





### COUNTY: LAURENS

### I. GENERAL INSTRUCTIONS:

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

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

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

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

PROCESS DESCRIBED, ABOVE.

### II. LOCAL GOVERNMENTS INCLUDED IN THE SERVICE DELIVERY STRATEGY:

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

Laurens County, Town of Cadwell, Town of Dexter, City of Dublin, City of Dudley, City of East Dublin, Town of Montrose, Town of Rentz, Town of Allentown, Dublin-Laurens County Recreation Authority, Laurens County Solid Waste Management Authority, Dublin-Laurens County Land Bank Authority, City of Dublin Municipal Court, City of East Dublin Municipal Court, Dublin-Laurens County Development Authority, Laurens-Treutlen Joint Development Authority, Main Street Dublin/The Downtown Development Authority, Laurens County Library Board (Oconee Regional Library System), Laurens County Health Department, Laurens County DFACS

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

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

Airport

**Animal Control** 

**Building Code Enforcement** 

**Building Plan Review** 

**Elections** 

**Emergency Medical Services** 

**Extension Service** 

Law Enforcement

Mapping

Planning and Zoning

**Public Housing** 

Soil Erosion Control

Tax Assessment

Tax Collection

Voter Registration

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

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

Aging Services (New Service)

Broadband/Telecommunications

Cemeteries

Convention/Tourism

Courts

**Cultural Programs** 

**Economic Development** 

Electric/Gas Service

E-911 (Now referred to as: Emergency 911 and Non-Emergency Dispatching Service)

**Emergency Management** 

Engineering

Environmental Ordinance/Code Enforcement

Fire Protection

Housing Revitalization (New Service)

Indigent Defense

Jail

Library

Parking Facilities

**Parks** 

Public Health

**Public Works** 

Recreation

Recycling

Road/Street Construction

Road/Street Maintenance

Sewer

**Social Services** 

Solid Waste Management (Now referred to as: Solid Waste Collection)

Stormwater Management

Teen Court (New Service)

Water







## FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

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

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

5	D	S	EO	RI	1 2	, continued
		-				

a. List each government or author enterprise funds, user fees, ger fees, bonded indebtedness, etc.	rity that will help to pay for this service and indicate heral funds, special service district revenues, hotel/max.).	now the service will be funded (e.g., notel taxes, franchise taxes, impact
Local Government or Author	prity Funding M	lethod
Laurens County	General Fund and State	
4. How will the strategy change the	e previous arrangements for providing and/or fundin	ng this service within the county?
Aging Services is a new service Citizens Center. The service is f	to this agreement. Laurens County will provide the s unded with the County general funds and state moni	service countywide through the Senior ies.
5. List any formal service delivery this service:	agreements or intergovernmental contracts that will	be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
None		
What other mechanisms (if any acts of the General Assembly, r	) will be used to implement the strategy for this servi ate or fee changes, etc.), and when will they take eff	ce (e.g., ordinances, resolutions, local fect?
None		
7. Person completing form: <b>Bryan</b> Phone number: <b>478-272-4755</b>	Date completed: 8/1/19	
projects are consistent with the	e contacted by state agencies when evaluating whet service delivery strategy? ⊠Yes ⊡No	her proposed local government
If not, provide designated conta	ct person(s) and phone number(s) below:	







# FORM 2: Summary of Service Delivery Arrangements

Inc	trı	ict	ŀi,	۸n	2	•

Make copies of this form and complete one for each service li Answer each question below, attaching additional pages as necess should be reported to the Department of Community Affairs.	isted on FORM 1, Section IV. Use <u>EXACTLY the same service names listed on FORM 1</u> . sary. If the contact person for this service (listed at the bottom of the page) changes, this			
COUNTY:LAURENS	Service:Airport			
<ul> <li>1. Check one box that best describes the agreed upon delivery arrangement for this service:</li> <li>a.) ☑ Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):Laurens County</li> <li>b.) ☐ Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):</li> <li>c.) ☐ One or more cities will provide this service only within their incorporated boundaries, and the service will not be</li> </ul>				
d.)  One or more cities will provide this service o service in unincorporated areas. (If this box is check service.):	ecked, identify the government(s), authority or organization providing the only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the			
e.) Uther (If this box is checked, attach a legible identify the government, authority, or other organizations.)	le map delineating the service area of each service provider, and ation that will provide service within each service area.):			
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service			
☐ <b>Yes</b> (if "Yes," you must attach additional docume	entation as described, below)			
If these conditions will continue under this strategy, at	ttach an explanation for continuing the arrangement (i.e., a. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).			
If these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party a	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.			
	Page 1 of 2			

S	DS	FOR	M 2	CON	tinue	d
•		The same of the				

fees, bonded indebtedness, etc.	eral funds, special service district revenues, hotel/	e how the service will be funded (e.g., motel taxes, franchise taxes, impact
Local Government or Autho	rity Funding	Method
Laurens County	General Fund, Sales Tax, DOT Funds	
. How will the strategy change th	e previous arrangements for providing and/or fund	ling this service within the county?
No change is anticipated.		
this service:	agreements or intergovernmental contracts that w	
Agreement Name None	Contracting Parties	Effective and Ending Dates
None		
1		
What other mechanisms (if any) acts of the General Assembly, ra	will be used to implement the strategy for this ser ate or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, local
acts of the General Assembly, ra	will be used to implement the strategy for this ser ate or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, loc effect?
acts of the General Assembly, ra	will be used to implement the strategy for this ser ate or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, localificat?
acts of the General Assembly, ra	ate or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, localeffect?
None  Person completing form: Bryan Phone number: 478-272-4755  Is this the person who should be	Rogers, County Administrator	effect?
None  7. Person completing form: Bryan Phone number: 478-272-4755  8. Is this the person who should be projects are consistent with the second control of	Rogers, County Administrator Date completed: 8/1/19	effect?







# FORM 2: Summary of Service Delivery Arrangements

ln	etri	ıcti	Λn	

Make copies of this form and complete one for each service listed on FORM 1, Section IV. Use EXACTLY the same service names listed on FORM 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.			
COUNTY:LAURENS	Service: Animal Control		
Check <u>one</u> box that best describes the agreed upo      N Service will be provided countwide (i.e. inc.).			
(If this box is checked, identify the government, aut	cluding all cities and unincorporated areas) by a single service provider. hority or organization providing the service.):Laurens County		
b.)  Service will be provided only in the unincorp checked, identify the government, authority or organized or the control of	orated portion of the county by a single service provider. (If this box is nization providing the service.):		
c.)  One or more cities will provide this service o provided in unincorporated areas. (If this box is che service:	nly within their incorporated boundaries, and the service will not be cked, identify the government(s), authority or organization providing the		
d.)  One or more cities will provide this service of service in unincorporated areas. (If this box is check service.):	enly within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the		
	le map delineating the service area of each service provider, and ation that will provide service within each service area.):		
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service		
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)		
⊠No			
If these conditions will continue under this strategy, <u>af</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be el	ttach an explanation for continuing the arrangement (i.e., a. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).		
f these conditions will be eliminated under the strategwill be taken to eliminate them, the responsible party	y, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.		
	Down 4 of 0		

Page 1 of 2

CBC	FORE	<b>.</b>	4
<b>5D5</b>	FORN	/I Z. CO	ntinued

	neral fu	will help to pay for this service and indicate how nds, special service district revenues, hotel/motel	
Local Government or Author	ority	Funding Metho	od
Laurens County	<b>-</b>	General Fund	
4. How will the strategy change th	ne previ	ous arrangements for providing and/or funding th	is service within the county?
_			
No change is anticipated.			
<ol><li>List any formal service delivery this service:</li></ol>	agreer	ments or intergovernmental contracts that will be	used to implement the strategy for
Agreement Name		Contracting Parties	Effective and Ending Dates
Animal Control Agreement as	Laure	ns County, Town of Cadwell, Town of Dexter	7/1/99-Open
negotiated under HB 489	City o	f Dublin, City of Dudley, City of East Dublin,	
	Town	of Montrose, Town of Rentz	
		e used to implement the strategy for this service (fee changes, etc.), and when will they take effect?	
None			
7. Person completing form: <b>Bryat</b> Phone number: <b>478-272-4755</b>		rs, County Administrator ate completed: 8/1/19	
Phone number: <b>478-272-4755</b> 8. Is this the person who should be	D: ne conta		proposed local government
Is this the person who should be projects are consistent with the	Da De conta Service act pers	ate completed: 8/1/19 acted by state agencies when evaluating whether e delivery strategy? ⊠Yes □No on(s) and phone number(s) below:	proposed local government







## FORM 2: Summary of Service Delivery Arrangements

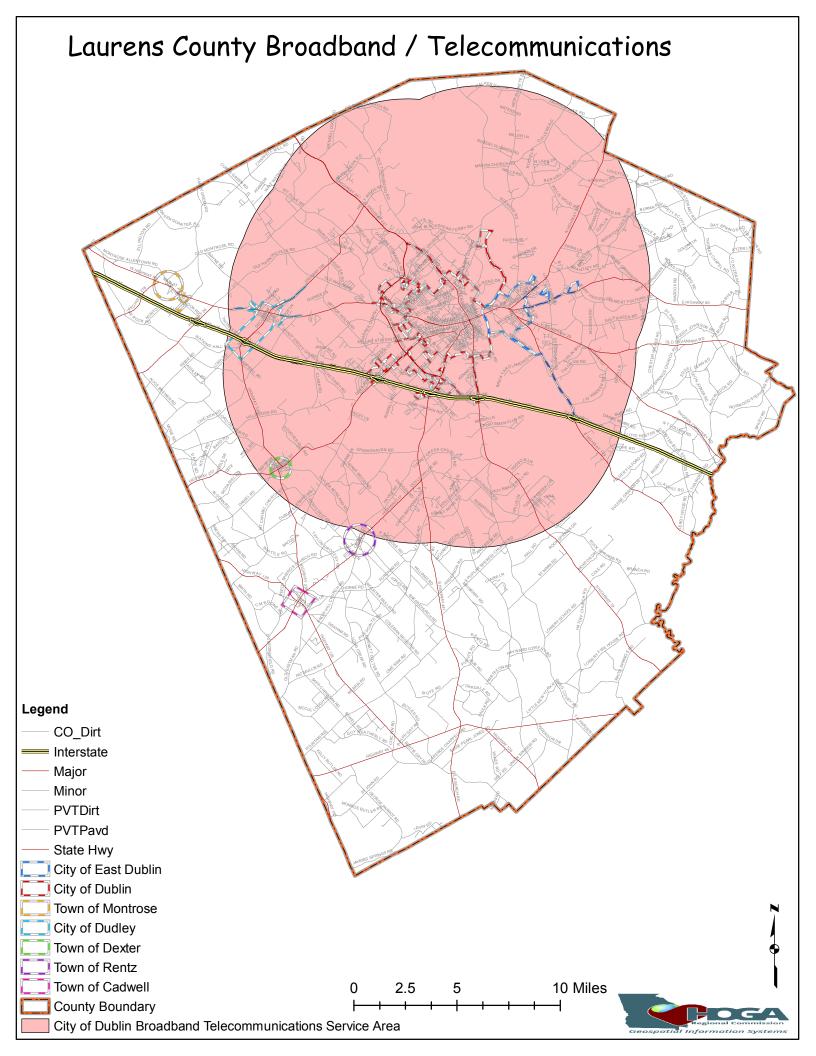
#### Instructions:

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

should be reported to the Department of Community Affairs.				
COUNTY:LAURENS	Service: Broadband/Telecommunications			
Check one box that best describes the agreed upo     a.)   Service will be provided countywide (i.e., inc.)	on delivery arrangement for this service:  cluding all cities and unincorporated areas) by a single service provider.			
(If this box is checked, identify the government, aut  b.)   Service will be provided only in the unincorp	thority or organization providing the service.):  porated portion of the county by a single service provider. (If this box is			
checked, identify the government, authority or organization providing the service.):  c.)  One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service:				
d.)  One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):				
	ole map delineating the service area of each service provider, and ation that will provide service within each service area.): City of Dublin			
2. In developing this strategy, were overlapping servi identified?	ce areas, unnecessary competition and/or duplication of this service			
☐ <b>Yes</b> (if "Yes," you must attach additional documentation as described, below)				
⊠No				
	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).			
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.			
	Page 1 of 2			

CBC	FORE	<b>.</b>	4
<b>5D5</b>	FORN	/I Z. CO	ntinued

	eral fun	will help to pay for this service and indicate how the ids, special service district revenues, hotel/motel tax	
Local Government or Autho	ritv	Funding Method	
City of Dublin		User Fees and Grants	
4. How will the strategy change th	e previo	ous arrangements for providing and/or funding this s	service within the county?
		w service to this agreement. The City of Dublin may ice delivery area map. The service will be funded w	
5. List any formal service delivery this service:	agreem	nents or intergovernmental contracts that will be use	ed to implement the strategy for
Agreement Name		Contracting Parties	Effective and Ending Dates
None			
		e used to implement the strategy for this service (e.gee changes, etc.), and when will they take effect?	g., ordinances, resolutions, local
None			
7. Person completing form: <b>Bryan</b> Phone number: <b>478-272-4755</b>		rs, County Administrator tte completed: 8/1/19	
8. Is this the person who should b projects are consistent with the		cted by state agencies when evaluating whether prodelivery strategy? $\boxtimes$ Yes $\square$ No	oposed local government
If not, provide designated contact LANCE JONES, DUBLIN CITY		on(s) and phone number(s) below: GER, 478-277-5000	









# FORM 2: Summary of Service Delivery Arrangements

### Instructions:

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

CDC			Company of the Company	Contract of the	
SDS	FUI	KIVI Z	, con	mu	ea

Local Government or Authority	Funding	Method	
Laurens County	General Fund and Permit Fees	metriod	
City of Dublin	General Fund and Permit Fees		
City of East Dublin	General Fund and Permit Fees		
4. How will the strategy change the prev	rious arrangements for providing and/or fund	ling this service within the county?	
5. List any formal service delivery agree this service:	ments or intergovernmental contracts that w	ill be used to implement the strategy for	
List any formal service delivery agree this service:      Agreement Name	ments or intergovernmental contracts that w  Contracting Parties	ill be used to implement the strategy for  Effective and Ending Dates	
this service:			
this service:  Agreement Name  6. What other mechanisms (if any) will be		Effective and Ending Dates  vice (e.g., ordinances, resolutions, local	

7. Person completing form: **Bryan Rogers, County Administrator**Phone number: **478-272-4755**Date completed: 8/1/19

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:

LANCE JONES, DUBLIN CITY MANAGER, 478-277-5000, MAYOR GEORGE GORNTO, EAST DUBLIN, 478-272-6883







# FORM 2: Summary of Service Delivery Arrangements

ın	etri	· oti	^n	

Make copies of this form and complete one for each service li Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	sted on FORM 1, Section IV. Use <u>EXACTLY</u> the same service names listed on FORM 1. sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:LAURENS	Service:Building Plan Review
<ol> <li>Check <u>one</u> box that best describes the agreed upo</li> <li>a.)  Service will be provided countywide (i.e., inc (If this box is checked, identify the government, aut</li> </ol>	cluding all cities and unincorporated areas) by a single service provider.
b.)   Service will be provided only in the unincorp checked, identify the government, authority or orga	orated portion of the county by a single service provider. (If this box is nization providing the service.):
c.) 🖂 One or more cities will provide this service o provided in unincorporated areas. (If this box is che service: <b>City of Dublin</b>	nly within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
e.)  Other (If this box is checked, attach a legible identify the government, authority, or other organization)	le map delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
	ttach an explanation for continuing the arrangement (i.e., a. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).
If these conditions will be eliminated under the strategorial will be taken to eliminate them, the responsible party	y, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

•		-			tinu	
	1 1 1 1 1 1		100	100		
•					 	

Local Government or Author	ity Funding	Method
City of Dublin	General Fund and Permit Fees	
How will the strategy change the	previous arrangements for providing and/or fund	ding this service within the county?
o change is anticipated.		
ist any formal service delivery a	greements or intergovernmental contracts that w	ill be used to implement the strategy
nis service:	greements of intergovernmental contracts that w	on be used to implement the strategy
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Vhat other mechanisms (if any)	Contracting Parties  will be used to implement the strategy for this serve or fee changes, etc.), and when will they take the contracting Parties	rvice (e.g., ordinances, resolutions, lo
Vhat other mechanisms (if any)	will be used to implement the strategy for this se	rvice (e.g., ordinances, resolutions, lo
Vhat other mechanisms (if any) octs of the General Assembly, rat	will be used to implement the strategy for this se	rvice (e.g., ordinances, resolutions, lo
Vhat other mechanisms (if any) octs of the General Assembly, rat	will be used to implement the strategy for this se	rvice (e.g., ordinances, resolutions, lo
Vhat other mechanisms (if any) octs of the General Assembly, rat	will be used to implement the strategy for this se	rvice (e.g., ordinances, resolutions, lo
Vhat other mechanisms (if any) octs of the General Assembly, rat	will be used to implement the strategy for this se	rvice (e.g., ordinances, resolutions, lo
Vhat other mechanisms (if any) octs of the General Assembly, ratione	will be used to implement the strategy for this selle or fee changes, etc.), and when will they take o	rvice (e.g., ordinances, resolutions, lo
what other mechanisms (if any) tots of the General Assembly, rate one erson completing form: Bryan Frone number: 478-272-4755 is this the person who should be	will be used to implement the strategy for this selle or fee changes, etc.), and when will they take o	rvice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) octs of the General Assembly, rate one  Person completing form: Bryan Filthone number: 478-272-4755  Is this the person who should be rojects are consistent with the se	will be used to implement the strategy for this set e or fee changes, etc.), and when will they take e  Rogers, County Administrator Date completed: 8/1/19  contacted by state agencies when evaluating wh	rvice (e.g., ordinances, resolutions, lo







## FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

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

should be reported to the Department of Community Affairs.	
COUNTY:LAURENS	Service: Cemeteries
Check <u>one</u> box that best describes the agreed upo	n delivery arrangement for this service:
	cluding all cities and unincorporated areas) by a single service provider.
b.)  Service will be provided only in the unincorp checked, identify the government, authority or orga	orated portion of the county by a single service provider. (If this box is nization providing the service.):
, <del>_</del>	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the <b>Dudley, Town of Montrose, Town of Rentz</b>
	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	le map delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ <b>Yes</b> (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

## **SDS FORM 2, continued**

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

Local Government or Authority	Funding Method
Town of Cadwell	General Fund, User Fees, and Grants
City of Dublin	General Fund, User Fees, and Grants
City of Dudley	General Fund, User Fees, and Grants
Town of Montrose	General Fund, User Fees, and Grants
Town of Rentz	General Fund, User Fees, and Grants

4. How will the strategy change th	ne previous arrangements for providing and/or funding	this service within the county?
	led as a local government service provider. Funding m have been added for each local government.	ethods for the City of Dublin have
5. List any formal service delivery this service:	agreements or intergovernmental contracts that will be	e used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
	y) will be used to implement the strategy for this service rate or fee changes, etc.), and when will they take effect	
None		
7. Person completing form: <b>Bryar</b> Phone number: <b>478-272-4755</b>	n Rogers, County Administrator Date completed: 8/1/19	
	be contacted by state agencies when evaluating whether service delivery strategy? ⊠Yes □No	er proposed local government
If not, provide designated conta	act person(s) and phone number(s) below:  MANAGER, 478-277-5000	







## FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

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

should be reported to the Department of Community Affairs.		
COUNTY:LAURENS	Service: Convention/Tourism	
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:	
	cluding all cities and unincorporated areas) by a single service provider.	
b.) Service will be provided only in the unincorp checked, identify the government, authority or orga	porated portion of the county by a single service provider. (If this box is nization providing the service.):	
c.)  One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service:		
	only within their incorporated boundaries, and the county will provide the eked, identify the government(s), authority or organization providing the feast Dublin	
	le map delineating the service area of each service provider, and ation that will provide service within each service area.):	
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service	
☐ <b>Yes</b> (if "Yes," you must attach additional docume	entation as described, below)	
⊠No		
	A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).	
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.	
	Page 1 of 2	

CBC			4
<b>5D5</b>	FOR	VI 2. CC	ontinued

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

Local Government or Authority	Funding Method
Laurens County	General Fund, Grants
City of Dublin	Hotel/Motel Tax, Grants
City of East Dublin	Hotel/Motel Tax, Grants

The City of East Dublin has been added as a local	government service provider.	Funding methods for the C	City of East

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

Dublin have also been included. Grant funds have been added for each local government.

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

Agreement Name	Contracting Parties	Effective and Ending Dates

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

Ν	റ	n	e
1 4	v		C

- 7. Person completing form: **Bryan Rogers, County Administrator**Phone number: **478-272-4755**Date completed: 8/1/19
- 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:

LANCE JONES, DUBLIN CITY MANAGER, 478-277-5000, MAYOR GEORGE GORNTO, CITY OF EAST DUBLIN, 478-272-6883







# FORM 2: Summary of Service Delivery Arrangements

### Instructions:

Make copies of this form and complete one for each service li Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	isted on FORM 1, Section IV. Use <u>EXACTLY the same service names listed on FORM 1</u> , sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:LAURENS	Service: Courts
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:
a.)  Service will be provided countywide (i.e., inc (If this box is checked, identify the government, aut	cluding all cities and unincorporated areas) by a single service provider. chority or organization providing the service.):
b.)  Service will be provided only in the unincorp checked, identify the government, authority or organized or services.	porated portion of the county by a single service provider. (If this box is nization providing the service.):
c.)  One or more cities will provide this service or provided in unincorporated areas. (If this box is che service:	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
d.)  One or more cities will provide this service of service in unincorporated areas. (If this box is check service.): Laurens County, City of Dublin Municipal County.	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the pal Court, City of East Dublin Municipal Court
e.)  Other (If this box is checked, attach a legible identify the government, authority, or other organization)	le map delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
If these conditions will continue under this strategy, <u>at overlapping</u> but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be electrical to the contract of the service areas or competition cannot be electrical to the service areas or competition cannot be electrical to the service areas or competition cannot be electrical to the service areas or competition cannot be electrical to the service areas or competition cannot be electrical to the service areas or competition cannot be electrical to the service areas or competition cannot be electrical to the service areas or competition cannot be electrical to the service areas or competition cannot be electrical to the service areas or competition cannot be electrical to the service areas or competition cannot be electrical to the service areas or competition cannot be electrical to the service areas or competition cannot be electrical to the service areas or competition cannot be electrical to the service areas or competition cannot be electrical to the service areas or competition cannot be electrical to the service areas or competition to the service areas or competition are also are al	ttach an explanation for continuing the arrangement (i.e., a. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).
f these conditions will be eliminated under the strategwill be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Days 4 of 2

Page 1 of 2

		ontinued
	A STATE OF S	
	-	

List each government or autho enterprise funds, user fees, ger fees, bonded indebtedness, etc.	neral fu	t will help to pay for this service and indicate how nds, special service district revenues, hotel/mot	v the service will be funded (e.g., el taxes, franchise taxes, impact
Local Government or Author	oritv	Funding Meti	hod
Laurens County	Jircy	General Fund, Fees, Grants	100
City of Dublin		General Fund, Fees, Grants	
City of East Dublin		General Fund, Fees, Grants	
,		Contract and, 1999, Grants	
How will the strategy change the strategy	ne previ	ious arrangements for providing and/or funding t	this service within the county?
be a higher level of service. Gra	nt fundi	ders has been made. Municipal courts (Dublin a ing has been added for each local government.	
this service:	agreer	ments or intergovernmental contracts that will be	e used to implement the strategy for
Agreement Name		Contracting Parties	Effective and Ending Dates
6. What other mechanisms (if any acts of the General Assembly, r	) will be ate or f	e used to implement the strategy for this service ee changes, etc.), and when will they take effec	(e.g., ordinances, resolutions, local t?
None			
7. Person completing form: <b>Bryan</b> Phone number: <b>478-272-4755</b>		rs, County Administrator ate completed: 8/1/19	
8. Is this the person who should be projects are consistent with the	e conta service	icted by state agencies when evaluating whethe delivery strategy? ⊠Yes ⊟No	r proposed local government
If not, provide designated contact LANCE JONES, DUBLIN CITY 272-6883	ct perso	on(s) and phone number(s) below: GER, 478-277-5000, MAYOR GEORGE GORN	ITO, CITY OF EAST DUBLIN, 478-







# FORM 2: Summary of Service Delivery Arrangements

### Instructions:

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

-	 _			
•	-	•		ued
		400		
•		7	•••	

Local Government or Author	ty Funding	Method
Laurens County	General Fund, Grants	
City of Dublin	General Fund, Grants	
How will the strategy change the	previous arrangements for providing and/or fund	ling this service within the county?
o change in the service delivery	providers has been made. Grant funding has bee	en added for each local government.
List any formal service delivery a this service:	greements or intergovernmental contracts that w	ill be used to implement the strategy
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Dat
Agreement Name	Contracting Parties	Effective and Ending Dat
What other mechanisms (if any)	will be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any)	will be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) acts of the General Assembly, rai	will be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) acts of the General Assembly, rai	will be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any)	will be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) acts of the General Assembly, ratione	will be used to implement the strategy for this ser e or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) acts of the General Assembly, rai	will be used to implement the strategy for this ser e or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) acts of the General Assembly, rational cone  Person completing form: Bryan I Phone number: 478-272-4755  s this the person who should be	will be used to implement the strategy for this ser e or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, lo







## FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

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

should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:LAURENS	Service: Economic Development
Check one box that best describes the agreed upo     Service will be provided countywide (i.e., inc (If this box is checked, identify the government, aut	cluding all cities and unincorporated areas) by a single service provider.
b.) Service will be provided only in the unincorp checked, identify the government, authority or orga	porated portion of the county by a single service provider. (If this box is inization providing the service.):
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
	only within their incorporated boundaries, and the county will provide the eked, identify the government(s), authority or organization providing the
identify the government, authority, or other organization	le map delineating the service area of each service provider, and ation that will provide service within each service area.): Dublin-ns-Treutlen Joint Development Authority, Main Street Dublin/The Dublin
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☑ Yes (if "Yes," you must attach additional docum.	entation as described, below)
□No	
	A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

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

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

Local Government or Authority	Funding Method
Laurens County	General Fund, SPLOST, Grants
City of Dublin, City of East Dublin	General Fund, Hotel/Motel Tax, Grants
Dublin-Laurens Co. Dev. Auth.	General Fund, SPLOST, Hotel/Motel Tax, Grants
Main Street Dublin/DDA	General Fund (provided by Dublin), Grants, Private Donations

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

A new service area map has been attached. Economic Development services are provided primarily through the Dublin-Laurens County Development Authority, and secondarily through the Laurens-Treutlen Joint Development Authority. No funds are provided to the Laurens-Treutlen JDA. The City of Dublin is provided a higher level of service through Main Street Dublin/The Downtown Development Authority. The City of East Dublin provides the service within its boundaries. There is no competition in service delivery and the overlap is not something the communities intend to eliminate as each service provider provides a higher level of service in the overlapping area(s).

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

Agreement Name	Contracting Parties	Effective and Ending Dates

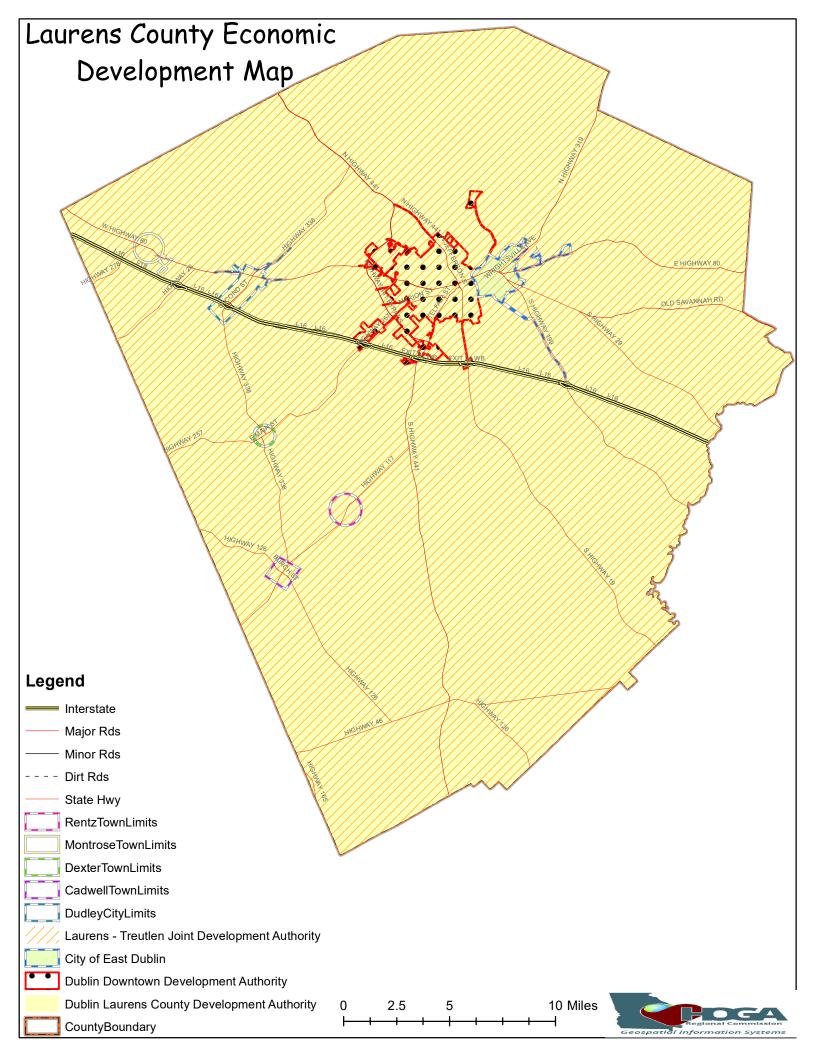
6. What other mechanisms	(if any) will be used to implement th	e strategy for this service	(e.g., ordinances	, resolutions, loca
acts of the General Asser	nbly, rate or fee changes, etc.), and	I when will they take effec	1?	

Ν	or	ne

- 7. Person completing form: **Bryan Rogers, County Administrator**Phone number: **478-272-4755**Date completed: 8/1/19
- 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:

LANCE JONES, DUBLIN CITY MANAGER, 478-277-5000, MAYOR GEORGE GORNTO, CITY OF EAST DUBLIN, 478-272-6883









# FORM 2: Summary of Service Delivery Arrangements

### Instructions:

Make copies of this form and complete one for each service li.  Answer each question below, attaching additional pages as necess should be reported to the Department of Community Affairs.	sted on FORM 1, Section IV. Use EXACTLY the same service names listed on FORM 1, sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:LAURENS	Service: Elections
1. Check one box that best describes the agreed upo	,
(If this box is checked, identify the government, aut	cluding all cities and unincorporated areas) by a single service provider. hority or organization providing the service.):
b.)  Service will be provided only in the unincorp checked, identify the government, authority or organ	orated portion of the county by a single service provider. (If this box is nization providing the service.):
c.)  One or more cities will provide this service o provided in unincorporated areas. (If this box is che service:	nly within their incorporated boundaries, and the service will not be cked, identify the government(s), authority or organization providing the
service in unincorporated areas. (If this box is check	nly within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the vn of Dexter, City of Dublin, City of Dudley, City of East Dublin,
e.)  Other (If this box is checked, attach a legible identify the government, authority, or other organization)	e map delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
If these conditions will continue under this strategy, <u>at</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be el	tach an explanation for continuing the arrangement (i.e., a. 36-70-24(1)), overriding benefits of the duplication, or reasons that iminated).
If these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party a	y, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

SDS	FOR	RM 2.	continu	ed

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

Local Government or Authority	Funding Method	
Laurens County	General Fund and Fees	
Town of Cadwell, Town of Dexter	General Fund and Fees	
City of Dublin, City of Dudley	General Fund and Fees	
Town of Rentz, Town of Montrose	General Fund and Fees	
City of East Dublin	General Fund and Fees	

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county	?
No change is anticipated. Each of the municipalities provide for their own municipal elections. The County provides countywide elections as well as state and federal elections.	:or

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

Agreement Name	Contracting Parties	Effective and Ending Dates

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

None		

- 7. Person completing form: **Bryan Rogers, County Administrator**Phone number: **478-272-4755**Date completed: 8/1/19
- 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:

LANCE JONES, DUBLIN CITY MANAGÈR, 478-277-5000, MAYOR GEORGE GORNTO, CITY OF EAST DUBLIN, 478-272-6883







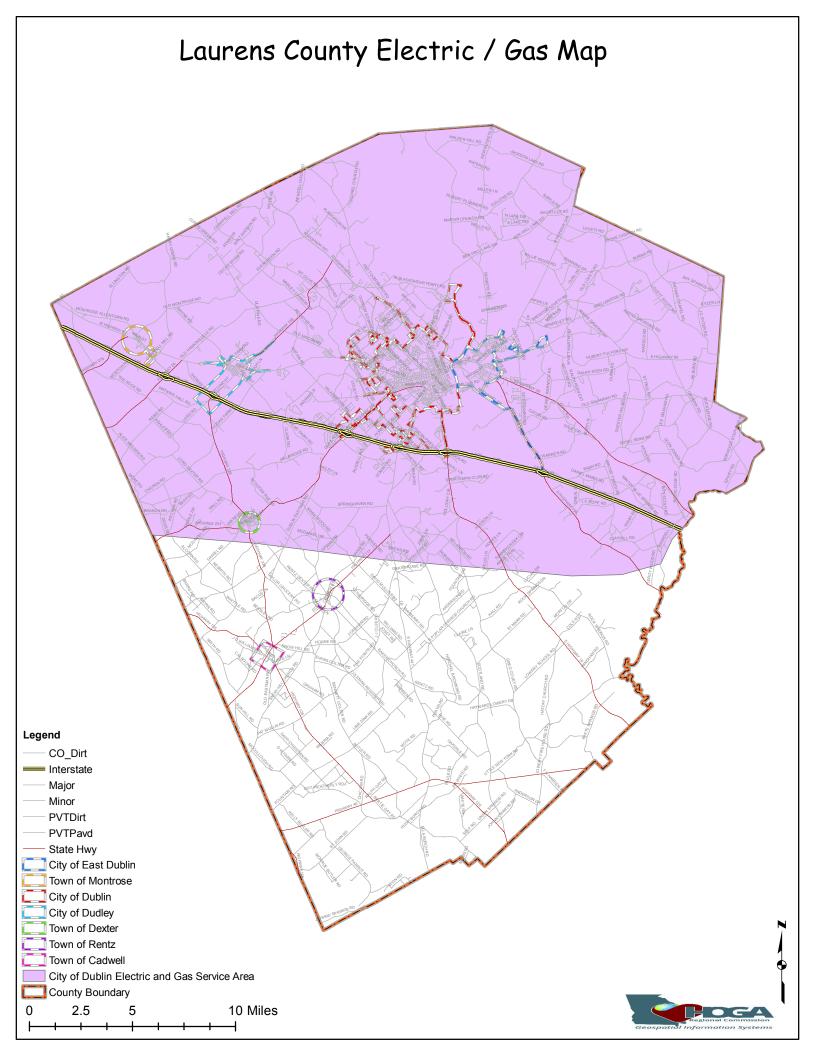
# FORM 2: Summary of Service Delivery Arrangements

### Instructions:

Make copies of this form and complete one for each service li Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	isted on FORM 1, Section IV. Use EXACTLY the same service names listed on FORM 1, sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:LAURENS	Service: Electric/Gas Service
1. Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:
a.)  Service will be provided countywide (i.e., inc (If this box is checked, identify the government, aut	cluding all cities and unincorporated areas) by a single service provider. chority or organization providing the service.):
b.)  Service will be provided only in the unincorp checked, identify the government, authority or organized or services.	orated portion of the county by a single service provider. (If this box is nization providing the service.):
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
d.)  One or more cities will provide this service of service in unincorporated areas. (If this box is check service.):	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
e.)  Other (If this box is checked, attach a legible identify the government, authority, or other organization)	le map delineating the service area of each service provider, and ation that will provide service within each service area.): City of Dublin
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
	ttach an explanation for continuing the arrangement (i.e., a. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).
f these conditions will be eliminated under the strated will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

		_					
	ne.	-/ 4		-	200 O I	TO THE	al.
~	$\boldsymbol{\omega}$	100	400			nue	ш

Local Government or Authori	ty Funding	Method
City of Dublin	User Fees	
How will the strategy change the	previous arrangements for providing and/or fund	ling this service within the county?
A new service area map has been	attached.	
	greements or intergovernmental contracts that w	rill be used to implement the strategy f
this service:		
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
What other mechanisms (if any) v	vill be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, loc
What other mechanisms (if any) vacts of the General Assembly, rate	vill be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, loc
What other mechanisms (if any) v	vill be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, loc
What other mechanisms (if any) vacts of the General Assembly, rate	vill be used to implement the strategy for this ser e or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, loc
What other mechanisms (if any) vacts of the General Assembly, rate one  Person completing form: Bryan Rephone number: 478-272-4755	vill be used to implement the strategy for this ser e or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, loeffect?









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

### Instructions:

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

Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.				
COUNTY:LAURENS	Service: Emergency 911 and Non-Emergency Dispatching Service			
1. Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:			
a.)  Service will be provided countywide (i.e., inc (If this box is checked, identify the government, aut	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.):Laurens County			
b.)  Service will be provided only in the unincorporate checked, identify the government, authority or organized to the control of the contro	porated portion of the county by a single service provider. (If this box is anization providing the service.):			
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the			
d.)  One or more cities will provide this service of service in unincorporated areas. (If this box is check service.):	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the			
	le map delineating the service area of each service provider, and ation that will provide service within each service area.):			
2. In developing this strategy, were overlapping serving identified?	ce areas, unnecessary competition and/or duplication of this service			
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)			
⊠No				
If these conditions will continue under this strategy, <u>a overlapping</u> but higher levels of service (See O.C.G.A. overlapping service areas or competition cannot be e	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).			
If these conditions will be eliminated under the strate will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.			
	Page 1 of 2			

SDS	FORM	1 2, c	ontin	ned

enterprise funds, user fees, ger fees, bonded indebtedness, etc	eral funds, special service district revenues, l	dicate how the service will be funded (e.g., hotel/motel taxes, franchise taxes, impact
Local Government or Author	ority Fund	ding Method
Laurens County	General Fund, Fees, Grants	
	, , , , , , , , , , , , , , , , , , , ,	
<del> </del>		
4. How will the strategy change th	e previous arrangements for providing and/or	funding this service within the county?
No change with the service deliv dispatching for each local govern	ery provider has been made. The County pro nment. Grant funding has been added as a fu	vides for emergency and non-emergency nding method.
List any formal service delivery this service:	agreements or intergovernmental contracts the	nat will be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
6. What other mechanisms (if any acts of the General Assembly, r	) will be used to implement the strategy for the ate or fee changes, etc.), and when will they t	is service (e.g., ordinances, resolutions, local ake effect?
6. What other mechanisms (if any acts of the General Assembly, r	) will be used to implement the strategy for thate or fee changes, etc.), and when will they t	is service (e.g., ordinances, resolutions, local ake effect?
None  7. Person completing form: Bryan Phone number: 478-272-4755	Rogers, County Administrator Date completed: 8/1/19	ake effect?
None  7. Person completing form: Bryan Phone number: 478-272-4755  8. Is this the person who should be	ate or fee changes, etc.), and when will they to	ake effect?
7. Person completing form: Bryan Phone number: 478-272-4755  8. Is this the person who should be projects are consistent with the	Rogers, County Administrator Date completed: 8/1/19 e contacted by state agencies when evaluating	ake effect?







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

4								
п	Ins	277	 rı	ш	$\sim$	n	e	٠

Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	sted on FORM 1, Section IV. Use <u>EXACTLY the same service names listed on FORM 1</u> , sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:LAURENS	Service: Emergency Management
Check <u>one</u> box that best describes the agreed upo	n delivery arrangement for this service
	cluding all cities and unincorporated areas) by a single service provider, hority or organization providing the service.):Laurens County
b.)  Service will be provided only in the unincorp checked, identify the government, authority or orga	orated portion of the county by a single service provider. (If this box is nization providing the service.):
c.)  One or more cities will provide this service o provided in unincorporated areas. (If this box is che service:	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	le map delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
If these conditions will continue under this strategy, <u>af</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be el	ttach an explanation for continuing the arrangement (i.e., a. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).
If these conditions will be eliminated under the strated will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

CRO	FARE			HOLDEN MY
SDS	FURI	N 2, C	KOM U	nued

3. List each government or autho enterprise funds, user fees, ger fees, bonded indebtedness, etc.	neral fui	will help to pay for this service and indicate how the nds, special service district revenues, hotel/motel ta	e service will be funded (e.g., ixes, franchise taxes, impact
Local Government or Authority		Funding Method	
Laurens County		General Fund	
City of Dublin		General Fund	
-			
4. How will the strategy change th	ne previ	ous arrangements for providing and/or funding this	service within the county?
The City of Dublin has been removed as a local government service provider. The City remains a minor funding entity for the County EMA service.			
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:			
Agreement Name		Contracting Parties	Effective and Ending Dates
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?			
None			
7. Person completing form: <b>Bryan</b> Phone number: <b>478-272-4755</b>		rs, County Administrator ate completed: 8/1/19	
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:  LANCE JONES, DUBLIN CITY MANAGER, 478-277-5000			







# FORM 2: Summary of Service Delivery Arrangements

Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	esary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:LAURENS	Service: Emergency Medical Services
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:
a.) Service will be provided countywide (i.e., inc (If this box is checked, identify the government, aut	cluding all cities and unincorporated areas) by a single service provider. chority or organization providing the service.): Laurens County
b.)  Service will be provided only in the unincorp checked, identify the government, authority or organized or services.	porated portion of the county by a single service provider. (If this box is inization providing the service.):
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
d.)  One or more cities will provide this service of service in unincorporated areas. (If this box is check service.):	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
e.)   Other (If this box is checked, attach a legible identify the government, authority, or other organization)	le map delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
If these conditions will continue under this strategy, <u>at</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be el	ttach an explanation for continuing the arrangement (i.e., a. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).
If these conditions will be eliminated under the strated will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 4 of 2

SD	SF	ORN	12.	CO	ntin	ued

Local Government or Author	ty Funding I	Method
aurens County	General Fund and User Fees	
low will the strategy change the	previous arrangements for providing and/or fund	ing this service within the county?
		<u> </u>
change is anticipated.		
change is anticipated.		
ist any formal service delivery a	greements or intergovernmental contracts that wi	Il be used to implement the strategy
is service:		
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
Agreement Name	Contracting Parties	Effective and Ending Date
/hat other mechanisms (if any) v	vill be used to implement the strategy for this sen	vice (e.g., ordinances, resolutions, k
/hat other mechanisms (if any)		vice (e.g., ordinances, resolutions, k
/hat other mechanisms (if any)	vill be used to implement the strategy for this sen	vice (e.g., ordinances, resolutions, k
Vhat other mechanisms (if any) vots of the General Assembly, rat	vill be used to implement the strategy for this sen	vice (e.g., ordinances, resolutions, k
Vhat other mechanisms (if any) vots of the General Assembly, rat	vill be used to implement the strategy for this sen	vice (e.g., ordinances, resolutions, k
Vhat other mechanisms (if any) vots of the General Assembly, rat	vill be used to implement the strategy for this sen	vice (e.g., ordinances, resolutions, k
Vhat other mechanisms (if any) vots of the General Assembly, rat	vill be used to implement the strategy for this serve or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, k
/hat other mechanisms (if any) vers of the General Assembly, ratione	vill be used to implement the strategy for this sender or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, k
/hat other mechanisms (if any) vers of the General Assembly, ratione	vill be used to implement the strategy for this serve or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, k
that other mechanisms (if any) was of the General Assembly, rate are completing form: Bryan Frone number: 478-272-4755	vill be used to implement the strategy for this sender or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, loffect?
Vhat other mechanisms (if any) octs of the General Assembly, rations one  Person completing form: Bryan Finance number: 478-272-4755 octs this the person who should be rojects are consistent with the se	vill be used to implement the strategy for this sends or fee changes, etc.), and when will they take e  logers, County Administrator Date completed: 8/1/19  contacted by state agencies when evaluating whe	vice (e.g., ordinances, resolutions, leffect?







# FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

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

should be reported to the Department of Community Affairs.					
COUNTY:LAURENS	Service: Engineering				
Check one box that best describes the agreed upo	n delivery arrangement for this service:				
	cluding all cities and unincorporated areas) by a single service provider.				
b.) Service will be provided only in the unincorp checked, identify the government, authority or organ	orated portion of the county by a single service provider. (If this box is nization providing the service.):				
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the				
service in unincorporated areas. (If this box is chec	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the wn of Cadwell, Town of Dexter, City of Dublin, City of Dudley, City tz				
	le map delineating the service area of each service provider, and ation that will provide service within each service area.):				
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service				
☐ <b>Yes</b> (if "Yes," you must attach additional docume	entation as described, below)				
⊠No					
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).				
If these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.				

## **SDS FORM 2, continued**

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

Local Government or Authority	Funding Method
Laurens County	General Fund, SPLOST, Grants
City of Allentown, Town of Cadwell	General Fund, Grants
City of Dublin	General Fund, Grants
City of Dudley, City of East Dublin	General Fund, Grants
Town of Montrose, Town of Rentz	General Fund, Grants
Town of Dexter	Enterprise Fund, Grants

Town of Dexter	Enterprise Fund, Grants	
4. How will the strategy change th	ne previous arrangements for providing and/or fun	iding this service within the county?
Grant funding has been included source of funds.	d for each local government. Laurens County has	also added SPLOST funding as a
5. List any formal service delivery this service:	agreements or intergovernmental contracts that v	will be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
_	_	
	y) will be used to implement the strategy for this serate or fee changes, etc.), and when will they take	
110110		
7. Person completing form: <b>Bryar</b> Phone number: <b>478-272-4755</b>	n Rogers, County Administrator Date completed: 8/1/19	
	be contacted by state agencies when evaluating w service delivery strategy? ⊠Yes □No	hether proposed local government
If not, provide designated conta LANCE JONES, DUBLIN CITY	act person(s) and phone number(s) below:  MANAGER, 478-277-5000	







# FORM 2: Summary of Service Delivery Arrangements

Make copies of this form and complete one for each service li Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	isted on FORM 1, Section IV. Use <u>EXACTLY the same service names listed on FORM 1</u> . sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:LAURENS	Service: Environmental Ordinance/Code Enforcement
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:
a.)  Service will be provided countywide (i.e., inc (If this box is checked, identify the government, aut	cluding all cities and unincorporated areas) by a single service provider. hority or organization providing the service.):
b.)  Service will be provided only in the unincorp checked, identify the government, authority or organized or the control of	orated portion of the county by a single service provider. (If this box is nization providing the service.):
c.)  One or more cities will provide this service of provided in unincorporated areas. (If this box is che service:	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the feast Dublin
e.)  Other (If this box is checked, attach a legible identify the government, authority, or other organization)	le map delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).
If these conditions will be eliminated under the strategwill be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 4 of 2

•		•			-	_	•	_	_		А	٠.	_		ملكة	
S	u	Э.	4	u	ĸ	II.	Z	C	0	n	τ	ш	n	u	е	α

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

Local Government or Authority	Funding Method
Laurens County	General Fund, Fines and Fees
City of Dublin	General Fund, Fines and Fees
City of East Dublin	General Fund, Fines and Fees
_	

Trow will the strate			and/or furnding this service with	
Fees have been ad	ded for each local governm	nent.		

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

Agreement Name	Contracting Parties	Effective and Ending Dates			

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

None		

- 7. Person completing form: **Bryan Rogers, County Administrator**Phone number: **478-272-4755**Date completed: 8/1/19
- 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:







# FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

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

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

200	_ 040			
•			The State of the S	 nued
				 I TIT Y
				 11.1.1.

<ol><li>List each government or autho enterprise funds, user fees, ger fees, bonded indebtedness, etc</li></ol>	neral fui	will help to pay for this service and indicate how the nds, special service district revenues, hotel/motel ta	e service will be funded (e.g., xes, franchise taxes, impact
Local Government or Author	ority	Funding Method	
Laurens County		General Fund and State of Georgia	
4. How will the strategy change the	ne previ	ous arrangements for providing and/or funding this	service within the county?
No change is anticipated.			
this service:	agreen	nents or intergovernmental contracts that will be use	ed to implement the strategy for
Agreement Name		Contracting Parties	Effective and Ending Dates
<ol><li>What other mechanisms (if any acts of the General Assembly, r</li></ol>	) will be ate or fe	e used to implement the strategy for this service (e.gee changes, etc.), and when will they take effect?	g., ordinances, resolutions, local
None			
7. Person completing form: <b>Bryan</b> Phone number: <b>478-272-4755</b>		rs, County Administrator ate completed: 8/1/19	
<ol> <li>Is this the person who should b projects are consistent with the</li> </ol>	e conta service	cted by state agencies when evaluating whether prodelivery strategy? $igtimes$ Yes $igsquare$ No	oposed local government
If not, provide designated contact	ct perso	on(s) and phone number(s) below:	







# FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

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

should be reported to the Department of Community Affairs.		
COUNTY:LAURENS	Service: Fire Protection	
Check <u>one</u> box that best describes the agreed upon	n delivery arrangement for this service:	
a.) Service will be provided countywide (i.e., inc (If this box is checked, identify the government, auth	cluding all cities and unincorporated areas) by a single service provider. hority or organization providing the service.):	
b.) Service will be provided only in the unincorporate checked, identify the government, authority or organ	orated portion of the county by a single service provider. (If this box is nization providing the service.):	
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the	
	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the	
	le map delineating the service area of each service provider, and ation that will provide service within each service area.): Laurens	
In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service	
☐ <b>Yes</b> (if "Yes," you must attach additional docume	entation as described, below)	
⊠No		
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).	
If these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.	

## **SDS FORM 2, continued**

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

Local Government or Authority	Funding Method
Laurens County	General Fund and Grants
City of Dublin	General Fund and Grants
City of East Dublin	General Fund and Grants

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

Laurens County now provides fire protection in the incorporated boundaries of Cadwell, Dexter, Dudley, Montrose, and Rentz in addition to the unincorporated area. Intergovernmental agreements were agreed upon with the municipalities having a city certificate of compliance issued from the Georgia Firefighters Standards and Training Council. The cities of Dublin and East Dublin provide fire protection within their respective incorporated boundaries.

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

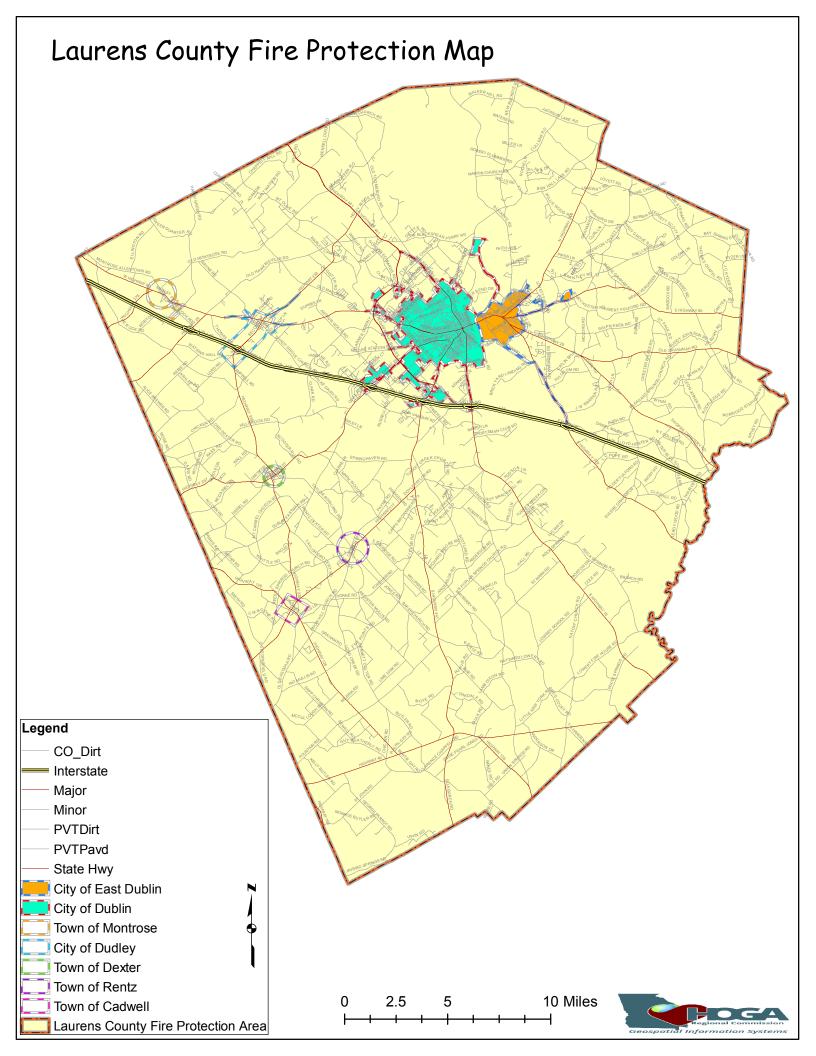
Agreement Name	Contracting Parties	Effective and Ending Dates
Fire Protection IGA	Laurens County, Town of Dexter	11/16-Until Withdrawal
Fire Protection IGA	Laurens County, City of Dudley	10/16-Until Withdrawal
Fire Protection IGA	Laurens County, Town of Rentz	10/16-Until Withdrawal
Fire Protection IGA	Laurens County, Town of Cadwell	10/16-Until Withdrawal

<ol><li>What other mechanisms (if any) will be used to i</li></ol>	implement the strategy f	for this service (e.g.,	ordinances,	resolutions,	local
acts of the General Assembly, rate or fee change	es, etc.), and when will t	they take effect?			

None
------

- 7. Person completing form: **Bryan Rogers, County Administrator**Phone number: **478-272-4755**Date completed: 8/1/19
- 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:



## INTERGOVERNMENTAL AGREEMENT BETWEEN THE CITY OF DEXTER

### **AND**

## THE COUNTY OF LAURENS, GEORGIA

This Agreement made this day of October, 2016, by and between the CITY OF DEXTER acting by and through its Mayor and City Council herein after the "City" and the COUNTY OF LAURENS, GEORGIA acting by and through its Board of Commissioners herein after the "County".

### WITNESSETH

WHEREAS, the City and County desire to provide professional fire protection to all residents in their jurisdiction;

WHEREAS, the City and County are agreeable to assisting each other in providing resources for fire protection in and beyond their jurisdiction; and

WHEREAS, the City and County governments are authorized by O.C.G.A 36-34-2(5) to enter into governmental services agreements.

**NOW, THEREFORE,** in consideration of the Mutual Conditions, Covenants, and Performance called for herein, The Parties Agree:

- 1. The County will provide fire protection to the incorporated area of City to include fire suppression, investigation and all fire department services as provided to the unincorporated areas of the County.
- 2. The County will provide a fire department command structure whereas to adequately manage fire department operations using the Incident Command system as provided by the National Incident Management system.
- 3. The County will provide Insurance and normal maintenance for equipment and stations within the city jurisdiction.
- 4. The County agrees to hold harmless the city and indemnify the city from any liabilities, claims, losses for damage or injury to county equipment or personnel while operating within the city jurisdiction.
- 5. The County will strive to maintain or improve the current fire protection class as the City currently holds.

- 6. The County will provide two fire apparatus within the incorporated area of the city, and maintain a policy to have a fire apparatus on standby if and when both apparatus covering the area are committed for extended operations.
- 7. The City will provide current equipment and buildings, owned by the City for fire protection operations, to the County.
- 8. The City agrees to provide additional equipment deemed necessary by the city for fire protection services that are not normally owned by the County fire department.
- 9. The City agrees to negotiate with county officials for the addition and/or replacement of city owned apparatus or stations.

This instrument contains the entire agreement between the parties. There is no intent, implied or otherwise inferred, concerning any other fire response issues. No modification, release, discharge, or waiver or any provision hereof shall be of any force, effect, or value unless in writing and duly approved and executed by the parties hereto.

Either party may withdraw from this Agreement by giving a ninety (90) days written notice to the other party by certified mail.

Executed this \_\_\_\_\_\_ day of October, 2016.

CITY of DEXTER

Mayor - Mr. Danny Whittle

Nichael Hate

Witness

**LAURENS COUNTY** 

Laurens County Board of Commissioner's – Chairman

Mr. Emory Lake

Witness

### INTERGOVERNMENTAL AGREEMENT BETWEEN THE CITY OF DUDLEY

### AND

## THE COUNTY OF LAURENS, GEORGIA

This Agreement made this day of October, 2016, by and between the CITY OF DUDLEY acting by and through its Mayor and City Council herein after the "City" and the COUNTY OF LAURENS, GEORGIA acting by and through its Board of Commissioners herein after the "County".

### WITNESSETH

WHEREAS, the City and County desire to provide professional fire protection to all residents in their jurisdiction;

WHEREAS, the City and County are agreeable to assisting each other in providing resources for fire protection in and beyond their jurisdiction; and

WHEREAS, the City and County governments are authorized by O.C.G.A 36-34-2(5) to enter into governmental services agreements.

**NOW, THEREFORE,** in consideration of the Mutual Conditions, Covenants, and Performance called for herein, The Parties Agree:

- 1. The County will provide fire protection to the incorporated area of City to include fire suppression, investigation and all fire department services as provided to the unincorporated areas of the County.
- 2. The County will provide a fire department command structure whereas to adequately manage fire department operations using the Incident Command system as provided by the National Incident Management system.
- 3. The County will provide Insurance and normal maintenance for equipment and stations within the city jurisdiction.
- 4. The County agrees to hold harmless the city and indemnify the city from any liabilities, claims, losses for damage or injury to county equipment or personnel while operating within the city jurisdiction.
- 5. The County will strive to maintain or improve the current fire protection class as the City currently holds.

- 6. The County will provide two fire apparatus within the incorporated area of the city, and maintain a policy to have a fire apparatus on standby if and when both apparatus covering the area are committed for extended operations.
- 7. The City will provide current equipment and buildings, owned by the City for fire protection operations, to the County.
- 8. The City agrees to provide additional equipment deemed necessary by the city for fire protection services that are not normally owned by the County fire department.
- 9. The City agrees to negotiate with county officials for the addition and/or replacement of city owned apparatus or stations.

This instrument contains the entire agreement between the parties. There is no intent, implied or otherwise inferred, concerning any other fire response issues. No modification, release, discharge, or waiver or any provision hereof shall be of any force, effect, or value unless in writing and duly approved and executed by the parties hereto.

Either party may withdraw from this Agreement by giving a ninety (90) days written notice to the other party by certified mail.

Executed this \_\_\_\_\_ day of October, 2016.

CITY of DUDLEY

Mayor - Mr. Jason Locke

Mitness

**LAURENS COUNTY** 

 ${\bf Laurens} \ {\bf County} \ {\bf Board} \ {\bf of} \ {\bf Commissioner's-Chairman}$ 

Mr. Emory, Lake

Witness

### INTERGOVERNMENTAL AGREEMENT BETWEEN THE CITY OF RENTZ

### AND

## THE COUNTY OF LAURENS, GEORGIA

This Agreement made this 28th day of October, 2016, by and between the CITY OF RENTZ acting by and through its Mayor and City Council herein after the "City" and the COUNTY OF LAURENS, GEORGIA acting by and through its Board of Commissioners herein after the "County".

### WITNESSETH

**WHEREAS,** the City and County desire to provide professional fire protection to all residents in their jurisdiction;

WHEREAS, the City and County are agreeable to assisting each other in providing resources for fire protection in and beyond their jurisdiction; and

WHEREAS, the City and County governments are authorized by O.C.G.A 36-34-2(5) to enter into governmental services agreements.

**NOW, THEREFORE,** in consideration of the Mutual Conditions, Covenants, and Performance called for herein, The Parties Agree:

- 1. The County will provide fire protection to the incorporated area of City to include fire suppression, investigation and all fire department services as provided to the unincorporated areas of the County.
- 2. The County will provide a fire department command structure whereas to adequately manage fire department operations using the Incident Command system as provided by the National Incident Management system.
- 3. The County will provide Insurance and normal maintenance for equipment and stations within the city jurisdiction.
- 4. The County agrees to hold harmless the city and indemnify the city from any liabilities, claims, losses for damage or injury to county equipment or personnel while operating within the city jurisdiction.
- 5. The County will strive to maintain or improve the current fire protection class as the City currently holds.

- 6. The County will provide two fire apparatus(ONE OF WHICH WILL BE THE CURRENT CITY OWNED 2012 E-ONE FIRE TRUCK) within the incorporated area of the city, and maintain a policy to have a fire apparatus on standby if and when both apparatus covering the area are committed for extended operations.
- 7. The City will provide current equipment and buildings, owned by the City for fire protection operations, to the County.
- 8. The City agrees to provide additional equipment deemed necessary by the city for fire protection services that are not normally owned by the County fire department.
- 9. The City agrees to negotiate with county officials for the addition and/or replacement of city owned apparatus or stations.

This instrument contains the entire agreement between the parties. There is no intent, implied or otherwise inferred, concerning any other fire response issues. No modification, release, discharge, or waiver or any provision hereof shall be of any force, effect, or value unless in writing and duly approved and executed by the parties hereto.

Either party may withdraw from this Agreement by giving a ninety (90) days written notice to the other party by certified mail.

Executed this <u>28th</u> day of October, 2016.

**CITY of RENTZ** 

Mayor - Mr. M. L. KNIGHT

Witness

LAURENS COUNTY

Laurens County Board of Commissioner's - Chairman

Mr. Emory Lake

Witness

## INTERGOVERNMENTAL AGREEMENT BETWEEN THE CITY OF CADWELL

### AND

## THE COUNTY OF LAURENS, GEORGIA

This Agreement made this 26 day of October, 2016, by and between the CITY OF CADWELL acting by and through its Mayor and City Council herein after the "City" and the COUNTY OF LAURENS, GEORG A acting by and through its Board of Commissioners herein after the "County".

### **WITNESSETH**

WHEREAS, the City and County desire to provide professional fire protection to all residents in their jurisdiction;

WHEREAS, the City and County are agreeable to assisting each other in providing resources for fire protection in and beyond their jurisdiction; and

WHEREAS, the City and County governments are authorized by O.C.G.A 36-34-2(5) to enter into governmental services agreements.

**NOW, THEREFORE,** in consideration of the Mutual Conditions, Covenants, and Performance called for herein, The Parties Agree:

- 1. The County will provide fire protection to the incorporated area of City to include fire suppression, investigation and all fire department services as provided to the unincorporated areas of the County.
- 2. The County will provide a fire department command structure whereas to adequately manage fire department operations using the Incident Command system as provided by the National Incident Management system.
- 3. The County will provide Insurance and normal maintenance for equipment and stations within the city jurisdiction.
- 4. The County agrees to hold harmless the city and indemnify the city from any liabilities, claims, losses for damage or injury to county equipment or personnel while operating within the city jurisdiction.
- 5. The County will strive to maintain or improve the current fire protection class as the City currently holds.

- 6. The County will provide two fire apparatus within the incorporated area of the city, and maintain a policy to have a fire apparatus on standby if and when both apparatus covering the area are committed for extended operations.
- 7. The City will provide current equipment and buildings, owned by the City for fire protection operations, to the County.
- 8. The City agrees to provide additional equipment deemed necessary by the city for fire protection services that are not normally owned by the County fire department.
- 9. The City agrees to negotiate with county officials for the addition and/or replacement of city owned apparatus or stations.

This instrument contains the entire agreement between the parties. There is no intent, implied or otherwise inferred, concerning any other fire response issues. No modification, release, discharge, or waiver or any provision hereof shall be of any force, effect, or value unless in writing and duly approved and executed by the parties hereto.

Either party may withdraw from this Agreement by giving a ninety (90) days written notice to the other party by certified mail.

Executed this <u>26</u> day of October, 2016.

ve Stuckery

CITY of CADWELL

Mayor - Mr. Jarry Upshaw

Witness

**LAURENS COUNTY** 

Laurens County Board of Commissioner's - Chairman

Mr. Emory Lake

Witness







# FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

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

should be reported to the Department of Community Affairs.		
COUNTY:LAURENS	Service: Housing Revitalization	
Check <u>one</u> box that best describes the agreed upon	n delivery arrangement for this service:	
a.) Service will be provided countywide (i.e., inc (If this box is checked, identify the government, auth	cluding all cities and unincorporated areas) by a single service provider. hority or organization providing the service.):	
b.) Service will be provided only in the unincorporate checked, identify the government, authority or organ	orated portion of the county by a single service provider. (If this box is nization providing the service.):	
	nly within their incorporated boundaries, and the service will not be cked, identify the government(s), authority or organization providing the	
service in unincorporated areas. (If this box is check	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the wn of Cadwell, Town of Dexter, City of Dublin, City of Dudley, City to	
	le map delineating the service area of each service provider, and ation that will provide service within each service area.):	
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service	
☐ <b>Yes</b> (if "Yes," you must attach additional docume	entation as described, below)	
⊠No		
	ttach an explanation for continuing the arrangement (i.e., a. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).	
If these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.	

CBC			4
<b>5D5</b>	FOR	VI 2. CC	ontinued

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

Local Government or Authority	Funding Method
Laurens County, Town of Cadwell	Grant Funds
Town of Dexter, City of Allentown	Grant Funds
City of Dublin	General Funds and Grant Funds
City of East Dublin, City of Dudley	Grant Funds
Town of Montrose	Grant Funds
Town of Rentz	Grant Funds

1 ,				
City of East Dublin, City of Dudley	Grant Funds			
Town of Montrose	Grant Funds			
Town of Rentz	Grant Funds			
4. How will the strategy change the	previous arrangements for providing and/o	r funding this service within the county?		
Housing revitalization is a new ser	vice and will be funded through grant awar	ds and Dublin general funds.		
5. List any formal service delivery aq this service:	greements or intergovernmental contracts t	that will be used to implement the strategy for		
Agreement Name	Contracting Parties	Effective and Ending Dates		
None				
	will be used to implement the strategy for the or fee changes, etc.), and when will they	nis service (e.g., ordinances, resolutions, local take effect?		
None				
7. Person completing form: <b>Bryan F</b> Phone number: <b>478-272-4755</b>	Rogers, County Administrator Date completed: 8/1/19			
	contacted by state agencies when evaluatiervice delivery strategy? ⊠Yes □No	ng whether proposed local government		
If not, provide designated contact LANCE JONES, DUBLIN CITY M 272-6883	person(s) and phone number(s) below: IANAGER, 478-277-5000, MAYOR GEOR	GE GORNTO, CITY OF EAST DUBLIN, 478-		







# FORM 2: Summary of Service Delivery Arrangements

Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:LAURENS	Service:Indigent Defense
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:
a.)  Service will be provided countywide (i.e., inc (If this box is checked, identify the government, aut	cluding all cities and unincorporated areas) by a single service provider. hority or organization providing the service.):
b.) Service will be provided only in the unincorp checked, identify the government, authority or orga	porated portion of the county by a single service provider. (If this box is nization providing the service.):
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
d.) 🗵 One or more cities will provide this service of service in unincorporated areas. (If this box is check service.): Laurens County, City of Dublin, City of	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the feast Dublin
	le map delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).
If these conditions will be eliminated under the strated will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

-	_	-	_	_	_	-						40.00			-
		•				100	м.	-		_	_		-	-	_
		S				w	71	~	_	• 1					84

<ol> <li>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.).</li> </ol>					
Local Government or Authority	Funding Method				
Laurens County	General Fund and State Funds				
City of Dublin	General Fund				
City of East Dublin	General Fund				

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

The cities of Dublin and East Dublin are now included as local governments providing this service for their respective Municipal Courts. Laurens County is responsible for providing this service for offenses charged outside of municipal courts.

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

Agreement Name	Contracting Parties	Effective and Ending Dates
None		

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	or	ne.
1 4	vı	10

- 7. Person completing form: **Bryan Rogers, County Administrator**Phone number: **478-272-4755**Date completed: 8/1/19
- 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:







# FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

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

should be reported to the Department of Community Affairs.						
COUNTY:LAURENS	Service: Jail					
1. Check <u>one</u> box that best describes the agreed upo     a.) ⊠ Service will be provided countywide (i.e. inc.).	on delivery arrangement for this service:					
(If this box is checked, identify the government, aut	hority or organization providing the service.):Laurens County					
b.) Service will be provided only in the unincorp checked, identify the government, authority or organ	orated portion of the county by a single service provider. (If this box is nization providing the service.):					
c.)  One or more cities will provide this service o provided in unincorporated areas. (If this box is che service:	nly within their incorporated boundaries, and the service will not be cked, identify the government(s), authority or organization providing the					
	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the					
	le map delineating the service area of each service provider, and ation that will provide service within each service area.):					
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service					
☐ <b>Yes</b> (if "Yes," you must attach additional docume	entation as described, below)					
	ttach an explanation for continuing the arrangement (i.e., a. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).					
If these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party a	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.					

Page 1 of 2

S	D	S	E	0	R	M	2	C	9	1	'n	11	0	d
•		•		-		11			•					•

3. List e	ach government or a	authority that will	help to pay for	this service and ir	ndicate how the se	ervice will be funde	ed (e.g.,
enterp	rise funds, user fee	s, general funds,	special service	district revenues,	hotel/motel taxes	, franchise taxes,	impact
fees, b	onded indebtednes	ss, etc.).					

Local Government or Authority	Funding Method
Laurens County	General Fund and Fees
City of Dublin	General Fund and Fees
City of East Dublin	General Fund and Fees

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

No change in service arrangement is anticipated. The cities of Dublin and East Dublin contribute fees to house city inmates in the county jail. General funds have been added as a funding method for each city.

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

Agreement Name	Contracting Parties	Effective and Ending Dates
None		

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

None

- 7. Person completing form: **Bryan Rogers, County Administrator**Phone number: **478-272-4755**Date completed: 8/1/19
- 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:







# FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

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

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

## **SDS FORM 2, continued**

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

Local Government or Authority	Funding Method
Laurens County	General Fund and Grants
City of Dublin	General Fund and Grants
City of East Dublin	General Fund and Grants

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

No changes are occurring to this service in the current SDS Update. The following information is provided solely to further explain service delivery arrangements. Laurens County provides law enforcement protection in the unincorporated areas as well as the municipalities of Cadwell, Dexter, Dudley, Montrose, and Rentz. The cities of Dublin and East Dublin both provide the service within their own jurisdictions and have mutual aid agreements with the County and each other to provide assistance as needed.

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

Agreement Name	Contracting Parties	Effective and Ending Dates
Mutual Aid Agreement	Laurens County, City of Dublin, City of East Dublin	7/1/99 - Open

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

Ν	O	٦e	è

- 7. Person completing form: **Bryan Rogers, County Administrator**Phone number: **478-272-4755**Date completed: 8/1/19
- 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:







# FORM 2: Summary of Service Delivery Arrangements

Make copies of this form and complete one for each service listed on FORM 1, Section IV. Use EXACTLY the same service names listed on FORM 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.		
COUNTY:LAURENS	Service:Library	
1. Check one box that best describes the agreed upo		
<ul> <li>a.)  Service will be provided countywide (i.e., inc (If this box is checked, identify the government, aut</li> </ul>	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.):	
b.) Service will be provided only in the unincorp checked, identify the government, authority or orga	porated portion of the county by a single service provider. (If this box is inization providing the service.):	
c.)  One or more cities will provide this service o provided in unincorporated areas. (If this box is che service:	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the	
	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the e Regional Library System)	
	le map delineating the service area of each service provider, and ation that will provide service within each service area.):	
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service	
☐ <b>Yes</b> (if "Yes," you must attach additional docume	entation as described, below)	
MINO		
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).	
If these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.	
	Page 4 of 2	

CBC	FORE	<b>.</b>	4
<b>5D5</b>	FORN	/I Z. CO	ntinued

	ity that will help to pay for this service and indica eral funds, special service district revenues, hote.).	
	,	
Local Government or Autho	General Fund	g Method
Laurens County  City of Dublin	General Fund General Fund	
City of Bubiliti	General Fund	
4. How will the strategy change th	e previous arrangements for providing and/or fur	nding this service within the county?
	ed as the Laurens County Library Board now production Dublin contribute funding to the library.	vides the service instead of an authority.
this service:	agreements or intergovernmental contracts that	
Agreement Name	Contracting Parties	Effective and Ending Dates
None		
	) will be used to implement the strategy for this s ate or fee changes, etc.), and when will they take	
None		
7. Person completing form: <b>Bryan</b> Phone number: <b>478-272-4755</b>	Rogers, County Administrator Date completed: 8/1/19	
	e contacted by state agencies when evaluating w service delivery strategy? ⊠Yes ⊡No	vhether proposed local government
If not, provide designated contact person(s) and phone number(s) below:  LANCE JONES, DUBLIN CITY MANAGER, 478-277-5000		







# FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

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

should be reported to the Department of Community Affairs.			
COUNTY:LAURENS	Service: Mapping		
Check one box that best describes the agreed upo	n delivery arrangement for this service:		
a.) Service will be provided countywide (i.e., income (If this box is checked, identify the government, aut	cluding all cities and unincorporated areas) by a single service provider. hority or organization providing the service.):		
b.) Service will be provided only in the unincorp checked, identify the government, authority or organ	orated portion of the county by a single service provider. (If this box is nization providing the service.):		
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the		
service in unincorporated areas. (If this box is chec	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the wn of Cadwell, Town of Dexter, City of Dublin, City of Dudley, City tz		
	le map delineating the service area of each service provider, and ation that will provide service within each service area.):		
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service		
☐ <b>Yes</b> (if "Yes," you must attach additional docume	entation as described, below)		
⊠No			
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).		
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.			

CBC			4
<b>5D5</b>	FOR	VI 2. CC	ontinued

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

Local Government or Authority	Funding Method
Laurens County	General Fund
City of Allentown, Town of Cadwell,	General Fund
Town of Dexter, City of Dublin,	General Fund
City of Dudley, City of East Dublin,	General Fund
Town of Montrose, Town of Rentz	General Fund

Town of Dexter, City of Dublin,	General Fund	
City of Dudley, City of East Dublin,	General Fund	
Town of Montrose, Town of Rentz	General Fund	
4. How will the strategy change the p	revious arrangements for providing and/or fur	nding this service within the county?
No change is anticipated.		
List any formal service delivery agr this service:	reements or intergovernmental contracts that	will be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
None		
	ill be used to implement the strategy for this s or fee changes, etc.), and when will they take	
None		
7. Person completing form: <b>Bryan Ro</b> Phone number: <b>478-272-4755</b>		
	ontacted by state agencies when evaluating v vice delivery strategy? ⊠Yes ⊡No	whether proposed local government
	person(s) and phone number(s) below: ANAGER, 478-277-5000, MAYOR GEORGE	GORNTO, CITY OF EAST DUBLIN, 478-







# FORM 2: Summary of Service Delivery Arrangements

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

	S	DS	FO	RM 2	2. CO	ntinu	ed
--	---	----	----	------	-------	-------	----

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.).			
Local Government or Author	باغاء	Francisco III o Aloca	
Laurens County	General Fund	Funding Method	
City of Dublin	General Fund, SPLOST	Grants	
Oity of Bubin	General Fund, of EGG1	, Oranto	
4. How will the strategy change th	e previous arrangements for pro	viding and/or funding this	service within the county?
SPLOST and Grant funds have	peen added as funding methods	for the City of Dublin.	
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:			
Agreement Name	Contracting	Parties	Effective and Ending Dates
None			
What other mechanisms (if any acts of the General Assembly, r.	will be used to implement the sate or fee changes, etc.), and wh	trategy for this service (e. en will they take effect?	g., ordinances, resolutions, local
None			
7. Person completing form: <b>Bryan</b> Phone number: <b>478-272-4755</b>	Rogers, County Administrato Date completed: 8/1/19	r	
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:  LANCE JONES, DUBLIN CITY MANAGER, 478-277-5000			







# FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

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

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

## **SDS FORM 2, continued**

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

Local Government or Authority	Funding Method
Laurens County	General Fund, Grants, and SPLOST
Town of Cadwell, Town of Dexter	General Fund, Grants, and SPLOST
City of Dublin, City of Dudley	General Fund, Grants, and SPLOST
City of East Dublin	General Fund, Grants, and SPLOST
Town of Montrose	General Fund, Grants, and SPLOST
Town of Rentz	General Fund, Grants, and SPLOST

4. How will the strategy	change the previous	arrangements for p	providing and/or funding	this service within the count	٧?

SPLOST funds have been added as funding methods for each entity funding this service. The municipalities of Cadwell, Dexter, Dudley, East Dublin, Montrose, and Rentz will maintain parks within their respective jurisdictions with the assistance of the Dublin-Laurens County Recreation Authority as needed.

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

Agreement Name	Contracting Parties	Effective and Ending Dates
None		

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

None

7. Person completing form: **Bryan Rogers, County Administrator**Phone number: **478-272-4755**Date completed: 8/1/19

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:







# FORM 2: Summary of Service Delivery Arrangements

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

	701	• 111	2. co	100 10 100	THO C
- W	ma. ·			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1 - 1 - 1

List each government or author enterprise funds, user fees, gen fees, bonded indebtedness, etc	neral fu	t will help to pay for this service and indicate how the nds, special service district revenues, hotel/motel ta	e service will be funded (e.g., xes, franchise taxes, impact
Local Government or Author	rity	Funding Method	
City of Dublin		General Fund and User Fees	
City of East Dublin		General Fund	
4. How will the strategy change th	ie previ	ous arrangements for providing and/or funding this	service within the county?
No change is anticipated.			
this service:	agreer	ments or intergovernmental contracts that will be use	
Agreement Name		Contracting Parties	Effective and Ending Dates
None			
6. What other mechanisms (if any acts of the General Assembly, ra	) will be ate or f	e used to implement the strategy for this service (e.ge changes, etc.), and when will they take effect?	g., ordinances, resolutions, local
None			
7. Person completing form: <b>Bryan</b> Phone number: <b>478-272-4755</b>		rs, County Administrator ate completed: 8/1/19	
8. Is this the person who should be projects are consistent with the s	e conta service	acted by state agencies when evaluating whether pro delivery strategy? ⊠Yes ⊡No	oposed local government
		on(s) and phone number(s) below: GER, 478-277-5000, MAYOR GEORGE GORNTO	, CITY OF EAST DUBLIN, 478-







## FORM 2: Summary of Service Delivery Arrangements

### Instructions:

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

Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:LAURENS	Service:Public Health
1. Check one box that best describes the agreed upo  a.) Service will be provided countywide (i.e., inc (If this box is checked, identify the government, aut Department	on delivery arrangement for this service:  cluding all cities and unincorporated areas) by a single service provider.  shority or organization providing the service.): Laurens County Health
b.)  Service will be provided only in the unincorp checked, identify the government, authority or orga	norated portion of the county by a single service provider. (If this box is nization providing the service.):
c.)  One or more cities will provide this service o provided in unincorporated areas. (If this box is che service:	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
d.)  One or more cities will provide this service of service in unincorporated areas. (If this box is check service.):	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	le map delineating the service area of each service provider, and ation that will provide service within each service area.):
In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ <b>Yes</b> (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
If these conditions will continue under this strategy, <u>at</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be elements.	ttach an explanation for continuing the arrangement (i.e., a. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).
If these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

		-		211	
SDS	<b>=(0)</b>	RM.	2. co	ntinue	Τ.

List each government or autho enterprise funds, user fees, ger fees, bonded indebtedness, etc.	rity that will help to pay for this service and indicat neral funds, special service district revenues, hote .).	te how the service will be funded (e.g., l/motel taxes, franchise taxes, impact
Local Government or Author	rity Funding	Method
Laurens County	General Fund, Grants	inourou
How will the strategy change the	e previous arrangements for providing and/or fun	ding this service within the county?
The service provider has been u funding method for the local gov	pdated to the Laurens County Health Department ernment.	t. Grant funds have been added as a
5. List any formal service delivery this service:	agreements or intergovernmental contracts that v	will be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
None		
What other mechanisms (if any acts of the General Assembly, r	) will be used to implement the strategy for this se ate or fee changes, etc.), and when will they take	ervice (e.g., ordinances, resolutions, local effect?
None		
7. Person completing form: <b>Bryan</b> Phone number: <b>478-272-4755</b>	Date completed: 8/1/19	
projects are consistent with the	e contacted by state agencies when evaluating wl service delivery strategy? ⊠Yes ⊡No	netner proposed local government
If not, provide designated contact	ct person(s) and phone number(s) below:	







# FORM 2: Summary of Service Delivery Arrangements

Make copies of this form and complete one for each service lie.  Answer each question below, attaching additional pages as necess should be reported to the Department of Community Affairs.	isted on FORM 1, Section IV. Use <u>EXACTLY the same service names listed on FORM 1</u> , sary, If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:LAURENS	Service: Public Housing
(If this box is checked, identify the government, auth	cluding all cities and unincorporated areas) by a single service provider, hority or organization providing the service.):
<ul> <li>b.) Service will be provided only in the unincorpore checked, identify the government, authority or organ</li> </ul>	orated portion of the county by a single service provider. (If this box is nization providing the service.):
c.)   One or more cities will provide this service of provided in unincorporated areas. (If this box is che service: City of Dublin, City of East Dublin	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
d.)  One or more cities will provide this service o service in unincorporated areas. (If this box is check service.):	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
e.)    Other (If this box is checked, attach a legible identify the government, authority, or other organization)	le map delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
If these conditions will continue under this strategy, <u>at</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be el	ttach an explanation for continuing the arrangement (i.e., a. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).
If these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party a	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

	_	_						
400		•		M 81	. CC			ш
		•	-	42.6		T 1	ю.	
•		•	50.	 				

<ol> <li>List each government or author enterprise funds, user fees, gen- fees, bonded indebtedness, etc.</li> </ol>	eral fui	will help to pay for this service and indicate how the nds, special service district revenues, hotel/motel ta	e service will be funded (e.g., xes, franchise taxes, impact
Local Government or Author	rity	Funding Method	
City of Dublin		User Fees and Federal Funds	
City of East Dublin		User Fees and Federal Funds	
4. How will the strategy change the	e previ	ous arrangements for providing and/or funding this	service within the county?
No change is anticipated.			
this service:	agreer	nents or intergovernmental contracts that will be use	
Agreement Name		Contracting Parties	Effective and Ending Dates
None			
What other mechanisms (if any)     acts of the General Assembly, ra	will be ite or f	e used to implement the strategy for this service (e.gee changes, etc.), and when will they take effect?	g., ordinances, resolutions, local
None			
7. Person completing form: <b>Bryan</b> Phone number: <b>478-272-4755</b>	Da	ate completed: 8/1/19	
8. Is this the person who should be projects are consistent with the s	e conta ervice	cted by state agencies when evaluating whether prodelivery strategy? ⊠Yes □No	oposed local government
		on(s) and phone number(s) below:  GER, 478-277-5000, MAYOR GEORGE GORNTO	, CITY OF EAST DUBLIN, 478-







# FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

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

should be reported to the Department of Community Affairs.						
COUNTY:LAURENS	Service: Public Works					
Check <u>one</u> box that best describes the agreed upo	n delivery arrangement for this service:					
	cluding all cities and unincorporated areas) by a single service provider.					
b.) Service will be provided only in the unincorp checked, identify the government, authority or organ	orated portion of the county by a single service provider. (If this box is nization providing the service.):					
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the					
service in unincorporated areas. (If this box is chec	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the wn of Cadwell, Town of Dexter, City of Dublin, City of Dudley, City tz					
	le map delineating the service area of each service provider, and ation that will provide service within each service area.):					
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service					
☐ <b>Yes</b> (if "Yes," you must attach additional docume	entation as described, below)					
⊠No						
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).					
If these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.					

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

Local Government or Authority	Funding Method
Laurens County	General Fund, SPLOST, TSPLOST, Grants
City of Allentown, Town of Cadwell,	General Fund, SPLOST, TSPLOST, Grants
Town of Dexter, City of Dublin	General Fund, SPLOST, TSPLOST, Grants
City of Dudley, City of East Dublin,	General Fund, SPLOST, TSPLOST, Grants
Town of Montrose, Town of Rentz	General Fund, SPLOST, TSPLOST, Grants

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

The Laurens County Public Facilities Authority has been removed as a service provider and was replaced by Laurens County Board of Commissioners. SPLOST, TSPLOST and Grant funding were added as funding methods for each local government service provider.

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

Agreement Name	Contracting Parties	Effective and Ending Dates
None		

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

None

- 7. Person completing form: **Bryan Rogers, County Administrator**Phone number: **478-272-4755**Date completed: 8/1/19
- 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:







## FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

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

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

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

Local Government or Authority	Funding Method
Laurens County	General Fund, User Fees, SPLOST, and Grants
City of Dublin	General Fund, User Fees, SPLOST, and Grants
City of East Dublin	Hotel/Motel Tax
Dublin-Laurens Co. Recreation Auth.	General Fund, Fees, and Grants

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

No change in service providers is anticipated. Funding methods have been updated to include SPLOST. In addition, the Dublin-Laurens County Recreation Authority has been added as a local authority funding the service. The Recreation Authority will continue to provide the service countywide. The East Dublin hotel/motel tax proceeds will be used by the City of East Dublin to enhance and maintain activities at Buckeye and Warnock parks.

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

Agreement Name	Contracting Parties	Effective and Ending Dates
Intergovernmental Agreement	Laurens County, City of Dublin	7/1/99 - Open

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?

Local legislation in the General Assembly creating the Dublin-Laurens County Recreation Authority became effective July 1, 1999

- 7. Person completing form: **Bryan Rogers, County Administrator**Phone number: **478-272-4755**Date completed: 8/1/19
- 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:







# FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

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

should be reported to the Department of Community Affairs.		
COUNTY:LAURENS	Service: Recycling	
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:	
	•	
<ul> <li>a.)</li></ul>	cluding all cities and unincorporated areas) by a single service provider. hority or organization providing the service.):	
b.) Service will be provided only in the unincorp checked, identify the government, authority or orga	orated portion of the county by a single service provider. (If this box is nization providing the service.):	
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the	
	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the f East Dublin	
	le map delineating the service area of each service provider, and ation that will provide service within each service area.):	
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service	
☐ <b>Yes</b> (if "Yes," you must attach additional docume	entation as described, below)	
⊠No		
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).	
If these conditions will be eliminated under the strategy, <u>attach an implementation schedule</u> listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.		
	Page 1 of 2	

			$\overline{}$			- 4		
-5	15	ΙĐΟ	KW	12.	CO	nt	m	ued

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

Local Government or Authority	Funding Method
Laurens County	General Fund and Grants
City of Dublin	Enterprise Fund and Grants
City of East Dublin	General Fund and Grants

4. How will the strategy change the previous arrangements for providing and/or funding this service within the c	ounty?
The City of Dublin funding methods have been updated to include Enterprise Funds and have removed general	al funds.

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

Agreement Name	Contracting Parties	Effective and Ending Dates
None		

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?		

Ν	or	ne

- 7. Person completing form: **Bryan Rogers, County Administrator**Phone number: **478-272-4755**Date completed: 8/1/19
- 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:







# FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

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

should be reported to the Department of Community Affairs.			
COUNTY:LAURENS	Service: Road/Street Construction		
Check <u>one</u> box that best describes the agreed upon	n delivery arrangement for this service:		
a.)  Service will be provided countywide (i.e., inc (If this box is checked, identify the government, auth	cluding all cities and unincorporated areas) by a single service provider. hority or organization providing the service.):		
b.) Service will be provided only in the unincorporate checked, identify the government, authority or organ	orated portion of the county by a single service provider. (If this box is nization providing the service.):		
	nly within their incorporated boundaries, and the service will not be cked, identify the government(s), authority or organization providing the		
service in unincorporated areas. (If this box is check	inly within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the wn of Cadwell, Town of Dexter, City of Dublin, City of Dudley, City tz		
	le map delineating the service area of each service provider, and ation that will provide service within each service area.):		
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service		
☐ <b>Yes</b> (if "Yes," you must attach additional docume	entation as described, below)		
⊠No			
	ttach an explanation for continuing the arrangement (i.e., a. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).		
If these conditions will be eliminated under the strategy, <u>attach an implementation schedule</u> listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.			

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

Local Government or Authority	Funding Method
Laurens County	General Fund, DOT Funds, TSPLOST, SPLOST, and Grants
City of Allentown, Town of Cadwell	General Fund, DOT Funds, TSPLOST, SPLOST, and Grants
Town of Dexter, City of Dublin	General Fund, DOT Funds, TSPLOST, SPLOST, and Grants
City of Dudley, City of East Dublin	General Fund, DOT Funds, TSPLOST, SPLOST, and Grants
Town of Montrose, Town of Rentz	General Fund, DOT Funds, TSPLOST, SPLOST, and Grants

4. How will the strategy change th	ne previous arrangements for providing and/or funding this	service within the county?
No change in service delivery ar SPLOST funding for each local (	rangements is anticipated. Funding methods have been up government.	dated to include TSPLOST and
5. List any formal service delivery this service:	agreements or intergovernmental contracts that will be use	ed to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
None		
	y) will be used to implement the strategy for this service (e.gate or fee changes, etc.), and when will they take effect?	g., ordinances, resolutions, local
None		
7. Person completing form: <b>Bryar</b> Phone number: <b>478-272-4755</b>	n Rogers, County Administrator Date completed: 8/1/19	
	be contacted by state agencies when evaluating whether preservice delivery strategy? $\square$ Yes $\square$ No	oposed local government
If not, provide designated conta	ct person(s) and phone number(s) below:	

LANCE JONES, DUBLIN CITY MANAGER, 478-277-5000, MAYOR GEORGE GORNTO, CITY OF EAST DUBLIN, 478-

272-6883







# FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

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

should be reported to the Department of Community Affairs.		
COUNTY:LAURENS Service:	Road/Street Maintenance	
Check <u>one</u> box that best describes the agreed upon delivery	arrangement for this service:	
a.) Service will be provided countywide (i.e., including all (If this box is checked, identify the government, authority or o		
b.) Service will be provided only in the unincorporated pochecked, identify the government, authority or organization provided to the control of the control		
c.)  One or more cities will provide this service only within provided in unincorporated areas. (If this box is checked, ider service:	their incorporated boundaries, and the service will not be ntify the government(s), authority or organization providing the	
d.)  One or more cities will provide this service only within service in unincorporated areas. (If this box is checked, ident service.): Laurens County, City of Allentown, Town of Cac of East Dublin, Town of Montrose, Town of Rentz		
e.)  Other (If this box is checked, <u>attach a legible map de</u> identify the government, authority, or other organization that the state of the state		
In developing this strategy, were overlapping service areas, identified?	unnecessary competition and/or duplication of this service	
☐ <b>Yes</b> (if "Yes," you must attach additional documentation a	s described, below)	
⊠No		
If these conditions will continue under this strategy, <u>attach an everlapping</u> but higher levels of service (See O.C.G.A. 36-70-2 overlapping service areas or competition cannot be eliminated)	4(1)), overriding benefits of the duplication, or reasons that	
If these conditions will be eliminated under the strategy, <u>attach</u> will be taken to eliminate them, the responsible party and the a		

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

Local Government or Authority	Funding Method
Laurens County	General Fund, DOT Funds, TSPLOST, SPLOST, and Grants
City of Allentown, Town of Cadwell	General Fund, DOT Funds, TSPLOST, SPLOST, and Grants
Town of Dexter, City of Dublin	General Fund, DOT Funds, TSPLOST, SPLOST, and Grants
City of Dudley, City of East Dublin	General Fund, DOT Funds, TSPLOST, SPLOST, and Grants
Town of Montrose, Town of Rentz	General Fund, DOT Funds, TSPLOST, SPLOST, and Grants

4. How will the strategy change th	ne previous arrangements for providing and/	or funding this service within the county?
No change in service delivery ar methods for each local governm		SPLOST funds have been added as funding
5. List any formal service delivery this service:		that will be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
None		
	y) will be used to implement the strategy for rate or fee changes, etc.), and when will the	this service (e.g., ordinances, resolutions, local y take effect?
None		
7. Person completing form: <b>Bryar</b> Phone number: <b>478-272-4755</b>	Rogers, County Administrator Date completed: 8/1/19	
	e contacted by state agencies when evalua service delivery strategy? ⊠Yes ⊡No	ting whether proposed local government
	act person(s) and phone number(s) below:	PGE GODNTO, CITY OF EAST DURI IN 478-

272-6883







# FORM 2: Summary of Service Delivery Arrangements

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

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

Local Government or Authority	Funding Method	
Town of Cadwell	Enterprise Fund, User Fees, and Grants	
Town of Dexter	Enterprise Fund, User Fees, and Grants	
City of Dublin	Enterprise Fund, User Fees, and Grants	
City of Dudley	Enterprise Fund, User Fees, and Grants	
City of East Dublin, Town of Rentz	Enterprise Fund, User Fees, and Grants	
Laurens County	User Fees and Grants	

Laurens County has been added as a sewer service provider with appropriate funding methods included. A area map has been attached.	new service

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

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

Agreement Name	Contracting Parties	Effective and Ending Dates
None	· · · · · · · · · · · · · · · · · · ·	

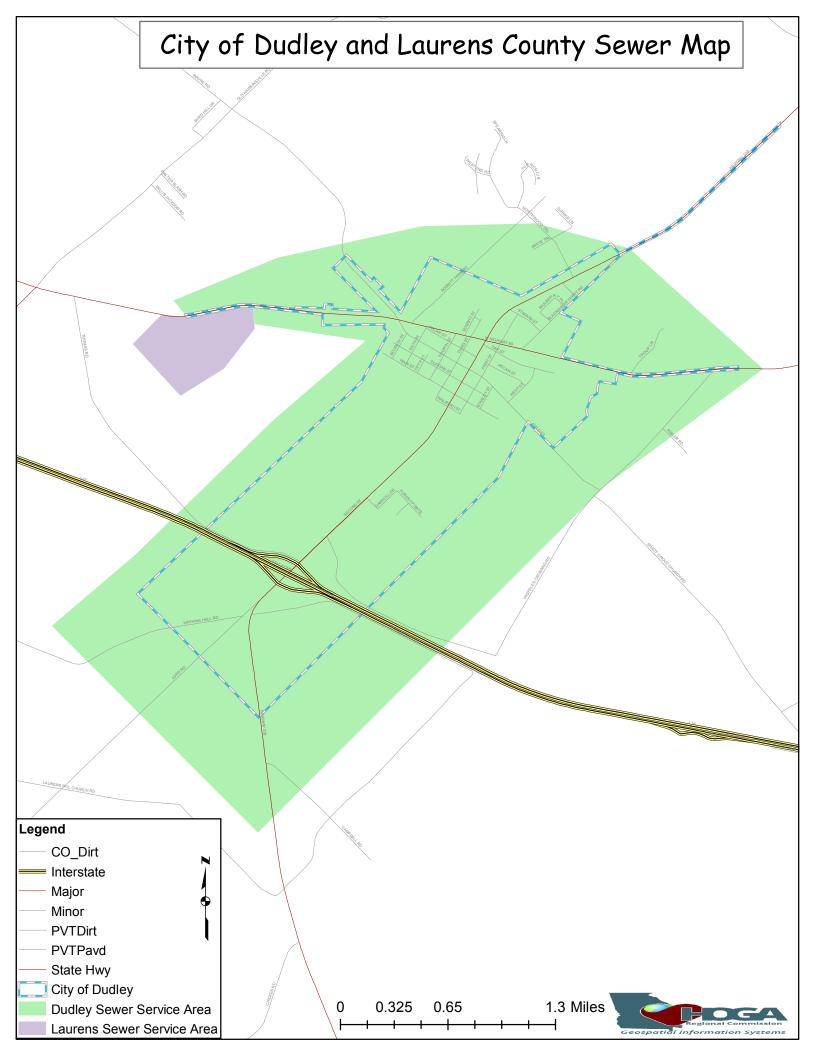
<ol><li>What other mechanisms (if any) will be used to implement the strategy for this service (</li></ol>	e.g., ordinances, resolutions, loca
acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?	

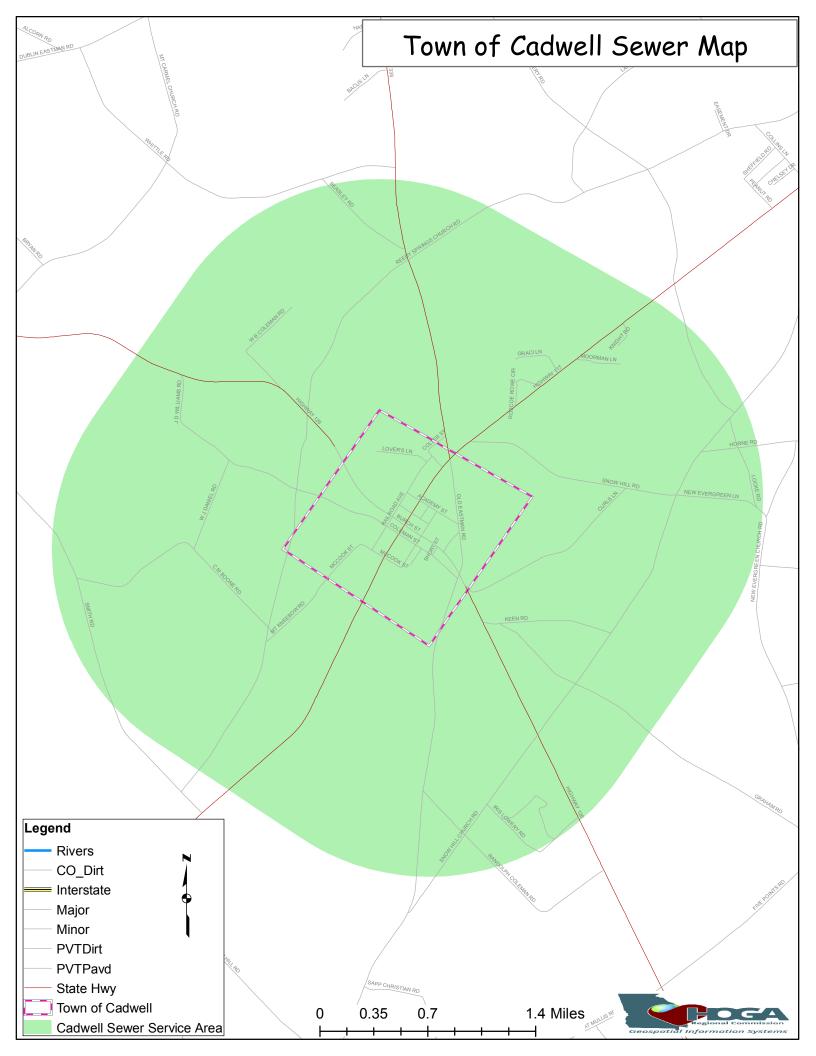
None			

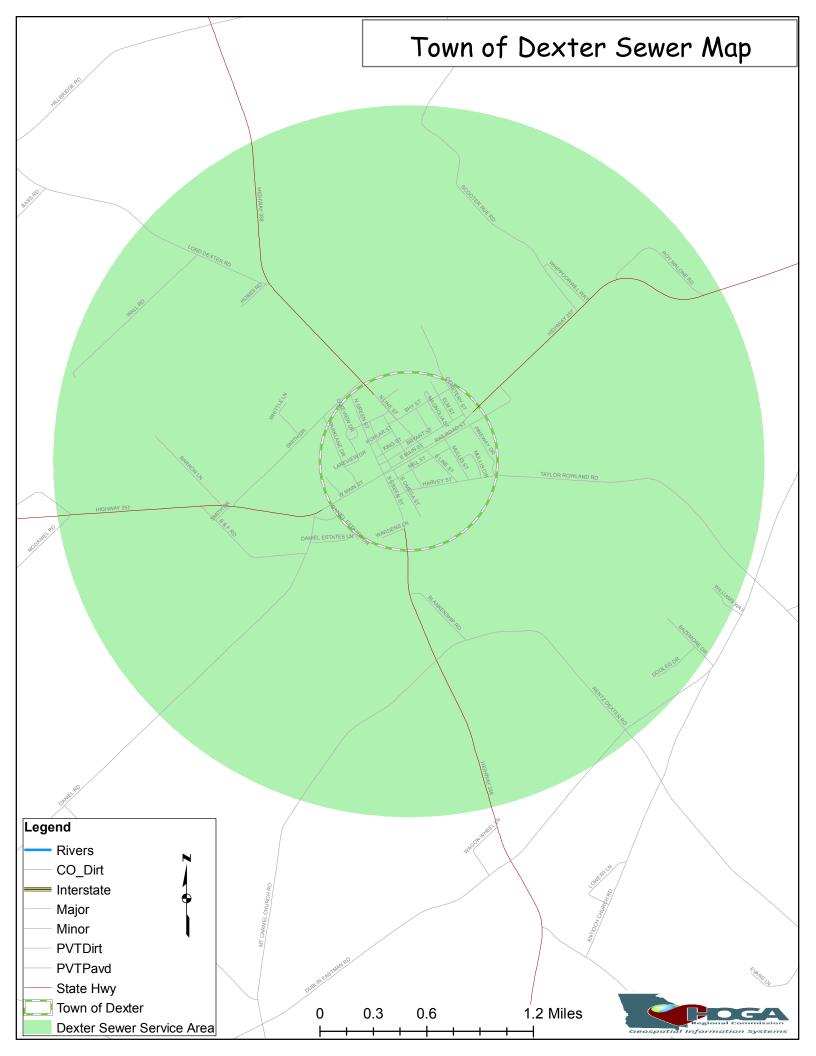
- 7. Person completing form: **Bryan Rogers, County Administrator**Phone number: **478-272-4755**Date completed: 8/1/19
- 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? 

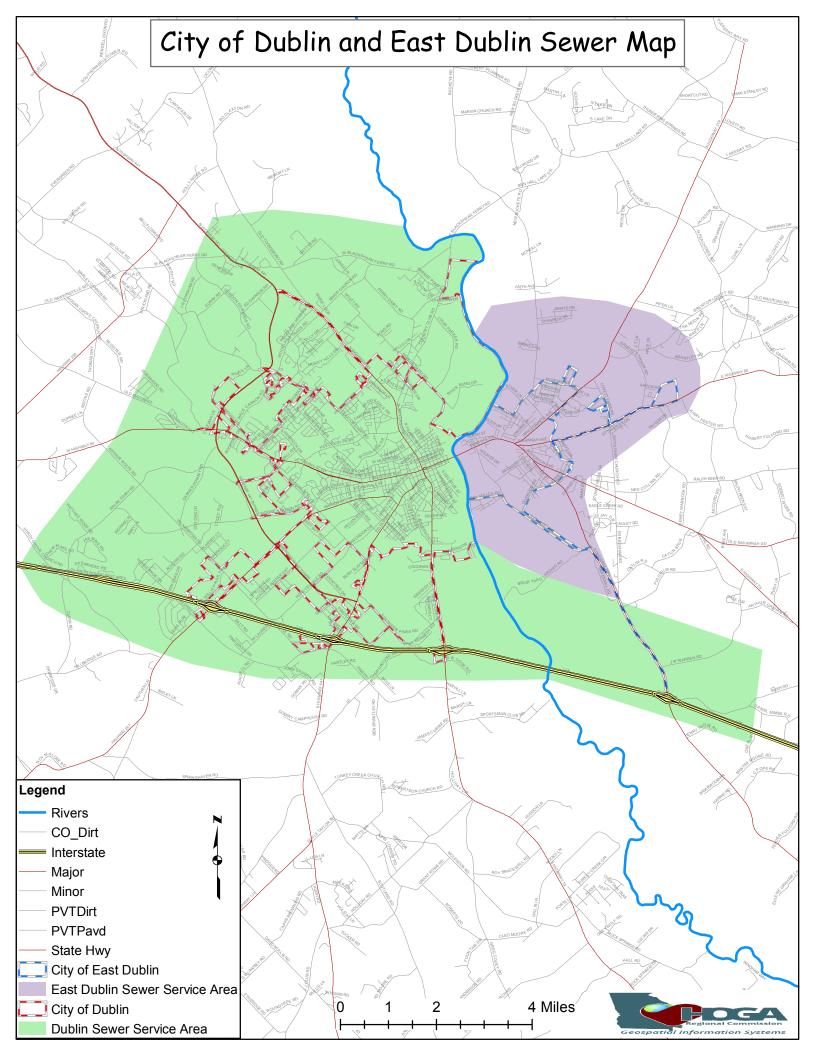
  Yes 
  No

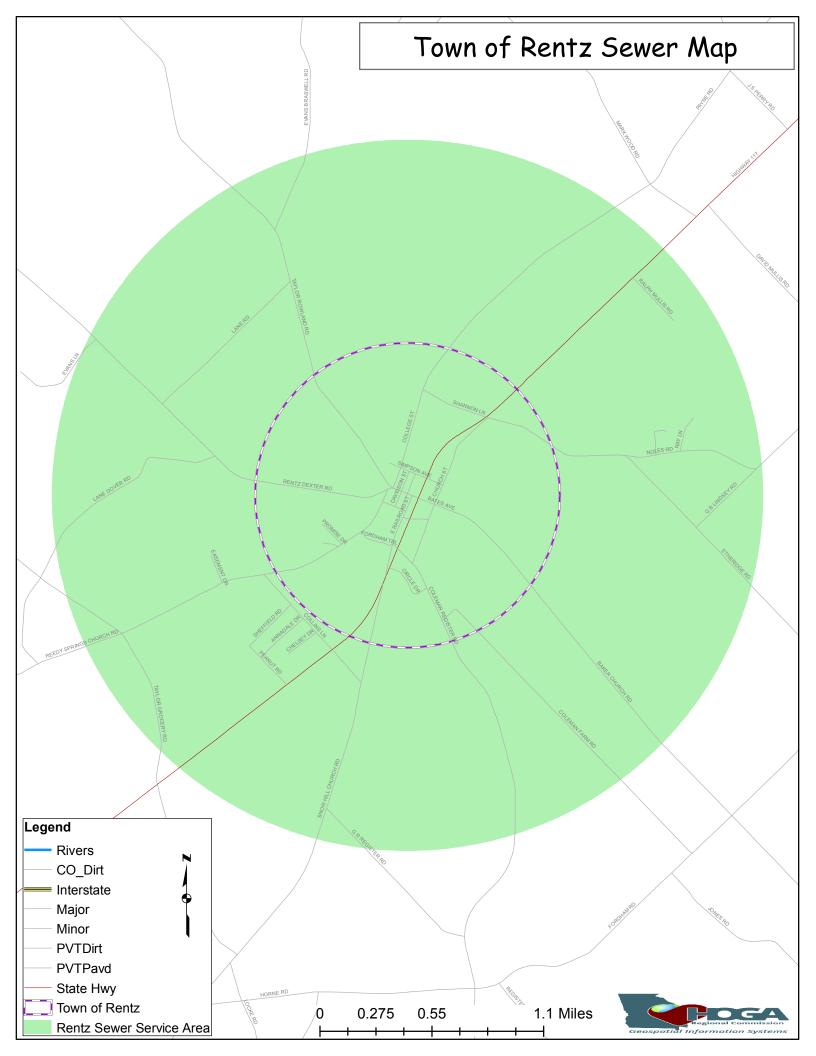
If not, provide designated contact person(s) and phone number(s) below:

















# FORM 2: Summary of Service Delivery Arrangements

### Instructions:

Make copies of this form and complete one for each service listed on FORM 1, Section IV. Use <u>EXACTLY the same service names listed on FORM 1</u> . Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.		
COUNTY:LAURENS	Service: Social Services	
Check <u>one</u> box that best describes the agreed upo	n delivery arrangement for this service:	
a.) Service will be provided countywide (i.e., inc (If this box is checked, identify the government, aut	cluding all cities and unincorporated areas) by a single service provider. hority or organization providing the service.):Laurens County (DFACS)	
b.)  Service will be provided only in the unincorp checked, identify the government, authority or organ	orated portion of the county by a single service provider. (If this box is nization providing the service.):	
c.)  One or more cities will provide this service o provided in unincorporated areas. (If this box is che service:	nly within their incorporated boundaries, and the service will not be cked, identify the government(s), authority or organization providing the	
d.)  One or more cities will provide this service o service in unincorporated areas. (If this box is check service.):	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the	
e.)  Other (If this box is checked, attach a legible identify the government, authority, or other organization)	le map delineating the service area of each service provider, and ation that will provide service within each service area.):	
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service	
☐ <b>Yes</b> (if "Yes," you must attach additional docume	entation as described, below)	
⊠No		
	ttach an explanation for continuing the arrangement (i.e., a. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).	
If these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party a	yy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.	
	Domo 4 of 2	

Page 1 of 2

<ol><li>List each government or autho enterprise funds, user fees, ger fees, bonded indebtedness, etc</li></ol>	neral fui	will help to pay for this service and indicate how the nds, special service district revenues, hotel/motel ta	e service will be funded (e.g., xes, franchise taxes, impact
Local Government or Author	ority	Funding Method	
Laurens County		General Fund	
4. How will the strategy change th	ne previ	ous arrangements for providing and/or funding this	service within the county?
The service delivery arrangement Division of Family and Children local government.	nt has b Service	peen modified to only include Laurens County as the sas the department providing the services. Laurens	e service provider with the s County is the sole funding
List any formal service delivery this service:	agreen	nents or intergovernmental contracts that will be use	ed to implement the strategy for
Agreement Name		Contracting Parties	Effective and Ending Dates
None			
6. What other mechanisms (if any acts of the General Assembly, r	) will be ate or fo	e used to implement the strategy for this service (e.gee changes, etc.), and when will they take effect?	,, ordinances, resolutions, local
None			
7. Person completing form: <b>Bryan</b> Phone number: <b>478-272-4755</b>		rs, County Administrator ate completed: 3/10/09	
<ol> <li>Is this the person who should b projects are consistent with the</li> </ol>	e conta service	cted by state agencies when evaluating whether prodelivery strategy? ⊠Yes ⊡No	pposed local government
		on(s) and phone number(s) below:  GER, 478-277-5000, MAYOR GEORGE GORNTO,	CITY OF EAST DUBLIN, 478-







# FORM 2: Summary of Service Delivery Arrangements

Make copies of this form and complete one for each service li Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	sted on FORM 1, Section IV. Use <u>EXACTLY the same service names listed on FORM 1</u> . sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:LAURENS	Service:Soil Erosion Control
Check one box that best describes the agreed upo	n delivery arrangement for this service:
a.) Service will be provided countywide (i.e., inc (If this box is checked, identify the government, aut	cluding all cities and unincorporated areas) by a single service provider, hority or organization providing the service.):
b.)  Service will be provided only in the unincorp checked, identify the government, authority or organized or the control of	orated portion of the county by a single service provider. (If this box is nization providing the service.):
c.)  One or more cities will provide this service o provided in unincorporated areas. (If this box is che service:	nly within their incorporated boundaries, and the service will not be cked, identify the government(s), authority or organization providing the
d.)  One or more cities will provide this service of service in unincorporated areas. (If this box is check service.): Laurens County, City of Dublin	nly within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
e.)  Other (If this box is checked, attach a legible identify the government, authority, or other organization)	le map delineating the service area of each service provider, and ation that will provide service within each service area.):
<ol><li>In developing this strategy, were overlapping service identified?</li></ol>	ce areas, unnecessary competition and/or duplication of this service
☐ <b>Yes</b> (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
If these conditions will continue under this strategy, <u>at</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be el	tach an explanation for continuing the arrangement (i.e., a. 36-70-24(1)), overriding benefits of the duplication, or reasons that iminated).
If these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party	ly, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

CBC	FORE	<b>.</b>	4
<b>5D5</b>	FORN	/I Z. CO	ntinued

List each government or author enterprise funds, user fees, gen fees, bonded indebtedness, etc.	eral funds, special			
Local Government or Autho	rity	Fui	nding Method	
Laurens County		Fund and Permit Fees		
City of Dublin	General F	Fund and Permit Fees		
4. How will the strategy change th	e previous arrango	ements for providing and/	or funding this servi	ce within the county?
No changes are occurring to this explain service delivery arranger provides the service for all other  5. List any formal service delivery	nents. The City of municipalities as v	Dublin provides the service well as the unincorporated	ce only within its juri I areas.	sdiction. The County
this service:	agreements of the			· -
Agreement Name None		Contracting Parties	Eff	ective and Ending Dates
None				
6. What other mechanisms (if any acts of the General Assembly, re				dinances, resolutions, local
None				
7. Person completing form: <b>Bryan</b> Phone number: <b>478-272-4755</b>	Date complet	ted: 8/1/19		
8. Is this the person who should be projects are consistent with the			ting whether propos	ed local government
If not, provide designated contact LANCE JONES, DUBLIN CITY				







# FORM 2: Summary of Service Delivery Arrangements

### Instructions:

Make copies of this form and complete one for each service listed on FORM 1, Section IV. Use EXACTLY the same service names listed on FORM 1 Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.		
COUNTY:LAURENS	Service: Solid Waste Collection	
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:	
<ul> <li>a.)  Service will be provided countywide (i.e., including this box is checked, identify the government, aut</li> </ul>	cluding all cities and unincorporated areas) by a single service provider, thority or organization providing the service.):	
b.) Service will be provided only in the unincorp checked, identify the government, authority or orga	orated portion of the county by a single service provider. (If this box is nization providing the service.):	
c.)  One or more cities will provide this service of provided in unincorporated areas. (If this box is cheservice:	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the	
service in unincorporated areas. (If this box is chec	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the vn of Dexter, City of Dublin, City of Dudley, City of East Dublin,	
	le map delineating the service area of each service provider, and ation that will provide service within each service area.):	
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)	
⊠No		
If these conditions will continue under this strategy, <u>at</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be el	ttach an explanation for continuing the arrangement (i.e., a. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).	
If these conditions will be eliminated under the strated will be taken to eliminate them, the responsible party	gy, <u>attach an implementation schedule</u> listing each step or action that and the agreed upon deadline for completing it.	

Page 1 of 2

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

Local Government or Authority	Funding Method
Laurens County	Insurance Premium Tax, Fees
Town of Cadwell, Town of Dexter,	General Fund
City of Dublin	Enterprise Fund, Grants, and SPLOST
City of Dudley	General Fund and User Fees
City of East Dublin	Enterprise Fund, User Fees, and Grants
Town of Montrose, Town of Rentz	General Fund

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

This service, previously included as Solid Waste Management, was changed to reflect the specific action of collections. The Laurens County Solid Waste Management Authority has been removed as a service provider and replaced with the Laurens County Board of Commissioners. SPLOST funds and fees have been added as funding methods for the City of Dublin and Laurens County, respectively.

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

Agreement Name	Contracting Parties	Effective and Ending Dates
None		

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

None	
------	--

- 7. Person completing form: **Bryan Rogers, County Administrator**Phone number: **478-272-4755**Date completed: 8/1/19
- 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 \int No

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







# FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

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

should be reported to the Department of Community Affairs.		
COUNTY:LAURENS	Service: Stormwater Management	
Check <u>one</u> box that best describes the agreed upon	n delivery arrangement for this service:	
a.)  Service will be provided countywide (i.e., inc (If this box is checked, identify the government, authors)	cluding all cities and unincorporated areas) by a single service provider. hority or organization providing the service.):	
b.) Service will be provided only in the unincorp checked, identify the government, authority or organ	orated portion of the county by a single service provider. (If this box is nization providing the service.):	
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the	
service in unincorporated areas. (If this box is check	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the vn of Dexter, City of Dublin, City of Dudley, City of East Dublin,	
	le map delineating the service area of each service provider, and ation that will provide service within each service area.):	
In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service	
☐ <b>Yes</b> (if "Yes," you must attach additional docume	entation as described, below)	
⊠No		
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).	
If these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.	

CBC			4
<b>5D5</b>	FOR	VI 2. CC	ontinued

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

Local Government or Authority	Funding Method
Laurens County	General Fund
Town of Cadwell, Town of Dexter	General Fund
City of Dublin	General Fund and Fees
City of Dudley	General Fund
City of East Dublin	General Fund
Town of Montrose, Town of Rentz	General Fund

City of Dubilit	General i unu anu i ees		
City of Dudley	General Fund		
City of East Dublin	General Fund		
Town of Montrose, Town of Rentz	General Fund		
4. How will the strategy change the	previous arrangements for providing and/or f	funding this ៖	service within the county?
Fees have been added as a funding	g method for the City of Dublin.		
5. List any formal service delivery aç this service:	greements or intergovernmental contracts the	at will be use	ed to implement the strategy for
Agreement Name	Contracting Parties		Effective and Ending Dates
None			
	will be used to implement the strategy for this e or fee changes, etc.), and when will they ta		g., ordinances, resolutions, local
None			
7. Person completing form: <b>Bryan R</b> Phone number: <b>478-272-4755</b>	Rogers, County Administrator Date completed: 8/1/19		
	contacted by state agencies when evaluating ervice delivery strategy? ⊠Yes ⊡No	g whether pro	oposed local government
	person(s) and phone number(s) below: IANAGER, 478-277-5000, MAYOR GEORG	E GORNTO	, CITY OF EAST DUBLIN, 478-







# FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

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

Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:LAURENS	Service:Tax Assessment
	on delivery arrangement for this service:  cluding all cities and unincorporated areas) by a single service provider, thority or organization providing the service.):Laurens County
b.) Service will be provided only in the unincorp checked, identify the government, authority or organ	porated portion of the county by a single service provider. (If this box is inization providing the service.):
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
d.)  One or more cities will provide this service of service in unincorporated areas. (If this box is check service.):	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
e.)  Other (If this box is checked, attach a legib identify the government, authority, or other organization)	le map delineating the service area of each service provider, and ation that will provide service within each service area.):
In developing this strategy, were overlapping servious identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
If these conditions will continue under this strategy, <u>a</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).
If these conditions will be eliminated under the strated will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

		-						
191	<b>그 8</b>	1	mn.	CO	T-1	т	$\mathbf{a}$	•
		4 4 1					_	

fees, bonded indebtedness, etc	rity that will help to pay for this service and indic neral funds, special service district revenues, ho c.).	tel/motel taxes, franchise taxes, impact
Local Government or Author	ority Fundin	ng Method
Laurens County	General Fund	
4. How will the strategy change th	ne previous arrangements for providing and/or fu	unding this service within the county?
No change is anticipated.		
<ol><li>List any formal service delivery this service:</li></ol>	agreements or intergovernmental contracts tha	t will be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
None		
6. What other mechanisms (if any acts of the General Assembly, r	) will be used to implement the strategy for this ate or fee changes, etc.), and when will they tak	service (e.g., ordinances, resolutions, localities effect?
6. What other mechanisms (if any acts of the General Assembly, r	) will be used to implement the strategy for this ate or fee changes, etc.), and when will they tak	service (e.g., ordinances, resolutions, loca
6. What other mechanisms (if any acts of the General Assembly, r	) will be used to implement the strategy for this ate or fee changes, etc.), and when will they tak	service (e.g., ordinances, resolutions, localice effect?
acts of the General Assembly, r	ate or fee changes, etc.), and when will they tak	service (e.g., ordinances, resolutions, loca ce effect?
None  7. Person completing form: Bryan Phone number: 478-272-4755  8. Is this the person who should be	rate or fee changes, etc.), and when will they take	ke effect?
None  7. Person completing form: Bryan Phone number: 478-272-4755  8. Is this the person who should b projects are consistent with the	Rogers, County Administrator Date completed: 8/1/19 e contacted by state agencies when evaluating	ke effect?







# FORM 2: Summary of Service Delivery Arrangements

Make copies of this form and complete one for each service li Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	isted on FORM 1, Section IV. Use <u>EXACTLY the same service names listed on FORM 1</u> . sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:LAURENS	Service: Tax Collection
1. Check <u>one</u> box that best describes the agreed upo	n delivery arrangement for this service:
a.) Service will be provided countywide (i.e., inc (If this box is checked, identify the government, aut	cluding all cities and unincorporated areas) by a single service provider, thority or organization providing the service.):
b.) Service will be provided only in the unincorp checked, identify the government, authority or organ	porated portion of the county by a single service provider. (If this box is nization providing the service.):
c.)  One or more cities will provide this service o provided in unincorporated areas. (If this box is che service:	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
service in unincorporated areas. (If this box is check	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the vn of Dexter, City of Dublin, City of Dudley, City of East Dublin,
e.)  Other (If this box is checked, attach a legible identify the government, authority, or other organization)	le map delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
	ttach an explanation for continuing the arrangement (i.e., a. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).
f these conditions will be eliminated under the strateg vill be taken to eliminate them, the responsible party a	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

-				The second second
SDS	201	KM 2.	cont	inued

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

Local Government or Authority	Funding Method
Laurens County	General Fund
Town of Cadwell, Town of Dexter	General Fund
City of Dublin, City of Dudley	General Fund
City of East Dublin	General Fund
Town of Montrose	General Fund
Town of Rentz	General Fund

-			
Town of Montrose		General Fund	
Town of Rentz		General Fund	
. How will the strategy change the	e previ	ous arrangements for providing and/or funding this	service within the county?
No change is anticipated.			
this service:	agreen	nents or intergovernmental contracts that will be use	ed to implement the strategy for
Agreement Name		Contracting Parties	Effective and Ending Dates
None			
. What other mechanisms (if any) acts of the General Assembly, ra	will be te or fe	e used to implement the strategy for this service (e.gee changes, etc.), and when will they take effect?	g., ordinances, resolutions, local
None			
Person completing form: <b>Bryan I</b> Phone number: <b>478-272-4755</b>		s, County Administrator te completed: 8/1/19	
. Is this the person who should be projects are consistent with the se	conta ervice	cted by state agencies when evaluating whether prodelivery strategy? ⊠Yes ⊡No	oposed local government
If not provide designated contest	horos	an(s) and phone number(s) below:	

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







# FORM 2: Summary of Service Delivery Arrangements

Make copies of this form and complete one for each service li Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	isted on FORM 1, Section IV. Use EXACTLY the same service names listed on FORM 1. sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:LAURENS	Service:Teen Court
Check <u>one</u> box that best describes the agreed upo	
<ul> <li>a.)</li></ul>	cluding all cities and unincorporated areas) by a single service provider, thority or organization providing the service.):
b.)  Service will be provided only in the unincorp checked, identify the government, authority or orga	porated portion of the county by a single service provider. (If this box is nization providing the service.):
c.)  One or more cities will provide this service o provided in unincorporated areas. (If this box is che service: City of Dublin	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
d.)  One or more cities will provide this service o service in unincorporated areas. (If this box is check service.):	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
e.)	le map delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ <b>Yes</b> (if "Yes," you must attach additional docume	entation as described, below)
If these conditions will continue under this strategy, at	ttach an explanation for continuing the arrangement (i.e., a. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).
If these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Down 4 of 2

S	DS	F	O	RM	12,	CO	nt	in	ue	d
	_		_							-

List each government or autho enterprise funds, user fees, ger fees, bonded indebtedness, etc	neral fu	t will help to pay for this service and indicate how the nds, special service district revenues, hotel/motel ta	e service will be funded (e.g., xes, franchise taxes, impact
Local Government or Authority		Funding Method	
City of Dublin		General Fund, Grants, and Private Donations	
4. How will the strategy change th	ne previ	ious arrangements for providing and/or funding this	service within the county?
Teen Court is offered as an according by the City of Dublin and funded	ountabil with th	lity court and serves as an alternative to traditional c e use of general funds, grants, and private donation	courts. The service is delivered is.
this service:	agreer	ments or intergovernmental contracts that will be use	ed to implement the strategy for
Agreement Name		Contracting Parties	Effective and Ending Dates
None			
6. What other mechanisms (if any acts of the General Assembly, r	) will be ate or f	e used to implement the strategy for this service (e.gee changes, etc.), and when will they take effect?	g., ordinances, resolutions, local
None			
projects are consistent with the	Da e conta service	ate completed: 8/1/19 acted by state agencies when evaluating whether producted by strategy? ⊠Yes □No	oposed local government
LANCE JONES, DUBLIN CITY		on(s) and phone number(s) below: GER, 478-277-5000	







# FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

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

# SDS FORM 2, continued

<ol><li>List each government or author enterprise funds, user fees, ge- fees, bonded indebtedness, etc</li></ol>	rity that will help to pay for this service and in neral funds, special service district revenues, c.).	idicate how the service will be funded (e.g., hotel/motel taxes, franchise taxes, impact
Local Government or Author	prity Fun	ding Method
Laurens County	General Fund	anig modioa
,		
4. How will the strategy change the	ne previous arrangements for providing and/o	or funding this service within the county?
No change is anticipated.		
this service:		that will be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
None		
	<u> </u>	
	) will be used to implement the strategy for thate or fee changes, etc.), and when will they	nis service (e.g., ordinances, resolutions, local take effect?
None		
Phone number: <b>478-272-4755</b> 3. Is this the person who should be	a Rogers, County Administrator Date completed: 8/1/19  e contacted by state agencies when evaluations are contacted by state agencies are contacted by a	ng whether proposed local government
	ct person(s) and phone number(s) below:	







# FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

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

Answer each question below, attaching additional pages as necess should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:LAURENS	Service: Water
1. Check <u>one</u> box that best describes the agreed upo     a.) □ Service will be provided countywide (i.e. inc.).	on delivery arrangement for this service:
(If this box is checked, identify the government, aut	thority or organization providing the service.):
b.) Service will be provided only in the unincorp checked, identify the government, authority or orga	porated portion of the county by a single service provider. (If this box is inization providing the service.):
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
identify the government, authority, or other organiza	tle map delineating the service area of each service provider, and ation that will provide service within each service area.): City of ity of Dublin, City of Dudley, City of East Dublin, Town of Montrose,
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
<ul><li>☐ Yes (if "Yes," you must attach additional docum</li><li>☒ No</li></ul>	entation as described, below)
	Attach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).
If these conditions will be eliminated under the strated will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.

## **SDS FORM 2, continued**

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

Local Government or Authority	Funding Method
City of Allentown	Enterprise Fund, User Fees, SPLOST, and Grants
Town of Cadwell, Town of Dexter	Enterprise Fund, User Fees, SPLOST, and Grants
City of Dublin, City of Dudley	Enterprise Fund, User Fees, SPLOST, and Grants
City of East Dublin, Town of Montrose	Enterprise Fund, User Fees, SPLOST, and Grants
Town of Rentz	Enterprise Fund, User Fees, SPLOST, and Grants

A new service delivery area map has been attached. SPLOST funding has also been added a local government.	s a funding method for each
	to Paralle and the attacks of the

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

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

Agreement Name	Contracting Parties	Effective and Ending Dates	
None			

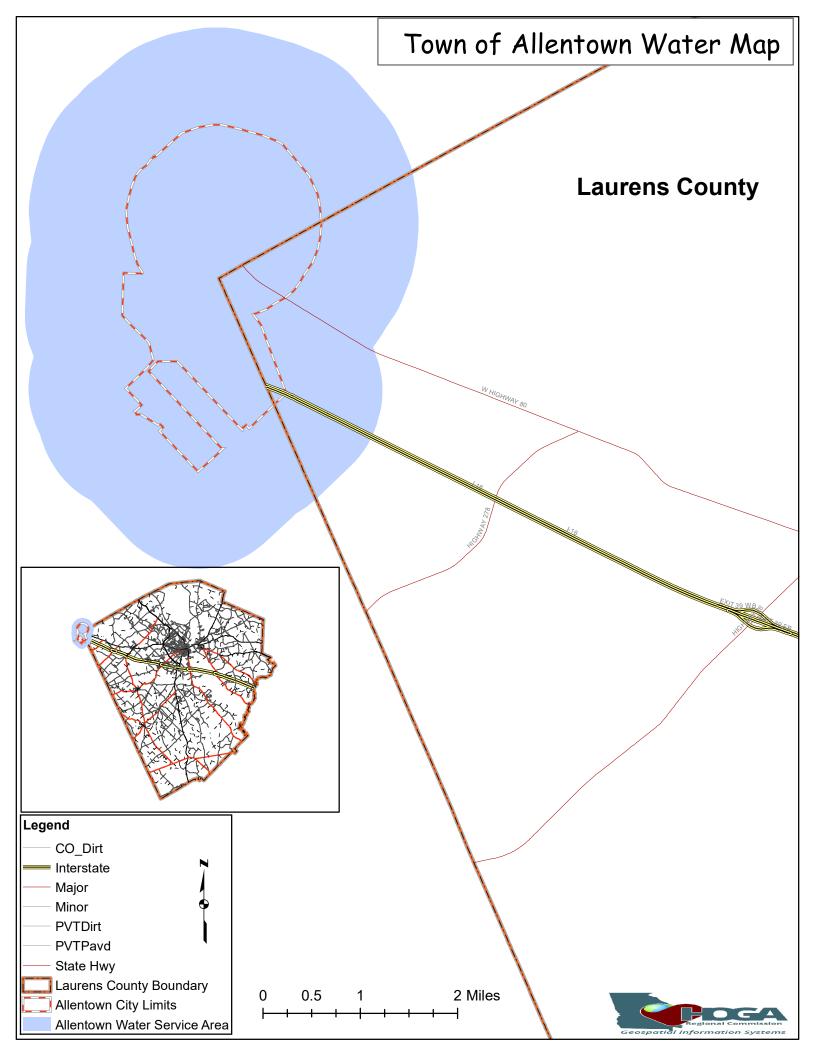
6. What other mechanisms (if any) will	be used to implement the stra	ategy for this service (	e.g., ordinances,	resolutions, l	ocal
acts of the General Assembly, rate o	fee changes, etc.), and wher	n will they take effect?			

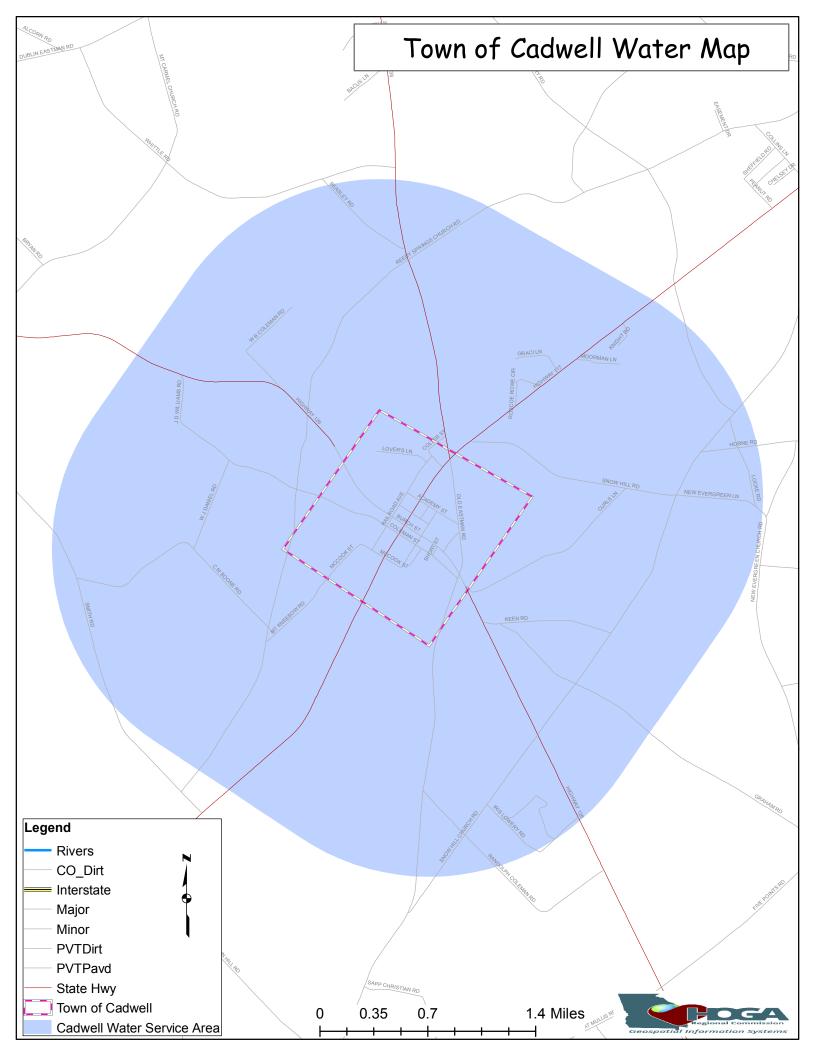
Ν	or	٦e

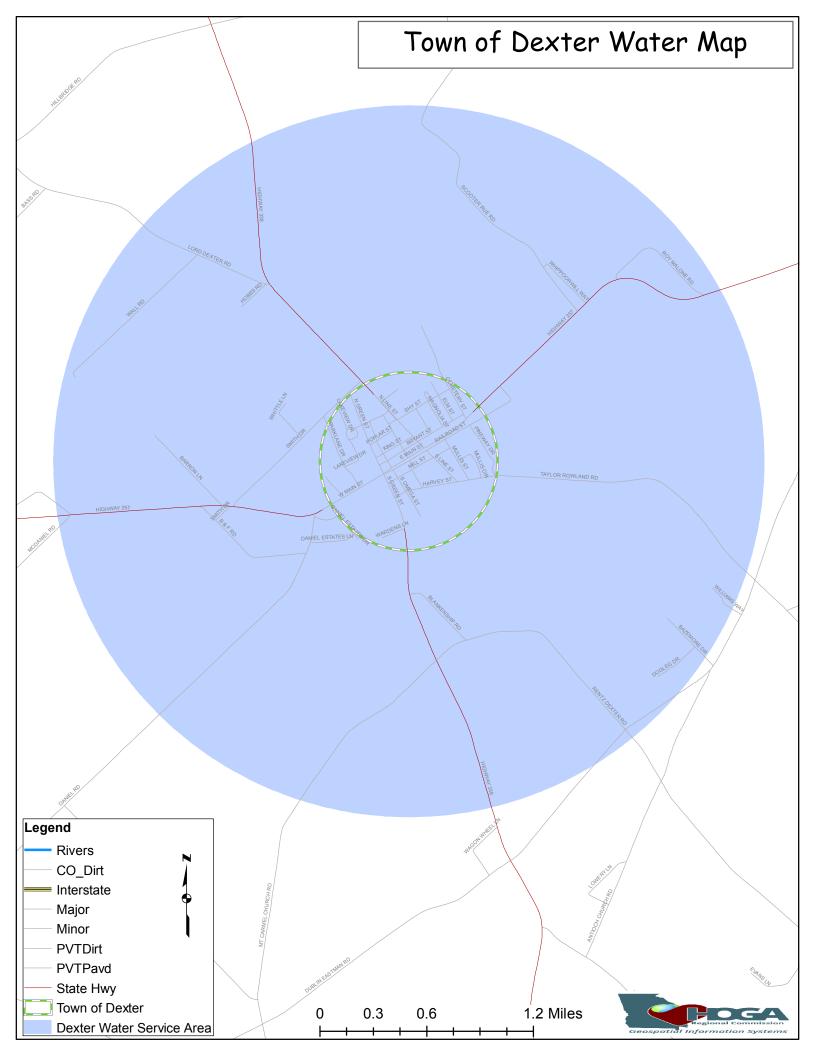
- 7. Person completing form: **Bryan Rogers, County Administrator**Phone number: **478-272-4755**Date completed: 8/1/19
- 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ⊠Yes □No

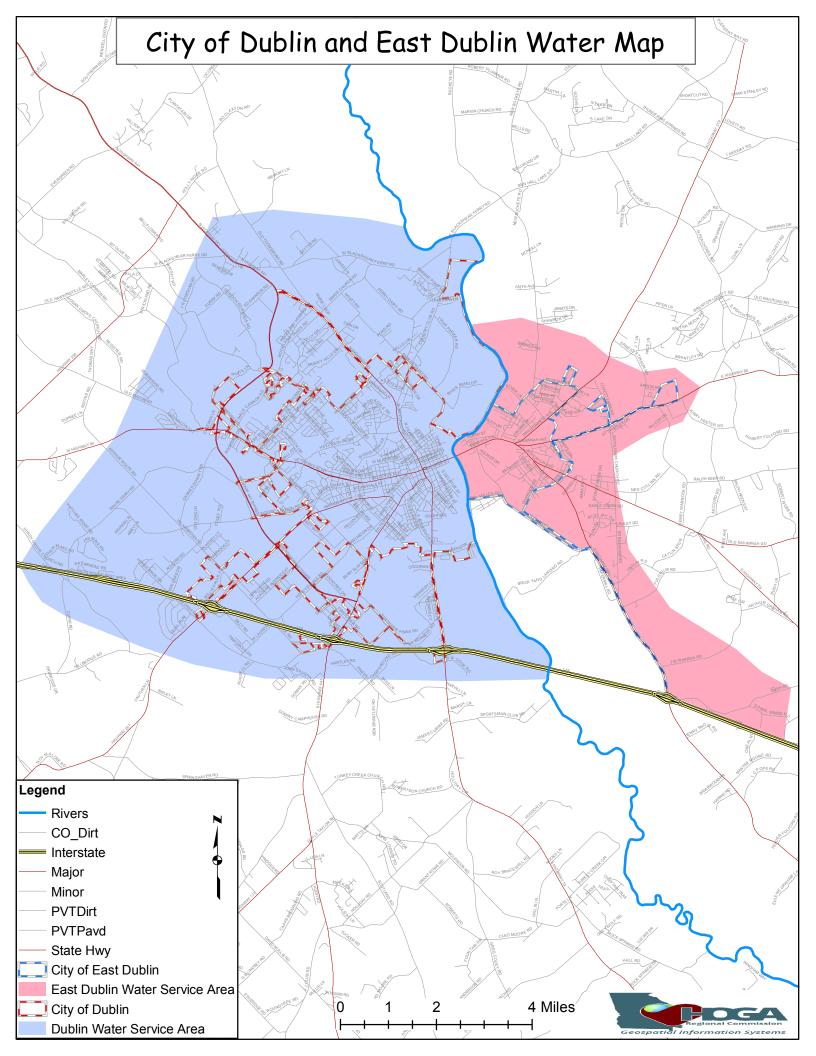
If not, provide designated contact person(s) and phone number(s) below:

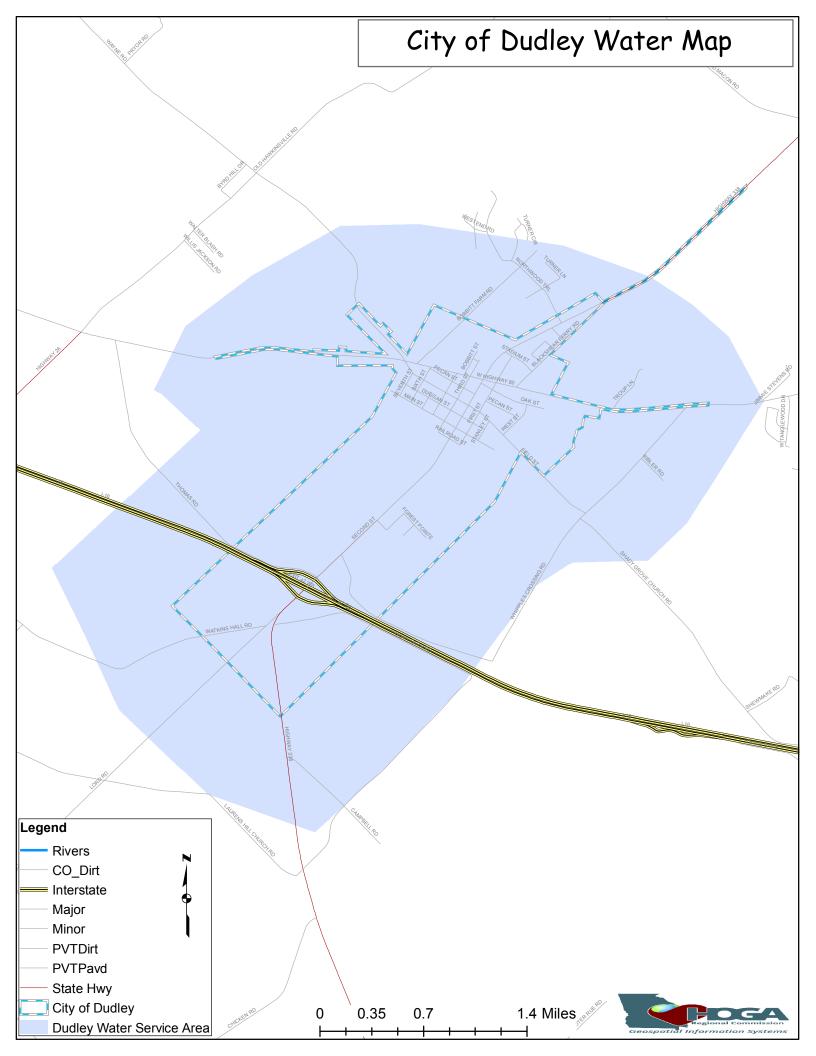
LANCE JONES, DUBLIN CITY MANAGER, 478-277-5000, MAYOR GEORGE GORNTO, CITY OF EAST DUBLIN, 478-272-6883

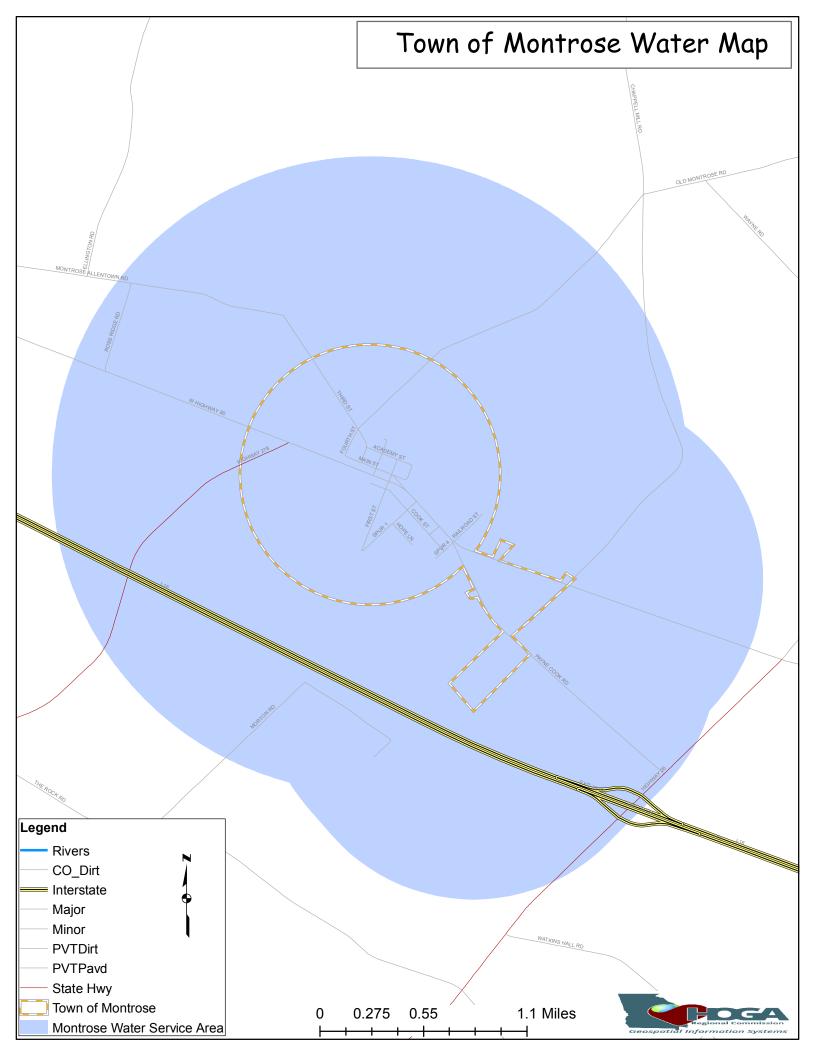


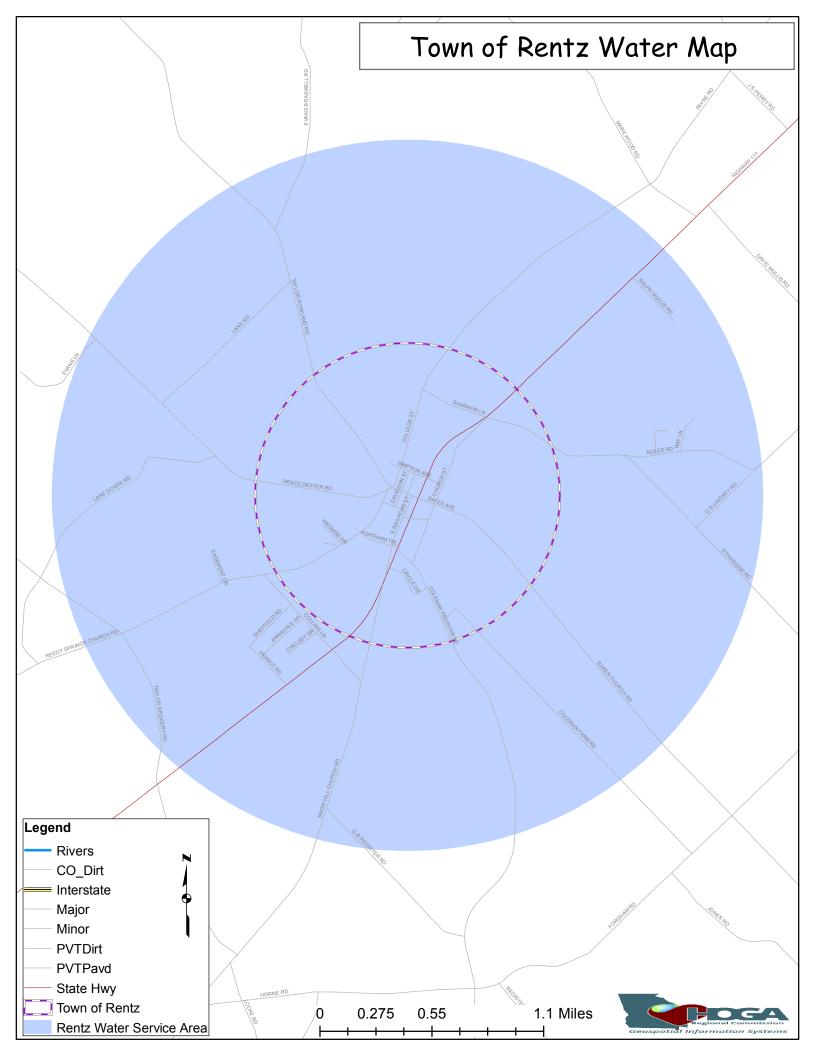


















# FORM 3: Summary of Land Use Agreements

#### 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:LAURENS	
What incompatibilities or conflicts between the land use plans of local governments we developing the service delivery strategy?  None	ere identified in the process of
Check the boxes indicating how these incompatibilities or conflicts were addressed:      Amendments to existing comprehensive plans	NOTE:
Adoption of a joint comprehensive plan	If the necessary plan amendments, regulations, ordinances, etc. have not yet been formally adopted, indicate when
Other measures (amend zoning ordinances, add environmental regulations, etc.)  If "other measures" was checked, describe these measures:	each of the affected local governments will adopt them.
N/A	
3. What policies, procedures and/or processes have been established by local government authorities) to ensure that new extraterritorial water and sewer service will be consistent and ordinances? Laurens County and all cities in Laurens County, including Allentown, hinsure that proposed extraterritorial water and sewer service is compatible with land use of the adjoining local government in which the new service is to be extended.	with all applicable land use plans nave adopted a joint resolution to
4. Person completing form: <b>Bryan Rogers</b>	
Phone number: <b>478-272-4755</b> Date completed: 8/1/19	
5. Is this the person who should be contacted by state agencies when evaluating whethe projects are consistent with the service delivery strategy? ⊠Yes □No	r proposed local government

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







# 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: LAURENS**

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

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

JURISDICTION	TITLE	NAME	SIGNATURE	DATE
LAURENS COUNTY	Chairman	Trae Kemp	12 H	12/16/19
TOWN OF CADWELL	Mayor	Clifton Smith	Chip from	1/9/20
TOWN OF DEXTER	Mayor	Daniel Whittle	Damiel RW tutte	12/30/19
CITY OF DUBLIN	Mayor	Phil Best	Tide	1-9-20
CITY OF DUDLEY	Mayor	Jason Locke	ale	12/10/19
CITY OF EAST DUBLIN	Mayor	George Gornto		12/26/19
TOWN OF MONTROSE	Mayor	Donnie Dixon	Comi To De	1697-17
TOWN OF RENTZ	Mayor	M. L. Knight	1116	11/1/19