

Table of Contents

Joint Resolution

SDS Form 1

Map – Tift County Special Tax District

SDS Form 2s:

1. Airport
 - Agreement
2. Animal Control
 - Agreement
3. Cemetery
4. Clerk of Courts – Municipal
5. Clerk of Courts – Superior, State & County
6. Community Theater – City of Tifton
7. Coroner – Death Examinations
8. Courts – Municipal
9. Courts – State & County
10. Criminal Prosecution – Municipal
11. Criminal Prosecution – State & County
12. Department of Family and Children Services
13. Development Support Services
 - Map
 - Agreement
14. Downtown Development Authority
15. Drug Courts, Adult Felony – Superior Court
16. DUI Courts – State Court
17. Emergency Management Agency (EMA)
18. Emergency Medical Services (EMS)
19. Enhanced 911
 - Agreement
20. Extension Service
21. Fire Suppression
 - Map
22. Hospital
23. Housing and Shelters
 - Map
24. Indigent Defense – Municipal
25. Indigent Defense – State & County Courts
26. Industrial Development
27. Inmate Housing – Municipal Inmates
 - Agreement

28. Inmate Housing – State & County Inmates
29. Keep Tift Beautiful
 - Agreement
30. Law Enforcement – Municipal Governments
31. Main Street Program – City of Tifton
32. Matt Wilson Neighborhood YMCA Youth Development Center
33. Mental Health
34. Mosquito Control
 - Map
 - Agreement
35. Natural Gas
36. Parks & Recreation
 - Agreement
37. Probation – Municipal Courts
38. Probation – State & County Courts
39. Public Health
40. Public Library
 - Agreement
41. Public Transit
42. Road Construction & Maintenance – Countywide
43. Road Construction & Maintenance – Municipal
44. Senior Citizens Center – City of Tifton
45. Sheriff
46. Solid Waste Collection
47. Solid Waste Disposal - Landfill & Recycling
 - Agreement
48. Southside Community Center
49. Tax Assessment
50. Tax Collections – County & State Taxes
51. Tax Collections – City of Tifton
 - Agreement
52. Voter Registration & Elections – Federal, State & County
53. Voter Registration & Elections – Municipal
 - Agreement
54. Water and Wastewater Services
 - Map
 - Agreement

SDS Form 3

SDS Form 4

A JOINT RESOLUTION OF TIFT COUNTY, GEORGIA, AND THE CITIES OF TIFTON, OMEGA, AND TY TY, GEORGIA, ENTERING INTO A REVISED TIFT COUNTY SERVICE DELIVERY STRATEGY AGREEMENT PURSUANT TO THE SERVICE DELIVERY ACT; APPROVING FORMS PERTAINING TO THE DELIVERY AND FUNDING OF CERTAIN SERVICES; ENACTING INTERGOVERNMENTAL AGREEMENTS PERTAINING TO THE DELIVERY AND FUNDING OF CERTAIN SERVICES; AUTHORIZING SIGNATURES TO CERTAIN DOCUMENTS; DISMISSAL OF THE SERVICE DELIVERY LAWSUIT; RESERVATION OF CLAIMS; AND FOR OTHER RELATED PURPOSES.

WITNESSETH:

WHEREAS, Tift County, Georgia (“County”) is a duly formed political subdivision of the State of Georgia; and

WHEREAS, the City of Tifton, Georgia (“Tifton”) is a political subdivision duly organized and existing under the laws of the State of Georgia, and is charged with providing certain public services to local residents; and

WHEREAS, the City of Omega, Georgia (“Omega”) is a political subdivision duly organized and existing under the laws of the State of Georgia, and is charged with providing certain public services to local residents; and

WHEREAS, the City of Ty Ty, Georgia (“Ty Ty”) is a political subdivision duly organized and existing under the laws of the State of Georgia, and is charged with providing certain public services to local residents; and

WHEREAS, the Service Delivery Act, O.C.G.A. § 36-70-20, *et seq.*, requires each county and all cities located therein to develop, approve, and implement a service delivery strategy that specifies the manner in which all local governmental services will be provided and funded; and

WHEREAS, the Service Delivery Act also requires the periodic review and revision of service delivery strategies upon the occurrence of any one of the six conditions specified in O.C.G.A. § 36-70-28(b); and

WHEREAS, the Cities of Tifton, Omega, and Ty Ty, and the County are parties to a service delivery strategy lawsuit filed in the Superior Court of Tift County, and styled City of Tifton, Georgia v. Tift County, Georgia, et al., Civil File Number 2020CV0217; and all parties lawfully participated in court-ordered mediation to revise the Tift County Service Delivery Strategy;

WHEREAS, the Cities of Tifton, Omega, and Ty Ty, and the County are each authorized to levy taxes, and to expend tax moneys and other available funds; and

WHEREAS, the Cities of Tifton, Omega, and Ty Ty, and the County are authorized to enter into this Agreement as provided by the Constitution and Laws of the State of Georgia; and

WHEREAS, the Cities of Tifton, Omega, and Ty Ty, and the County have determined that it is in best interests of each of them to enter into this Agreement for the benefit of the Cities, the County, and their citizens; and

WHEREAS, the City of Tifton and the County are engaged in collateral litigation in Tift County Superior Court, Civil Action File Number 2018CV311 and this Agreement is not intended to waive, release, dismiss or otherwise affect or impair any claim that has or may be brought in that collateral litigation and shall not be construed as a novation, amendment or accord and satisfaction of the Water and Wastewater Agreement which is the subject of the collateral litigation and which remains subject to resolution of such suit by the court;

WHEREAS, the Cities of Tifton, Omega, and Ty Ty, and the County desire to approve the forms and intergovernmental agreements for the funding and provision of services which are attached hereto.

THEREFORE, IT IS NOW JOINTLY RESOLVED BY THE TIFT COUNTY BOARD OF COMMISSIONERS AND THE CITY COUNCIL OF THE CITIES OF TIFTON, OMEGA, AND TY TY, GEORGIA AS FOLLOWS:

1. **Incorporation of Recitals.** The above stated recitals are true and correct and are incorporated as though fully set forth herein.
2. **Acceptance of Service Delivery Strategy Agreements.** The County and Cities hereby approve the Service Delivery Strategy Agreements attached hereto as Exhibit "A".
3. **Authorized Signatures.** The County Board of Commissioners and the City Councils for each of the Cities hereby authorize the persons below to sign this Resolution and the appropriate representative of the County and Cities to sign and submit those documents required by the Georgia Department of Community Affairs to certify to the Department that the parties have reviewed and revised the Tift County Service Delivery Strategy attached hereto as Exhibit "A."
4. **Dismissal.** Within thirty (30) days from the date the Georgia Department of Community Affairs issues written verification of its approval of the Tift County Service Delivery Strategy, the parties agree to dismiss without prejudice their claims in the aforementioned service delivery strategy lawsuit, styled City of Tifton, Georgia v. Tift County, Georgia et al., Civil Action File Number 2020CV0217, filed on July 8, 2020.
5. **No Effect on Collateral Case.** Tifton and the County are presently engaged in collateral litigation in Tift County Superior Court, Civil Action File Number 2018CV311. Tifton and the County agree and acknowledge that this Resolution and attached Exhibits are not intended and shall not be construed to waive, release, dismiss or otherwise affect or impair any of the claims in said collateral case or the parties rights to provide water and sewer service as may be determined in said collateral case. Moreover, Tifton and the County agree and acknowledge that this Resolution and attached Exhibits are not intended and

shall not be construed as a novation, amendment, accord and satisfaction or any other alteration of or effect on the Water and Wastewater Agreement or the parties' rights or duties as may be determined by the court in the collateral case.

6. **Tifton's Reservation of Claims.** By adopting this Resolution, Tifton does not waive its contention that the County's funding of road construction or maintenance services through the County general fund fails to comply with the requirements of O.C.G.A. § 36-70-24. Also, Tifton does not waive its right to bring any future service delivery claim or any other proper claim related to the provision of road construction or maintenance services. The County agrees that Tifton may file a petition for resolution pursuant to O.C.G.A. § 36-70-25.1(d)(2), as to the funding and provision of county road construction and maintenance services. If a lawsuit is filed regarding the funding and/or provision of county road construction or maintenance services, the County shall continue to fund road construction and maintenance services through its general fund until a determination is made by the court.

7. **County's Reservation of Claims.** By adopting this Resolution, the County does not waive its right to bring any future service delivery claim or any other proper claim related to the provision of non-emergency dispatch services. Tifton agrees that the County may terminate its provision of non-emergency dispatch services or make a demand for payment for the service at any time, subject to the following notice requirements. If the County elects to completely terminate its provision of non-emergency dispatch service for Tifton, it will provide one hundred and eighty (180) days' written notice prior to the termination of the service. If the County provides notice demanding payment for non-emergency dispatch service, the parties will have ninety (90) days to reach an agreement on the rate. If no agreement is reached within ninety (90) days, the County will continue to provide Tifton with the service until one hundred and eighty (180) days from the expiration of the ninety (90) day negotiation period, at which time the County may terminate the service. If the County terminates its provision of non-emergency dispatch services for Tifton,, the County and its officers, employees, agents or contractors covenant to support and not interfere in any way whatsoever with the City seeking the local, regional and state licenses, permits or permissions necessary for the City to establish its own non-emergency dispatch system; this covenant shall survive such termination.

If the County terminates its provision of non-emergency dispatch services for Tifton or the County and Tifton agree to a charge for non-emergency dispatch services, the County and its Board of Commissioners shall derive funding from a special service district for its provision of non-emergency dispatch services for the Tift County Fire/Rescue, the City of Ty Ty, the City of Omega, and Abraham Baldwin Agricultural College, with funding derived from property taxes outside the municipal limits of Tifton, insurance premium taxes, assessments, and user fees, as required by O.C.G.A. § 36-70-24(3)(A). The funding for non-emergency

dispatch services for the Tift County Sheriff's Office shall remain through the County's general fund.

8. **Term.** Except as otherwise expressly provided in this Resolution or Exhibits, the revised Tift County Service Delivery Strategy shall expire ten (10) years from the date it is verified by the Georgia Department of Community Affairs.
9. **Merger & Severability.** To the extent any portion of this Resolution is declared to be invalid, unenforceable, or nonbinding, that shall not affect the remaining portions of this Resolution. Also, this Resolution and Exhibits constitute the full agreement of the parties and any representation, verbal, written or otherwise have been included in this Resolution and Exhibits. These documents having been prepared and reviewed by all parties shall not be construed against any one party as a drafter.
10. **Repeal of Conflicting Provisions.** All resolutions are hereby repealed to the extent they conflict with this Resolution.
11. **Effective Date.** This Resolution shall take effect immediately.

THIS RESOLUTION adopted this 28th day of October, 2020.

TIFT COUNTY, GEORGIA – RESOLUTION NO. 2020-19


Grady Thompson, Chairman
Board of Commissioners

Attest:


Miriam Jordan, County Clerk

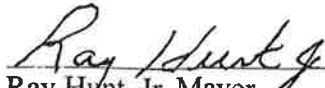
CITY OF TIFTON, GEORGIA


Julie Smith, Mayor

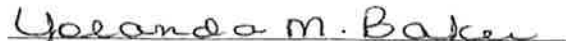
Attest:


Jessica White, City Clerk


CITY OF OMEGA, GEORGIA


Ray Hunt, Jr, Mayor

Attest:


Yolanda M. Baker, City Clerk

CITY OF TY TY, GEORGIA


Keith Beasley, Mayor

Attest:


Sherry Boyett, City Clerk



SERVICE DELIVERY STRATEGY

FORM 1

COUNTY: **TIFT COUNTY**

I. GENERAL INSTRUCTIONS:

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

<p>OPTION A <i>Revising or Adding to the SDS</i></p>	<p>OPTION B <i>Extending the Existing SDS</i></p>
<ol style="list-style-type: none"> 4. List all services provided or primarily funded by each general purpose local government and authority within the county which are revised or added to the SDS in Section IV, below. (It is acceptable to break a service into separate components if this will facilitate description of the service delivery strategy.) 5. For each service or service component listed in Section IV, complete a separate, updated <i>Summary of Service Delivery Arrangements</i> form (FORM 2). 6. Complete one copy of the <i>Certifications</i> form (FORM 4) and have it signed by the authorized representatives of participating local governments. [Please note that DCA cannot validate the strategy unless it is signed by the local governments required by law (see Instructions, FORM 4).] 	<ol style="list-style-type: none"> 4. In Section IV type, "NONE." 5. Complete one copy of the <i>Certifications for Extension of Existing SDS</i> form (FORM 5) and have it signed by the authorized representatives of the participating local governments. [Please note that DCA cannot validate the strategy unless it is signed by the local governments required by law (see Instructions, FORM 5).] 6. Proceed to step 7, below. <div data-bbox="841 1182 1539 1413" style="background-color: #000080; color: white; padding: 10px; text-align: center;"> <p>For answers to most frequently asked questions on Georgia's Service Delivery Act, links and helpful publications, visit DCA's website at http://www.dca.ga.gov/development/PlanningQualityGrowth/programs/servicedelivery.asp, or call the Office of Planning and Quality Growth at (404) 679-5279.</p> </div>

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

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

Tift County Board of Commissioners, City of Omega, City of Tifton, City of TyTy, Tift County Development Authority, Tifton-Tift County Airport Authority, City of Tifton Downtown Development Authority, Tift County Hospital Authority, Tift-Turner-Worth-Cook Joint Development Authority, Coastal Plain Regional Library System, Tift County Judicial Circuit

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.

1. Airport
2. Clerk of Courts - Superior, State & County
3. Hospital
4. Matt Wilson Neighborhood YMCA/Youth Development Center
5. Natural Gas
6. Sheriff
7. Solid Waste Collection

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.

Services Revised:

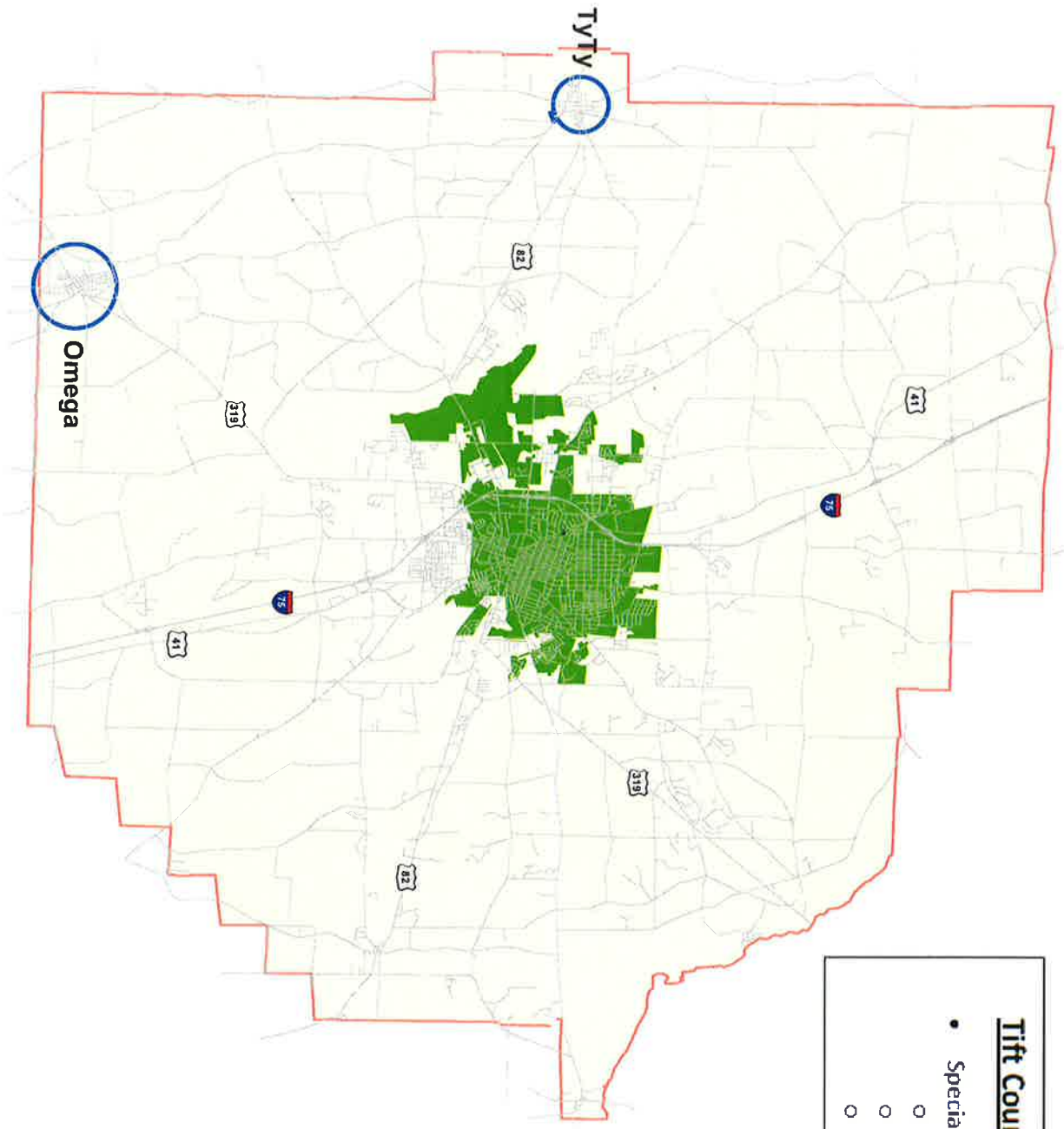
1. Animal Control
2. City of Tifton Community Theater (formerly Theater)
3. City of Tifton Senior Citizens Center (formerly Senior Citizen Center)
4. Development Support Services-Code Enforcement, Planning, Inspections, Licensing, Zoning and Permitting (formerly Development Support Services-Code Enforcement, Planning, Inspections, Zoning & Permitting; Business Licenses)
5. Tifton Downtown Development Authority
6. Emergency Management Agency
7. Enhanced 911 (formerly E-911)
8. Fire Suppression
9. Housing/Shelters-Ruth's Cottage and Patticake House
10. Industrial Development (formerly Industrial)
11. Inmate Housing-Municipal Inmates (formerly Jail)
12. Inmate Housing-State and County Inmates (formerly Jail)
13. Keep Tift Beautiful
14. City of Tifton Main Street Program (formerly Main Street)
15. Mosquito Control
16. Parks and Recreation (formerly Recreation)
17. Public Library (formerly Library)
18. Road Construction and Maintenance Countywide (formerly Road Construction, Street Maintenance)
19. Solid Waste Disposal - Landfill & Recycling (formerly Solid Waste Disposal)
20. Southside Community Center
21. Tax Assessment
22. Tax Collections-County and State Taxes
23. Voter Registration and Elections-Federal, State and County (formerly Voters Registration/Elections)
24. Voter Registration and Elections-Municipal (formerly Voters Registration/Elections)
25. Water and Wastewater Services (Name Change)

Services Added:

1. Cemetery
2. Clerk of Courts-Municipal
3. Coroner-Death Examinations
4. Courts-Municipal
5. Courts-State and County
6. Criminal Prosecution-Municipal
7. Criminal Prosecution-State and County
8. Department of Family and Children Services
9. DUI Courts-State Court
10. Drug Courts Adult Felony-Superior Court
11. Extension Services
12. Indigent Defense-Municipal
13. Indigent Defense-State and County Courts
14. Law Enforcement-Municipal Governments (formerly Police)
15. Mental Health
16. Probation-Municipal Courts
17. Probation- State and County Courts
18. Public Health
19. Public Transit Tift County
20. Road Construction and Maintenance-Municipal (formerly Road Construction, Street Maintenance)
21. Tax Collections - City of Tifton

Services Being Discontinued:





1. Engineering



Tift County Special Tax District

- Special Tax District Includes:
 - Unincorporated Tift County
 - City of TYTY
 - City of Omega



-  Special Tax District
-  City of Tifton
-  City of TYTY, City of Omega
-  Roads



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: TIFT COUNTY

Service: Airport

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

- a.) Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): **Tift County Board of Commissioners**
- b.) Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):
- 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.):
- e.) Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.):

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

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

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Tift County Commission	County General Fund, Fuel Revenue, Hangar Rent, SPLOST, TSPLOST
Tift County Dev. Authority	Budget
Tift County Airport Authority	Grants, SPLOST Funds

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

N/A

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>
Airport Lease Agreement	Tifton-Tift County Airport Authority, Tift County Comm.	Continuing
Airport Funding Agreement	Tift County Commission, Tift County Dev. Authority	Continuing

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?

Tift County will manage the day to day operations of the Airport via an IGA with the Airport Authority. The County will adjust fees charged for utilization of Airport services on an as needed basis. The intent is for cost to operate the local Airport to be budget neutral (expenditures covered by user fees, etc.) The Airport Authority will receive SPLOST and TSPLOST funds.

7. Person completing form: **Jim Carter, Tift County Manager**
 Phone number: **(229)386-7850** Date completed: September 14, 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:

**OPERATIONAL AGREEMENT BY AND BETWEEN
TIFT COUNTY BOARD OF COMMISSIONERS AND THE TIFTON-TIFT COUNTY AIRPORT AUTHORITY**

THIS AGREEMENT is made and entered into this 17th day of Nov., 2019 by and between:

TIFTON-TIFT COUNTY AIRPORT AUTHORITY, a body corporate of Tift County, Georgia (hereinafter the "Authority"),

And

TIFT COUNTY BOARD OF COMMISSIONERS, a political subdivision of the State of Georgia (hereinafter the "County").

WITNESSETH:

The Authority must have operational management to provide the day to day operations of the Airport. The county has agreed to provide those services, consistent with the terms set forth herein. **NOW THEREFORE**, for and in consideration of mutual benefits received, the parties agree as follows:

1. This Agreement will begin on August 1, 2019, and continue until July 30, 2020 to be automatically renewed on an annual basis for a duration not to exceed five (5) years, unless terminated as set forth more fully below.
2. Either party can terminate this Agreement upon six (6) months written notice to the other party. Written notice shall be provided to the following addresses:

If to Authority:

Tifton-Tift County Airport Authority
Attn: Dr. Greg Anderson, Chairman
Post Office Box 826
Tifton, GA 31793

If to County:

Tift County Board of Commissioners
Attn: Jim Carter, Manager
Post Office Box 826
Tifton, GA 31793

The parties agree to the six (6) month notice requirements as it is felt that this duration of time will be necessary for the parties to reconcile all accounts and for the authority to engage new operational management.

3. Upon execution of this Agreement, the County will assume all operational responsibility for the airport except as otherwise provided herein.
4. Operational responsibility will include all facility maintenance, hangar rental, building rental or other facility rental, fuel sales, communication system maintenance, decisions regarding services to be provided, decisions regarding pricing models for services to be provided, and otherwise shall include any and all decisions related in any way to the Airport's operations and management unless otherwise provided herein.

5. This Agreement shall not include decisions or the management of any capital improvement project(s), runway extension project(s), or any other similar project(s) as those responsibilities shall remain those of the Authority. Likewise, the County shall not be responsible for any type of aircraft maintenance or repair, and to the extent that such a service is provided on premises, it shall be provided by a third party through an agreement with the County. The County will have sole discretion over the decision to permit a third party to perform such services on the premises.
6. To effectuate the objectives set forth herein, the Authority will take all necessary action to assign or convey to County, in any legally appropriate way, all hangar contracts, vendor contracts, or any other contract associated with the day to day operation of the Airport.
7. The County shall receive all revenue of any kind generated from the operation of the Airport. Likewise, the County shall receive all funding made available from any other governmental entity, as well as receiving and using funds that the County has dedicated from its funding sources toward the management of the Airport.
8. The County shall be responsible for all expenses incurred in connection with the operation of the Airport.
9. The Authority shall continue to maintain adequate insurance coverage to protect the value of all Airport owned assets. The Authority shall also continue to maintain adequate insurance coverage to protect itself against all forms of liability as the County shall have no duty to defend or indemnify the Authority for any loss for which the Authority may be legally responsible, or to otherwise insure the Authority for those risks which may create legal liability for the same.
10. In consideration for the foregoing, the County will pay the Authority a lump sum annual rent payment in an amount sufficient to procure the necessary coverages of insurance set forth above.

IN WITNESS WHEREOF, the parties have set their hands and affixed their seals in agreement as of the date first above written.

TIFTON/TIFT COUNTY AIRPORT AUTHORITY

BY: _____

Greg Anderson - Chm
Dr. Greg Anderson, Chairman

DATE: _____

11-1-19

TIFT COUNTY BOARD OF COMMISSIONERS

BY: _____

Grady Thompson
Grady Thompson, Chairman

DATE: _____

11.11.19

**Memorandum of Understanding between Tift County,
Tift County Airport Authority, The City of Tifton,
And the Tift County Development Authority**

1. RECITALS

Tift County, the City of Tifton & the Tift County Development Authority (hereinafter "Parties") recognize the importance of the Henry Tift Myers Airport (hereinafter "Airport") to the expansion and continuation of industry, agriculture, trade and commerce, and the general economic well-being of Tift County and all of its citizens. The parties further recognize that it is in the best interest of Tift County and its citizens to ensure the ongoing viability of the Airport.

To that end, Tift County has separately, and with the approval of all parties to this Agreement, assumed operational responsibility of the Airport. (A copy of the Operational Agreement between Tift County and the Tift County Airport Authority is attached hereto as Exhibit "A"). This new county responsibility has necessitated funding commitments from all parties to this Agreement. Hence, the purpose of this Agreement is to memorialize those funding commitments for this important community purpose.

2. THE AGREEMENT

(a) The parties to this Agreement commit to fund the operations of the Airport, over and above any operational revenue received by the County, for the current fiscal year as follows:

1.	Tift County	\$50,000.00
2.	City of Tifton	\$50,000.00
3.	Tift County Development Authority	\$50,000.00

(b) All annual funding payments will be due on July 1st of each calendar year that this Agreement is in force. The Tift County Airport Authority agrees that all paid funding shall be remitted directly to the County. Any changes in funding must be agreed upon by the parties and memorialized in writing. Notice of a desire to change or modify any funding commitment must be provided to all parties at the addresses provided below at least four (4) months prior to the end of the fiscal year.

3. TERM OF AGREEMENT

The term of this Agreement shall be for a period of one year beginning July 1, 2015 through June 30, 2016 (hereinafter "current fiscal year"). This contract shall terminate absolutely and without further obligation on the part of all parties at the close of the current fiscal year and at the close of each succeeding fiscal year for which it may be renewed as provided herein (hereinafter "renewal term"). This contract shall automatically renew for one-year successive terms unless one of the parties provides written notice to all parties to this Agreement of its intent to terminate this Agreement as provided herein. The total obligation of the parties for the current fiscal year shall be \$50,000.00 and shall be in the same amount for each renewal term unless otherwise agreed upon between the parties to this Agreement.

4. FINANCIAL REPORTS

The Authority shall provide the parties, no later than January 2 of each fiscal year during which this contract is applicable, audited financial statements for the period just closed and shall as well furnish such other financial reports and statements as may be requested by any of the parties from time to time.

5. TERMINATION:

Any party may terminate this Agreement upon four (4) months written notice to the other parties prior to the close of each fiscal year that this Agreement is in effect. Written notice shall be provided to the following addresses:

If to Authority:

Tift County Airport Authority
3093 U.S. 41
Tifton, Georgia 31794
Attn.: Robert G. Anderson, M.D., Chairman

If to County:

Tift County Board of Commissioners
P.O. Box 826
Tifton, Georgia 31793
Attn.: Jim Carter, County Manager

If to Development Authority:

Tift County Development Authority
100 Central Avenue
Tifton, Georgia 31794
Attn: Brian Marlowe, Executive Director

If to City of Tifton

City of Tifton
P.O. Box 229
130 East First Street
Tifton, Georgia 31793
Attn.: Larry D. Riner, City Manager

The parties agree to the four (4) month notice requirement for termination as it is felt that this duration of time will be necessary for the parties to reconcile all accounts and for the Tift County Airport Authority to engage new operational management, if necessary, and/or to allow the parties to make necessary budget adjustments.

TIFT COUNTY AIRPORT AUTHORITY

By: Robert G. Anderson - Cha
Robert G. Anderson, M.D.
Chairman

Attest: R. David Bryan
R. David Bryan
Secretary

TIFT COUNTY, GEORGIA

By: Grady Thompson
Grady Thompson, Chairman

Attest: Glynda Hemby
Glynda Hemby, Clerk

CITY OF TIFTON

By: Larry D. Riner (RM)
Larry D. Riner
City Manager

Attest: Rona Martin
Rona Martin
City Clerk

**TIFT COUNTY DEVELOPMENT
AUTHORITY**

By: Grady Thompson
Grady Thompson
Chairman

Attest: Brian Marlowe
Brian Marlowe
Secretary



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: TIFT COUNTY

Service: Animal Control

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): **Tift County Board of Commissioners**

Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service):

One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

Other (If this box is checked, **attach a legible map delineating the service area of each service provider**, and identify the government, authority, or other organization that will provide service within each service area.):

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

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

No

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

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

SDS FORM 2, continued

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

Local Government or Authority	Funding Method
Tift County Commission	Fees, fines, forfeitures, taxes, assessments, grants, donations, loans, bonds and/or miscellaneous revenues.

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

Funding Method updated.

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
Animal Control Agreement	Tift County - City of Tifton - City of TyTy - City of Omega	10/01/20 to 09/30/30

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?

Tift County will provide Animal Control to all Tift County residents. Animal Control will be funded via the Tift County General Fund. Tift County will provide Animal Control Services to residents of the Cities of Tifton, TyTy and Omega per a contract for services.

7. Person completing form: **Jim Carter, Tift County Manager**
 Phone number: **(229) 386-7850** Date completed: September 14, 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:

AGREEMENT

FOR THE PROVISION AND FUNDING OF ANIMAL CONTROL SERVICES

This Agreement, made and entered into by and among Tift County, Georgia (the “County”) and the Cities of Tifton, TyTy, and Omega (the “Cities”), pursuant to authority granted by Article IX, Section III, Paragraph I of the Georgia Constitution;

WITNESSETH:

WHEREAS, Article IX, Section II, Paragraph III of the Georgia Constitution permits the County to provide Animal Control Services (“ANIMAL CONTROL Services”) within the unincorporated area of the County, and for the Cities to provide the same ANIMAL CONTROL Services within the corporate boundaries of the Cities;

WHEREAS, presently, the County is the sole provider of ANIMAL CONTROL Services to both the incorporated and unincorporated residents of Tift County, and

WHEREAS, the County intends to continue to provide ANIMAL CONTROL Services within the unincorporated and incorporated areas of the County; and

WHEREAS, the Cities likewise desire that the County continue to provide ANIMAL CONTROL services to incorporated residents per an intergovernmental agreement, and

WHEREAS, the County will fund the cost of the provision of ANIMAL CONTROL Services to the incorporated residents of the Cities as hereafter provided;

NOW, THEREFORE, for and in consideration of the covenants and agreements hereinafter stated, the County and the Cities agree as follows:

Section 1. Provision of Services

1.1. The County shall provide ANIMAL CONTROL Services to the unincorporated residents of the County, and the County shall provide ANIMAL CONTROL Services to the municipal residents of the Cities by intergovernmental agreement.

1.2. For purposes of this Agreement, ANIMAL CONTROL Services may include, but not be limited to, the collection of stray animals and the housing and disposition of said animals.

Section 2. Funding

2.1. For the purposes of funding the net cost of ANIMAL CONTROL Services provided, the County will collect taxes to pay into the General Fund in an amount equal to the Net Cost of the Fund Budget (as defined herein).

2.2. Each fiscal year, the County shall establish a budget for the fiscal year based on the total anticipated cost less all anticipated revenues from all sources (**Net Cost of the Fund Budget**) for providing ANIMAL CONTROL Services during such fiscal year. Net Cost of the Fund Budget is a budgeting tool that shall establish the funding necessary to pay for all ANIMAL CONTROL services rendered.

Section 3. Facilities, Equipment, Staffing

3.1. The County shall maintain the facilities for the provision of ANIMAL CONTROL Services at a location or locations determined by the County to be adequate for the provision of ANIMAL CONTROL Services in accordance with this Agreement.

3.2. The County shall equip and staff the facility or facilities sufficient for the provision of ANIMAL CONTROL Services.

3.3. The cost of constructing and/or the financing of the construction of any new or additional facility or facilities for the provision of ANIMAL CONTROL Services may be considered in establishing a Capital Improvement Fund Budget and paid from the Special Purpose Local Option Sales Tax (“SPLOST.”)

3.4. In conjunction with the negotiation of any future SPLOST, the County and the Cities shall consider and seek agreement upon allocations of the proceeds of such tax for funding capital improvements for the provision of ANIMAL CONTROL Services to be allocated and paid from said funds.

Section 4. General Provisions

4.1. This Agreement shall become valid upon the approval and execution by the County and the Cities.

4.2. The Agreement shall be effective on October 1, 2020.

4.3. The term of this Agreement shall be ten (10) years unless this Agreement is sooner terminated by any party consistent with the termination provision set forth herein.

4.4. This Agreement supersedes all prior agreements between the County and the Cities concerning the provision and funding of ANIMAL CONTROL Services.

4.5. This Agreement shall be governed and construed in accordance with the laws of the State of Georgia.

4.6. If any provision of this Agreement or application thereof to any person or circumstance shall, to any extent, be invalid, then such provision shall be modified, if possible, to fulfill the intent of the parties as reflected herein. The remainder of this Agreement, or the

application of such provision to circumstances other than those as to which is held invalid, shall not be affected thereby, and each provision of this Agreement shall be valid and enforced to the fullest extent permitted by law.

4.7. Nothing contained in this Agreement shall create a contractual relationship with or a cause of action in favor of a third party against the parties hereto.

4.8. No waiver by a party of any default by another party in the performance of any provision of this Agreement shall operate as or to be construed as a waiver of any future default, whether like or in a different character.

4.9. Nothing in this Agreement shall waive any immunity benefiting the parties which may now or hereinafter exist.

4.10 Any party may terminate this Agreement on June 1st of any year if written notice is provided to the other parties at least 180 days before June 1st. If the notice is given within 180 days of June 1st, termination shall not be effective until the following June 1st.

IN WITNESS WHEREOF, the County and the Cities have caused these presents to be signed by their respective proper authorities and the seals of the County and the Cities to be affixed hereof.

COUNTY OF TIFT, GEORGIA

By: _____


Grady Thompson, Jr., Chairman

(Seal)

Attest: _____

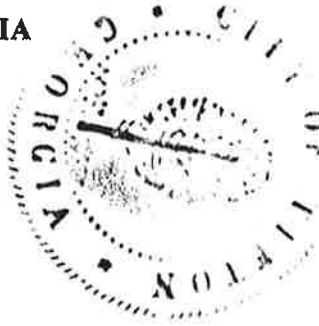

Clerk

MUNICIPALITY OF TIFTON, GEORGIA

By: Julie Smith
Julie Smith, Mayor

(Seal)

Attest: Jessica White
Clerk



MUNICIPALITY OF TY TY, GEORGIA

By: J. Keith Beasley
J. Keith Beasley, Mayor

(Seal)

Attest: Darryl Barrett
Clerk

MUNICIPALITY OF OMEGA, GEORGIA

By: Ray Hunt
Ray Hunt, Mayor

(Seal)

Attest: Yaranda M. Baker
Clerk



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: TIFT COUNTY

Service: Cemetery

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

- a.) Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

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

- 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 Tifton**)

- 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.):

- e.) Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.):

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

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

- No**

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

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

SDS FORM 2, continued

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

Local Government or Authority	Funding Method
City of Tifton	Enterprise Fund Fees, taxes, assessments, grants, donations, loans, bonds and/or miscellaneous revenues.

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

Service being added.

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

Agreement Name	Contracting Parties	Effective and Ending Dates

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

The City of Tifton operates the Cemetery as an enterprise fund. Anyone who pays for a cemetery plot can use the service.

7. Person completing form: **Jim Carter, Tift County Manager**
 Phone number: **(229)386-7850** Date completed: September 14, 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:
PETE PYRZENSKI, CITY MANAGER, CITY OF TIFTON (229) 391-3937



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: TIFT COUNTY

Service: Clerk of Courts - Municipal

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

- a.) Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

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

- 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 Tifton, City of Omega**)

- 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.):

- e.) Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.):

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

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

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
City of Tifton	Fees, fines, forfeitures, taxes, assessments, grants, donations, loans, bonds and/or miscellaneous revenues.
City of Omega	Fees, fines, forfeitures, taxes, assessments, grants, donations, loans, bonds and/or miscellaneous revenues.

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

Municipal Court Clerks were not included in previous SDS agreements. The service is being added.

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

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

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

N/A

7. Person completing form: **Jim Carter, Tift County Manager**
 Phone number: **(229)386-7850** Date completed: September 14, 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:
PETE PYRZENSKI, CITY MANAGER, CITY OF TIFTON (229) 391-3937
RAY HUNT, MAYOR, CITY OF OMEGA (229) 528-4400



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: TIFT COUNTY

Service: Clerk of Courts - Superior, State & County

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

- a.) Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): **Tift County Board of Commissioners**
- b.) Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):
- 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.):
- e.) Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.):

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

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

No

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

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

SDS FORM 2, continued

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

Local Government or Authority	Funding Method
Tift County Commission	Fees, fines, forfeitures, taxes, assessments, grants, donations, loans, bonds enterprise fund revenues, and/or miscellaneous revenues.

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

Clerk of the Court was not listed in the previous SDS agreements. It is being added here as a new service.

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

Agreement Name	Contracting Parties	Effective and Ending Dates
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: **Jim Carter, County Manager**
 Phone number: **(229) 386-7850** Date completed: 9/30/2020

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:



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: TIFT COUNTY

Service: *City of Tifton - Community Theater*

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service:
City of Tifton, City of Tifton Downtown Development Authority

One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

Other (If this box is checked, **attach a legible map delineating the service area of each service provider**, and identify the government, authority, or other organization that will provide service within each service area.):

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

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

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
City of Tifton	Fees, fines, forfeitures, taxes, assessments, grants, donations, loans, bonds and/or miscellaneous revenues.

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

Funding Method Updated
Service formerly called "Theater".

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

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

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

N/A

7. Person completing form: **Jim Carter, Tift County Manager**
Phone number: **(229) 386-7850** Date completed: September 14, 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:
PETE PYRZENSKI, CITY MANAGER, CITY OF TIFTON (229) 391-3937



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: TIFT COUNTY	Service: Coroner - Death Examinations
----------------------------	--

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

- a.) Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): **Tift County Board of Commissioners**
- b.) Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):
- 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.):
- e.) Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.):

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

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

No

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

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

SDS FORM 2, continued

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

Local Government or Authority	Funding Method
Tift County Commission	Fees, fines, forfeitures, taxes, assessments, grants, donations, loans, bonds and/or miscellaneous revenues.

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

The Coroner was not included in previous SDS agreements. The service is being added.

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

Agreement Name	Contracting Parties	Effective and Ending Dates

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

N/A

7. Person completing form: **Jim Carter, Tift County Manager**
 Phone number: **(229)386-7850** Date completed: September 14, 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:



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: TIFT COUNTY	Service: Courts - Municipal
----------------------------	------------------------------------

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

- a.) Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

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

- 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 Tifton, City of Omega**)

- 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.):

- e.) Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.):

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

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

- No**

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
City of Tifton	Fees, fines, forfeitures, taxes, assessments, grants, donations, loans, bonds and/or miscellaneous revenues.
City of Omega	Fees, fines, forfeitures, taxes, assessments, grants, donations, loans, bonds and/or miscellaneous revenues.

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

Municipal Courts were not included in previous SDS agreements. The service is being added.

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

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

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

N/A

7. Person completing form: **Jim Carter, Tift County Manager**
 Phone number: **(229)386-7850** Date completed: September 14, 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:
PETE PYRZENSKI, CITY MANAGER, CITY OF TIFTON (229) 391-3937
RAY HUNT, MAYOR, CITY OF OMEGA (229) 528-4400



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: TIFT COUNTY

Service: Courts - State and County

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

- a.) Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): **Tift County Board of Commissioners**
- b.) Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):
- 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.):
- e.) Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.):

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

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

No

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

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

SDS FORM 2, continued

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

Local Government or Authority	Funding Method
Tift County Commission	Fees, fines, forfeitures, taxes, assessments, grants, donations, loans, bonds and/or miscellaneous revenues.

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

State and County Courts were not independently included in previous SDS agreements. The service is being added.

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

Agreement Name	Contracting Parties	Effective and Ending Dates

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

N/A

7. Person completing form: **Jim Carter, Tift County Manager**
 Phone number: **(229)386-7850** Date completed: September 14, 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:



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: TIFT COUNTY

Service: Criminal Prosecution - Municipal

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

- a.) Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

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

- 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 Tifton, City of Omega**)

- 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.):

- e.) Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.):

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

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

- No**

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

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

SDS FORM 2, continued

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

Local Government or Authority	Funding Method
City of Tifton	Fees, fines, forfeitures, taxes, assessments, grants, donations, loans, bonds and/or miscellaneous revenues.
City of Omega	Fees, fines, forfeitures, taxes, assessments, grants, donations, loans, bonds and/or miscellaneous revenues.

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

Municipal Court Prosecution was not included in previous SDS agreements. The service is being added.

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

Agreement Name	Contracting Parties	Effective and Ending Dates

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

N/A

7. Person completing form: **Jim Carter, Tift County Manager**
 Phone number: **(229)386-7850** Date completed: September 14, 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:
PETE PYRZENSKI, CITY MANAGER, CITY OF TIFTON (229) 391-3937
RAY HUNT, MAYOR, CITY OF OMEGA (229) 528-4400



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: TIFT COUNTY

Service: Criminal Prosecution - State & County

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

- a.) Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): **Tift County Board of Commissioners**
- b.) Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):
- 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.):
- e.) Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.):

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

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

No

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

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

SDS FORM 2, continued

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

Local Government or Authority	Funding Method
Tift County Commission	Fees, fines, forfeitures, taxes, assessments, grants, donations, loans, bonds and/or miscellaneous revenues.

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

This service was not included in previous SDS agreements. It is being added.

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

Agreement Name	Contracting Parties	Effective and Ending Dates

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

N/A

7. Person completing form: **Jim Carter, Tift County Manager**
 Phone number: **(229)386-7850** Date completed: September 14, 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:



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: TIFT COUNTY

Service: Department of Family and Children Services

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

- a.) Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): **Tift County Board of Commissioners**
- b.) Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):
- 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.):
- e.) Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.):

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

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

No

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

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

SDS FORM 2, continued

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

Local Government or Authority	Funding Method
Tift County Commission	Fees, fines, forfeitures, taxes, assessments, grants, donations, loans, bonds and/or miscellaneous revenues.

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

This service is being added.

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

Agreement Name	Contracting Parties	Effective and Ending Dates

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

N/A

7. Person completing form: **Jim Carter, Tift County Manager**
 Phone number: **(229)386-7850** Date completed: September 14, 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:



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: TIFT COUNTY

Service: *Development Support Services - Code Enforcement, Planning, Inspections, Licensing, Zoning & Permitting*

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

Other (If this box is checked, **attach a legible map delineating the service area of each service provider**, and identify the government, authority, or other organization that will provide service within each service area.): **Tift County Board of Commissioners will provide the service via the Special Tax District to TyTy, Omega and Unincorporated Tift County and the City of Tifton will provide the service to the residents of Tifton.**

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

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

No

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

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

SDS FORM 2, continued

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

Local Government or Authority	Funding Method
Tift County Commission	Special Tax District - (Unincorporated County, City of TyTy and City of Omega) - fees, fines, assessments, property taxes, insurance premium taxes
City of Tifton	Fees, fines, forfeitures, taxes, assessments, grants, donations, loans, bonds and/or miscellaneous revenues.

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

Updated funding.
Service formerly called "Development Support Services-Code Enforcement, Planning, Inspections, Zoning & Permitting".

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
IGA Developmental Support	Tift County - City of TyTy - City of Omega	10/30/20 to 10/29/30

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?

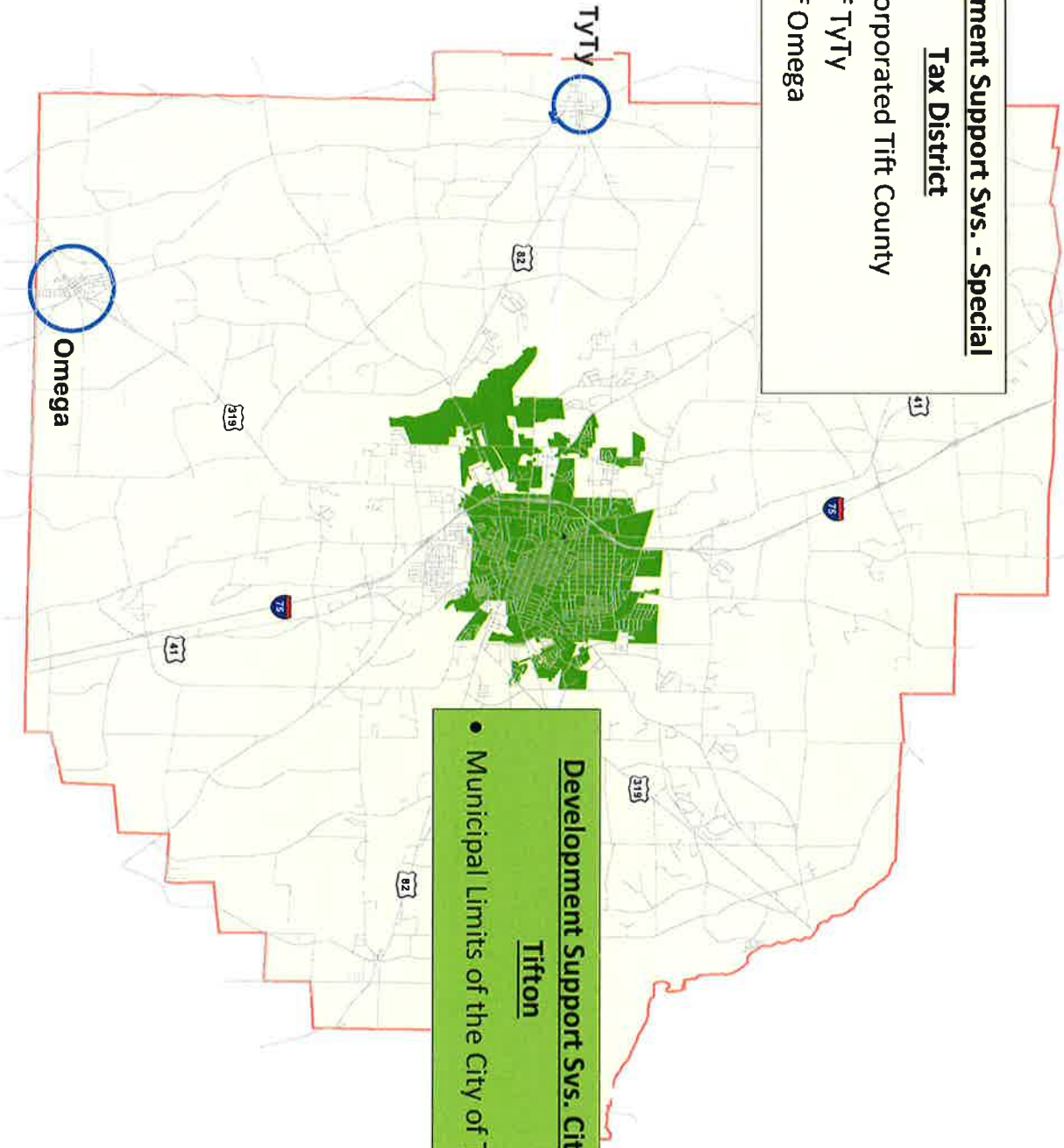
N/A

7. Person completing form: **Jim Carter, Tift County Manager**
Phone number: **(229) 386-7850** Date completed:

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:

- Development Support Sys. - Special Tax District**
- Unincorporated Tift County
 - City of TYTY
 - City of Omega



- Development Support Sys. City of Tifton**
- Municipal Limits of the City of Tifton

- Special Tax District
- City of Tifton
- City of TYTY, City of Omega
- Roads

AGREEMENT

FOR THE PROVISION AND FUNDING OF DEVELOPMENT SUPPORT SERVICES

This Agreement, made and entered into by and among Tift County, Georgia (the “County”) and the Cities of TyTy, and Omega (the “Cities”), pursuant to authority granted by Article IX, Section III, Paragraph I of the Georgia Constitution;

WITNESSETH:

WHEREAS, Article IX, Section II, Paragraphs III (a)(12) and IV of the Georgia Constitution permits the County to provide Development Support Services (“DEVELOPMENT SUPPORT Services”) within the unincorporated area of the County, and for the Cities to provide the same DEVELOPMENT SUPPORT Services within the corporate boundaries of the Cities;

WHEREAS, presently, the County is the provider of DEVELOPMENT SUPPORT Services in the unincorporated area of Tift County and the municipal limits of the Cities, while;
and

WHEREAS, the County desires to continue providing DEVELOPMENT SUPPORT Services within the unincorporated area of Tift County and all of the incorporated limits of the Cities; and

WHEREAS, the Cities likewise desire that the County provide DEVELOPMENT SUPPORT services to incorporated residents of the Cities per an intergovernmental agreement,
and

WHEREAS, the County will fund the cost of the provision of DEVELOPMENT SUPPORT Services to the incorporated residents of the Cities as hereafter provided;

NOW, THEREFORE, for and in consideration of the covenants and agreements hereinafter stated, the County and the Cities agree as follows:

Section 1. Provision of Services

1.1. The County shall provide DEVELOPMENT SUPPORT Services to the unincorporated residents of the County, and the County shall provide DEVELOPMENT SUPPORT Services to the municipal residents of the Cities by intergovernmental agreement.

1.2. For purposes of this Agreement, DEVELOPMENT SUPPORT Services may include, but not be limited to, any and all planning and zoning duties, permitting, building inspections, building plan review, and code enforcement. The services the County is currently providing as development support services shall be considered DEVELOPMENT SUPPORT Services for purposes of this Agreement.

Section 2. Funding

2.1. For the purposes of funding the net cost of DEVELOPMENT SUPPORT Services provided, the County will collect taxes from the citizens in the Cities and unincorporated Tift County to pay into the Special Tax District in an amount equal to the Net Cost of the Fund Budget (as defined herein).

2.2. Each fiscal year, the County shall establish a budget for the fiscal year based on the total anticipated cost less all anticipated revenues from all sources (**Net Cost of the Fund Budget**) for providing DEVELOPMENT SUPPORT Services during such fiscal year. Net Cost of the Fund Budget is a budgeting tool that shall establish the funding necessary to pay for all DEVELOPMENT SUPPORT services rendered.

Section 3. Facilities, Equipment, Staffing

3.1. The County shall maintain the facilities for the provision of DEVELOPMENT SUPPORT Services at a location or locations determined by the County to be adequate for the provision of DEVELOPMENT SUPPORT Services in accordance with this Agreement.

3.2. The County shall equip and staff the facility or facilities sufficient for the provision of DEVELOPMENT SUPPORT Services.

3.3. The cost of constructing and/or the financing of the construction of any new or additional facility or facilities for the provision of DEVELOPMENT SUPPORT Services may be considered in establishing a Capital Improvement Fund Budget and paid from the Special Purpose Local Option Sales Tax ("SPLOST.")

3.4. In conjunction with the negotiation of any future SPLOST, the County and the Cities shall consider and seek agreement upon allocations of the proceeds of such tax for funding capital improvements for the provision of DEVELOPMENT SUPPORT Services to be allocated and paid from said funds.

Section 4. General Provisions

4.1. This Agreement shall become valid upon the approval and execution by the County and the Cities.

4.2. The Agreement shall be effective on Oct. 30, 2020.

4.3. The term of this Agreement shall be ten (10) years unless this Agreement is sooner terminated by any party consistent with the termination provision set forth herein.

4.4. This Agreement supersedes all prior agreements between the County and the Cities concerning the provision and funding of DEVELOPMENT SUPPORT Services.

4.5. This Agreement shall be governed and construed in accordance with the laws of the State of Georgia.

4.6. If any provision of this Agreement or application thereof to any person or circumstance shall, to any extent, be invalid, then such provision shall be modified, if possible, to fulfill the intent of the parties as reflected herein. The remainder of this Agreement, or the application of such provision to circumstances other than those as to which is held invalid, shall not be affected thereby, and each provision of this Agreement shall be valid and enforced to the fullest extent permitted by law.

4.7. Nothing contained in this Agreement shall create a contractual relationship with or a cause of action in favor of a third party against the parties hereto.

4.8. No waiver by a party of any default by another party in the performance of any provision of this Agreement shall operate as or to be construed as a waiver of any future default, whether like or in a different character.

4.9. Nothing in this Agreement shall waive any immunity benefiting the parties which may now or hereinafter exist.

4.10 Any party may terminate this Agreement on June 1st of any year if written notice is provided to the other parties at least 180 days before June 1st. If the notice is given within 180 days of June 1st, termination shall not be effective until the following June 1st.

IN WITNESS WHEREOF, the County and the Cities have caused these presents to be signed by their respective proper authorities and the seals of the County and the Cities to be affixed hereof.

COUNTY OF TIFT, GEORGIA

By: 
Grady Thompson, Jr., Chairman


(Seal)

Attest: 
Clerk

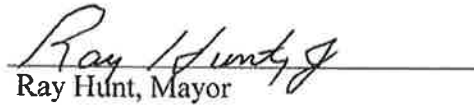
MUNICIPALITY OF TY TY, GEORGIA

By:  5
J. Keith Beasley, Mayor


(Seal)

Attest: 
Clerk

MUNICIPALITY OF OMEGA, GEORGIA

By: 
Ray Hunt, Mayor

(Seal)

Attest: 
Clerk



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: TIFT COUNTY

Service: *Tifton Downtown Development Authority*

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service:
City of Tifton - Downtown Development Authority

One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

Other (If this box is checked, **attach a legible map delineating the service area of each service provider**, and identify the government, authority, or other organization that will provide service within each service area.):

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

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

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
City of Tifton	Fees, fines, forfeitures, taxes, assessments, grants, donations, loans, bonds and/or miscellaneous revenues.

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

Funding Method updated.

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

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

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

N/A

7. Person completing form: **Jim Carter, Tift County Manager, Tift County**
 Phone number: **(229) 386-7850** Date completed: September 14, 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:
PETE PYRZENSKI, CITY MANAGER, CITY OF TIFTON (229) 391-3937



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: TIFT COUNTY

Service: *Drug Courts, Adult Felony - Superior Court*

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

- a.) Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): **Tift County Board of Commissioners**
- b.) Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):
- 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.):
- e.) Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.):

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

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

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Tift County Commission	Fees, fines, forfeitures, taxes, assessments, grants, donations, loans, bonds and/or miscellaneous revenues.

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

This service is being added.

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

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

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

N/A

7. Person completing form: **Jim Carter, Tift County Manager**
 Phone number: **(229)386-7850** Date completed: September 14, 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:



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: TIFT COUNTY

Service: *DUI Courts - State Court*

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

- a.) Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): **Tift County Board of Commissioners**
- b.) Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):
- 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.):
- e.) Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.):

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

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

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Tift County Commission	Fees, fines, forfeitures, taxes, assessments, grants, donations, loans, bonds and/or miscellaneous revenues.

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

This service is being added.

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

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

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

N/A

7. Person completing form: **Jim Carter, Tift County Manager**
 Phone number: **(229)386-7850** Date completed: September 14, 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:



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: TIFT COUNTY

Service: *Emergency Management Agency*

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): **Tift County Board of Commissioners**

Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

Other (If this box is checked, **attach a legible map delineating the service area of each service provider**, and identify the government, authority, or other organization that will provide service within each service area.):

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

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

No

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

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

SDS FORM 2, continued

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

Local Government or Authority	Funding Method
Tift County Commission	Fees, fines, forfeitures, taxes, assessments, grants, donations, loans, bonds and/or miscellaneous revenues.

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

Funding Method updated.

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

Agreement Name	Contracting Parties	Effective and Ending Dates

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

N/A

7. Person completing form: **Jim Carter, Tift County Manager**
 Phone number: **(229) 386-7850** Date completed: September 14, 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:



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: TIFT COUNTY

Service: *Emergency Medical Services*

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): **Tift County Board of Commissioners**

Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.):

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

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

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Tift County Commission	Fees, fines, forfeitures, taxes, assessments, grants, donations, loans, bonds and/or miscellaneous revenues.

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

Funding Method updated.

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

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

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

N/A

7. Person completing form: **Jim Carter, Tift County Manager**
 Phone number: **(229) 386-7850** Date completed: September 14, 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:



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY:TIFT COUNTY

Service:Enhanced 911

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): **Tift County Board of Commissioners**

Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.):

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

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

No

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

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

SDS FORM 2, continued

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

Local Government or Authority	Funding Method
Tift County Commission	911 - Fees, fines, forfeitures, taxes, assessments, grants, donations, loans, and/or miscellaneous revenues.

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

Funding Method updated.
Service formerly called "E-911".

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
Provision of Services	Tift County, Cities of Omega, Tifton & TyTy	10.01.20 to 09.30.30

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?

Tift County will provide emergency and non-emergency call dispatching for all local governmental emergency response agencies within the County.

7. Person completing form: **Jim Carter, Tift County Manager**
 Phone number: **(229) 386-7850** Date completed: September 14, 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:

AGREEMENT
FOR THE PROVISION AND FUNDING OF E-911 SERVICES

This Agreement, made and entered into by and among Tift County, Georgia (the “County”) and the Cities of Tifton, TyTy, and Omega (the “Cities”), pursuant to authority granted by Article IX, Section III, Paragraph I of the Georgia Constitution;

WITNESSETH:

WHEREAS, the County is authorized to provide E-911 Services (“E-911 Services”) for the unincorporated and incorporated areas of the County; and

WHEREAS, presently, the County is the sole provider of E-911 Services for both the incorporated and unincorporated areas of Tift County, and

WHEREAS, the County intends to continue to provide E-911 Services for the unincorporated and incorporated areas of the County; and

WHEREAS, the Cities likewise desire that the County continue to provide E-911 services to incorporated residents per an intergovernmental agreement, and

WHEREAS, the County will fund the cost of the provision of E-911 Services to the incorporated residents of the Cities as hereafter provided;

NOW, THEREFORE, for and in consideration of the covenants and agreements hereinafter stated, the County and the Cities agree as follows:

Section 1. Provision of Services

1.1. The County shall provide E-911 Services for the unincorporated areas of the County, and the County shall provide E-911 Services for the incorporated areas of the County by intergovernmental agreement.

1.2. For purposes of this Agreement, E-911 Services may include, but not be limited to, the development and implementation of a 911 system, the provision of 911 emergent and non-emergent dispatching services, and the provision of GCIC services. The services the County is currently providing as E-911 services shall be considered E-911 Services for purposes of this Agreement.

Section 2. Funding

2.1. For the purposes of funding the net cost of E-911 Services provided, the County will collect taxes to pay into the General Fund in an amount equal to the Net Cost of the Fund Budget (as defined herein).

2.2. Each fiscal year, the County shall establish a budget for the fiscal year based on the total anticipated cost less all anticipated revenues from all sources (**Net Cost of the Fund Budget**) for providing E-911 Services during such fiscal year. Net Cost of the Fund Budget is a budgeting tool that shall establish the funding necessary to pay for all E-911 services rendered.

Section 3. Facilities, Equipment, Staffing

3.1. The County shall maintain the facilities for the provision of E-911 Services at a location or locations determined by the County to be adequate for the provision of E-911 Services in accordance with this Agreement.

3.2. The County shall equip and staff the facility or facilities sufficient for the provision of E-911 Services.

3.3. The cost of constructing and/or the financing of the construction of any new or additional facility or facilities for the provision of E-911 Services may be considered in establishing a Capital Improvement Fund Budget and paid from the Special Purpose Local Option Sales Tax (“SPLOST.”)

3.4. In conjunction with the negotiation of any future SPLOST, the County and the Cities shall consider and seek agreement upon allocations of the proceeds of such tax for funding capital improvements for the provision of E-911 Services to be allocated and paid from said funds.

Section 4. General Provisions

4.1. This Agreement shall become valid upon the approval and execution by the County and the Cities.

4.2. The Agreement shall be effective on October 1, 2020.

4.3. The term of this Agreement shall be ten (10) years unless this Agreement is sooner terminated by any party consistent with the termination provision set forth herein.

4.4. This Agreement supersedes all prior agreements between the County and the Cities concerning the provision and funding of E-911 Services.

4.5. This Agreement shall be governed and construed in accordance with the laws of the State of Georgia.

4.6. If any provision of this Agreement or application thereof to any person or circumstance shall, to any extent, be invalid, then such provision shall be modified, if possible, to fulfill the intent of the parties as reflected herein. The remainder of this Agreement, or the

application of such provision to circumstances other than those as to which is held invalid, shall not be affected thereby, and each provision of this Agreement shall be valid and enforced to the fullest extent permitted by law.

4.7. Nothing contained in this Agreement shall create a contractual relationship with or a cause of action in favor of a third party against the parties hereto.

4.8. No waiver by a party of any default by another party in the performance of any provision of this Agreement shall operate as or to be construed as a waiver of any future default, whether like or in a different character.

4.9. Nothing in this Agreement shall waive any immunity benefiting the parties which may now or hereinafter exist.

4.10 Any party may terminate this Agreement on June 1st of any year if written notice is provided to the other parties at least 180 days before June 1st. If the notice is given within 180 days of June 1st, termination shall not be effective until the following June 1st.

IN WITNESS WHEREOF, the County and the Cities have caused these presents to be signed by their respective proper authorities and the seals of the County and the Cities to be affixed hereof.

COUNTY OF TIFT, GEORGIA

By: 
Grady Thompson, Jr., Chairman

(Seal)

Attest: 
Clerk

MUNICIPALITY OF TIFTON, GEORGIA

By: Julie Smith
Julie Smith, Mayor

(Seal)

Attest: Jessica White
Clerk



MUNICIPALITY OF TY TY, GEORGIA

By: J. Keith Beasley
J. Keith Beasley, Mayor

(Seal)

Attest: Sherry Beasley
Clerk

MUNICIPALITY OF OMEGA, GEORGIA

By: Ray Hunt
Ray Hunt, Mayor

(Seal)

Attest: Lynea M Baker
Clerk



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: TIFT COUNTY

Service: Extension Service

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

- a.) Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): **Tift County Board of Commissioners**
- b.) Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):
- 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.):
- e.) Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.):

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

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

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Tift County Commission	Fees, fines, forfeitures, taxes, assessments, grants, donations, loans, bonds and/or miscellaneous revenues.

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

This service is being added.

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

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

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

N/A

7. Person completing form: **Jim Carter, Tift County Manager**
 Phone number: **(229)386-7850** Date completed: September 14, 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:



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: TIFT COUNTY

Service: Fire Suppression

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

- Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

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

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

- One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

- Other (If this box is checked, **attach a legible map delineating the service area of each service provider**, and identify the government, authority, or other organization that will provide service within each service area.): **Tift County Board of Commissioners will provide the service via the Special Tax District to TyTy, Omega and Un-incorporated Tift County. The City of Tifton will provide the service to the residents of Tifton.**

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

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

- No**

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

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

SDS FORM 2, continued

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

Local Government or Authority	Funding Method
Tift County Commission	Special Tax District - (Unincorporated County, City of TyTy and City of Omega) - fees, fines, assessments, property taxes, insurance premium taxes.
City of Tifton	Fees, fines, forfeitures, taxes, assessments, grants, donations, loans, bonds and/or miscellaneous revenues.

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

Funding Method updated.

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

Agreement Name	Contracting Parties	Effective and Ending Dates

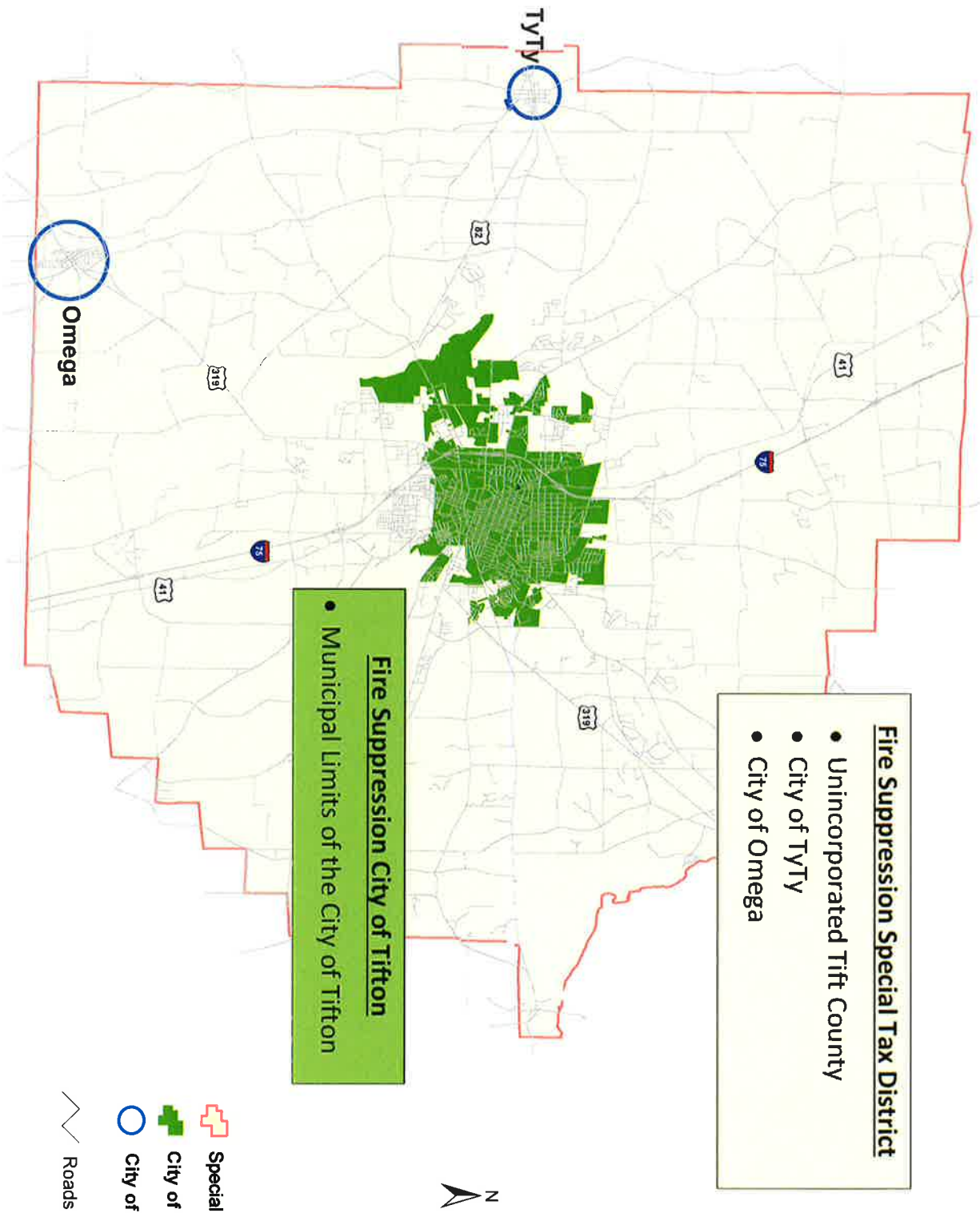
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?

N/A

7. Person completing form: **Jim Carter, Tift County Manager**
 Phone number: **(229)386-7850** Date completed: September 14, 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:







Fire Suppression Special Tax District

- Unincorporated Tift County
- City of TYTY
- City of Omega

Fire Suppression City of Tifton

- Municipal Limits of the City of Tifton

-  Special Tax District
-  City of Tifton
-  City of TYTY, City of Omega
-  Roads





SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: TIFT COUNTY

Service: Hospital

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

- a.) Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): **Tift County Hospital Authority**
- b.) Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):
- 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.):
- e.) Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.):

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

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

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Tift County Hospital Authority	User Fees

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

N/A

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>
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: **Jim Carter, County Manager**
 Phone number: **(229) 386-7850** Date completed: 9/30/2020

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:



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: TIFT COUNTY

Service: *Housing/ Shelters - Ruth's Cottage and Patticake House*

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

- a.) Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

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

- 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.):

- e.) Other (If this box is checked, **attach a legible map delineating the service area of each service provider**, and identify the government, authority, or other organization that will provide service within each service area.): **Tift County Judicial Circuit**

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

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

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Tift County Commission	5 % Local Victims Assistance Program Monies
Turner County Commission	5 % Local Victims Assistance Program Monies
Irwin County Commission	5 % Local Victims Assistance Program Monies
Worth County Commission	5 % Local Victims Assistance Program Monies
Criminal Justice Coordinating Council	VOCA Grants, State Shelter Grant, FVSPA Grant, CACGA Grant
Criminal Justice Coordinating Council	Crime Victims Compensation Fund for Forensic Interviews

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

Funding Method updated.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>
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: **Jim Carter, Tift County Manager**
 Phone number: **(229) 386-7850** Date completed: September 14, 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:



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: TIFT COUNTY

Service: *Indigent Defense - Municipal*

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

- a.) Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

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

- 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 Tifton, City of Omega**)

- 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.):

- e.) Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.):

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

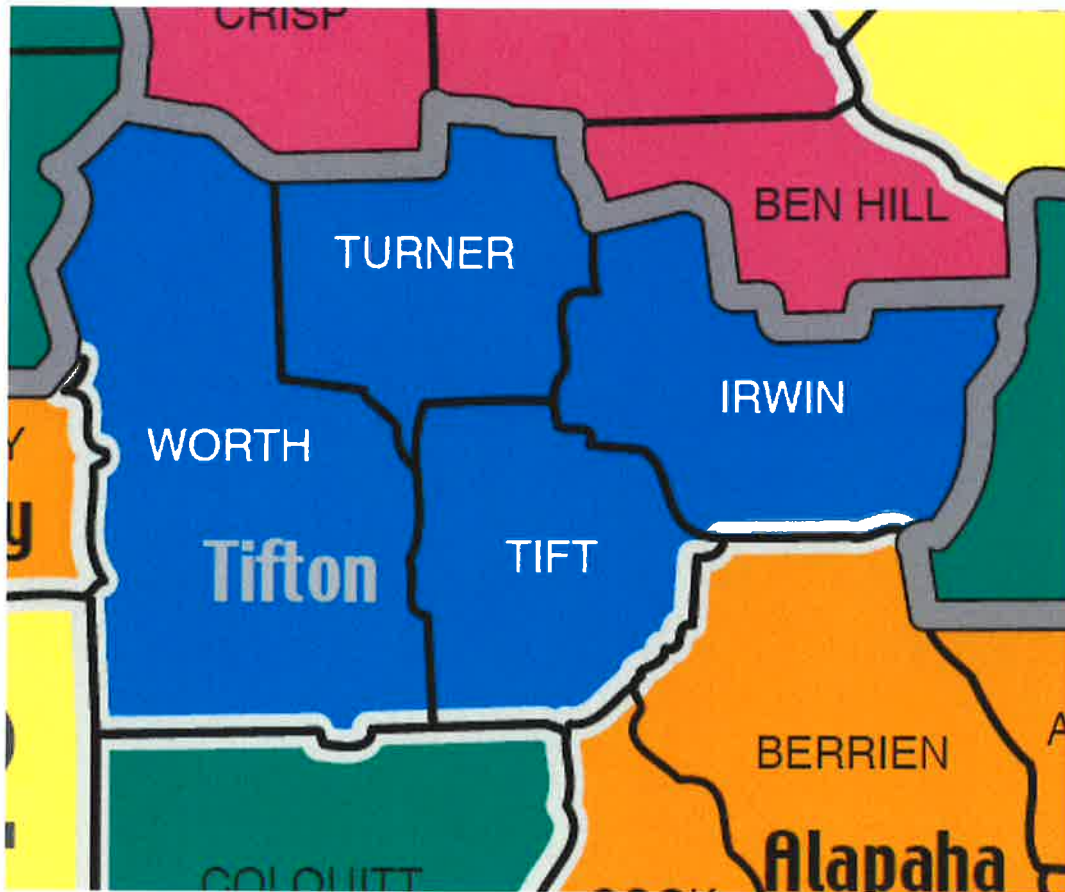
Yes (if "Yes," you must attach additional documentation as described, below)

No

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

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

Tifton Judicial Circuit
Tift – Turner-Worth - Irwin



SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
City of Tifton	Fees, fines, forfeitures, taxes, assessments, grants, donations, loans, bonds and/or miscellaneous revenues.
City of Omega	Fees, fines, forfeitures, taxes, assessments, grants, donations, loans, bonds and/or miscellaneous revenues.

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

Municipal Indigent Defense was not included in previous SDS agreements. The service is being added.

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

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

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

N/A

7. Person completing form: **Jim Carter, Tift County Manager**
 Phone number: **(229)386-7850** Date completed: September 14, 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:
PETE PYRZENSKI, CITY MANAGER, CITY OF TIFTON (229) 391-3937
RAY HUNT, MAYOR, CITY OF OMEGA (229) 528-4400



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY:TIFT COUNTY

Service:Indigent Defense - State & County Courts

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

- a.) Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):**Tift County Board of Commissioners**
- b.) Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):
- 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.):
- e.) Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.):

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

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

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Tift County Commission	Fees, fines, forfeitures, taxes, assessments, grants, donations, loans, bonds and/or miscellaneous revenues.

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

This service was not included in previous SDS agreements. It is being added here.

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

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

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

N/A

7. Person completing form: **Jim Carter, Tift County Manager**
 Phone number: **(229)386-7850** Date completed: September 14, 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:



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: TIFT COUNTY

Service: *Industrial Development*

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): **Tift County Board of Commissioners**

Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

Other (If this box is checked, **attach a legible map delineating the service area of each service provider**, and identify the government, authority, or other organization that will provide service within each service area.):

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

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

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Tift County Development Authority	SPLOST, Sale/Lease of Property, Pilot Revenue and/or miscellaneous revenues.

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

Service formerly called "Industrial".

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>
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: **Jim Carter, Tift County Manager**
 Phone number: **(229) 386-7850** Date completed: September 14, 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:



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: TIFT COUNTY

Service: Inmate Housing - Municipal Inmates

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service:
City of Tifton, City of Omega

One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.):

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

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

No

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

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

SDS FORM 2, continued

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

Local Government or Authority	Funding Method
City of Tifton	Fees, fines, forfeitures, taxes, assessments, grants, donations, loans, bonds, and/or miscellaneous revenues
City of Omega	Fees, fines, forfeitures, taxes, assessments, grants, donations, loans, bonds, and/or miscellaneous revenues

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

Updated Agreement for service.
Service formerly called "Jail".

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
Inmate Housing Agreement	City of Tifton - Tift County Sheriff - Tift County	Renewed Annually
Inmate Housing Agreement	City of Omega - Tift County Sheriff - Tift County	Renewed Annually

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

Service name is changed from Jail to Inmate Housing.

7. Person completing form: **Jim Carter, Tift County Manager**
 Phone number: **(229) 386 - 7850** Date completed: September 14, 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:

JAIL INMATE AGREEMENT

GEORGIA, TIFT COUNTY

THIS AGREEMENT is made and entered this 29th day of Oct, 2020,
by and between

SHERIFF OF TIFT COUNTY GEORGIA, a constitutional
office of the State of Georgia, hereinafter "Sheriff's Office";

and

CITY OF TIFTON, GEORGIA, a municipal corporation
organized under the laws of the State of Georgia, by and through
its City Council, hereinafter "City";

and

TIFT COUNTY GEORGIA, a political subdivision of the State
of Georgia, hereinafter "County";

WITNESSETH

WHEREAS, The Tift County Board of Commissioners controls a county jail
which is placed in the keeping of the Sheriff's Office for the housing of inmates charged with
criminal offenses;

WHEREAS, the City desires to house inmates in the Tift County Jail and Tift
County desires to accommodate persons arrested by the City on stated terms; and

WHEREAS, subject to the further provisions of this Agreement, the parties agree
that an "inmate" for purposes of this Agreement is defined as a person for whom their sole bond
is returnable to the *Municipal Court for the City of Tifton* and any *City Ordinances* for whom
there is no bond returnable to either Tift State Court or the Superior Court of Tift County; and

WHEREAS, the parties desire to memorialize their agreement through this
writing.

NOW THEREFORE, in accordance with O.C.G.A. § 42-4-9 and O.C.G.A. § 15-
16-13, and in consideration of mutual benefits, acknowledged by both parties to be sufficient, the
parties agree each with the other as follows:

1. **Cost per day:** The City shall be authorized to deliver persons arrested by the City Police Department to Tift County Jail for purposes of initial processing and housing as inmates. The City agrees to pay to the Sheriff's Office the amount of **\$55.00** for each day during which a prisoner arrested and presented by the City is an inmate of the Tift County Jail. The Sheriff's Office will turn over all inmate per diem funds to the County Finance Department for deposit in the general fund. Billable time commences immediately after the prisoner is accepted by Tift County Jail Staff. These charges shall be billed by the Sheriff's Office to the City of Tifton on a monthly basis. Billing will occur no later than the 5th of each month and payment shall be due to the "Sheriff's Office" within thirty (30) days of receipt of billings. The City of Tifton will not be billed for housing when the individual was arrested on a warrant from another jurisdiction. A staff member of the Tift County Jail will indicate on the bond form or release document the date and time received from the City of Tifton police officer presenting it and will begin the release booking process. The bond or release will be considered effective at the time and date indicated on the Sheriff's Office JMS Booking System release and will be used to determine billable hours.
2. The parties agree that the Tift County Jail will serve as the exclusive facility for housing all City of Tifton inmates, including pre-trial and sentenced inmates until or unless released on bond or Judge's order. The City of Tifton expressly agrees it will not transport or house inmates at any other facility, with the exception of a situation wherein the City of Tifton is notified by the Tift County Jail Administrator of a capacity or other housing issue preventing delivery of City of Tifton inmates to Tift County Jail.
3. The City agrees that any inmate housed for their jurisdiction that willfully and purposely destroys County property or injures an employee of Tift County, that inmate will be responsible for reimbursing the Sheriff's Office for any expenses associated with the incident. The Sheriff's Office may seek any necessary civil and/or criminal actions against the inmate.
4. The City agrees that the costs for any requested administrative tasks, reports or logs needed beyond what is required for housing an inmate will be reimbursed to the Sheriff's Office at an overtime rate for the employee needed to complete the request.
5. The Sheriff's Office agrees to house inmates placed in the Tift County Jail by the City in compliance with all state and federal laws and regulations.
6. The City agrees that it will not attempt to deliver an inmate to the Tift County Jail that has not been charged with a crime and accepts sole responsibility and liability for any action of its officers for any unlawful seizures.
7. The City agrees that its officers in delivering inmates to the jail shall comply with all security and processing policies and procedures requested by the Sheriff's Office. If the security and processing policies and procedures are not complied with, the inmate will not be accepted and the City must immediately remove the inmate from the facility.

8. Inmates delivered to the Tift County Jail by the City of Tifton shall be in a condition to enter the jail upon presentation and not in need of hospitalization or other urgent medical attention as determined by the Sheriff's Office pursuant to its established procedure or the facility's Medical Director and Medical Staff. The Sheriff's Office will accept custody of prisoners only upon such person being delivered to the jail and only when such person meets processing and intake rules established by the Sheriff's Office for admission to the jail. The Sheriff's Office will not provide security for prisoners arrested by the City and held in any location other than the Tift County Jail. Inmates will be physically delivered and accompanied into the jail by the city police officers, who shall insure that any person being delivered is supervised and sufficient security provided until custody is accepted by the Sheriff's Office.
9. The City agrees that any juvenile detained by its officers will be under their custody for the completion of the preliminary investigation and will remain under their supervision until the juvenile has been accepted by the Department of Juvenile Justice to be processed for court and transported to a regional youth detention center. The City of Tifton police officer will present all completed documentation to the jail staff before acceptance. All medical issues prior to acceptance will be the responsibility of the City.
10. The per diem set forth in this Agreement shall cover **in-house** medical care provided to inmates of the jail delivered by the City. The City shall, however, be responsible for **all costs** associated with any medical care provided by any medical provider other than the Sheriff's Office's in-house medical care provider. This cost shall include but not be limited to all medication, and care by any hospital, physician, nurse, physician assistant, nurse practitioner, or any other medical care provider of any kind; as well as all cost associated with transportation or any other associated or attendant cost. To this end, should the Sheriff's Office medical staff advise that a City inmate is in need of medical care or medication not available through the on premise health provider, Tift County jail personnel will notify the City Police Department [on-duty supervisor] who shall with all deliberate speed make arrangements for transport of such inmate to the doctor or hospital, as appropriate, or for the provision of necessary medication as stated in O.C.G.A. § 42-4-12. If the City fails to respond to a request for immediate inmate care or medication needs within 10 minutes, the Tift County EMS will be notified for immediate assessment and transport to the hospital, if necessary. If a Deputy Sheriff is needed to accompany an inmate to the hospital, then the City will be responsible for reimbursing the Sheriff's Office at an overtime rate until relieved by a City of Tifton police officer. Likewise, any medical care to be provided by the Sheriff's Office which is associated with inmate injury caused in any way by a City of Tifton police officer or employee shall be the sole responsibility of the City. All such cost of transport, security, and subsequent medical care and medication will be the responsibility of the City.
11. The per diem amount set forth in paragraph 1 above shall cover the cost of medical care rendered by the County's contract provider of medical services on premises at the jail. The cost of all other medical care [including but not limited to the cost of doctor visits, mobile X-ray and dental examination equipment; as well as, hospitalization

and medication not available through the on-premise health provider at the jail] provided to inmates housed in the jail by the City of Tifton shall be paid by the City.

12. Tift County Jail personnel shall provide City of Tifton police officers with access to the initial booking area to allow processing of prisoners presented by the City of Tifton to the Tift County Jail facility.
13. The term of this Agreement shall extend from the date of execution by all parties through June 30, 2021. At least sixty (60) days prior to the expiration of the initial term or any extended term of this Agreement, the Tift County Sheriff's office will provide the City of Tifton Police Department [the Chief or his designee] the daily cost of inmate care to be considered for the next year. Unless either party notifies the other of its intent not to renew this contract at the cost provided at least thirty (30) days of the expiration of the term then in effect, this Agreement will automatically renew at the new cost, if applicable, for another one (1) year term.
14. The City is obligated to the terms of payment specified in paragraph 1. If the City intends to dispute charges enumerated in a monthly billing statement, the City of Tifton Police Department [the Chief or his designee] will, with all deliberate speed contact the *Administrator of the Tift County Jail* in order to resolve the discrepancy in a timely manner. Dispute resolution must be completed within ten (10) days of the City's receipt of the monthly bill in order to comply with the provisions of paragraph 1. Should the City of Tifton fail to remit payment in accordance with paragraph 1, the Sheriff may refuse to accept custody of prisoners presented to the Tift County Jail by City of Tifton police officers for violations of ordinances enacted by the City, prosecuted in the *Municipal Court for the City of Tifton*. The Sheriff's Office reserves the right to seek appropriate civil remedies for any unpaid debt. The Sheriff's Office and the City of Tifton will hold quarterly meetings in an effort to ensure compliance with the contract and keep lines of communication open.
15. In accordance with O.C.G.A. §§ 15-21-91 through 15-21-95, the City of Tifton will transfer to Tift County a sum equal to 10% of the original amount of bail or bond for violations of a criminal or traffic statute of the state or a city ordinance. The clerk or court officer charged with the duty of collecting moneys arising from fines and forfeited bonds shall pay over to the governing authority of Tift County all funds collected pursuant to O.C.G.A. § 15-21-93 by the tenth (10th) day of the month following the month in which such funds are collected. Such funds paid over to the governing authority shall be deposited by the governing authority into a special account to be known as the 'county jail fund.' Tift County's 'county jail fund' is specifically titled 'jail construction fund'. The penalty for failure to remit the aforementioned funds is addressed in O.C.G.A. § 15-21-94(b).
16. This Agreement is subject to final approval by Sheriff Gene Scarbrough and the Tift County Board of Commissioners as provided for in O.C.G.A. § 42-4-9 and O.C.G.A. § 15-16-13.

IN WITNESS WHEREOF the parties have hereunto set their hands and seals on the date and year first above written.

TIFT COUNTY SHERIFF

by: Gene Sumbrell
attest: Rita A. McIsaac

[SEAL]

CITY OF TIFTON, GEORGIA

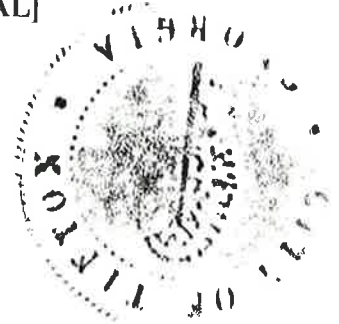
by: John H. ...
attest: Joseph White

[SEAL]

TIFT COUNTY, GEORGIA

by: [Signature]
attest: William B. Jordan

[SEAL]



JAIL INMATE AGREEMENT

GEORGIA, TIFT COUNTY

THIS AGREEMENT is made and entered this 14 day of May, 2019,
by and between

SHERIFF OF TIFT COUNTY GEORGIA, a constitutional
office of the State of Georgia, hereinafter "Sheriff's Office";

and

CITY OF OMEGA, GEORGIA, a municipal corporation
organized under the laws of the State of Georgia, by and through
its City Council, hereinafter "City";

and

TIFT COUNTY GEORGIA, a political subdivision of the State
of Georgia, hereinafter "County";

WITNESSETH

WHEREAS, The Tift County Sheriff maintains a jail facility for the housing of
inmates charged with criminal offenses;

WHEREAS, the City desires to house inmates in the Tift County Jail and Tift
County desires to accommodate persons arrested by the City of Omega on stated terms; and

WHEREAS, subject to the further provisions of this agreement, the parties agree
that an "inmate" for purposes of this agreement is defined as a person for whom their sole bond
is returnable to the *Municipal Court for the City of Omega* and any *City Ordinances* for whom
there is no bond returnable to either Tift State Court or the Superior Court of Tift County; and

WHEREAS, the parties desire to memorialize their agreement through this
writing.

NOW THEREFORE, in consideration of mutual benefits, acknowledged by
both parties to be sufficient, the parties agree each with the other as follows:

1. **Cost per day:** The City shall be authorized to deliver persons arrested by the
City Police Department to Tift County Jail for purposes of initial processing and housing

as inmates. The City agrees to pay to the *Sheriff's Office* the amount of \$48.80 for each day during which a prisoner arrested and presented by the City is an inmate of the Tift County Jail. The Sheriff's Office will turn over all inmate per diem funds to the County Finance Department for deposit in the general fund. Billable time commences immediately after the prisoner is accepted by Tift County Jail Staff. These charges shall be billed by the Sheriff's Office to the City of Omega on a monthly basis. Billing will occur no later than the 5th of each month and payment shall be due to the "Sheriff's Office" within thirty (30) days of receipt of billings. The City of Omega will not be billed for housing when the individual was arrested on a warrant from another jurisdiction. A staff member of the Tift County Jail will indicate on the bond form or release document the date and time received from the City of Omega police officer presenting it and will begin the release booking process. The bond or release will be considered effective at the time and date indicated on the Sheriff's Office JMS Booking System release and will be used to determine billable hours.

2. The parties agree that the Tift County Jail will serve as the exclusive facility for housing all City of Omega inmates, including pre-trial and sentenced inmates until or unless released on bond or Judge's order. The City of Omega expressly agrees it will not transport or house inmates at any other facility, with the exception of a situation wherein the City of Omega is notified by the Tift County Jail Administrator of a capacity or other housing issue preventing delivery of City of Omega inmates to Tift County Jail.
3. The City agrees that any inmate housed for their jurisdiction that willfully and purposely destroys County property or injures an employee of Tift County, that inmate will be responsible for reimbursing the Sheriff's Office for any expenses associated with the incident. The Sheriff's Office may seek any necessary civil and/or criminal actions against the inmate.
4. The City agrees that the costs for any requested administrative tasks, reports or logs needed beyond what is required for housing an inmate will be reimbursed to the Sheriff's Office at an overtime rate for the employee needed to complete the request.
5. The Sheriff's Office agrees to house inmates placed in the Tift County Jail by the City in compliance with all state and federal laws and regulations.
6. The City agrees that it will not attempt to deliver an inmate to the Tift County Jail that has not been charged with a crime and accepts sole responsibility and liability for any action of its officers for any unlawful seizures.
7. The City agrees that its officers in delivering inmates to the jail shall comply with all security and processing policies and procedures requested by the Sheriff's Office. If the security and processing policies and procedures are not complied with, the inmate will not be accepted and the City must immediately remove the inmate from the facility.
8. Inmates delivered to the Tift County Jail by the City of Omega shall be in a condition to enter the jail upon presentation and not in need of hospitalization or other

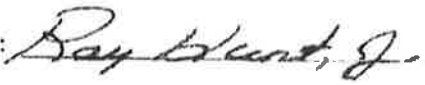
urgent medical attention as determined by the Sheriff's Office pursuant to its established procedure or the facility's Medical Director and Medical Staff. The Sheriff's Office will accept custody of prisoners only upon such person being delivered to the jail and only when such person meets processing and intake rules established by the Sheriff's Office for admission to the jail. The Sheriff's Office will not provide security for prisoners arrested by the City of Omega and held in any location other than the Tift County Jail. Inmates will be physically delivered and accompanied into the jail by the city police officers, who shall insure that any person being delivered is supervised and sufficient security provided until custody is accepted by the Sheriff's Office.

9. The City agrees that any juvenile detained by its officers will be under their custody for the completion of the preliminary investigation and will remain under their supervision until the juvenile has been accepted by the Department of Juvenile Justice to be processed for court and transported to a regional youth detention center. The City of Omega police officer will present all completed documentation to the jail staff before acceptance. All medical issues prior to acceptance will be the responsibility of the City.
10. The per diem set forth in this agreement shall cover in-house medical care provided to inmates of the jail delivered by the City. The City shall, however, be responsible for **all costs** associated with any medical care provided by any medical provider other than the Sheriff's Office's in-house medical care provider. This cost shall include but not be limited to all medication, and care by any hospital, physician, nurse, physician assistant, nurse practitioner, or any other medical care provider of any kind; as well as all cost associated with transportation or any other associated or attendant cost. To this end, should the Sheriff's Office medical staff advise that a City inmate is in need of medical care or medication not available through the on premise health provider, Tift County jail personnel will notify the City Police Department [on-duty supervisor] who shall with all deliberate speed make arrangements for transport of such inmate to the doctor or hospital, as appropriate, or for the provision of necessary medication as stated in O.C.G.A. § 42-4-12. If the City fails to respond to a request for immediate inmate care or medication needs within 10 minutes, the Tift County EMS will be notified for immediate assessment and transport to the hospital, if necessary. If a Deputy Sheriff is needed to accompany an inmate to the hospital, then the City will be responsible for reimbursing the Sheriff's Office at an overtime rate until relieved by a City of Omega police officer. Likewise, any medical care to be provided by the Sheriff's Office which is associated with inmate injury caused in any way by a City of Omega police officer or employee shall be the sole responsibility of the City. All such cost of transport, security, and subsequent medical care and medication will be the responsibility of the City.
11. The per diem amount set forth in paragraph 1 above shall cover the cost of medical care rendered by the County's contract provider of medical services on premises at the jail. The cost of all other medical care [including but not limited to the cost of doctor visits, mobile X-ray and dental examination equipment; as well as, hospitalization and medication not available through the on-premise health provider at the jail] provided to inmates housed in the jail by the City of Omega shall be paid by the City.

12. Tift County Jail personnel shall provide City of Omega police officers with access to the initial booking area to allow processing of prisoners presented by the City of Omega to the Tift County Jail facility.
13. The term of this agreement shall extend from the date of execution by all parties through June 30, 2020. At least sixty (60) days prior to the expiration of the initial term or any extended term of this agreement, the Tift County Sheriff's office will provide the City of Omega Police Department [the Chief or his designee] the daily cost of inmate care to be considered for the next year. Unless either party notifies the other of its intent not to renew this contract at the cost provided at least thirty (30) days of the expiration of the term then in effect, this agreement will automatically renew at the new cost, if applicable, for another one (1) year term.
14. The City is obligated to the terms of payment specified in paragraph 1. If the City intends to dispute charges enumerated in a monthly billing statement, the City of Omega Police Department [the Chief or his designee] will, with all deliberate speed contact the *Administrator of the Tift County Jail* in order to resolve the discrepancy in a timely manner. Dispute resolution must be completed within ten (10) days of the City's receipt of the monthly bill in order to comply with the provisions of paragraph 1. Should the City of Omega fail to remit payment in accordance with paragraph 1, the Sheriff may refuse to accept custody of prisoners presented to the Tift County Jail by City of Omega police officers for violations of ordinances enacted by the City, prosecuted in the *Municipal Court for the City of Omega*. The Sheriff's Office reserves the right to seek appropriate civil remedies for any unpaid debt. The Sheriff's Office and the City of Omega will hold quarterly meetings in an effort to ensure compliance with the contract and keep lines of communication open.
15. In accordance with O.C.G.A. §§ 15-21-91 through 15-21-95, the City of Omega will transfer to Tift County a sum equal to 10% of the original amount of bail or bond for violations of a criminal or traffic statute of the state or a city ordinance. The clerk or court officer charged with the duty of collecting moneys arising from fines and forfeited bonds shall pay over to the governing authority of Tift County all funds collected pursuant to O.C.G.A. § 15-21-93 by the tenth (10th) day of the month following the month in which such funds are collected. Such funds paid over to the governing authority shall be deposited by the governing authority into a special account to be known as the 'county jail fund.' Tift County's 'county jail fund' is specifically titled 'jail construction fund'. The penalty for failure to remit the aforementioned funds is addressed in O.C.G.A. § 15-21-94(b).

IN WITNESS WHEREOF the parties have hereunto set their hands and seals on the date and year first above written.

TIFT COUNTY SHERIFF
 by: 

CITY OF OMEGA, GEORGIA
 by: 

attest:

[Signature]
[SEAL]

attest:

Yaranda M. Baker
City Clerk
[SEAL]

TIFT COUNTY, GEORGIA

by: [Signature] - Notary Public
attest: [Signature]
[SEAL]





SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: TIFT COUNTY

Service: Inmate Housing - State & County Inmates

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): **Tift County Board of Commissioners**

Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

Other (If this box is checked, **attach a legible map delineating the service area of each service provider**, and identify the government, authority, or other organization that will provide service within each service area.):

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

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

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Tift County Commission	Fees, fines, forfeitures, taxes, assessments, grants, donations, loans, bonds and/or miscellaneous revenues.

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

Service formerly called "Jail".
Any City holding inmates in the Tift County Detention Center on municipal charges will be listed on separate Form 2.

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

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

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

Service name is changed from Jail to Inmate Housing. Municipal Inmate Housing is listed on a separate Form 2.

7. Person completing form: **Jim Carter, Tift County Manager**
Phone number: **(229) 386 - 7850** Date completed: September 14, 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:



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: TIFT COUNTY

Service: *Keep Tift Beautiful*

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service):

One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.): **Tift County Board of Commissioners and City of Tifton**

Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.):

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

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

No

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

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

SDS FORM 2, continued

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

Local Government or Authority	Funding Method
City of Tifton	Joint Solid Waste Enterprise Fund, Hotel Motel Tax, fees, fines, forfeitures, assessments, grants, donations, loans, bonds and/or miscellaneous revenues, tax revenues.
Tift County Commission	Joint Solid Waste Enterprise Fund fees, fines, forfeitures, assessments, grants, donations, loans, bonds and/or miscellaneous revenues, tax revenues.

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

Funding Method updated.

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
Joint Commission Agreement	Tift County & City of Tifton	Continuing

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: **Jim Carter, Tift County Manager**
 Phone number: **(229) 386-7850** Date completed: September 14, 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:

CITY OF TIFTON, GEORGIA
RESOLUTION NO. 2004- 012A

TIFT COUNTY, GEORGIA
RESOLUTION NO. _____

[Joint Resolution Regarding Keep Tift Beautiful]

A JOINT RESOLUTION OF THE CITY COUNCIL OF THE CITY OF TIFTON, GEORGIA, AND OF THE BOARD OF COMMISSIONERS OF TIFT COUNTY, GEORGIA ESTABLISHING A JOINT COMMISSION TO BE KNOWN AS "KEEP TIFT BEAUTIFUL", PROVIDING FOR APPOINTMENT OF MEMBERS AND SETTING FORTH ANTICIPATED FUNCTIONS OF THE COMMISSION

WHEREAS, the City of Tifton and Tift County, Georgia, jointly recognize the compelling public interest in preserving the natural resources and enhancing the aesthetic appeal of our County and the communities located therein through education, recycling and beautification efforts; and

WHEREAS, the City of Tifton and Tift County, Georgia desire to create a joint commission involving all local governments in Tift County to support these efforts and determine to invite the City of Omega and the City of Ty Ty to participate in the Commission hereby created.

NOW THEREFORE, *BE IT RESOLVED*, by the City of Tifton and Tift County, Georgia acting through the Tifton City Council and the Tift County Board of Commissioners that the City and County hereby create a joint commission to be known as **KEEP TIFT BEAUTIFUL**;

BE IT FURTHER RESOLVED that the Commission shall be governed by a Board of Directors composed of ten (10) citizens appointed as follows:

Tift County	4 members
City of Tifton	4 members
City of Omega	1 member
City of Ty Ty	1 member

These appointments shall be made for terms of 4 years, with terms to be staggered in order to provide continuity of effort, programming and knowledge. Initial appointments shall be as follows:

Tift County shall make 4 appointments, one for a four (4) year term, one for a three (3) year term, one for a two (2) year term and one for a one (1) year term.

All subsequent appointments shall be for four (4) year terms;

City of Tifton shall make 4 appointments, one for a four (4) year term, one for a three (3) year term, one for a two (2) year term and one for a one (1) year term. All subsequent appointments shall be for four (4) year terms;

City of Omega shall make 1 appointment for a four (4) year term; and

City of Ty Ty shall make 1 appointment for a four (4) year term.

In addition to Commission appointments, the City of Tifton shall designate a Council member and Tift County shall designate a Commissioner to serve as ex-officio members of the Board of Directors of the Commission.

BE IT FURTHER RESOLVED that this joint commission be charged with the responsibilities of promoting and recommending practices of recycling, beautification, landscaping, strategic community planning with regard to plantings, clean up and all activities incident thereto [including educational activities] - all in order to improve the appearance and health of the living environment in Tift County and the cities located therein. The Commission shall not have any responsibility for or authority regarding code enforcement; but shall work to address problem areas and, through the Keep Tift Beautiful staff, marshal volunteer effort to take remedial action with regard to identified needs;

BE IT FURTHER RESOLVED that the joint commission shall also engage in strategic planning for all of Tift County with regard to desirable plantings, harvesting and related activities;

BE IT FURTHER RESOLVED that the operation of the Commission shall be governed by bylaws to be adopted by the Board of Directors and approved by the City Councils for the Cities of Tifton, Omega and Ty Ty and the Board of Commissioners of Tift County; and

BE IT FURTHER RESOLVED that all funds of the Joint Commission [including all private donations and funds entrusted to the Commission by the "Stephens-Waller" Foundation] shall be placed in separate accounts maintained by Tift County. These funds shall remain separate from and shall not be commingled with other county funds. These funds shall be handled according to fiscal procedures in place for handling of public funds through Tift County and subject to audit by the county's auditor.

Adopted by the City Council of the City of Tifton on January 20, 2004 and the Board of Commissioners of Tift County, Georgia, on January 20, 2004.

CITY OF TIFTON, GEORGIA

by: *Paul O. Johnson*
Paul O. Johnson
Mayor, City of Tifton

attest: *Rona Martin*
~~Carla D. Cooper~~ *Rona Martin*
Dorothy Clerk

TIFT COUNTY, GEORGIA

by: *Buddy Bryan*
Buddy Bryan
Chairman, Board of Commissioners

attest: *Elaine H. Shiver*
Elaine H. Shiver
Clerk

Adopted by the City Council of the City of Omega on February 3, 2004.

CITY OF OMEGA, GEORGIA

by: *Ray Hunt, Jr.*
Ray Hunt, Jr.
Mayor, City of Omega

attest: *Yolanda Baker*
Yolanda Baker
Clerk

Adopted by the City Council of the City of Ty Ty on February 2, 2004.

CITY OF TY TY, GEORGIA

by: *Keith Beasley*
Keith Beasley
Mayor, City of Ty Ty

attest: *Sherry Boyett*
Sherry Boyett
Clerk

KEEP TIFT BEAUTIFUL

MISSION STATEMENT

TO WORK TOGETHER AS A UNIFIED COMMUNITY TO PROMOTE AND MAINTAIN THE PURITY OF OUR ENVIRONMENT AND THE BEAUTIFICATION OF OUR COUNTY.

BY-LAWS OF KEEP TIFT BEAUTIFUL

NAME

THIS ORGANIZATION, ESTABLISHED BY JOINT RESOLUTION OF THE TIFT COUNTY COMMISSIONERS AND THE CITY COUNCIL OF THE CITY OF TIFTON, SHALL BE KNOWN AS "KEEP TIFT BEAUTIFUL"(KTB).

OBJECTIVES

- A. TO REVIEW AND RECOMMEND IMPLEMENTATION OF THE KEEP AMERICA BEAUTIFUL SYSTEM TO ACHIEVE SUSTAINED LITTER REDUCTION AS APPROPRIATE FOR RESIDENTS OF TIFT COUNTY AND MUNICIPALITIES LOCATED THEREIN.
- B. TO PROMOTE INTEREST AND PRIDE IN THE GENERAL IMPROVEMENT OF THE ENVIRONMENT OF TIFTON/TIFT COUNTY AND EMPHASIZE THE BENEFITS OF A CLEAN, HEALTHFUL AND BEAUTIFUL AREA.
- C. TO INSPIRE, INITIATE, PLAN, DIRECT AND COORDINATE PROGRAMS FOR LITTER CONTROL AND PREVENTION IN COOPERATION WITH INDIVIDUALS, BUSINESS AND INDUSTRY, CITY AND COUNTY GOVERNMENTS, SCHOOLS, AND PUBLIC AND PRIVATE ORGANIZATIONS.
- D. TO ENCOURAGE THE PLANTING AND/OR PRESERVATION OF TREES, FLOWERS, PLANTS, SHRUBBERY AND OTHER OBJECTS OF NATURAL ORNAMENTATION.
- E. TO STIMULATE INTEREST AND ACTION TOWARD CONSERVATION OF RESOURCES THROUGH RECYCLING.

MEMBERSHIP

THE KEEP TIFT BEAUTIFUL BOARD SHALL CONSIST OF TEN (10) MEMBERS, APPOINTED BY THE BOARD OF COMMISSIONERS OF TIFT COUNTY, THE CITY COUNCIL OF THE CITY OF TIFTON, THE CITY COUNCIL OF THE CITY OF OMEGA, AND THE CITY COUNCIL OF THE CITY OF TY TY. NAMES OF PROPOSED MEMBERS MAY BE RECOMMENDED BY KEEP TIFT

BEAUTIFUL AND PRESENTED TO THE APPROPRIATE GOVERNING AUTHORITIES. THE BOARD SHALL CONSIST OF FOUR (4) REPRESENTATIVES APPOINTED BY THE BOARD OF COMMISSIONERS OF TIFT COUNTY; FOUR (4) REPRESENTATIVES APPOINTED BY THE CITY COUNCIL OF THE CITY OF TIFTON; ONE (1) REPRESENTATIVE APPOINTED BY THE CITY COUNCIL OF THE CITY OF OMEGA; AND, ONE (1) REPRESENTATIVE APPOINTED BY THE CITY COUNCIL OF THE CITY OF TY TY.

OFFICERS

THE OFFICERS OF THE BOARD OF DIRECTORS OF KEEP TIFT BEAUTIFUL SHALL BE AS FOLLOWS:

- A. CHAIRPERSON. SHALL SERVE AS THE CHIEF EXECUTIVE OFFICERS OF THE BOARD; SHALL ACT AS SPOKESPERSON FOR THE BOARD; SHALL PRESIDE AT ALL BOARD MEETINGS.
- B. VICE CHAIR: SHALL PRESIDE IN THE ABSENCE OF THE CHAIRPERSON; AND, SHALL PERFORM SUCH OTHER DUTIES AS DELEGATED BY THE CHAIRPERSON.
- C. SECRETARY: SHALL ENSURE THAT THE MINUTES OF THE MEETINGS OF THE BOARD ARE ACCURATELY KEPT IN THE OFFICIAL MINUTE BOOK; SHALL KEEP AN ACCURATE ATTENDANCE RECORD; SHALL ENSURE THAT TIMELY NOTICES OF ALL REGULAR AND SPECIAL MEETINGS ARE SENT; SHALL SEND KEEP AMERICA BEAUTIFUL AN ANNUAL REPORT OF ALL PROJECTS CONDUCTED IN THE PRESENT YEAR.
- D. TREASURER: SHALL WORK WITH THE COUNTY FINANCE DIRECTOR WHO SHALL BE RESPONSIBLE FOR MAINTAINING BOOKS AND RECORDS OF APPROPRIATE FUNDS OF KTB (THESE FUNDS SHALL BE MAINTAINED BY TIFT COUNTY IN SEPARATE ACCOUNTS AND SUBJECT TO TIFT COUNTY'S FISCAL POLICIES), SHALL REQUEST PAYMENT OF MONIES UPON APPROVALS AND SIGNATURES AS DETERMINED BY THE BOARD; SHALL PRESENT MONTHLY FINANCIAL STATEMENTS OF RECEIPTS AND EXPENDITURES; SHALL PRESENT ANNUAL FINANCIAL STATEMENTS TO THE KEEP TIFT BEAUTIFUL BOARD AND TO THE BOARD OF COMMISSIONERS OF TIFT COUNTY, THE CITY COUNCIL OF THE CITY OF TIFTON, THE CITY COUNCIL OF THE CITY OF OMEGA, AND THE CITY COUNCIL OF THE CITY OF TY TY; AND WILL COOPERATE WITH THE COUNTY AUDITOR AS REQUESTED TO INSURE PROPER AUDIT OF THESE FUNDS.

TERMS OF OFFICE

MEMBERS OF THE BOARD OF DIRECTORS OF KEEP TIFT BEAUTIFUL SHALL SERVE TERMS OF FOUR (4) YEARS, WITH TERMS STAGGERED TO PROVIDE CONTINUITY OF EFFORT,

PROGRAMMING AND KNOWLEDGE. INITIAL APPOINTMENTS SHALL BE FOR VARIOUS TERMS TO ESTABLISH THE STAGGERED TERMS.

MEETINGS

REGULAR MONTHLY BUSINESS MEETINGS WILL BE HELD THE SECOND TUESDAY OF EACH MONTH, AND ALL MEMBERS ARE EXPECTED TO ATTEND. ANY BOARD MEMBERS WHO MISSES THREE (3) CONSECUTIVE BOARD MEETINGS OR SIX (6) BOARD MEETINGS IN ANY TWELVE (12) MONTH PERIOD SHALL BE AUTOMATICALLY REMOVED FROM THE BOARD, EXCEPT IN SPECIAL CIRCUMSTANCES AS DETERMINED BY THE BOARD. ALL REGULAR MEETINGS SHALL BE OPEN IN ACCORDANCE WITH THE OPEN MEETINGS LAW OF THE STATE OF GEORGIA.

EX-OFFICIO MEMBERS OF THE BOARD OF DIRECTORS MAY ATTEND ANY OR ALL MEETINGS, MAY PARTICIPATE IN DISCUSSION, BUT SHALL NOT BE ELIGIBLE TO VOTE. EX-OFFICIO MEMBERS SHALL INCLUDE MEMBERS OF THE GOVERNING AUTHORITIES OF TIFT COUNTY AND THE CITIES OF TIFTON, OMEGA, AND TY TY, CITY MANAGER, COUNTY ADMINISTRATOR, AND THE CLERKS OF OMEGA AND TY TY.

COMMITTEES

A BOARD MEMBER SHALL BE APPOINTED BY THE KEEP TIFT BEAUTIFUL CHAIRPERSON TO CHAIR EACH OF THE FOLLOWING STANDING COMMITTEES. THE CHAIRPERSON OF EACH STANDING COMMITTEE SHALL APPOINT HIS/HER COMMITTEE MEMBERS FROM THE GENERAL PUBLIC, AND SHALL HOLD PLANNING MEETINGS FROM TIME TO TIME AND MAKE REPORTS AT REGULAR BUSINESS MEETINGS. THE BOARD MAY INCREASE OR DECREASE THE NUMBERS AND TITLES OF COMMITTEES FROM TIME TO TIME AS IT DEEMS APPROPRIATE.

- A. FINANCE
- B. EDUCATION
- C. CLEANUP
- D. PUBLIC AWARENESS
- E. LANDSCAPE

THE CHAIRPERSON OF EACH OF THE COMMITTEES SHALL REPORT TO THE BOARD OF DIRECTORS AT EACH REGULAR MEETING.

AMENDMENTS

BY-LAWS MAY BE AMENDED BY AN AFFIRMATIVE VOTE OF TWO-THIRDS OF THE MEMBERS PRESENT AT ANY REGULAR MEETING OF THE KEEP TIFT BEAUTIFUL BOARD, WHERE A QUORUM IS ASSEMBLED SUBJECT TO

THE APPROVAL OF THE BOARD OF COMMISSIONERS AND THE COUNCILS OF ALL PARTICIPATING CITIES.

REPORTS OF THE KTB BOARD

AT LEAST ANNUALLY, THE CHAIRPERSON OF THE KTB BOARD, OR HIS/HER DESIGNEE, SHALL PRESENT A REPORT OF THE BOARD'S ACTIVITIES, ACCOMPLISHMENTS, PLANS, AND OTHER ITEMS TO THE BOARD OF COMMISSIONERS OF TIFT COUNTY, THE CITY COUNCIL OF THE CITY OF TIFTON, THE CITY COUNCIL OF THE CITY OF OMEGA, AND THE CITY COUNCIL OF THE CITY OF TY TY.

ADOPTED THIS _____ DAY OF _____, 2004.

KEEP TIFT BEAUTIFUL

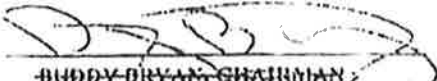
BY: _____

ATTEST: _____

[SEAL]

APPROVED BY:

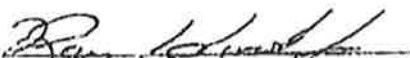
TIFT COUNTY BOARD OF COMMISSIONERS

BY: 
BUDDY BRYAN, CHAIRMAN
DAUGITRY MILTON, VICE-CHAIRMAN

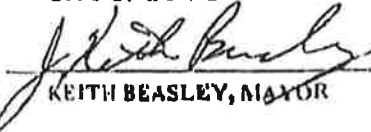
CITY OF TIFTON

BY: 
PAUL O. JOHNSON, MAYOR

CITY OF OMEGA

BY: 
RAY HUNT, JR., MAYOR

CITY OF TY TY

BY: 
KEITH BEASLEY, MAYOR



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: TIFT COUNTY

Service: Law Enforcement - Municipal Governments

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service:
City of Tifton, City of Omega

One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

Other (If this box is checked, **attach a legible map delineating the service area of each service provider**, and identify the government, authority, or other organization that will provide service within each service area.):

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

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

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
City of Tifton	Fees, fines, forfeitures, taxes, assessments, grants, donations, loans, bonds and/or miscellaneous revenues.
City of Omega	Fees, fines, forfeitures, taxes, assessments, grants, donations, loans, bonds and/or miscellaneous revenues.

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

Municipal law enforcement was not independently included in previous SDS agreements. The service is being added. Service formerly called "Police".

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

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

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

N/A

7. Person completing form: **Jim Carter, Tift County Manager**
 Phone number: **(229) 386-7850** Date completed: September 14, 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:
PETE PYRZENSKI, CITY MANAGER, CITY OF TIFTON (229)391-3937
RAY HUNT, MAYOR, CITY OF OMEGA (229) 528-4400



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: TIFT COUNTY

Service: *City of Tifton Main Street Program*

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service:
City of Tifton

One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

Other (If this box is checked, **attach a legible map delineating the service area of each service provider**, and identify the government, authority, or other organization that will provide service within each service area.):

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

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

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
City of Tifton	Fees, fines, forfeitures, taxes, assessments, grants, donations, loans, bonds and/or miscellaneous revenues.

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

Funding Method updated.
Service formerly called "Main Street".

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

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

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

N/A

7. Person completing form: **Jim Carter, Tift County Manager**
 Phone number: **(229) 386-7850** Date completed: September 14, 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:
PETE PYRZENSKI, CITY MANAGER, CITY OF TIFTON (229) 391-3937



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: TIFT COUNTY	Service: <i>Matt Wilson Neighborhood YMCA/Youth Development Center</i>
----------------------------	---

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

- Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): **City of Tifton**

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

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

- One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

- Other (If this box is checked, **attach a legible map delineating the service area of each service provider**, and identify the government, authority, or other organization that will provide service within each service area.):

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

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

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
City of Tifton	Project Construction - CDBG Grant

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

N/A

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

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

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

N/A

7. Person completing form: **Jim Carter, Tift County Manager**
 Phone number: **(229) 386-7850** Date completed: September 14, 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:
PETE PYRZENSKI, CITY MANAGER, CITY OF TIFTON (229) 391-3937



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: TIFT COUNTY

Service: *Mental Health*

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

- a.) Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): **Tift County Board of Commissioners**
- b.) Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):
- 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.):
- e.) Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.):

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

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

No

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

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

SDS FORM 2, continued

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

Local Government or Authority	Funding Method
Tift County Commission	Fees, fines, forfeitures, taxes, assessments, grants, donations, loans, bonds and/or miscellaneous revenues.

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

This service is being added.

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

Agreement Name	Contracting Parties	Effective and Ending Dates

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

N/A

7. Person completing form: **Jim Carter, Tift County Manager**
 Phone number: **(229)386-7850** Date completed: September 14, 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:



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: TIFT COUNTY

Service: *Mosquito Control*

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service):

One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

Other (If this box is checked, **attach a legible map delineating the service area of each service provider**, and identify the government, authority, or other organization that will provide service within each service area.): **Tift County Board of Commissioners will provide the service via the Special Tax District to TyTy, Omega and Un-incorporated Tift County and the City of Tifton will provide the service to the residents of Tifton.**

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

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

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Tift County Commission	Special Tax District - (Unincorporated County, City of TyTy and City of Omega) - fees, assessments, property taxes, insurance premium taxes
City of Tifton	Fees, fines, forfeitures, taxes, assessments, grants, donations, loans, bonds and/or miscellaneous revenues.

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

Funding Methods updated.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>
Contract for Mosquito Control	Tift County - Cities of Omega and TyTy	10.30.20 to 10.29.30

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: **Jim Carter, County Manager**

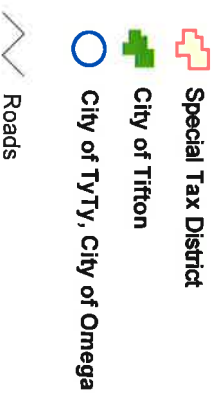
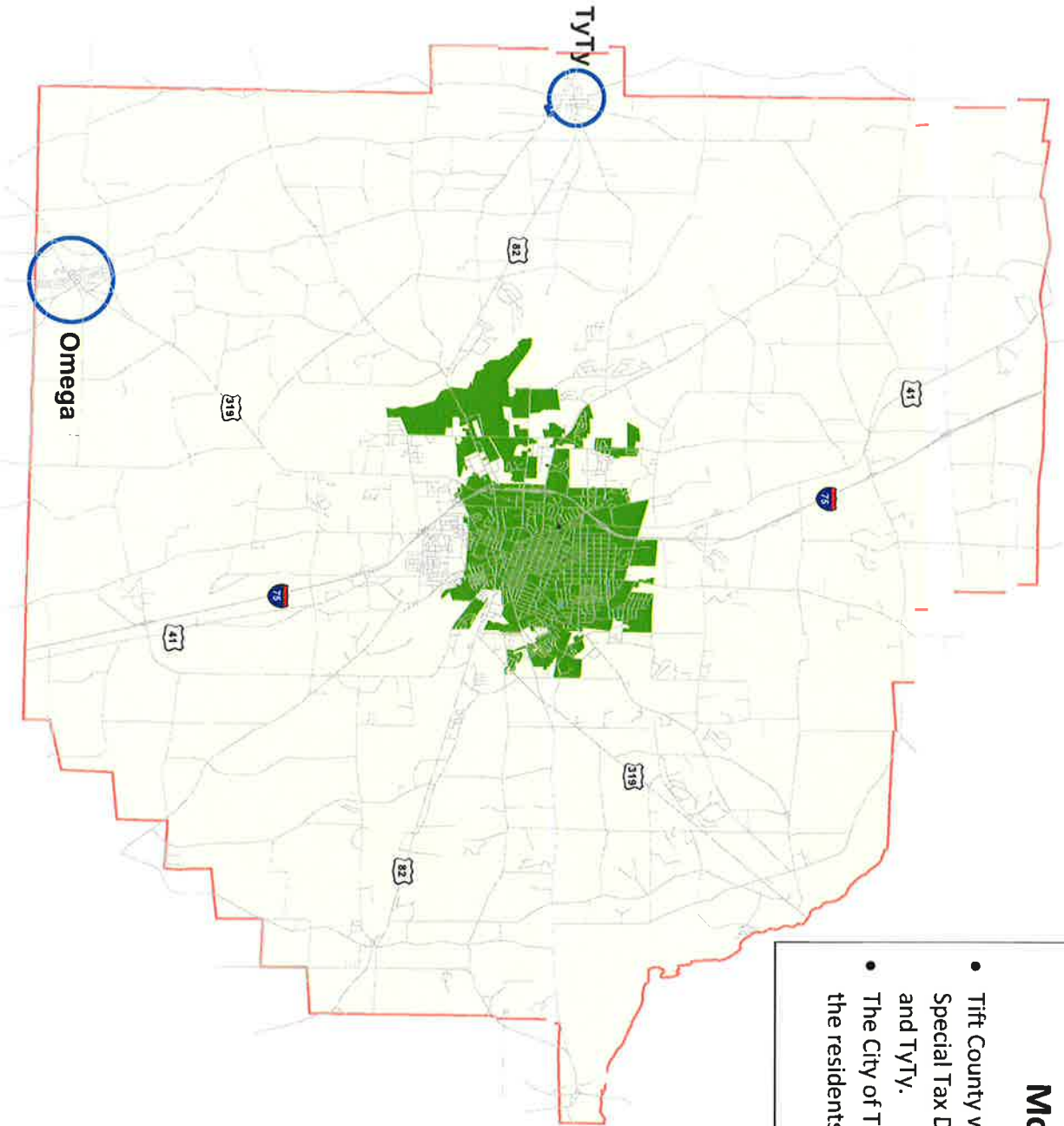
Phone number: **(229) 386-7850** Date completed: September 14, 2020

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:

Mosquito Control

- Tift County will provide the Service within the Special Tax District and the cities of Omega and TyTy.
- The City of Tifton will provide the Service to the residents of Tifton.



AGREEMENT
FOR THE PROVISION AND FUNDING OF MOSQUITO CONTROL SERVICES

This Agreement, made and entered into by and among Tift County, Georgia (the “County”) and the Cities of Ty Ty and Omega (the “Cities”), pursuant to authority granted by Article IX, Section III, Paragraph I of the Georgia Constitution;

WITNESSETH:

WHEREAS, Article IX, Section II, Paragraphs I and II of the Georgia Constitution permits the County and Cities to provide Mosquito Control Services (“MOSQUITO CONTROL Services”);

WHEREAS, presently, the County is the provider of MOSQUITO CONTROL Services to unincorporated residents of Tift County, the City of Ty Ty is the provider of MOSQUITO CONTROL Services to incorporated residents of Ty Ty, and Omega is the provider of MOSQUITO CONTROL Services to incorporated residents of Omega, and

WHEREAS, the County desires to provide MOSQUITO CONTROL Services within the unincorporated areas of the County and within the municipal limits of Ty Ty and Omega; and

WHEREAS, the Cities likewise desire that the County provide MOSQUITO CONTROL Services to their incorporated residents per an intergovernmental agreement, and

WHEREAS, the County will fund the cost of the provision of MOSQUITO CONTROL Services to the incorporated residents of the Cities as hereafter provided;

NOW, THEREFORE, for and in consideration of the covenants and agreements hereinafter stated, the County and the Cities agree as follows:

Section 1. Provision of Services

1.1. The County shall provide MOSQUITO CONTROL Services to the unincorporated residents of the County, and the County shall provide MOSQUITO CONTROL Services to the municipal residents of the Cities by intergovernmental agreement.

1.2. For purposes of this Agreement, MOSQUITO CONTROL Services may include, but not be limited to, the use of truck-mounted spraying to control the adult mosquito population and the provision of granular larvicide to control the larvae population in catch basins, storm drains and drainage collection points.

Section 2. Funding

2.1. For the purposes of funding the net cost of MOSQUITO CONTROL Services provided, the County will collect taxes from the citizens in the Cities and unincorporated Tift County to pay into the Special Tax District in an amount equal to the Net Cost of the Fund Budget (as defined herein).

2.2. Each fiscal year, the County shall establish a budget for the fiscal year based on the total anticipated cost less all anticipated revenues from all sources (**Net Cost of the Fund Budget**) for providing MOSQUITO CONTROL Services during such fiscal year. Net Cost of the Fund Budget is a budgeting tool that shall establish the funding necessary to pay for all MOSQUITO CONTROL services rendered.

Section 3. Facilities, Equipment, Staffing

3.1. The County shall maintain the facilities for the provision of MOSQUITO CONTROL Services at a location or locations determined by the County to be adequate for the provision of MOSQUITO CONTROL Services in accordance with this Agreement.

3.2. The County shall equip and staff the facility or facilities sufficient for the provision of MOSQUITO CONTROL Services.

3.3. The cost of constructing and/or the financing of the construction of any new or additional facility or facilities for the provision of MOSQUITO CONTROL Services may be considered in establishing a Capital Improvement Fund Budget and paid from the Special Purpose Local Option Sales Tax (“SPLOST.”)

3.4. In conjunction with the negotiation of any future SPLOST, the County and the Cities shall consider and seek agreement upon allocations of the proceeds of such tax for funding capital improvements for the provision of MOSQUITO CONTROL Services to be allocated and paid from said funds.

Section 4. General Provisions

4.1. This Agreement shall become valid upon the approval and execution by the County and the Cities.

4.2. The Agreement shall be effective on Oct. 30, 2020.

4.3. The term of this Agreement shall be ten (10) years unless this Agreement is sooner terminated by any party consistent with the termination provision set forth herein.

4.4. This Agreement supersedes all prior agreements between the County and the Cities concerning the provision and funding of MOSQUITO CONTROL Services.

4.5. This Agreement shall be governed and construed in accordance with the laws of the State of Georgia.

4.6. If any provision of this Agreement or application thereof to any person or circumstance shall, to any extent, be invalid, then such provision shall be modified, if possible, to fulfill the intent of the parties as reflected herein. The remainder of this Agreement, or the

application of such provision to circumstances other than those as to which is held invalid, shall not be affected thereby, and each provision of this Agreement shall be valid and enforced to the fullest extent permitted by law.

4.7. Nothing contained in this Agreement shall create a contractual relationship with or a cause of action in favor of a third party against the parties hereto.

4.8. No waiver by a party of any default by another party in the performance of any provision of this Agreement shall operate as or to be construed as a waiver of any future default, whether like or in a different character.

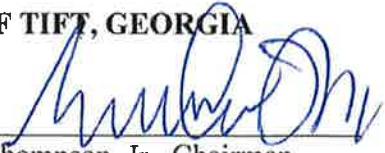
4.9. Nothing in this Agreement shall waive any immunity benefiting the parties which may now or hereinafter exist.

4.10 Any party may terminate this Agreement on June 1st of any year if written notice is provided to the other parties at least 180 days before June 1st. If the notice is given within 180 days of June 1st, termination shall not be effective until the following June 1st.

IN WITNESS WHEREOF, the County and the Cities have caused these presents to be signed by their respective proper authorities and the seals of the County and the Cities to be affixed hereof.

COUNTY OF TIFT, GEORGIA

By: _____

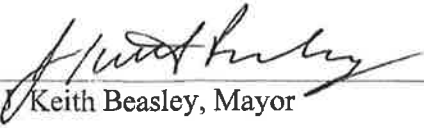

Grady Thompson, Jr., Chairman

(Seal)

Attest: _____


Clerk

MUNICIPALITY OF TYTY, GEORGIA

By: 
Keith Beasley, Mayor

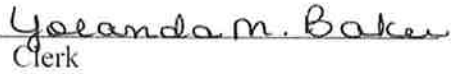
(Seal)

Attest: 
Clerk

MUNICIPALITY OF OMEGA, GEORGIA

By: 
Ray Hunt, Mayor

(Seal)

Attest: 
Clerk



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: TIFT COUNTY

Service: *Natural Gas*

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): **City of Tifton**

Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

Other (If this box is checked, **attach a legible map delineating the service area of each service provider**, and identify the government, authority, or other organization that will provide service within each service area.):

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

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

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
City of Tifton	Tifton Natural Gas Enterprise Fund

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

N/A

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

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

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

N/A

7. Person completing form: **Jim Carter, Tift County Manager**
 Phone number: **(229) 386-7850** Date completed: September 14, 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:
PETE PYRZENSKI, CITY MANAGER, CITY OF TIFTON (229) 391-3937



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: TIFT COUNTY

Service: Parks & Recreation

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): **Tift County Board of Commissioners**

Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.):

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

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

No

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

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

SDS FORM 2, continued

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

Local Government or Authority	Funding Method
Tift County Commission	Fees, fines, forfeitures, taxes, assessments, grants, donations, loans, bonds and/or miscellaneous revenues.

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

Service formerly called "Recreation".

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
Service Agreement	City of Tifton and Tift County Board of Commissioners	1/12/1999 - Continuing

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?

Parks and Recreation is currently funded via user-fees & tax revenue from the County General Fund & provided countywide via an IGA with Tift County and the Cities of Tifton, TyTy and Omega. The City of Tifton and Tift County intend to shift the provision of Recreation to the Tift Area Y.M.C.A. This shift in service provision will require an SDS update and will occur no later than July 1, 2021. The Cities of Tifton, TyTy, Omega, and Tift County will fund and provide the recreation service via a private public partnership with the Tift Area Y.M.C.A.

7. Person completing form: **Jim Carter, Tift County Manager**
 Phone number: **(229) 386-7850** Date completed: September 14, 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:

CITY OF TIFTON, GEORGIA
RESOLUTION NO. 2000-048

TIFT COUNTY, GEORGIA
RESOLUTION NO. 2000.10

[Joint Resolution Regarding Interlocal Agreement
for the Cooperative Provision of Services - Recreation]

**A JOINT RESOLUTION OF THE CITY COUNCIL OF THE CITY OF TIFTON,
GEORGIA, AND OF THE BOARD OF COMMISSIONERS OF TIFT COUNTY, GEORGIA
AUTHORIZING THE IMPLEMENTATION OF AN INTERLOCAL AGREEMENT FOR
THE COOPERATIVE PROVISION OF SERVICES.**

WHEREAS, the City of Tifton and Tift County, Georgia, have previously entered into the Interlocal Agreement for the Cooperative Provision of Services in accordance with the mutually beneficial discussions begun under House Bill 489; and

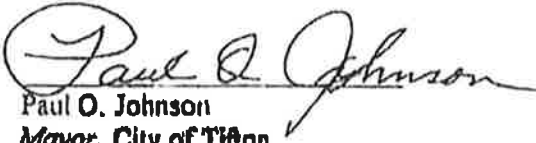
WHEREAS, the City and County continue to seek the identification of opportunities to eliminate duplicative services and increase the efficiency of service delivery to the citizens and taxpayers of the City and County; and

WHEREAS, the City and County are authorized to provide such services through the vehicle of an interlocal agreement under the provisions of the Constitution of the State of Georgia, 1983, Article IX, Section III, paragraph 1.

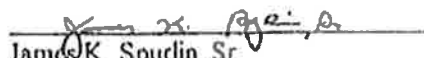
NOW THEREFORE, *BE IT RESOLVED*, by the City of Tifton and Tift County, Georgia, acting through the Tifton City Council and the Tift County Board of Commissioners that the City and County enter into Addenda No. 6 [Recreation] to the hereinabove set forth omnibus Interlocal Agreement and attached hereto as *Exhibit A*, and incorporated herein by reference, and the respective executive management officers of the City of Tifton and Tift County, Georgia, are authorized to execute such agreement.

Read and passed at a joint meeting of the City Council of the City of Tifton and the Board of Commissioners of Tift County, Georgia, held on August 21, 2000.

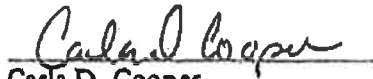
CITY OF TIFTON, GEORGIA


Paul O. Johnson
Mayor, City of Tifton

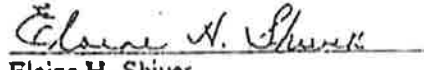
TIFT COUNTY, GEORGIA


James K. Spurlin, Sr.
Chairman, Board of Commissioners

Attest:


Carla D. Cooper
Clerk

Attest:


Elaine H. Shiver
Clerk

ADDENDA NO. 6 [RECREATION]

To that certain Interlocal Agreement between the City of Tifton and Tift County dated January 12, 1999.

In a continued effort to increase efficiencies and economies for the citizens and taxpayers of both local governments, the City of Tifton (the "City") and Tift County (the "County") have reached an agreement with regard to properties utilized in providing recreational services to the citizens of Tift County. In acknowledgment that Tift County has undertaken to provide all recreational services, the parties have agreed for the City of Tifton to convey to Tift County certain properties as set forth below to accommodate the construction of a recreational multi-purpose building. In furtherance of these goals, the parties have agreed as follows:

1. The City agrees to deed to the County real property currently used as recreational fields and bounded roughly as follows:

On the northwest by Victor Drive; on the northeast by Baldwin Drive; on the southeast by a drainage ditch running from West Second Street to Baldwin Drive (immediately west of the Leroy Rogers Senior Center and existing tennis courts and east of the recreational fields herein referenced) and on the southwest by West Second Street.

The deed of conveyance shall include a clause providing that if the County should cease to use the properties conveyed for public recreational purposes operated by the County, the property would be reconveyed to the City.

2. In consideration of the conveyance anticipated in Paragraph 1 above, the County agrees to:

(a) Locate on the property a multi-purpose building for recreation to be partially or entirely underwritten by SPLOST funds; and

(b) Consult with the City in case of reconfiguration of any facilities located on the properties.

3. Counsel for the City and County will arrange for any necessary surveys and prepare the appropriate documents of conveyance. This agreement will be presented to the respective governing bodies of the City of Tifton and Tift County for adoption; and any issue which may arise in the implementation of this agreement should be referred to the Service Delivery Coordination Committee for resolution.

Approved by Resolution of the City County of the City of Tifton on August 21, 2000, authorizing the City Manager to execute the within and foregoing Agreement on behalf of the City of Tifton.

CITY OF TIFTON

BY: 
CHARLES H. HOWELL
CITY MANAGER

Approved by Resolution of the Board of Commissioners of Tift County, Georgia, on August 21, 2000, authorizing the County Administrator to execute on behalf of Tift County, Georgia.

**BOARD OF COMMISSIONERS OF
TIFT COUNTY, GEORGIA**

BY: 
WAYNE JOHNSON
COUNTY ADMINISTRATOR

RESOLUTION OF THE BOARD OF COMMISSIONERS
OF ROADS AND REVENUES OF TIFT COUNTY, GEORGIA

WHEREAS, the Board of Commissioners of Roads and Revenues of Tift County, as the governing body of said County, is vitally interested in providing public library facilities for the citizens of Tift County, and

WHEREAS, during the past two years the Tifton-Tift County Public Library has been operated partially with funds supplied jointly by the City of Tifton and Tift County, and

WHEREAS, the Tifton-Tift County Public Library is in dire need of adequate and proper facilities in which to operate, and

WHEREAS, the old post office building and site composed of .4 acres of land, more or less, located on Love Avenue in the City of Tifton is presently not being used and it is the opinion of the Board of Commissioners of Roads and Revenues of Tift County that such building would be desirable for use by the Tifton-Tift County Public Library.

NOW, THEREFORE, Be It Resolved by the Board of Commissioners of Roads and Revenues of Tift County, Georgia, in regular meeting assembled: That should the General Services Administration deed to the Tifton-Tift County Public Library Board the said old post office building and site, then, and in such event, the Board of Commissioners of Roads and Revenues of Tift County will assume the responsibility of, and expend such funds and do such work, jointly with the City of Tifton, Georgia, as is now necessary or as may hereinafter become necessary and appropriate to place and prepare such old post office building and site in suitable condition for use as a library to be operated and maintained jointly as a Tifton-Tift County Public Library.

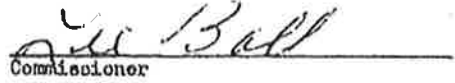
BE IT FURTHER RESOLVED that the said County of Tift, jointly with the City of Tifton, will be responsible for, and will provide and expend such funds and do such work, as may be necessary and proper in the future in order to maintain the said building and site in a proper and highly acceptable manner for use as a joint Tifton-Tift County Public Library, and to jointly with said City of Tifton expend such funds as may be necessary to operate said Library.

BE IT FURTHER RESOLVED that the said County of Tift, jointly with

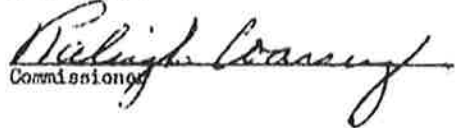
the City of Tifton, will assume responsibility for, and expend such funds and do such work as may be necessary and proper, to the end that the said building and site may be immediately used as a library facility for the Tifton-Tift County Public Library.



W. C. McCordale
Chairman of the Board of Commissioners
of Roads and Revenues of Tift County,
Georgia.



Commissioner



Commissioner

Attest:

Mrs. Vinson Goff, Clerk

**CITY OF TIFTON, GEORGIA
RESOLUTION NO. 2005-029**

**[Resolution Regarding Interlocal Agreement for the
Cooperative Provision of Services – Comprehensive Solid Waste Plan]**

**A RESOLUTION OF THE CITY COUNCIL OF THE CITY OF TIFTON, GEORGIA,
AUTHORIZING THE IMPLEMENTATION OF AN INTERLOCAL AGREEMENT FOR
THE COOPERATIVE PROVISION OF SERVICES.**

WHEREAS, the City of Tifton and Tift County, Georgia, have previously entered into the Interlocal Agreement for the Cooperative Provision of Services in accordance with the mutually beneficial discussions begun under House Bill 489; and

WHEREAS, the City and County continue to seek the identification of opportunities to eliminate duplicative services and increase the efficiency of service delivery to the citizens and taxpayers of the City and County; and

WHEREAS, the City and County are authorized to provide such services through the vehicle of an interlocal agreement under the provisions of the Constitution of the State of Georgia, 1983, Article IX, Section III, paragraph 1.

NOW THEREFORE, *BE IT RESOLVED*, by the City of Tifton, acting through the Tifton City Council that the City enter a First Amendment to Addenda No. 5A [Comprehensive Solid Waste Plan] with Tift County, Georgia to the hereinabove set forth omnibus Interlocal Agreement and attached hereto as *Exhibit A*, and incorporated herein by reference, and that the City Manager of the City of Tifton is authorized to execute such agreement with the County Manager of Tift County, Georgia.

Read and passed at a joint meeting of the City Council of the City of Tifton and the Board of Commissioners of Tift County, Georgia held on June 30, 2005.


Paul O. Johnson
Mayor, City of Tifton

Attest:


Carla D. Cooper, CM
City Clerk

FIRST AMENDMENT TO ADDENDA NO. 5A TO COMPREHENSIVE SOLID WASTE PLAN

To that certain Interlocal Agreement between the City of Tifton and Tift County, dated January 12, 1992.

Numbered Paragraph 2, on page 1 of the Addenda referenced above is hereby amended to reflect that the City no longer picks up recyclables at curbside within the City.

Numbered Paragraph 3, beginning on page 1 of the Addenda referenced above is hereby amended to reflect that the Recycling Plant shall be under the supervision of the Tifton-Tift County Solid Waste Director and that all employees of the Recycling Plant shall be employees of the City, paid by the City and entitled to all City employment benefits. Such expenses shall be paid from the Solid Waste Collection and Disposal Fund. This amendment shall be effective as of July 1, 2005.

Numbered Paragraph 4, on page 2 of the Addenda referenced above is hereby amended to reflect that Collection and Recycling sites will be maintained at such locations and operated at such hours as may be determined by the Tifton-Tift County Solid Waste Director (with the approval of the City and County). The operational expenses of these sites shall be paid from the Solid Waste Collection and Disposal Fund. Recyclable materials shall be accepted at recycling sites without charge.

The paragraph addressing "EMPLOYEES" and appearing on page 3 of the Addenda referenced above is hereby amended to reflect that employees of the Recycling Plant shall be employees of the City as of July 1, 2005.

Except as herein amended, all provisions of Addenda No. 5A to that certain Interlocal Agreement between the City of Tifton and Tift County dated January 12, 1992 shall remain in full force and effect.

SIGNATURES ON FOLLOWING PAGE



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: TIFT COUNTY

Service: Probation - Municipal Courts

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

- a.) Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):
- b.) Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):
- 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 Tifton and City of Omega**)
- 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.):
- e.) Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.):

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

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

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
City of Tifton	Fees, fines, forfeitures, taxes, assessments, grants, donations, loans, bonds and/or miscellaneous revenues.
City of Omega	Fees, fines, forfeitures, taxes, assessments, grants, donations, loans, bonds and/or miscellaneous revenues.

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

Service is being added.

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

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

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

N/A

7. Person completing form: **Jim Carter, Tift County Manager**
 Phone number: **(229)386-7850** Date completed: September 14, 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:
PETE PYRZENSKI, CITY MANAGER, CITY OF TIFTON (229) 391-3937
RAY HUNT, MAYOR, CITY OF OMEGA (229) 528-4400



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: TIFT COUNTY

Service: Probation - State and County Courts

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

- a.) Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): **Tift County Board of Commissioners**
- b.) Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):
- 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.):
- e.) Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.):

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

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

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

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

SDS FORM 2, continued

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

Local Government or Authority	Funding Method
Tift County Commission	Fees, fines, forfeitures, taxes, assessments, grants, donations, loans, bonds and/or miscellaneous revenues.

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

Service is being added.

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

Agreement Name	Contracting Parties	Effective and Ending Dates

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

N/A

7. Person completing form: **Jim Carter, Tift County Manager**
 Phone number: **(229)386-7850** Date completed: September 14, 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:



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: TIFT COUNTY

Service: Public Health

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

- a.) Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): **Tift County Board of Commissioners**
- b.) Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):
- 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.):
- e.) Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.):

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

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

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Tift County Commission	Fees, fines, forfeitures, taxes, assessments, grants, donations, loans, bonds and/or miscellaneous revenues.

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

Service is being added.

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

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

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

N/A

7. Person completing form: **Jim Carter, Tift County Manager**
 Phone number: **(229)386-7850** Date completed: September 14, 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:



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: TIFT COUNTY

Service: *Public Library*

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): **Coastal Plain Regional Library System**

Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

Other (If this box is checked, **attach a legible map delineating the service area of each service provider**, and identify the government, authority, or other organization that will provide service within each service area.):

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

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

No

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

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

SDS FORM 2, continued

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

Local Government or Authority	Funding Method
Tift County	Fees, fines, forfeitures, taxes, assessments, grants, donations, loans, bonds and/or miscellaneous revenues.
City of Tifton	Fees, fines, forfeitures, taxes, assessments, grants, donations, loans, bonds and/or miscellaneous revenues.

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

The local library has operated under 1964 resolutions and agreements. The Public Library is funded via user fees & the Tift County and City of Tifton General Funds per the 1964 agreement. Funding amounts provided by Tift County and the City of Tifton will remain at current funding levels unless the City and County agree to adjust said funding. Service formerly called 'Library'.

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
Library Funding Resolution	Tift County, City of Tifton, Coastal Plain Reg. Library	Continuing

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: **Jim Carter, Tift County Manager**
 Phone number: **(229) 386-7850** Date completed: September 14, 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:

RESOLUTION OF THE BOARD OF COMMISSIONERS
OF ROADS AND REVENUES OF TIFT COUNTY, GEORGIA

WHEREAS, the Board of Commissioners of Roads and Revenues of Tift County, as the governing body of said County, is vitally interested in providing public library facilities for the citizens of Tift County, and

WHEREAS, during the past two years the Tifton-Tift County Public Library has been operated partially with funds supplied jointly by the City of Tifton and Tift County, and

WHEREAS, the Tifton-Tift County Public Library is in dire need of adequate and proper facilities in which to operate, and


WHEREAS, the old post office building and site composed of .4 acres of land, more or less, located on Love Avenue in the City of Tifton is presently not being used and it is the opinion of the Board of Commissioners of Roads and Revenues of Tift County that such building would be desirable for use by the Tifton-Tift County Public Library.

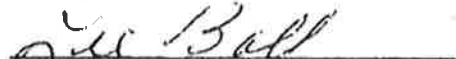
NOW, THEREFORE, Be It Resolved by the Board of Commissioners of Roads and Revenues of Tift County, Georgia, in regular meeting assembled: That should the General Services Administration deed to the Tifton-Tift County Public Library Board the said old post office building and site, then, and in such event, the Board of Commissioners of Roads and Revenues of Tift County will assume the responsibility of, and expend such funds and do such work, jointly with the City of Tifton, Georgia, as is now necessary or as may hereinafter become necessary and appropriate to place and prepare such old post office building and site in suitable condition for use as a library to be operated and maintained jointly as a Tifton-Tift County Public Library.

BE IT FURTHER RESOLVED that the said County of Tift, jointly with the City of Tifton, will be responsible for, and will provide and expend such funds and do such work, as may be necessary and proper in the future in order to maintain the said building and site in a proper and highly acceptable manner for use as a joint Tifton-Tift County Public Library, and to jointly with said City of Tifton expend such funds as may be necessary to operate said Library.

BE IT FURTHER RESOLVED that the said County of Tift, jointly with

the City of Tifton, will assume responsibility for, and expend such funds and do such work as may be necessary and proper, to the end that the said building and site may be immediately used as a library facility for the Tifton-Tift County Public Library.


W. C. McCormick
Chairman of the Board of Commissioners
of Roads and Revenues of Tift County,
Georgia.


Commissioner


Commissioner

Attest:

Mrs. Vinson Goff, Clerk



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: TIFT COUNTY

Service: Public Transit Tift County

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

- a.) Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): **Tift County Board of Commissioners**
- b.) Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):
- 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.):
- e.) Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.):

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

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

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Tift County Commission	Fees, fines, forfeitures, taxes, assessments, grants, donations, loans, bonds and/or miscellaneous revenues.

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

Service being added.

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

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

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

N/A

7. Person completing form: **Jim Carter, Tift County Manager**
 Phone number: **(229)386-7850** Date completed: September 14, 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:



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: TIFT COUNTY

Service: Road Construction and Maintenance Countywide

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

- a.) Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): **Tift County Board of Commissioners**
- b.) Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service):
- 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.):
- e.) Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.):

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

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

No

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

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

SDS FORM 2, continued

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

Local Government or Authority	Funding Method
Tift County Commission	Fees, fines, forfeitures, taxes, assessments, grants, donations, loans, bonds and/or miscellaneous revenues.

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

Funding Methods updated.
Service formerly called "Road Construction" and "Street Maintenance".

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

Agreement Name	Contracting Parties	Effective and Ending Dates

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

N/A

7. Person completing form: **Jim Carter, Tift County Manager**
 Phone number: **(229)386-7850** Date completed: September 14, 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:



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: TIFT COUNTY

Service: Road Construction and Maintenance - Municipal

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service:
City of Tifton, City of Omega, City of TyTy

One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

Other (If this box is checked, **attach a legible map delineating the service area of each service provider**, and identify the government, authority, or other organization that will provide service within each service area.):

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

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

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
City of Tifton	Fees, fines, forfeitures, taxes, assessments, grants, donations, loans, bonds and/or miscellaneous revenues.
City of Omega	Fees, fines, forfeitures, taxes, assessments, grants, donations, loans, bonds and/or miscellaneous revenues.
City of TyTy	Fees, fines, forfeitures, taxes, assessments, grants, donations, loans, bonds and/or miscellaneous revenues.

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

This service is being added.
Service formerly called "Road Construction" and "Street Maintenance".

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

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

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

N/A

7. Person completing form: **Jim Carter, Tift County Manager**
 Phone number: **(229) 386-7850** Date completed: September 14, 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:
PETE PYRZENSKI, CITY MANAGER, CITY OF TIFTON (229) 391-3937
RAY HUNT, MAYOR, CITY OF OMEGA (229) 528-4400
KEITH BEASLEY, MAYOR, CITY OF TYTY (229) 382-9476



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY:TIFT COUNTY

Service:City of Tifton - Senior Citizens Center

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service:
City of Tifton

One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

Other (If this box is checked, **attach a legible map delineating the service area of each service provider**, and identify the government, authority, or other organization that will provide service within each service area.):

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

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

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
City of Tifton	Fees, fines, forfeitures, taxes, assessments, grants, donations, loans, bonds and/or miscellaneous revenues.

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

Funding method updated.
Service formerly called "Senior Citizens Center".

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

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

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

N/A

7. Person completing form: **Jim Carter, Tift County Manager**
 Phone number: **(229) 386-7850** Date completed: September 14, 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:
PETE PYRZENSKI, CITY MANAGER, CITY OF TIFTON (229) 391-3937



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: TIFT COUNTY

Service: Sheriff

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): **Tift County Board of Commissioners**

Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

Other (If this box is checked, **attach a legible map delineating the service area of each service provider**, and identify the government, authority, or other organization that will provide service within each service area.):

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

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

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Tift County Commission	County General Fund and Fines

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

N/A

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>
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: **Jim Carter, County Manager**
 Phone number: **(229) 386-7850** Date completed: December 9, 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:



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: TIFT COUNTY

Service: Solid Waste Collection

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service):

One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.): **Tift County will provide this service to unincorporated residents, and the Cities of Tifton, Omega & TyTy will provide this service to the residents within their municipal boundaries.**

Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.):

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

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

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Tift County Commission	User Fees
City of Tifton	User Fees
City of Omega	User Fees
City of TyTy	User Fees

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

N/A

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

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

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

Each geopolitical jurisdiction contracts with independent private sector providers to provide this service.

7. Person completing form: **Jim Carter, Tift County Manager**
 Phone number: **(229) 386-7850** Date completed: September 14, 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:



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: TIFT COUNTY

Service: Solid Waste Disposal - Landfill & Recycling

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.): **Tift County, City of Tifton, City of TyTy, City of Omega; Solid waste disposal is available to all residents of Tift County per the Tifton-Tift County Solid Waste Enterprise Fund.**

Other (If this box is checked, **attach a legible map delineating the service area of each service provider**, and identify the government, authority, or other organization that will provide service within each service area.):

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

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

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
City of Tifton	Solid Waste Enterprise Fund
Tift County Commission	Solid Waste Enterprise Fund

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

Service formerly called "Solid Waste Disposal".

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>
Addenda 5 Solid Waste	Tift County & City of Tifton	Continuing

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: **Jim Carter, Tift County Manager**
 Phone number: **(229) 386-7850** Date completed: September 14, 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:
PETE PYRZENSKI, CITY MANAGER, CITY OF TIFTON (229) 391 - 3937

**CITY OF TIFTON, GEORGIA
RESOLUTION NO. 2005-029**

**[Resolution Regarding Interlocal Agreement for the
Cooperative Provision of Services – Comprehensive Solid Waste Plan]**

**A RESOLUTION OF THE CITY COUNCIL OF THE CITY OF TIFTON, GEORGIA,
AUTHORIZING THE IMPLEMENTATION OF AN INTERLOCAL AGREEMENT FOR
THE COOPERATIVE PROVISION OF SERVICES.**

WHEREAS, the City of Tifton and Tift County, Georgia, have previously entered into the Interlocal Agreement for the Cooperative Provision of Services in accordance with the mutually beneficial discussions begun under House Bill 489; and

WHEREAS, the City and County continue to seek the identification of opportunities to eliminate duplicative services and increase the efficiency of service delivery to the citizens and taxpayers of the City and County; and

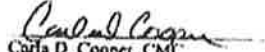
WHEREAS, the City and County are authorized to provide such services through the vehicle of an interlocal agreement under the provisions of the Constitution of the State of Georgia, 1983, Article IX, Section III, paragraph 1.

NOW THEREFORE, *BE IT RESOLVED*, by the City of Tifton, acting through the Tifton City Council that the City enter a First Amendment to Addenda No. 5A [Comprehensive Solid Waste Plan] with Tift County, Georgia to the hereinabove set forth omnibus Interlocal Agreement and attached hereto as *Exhibit A*, and incorporated herein by reference, and that the City Manager of the City of Tifton is authorized to execute such agreement with the County Manager of Tift County, Georgia.

Read and passed at a joint meeting of the City Council of the City of Tifton and the Board of Commissioners of Tift County, Georgia held on June 30, 2005.


Paul O. Johnson
Mayor, City of Tifton

Attest:


Carla D. Cooper, CM
City Clerk

FIRST AMENDMENT TO ADDENDA NO. 5A (COMPREHENSIVE SOLID WASTE PLAN)

To that certain Interlocal Agreement between the City of Tifton and Tift County, dated January 12, 1999.

Numbered Paragraph 2. on page 1 of the Addenda referenced above is hereby amended to reflect that the City no longer picks up recyclables at curbside within the City.

Numbered Paragraph 3. beginning on page 1 of the Addenda referenced above is hereby amended to reflect that the Recycling Plant shall be under the supervision of the Tifton-Tift County Solid Waste Director and that all employees of the Recycling Plant shall be employees of the City, paid by the City and entitled to all City employment benefits. Such expenses shall be paid from the Solid Waste Collection and Disposal Fund. This amendment shall be effective as of July 1, 2005.

Numbered Paragraph 4. on page 2 of the Addenda referenced above is hereby amended to reflect that Collection and Recycling sites will be maintained at such locations and operated at such hours as may be determined by the Tifton-Tift County Solid Waste Director (with the approval of the City and County). The operational expenses of these sites shall be paid from the Solid Waste Collection and Disposal Fund. Recyclable materials shall be accepted at recycling sites without charge.

The paragraph addressing "EMPLOYEES" and appearing on page 3 of the Addenda referenced above is hereby amended to reflect that employees of the Recycling Plant shall be employees of the City as of July 1, 2005.

Except as herein amended, all provisions of Addenda No. 5A to that certain Interlocal Agreement between the City of Tifton and Tift County dated January 12, 1999 shall remain in full force and effect.

SIGNATURES ON FOLLOWING PAGE



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: TIFT COUNTY

Service: *Southside Community Center*

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

- a.) Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): **Tift County Board of Commissioners**
- b.) Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):
- 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.):
- e.) Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.):

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

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

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

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

SDS FORM 2, continued

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

Local Government or Authority	Funding Method
Tift County Commission	Fees, fines, forfeitures, taxes, assessments, grants, donations, loans, bonds and/or miscellaneous revenues.

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

Funding Methods updated.

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

Agreement Name	Contracting Parties	Effective and Ending Dates

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

N/A

7. Person completing form: **Jim Carter, Tift County Manager**
 Phone number: **(229)386-7850** Date completed: September 14, 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:



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: TIFT COUNTY

Service: Tax Assessment

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

- a.) Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): **Tift County Board of Commissioners**
- b.) Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):
- 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.):
- e.) Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.):

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

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

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Tift County Commission	Fees, fines, forfeitures, taxes, assessments, grants, donations, loans, bonds and/or miscellaneous revenues.

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

Funding Methods updated.

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

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

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

N/A

7. Person completing form: **Jim Carter, Tift County Manager**
 Phone number: **(229)386-7850** Date completed: September 14, 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:



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: TIFT COUNTY

Service: Tax Collections - County & State Taxes

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

- a.) Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): **Tift County Board of Commissioners**
- b.) Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):
- 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.):
- e.) Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.):

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

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

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Tift County Commission	Fees, fines, forfeitures, taxes, assessments, grants, donations, loans, bonds and/or miscellaneous revenues.

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

Funding Methods updated.

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

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

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

N/A

7. Person completing form: **Jim Carter, Tift County Manager**
 Phone number: **(229)386-7850** Date completed: September 14, 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:



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: TIFT COUNTY

Service: Tax Collections - City of Tifton

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

- a.) Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):
- b.) Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):
- 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 Tifton**)
- 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.):
- e.) Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.):

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

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

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

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

SDS FORM 2, continued

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

Local Government or Authority	Funding Method
City of Tifton	Fees, fines, forfeitures, taxes, assessments, grants, donations, loans, bonds and/or miscellaneous revenues.

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

This service is being added.

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
Contract for Tax Collections	Tift County-City of Tifton- Tift County-Tax Commissioner	Sept 2020 - Continuing

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: **Jim Carter, Tift County Manager**
 Phone number: **(229)386-7850** Date completed: September 14, 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:

**STATE OF GEORGIA
COUNTY OF TIFT**

CONTRACT FOR SERVICES AGREEMENT

PARTIES

THIS AGREEMENT is made this 28th day of Oct., 2020, between the **CITY OF TIFTON, GEORGIA**, a municipality incorporated and chartered under the Constitution and Laws of the State of Georgia, hereinafter referred to as "City", with a principal place of business at 130 East First Street, Tifton, Georgia, 31793, and **CHAD ALEXANDER, TIFT COUNTY TAX COMMISSIONER**, individually, hereinafter referred to as "Alexander", with a principal place of business at 225 Tift Avenue North, Tifton, Georgia, 31794, and **TIFT COUNTY, GEORGIA**, acting by and through its lawfully constituted Board of Commissioners, with a principal place of business at 225 Tift Avenue North, Room 204, Tifton, Georgia, 31794.

RECITAL

Authority to Collect

Chad Alexander is the duly elected Tax Commissioner of Tift County, Georgia, and is empowered by the Constitution and Laws of the State of Georgia to collect state, county and municipal ad valorem property taxes. By virtue of his office, Alexander has all the requisite statutory powers to bill and collect ad valorem property taxes, issue executions, and to act as Ex-Officio Sheriff in the levy and sale of delinquent properties.

Authority to Contract

With the consent of Chad Alexander, which is herein given, the parties are authorized, pursuant to O.C.G.A. § 48-5-359.1, to contract for, to accept, receive, and retain compensation from the City for the billing and collection of municipal taxes.

SERVICES TO BE PERFORMED

Specific Services

Alexander agrees to prepare the tax digest and to assess and collect municipal taxes in the same manner as county taxes, including but not limited to, the computation, annual billing, collection, depositing, accounting, reporting, and distribution (paying over) of municipal ad valorem property taxes for the City. Alexander agrees to invoke all remedies permitted by law for collection of municipal taxes. The City agrees to furnish to Alexander in a timely manner all values, assessments, and city mileages necessary for computation of such taxes.

Method of Performing Services

Alexander will determine the methods, details, and means of performing the services hereinabove described with the general understanding that the City desires that the municipal taxes be included and made a part of the annual county tax statement. The City may not control, direct, or supervise assistants or employees of Alexander in the performances of those services.

COMPENSATION

During the term of this contract, the City will pay to Tift County, Georgia, the sum of 2.5% of the taxes collected as their fee pursuant to O.C.G.A. § 48-5-359.1.

TERM OF CONTRACT

- a. The initial term of this Agreement shall be for a period of twelve (12) months commencing on January 1, 2021 and terminating December 31, 2021.
- b. The contract shall terminate absolutely on December 31, 2021 without further obligation of the parties unless renewed as provided herein.

- c. The Agreement shall automatically renew on January 1, 2022 and January 1 of each year thereafter absent either parties' written notice of its decision to terminate this agreement as outlined below.

TERMINATION OF CONTRACT UPON NOTICE

Notwithstanding any other provision of this Agreement, either party may terminate this Agreement by giving sixty (60) days written notice to the other party at the addresses stated above in the introductory paragraph of this Agreement. If notice of termination is given by either party during an active billing cycle in which the municipal taxes have already been applied to the county tax statements, then such termination will not occur until January 1st of the succeeding year.

OTHER GENERAL PROVISIONS

This Agreement may be modified from time to time as deemed necessary by written consent of the parties hereto. Such modifications may include, but are not limited to the rate of compensation. Any notices to be given under this Agreement by either party shall be in writing and effected either by personal delivery or certified mail with return receipt requested. Mailed notices shall be addressed to the parties at the addresses stated in the above introductory paragraph of this Agreement. Each party may change the address for receipt of notice by giving written notice in accordance with this paragraph.

Notices delivered personally will be deemed communicated at the time of delivery. Mailed notices will be deemed communicated three (3) days after mailing (postmark date).

This Agreement shall be governed by and construed and enforced in accordance with the laws of the State of Georgia.

This Agreement shall be deemed to have been made and performed in Tift County, Georgia. For the purpose of venue, all suits or causes of actions arising out of this Agreement shall be brought in the courts of Tift County, Georgia.

Mutual Obligations

Alexander agrees to work diligently to collect and pay over all municipal taxes in a timely manner. The City agrees to timely comply with all reasonable requests of Alexander as is necessary to the performance of duties under this Agreement.

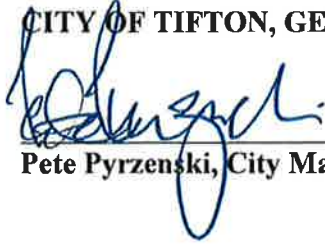
Entire Agreement of Parties

This Agreement supersedes any and all agreements between the parties with respect to the rendering of those services in any manner whatsoever. Each party acknowledges that no representations, inducements, promises, or agreements, written or oral, have been made by either party that is not embodied in this Agreement.

{SIGNATURES TO FOLLOW ON NEXT PAGE.}

IN WITNESS WHEREOF, the parties have hereunto set their hands and affixed their seals
in duplicate, each to be considered as an original, on the day and year hereinabove written.

CITY OF TIFTON, GEORGIA



Pete Pyrzenski, City Manager

TIFT COUNTY TAX COMMISSION



Chad Alexander, Tax Commissioner

TIFT COUNTY BOARD OF COMMISSIONERS



Grady Thompson, Chairman



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: TIFT COUNTY

Service: *Voter Registration & Elections - Federal, State & County*

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): **Tift County Board of Commissioners**

Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

Other (If this box is checked, **attach a legible map delineating the service area of each service provider**, and identify the government, authority, or other organization that will provide service within each service area.):

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

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

No

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

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

SDS FORM 2, continued

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

Local Government or Authority	Funding Method
Tift County Commission	Fees, fines, forfeitures, taxes, assessments, grants, donations, loans, bonds and/or miscellaneous revenues.

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

Funding Methods updated.
Service formerly called "Voters Registration/Elections".

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

Agreement Name	Contracting Parties	Effective and Ending Dates

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

N/A

7. Person completing form: **Jim Carter, Tift County Manager**
Phone number: **(229)386-7850** Date completed: September 14, 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:



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: TIFT COUNTY

Service: Voter Registration & Elections - Municipal

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service:
City of Tifton, City of TyTy & City of Omega

One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.):

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

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

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
City of Tifton	Fees, fines, forfeitures, taxes, assessments, grants, donations, loans, bonds and/or miscellaneous revenues.
City of TyTy	Fees, fines, forfeitures, taxes, assessments, grants, donations, loans, bonds and/or miscellaneous revenues.
City of Omega	Fees, fines, forfeitures, taxes, assessments, grants, donations, loans, bonds and/or miscellaneous revenues.

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

Funding Methods updated.
Service formerly called "Voters Registration/Elections".

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>
Agreement for Elections	Tift County, Tifton, TyTy & Omega	

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: **Jim Carter, Tift County Manager**
Phone number: **(229) 386-7850** Date completed: September 14, 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:

AGREEMENT
FOR THE PROVISION AND FUNDING OF ELECTION SERVICES

This Agreement, made and entered into by and among Tift County, Georgia (the “County”) and the City of Tifton (the “City”) pursuant to authority granted by Article IX, Section III, Paragraph I of the Georgia Constitution;

WITNESSETH:

WHEREAS, O.C.G.A. § 21-2-45(c) permits the City to authorize the County to conduct any or all City elections (“ELECTION Services”); and

WHEREAS, presently, the County is the sole provider of ELECTION Services for both the unincorporated residents of Tift County and the incorporated residents of the City of Tifton; and

WHEREAS, the County intends to continue to provide ELECTION Services for both the unincorporated residents of Tift County and the incorporated residents of the City of Tifton; and

WHEREAS, the City likewise desires that the County continue to provide ELECTION CONTROL services to incorporated residents of Tifton per an intergovernmental agreement, and

WHEREAS, the County will fund the cost of the provision of ELECTION CONTROL Services to the incorporated residents of the City as hereafter provided;

NOW, THEREFORE, for and in consideration of the covenants and agreements hereinafter stated, the County and the City agree as follows:

Section 1. Provision of Services

1.1. The County shall provide ELECTION Services to the municipal residents of the City of Tifton by intergovernmental agreement.

1.2. For purposes of this Agreement, ELECTION Services shall mean the conducting of all municipal elections, to be provided through the County's Board of Elections. ELECTION Services includes the following functions: election planning, preparation of ballot layout for absentee and provisional ballots, hiring personnel, providing special instructions to poll workers, programming election equipment, preparing electors list, consolidating returns, conducting absentee voting, ordering and packing supplies, training poll workers, and such other reasonable and necessary duties required for the proper conduction of elections.

Section 2. Funding

2.1. For the purposes of funding the cost of ELECTION Services provided, the City will pay the County the actual costs incurred in conducting the municipal elections, including any runoffs. Said costs include but are not limited to, costs of publications, costs of sample, absentee, provisional and duplicator ballots, costs of printing all ballots, area supervisor's salary for the time during the election, election personnel compensation, costs of absentee ballots (staff, postage and paper), cost of State mandated training for Supervisor, costs of training and compensation for poll workers. All such costs and expenses shall be prorated should there be national, state, county and matters other than City matters on the ballot.

The City shall promptly (within 30 days of the City's receipt of the actual costs) reimburse the County for all of the aforementioned costs incurred. If the costs are projected to exceed \$15,000.00, then the County or the County's Board of Elections shall notify the City.

Section 3. Facilities, Equipment, Staffing

3.1. The County shall maintain the facilities for the provision of ELECTION Services at a location or locations determined by the County to be adequate for the provision of ELECTION Services in accordance with this Agreement.

3.2. The County shall equip and staff the facility or facilities sufficient for the provision of ELECTION Services.

3.3. The cost of constructing and/or the financing of the construction of any new or additional facility or facilities for the provision of ELECTION Services may be considered in establishing a Capital Improvement Fund Budget and paid from the Special Purpose Local Option Sales Tax ("SPLOST.")

3.4. In conjunction with the negotiation of any future SPLOST, the County and the City shall consider and seek agreement upon allocations of the proceeds of such tax for funding capital improvements for the provision of ELECTION Services to be allocated and paid from said funds.

Section 4. General Provisions

4.1. This Agreement shall become valid upon the approval and execution by the County and the City.

4.2. The Agreement shall be effective on October 1, 2020.

4.3. The term of this Agreement shall be ten (10) years unless this Agreement is sooner terminated by any party consistent with the termination provision set forth herein.

4.4. This Agreement supersedes all prior agreements between the County and the City concerning the provision and funding of ELECTION Services.

4.5. This Agreement shall be governed and construed in accordance with the laws of the State of Georgia.

4.6. If any provision of this Agreement or application thereof to any person or circumstance shall, to any extent, be invalid, then such provision shall be modified, if possible, to fulfill the intent of the parties as reflected herein. The remainder of this Agreement, or the application of such provision to circumstances other than those as to which is held invalid, shall not be affected thereby, and each provision of this Agreement shall be valid and enforced to the fullest extent permitted by law.

4.7. Nothing contained in this Agreement shall create a contractual relationship with or a cause of action in favor of a third party against the parties hereto.

4.8. No waiver by a party of any default by another party in the performance of any provision of this Agreement shall operate as or to be construed as a waiver of any future default, whether like or in a different character.

4.9. Nothing in this Agreement shall waive any immunity benefiting the parties which may now or hereinafter exist.

4.10 Either party may terminate this Agreement on June 1st of any year if written notice is provided to the other party at least 180 days before June 1st. If the notice is given within 180 days of June 1st, termination shall not be effective until the following June 1st.

IN WITNESS WHEREOF, the County and the City have caused these presents to be signed by their respective proper authorities and the seals of the County and the City to be affixed hereof.

COUNTY OF TIFT, GEORGIA

By: 
Grady Thompson, Jr., Chairman

(Seal)

Attest: Miriam B. Jordan
Clerk

MUNICIPALITY OF TIFTON, GEORGIA

By: 
Julie Smith, Mayor

(Seal)

Attest: Jessica White
Clerk





SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY: TIFT COUNTY

Service: *Water and Wastewater Services*

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

Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.):

One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.):

Other (If this box is checked, **attach a legible map delineating the service area of each service provider**, and identify the government, authority, or other organization that will provide service within each service area.): **The Tifton-Tift County Water-Wastewater Department currently provides water and wastewater services to municipal and unincorporated customers per the 2005 Water and Wastewater IGA. On March 6, 2017, the City of Tifton gave Tift County notice that it was terminating the 2005 Interlocal Agreement. The IGA between Tift County and Tifton to deliver water and wastewater service is subject to revision upon the outcome of civil action identified in paragraph number (6) of this form. TyTy and Omega independently provide water and wastewater services.**

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

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

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
City of Tifton	Tifton-Tift County Joint Water/Wastewater Enterprise Funds, SPLOST, Grants
Tift County Commission	Tifton-Tift County Joint Water/Wastewater Enterprise Funds, SPLOST, Grants
City of Omega	City Enterprise Fund, SPLOST, Grants
City of TyTy	City Enterprise Fund, SPLOST, Grants

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

Name Change

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>
Addenda 11 to Interlocal	Tift County & City of Tifton	2/13/2005 - In Dispute
Agreement for the Cooperative		
Provision of Services		
1/12/1999		

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?

There is pending in the Superior Court of Tift County a Declaratory Judgement action wherein the Court will decide whether the City of Tifton has legally terminated the interlocal agreement between Tift County and the City of Tifton. Upon the Court entering its Judgement, the service delivery strategy for water and wastewater services may need revision. Approval of this Form or SDS in general, or any extension of the SDS, in no way constitutes a waiver of any of the City's or County's claims in said legal action.

7. Person completing form: **Jim Carter, Tift County Manager**
 Phone number: **(229) 386-7850** Date completed: September 14, 2020

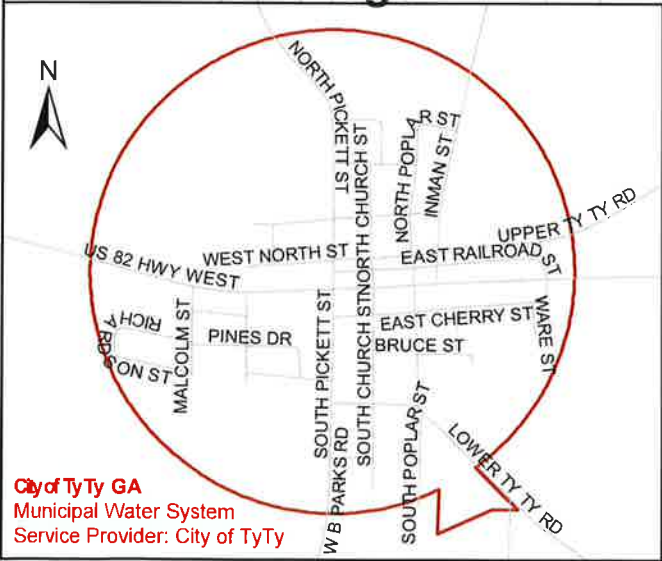
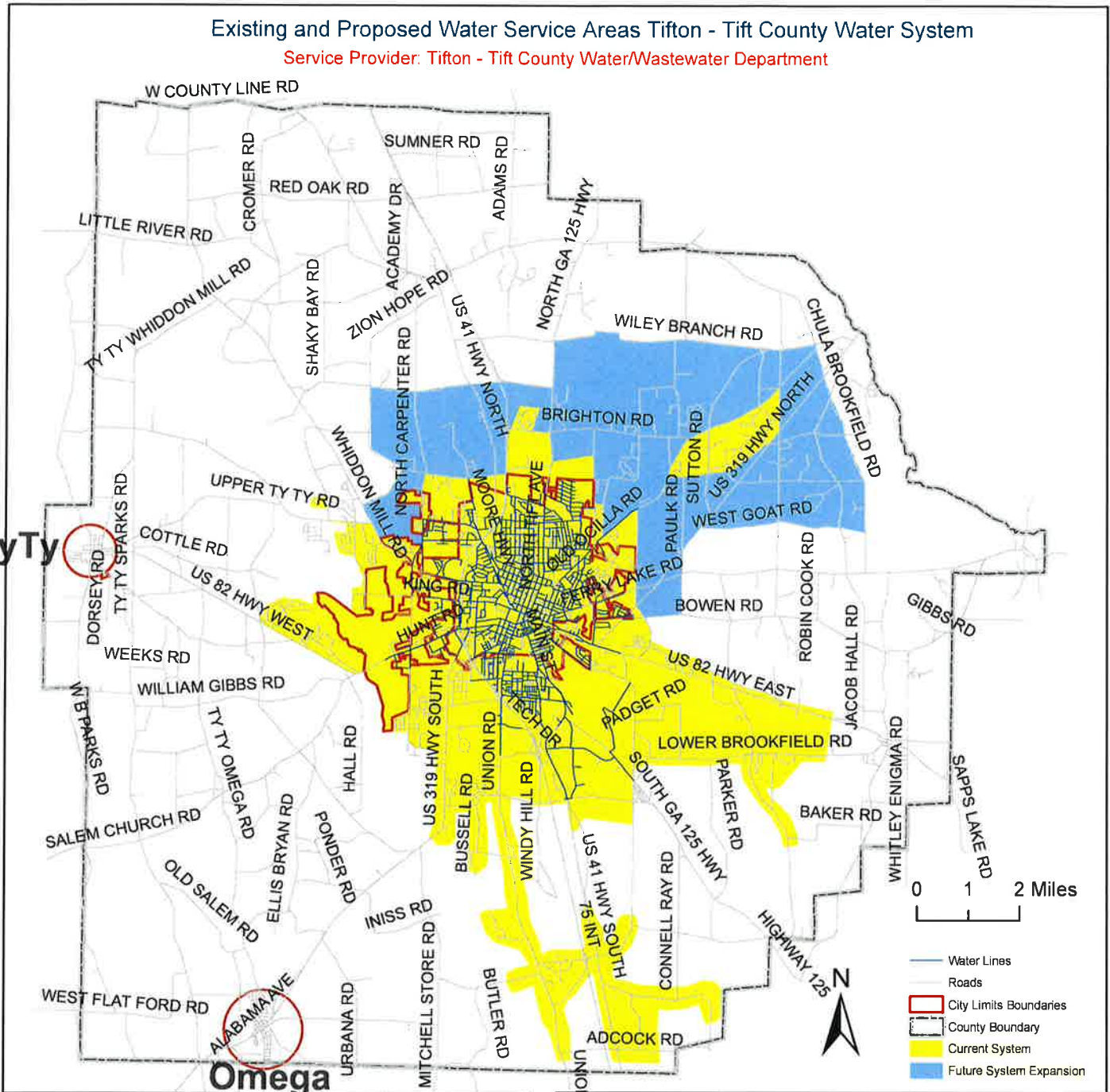
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? Yes No

If not, provide designated contact person(s) and phone number(s) below:
PETE PYRZENSKI, CITY MANAGER, CITY OF TIFTON (229) 391-3937

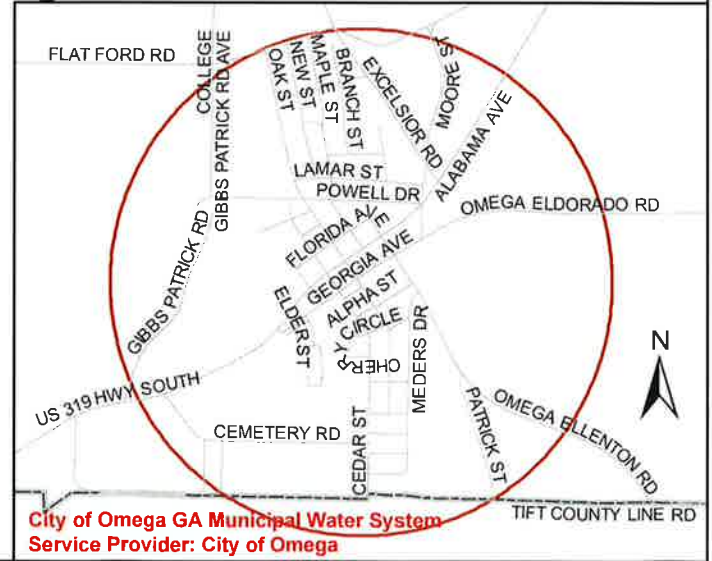
Existing and Proposed Water Service Areas Tifton - Tift County Water System

Service Provider: Tifton - Tift County Water/Wastewater Department

TyTy



City of TyTy GA
Municipal Water System
Service Provider: City of TyTy



City of Omega GA Municipal Water System
Service Provider: City of Omega

CITY OF TIFTON, GEORGIA
RESOLUTION NO. 2005-035A

TIFT COUNTY, GEORGIA
RESOLUTION NO. 2005-14

[Joint Resolution Regarding Interlocal Agreement
for the Cooperative Provision of Services - Water and Wastewater]

A JOINT RESOLUTION OF THE CITY COUNCIL OF THE CITY OF TIFTON, GEORGIA, AND OF THE BOARD OF COMMISSIONERS OF TIFT COUNTY, GEORGIA AUTHORIZING THE IMPLEMENTATION OF AN INTERLOCAL AGREEMENT FOR THE COOPERATIVE PROVISION OF SERVICES.

WHEREAS, the City of Tifton and Tift County, Georgia, have previously entered into that certain Interlocal Agreement for the Cooperative Provision of Services in accordance with the mutually beneficial discussions begun under house Bill 489; and

WHEREAS, the City and County continue to seek the identification of opportunities to eliminate duplicative services and increase the efficiency of service delivery to the citizens and taxpayers of the City and County; and

WHEREAS, the City and County are authorized to provide such services through the vehicle of an interlocal agreement under the provisions of the Constitution of the State of Georgia, 1983, Article IX, Section III, paragraph 1; and

NOW THEREFORE BE IT RESOLVED by the City of Tifton and Tift County, Georgia, acting through the Tifton City Council and the Tift County Board of Commissioners that the City and County enter into Addenda No. 11 [Water and Wastewater] to the hereinabove referenced omnibus Interlocal Agreement [such Addenda being attached hereto as Exhibit A] and incorporated herein by reference, and the respective elected officials of the City of Tifton and Tift County, Georgia, are authorized to execute such agreements.

Read and passed at a joint meeting of the City Council of the City of Tifton and the Board of Commissioners of Tift County, Georgia, held on July 25, 2005.

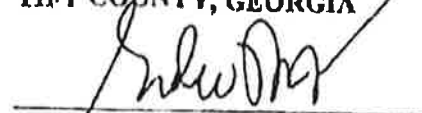
CITY OF TIFTON, GEORGIA


Paul O. Johnson, Mayor
City of Tifton

Attest:


Rona Martin
City Clerk

TIFT COUNTY, GEORGIA


Grady Thompson, Chairman
Board of Commissioners

Attest:


Brenda Henning
County Clerk

ADDENDA NO. 11 [WATER AND WASTEWATER]

To that certain Interlocal Agreement between the City of Tifton and Tift County dated January 12, 1999.

In a continued effort to increase efficiencies and economies for the citizens and taxpayers of both local governments, the City of Tifton (the "City") and Tift County (the "County") have reached an agreement with regard to the handling of water and wastewater. Effective ^{August} July 1, 2005, the respective water and wastewater functions of the City and County shall be combined and performed jointly with the operation and cost of such functions being provided as follows:

1. Enterprise Fund: The City shall operate an enterprise fund for water and wastewater which fund shall receive all water and wastewater payments and which shall pay all water and wastewater expenses. This fund shall not be subsidized from the general fund revenues of the City or the County and the City shall set rates accordingly. On or before July 1, 2006, the City and the County shall cooperatively develop and adopt a strategic plan providing for expansion and operation of a joint water/wastewater system in a manner to best serve all residents of the City and the County. As soon as reasonably practicable following the execution of this document, the City and County will work toward a rate schedule to equalize rates [not including basin specific fees designated for capital expenditure retirement] between the City and County water/wastewater systems to insure that the enterprise fund becomes self-sustaining (see Paragraph 9 herein with regard to rates). Capital

expenditure shall be defined and be consistent with the defined term "Capital Extension" as set forth in paragraph 3 hereof.

2. Strategic Planning: The strategic plan referenced in Paragraph 1 above, as well as ongoing strategic planning, will be a joint function of the City and the County. The mutual goal sought by the parties through this planning process will be to determine the best manner to serve the residents of Tift County through a joint water/wastewater system without consideration of whether such residents are located within or outside the geographical limits encompassing the City of Tifton. In determining the proposed timing of expansion of the system, consideration will be given to the needs of all residents of the County, as well as the resources contributed by the City and the County to the enterprise fund. The strategic plan is to be a joint effort of the County and the City and will be recommended by a committee comprised of two elected officials from the City and two elected officials from the County, together with the City Manager and County Manager as ex-officio members of the committee; and, any such recommendation must then be adopted by their respective Council and Commission. The strategic plan will set out as far as reasonably practicable a plan for the long term expansion/operation of the water and wastewater system, but shall allow sufficient administrative flexibility to accommodate developmental expansion by staff without additional authorization. Administrative flexibility and actions pursuant thereto shall be reviewed by the committee herein referenced semi-annually or as needed.

3. Extensions: The City Manager and County Manager and their staffs shall cooperate in developing and implementing "basic extensions" and "system improvements" using the strategic plan as a general guide; but both the City Council and the County Board of

Commissioners must approve any revisions or modifications to the strategic plan as well as any "capital extension" or "economic extension." The terms related to extensions introduced in this paragraph are hereby defined as follows:

Capital Extension: Capital Extension is a programmed/planned extension that is part of a long range capital improvement program for the water and/or wastewater system. The improvements to be constructed are to improve overall operation, enlarge customer base and service area, aid in economic development, and provide fire protection. These projects can be funded through SPLOST, Capital Revenues, and/or Loans/Grants.

Economic Extension: Economic extension is an extension to accommodate a proposed industrial, commercial, or residential customer. These extensions can be funded through Capital Revenues, SPLOST, Loans/Grants, and/or a private developer or individual.

System Improvement: System improvement is an extension or improvement that is part of the current budget year. The project may be an extension or replacement of an existing water or sewer main within the service area. The work is to improve overall quality, eliminate maintenance problems, or improve reliability of the water system. These improvements are to be paid for out of budget funds.

Basic Water Extension: Basic water or sewer extension is a customer requested extension, normally 1,000 feet or less, which accommodates an immediate development of a specific project. This extension is paid for by the customer, the developer or other external sources, but shall not be amortized into basic rates.

4. Budgets: All water and wastewater functions shall be accounted for upon execution of this agreement and creation of the enterprise fund contemplated hereby and all accounting with regard to said functions shall be accomplished through said fund. The appropriate allocation of indirect expenses to this joint service shall be made through the budget of this fund which shall be created annually. Annual audits of the fund shall be obtained in accordance with established requirements as to audits of components of the parties

hereto. The annual operating budget shall be prepared in accordance with established policies and procedures within the City and County. Annually, upon request, an operations report will be presented to the Service Delivery Coordination Committee.

5. Equipment: The County shall allow the City to operate its infrastructure and equipment as part of this agreement; however, the County shall retain title to its infrastructure and equipment. Infrastructure or equipment purchased through the enterprise fund, in the event of termination of this agreement, shall be returned to the City or to the County in proportions equal to revenues received from customers within the City and/or within the unincorporated portions of the County based upon the most recent audited fiscal year or from SPLOST funds contributed by the respective parties. If division is impracticable, such property shall be sold and the proceeds divided proportionately as set forth in this paragraph.

6. Debt: It is the intent of this agreement that debt service as to debts owed by the City and the County associated with their respective water and wastewater functions shall be paid from the enterprise fund anticipated by this agreement.

7. Tift County Water and Sewerage Authority: The County represents and warrants that it holds a long term lease on the equipment used by its water system from the Tift County Water and Sewerage Authority, which owns the equipment and infrastructure referenced in Paragraph 5 hereinabove, and that it will take those legal measures necessary to accommodate this agreement with the City. The County warrants that it has the legal authority to assign its interest in the equipment and infrastructure referenced herein for the specific use contemplated by Paragraph 5 of this Agreement.

8. Personnel: Water and wastewater service functions shall be performed with persons employed by the City. The County Manager shall be authorized to initiate the disciplinary process with respect to any employee involved in these functions should performance with regard to County matters be unacceptable. With respect to personnel, this agreement shall be covered by the provisions of City Resolution 99-13 adopted February 1, 1999 in accord with the Omnibus Interlocal Agreement between the City and the County following House Bill 489 application.

9. Rates: It is the goal of the parties to equalize rates as soon as possible taking into consideration the current respective investment and debt retirement obligations of the parties. The parties currently anticipate that rates can be equalized in the time frame of five to ten years from the effective date of this agreement. A comprehensive rate study shall continue to be held once every five years, but either party may request interim rate studies at any time.

10. Support of Public Utilities: The parties shall support the efforts of each party to maximize customer base for publicly owned utilities through marketing core utilities and infrastructures.

11. Termination: Either party hereto may terminate this agreement upon one (1) years written notice to the chief elected official and manager of the other party. Upon termination, all extra-territorial service agreements in place as of June 1, 2005 shall once again be effective.

Any issue which may devolve in the operation of this service shall be referred to the Service Delivery Coordination Committee for resolution.

Approved by Resolution of the City Council of the City of Tifton on 7/25/05 authorizing the City Manager to execute the within and foregoing Agreement on behalf of the City of Tifton

CITY OF TIFTON

BY: 
CHARLES H. HOWELL
CITY MANAGER

Approved by Resolution of the Board of Commissioners of Tift County, Georgia on 7/25/05 authorizing the County Manager to execute the within and foregoing Agreement on behalf of Tift County, Georgia

**BOARD OF COMMISSIONERS
OF TIFT COUNTY, GEORGIA**

BY: 
BILL PARK
COUNTY MANAGER

H:\DATA\MSWORD\GRR\423\05196\Addenda\1-1-Water/Wastewater rev 7-22-05.doc\jb

CITY OF TIFTON, GEORGIA
RESOLUTION NO. 2007- 10

[Resolution Regarding Adoption of Strategic Plan in Furtherance of Interlocal Agreement for the
Cooperative Provision of Services – Amendment to Water and Wastewater Agreement]

**A RESOLUTION OF THE CITY COUNCIL OF THE CITY OF TIFTON, GEORGIA
AUTHORIZING THE IMPLEMENTATION OF AN INTERLOCAL AGREEMENT FOR
THE COOPERATIVE PROVISION OF SERVICES.**

WHEREAS, the City of Tifton and Tift County, Georgia, have previously entered into the Interlocal Agreement for the Cooperative Provision of Services in accordance with the mutually beneficial discussions begun under House Bill 489; and


WHEREAS, the City and County continue to seek the identification of opportunities to eliminate duplicative services and increase the efficiency of service delivery to the citizens and taxpayers of the City and County; and

WHEREAS, the City and County are authorized to provide such services through the vehicle of an interlocal agreement under the provisions of the Constitution of the State of Georgia, 1983, Article IX, Section III, paragraph 1; and

NOW THEREFORE, BE IT RESOLVED, by the City of Tifton acting through the Tifton City Council that the City enter with the County into Addenda No. 11A [First Amendment to Water and Wastewater Agreement] to the hereinabove referenced omnibus Interlocal Agreement [such Addenda being attached hereto as Exhibit A] and incorporated herein by reference, and the Assistant to the City Manager of the City of Tifton is authorized to execute such agreement.

Read and passed at a meeting of the City Council of the City of Tifton held on the 8th
day of June, 2007.

CITY OF TIFTON, GEORGIA


Paul O. Johnson
Mayor, City of Tifton

Attest:


Ronn Martin
Clerk



SERVICE DELIVERY STRATEGY

FORM 3: Summary of Land Use Agreements

Instructions:

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

COUNTY: TIFT COUNTY

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

None

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

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

If "other measures" was checked, describe these measures:

N/A

NOTE:

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

3. What policies, procedures and/or processes have been established by local governments (and water and sewer authorities) to ensure that new extraterritorial water and sewer service will be consistent with all applicable land use plans and ordinances? There is pending in the Superior Court of Tift County a Declaratory Judgment action wherein the Court will decide whether the City of Tifton has legally terminated the interlocal agreement between Tift County and the City of Tifton. Upon the Court entering its judgment, the service delivery strategy for water and wastewater services may need revision. Approval of this Form or SDS in general, or any extension of the SDS, in no way constitutes a waiver of any of the City or County's claims in said legal action. All extraterritorial water and sewer services under the Interlocal Agreement and under the 1987 Water Agreement are consistent with all applicable land use plans and ordinances.

4. Person completing form: **Jim Carter, Tift County Manager**

Phone number: **(229) 386-7850** Date completed: September 14, 2020

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

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



SERVICE DELIVERY STRATEGY

FORM 4: Certifications

Instructions:

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

COUNTY: TIFT COUNTY

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

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

JURISDICTION	TITLE	NAME	SIGNATURE	DATE
<u>TIFT COUNTY</u>	CHAIRMAN	GRADY THOMPSON		10-28-20
<u>CITY OF OMEGA</u>	MAYOR	RAY HUNT		11-5-2020
<u>CITY OF TIFTON</u>	MAYOR	JULIE SMITH		11.02.2020
<u>CITY OF TYTY</u>	MAYOR	J. KEITH BEASLEY		11-9-2020