City of Sylvester  
Honorable Alan Peacock  
Mayor, City of Warwick

**FROM:** Mike Beatty *MB*  
Commissioner

**DATE:** November 25, 2008

**SUBJECT:** Service Delivery Strategy Verification

We have reviewed the recent update of the Service Delivery Strategy for Worth County and its cities and have determined that it meets all applicable requirements. Therefore, we are happy to verify the updated strategy.

Please keep in mind that you are required to review and revise this Service Delivery Strategy if any of the following occur:

- 1) Update of the comprehensive plan(s) for any local government in the county;
- 2) Change of service delivery arrangements;
- 3) Change in revenue distribution arrangements (e.g., changes to LOST distribution among the county and its municipalities);
- 4) Creation, abolition, or consolidation of local governments;
- 5) Existing service delivery strategy agreement expires; or
- 6) The county and affected municipalities otherwise agree to revise the strategy.

Please also remember that state agencies cannot provide state administered financial assistance, grants, loans, or permits to local projects that are inconsistent with this strategy. Therefore, prior to seeking state grant, loan or permit assistance, you should ensure that the request for assistance is consistent with your Service Delivery Strategy.

If you have any questions, please give Renetta Hobson of my staff a call at 404-679-3111.

MB/rh

cc: Dan Bollinger, Southwest Georgia RDC Executive Director  
Paul Forgey, Southwest Georgia RDC Planning Director  
Elizabeth Smith, DCA Area Planner  
Renetta Hobson, DCA



**A Resolution Establishing a  
Process to Insure Capatibility with Applicable Land Use Plans and Ordinances  
and to Resolve Inter-Governmental Land Use Plan and Ordinance Inconsistencies  
Pursuant to the Provision of New Extra Territorial Water and Sewer Services  
Resolution WC 08-14**

**WHEREAS**, the Worth County Board of Commissioners and the mayor and councils of its political jurisdictions have found it necessary, desirable and in the public interest to establish a formal process to insure that the provision of new extraterritorial water and sewer service is consistent with all applicable land uses plans and ordinances of adjoining local governments, and

**WHEREAS**, the Worth County board of Commissioners and its municipal jurisdictions have determined that a process to insure land use compatibility as it relates to the provision of new extraterritorial water and sewer services and land use plans/ordinances, and

**WHEREAS**, the Worth County Board of Commissioners and the governing bodies of the County's municipal jurisdictions have jointly developed a cooperative plan to insure consistency with applicable land use plans/ordinances,

**BE IT THEREFORE RESOLVED** by the worth County Board of Commissioners of Worth County, Georgia and the governing bodies of the cities of Sumner, Poulan, Sylvester and, **IT IS HEREBY RESOLVED** by the Authority of same:

**Section 1.** Effective immediately upon the adoption of this Resolution by the respective governments, the following process for insuring that proposed extraterritorial water and sewer service is compatible with the land use plans/ordinances of the new territory shall be implemented:

1. Prior to initiating the development of water and sewer services in extraterritorial boundaries the local government proposing the new service will notify the adjacent government of the proposed new service by providing information on location of property, size of area, and existing/proposed land use associated with the property.
2. Within 10 working days following receipt of the above information, the local government receiving the notice of water/sewer extension will forward to the local government proposing the extension a statement wither: (a) indicating the proposal is compatible with that community's land use plan and all applicable ordinances; or (b) a description of why the proposal is inconsistent with the land use plan or ordinances providing supporting evidence. If the community proposing the service extension does not receive a response in writing within the deadline, the proposal shall be determined to be consistent with the community's land use plan or land use ordinances.
3. If the community desiring to extend the water or sewer services receives a notification that the proposal is incompatible with the land use plan, the community may respond in writing within 10 days of receiving the notification of land use inconsistency by: (a) requesting a meeting to discuss a formal change to the land use plan; (b) agreeing with the contend of the notification and stopping action on the proposed service extension.
4. In the event the respective jurisdictions seek mediation, the governments will agree on a mediator, mediation schedule and determine participants in the mediation. Any costs associated with the mediation will be shared pro rate by the county and the city based on population in accordance with the most recent decennial census.

5. A proposal to extend extraterritorial water and sewer service shall not be implanted until any bona fide land use plan or land use ordinance inconsistencies are resolved pursuant to the dispute resolution process.
6. However, the final determination of the land use plan or land use ordinances will be accorded to the governing body receiving the proposed service extension.

**Section 2.** All ordinances and resolutions in conflict herewith are hereby repealed.

ATTEST:

Deborah Johnson  
County Clerk

Worth County Board of Commissioners

By: [Signature] 11/20/08  
Chairman Date

ATTEST:

Bonnie Walker  
Sumner City Clerk

Mayor and Council, Sumner, Georgia

By: Charlie D. Hall Jr. 1-7-09  
Mayor Date

ATTEST:

Jessica Jones  
Doulan City Clerk

Mayor and Council, Doulan, Georgia

By: [Signature] 1-13-09  
Mayor Date

ATTEST:

Kathy E. Wise  
Sylvester City Clerk

Mayor and Council, Sylvester, Georgia

By: [Signature] 2-5-09  
Mayor Date



Aug. 12, 2010

Ms. Barbara Reddick, Sr. Planner  
Southwest Georgia Regional Commission  
P. O. Box 346  
Camilla, Ga. 31730

RE: Worth County

Dear Ms. Reddick,

According to our phone conversation and your letter dated Aug. 3, 2010. Please find the attached copies of the following:

- 1) Resolution / Intergovernmental Contract with the City of Warwick
- 2) Resolution / Bd. Of Commissioners of Worth county
- 3) Intergovernmental Agreement for Construction / Operation of Water System

Should you require more information, please give us a call.

Sincerely,  
Crisp County Water Works

A handwritten signature in black ink that reads "Carl".

Carl D. Gamble  
Director of Public Works

CDG/ahs  
Attachments

THE BOARD OF COMMISSIONERS OF CRISP COUNTY

P.O. Box 370 ♦ 229.276.2388 ♦ 229.276.2658 FAX ♦ CORDELE, GEORGIA 31010-0370  
E-MAIL: CCPW@CRISPCOUNTY.COM

INTERGOVERNMENTAL AGREEMENT FOR CONSTRUCTION/OPERATION  
OF WATER SYSTEM (INCLUDING HUMAN CONSUMPTION AND FIRE FIGHTING)  
AND ESTABLISHMENT AND COLLECTION OF CHARGES AND FEES

THIS AGREEMENT made and entered into this 13<sup>th</sup> day of March, 1997, by and between WORTH COUNTY, GEORGIA, a political subdivision of the State of Georgia acting through its Board of Commissioners (hereinafter "WORTH") and CRISP COUNTY, GEORGIA, a political subdivision of the State of Georgia acting through its Board of Commissioners (hereinafter "CRISP"):

WITNESSETH:

WHEREAS, WORTH and CRISP desire to expand and enlarge the supply and distribution of water to citizens and residents of their respective counties; and,

WHEREAS, WORTH and CRISP have applied for and reviewed commitments for grants from Georgia Department of Community Affairs and/or other sources for funds to finance their respective projects; and

WHEREAS, Article IX, Section III, Paragraph 1(a) of the Constitution of the State of Georgia authorizes any county to contract with any other county or public authority for the provision of facilities or services which the contracting parties are authorized by law to provide; and

WHEREAS, CRISP and WORTH, acting by and through their respective Board of Commissioners, desire to enter into this Agreement for the provision of facilities and services;

NOW THEREFORE, for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, and the

mutual promises and covenants hereinafter contained, WORTH and CRISP agree as follows:

-1-

The parties recognize that unit cost efficiencies may be realized and substantial cost savings achieved by and through the consolidation for engineering, planning, bidding, and management of their respective projects; and toward that end, WORTH does hereby assign, set over, waive and release to CRISP all its rights, title and interest in the grant from Georgia Department of Community Affairs (hereafter "DCA") previously identified, promised, allocated, or apportioned to WORTH to provide water supply and distribution system for residents and citizens of Worth County substantially impacted by the major flood of 1994 and other residents in the vicinity of Lake Blackshear in Worth County.

-2-

CRISP agrees to design and build a water distribution system consisting generally of pipe and hydrants located in Worth County (said system, except for the portion thereof, including the gate valve, located from the gate valve to the Crisp County side of Smoak Bridge, being hereafter referred to as the "Worth System") which shall be connected to the Crisp County Water System. The Worth System will include a combination of eight inch and six inch water lines and, as a minimum, the system shall contain those provisions as set out under Option 1 in letter from Commissioner Jim Higdon to Billy McDonald, Chairman of Worth County Board of Commissioners, dated February 28, 1997 and as modified and/or

supplemented by letter from Chantal Matthews, Director, Business and Financial Assistance Division of Georgia Department of Community Affairs dated March 4, 1997, both of which documents have been delivered by DCA to CRISP. WORTH shall have no obligation to CRISP to provide any funds for the project other than the use, right, and assignment of its DCA entitlement and to provide at no cost to CRISP the right to use all road rights of way owned by WORTH for the laying of the pipes for the Worth System. Moreover, WORTH agrees to cooperate with CRISP in acquiring any additional easements required for the route of the Worth System.

-3-

CRISP agrees to operate and maintain the Worth System and to provide an adequate supply of water for human consumption as well as other uses for the customers on the Worth System, maintaining such water supply at a pressure to reasonably accommodate a minimum flow of 250 gallons/minute for fire fighting through the Worth System.

-4-

CRISP agrees to add eligible new customers adjacent to the Worth System and shall charge rates and fees approved by USDA-RD for connecting new customers. Eligibility of said customers shall be determined by the Crisp County Water Rate Resolution attached hereto. Charges for connecting new customers shall be billed by CRISP solely to the new customers. CRISP shall not be required to connect to any existing water system prior to the development of water accounting provisions satisfactory to CRISP.



-5-

While it is anticipated by the parties that the initial number of customers for CRISP from Worth County will approximate 100, CRISP agrees to provide an adequate water capacity to serve 400 residential customers of the Worth System. Commercial customers shall be provided service to the extent of available capacity of the system after provision for existing residential customers of the Worth System. It is understood between the parties that the customers shall consist of those persons, natural or artificial, who shall request water services from the system and WORTH shall have no duty to require that its citizens shall subscribe to water from the system. WORTH does agree, however, to encourage its citizens to subscribe to the water services provided and to neither directly nor indirectly compete for water customers served or potentially served under this contract by the Worth System.

-6-

CRISP agrees to assess, bill and collect all charges directly with and from the water users of the Worth System in accordance with the Crisp County Water Rate Regulations, a copy of which is attached hereto, and shall initially charge residential customers a flat monthly rate of \$12.00 per month plus \$2.00 per thousand gallons of water usage. CRISP agrees that it will not charge rates or make any kind of assessments against water customers in Worth County which are higher than those charges made by CRISP to its similar situated customers located in Crisp County, except to the extent that such difference is caused by regulations or resolutions

of WORTH. CRISP shall be unconditionally entitled to all revenues collected from the Worth System during the term of this agreement, and, except as hereinafter provided, WORTH shall incur no charges by CRISP in connection therewith. CRISP shall have the full right and authority to assign its revenues and anticipated revenues provided for hereunder but shall have no rights to encumber in any manner the structures, apparatuses, and distribution system located within Worth County.

-7-

WORTH agrees not to charge any franchise or other fee to CRISP during the term of this Agreement.

-8-

CRISP agrees to provide the WORTH fire department with meters for use during the conduct of training, and WORTH shall utilize said meters for said purpose. In the event WORTH desires to use hydrants for purposes other than fire fighting or fire fighting training, WORTH shall utilize said meters and pay the then effective water rate for such usage to CRISP.

-9-

CRISP will comply with any and all regulations concerning the quality of water throughout the water system as may be mandated by any and all state and federal agencies including but not limited to EPD and EPA, and there shall be no charge to WORTH for this compliance.

-10-

WORTH shall be and remain the sole owner of the Worth System;

provided however, CRISP shall be and remain the sole owner of the gate valve located on the Worth County side of Smoak Bridge and the pipe from said gate valve to the Crisp County side of Smoak Bridge.

-11-

CRISP agrees to provide the services hereunder for a full term of twenty (20) years measured from the date CRISP commences water services, which commencement shall be on or before October 1, 1998. CRISP shall at all times have the right to control and manage the system. Provided that DCA shall amend the Crisp grant to include increased well, tank and other infrastructure cost to CRISP associated with this contract in addition to sufficient funds to construct the WORTH portion of the system; after a term of ten (10) years has elapsed from the commencement of water services by CRISP, WORTH may give notice of its intention to terminate this agreement. Such termination shall not occur, however, until the lapse of two (2) years from the date of such notice. Upon termination of this Agreement WORTH shall accept the Worth System AS IS.

-13-

The obligations of CRISP pursuant to this Agreement are conditioned on CRISP securing all necessary permits and rights-of-way to construct and operate the system, and WORTH agrees to provide reasonable assistance to CRISP as necessary for the acquiring of said permits and rights-of-way, though WORTH shall not be required to expend funds therefor.

-14-

Any notices which may be deemed to be required, desirable or

convenient, shall be delivered to the Chairman of the Board of Commissioners of each of the parties and to the County Administrator at the main office of each party at the respective courthouse.

-15-

This agreement has been duly authorized by appropriate resolution of the respective governmental units and to be executed by each by the signatures subscribed below.

WORTH COUNTY, GEORGIA

BY: Billy McDonald  
Billy McDonald, Chairman  
Board of Commissioners

[OFFICIAL SEAL]

ATTEST: Jack H. Powell  
Clerk or Administrator

CRISP COUNTY, GEORGIA

BY: J. R. Dowdy, Jr.  
J. R. Dowdy, Jr., Chairman  
Board of Commissioners

[OFFICIAL SEAL]

ATTEST: Jan R. [Signature]  
Clerk or Administrator

A RESOLUTION BY THE BOARD OF COMMISSIONERS OF WORTH COUNTY, GEORGIA APPROVING AN AGREEMENT WITH CRISP COUNTY, GEORGIA, PROVIDING FOR THE DESIGN, CONSTRUCTION, AND INSTALLATION OF A WATER DISTRIBUTION SYSTEM TO SERVE WORTH COUNTY RESIDENTS IN THE LAKE BLACKSHEAR AREA OF WORTH COUNTY PROVIDING FOR OPERATION OF THE SYSTEM AND WATER SUPPLY; PROVIDING A WATER RATE STRUCTURE; PROVIDING FOR OWNERSHIP OF THE FACILITY AND PROVIDING A TERM FOR THE AGREEMENT; DIRECTION THE EXECUTION OF THE AGREEMENT AND FOR OTHER PURPOSES.

BE IT RESOLVED by the Board of Commissioners of Worth County, Georgia and it is hereby resolved by the authority thereof as follows:

SECTION ONE

Pursuant to lengthy and extended planning and negotiations by, between, and among Worth County, Crisp County, and the Georgia Department of Community Affairs, Worth County approves the agreement with Crisp County providing for joint efforts in the installation and operation of a water system in the Lake Blackshear area of Worth County.

SECTION TWO

Said agreement is attached hereto as Exhibit A and by reference incorporated herein.

SECTION THREE

The Chairman of the Board of Commissioners of Worth County, Georgia and the County Administrator are authorized and directed

CLARENCE A. MILLER  
ATTORNEY AT LAW  
P.O. BOX 210  
SYLVESTER, GA. 31791  
(912)776-3396  
Telecopier: (912)776-9582

to execute said contract on behalf of Worth County.

Adopted this 13th day of March, 1997 at a special meeting of the Worth County Board of Commissioners called and advertised for the specific purpose of adopting this resolution with a quorum present and acting at all times.

*Billy McDonald*  
\_\_\_\_\_  
BILLY MCDONALD, CHAIRMAN  
BOARD OF COMMISSIONERS  
WORTH COUNTY, GEORGIA

ATTEST: *Nell Ford*  
\_\_\_\_\_  
NELL FORD, CLERK

RESOLUTION  
AUTHORIZING INTERGOVERNMENTAL CONTRACT  
WITH CITY OF WARWICK

WHEREAS, the Board of Commissioners of County is authorized by an Intergovernmental Agreement with Board of Commissioners of Worth County to construct a water line into the unincorporated areas of north Worth County, which water line is to be funded by CDBG Emergency Grant Funds; and

WHEREAS, the Board of Commissioners of Crisp County desires the right to construct, locate, and maintain a portion of said water line within that portion of Power Dam Road located within the incorporated boundary of the City; and

WHEREAS, Article IX, Section III of the Constitution of the State of Georgia authorizes the Board of Commissioners of Crisp County to enter into an intergovernmental agreement with the City of Warwick;

BE IT THEREFORE RESOLVED, that, pursuant to Article IX, Section III of the Constitution of the State of Georgia, the Board of Commissioners of Crisp County enter into an Intergovernmental Agreement with the City of Warwick, which agreement shall be in substantially the form set forth at Exhibit "A";

RESOLVED FURTHER, that the Chairman be and is hereby authorized to execute and deliver said Agreement and to consent and agree to any and all terms thereof; and

RESOLVED FURTHER, that the County Administrator be and is hereby authorized to affix the seal of the County to any writings executed by the Chairman in connection with the foregoing, and to attest the same, but such attestation and/or sealing is not required to evidence the same as the act and deed of the County.

SO RESOLVED this 14th day of October, 1997.

BOARD OF COMMISSIONERS OF CRISP  
COUNTY, GEORGIA

By: \_\_\_\_\_

Chairman

(Official Seal)

Attest: \_\_\_\_\_

Administrator

INTERGOVERNMENTAL AGREEMENT  
BETWEEN  
THE CITY OF WARWICK  
AND  
CRISP COUNTY

*November* THIS AGREEMENT is made and entered into this 13 day of ~~October~~, 1997, pursuant to Article IX, Section III of the Constitution of the State of Georgia, by and between CRISP COUNTY, a political subdivision of the State of Georgia, acting through its Board of Commissioners (the "County"), and the CITY OF WARWICK, a Georgia Municipality acting through its Mayor and City Council (the "City"),

W I T N E S S E T H:

WHEREAS, the County is authorized by an Intergovernmental Agreement with Worth County to construct a water line into the unincorporated areas of north Worth County, which water line is to be funded by CDBG Emergency Grant Funds; and

WHEREAS, the County desires the right to construct, locate, and maintain a portion of said water line within that portion of Power Dam Road located within the incorporated boundary of the City; and

WHEREAS, the City desires to assure that the County will not serve properties presently located within the incorporated limits of the City;

NOW, THEREFORE, for and in consideration of the mutual promises and pledges set forth below, the undersigned hereby agree as follows:

1. The County agrees that it will neither offer nor provide water services to properties located within the incorporated limits of the City of Warwick; provided however, the County shall not be required to discontinue water services to property which, at the time of the initial provision of said services, were located in the unincorporated Worth County, but which are subsequently annexed by the City.

2. The City hereby ~~agrees to grant, and does hereby grant~~ <sup>C.R.</sup> to the County permission to construct and maintain ~~ing~~ <sup>n.H.</sup> a water line not to exceed eight inches in diameter within the right-of-way of that portion of Power Dam Road lying within the incorporated limits of the City.



3. The City shall have the right, but not the duty, to designate, prior to initial construction, the reasonable location of the water line within the right-of-way, but it shall be the duty and obligation of the County to appropriately and safely install and maintain the water line in accordance with all applicable rules and regulations governing the same.

IN WITNESS WHEREOF the governing bodies of the City and County, in regular public meeting sessions assembled, have caused duplicate originals of this Contract to be executed under seal by authorized representatives of the governing bodies, effective the day and year first above written.

CITY OF WARWICK

By: C. R. Samble  
Mayor

Attest: Neva Houston  
Clerk

(Official Seal)

CRISP COUNTY

By: [Signature]  
Chairman, Board of Commissioners  
of Crisp County

Attest: [Signature]  
County Administrator

(Official Seal)

**AGREEMENT BETWEEN THE CITY OF SYLVESTER, GEORGIA AND THE  
ISABELLA WATER BOARD**

**THIS AGREEMENT**, made and entered into as of the 30TH day of June, 2008, by and between the City of Sylvester, a municipal corporation created and existing under the laws of the State of Georgia, acting by and through its City Council, (hereinafter referred to as the "City") and the Isabella Water Board (hereinafter referred to as the "Water Board");

**WITNESSETH:**

**WHEREAS**, the Water Board currently operates a water system which serves persons in the community of Isabella; and

**WHEREAS**, the City operates a water distribution system within in the boundaries of the City; and

**WHEREAS**, after careful study and deliberation, the Water Board has determined that the most feasible method for continuing delivery of water service to users is to allow the City to acquire the water distribution facilities owned and operated by the Water Board and to allow the City to begin providing services to the area currently served by the Water Board; and

**WHEREAS**, the City now desires to enter into this agreement with the Water Board for the purpose of setting forth their understandings with respect to the provision of services by the City to the persons currently served by the Water Board; a

**NOW, THEREFORE**, in consideration of the mutual covenants contained herein, the City and the Water Board, each acting by and through its authorized officers pursuant to resolutions duly adopted and properly passed, do hereby agree as follows:

Section 1. The City will construct a water distribution system (the "System") to service the Isabella community which is currently being served by the Water Board. Such System will be constructed in accordance with sound engineering and design. The System will be financed with the proceeds of loan received by the City from the Georgia Environmental Facilities Authority; provided that if such loan is insufficient to construct the System, the City will be obligated to finance the balance of the costs of the construction of the System with its own funds and to complete construction of the System, and the Water Board will not be obligated to contribute funds to the construction of the System. Upon receipt of a certificate of completion of the project and acceptance of the project by the City, the City will take possession of and begin operation of the water distribution system currently operated by the Water Board.

Section 2. The City will operate and maintain the System in the same manner in which it operates and maintains the water distribution system serving persons within the corporate limits of the City, including providing sufficient water pressure for fire protection. The City will make all necessary repairs to the System at no additional charge to customers.

Section 3. The City, in its sole discretion, shall set all rates, fees and charges to be assessed for water service; provided that the City shall charge no more than the cost of providing the services outside the corporate limits of the City. The City shall have the right to charge a rate outside the corporate limits of the City that is different than the rate charged inside the corporate limits of the City.

Section 4. The Water Board cannot and shall not require its customers to become customers of the City; provided that the Water Board shall encourage its customers to become customers of the City and shall not directly or indirectly compete with the City in the delivery of water service to customers served or potentially served by the System.

Section 5. The City will bill and collect for services delivered in accordance with the City's water rate regulations attached hereto as Exhibit A; provided that nothing herein shall prevent the Mayor and Council of the City from adopting any ordinance or resolution at any time amending the provisions attached hereto on Exhibit A. The City shall be entitled to retain all amounts collected by the City in connection with the deliver of services hereunder.

Section 6. The City shall at all times operate and maintain the System in such a manner as to comply in all material respects with the requirements of federal, state and local laws, regulations and ordinances applicable to the services to be preformed hereunder. In addition, the City will maintain any license necessary to conform to any law, regulation, or rule promulgated by the Georgia Environmental Protection Division or the United States Environmental Protection Administration.

Section 7. Existing customers of the Water Board who apply for service from the City will not be charged any fees by the City until the time in which they begin receiving services from the City. Existing customers of the Water Board will not be charged any tap fees for connection to the System.

Section 8. The City will insure that this contractor's actions during the construction will be the responsibility of the contractor including the restoration of any water service interrupted by the contractor's actions. Neither the City nor its contractors will be responsible for repairing damage to existing underground water facilities owned by IWS when the city facilities are available for the provision of service.

Section 9. This Agreement may be executed in any number of counterparts, each of which so executed shall be deemed an original, but all such counterparts shall together constitute but one and the same instrument.

Section 10. This Agreement shall be governed by the laws of the State of Georgia.

Section 11. Should any phrase, clause, sentence or paragraph herein contained be held invalid or unconstitutional, it shall in no way affect the remaining provisions of this Agreement, which shall remain in full force and effect.

Section 12. This Agreement may be amended at any time upon the written agreement of the parties hereto.

IN WITNESS HEREOF, this 30TH day of June, 2008, the parties have executed this Agreement by and through the duly authorized officers signing below.

**THE CITY OF SYLVESTER, GEORGIA**

(SEAL)

By:   
Mayor

Attest: Kathy E. Wise  
City Clerk

**ISABELLA WATER BOARD**

(SEAL)

By:   
Chairman

  
Isabella Water Board Member

  
Isabella Water Board Member

  
Isabella Water Board Member

  
Isabella Water Board Member

**Exhibit A**

---

**Rates for Isabella Customers connecting to the City system**

	<b>BASE</b>	<b>TIER 1 per 1,000 gallons</b>	<b>TIER 2 per 1,000 gallons</b>	<b>TIER 3 per 1,000 gallons</b>
<b>ISABELLA</b>	<b>16.50</b>	<b>2.25</b>	<b>2.50</b>	<b>2.00</b>

**Tier 1: 0 - 5,000 gallons /month**

**Tier 2: 5,001 – 10,000 gallons/month**

**Tier 3: 10,001 – over gallons/month**

A RESOLUTION TO  
FORMALLY ADOPT THE UPDATES  
TO THE WORTH COUNTY SERVICE DELIVERY STRATEGY  
AS REQUIRED BY STATE LAW

**Whereas**, the local governments of Worth County are required to review their existing Service Delivery Strategy concurrently with the update to the Worth County and Cities of Poulan, Sumner, Sylvester and Warwick consolidated Comprehensive Plan to determine if the Strategy continues to reflect the preferred arrangements for providing local services; and,


**Whereas**, the governments of Worth County and the Cities Poulan, Sumner, Sylvester and Warwick have found it necessary to make minor revisions to the Service Delivery Strategy; and,

**Whereas**, the revised Service Delivery Strategy promotes the delivery of water and sewer services in the most efficient, effective and responsive manner for all residents, individuals and property owners throughout the county; and,

**Therefore, be it resolved** by the Worth County Board of Commissioners that the revised Worth County Service Delivery Strategy be submitted to the Georgia Department of Community Affairs for approval, and that the Chairman be authorized to sign the Service Delivery Strategy document on behalf of the County.

**Be it further resolved**, by the Mayor and the Council of Sumner, Georgia to approve and adopt these revisions to the Worth County Service Delivery Strategy.

Duly enacted this 11<sup>th</sup> day of October, 2010

  
\_\_\_\_\_  
Matt Medders, County Commission Chair  
Worth County

  
\_\_\_\_\_  
Witness

A RESOLUTION  
FORMALLY ADOPT THE UPDATES  
TO THE WORTH COUNTY SERVICE DELIVERY STRATEGY  
AS REQUIRED BY STATE LAW

**Whereas**, the local governments of Worth County are required to review their existing Service Delivery Strategy concurrently with the update to the Worth County and Cities of Poulan, Sumner, Sylvester and Warwick Consolidated Comprehensive Plan to determine if the Strategy continues to reflect the preferred arrangements for providing local services; and,

**Whereas**, the governments of Worth County and the City of Warwick have found it necessary to make minor revisions to the Service Delivery Strategy; and,

**Whereas**, the revised Service Delivery Strategy promotes the delivery of water and sewer services in the most efficient, effective and responsive manner for all residents, individuals and property owners throughout the county; and,

**Therefore, be it resolved** by the Mayor and Council of Warwick, Georgia that the revised Worth County Service Delivery Strategy be submitted to the Georgia Department of Community Affairs for approval, and that the Mayor be authorized to sign the Service Delivery Strategy document of behalf of the City.

**Be it further resolved**, by the Mayor and Council of Warwick, Georgia to approve and adopt these revisions to the Worth County Service Delivery Strategy.

Duly enacted this 19 day of Oct, 2010



Alan Peacock, Mayor  
City of Warwick



Witness

**A RESOLUTION  
FORMALLY ADOPTING THE REVISIONS TO THE  
WORTH COUNTY SERVICE DELIVERY STRATEGY  
AS REQUIRED BY STATE LAW**

**WHEREAS**, the local governments of Worth County are required to keep their Service Delivery Strategy accurate in order to effectively address the service delivery needs of its citizens. It is therefore necessary to revise the existing Service Delivery Strategy concurrently with Worth County and the City of Sylvester, Warwick, and Sumner to reflect the preferred arrangements for providing water and sewer services; and

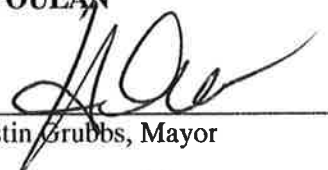
**WHEREAS**, the governments of Worth County and its Cities have found it necessary to make minor revisions to the Service Delivery Strategy; and

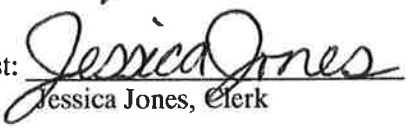
**WHEREAS**, the revised Service Delivery Strategy promotes the delivery of local government services in the most efficient, effective, and responsive manner for all residents, individuals, and property owners throughout the county;

**THEREFORE, BE IT RESOLVED** by the Mayor and City Council of the City of Poulan, do hereby adopt the revisions to the Worth County Service Delivery Strategy and approve submitting the revised Worth County Service Delivery Strategy to the Georgia Department of Community Affairs for approval.

**SO RESOLVED** this 24<sup>th</sup> day of August, 2010

**CITY OF POULAN**

By:   
Dustin Grubbs, Mayor

Attest:   
Jessica Jones, Clerk

(S E A L)



RESOLUTION 2010-10  
A RESOLUTION  
FORMALLY ADOPTING THE REVISIONS  
TO THE WORTH COUNTY SERVICE DELIVERY STRATEGY  
AS REQUIRED BY STATE LAW

**Whereas**, the local governments of Worth County are required to keep their Service Delivery Strategy accurate in order effectively address the service delivery needs of its citizens. It is therefore necessary to revise their existing Service Delivery Strategy concurrently with the Cities of Poulan, Sumner, Sylvester to reflect the preferred arrangements for providing water and sewer services; and,


**Whereas**, the governments of Worth County and its Cities have found it necessary to make minor revisions to the Service Delivery Strategy; and,

**Whereas**, the revised Service Delivery Strategy promotes the delivery of local government services in the most efficient, effective and responsive manner for all residents, individuals and property owners throughout the county;

**Therefore, be it resolved** by the Mayor and Council of the City of Sylvester, Georgia that the revised Worth County Service Delivery Strategy be submitted to the Georgia Department of Community Affairs for approval.

**Be it further resolved**, by the Mayor and Council of the City of Sylvester, Georgia to approve and adopt these revisions to the Worth County Service Delivery Strategy.

Duly enacted this 18th day of October, 2010

  
\_\_\_\_\_  
William J. Yearta, Mayor  
City of Sylvester

  
\_\_\_\_\_  
Kathy E. Wise



COPY

A RESOLUTION  
FORMALLY ADOPT THE UPDATES  
TO THE WORTH COUNTY SERVICE DELIVERY STRATEGY  
AS REQUIRED BY STATE LAW

**Whereas,** the local governments of Worth County are required to review their existing Service Delivery Strategy concurrently with the update to the Worth County and Cities of Poulan, Sumner, Sylvester and Warwick Consolidated Comprehensive Plan to determine if the Strategy continues to reflect the preferred arrangements for providing local services; and,

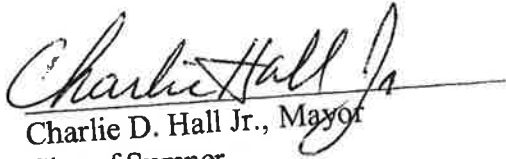
**Whereas,** the governments of Worth County and the City of Sumner have found it necessary to make minor revisions to the Service Delivery Strategy; and,

**Whereas,** the revised Service Delivery Strategy promotes the delivery of water and sewer services in the most efficient, effective and responsive manner for all residents, individuals and property owners throughout the county; and,

**Therefore, be it resolved** by the Mayor and Council of Sumner, Georgia that the revised Worth County Service Delivery Strategy be submitted to the Georgia Department of Community Affairs for approval, and that the Mayor be authorized to sign the Service Delivery Strategy document of behalf of the City.

**Be it further resolved,** by the Mayor and the Council of Sumner, Georgia to approve and adopt these revisions to the Worth County Service Delivery Strategy.

Duly enacted this 4th day of October, 2010

  
Charlie D. Hall Jr., Mayor  
City of Sumner

  
Witness



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: WORTH

Service: 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):

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.): **Poulan, Sumner, Warwick, Sylvester and Worth County**

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.).

<i>Local Government or Authority</i>	<i>Funding Method</i>
Poulan	General Fund/User Fees
Sumner	General Fund/User Fees
Sylvester	General Fund/User Fees
Warwick	General Fund/User Fees
Worth County	General Fund/User Fees

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

No Change.

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

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

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

N/A

7. Person completing form: **Carl Rowland**  
 Phone number: **229.776.8200**      Date completed: 8-9-2018

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

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



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: WORTH**

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:  
Describe "Other" Measures Here

<b>NOTE:</b>
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? All governments will be guided by the SDS and will secure permission through resolution or from the elected body of the jurisdiction before extraterritorial services are provided. An updated SDS will be required whenever new territory or services are added to the service delivery area.

4. Person completing form: **Kimberly Brooks, Planner**

Phone number: **229.522.35552**      Date completed: August 2018

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:

**CARL ROWLAND, WORTH COUNTY ADMINISTRATOR , 229.776.8200**



SERVICE DELIVERY STRATEGY

**IBRNI I: Ge11tifiGations**


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: WORTH

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

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

JURISDICTION	TITLE	NAME	SIGNATURE	DATE
<u>LIST EACH JURISDICTION HERE, ALPHABETICALLY</u>	List the Title of the Authorized Representative of Each Jurisdiction Here, Respectively	List the Names of the Representatives Here, Respectively		
<u>WORTH COUNTY</u>	Chairman	Fred Dent		10/03/18
<u>CITY OF POULAN</u>	Mayor	Dustin Grubbs		
<u>CITY OF SUMNER</u>	Mayor	Howard Vogan		
<u>CITY OF SYLVESTER</u>	Mayor	William Yearta		
<u>CITY OF WARWICK</u>	Mayor	Juanita Kinchen		



**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: WORTH**

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<u>WORTH COUNTY</u>	Chairman	Fred Dent		
<u>CITY OF POULAN</u>	Mayor	Dustin Grubbs		10/8/18
<u>CITY OF SUMNER</u>	Mayor	Howard Vogan		
<u>CITY OF SYLVESTER</u>	Mayor	William Yeara		
<u>CITY OF WARWICK</u>	Mayor	Juanita Kinchen		

**Georgia**  
Department of  
Community Affairs

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**SERVICE DELIVERY STRATEGY**

**FORM 4: Certifications**

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**COUNTY: WORTH**

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- 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)).

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<u>WORTH COUNTY</u>	Chairman	Fred Dent	
<u>CITY OF POULAN</u>	Mayor	Dustin Grubbs	
<u>CITY OF SUMNER</u>	Mayor	Howard Vogan	<i>Howard Vogan</i> 10/5/18
<u>CITY OF SYLVESTER</u>	Mayor	William Yearta	
<u>CITY OF WARWICK</u>	Mayor	Juanita Kinchen	





**SERVICE DELIVERY STRATEGY**  
**FORM 4: Certifications**


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<p><b><u>WORTH COUNTY</u></b></p>	<p>Chairman</p>	<p>Fred Dent</p>		
<p><b><u>CITY OF POULAN</u></b></p>	<p>Mayor</p>	<p>Dustin Grubbs</p>		
<p><b><u>CITY OF SUMNER</u></b></p>	<p>Mayor</p>	<p>Howard Vogan</p>		
<p><b><u>CITY OF SYLVESTER</u></b></p>	<p>Mayor</p>	<p>William Yearta</p>		<p>10/3/18</p>
<p><b><u>CITY OF WARWICK</u></b></p>	<p>Mayor</p>	<p>Juanita Kinchen</p>		



**SERVICE DELIVERY STRATEGY**

**FORM 4: Certifications**

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**COUNTY: WORTH**

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

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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));
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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
<b><u>LIST EACH JURISDICTION HERE, ALPHABETICALLY</u></b>	List the Title of the Authorized Representative of Each Jurisdiction Here, Respectively	List the Names of the Representatives Here, Respectively		
<b><u>WORTH COUNTY</u></b>	Chairman	Fred Dent		
<b><u>CITY OF POULAN</u></b>	Mayor	Dustin Grubbs		
<b><u>CITY OF SUMNER</u></b>	Mayor	Howard Vogan		
<b><u>CITY OF SYLVESTER</u></b>	Mayor	William Yearta		
<b><u>CITY OF WARWICK</u></b>	Mayor	Juanita Kinchen	<i>Juanita Kinchen</i>	10/21/18