





COUNTY: COOK

#### 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.
- 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.

Cook County, City of Adel, City of Cecil, Town of Lenox, Town of Sparks, Cook County Airport Authority, Cook County Chamber of Commerce, Adel Industrial Development Authority, Tift-Worth-Turner-Cook JDA, Cook County Economic Development Council, Adel-Cook County Land Bank Authority, Housing Authority of the City of Adel, Cook County Tourism Authority

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

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

Airport, Animal Control, Board of Elections, Chamber of Commerce, Code Enforcement/Building Inspections/Zoning, Courts, Electrical, Garbage Collection, Garbage Disposal, Hazardous Materials, Indigent Defense, Library, Maintenance Shop, Public Transportation, Sheriff, Street Maintenance, Tax Assessment, Tourism

### 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.

Cemetery, Downtown Development Authority, Economic Development, Emergency Management, EMT/EMS/911, Fire Protection, Housing Revitalization, Jail, Land Bank (new service), Natural Gas, Police, Public Housing, Recreation, Road Construction, Sewer, Tax Collection, Water







## FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

should be reported to the Department of Community Affairs.				
COUNTY:COOK	Service: Airport			
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.):Cook County Airport			
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			
☐ <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 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.			
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3. List each government or authority that will help to pay for this service and indicate how th	e service will be funded (e.g.,
enterprise funds, user fees, general funds, special service district revenues, hotel/motel to	exes, franchise taxes, impact
fees, bonded indebtedness, etc.).	

Local Government or Authority	Funding Me	thad
Cook County Airport Authority	User Fees	inou
City of Adel	General Fund	
Cook County	General Fund	
COOK County	General Fund	
4. How will the strategy change the pre	evious arrangements for providing and/or funding	this service within the county?
No change		
5. List any formal service delivery agre this service:	ements or intergovernmental contracts that will b	
Agreement Name	Contracting Parties	Effective and Ending Dates
N/A		
6. What other mechanisms (if any) will acts of the General Assembly, rate of	be used to implement the strategy for this servic r fee changes, etc.), and when will they take effe	e (e.g., ordinances, resolutions, local ct?
N/A		
7. Person completing form: Faye Hugh Phone number: (229) 896-2266	nes, County Administrator Date completed: 2/10/2020	
8. Is this the person who should be corprojects are consistent with the servi	ntacted by state agencies when evaluating wheth ce delivery strategy? ⊠Yes ⊡No	er proposed local government
If not, provide designated contact pe TYPE CONTACT NAME, TITLE & P		







## FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

should be reported to the Department of Community Affairs.				
COUNTY:COOK	Service: Animal Control			
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			
	only within their incorporated boundaries, and the county will provide the eked, 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 eliminated).			
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.			
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Local Government or Authority	Funding I	Method
Town of Sparks	General Fund	Weurou
City of Adel	General Fund	
. How will the strategy change the pre	vious arrangements for providing and/or fund	ing this service within the county?
No change		
3		
<ol> <li>List any formal service delivery agree this service:</li> </ol>	ements or intergovernmental contracts that wi	ill be used to implement the strategy for
Agreement Name	Contracting Parties	
		Ettective and Ending Dates
N/A	Contracting Farties	Effective and Ending Dates
N/A	contracting randes	Effective and Ending Dates
N/A	Contracting Funces	Effective and Ending Dates
N/A	Contracting Funces	Effective and Ending Dates
N/A	Contracting Funces	Effective and Ending Dates
N/A	Contracting Function	Effective and Ending Dates
6. What other mechanisms (if any) will	be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, local
6. What other mechanisms (if any) will	be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, local
6. What other mechanisms (if any) will acts of the General Assembly, rate or	be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, local
5. What other mechanisms (if any) will	be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, local
5. What other mechanisms (if any) will acts of the General Assembly, rate or	be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, local
6. What other mechanisms (if any) will acts of the General Assembly, rate or	be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, local
i. What other mechanisms (if any) will acts of the General Assembly, rate of	be used to implement the strategy for this ser r fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, local
5. What other mechanisms (if any) will acts of the General Assembly, rate of N/A  7. Person completing form: Faye Hugh Phone number: (229) 896-2266	be used to implement the strategy for this ser fee changes, etc.), and when will they take etcs.  The est county Administrator  Date completed: 2/10/2020  Intacted by state agencies when evaluating where	rvice (e.g., ordinances, resolutions, localeffect?







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

#### Instructions:

should be reported to the Department of Community Affairs.				
COUNTY:COOK	Service: Board of Elections			
Check the box that best describes the agreed upor	n delivery arrangement for this service:			
Service will be provided countywide (i.e., includi	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): <b>Cook County</b>			
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is nization providing the service.):			
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:			
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the			
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):			
In developing this strategy, were overlapping serving identified?	ce areas, unnecessary competition and/or duplication of this service			
☐ Yes (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			

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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 Authorit	y Funding Me	thod				
Cook County	General Fund					
City of Adel	General Fund					
City of Cecil	General Fund					
City of Lenox	General Fund					
City of Sparks	General Fund					
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				
	vill be used to implement the strategy for this service or fee changes, etc.), and when will they take effe					
	e or fee changes, etc.), and when will they take effe					
7. Person completing form: Vicki Pa Phone number: (229) 896-2266 8. Is this the person who should be o	e or fee changes, etc.), and when will they take effe	ect?				







## FORM 2: Summary of Service Delivery Arrangements

### Instructions:

should be reported to the Department of Community Affairs.				
COUNTY:COOK	Service: Cemetery			
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:			
The chock <u>of the sook about about the agreed apo</u>	in donvery arrangement for and dervice.			
<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. 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 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: Town of Lenox, Town of Sparks, City of Adel				
	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 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			

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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 Metho	d
Town of Sparks	General Fund, Lot Sales	
Town of Lenox	General Fund	
City of Adel	General Fund	
4. How will the strategy change the prev	ious arrangements for providing and/or funding this	s service within the county?
The City of Adel has been added to the	e list of service providers.	
5. List any formal service delivery agree this service:	ments or intergovernmental contracts that will be u	sed to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
N/A		
	e used to implement the strategy for this service (effect?	e.g., ordinances, resolutions, local

7. Person completing form: **Faye Hughes, County Administrator**Phone number: **(229) 896-2266**Date completed: 2/10/2020

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:

TYPE CONTACT NAME, TITLE & PHONE HERE

N/A







## FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

should be reported to the Department of Community Affairs.		
COUNTY:COOK	Service: Chamber of Commerce	
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.):Cook County Chamber of	
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	
☐ <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 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.	
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0 10 1	thority	Funding	Method
Cook County		General Fund	
City of Adel		General Fund	
. How will the strategy change	the previou	us arrangements for providing and/or fund	ding this service within the county?
No change			
List any formal service delive	erv agreeme	ents or intergovernmental contracts that w	vill be used to implement the strategy fo
this service:	ory agreem	one of miorgovormional contracte that t	in so doed to implement the endlogy is
Agreement Name		Contracting Parties	Effective and Ending Dates
N/A			
		used to implement the strategy for this se e changes, etc.), and when will they take	
acts of the General Assembly			
acts of the General Assembly			
acts of the General Assembly	y, rate or fee	e changes, etc.), and when will they take	
N/A  Person completing form: Fay Phone number: (229) 896-22	y, rate or fee	e changes, etc.), and when will they take  County Administrator	effect?







## FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.		
COUNTY:COOK	Service: Courts	
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. thority or organization providing the service.):	
b.) Service will be provided only in the unincorp checked, identify the government, authority or organization.	porated portion of the county by a single service provider. (If this box is inization providing the service.):	
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the	
	only within their incorporated boundaries, and the county will provide the sked, identify the government(s), authority or organization providing the il, City of Lenox, City of Sparks	
	ele map delineating the service area of each service provider, and ation that will provide service within each service area.):	
2. In developing this strategy, were overlapping servi identified?	ce areas, unnecessary competition and/or duplication of this service	
☐ <b>Yes</b> (if "Yes," you must attach additional docum	entation as described, below)	
⊠No		
If these conditions will continue under this strategy, <b>a</b> overlapping but higher levels of service (See O.C.G./ overlapping service areas or competition cannot be 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	

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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
Cook County	General Fund
City of Adel	General Fund
City of Cecil	General Fund
City of Lenox	General Fund
City of Sparks	General Fund

City of Cecil	General Fund	
City of Lenox	General Fund	
City of Sparks	General Fund	
4. How will the strategy change t	he previous arrangements for providing and/or f	funding this service within the county?
No change		
5. List any formal service delivery this service:	y agreements or intergovernmental contracts that	at will be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
N/A		_
	y) will be used to implement the strategy for this rate or fee changes, etc.), and when will they ta	
N/A		
7. Person completing form: <b>Faye</b> Phone number: <b>(229) 896-226</b>	Hughes, County Administrator  Date completed: 2/10/2020	
	be contacted by state agencies when evaluating e service delivery strategy? ⊠Yes ⊡No	g whether proposed local government
If not, provide designated conta	act person(s) and phone number(s) below: <b>E &amp; PHONE HERE</b>	







## FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

should be reported to the Department of Community Affairs.		
COUNTY:COOK	Service: Downtown Development Authority	
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., 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	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.):	
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.	
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	eral fun	will help to pay for this service and indicate how the ids, special service district revenues, hotel/motel tax	
Local Government or Author	ritv	Funding Method	
Adel Downtown Dev. Authority		Grants, local funds, City of Adel	
4. How will the strategy change the	e previo	ous arrangements for providing and/or funding this s	service within the county?
No change			
140 Grange			
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
N/A			
		e used to implement the strategy for this service (e.gee changes, etc.), and when will they take effect?	,, ordinances, resolutions, local
N/A			
7. Person completing form: Faye I Phone number: (229) 896-2266		s, County Administrator Pate completed: 2/10/2020	
8. Is this the person who should be projects are consistent with the		cted by state agencies when evaluating whether prodelivery strategy? ⊠Yes □No	pposed local government
If not, provide designated contact TYPE CONTACT NAME, TITLE		on(s) and phone number(s) below: DNE HERE	







## FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

should be reported to the Department of Community Affairs.	
COUNTY:COOK	Service: Economic Development
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.):
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
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 result. Tift-Worth-Turner-Cook Joint Development Authority, Cook
	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 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	n government or a	authority that will	help to pay for	his service and in	ndicate how the s	ervice will be funde	d (e.g.,
enterpris	e funds, user fee	s, general funds,	special service	district revenues	, hotel/motel taxe	s, franchise taxes,	impact
fees, bor	nded indebtednes	s, etc.).					

Local Government or Authority	Funding Method
Adel Industrial Development Authority	Financing Fees, CDBG, EIP, OneGeorgia, USDA, & EDA Grants
City of Adel	General Fund, Hotel/Motel Tax, CDBG, EIP, OneGeorgia, USDA, EDA Grants
Cook County	General Fund, Hotel/Motel Tax, CDBG, EIP, OneGeorgia, USDA, EDA Grants

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

The funding methods have been updated to reflect the current methods. The Adel Industrial Development Authority will provide this service within the boundary of the City of Adel. The Cook County Economic Development Council will provide this service in unincorporated Cook County. The Tift-Worth-Turner-Cook Joint Development Authority will provide regional joint economic development services within the boundaries of Tift, Worth, Turner, and Cook Counties.

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

Agreement Name	Contracting Parties	Effective and Ending Dates

acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?

7. Person completing form: **Faye Hughes, County Administrator**Phone number: **(229) 896-2266**Date completed: 2/10/2020

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:

TYPE CONTACT NAME, TITLE & PHONE HERE







## FORM 2: Summary of Service Delivery Arrangements

### Instructions:

should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:COOK	Service: Electrical
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., inc</li> <li>(If this box is checked, identify the government, aut</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 organ	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 serving 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

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Local Government or Authority	Funding I	Method
City of Adel	User Fees	
How will the strategy change the p	revious arrangements for providing and/or fund	ing this service within the county?
lo change		
-		
List any formal sorvice delivery ag	reements or intergovernmental contracts that wi	ill he used to implement the strategy
this service:	eements of intergovernmental contracts that wi	in be used to implement the strategy
Agreement Name	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
J/A		
What other mechanisms (if any) w	Il be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) w		vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) w	Il be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) wacts of the General Assembly, rate	Il be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) wacts of the General Assembly, rate	Il be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) wacts of the General Assembly, rate	Il be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) wacts of the General Assembly, rate	Il be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) wacts of the General Assembly, rate	Il be used to implement the strategy for this ser or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) wacts of the General Assembly, rate	Il be used to implement the strategy for this ser or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) wacts of the General Assembly, rate  I/A  Person completing form: Faye Hughone number: (229) 896-2266  Is this the person who should be completed to the complete of the comple	Il be used to implement the strategy for this ser or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, lo
What other mechanisms (if any) wacts of the General Assembly, rate  N/A  Person completing form: Faye Hugher Phone number: (229) 896-2266  Is this the person who should be coprojects are consistent with the ser	Il be used to implement the strategy for this ser or fee changes, etc.), and when will they take eghes, County Administrator Date completed: 2/10/2020	vice (e.g., ordinances, resolutions, lo







## FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:COOK	Service: Emergency Management
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>Cook 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.):
, <del></del> .	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.):
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

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Cook County	ority	Funding Me	
COOK County	Gene	eral Fund, State Grants, GEMA Grants,	FEMA Grants
. How will the strategy change t	he previous ar	rangements for providing and/or funding	g this service within the county?
The form has been undeted to	enfloat the our	ant funding mathada	
The form has been updated to	ellect the curr	ent runding methods.	
List any formal service deliver this service:	/ agreements	or intergovernmental contracts that will b	be used to implement the strategy fo
Agreement Name		Contracting Parties	Effective and Ending Dates
		Contracting Fundo	Encourse and Enamy Batos
N/A		consucting rando	Enounce and Enauly Ducoe
N/A		Community rando	Enounce and Enauly Ducoe
N/A		- Community - Caracter	Znoodvo and Znang Dates
N/A			
N/A			
. What other mechanisms (if an		to implement the strategy for this service	ce (e.g., ordinances, resolutions, loca
. What other mechanisms (if an		to implement the strategy for this service	ce (e.g., ordinances, resolutions, loca
. What other mechanisms (if an		to implement the strategy for this service	ce (e.g., ordinances, resolutions, loc
. What other mechanisms (if an acts of the General Assembly,	Hughes, Cou	to implement the strategy for this service anges, etc.), and when will they take effe	ce (e.g., ordinances, resolutions, loc
. What other mechanisms (if an acts of the General Assembly,  N/A  . Person completing form: Fayer Phone number: (229) 896-226	Hughes, Cou	to implement the strategy for this service anges, etc.), and when will they take effective the strategy for this service anges, etc.), and when will they take effective the strategy for this service anges, etc.), and when will they take effective the strategy for this service anges, etc.), and when will they take effective the strategy for this service anges, etc.), and when will they take effective the strategy for this service anges, etc.), and when will they take effective the strategy for this service anges, etc.), and when will they take effective the strategy for this service anges, etc.), and when will they take effective the strategy for this service anges, etc.), and when will they take effective the strategy for this service anges, etc.), and when will they take effective the strategy for this service anges, etc.), and when will they take effective the strategy for this service ange.	ce (e.g., ordinances, resolutions, loc ect?







## FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:COOK	Service: EMT-EMS-911
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>Cook 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 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.
	Page 1 of 2

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

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 Cook County General Fund, User Fees, GEMA Grants, FEMA Grants City of Adel General Fund, GEMA Grants, FEMA Grants 4. How will the strategy change the previous arrangements for providing and/or funding this service within the county? The form has been updated to reflect the current funding methods. 5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service: Agreement Name **Contracting Parties** Effective and Ending Dates N/A 6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect? N/A 7. Person completing form: Faye Hughes, County Administrator Phone number: (229) 896-2266 Date completed: 2/10/2020

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: TYPE CONTACT NAME, TITLE & PHONE HERE







## FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:COOK	Service: Fire Protection
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
	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the il, Town of Lenox, Town of Sparks
	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 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
Cook County	Insurance Premium Rebate, GEMA Grants, FEMA Grants
City of Adel	General Fund, GEMA Grants, FEMA Grants
City of Cecil	General Fund, SPLOST, GEMA Grants, FEMA Grants
Town of Lenox	General Fund, GEMA Grants, FEMA Grants
Town of Sparks	General Fund, SPLOST, GEMA Grants, FEMA Grants

Town of Lenox	General Fund, GEMA Grants, FEMA	\ Grants	
Town of Sparks	General Fund, SPLOST, GEMA Gra	nts, FEMA Gr	ants
4. How will the strategy change the	e previous arrangements for providing and/o	r funding this	service within the county?
This form has been updated to re	eflect the current funding methods.		
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
N/A			<b>J</b>
		-	
		-	
	) will be used to implement the strategy for thate or fee changes, etc.), and when will they		g., ordinances, resolutions, local
N/A			
7. Person completing form: <b>Faye I</b>	Hughes County Administrator		
Phone number: <b>(229) 896-2266</b>			
8. Is this the person who should be projects are consistent with the	e contacted by state agencies when evaluati service delivery strategy? ⊠Yes ⊡No	ng whether pro	oposed local government
If not, provide designated contact TYPE CONTACT NAME, TITLE	ct person(s) and phone number(s) below:		







## FORM 2: Summary of Service Delivery Arrangements

### Instructions:

Answer each question below, attaching additional pages as neces should be reported to the Department of Community Affairs.	ssary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:COOK	Service: Garbage Collection
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.):
b.) Service will be provided only in the unincorporate checked, identify the government, authority or organization.	porated portion of the county by a single service provider. (If this box is anization providing the service.):
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
	only within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the cil, City of Lenox, City of Sparks
	ole map delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping servi identified?	ice areas, unnecessary competition and/or duplication of this service
☐ <b>Yes</b> (if "Yes," you must attach additional docum	nentation as described, below)
⊠No	
If these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G., overlapping service areas or competition cannot be expressed in the service areas or competition cannot be expressed in the service areas or competition.	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

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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
Cook County	User Fees, Enterprise Fund, Insurance Premium Tax
City of Adel	User Fees
City of Cecil	General Fund
City of Lenox	User Fees
City of Sparks	General Fund, SPLOST, User Fees

City of Lenox	User Fees	
City of Sparks	General Fund, SPLOST, User Fees	
4. How will the strategy change the բ	previous arrangements for providing and/or fundin	ng this service within the county?
No alcono		
No change		
5. List any formal service delivery ag	greements or intergovernmental contracts that will	be used to implement the strategy for
this service:		
Agreement Name	Contracting Parties	Effective and Ending Dates
N/A		
	will be used to implement the strategy for this servi e or fee changes, etc.), and when will they take eff	
N/A		
7. Person completing form: Faye Hu	ighes County Administrator	
Phone number: <b>(229) 896-2266</b>	Date completed: 2/10/2020	
	contacted by state agencies when evaluating whet rvice delivery strategy? ⊠Yes □No	ther proposed local government
If not, provide designated contact p TYPE CONTACT NAME, TITLE &	person(s) and phone number(s) below: • PHONE HERE	







## FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:COOK	Service: Garbage Disposal
Check <u>one</u> box that best describes the agreed upon     N Service will be provided countywide (i.e., inc.).	on delivery arrangement for this service:
(If this box is checked, identify the government, aut	chority or organization providing the service.):Cook County
b.) Service will be provided only in the unincorp checked, identify the government, authority or organized	porated portion of the county by a single service provider. (If this box is 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
	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 servi 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, <b>a</b> overlapping but higher levels of service (See O.C.G./overlapping service areas or competition cannot be expressed to the condition of the service areas or competition cannot be expressed to the conditions are serviced to	At 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

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<ol><li>List each government or author enterprise funds, user fees, gen fees, bonded indebtedness, etc.</li></ol>	eral funds, spec			
Local Government or Author	rity	F	unding Method	
Cook County		ees/SPLOST		
. How will the strategy change th	e previous arrar	ngements for providing and	d/or funding this s	service within the county?
No change				
List any formal service delivery this service:	agreements or i	intergovernmental contract	ts that will be use	ed to implement the strategy fo
Agreement Name		Contracting Parties		Effective and Ending Dates
N/A				
<ol> <li>What other mechanisms (if any) acts of the General Assembly, ra</li> </ol>				., ordinances, resolutions, loca
N/A				
7. Person completing form: <b>Faye I</b> Phone number: <b>(229) 896-2266</b>		y Administrator pleted: 2/10/2020		
. Is this the person who should be projects are consistent with the			ating whether pro	pposed local government
If not, provide designated contact TYPE CONTACT NAME, TITLE				







## FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

should be reported to the Department of Community Affairs.		
COUNTY:COOK	Service: Hazardous Material	
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:	
	cluding all cities and unincorporated areas) by a single service provider.	
	thority or organization providing the service.):Cook 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 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 diminated).	
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	

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Cook County  General Fund  General Fund  How will the strategy change the previous arrangements for providing and/or funding this service within the county of the strategy change the previous arrangements for providing and/or funding this service within the county of the service delivery agreements or intergovernmental contracts that will be used to implement the stris service:  Agreement Name  Contracting Parties  Effective and End  N/A  What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolution acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?  N/A  Person completing form: Faye Hughes, County Administrator Phone number: (229) 896-2266  Date completed: 2/10/2020		Funding	<u>Method</u>
List any formal service delivery agreements or intergovernmental contracts that will be used to implement the striks service:  Agreement Name  Contracting Parties  Effective and End  WA  What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutances of the General Assembly, rate or fee changes, etc.), and when will they take effect?  WA  Person completing form: Faye Hughes, County Administrator Phone number: (229) 896-2266  Date completed: 2/10/2020	Cook County	General Fund	
List any formal service delivery agreements or intergovernmental contracts that will be used to implement the shis service:  Agreement Name  Contracting Parties  Effective and End  I/A  What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutances of the General Assembly, rate or fee changes, etc.), and when will they take effect?  I/A  Person completing form: Faye Hughes, County Administrator Phone number: (229) 896-2266  Date completed: 2/10/2020			
List any formal service delivery agreements or intergovernmental contracts that will be used to implement the shis service:  Agreement Name  Contracting Parties  Effective and End  A  What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutors of the General Assembly, rate or fee changes, etc.), and when will they take effect?  A  Person completing form: Faye Hughes, County Administrator  Phone number: (229) 896-2266  Date completed: 2/10/2020			
List any formal service delivery agreements or intergovernmental contracts that will be used to implement the shis service:  Agreement Name  Contracting Parties  Effective and End  I/A  What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutacts of the General Assembly, rate or fee changes, etc.), and when will they take effect?  Person completing form: Faye Hughes, County Administrator Phone number: (229) 896-2266  Date completed: 2/10/2020			
List any formal service delivery agreements or intergovernmental contracts that will be used to implement the striks service:  Agreement Name  Contracting Parties  Effective and End  What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutances of the General Assembly, rate or fee changes, etc.), and when will they take effect?  What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutances of the General Assembly, rate or fee changes, etc.), and when will they take effect?  Person completing form: Faye Hughes, County Administrator Phone number: (229) 896-2266  Date completed: 2/10/2020			
List any formal service delivery agreements or intergovernmental contracts that will be used to implement the shis service:  Agreement Name  Contracting Parties  Effective and End  Agreement Name  What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resoluted of the General Assembly, rate or fee changes, etc.), and when will they take effect?  Person completing form: Faye Hughes, County Administrator  Phone number: (229) 896-2266  Date completed: 2/10/2020	How will the strategy change the prev	vious arrangements for providing and/or fund	ding this service within the county?
List any formal service delivery agreements or intergovernmental contracts that will be used to implement the shis service:  Agreement Name  Contracting Parties  Effective and End  Agreement Name  What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resoluted of the General Assembly, rate or fee changes, etc.), and when will they take effect?  Person completing form: Faye Hughes, County Administrator  Phone number: (229) 896-2266  Date completed: 2/10/2020			
List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strike service:  Agreement Name  Contracting Parties  Effective and End  Agreement Name  Contracting Parties  Effective and End  What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutances of the General Assembly, rate or fee changes, etc.), and when will they take effect?  What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutances of the General Assembly, rate or fee changes, etc.), and when will they take effect?  Person completing form: Faye Hughes, County Administrator  Phone number: (229) 896-2266  Date completed: 2/10/2020			
Agreement Name  Contracting Parties  Effective and End  What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resoluted of the General Assembly, rate or fee changes, etc.), and when will they take effect?  Person completing form: Faye Hughes, County Administrator Phone number: (229) 896-2266  Date completed: 2/10/2020	o change		
Agreement Name  Contracting Parties  Effective and End  Edd  Edd  Edd  Edd  Edd  Edd  Ed			
Agreement Name  Contracting Parties  Effective and End  Edd  Edd  Edd  Edd  Edd  Edd  Ed			**************************************
What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resoluted of the General Assembly, rate or fee changes, etc.), and when will they take effect?  //A  Person completing form: Faye Hughes, County Administrator Phone number: (229) 896-2266  Date completed: 2/10/2020	,	ements or intergovernmental contracts that w	vill be used to implement the strategy
What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutances of the General Assembly, rate or fee changes, etc.), and when will they take effect?  I/A  Person completing form: Faye Hughes, County Administrator Phone number: (229) 896-2266  Date completed: 2/10/2020	Agrooment Namo	Contracting Parties	Effective and Ending Dat
A Person completing form: Faye Hughes, County Administrator Phone number: (229) 896-2266  Date completed: 2/10/2020		Contracting Farties	Enecuve and Ending Date
A Person completing form: Faye Hughes, County Administrator Phone number: (229) 896-2266  Date completed: 2/10/2020			
A Person completing form: Faye Hughes, County Administrator Phone number: (229) 896-2266  Date completed: 2/10/2020			
A Person completing form: Faye Hughes, County Administrator Phone number: (229) 896-2266  Date completed: 2/10/2020			
Acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?  APPerson completing form: Faye Hughes, County Administrator Phone number: (229) 896-2266  Date completed: 2/10/2020			
Acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?  APPerson completing form: Faye Hughes, County Administrator Phone number: (229) 896-2266  Date completed: 2/10/2020			
Person completing form: <b>Faye Hughes, County Administrator</b> Phone number: <b>(229) 896-2266</b> Date completed: 2/10/2020			
Person completing form: Faye Hughes, County Administrator Phone number: (229) 896-2266 Date completed: 2/10/2020			
Person completing form: Faye Hughes, County Administrator Phone number: (229) 896-2266 Date completed: 2/10/2020			
Phone number: <b>(229) 896-2266</b> Date completed: 2/10/2020	acts of the General Assembly, rate or		
Phone number: <b>(229) 896-2266</b> Date completed: 2/10/2020	acts of the General Assembly, rate or		
	acts of the General Assembly, rate or		
Is this the person who should be contacted by state agencies when evaluating whether proposed local goverr projects are consistent with the service delivery strategy? ⊠Yes □No	acts of the General Assembly, rate or	fee changes, etc.), and when will they take es, County Administrator	
f not, provide designated contact person(s) and phone number(s) below:	Person completing form: Faye Hugher Phone number: (229) 896-2266	es, County Administrator Date completed: 2/10/2020 tacted by state agencies when evaluating wi	effect?







## FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

should be reported to the Department of Community Affairs.		
COUNTY:COOK	Service: Housing Revitalization	
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 ox, Town of Sparks	
	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 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	

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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 Adel	CDBG, CHIP, Grants
City of Cecil	CDBG, CHIP, Grants
Town of Lenox	CDBG, CHIP, Grants
Town of Sparks	CDBG, CHIP, Grants

This is a new service; The inclusion of the Housing Revitalization service will enable applications to be submitted for
Community Development Block Grants (CDBG), Community HOME Investment Program (CHIP) Grants, and other grants.

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
N/A		

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

N/A

- 7. Person completing form: **Faye Hughes, County Administrator**Phone number: **(229) 896-2266**Date completed: 1/24/2020
- 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:

TYPE CONTACT NAME, TITLE & PHONE HERE







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

#### Instructions:

should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:COOK	Service: Indigent Defense
Check the box that best describes the agreed upor	n delivery arrangement for this service:
	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): <b>Cook County</b>
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is nization providing the service.):
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	ap 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 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

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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
Cook County	General Fund, Indigent Defense Council Grant
City of Adel	General Fund, Indigent Defense Council Grant
City of Cecil	General Fund,Indigent Defense Council Grant
Cityof Lenox	General Fund, Indigent Defense Council Grant
City of Sparks	General Fund, Indigent Defense Council Grant
4. How will the strategy change the previ	ous 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

acts	acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?							

6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local

7. Person completing form: Vicki Parrish, County Clerk

Phone number: **(229) 896-2266** Date completed: April 30, 2010

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:

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:COOK	Service: Jail
Check the box that best describes the agreed upor	n delivery arrangement for this service:
	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): <b>Cook County</b>
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is inization providing the service.):
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the sked, identify the government(s), authority or organization providing the
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
In developing this strategy, were overlapping serving identified?	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, <b>a</b> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be 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

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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
Cook County	General Fund, Jail Surcharges
City of Adel	General Fund - Contract with County
City of Lenox	General Fund - Contract with County
Cityof Sparks	General Fund - Contract with County

Cityof Sparks	General Fund - Contract with County	
4. How will the strategy change the p	previous arrangements for providing and/or fundir	ng this service within the county?
Researching possibility of limited joi	nt jail services countywide.	
5. List any formal service delivery ago this service:	reements or intergovernmental contracts that will	be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
	ill be used to implement the strategy for this serv or fee changes, etc.), and when will they take ef	
7. Person completing form: Vicki Par Phone number: (229) 896-2266	rrish, County Clerk Date completed: April 30, 2010	
	ontacted by state agencies when evaluating whe vice delivery strategy? ⊠Yes ⊡No	ther proposed local government
If not, provide designated contact p	person(s) and phone number(s) below:	







# FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

should be reported to the Department of Community Affairs.	,
COUNTY:COOK	Service:Land Bank
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.): <b>Adel-Cook County Land</b>
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
	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 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.
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	eral fur	will help to pay for this service and indicate how the nds, special service district revenues, hotel/motel ta	
Local Government or Autho	rity	Funding Method	1
Cook County		General Fund	
City of Adel		General Fund	
4. How will the strategy change th	e previ	ous arrangements for providing and/or funding this	service within the county?
This is a new service that was no	ot listed	I in the previous SDS.	
5. List any formal service delivery this service:	agreer	nents or intergovernmental contracts that will be us	ed to implement the strategy for
Agreement Name		Contracting Parties	Effective and Ending Dates
N/A			
		e used to implement the strategy for this service (e. ee changes, etc.), and when will they take effect?	g., ordinances, resolutions, local
N/A			
7. Person completing form: <b>Faye</b> l Phone number: <b>(229) 896-2266</b>		s, County Administrator Date completed: 2/10/2020	
3. Is this the person who should b projects are consistent with the		acted by state agencies when evaluating whether producted by state agencies age	roposed local government
If not, provide designated contact TYPE CONTACT NAME, TITLE		on(s) and phone number(s) below: ONE HERE	







# FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

should be reported to the Department of Community Affairs.	
COUNTY:COOK	Service: Library
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:
1. Official solve that best describes the agreed apo	in delivery arrangement for this service.
	cluding all cities and unincorporated areas) by a single service provider. hority or organization providing the service.): <b>Cook 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 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

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Cook County	nority	Local Government or Authority Funding Method	
		General Funds	
City of Adel		General Funds	
. How will the strategy change	the previ	ous arrangements for providing and/or fund	ling this service within the county?
No change			
. List any formal service delive this service:	ery agreer	nents or intergovernmental contracts that w	ill be used to implement the strategy fo
Agreement Name		Contracting Parties	Effective and Ending Dates
N/A			
. What other mechanisms (if a acts of the General Assembly	any) will be y, rate or f	e used to implement the strategy for this seree changes, etc.), and when will they take e	rvice (e.g., ordinances, resolutions, localeffect?
. What other mechanisms (if a acts of the General Assembly	any) will be y, rate or f	e used to implement the strategy for this selection changes, etc.), and when will they take of	rvice (e.g., ordinances, resolutions, loca effect?
acts of the General Assembly	any) will be y, rate or f	e used to implement the strategy for this seree changes, etc.), and when will they take e	rvice (e.g., ordinances, resolutions, loca effect?
. What other mechanisms (if a acts of the General Assembly	any) will be y, rate or f	e used to implement the strategy for this seree changes, etc.), and when will they take o	rvice (e.g., ordinances, resolutions, loca effect?
acts of the General Assembly	y, rate or f	ee changes, etc.), and when will they take e	rvice (e.g., ordinances, resolutions, localeffect?
N/A  Person completing form: Fay Phone number: (229) 896-22	y, rate or f	ee changes, etc.), and when will they take e	effect?







# FORM 2: Summary of Service Delivery Arrangements

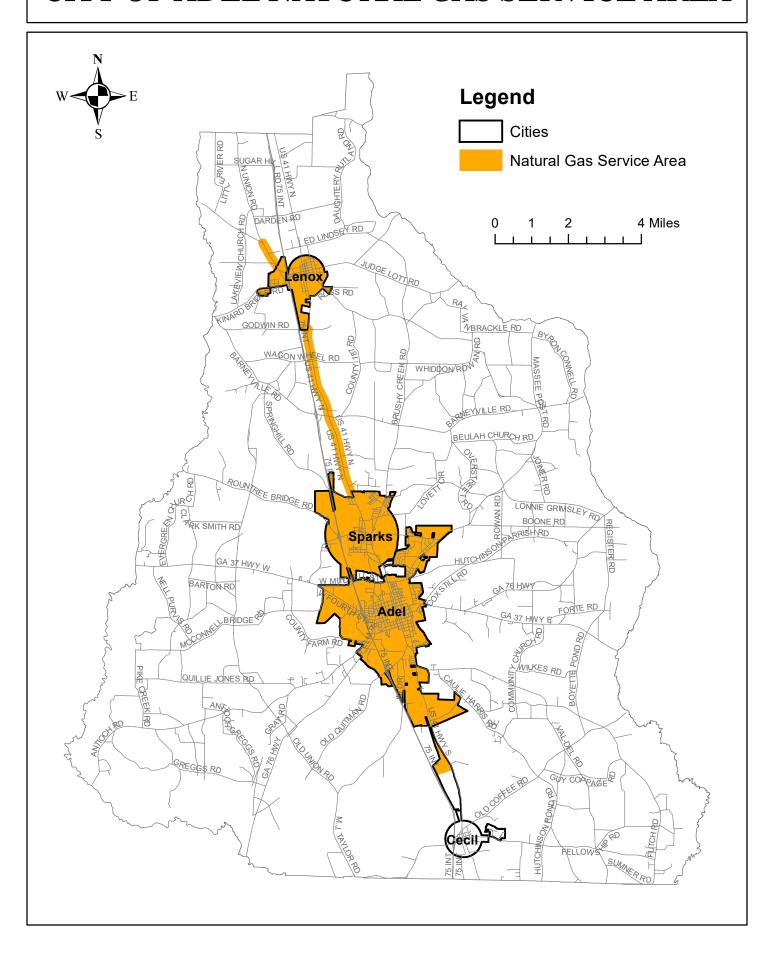
#### Instructions:

should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:COOK	Service: Maintenance Shop
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., income (If this box is checked, identify the government, aut	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.):
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 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 sked, identify the government(s), authority or organization providing the
	elle map delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping servi identified?	ce areas, unnecessary competition and/or duplication of this service
☐ <b>Yes</b> (if "Yes," you must attach additional docum	entation 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

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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 Cook County** General Fund, Enterprise Fund City of Adel General Fund, User Fees 4. How will the strategy change the previous arrangements for providing and/or funding this service within the county? No change 5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service: Agreement Name **Contracting Parties** Effective and Ending Dates N/A 6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect? N/A 7. Person completing form: Fave Hughes, County Administrator Phone number: (229) 896-2266 Date completed: 2/10/2020 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: TYPE CONTACT NAME, TITLE & PHONE HERE

# CITY OF ADEL NATURAL GAS SERVICE AREA









# FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.		
COUNTY:COOK	Service: Natural Gas	
Check <u>one</u> box that best describes the agreed upon	on delivery arrangement for this service:	
a.) Service will be provided countywide (i.e., including 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 unincorporate checked, identify the government, authority or organization.	porated portion of the county by a single service provider. (If this box is anization providing the service.):	
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the	
	only within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the	
	ole map delineating the service area of each service provider, and ation that will provide service within each service area.): City of Adel	
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 docum	entation as described, below)	
⊠No		
If these conditions will continue under this strategy, a overlapping but higher levels of service (See O.C.G./ overlapping service areas or competition cannot be expressed in the contract of the service areas or competition.	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	

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	eral funds, special serv		e how the service will be funded (e.g., /motel taxes, franchise taxes, impact
Local Government or Author	rity	Funding	Method
City of Adel		, User Fees, CDBG, EIP, U	
4. How will the strategy change th	e previous arrangeme	nts for providing and/or fund	ding this service within the county?
This form has been updated to re	əflect current funding n	methods, and a map has bee	en added to show the service area.
<ol><li>List any formal service delivery this service:</li></ol>	agreements or intergo	overnmental contracts that w	vill be used to implement the strategy fo
Agreement Name	Cor	ntracting Parties	Effective and Ending Dates
N/A			
	_		
<ol><li>What other mechanisms (if any acts of the General Assembly, r</li></ol>			rvice (e.g., ordinances, resolutions, loca effect?
N/A			
7. Person completing form: <b>Faye</b> Phone number: <b>(229) 896-2266</b>			
8. Is this the person who should b projects are consistent with the			hether proposed local government
If not, provide designated conta TYPE CONTACT NAME, TITLE		e number(s) below:	







# FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

should be reported to the Department of Community Affairs.		
COUNTY:COOK	Service: Police	
Check <u>one</u> box that best describes the agreed upo	on delivery arrangement for this service:	
a.) Service will be provided countywide (i.e., inc (If this box is checked, identify the government, aut	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.):	
b.) Service will be provided only in the unincorp checked, identify the government, authority or orga	porated portion of the county by a single service provider. (If this box is inization providing the service.):	
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 Adel, City of Cecil, Town of Lenox, Town of Sparks		
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.):		
	elle 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		
	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	

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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 Adel	General Fund, User Fees, US DOJ Grants, GEMA Grants, FEMA Grants
Town of Lenox	General Fund, User Fees, US DOJ Grants, GEMA Grants, FEMA Grants
Town of Sparks	General Fund, User Fees, US DOJ Grants, GEMA Grants, FEMA Grants
City of Cecil	General Fund, User Fees, US DOJ Grants, GEMA Grants, FEMA Grants

City of Cecil	General Fund, U	Jser Fees, US DOJ Grants, GB	EMA Gran	ts, FEMA Grants
How will the strategy change the strategy	ne previous arrangements	s for providing and/or funding t	his service	e within the county?
The form has been updated to re	eflect the current service	delivery arrangement and the	current fu	nding methods.
5. List any formal service delivery this service:	agreements or intergove	ernmental contracts that will be	used to i	mplement the strategy for
Agreement Name	Contr	racting Parties	Effe	ctive and Ending Dates
N/A				
				_
6. What other mechanisms (if any acts of the General Assembly, r				inances, resolutions, local
N/A				
7. Person completing form: Faye Phone number: (229) 896-2266				
8. Is this the person who should be projects are consistent with the			er propose	d local government
If not, provide designated conta		number(s) below:		







# FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

should be reported to the Department of Community Affairs.			
COUNTY:COOK	Service: Public Housing		
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.): <b>Housing Authority of the</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 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.		
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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			
Housing Authority of the City of Adel	Rental Fees, State Assistance			
City of Adel	HUD			
4. How will the strategy change the prev	rious arrangements for providing and/or funding this	service within the county?		
This form has been updated to reflect the current funding arrangement.  5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:				
Agreement Name	Contracting Parties	Effective and Ending Dates		
N/A				
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?				
N/A				
7. Person completing form: Faye Hugher Phone number: (229) 896-2266	es, County Administrator Date completed: 2/10/2020			
8. Is this the person who should be cont projects are consistent with the service	acted by state agencies when evaluating whether predelivery strategy? $oxtimes$ Yes $oxtimes$ No	oposed local government		
If not, provide designated contact person(s) and phone number(s) below:  TYPE CONTACT NAME, TITLE & PHONE HERE				







# FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

should be reported to the Department of Community Affairs.		
COUNTY:COOK	Service: Public Transportation	
Check <u>one</u> box that best describes the agreed upon	, ,	
	cluding all cities and unincorporated areas) by a single service provider. thority or organization providing the service.): <b>Cook County</b>	
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 inization providing the service.):	
c.)  One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service:		
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.):		
	ele map delineating the service area of each service provider, and ation that will provide service within each service area.):	
2. In developing this strategy, were overlapping servi identified?	ce areas, unnecessary competition and/or duplication of this service	
☐ <b>Yes</b> (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.	
	Page 1 of 2	

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	eral fu	t will help to pay for this service and indicate nds, special service district revenues, hotel/i		
Local Covernment or Author	vit.	Eunding	Mothad	
Local Government or Author Cook County	rity	User Fees, General Fund, State and Fede		ls
Cook County			ran rana	
4. How will the strategy change th	e prev	ious arrangements for providing and/or fund	ling this s	service within the county?
No change				
TWO CHarige				
<ol><li>List any formal service delivery this service:</li></ol>	agree	ments or intergovernmental contracts that wi	ill be use	ed to implement the strategy for
Agreement Name		Contracting Parties		Effective and Ending Dates
N/A				
		e used to implement the strategy for this ser fee changes, etc.), and when will they take e		g., ordinances, resolutions, local
N/A				
7. Person completing form: Faye Phone number: (229) 896-2266		es, County Administrator Date completed: 2/10/2020		
8. Is this the person who should b projects are consistent with the	e conta servica	acted by state agencies when evaluating wh e delivery strategy? ⊠Yes ⊡No	ether pro	oposed local government
If not, provide designated conta		son(s) and phone number(s) below:		







# FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:COOK	Service: Recreation
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	chority or organization providing the service.): Cook County  borated portion of the county by a single service provider. (If this box is
c.)  One or more cities will provide this service of	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 servi 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	
	At 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

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	will help to pay for this service and indicate h	
fees, bonded indebtedness, etc.).	ius, special service district revenues, notei/mi	oter taxes, franchise taxes, impact
Local Government or Authority	Funding Me	ethod
Cook County	User Fees, LOST, GA DNR, Land & Water (	
City of Adel	LOST, User Fees	
4. How will the strategy change the previous	ous arrangements for providing and/or funding	g this service within the county?
	e currrent service arrangement and funding r	
this service:	nents or intergovernmental contracts that will	
Agreement Name	Contracting Parties	Effective and Ending Dates
N/A		
	e used to implement the strategy for this service changes, etc.), and when will they take eff	
N/A		

7. Person completing form: **Faye Hughes, County Administrator**Phone number: **(229) 896-2266**Date completed: 2/10/2020

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:

TYPE CONTACT NAME, TITLE & PHONE HERE







# FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:COOK	Service: Road Construction
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. thority or organization providing the service.):
b.) Service will be provided only in the unincorporate checked, identify the government, authority or organization.	porated portion of the county by a single service provider. (If this box is anization providing the service.):
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
	only within their incorporated boundaries, and the county will provide the cked, identify the government(s), authority or organization providing the cil, Town of Lenox, Town of Sparks
	ole map delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping servi identified?	ce areas, unnecessary competition and/or duplication of this service
☐ <b>Yes</b> (if "Yes," you must attach additional docum	entation 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

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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
Cook County	General Funds, SPLOST, State Aid, CDBG
City of Adel	General Funds, SPLOST, State Aid, CDBG
City of Cecil	General Funds, SPLOST, State Aid, CDBG
Town of Lenox	General Funds, SPLOST, State Aid, CDBG
Town of Sparks	General Funds, SPLOST, State Aid, CDBG

Town of Lenox	General Funds, SPLOST, State Aid, C	DBG	
Town of Sparks	General Funds, SPLOST, State Aid, C	DBG	
4. How will the strategy change the	previous arrangements for providing and/or for	unding this	service within the county?
This form has been updated to refl	ect current funding methods		
The form has been apaaled to ren	oot out out turious mountains.		
5. List any formal service delivery aç this service:	greements or intergovernmental contracts tha	at will be use	ed to implement the strategy for
Agreement Name	Contracting Parties		Effective and Ending Dates
N/A			
	will be used to implement the strategy for this e or fee changes, etc.), and when will they tal		g., ordinances, resolutions, local
N/A			
7. Person completing form: <b>Faye Hu</b> Phone number: <b>(229) 896-2266</b>	ughes, County Administrator Date completed: 2/10/2020		
	contacted by state agencies when evaluating ervice delivery strategy? ⊠Yes □No	whether pr	oposed local government
If not, provide designated contact TYPE CONTACT NAME, TITLE 8	person(s) and phone number(s) below: <b>&amp; PHONE HERE</b>		







# FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

should be reported to the Department of Community Affairs.					
COUNTY:COOK	Service: Sewer				
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.):				
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.): City of Adel,				
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.				
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3. List e	ach government or a	uthority that will	help to pay for	this service and ir	ndicate how the ser	vice will be funded (e.g.,
enterp	rise funds, user fees	, general funds,	special service	district revenues,	hotel/motel taxes,	franchise taxes, impact
fees, l	oonded indebtedness	s, etc.).				

Local Government or Authority	Funding Method
City of Adel	General Funds, SPLOST, State Aid, User Fees, CDBG
Town of Sparks	General Funds, SPLOST, State Aid, User Fees, CDBG
Town of Lenox	General Funds, SPLOST, State Aid, User Fees, CDBG

The funding methods, service arrangement, and maps have been updated. The Cities of Adel, Lenox, and Sparks have
their own sewer systems, and Cecil contracts with the City of Adel to receive sewer 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
N/A		

6.	What other mechanisms	(if any) will be us	sed to implement t	he strategy fo	or this service (	(e.g., ordinand	ces, resolutions	, local
	acts of the General Asse	mbly, rate or fee	changes, etc.), an	d when will th	ey take effect	?		

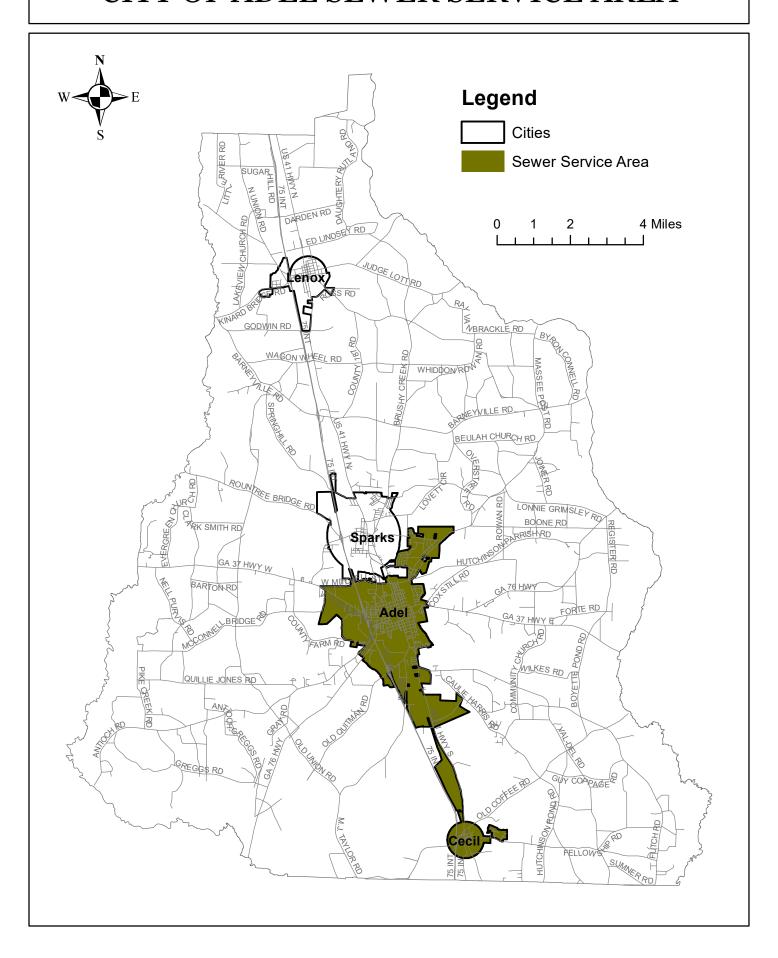
N/A

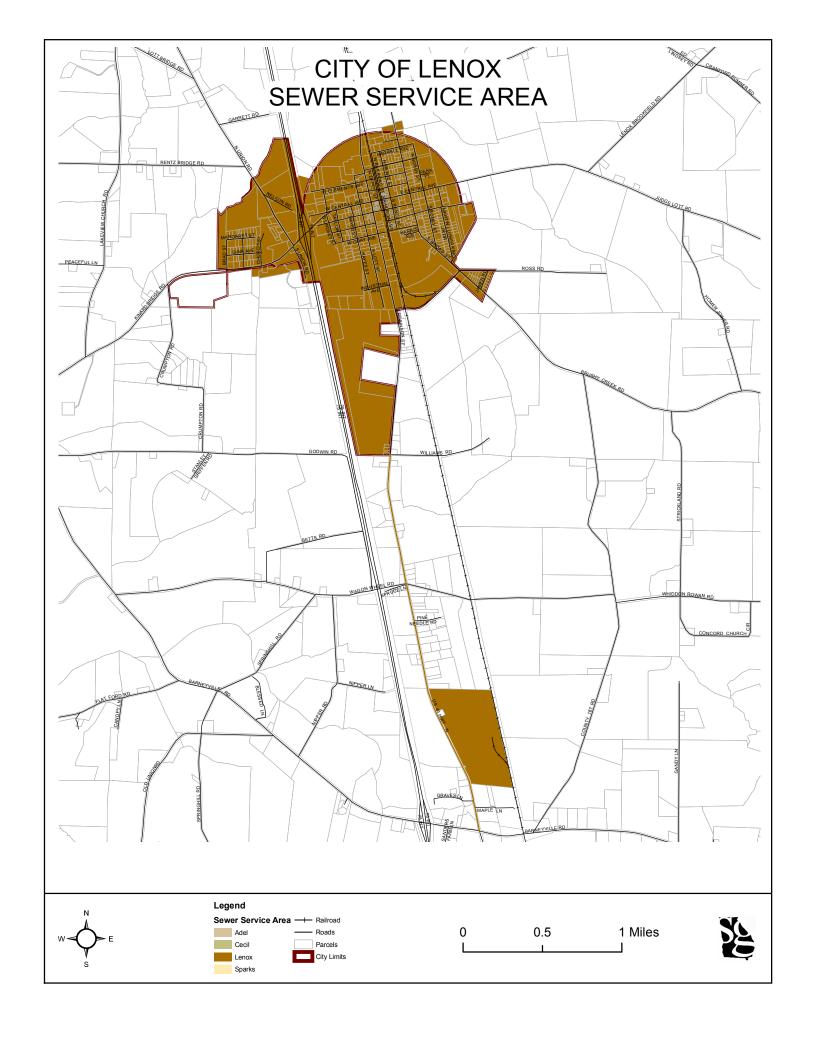
- 7. Person completing form: **Faye Hughes, County Administrator**Phone number: **(229) 896-2266**Date completed: 2/10/2020
- 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ⊠Yes □No

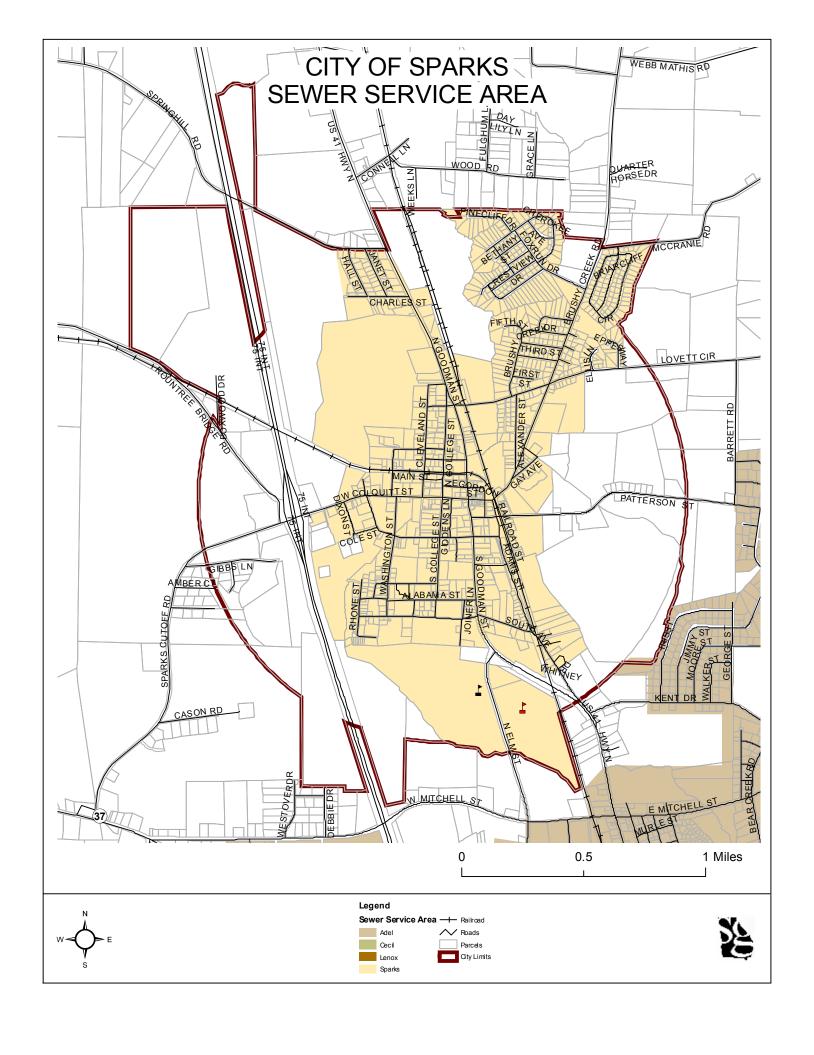
If not, provide designated contact person(s) and phone number(s) below:

TYPE CONTACT NAME, TITLE & PHONE HERE

# CITY OF ADEL SEWER SERVICE AREA













# FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:COOK	Service: Sheriff
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. chority or organization providing the service.): <b>Cook 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 inization providing the service.):
	only within their incorporated boundaries, and the service will not be ecked, identify the government(s), authority or organization providing the
	only within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	le map delineating the service area of each service provider, and ation that will provide service within each service area.):
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, <b>a</b> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be 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

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	that will help to pay for this service and indicate I							
Local Government or Authority		Funding Method						
Cook County	General Fund, User Fees, US DOJ Grants,	GEMA Grants, FEMA Grants						
4. How will the strategy change the p	previous arrangements for providing and/or fundir	ng this service within the county?						
		<u> </u>						
No change								
5. List any formal service delivery ag this service:	reements or intergovernmental contracts that will	I be used to implement the strategy for						
Agreement Name	Contracting Parties	Effective and Ending Dates						
N/A								
	rill be used to implement the strategy for this serve or fee changes, etc.), and when will they take ef							
N/A								
N/A								
7. Person completing form: Faye Humphone number: (229) 896-2266	ghes, County Administrator Date completed: 2/10/2020							
	contacted by state agencies when evaluating where vice delivery strategy? ⊠Yes □No	ether proposed local government						
If not, provide designated contact p	person(s) and phone number(s) below:  PHONE HERE							







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

#### Instructions:

should be reported to the Department of Community Affairs.	sary. If the contact person for this service (listed at the bottom of the page) changes, this					
COUNTY:COOK	Service: Street Maintenance					
Check the box that best describes the agreed upor	n delivery arrangement for this service:					
Service will be provided countywide (i.e., includi this box is checked, identify the government, autho	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.):					
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is nization providing the service.):					
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:					
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the il, City of Lenox, City of Sparks					
	ap 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 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					

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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.).

Funding Method

Local Government or Authority

To an a contract of the contra		ng meares
Cook County	General Fund, LARP	
City of Adel	General Fund, LARP	
City of Cecil	General Fund	
City of Lenox	General Fund, LARP	
City of Sparks	General Fund, LARP	
4. How will the strategy change the	he previous arrangements for providing and/or f	funding this service within the county?
_		
<ol><li>List any formal service delivery this service:</li></ol>	y agreements or intergovernmental contracts that	at will be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
		I
	y) will be used to implement the strategy for this rate or fee changes, etc.), and when will they ta	
7. Person completing form: <b>Vicki</b> Phone number: <b>(229) 896-226</b> 6		
Phone number: <b>(229) 896-2266</b> 8. Is this the person who should be		g whether proposed local government







# FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

should be reported to the Department of Community Affairs.	,
COUNTY:COOK	Service: Tax Assessment
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.
	hority or organization providing the service.):Cook 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
☐ <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 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

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Cook County  General Fund  General Fund  How will the strategy change the previous arrangements for providing and/or funding this service within the county of the strategy change the previous arrangements for providing and/or funding this service within the county of the service delivery agreements or intergovernmental contracts that will be used to implement the stris service:  Agreement Name  Contracting Parties  Effective and End  N/A  What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resoluted of the General Assembly, rate or fee changes, etc.), and when will they take effect?  N/A  Person completing form: Faye Hughes, County Administrator Phone number: (229) 896-2266  Date completed: 2/10/2020		Funding	<u>Method</u>
List any formal service delivery agreements or intergovernmental contracts that will be used to implement the striks service:  Agreement Name  Contracting Parties  Effective and End  WA  What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutances of the General Assembly, rate or fee changes, etc.), and when will they take effect?  WA  Person completing form: Faye Hughes, County Administrator Phone number: (229) 896-2266  Date completed: 2/10/2020	Cook County	General Fund	
List any formal service delivery agreements or intergovernmental contracts that will be used to implement the shis service:  Agreement Name  Contracting Parties  Effective and End  I/A  What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutances of the General Assembly, rate or fee changes, etc.), and when will they take effect?  I/A  Person completing form: Faye Hughes, County Administrator Phone number: (229) 896-2266  Date completed: 2/10/2020			
List any formal service delivery agreements or intergovernmental contracts that will be used to implement the shis service:  Agreement Name  Contracting Parties  Effective and End  A  What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutors of the General Assembly, rate or fee changes, etc.), and when will they take effect?  A  Person completing form: Faye Hughes, County Administrator  Phone number: (229) 896-2266  Date completed: 2/10/2020			
List any formal service delivery agreements or intergovernmental contracts that will be used to implement the shis service:  Agreement Name  Contracting Parties  Effective and End  I/A  What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutacts of the General Assembly, rate or fee changes, etc.), and when will they take effect?  Person completing form: Faye Hughes, County Administrator Phone number: (229) 896-2266  Date completed: 2/10/2020			
List any formal service delivery agreements or intergovernmental contracts that will be used to implement the striks service:  Agreement Name  Contracting Parties  Effective and End  What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutances of the General Assembly, rate or fee changes, etc.), and when will they take effect?  What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutances of the General Assembly, rate or fee changes, etc.), and when will they take effect?  Person completing form: Faye Hughes, County Administrator Phone number: (229) 896-2266  Date completed: 2/10/2020			
List any formal service delivery agreements or intergovernmental contracts that will be used to implement the shis service:  Agreement Name  Contracting Parties  Effective and End  Agreement Name  What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resoluted of the General Assembly, rate or fee changes, etc.), and when will they take effect?  Agreement Name  Contracting Parties  Effective and End  Agreement Name  Defective and End  Defecti	How will the strategy change the prev	vious arrangements for providing and/or fund	ding this service within the county?
List any formal service delivery agreements or intergovernmental contracts that will be used to implement the shis service:  Agreement Name  Contracting Parties  Effective and End  Agreement Name  What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resoluted of the General Assembly, rate or fee changes, etc.), and when will they take effect?  Agreement Name  Contracting Parties  Effective and End  Agreement Name  Defective and End  Defecti			
List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strike service:  Agreement Name  Contracting Parties  Effective and End  Agreement Name  Contracting Parties  Effective and End  What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutances of the General Assembly, rate or fee changes, etc.), and when will they take effect?  What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutances of the General Assembly, rate or fee changes, etc.), and when will they take effect?  Person completing form: Faye Hughes, County Administrator  Phone number: (229) 896-2266  Date completed: 2/10/2020			
Agreement Name  Contracting Parties  Effective and End  What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resoluted of the General Assembly, rate or fee changes, etc.), and when will they take effect?  Person completing form: Faye Hughes, County Administrator Phone number: (229) 896-2266  Date completed: 2/10/2020	o change		
Agreement Name  Contracting Parties  Effective and End  Edd  Agreement Name  Contracting Parties  Effective and End  Edd  Edd  Edd  Edd  Edd  Edd  Ed			
Agreement Name  Contracting Parties  Effective and End  Edd  Agreement Name  Contracting Parties  Effective and End  Edd  Edd  Edd  Edd  Edd  Edd  Ed			**************************************
What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resoluted of the General Assembly, rate or fee changes, etc.), and when will they take effect?  //A  Person completing form: Faye Hughes, County Administrator Phone number: (229) 896-2266  Date completed: 2/10/2020	,	ements or intergovernmental contracts that w	vill be used to implement the strategy
What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutances of the General Assembly, rate or fee changes, etc.), and when will they take effect?  I/A  Person completing form: Faye Hughes, County Administrator Phone number: (229) 896-2266  Date completed: 2/10/2020	Agrooment Namo	Contracting Parties	Effective and Ending Dat
A Person completing form: Faye Hughes, County Administrator Phone number: (229) 896-2266  Date completed: 2/10/2020		Contracting Farties	Enecuve and Ending Date
A Person completing form: Faye Hughes, County Administrator Phone number: (229) 896-2266  Date completed: 2/10/2020			
A Person completing form: Faye Hughes, County Administrator Phone number: (229) 896-2266  Date completed: 2/10/2020			
A Person completing form: Faye Hughes, County Administrator Phone number: (229) 896-2266  Date completed: 2/10/2020			
Acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?  APPerson completing form: Faye Hughes, County Administrator Phone number: (229) 896-2266  Date completed: 2/10/2020			
Acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?  APPerson completing form: Faye Hughes, County Administrator Phone number: (229) 896-2266  Date completed: 2/10/2020			
Person completing form: <b>Faye Hughes, County Administrator</b> Phone number: <b>(229) 896-2266</b> Date completed: 2/10/2020			
Person completing form: Faye Hughes, County Administrator Phone number: (229) 896-2266 Date completed: 2/10/2020			
Person completing form: Faye Hughes, County Administrator Phone number: (229) 896-2266 Date completed: 2/10/2020			
Phone number: <b>(229) 896-2266</b> Date completed: 2/10/2020	acts of the General Assembly, rate or		
Phone number: <b>(229) 896-2266</b> Date completed: 2/10/2020	acts of the General Assembly, rate or		
	acts of the General Assembly, rate or		
Is this the person who should be contacted by state agencies when evaluating whether proposed local goverr projects are consistent with the service delivery strategy? ⊠Yes □No	acts of the General Assembly, rate or	fee changes, etc.), and when will they take es, County Administrator	
f not, provide designated contact person(s) and phone number(s) below:	Person completing form: Faye Hugher Phone number: (229) 896-2266	es, County Administrator Date completed: 2/10/2020 tacted by state agencies when evaluating wi	effect?







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

#### Instructions:

should be reported to the Department of Community Affairs.		
COUNTY:COOK	Service: Tax Collection	
Check the box that best describes the agreed upor	n delivery arrangement for this service:	
Service will be provided countywide (i.e., includi this box is checked, identify the government, autho	ng all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.):	
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is nization providing the service.):	
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:	
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the il, City of Lenox, City of Sparks	
	ap 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 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	

SD	S F	OR	M 2	2, C	ont	inu	20
$\mathbf{D}$	$\mathbf{U}$						

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
Cook County	General Fund
City of Adel	General Fund
City of Cecil	General Fund
City of Lenox	General Fund
City of Sparks	General Fund

City of Lenox	General Fund	
City of Sparks	General Fund	
4. How will the strategy change t	he previous arrangements for providing and/or	funding this service within the county?
City of Adel contracts with the C	County Tax Commissioner to provide tax collec	tion services.
this service:	y agreements or intergovernmental contracts the	nat will be used to implement the strategy for
Agreement Name	Contracting Parties	Effective and Ending Dates
Tax Collectioni	Cook County and the City of Adel	
	y) will be used to implement the strategy for the rate or fee changes, etc.), and when will they t	
7. Person completing form: Vicki Phone number: (229) 896-2260		
	be contacted by state agencies when evaluatire service delivery strategy? ⊠Yes ⊡No	ng whether proposed local government
If not, provide designated conta	act person(s) and phone number(s) below:	







# FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

should be reported to the Department of Community Affairs.	
COUNTY:COOK	Service: Tourism
Check the box that best describes the agreed upor	n delivery arrangement for this service:
	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.): <b>Cook County Tourism</b>
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is nization providing the service.):
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
	ap 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>a</u> cverlapping but higher levels of service (See O.C.G.Acverlapping 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).
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.

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	S FO		can	TIME	$\triangle$
JUG			CULI		

Local Government or Authority	/ Funding I	Method
Cook County Tourism Authority	Hotel/Motel Taxes	
How will the strategy change the p	revious arrangements for providing and/or fundi	ing this service within the county?
_		
List any formal service delivery ago this service:	reements or intergovernmental contracts that wi	ill be used to implement the strategy for
unio service.		
Agreement Name	Contracting Parties	Effective and Ending Dates
	Contracting Parties	Effective and Ending Dates
	Contracting Parties	Effective and Ending Dates
	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Date
	Contracting Parties	Effective and Ending Dates
Agreement Name		
Agreement Name  What other mechanisms (if any) w	Contracting Parties  ill be used to implement the strategy for this ser or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, loc
Agreement Name  What other mechanisms (if any) w	ill be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, loc
Agreement Name  What other mechanisms (if any) w	ill be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, loc
Agreement Name  What other mechanisms (if any) w	ill be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, loc
Agreement Name  What other mechanisms (if any) w	ill be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, loc
Agreement Name  What other mechanisms (if any) w	ill be used to implement the strategy for this ser	vice (e.g., ordinances, resolutions, loc
Agreement Name  What other mechanisms (if any) wacts of the General Assembly, rate  Person completing form: Vicki Par	ill be used to implement the strategy for this ser or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, loc
Agreement Name  What other mechanisms (if any) wacts of the General Assembly, rate  Person completing form: Vicki Par Phone number: (229) 896-2266  Is this the person who should be continuous completions.	ill be used to implement the strategy for this ser or fee changes, etc.), and when will they take e	vice (e.g., ordinances, resolutions, localifect?







# FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

should be reported to the Department of Community Affairs.	hould be reported to the Department of Community Affairs.		
COUNTY:COOK	Service: Water		
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.):		
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.): City of Adel,		
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		

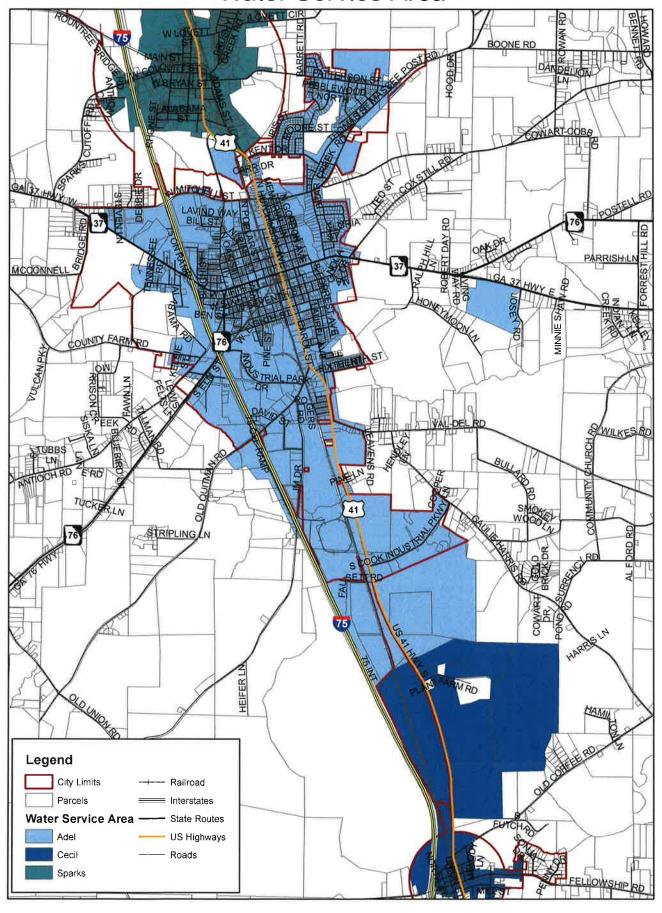
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<b>5D5</b>	FORI	VI 2. CO	ontinued

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.).

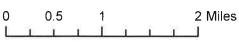
Local Government or Authority	Funding Method
City of Adel	General Funds, SPLOST, State Aid, User Fees, CDBG
City of Cecil	General Funds, SPLOST, State Aid, User Fees, CDBG
Town of Lenox	General Funds, SPLOST, State Aid, User Fees, CDBG
Town of Sparks	General Funds, SPLOST, State Aid, User Fees, CDBG

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Town of Sparks	General Funds, SPLOS	General Funds, SPLOST, State Aid, User Fees, CDBG			
4. How will the strategy change the	previous arrangements for pro	viding and/or funding this	service within the county?		
The funding methods have been	updated to reflect the current sit	uation.			
J	•				
5. List any formal service delivery this service:	agreements or intergovernmenta	al contracts that will be use	ed to implement the strategy for		
Agreement Name	Contracting I	Parties	Effective and Ending Dates		
N/A					
6. What other mechanisms (if any) acts of the General Assembly, ra			g., ordinances, resolutions, local		
N/A					
IV/A					
7. Person completing form: Faye F					
Phone number: <b>(229) 896-2266</b>	Date completed: 2/10/2020	)			
8. Is this the person who should be projects are consistent with the s			roposed local government		
If not, provide designated contact TYPE CONTACT NAME, TITLE		s) below:			

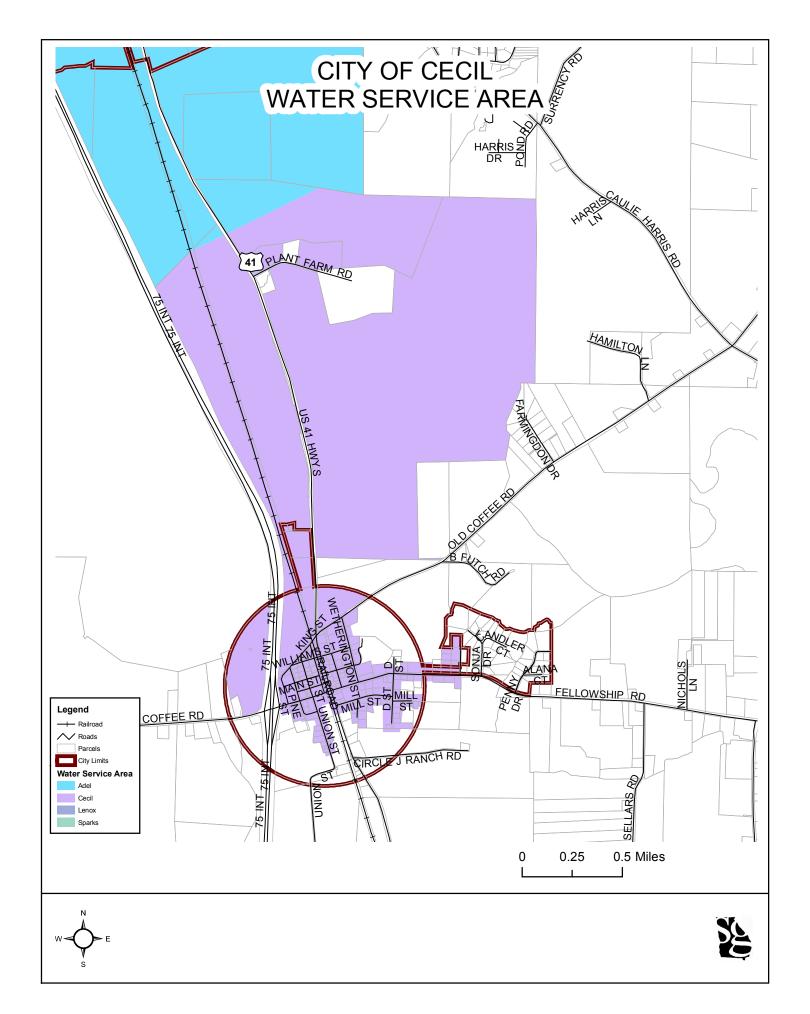
### City of Adel Water Service Area

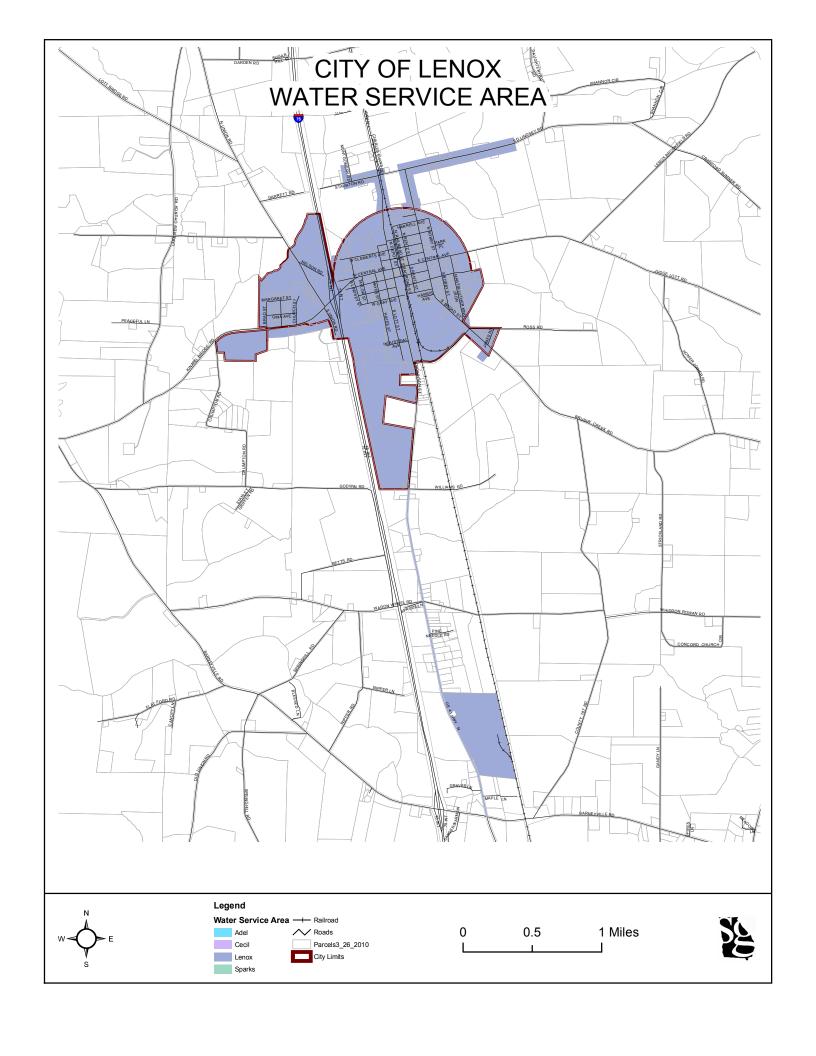


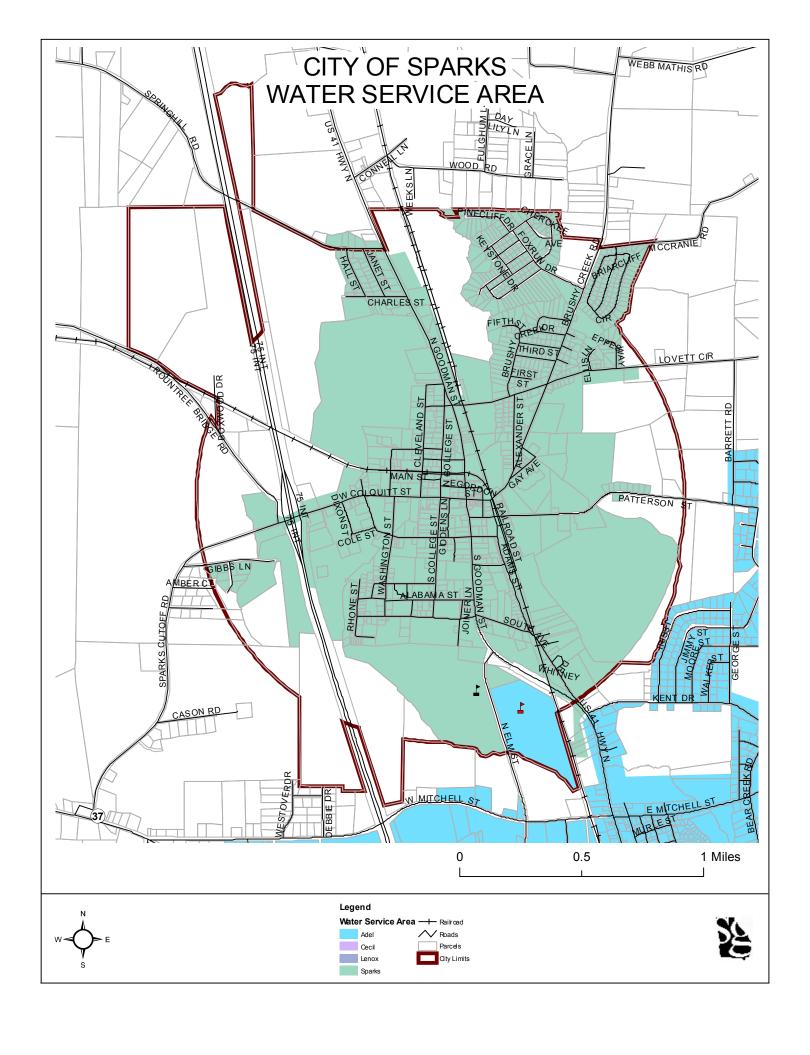


















### FORM 3: Summary of Land Use Agreements

#### 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:COOK**

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

No incompatibilities or conflicts between the land use plans of local governments were identified in the process of developing this Service Delivery Strategy.

2. Check the boxes indicating how these incompatibilities or conflicts were addressed:  Amendments to existing comprehensive plans  Adoption of a joint comprehensive plan  Other measures (amend zoning ordinances, add environmental regulations, etc.)  If "other measures" was checked, describe these measures:  N/A	NOTE:  If the necessary plan amendments, regulations, ordinances, etc. have not ye been formally adopted, indicate when each of the affected local governments will adopt them.
3. What policies, procedures and/or processes have been established by local government authorities) to ensure that new extraterritorial water and sewer service will be consistent and ordinances? Through the adoption of this Service Delivery Strategy, the jurisdiction provisions of extraterritorial water and sewer services shall be consistent with all application of intent to extend services extraterritorially shall include a synopsis of the opportunity for the affected local government to review the planned extension to ensure the tihwi all applicable land use plans and ordinances.	with all applicable land use plans as of Cook County agree that the able land use plans and ordinances are proposed project and an
4. Person completing form: Faye Hughes, County Administrator	
Phone number: <b>(229) 896-2266</b> Date completed: 2/10/2020	
5. Is this the person who should be contacted by state agencies when evaluating whether projects are consistent with the service delivery strategy? ⊠Yes □No	er proposed local government
If not, provide designated contact person(s) and phone number(s) below:	
TYPE CONTACT NAME, TITLE & PHONE HERE	

### COOK COUNTY

# INTERGOVERNMENTAL AGREEMENT Process For Provision of Extraterritorial

Water and Sewer Services

WHEREAS, the respective member governments of Cook County, which include the Cook County Board of Commissioners, and the Mayor/Councils of the cities of Adel, Sparks, Lenox and Cecil have, pursuant to Georgia Laws and Acts, prepared and adopted a joint countywide comprehensive plan and service delivery strategy; and

WHEREAS, the 2010 Greater Cook County Comprehensive Plan, as duly amended, was developed jointly and includes a single land use classification plan for the unincorporated and incorporated areas of the county; and

WHEREAS, these governments have formed a joint countywide Planning Advisory Commission to assist the respective member governments in their local planning, plan implementation, and land use regulatory programs; and

WHEREAS, it is the intent of the respective governments party to this agreement to establish a process whereby the provision of extraterritorial water and sewer services by any jurisdiction shall be consistent with all applicable land use plans and ordinances so as to meet both the requirements of law and spirit of cooperation and coordination outlined in the Georgia Service Delivery Act.

**NOW THEREFORE BE IT RESOLVED THAT:** The Cities of Adel, Sparks, Lenox and Cecil, and Cook County, hereby agree to implement the following process for the provision or extraterritorial water and sewer services effective April 1, 1999.

1. **Prior to initiating any extension** of water or sewer services outside the boundaries of that respective local government the **City will notify the county** government of the proposed extension. The notification will include, at a minimum, information on location of property, size of the proposed extension, proposed purpose of the extension (i.e. proposed change in land use) and the current land use and zoning classification. For the purposes of official notification of the county as required by this agreement, notification of the county shall be achieved by delivery of the required information to the county clerk.

Concurrent with the notification to the county, the city will forward the proposed extraterritorial extension data required above to the countywide planning commission for its review and recommendation. Cook County and its cities recognize that role of the "plan caretakers" rests with their planning commission, and agree that the planning commission's recommendation will be given full and complete consideration in the extraterritorial water and sewer services extension process.

- 2. Within fifteen working days following receipt of the above information, the **county will** forward to the city a statement:
  - (a) Indicating that the county has **no objection** to the proposed extraterritorial water or sewer extension and its consistency with land use; **or**

- (b) Describing its objection to the proposed water or sewer extension or land use consistency, and providing supporting information including a listing of any possible stipulations or conditions that would alleviate the county's objections;
- 3. If the county has no objection, or fails to respond within the aforementioned timeframe, to the city's proposed extraterritorial water or sewer extension or land use consistency, the city is free to proceed with the provision of the service.
- 4. If the county notifies the city that it has an objection, the city will respond to the county in writing within fifteen working days by either:
  - (a) agreeing with the county and stopping action on the proposed extraterritorial water or sewer extension;
  - (b) **agreeing to implement the county's stipulations** and conditions and thereby resolving the county's objection;
  - (c) initiating a 30-day (maximum) Mediation process to discuss possible compromises; or
  - (d) Disagreeing that the county's objection is *bona fide* and notifying the county that the city will seek a declaratory judgment.

If the city initiates 4(c) Mediation, the city and county will agree on a mediator, a mediation schedule and participants in the mediation. The city and county shall agree to share equally any costs associated with mediation.

- 5. If no resolution of the county's objection results from the mediation, the city:
  - (a) Will abandon and not proceed with the proposed extension, or
  - (b) Will notify the county that the city will seek a declaratory judgement in court.
- 6. If the city and county **reach agreement** as described in step 4(b) or 4(c), the **City is** free to proceed with the extraterritorial

This extraterritorial process for water and sewer services shall remain in force and effect until amended by agreement of each party or unless otherwise terminated by operation of law.

IN WITNESS WHEREOF the undersigned parties have hereunto affixed its names and seals on this day of March, 1999.

Attest

Authorized Representative of Cook County Board of Commissioners

3-1-99

ynda Hemby

Date

Attest  3-11-99  Date
3-11-99 Date
Claudette A Speasmun
3-19-99 Date
Attest  3 - 23 - 99  Date
3 - 23 - 99 Date
Marjarie Harnage Attest
<u>4-6-99</u> Date

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Authorized Representative of City of Adel	
Authorized Representative of City of Spark	my
Authorized Representance of City of Span	AS /
1 21 1 11 -	
Authorized Representative of City of Leno	X
Buller	
Authorized Representative of City of Cecil	



# Service Delivery Strategy FORM 4: Certifications

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#### 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 ever 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: COOK

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

- We have executed agreements for implementation of our service delivery strategy and the attached forms provide an accurate depiction of our agreed upon strategy (O.C.G.A 38-70-21);
- Our service delivery strategy promotes the delivery of local government services in the most efficient, effective, and responsive manner (O.C.G.A. 38-70-24 (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 end 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) primarity for the benefit of the unincorporated area of the county are home by the unincorporated area residents, individuals, and property owners who receive such service (O.C.S.A. 36-79-24 (3)).

JURISDICTION	TITLE	NAME	SIGNATURE	DATE
COOK COUNTY	Commission Chair	Jeff Lane	11/130	4/16/2020
CITY OF ADEL	Mayor	Luther L. Duke jil	Starte X. Lule	r4/17/202
CITY OF CECIL	Mayor	James M. Spencer Br		4/21/2020
IOWN OF LENOX	Mayor	Henry P. Baker Jr	Henry P. Bally.	4/20/202
TOWN OF SPARKS	Mayor	Earl Jackson	Earl Yackson	4/17/2020