

**A RESOLUTION OF THE BOARD OF COMMISSIONERS OF CATOOSA COUNTY
FOR THE PURPOSE OF AUTHORIZING AN INTERGOVERNMENTAL
AGREEMENT WITH THE CITY OF FORT OGLETHORPE, GEORGIA AND THE
CITY OF RINGGOLD, GEORGIA TO ADOPT THE 2021 SERVICE DELIVERY
STRATEGY UPDATE AND FOR OTHER PURPOSES.**

WHEREAS, Catoosa County and the Municipalities of Fort Oglethorpe, Georgia and Ringgold, Georgia adopted a Service Delivery Strategy pursuant to the requirements set forth by the General Assembly in House Bill 489 (codified at OCGA § 36-70-20), which original document was executed in 1999 and most recently amended in 2011; and

WHEREAS, pursuant to the provisions of OCGA § 36-70-28 (b), Catoosa County and its Municipalities are required to review and revise, if necessary, the County's Joint Service Delivery Strategy in conjunction with the updates to the Joint Comprehensive Plan, which must be updated every ten (10) years; and

WHEREAS, Catoosa County and the Municipalities of Fort Oglethorpe, Georgia and Ringgold, Georgia have mutually agreed to the services as outlined within the Service Delivery Strategy, as updated; and

WHEREAS, upon its approval and certification, the updated Service Delivery Strategy shall be submitted to the State of Georgia for review and approval; and

WHEREAS, the Service Delivery Strategy is deemed to be a vital tool in ensuring that all citizens of the County and its Municipalities are provided necessary public services.

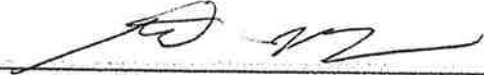
NOW THEREFORE, BE IT HEREBY RESOLVED, by the Board of Commissioners of Catoosa County that the Intergovernmental Agreement with the City of Fort Oglethorpe, Georgia and the City of Ringgold, Georgia to adopt the 2021 Service Delivery Strategy Updates as presented is hereby approved and authorization is provided to submit the same to the State for review and approval; and

BE IT FURTHER RESOLVED, that the Chairman of the Board of Commissioners is hereby authorized to execute any and all documents on behalf of Catoosa County which are necessary or convenient to carry out the provisions of this Resolution.

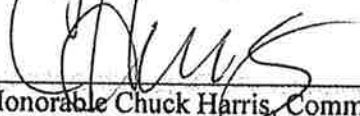
SO RESOLVED THIS 6TH DAY OF APRIL, 2021.


[SIGNATURES ON FOLLOWING PAGE]

CATOOSA COUNTY BOARD OF COMMISSIONERS

BY: 
Honorable Steven Henry, Chairman


BY: 
Honorable Jeff Long, Commissioner

BY: 
Honorable Chuck Harris, Commissioner

BY: 
Honorable Vanita Hullander, Commissioner

BY: 
Honorable Charlie Stephens, Commissioner

ATTEST:


Melissa N. Hannah, Clerk

07/10/2021

RESOLUTION NO. 2021 - 03

**MAYOR AND COUNCIL FOR THE CITY OF FORT OGLETHORPE
SERVICE DELIVERY STRATEGY RESOLUTION**

A RESOLUTION OF THE MAYOR AND COUNCIL FOR THE CITY OF FORT OGLETHORPE FOR THE PURPOSE OF AUTHORIZING AN INTERGOVERNMENTAL AGREEMENT WITH THE BOARD OF COMMISSIONERS OF CATOOSA COUNTY, THE MAYOR AND COUNCIL FOR THE CITY OF RINGGOLD, AND THE CATOOSA COUNTY ECONOMIC DEVELOPMENT AUTHORITY TO ADOPT THE 2021 SERVICE DELIVERY STRATEGY UPDATE AND FOR ALL OTHER PURPOSES.

WHEREAS, Catoosa County and the Municipalities of the City of Fort Oglethorpe and the City of Ringgold adopted a Service Delivery Strategy pursuant to the requirements set forth by the General Assembly in House Bill 489 (codified at OCGA § 36-70-20) which original document was executed in 1999 and amended in 2010; and

WHEREAS, pursuant to the provisions of O.C.G.A. § 36-70-28(b), Catoosa County and its municipalities are required to review, and revise if necessary, the County's Joint Service Delivery Strategy in conjunction with the updates to the Comprehensive Plan which must be updated every ten (10) years; and

WHEREAS, Catoosa County, the City of Fort Oglethorpe, the City of Ringgold, and the Catoosa County Economic Development Authority have mutually agreed to the services as outlined within the Service Delivery Strategy as updated; and

WHEREAS, upon its approval and certification, the Service Delivery Strategy shall be submitted to the State of Georgia for review and approval; and

WHEREAS, the Service Delivery Strategy is deemed to be a vital tool in ensuring that all citizens of the county and its municipalities are provided necessary public services.


NOW THEREFORE BE IT RESOLVED, that the Mayor and Council of the City of Fort Oglethorpe does hereby authorize the entry into an intergovernmental agreement with the Board Of Commissioners of the County Of Catoosa, the Mayor and Council For the City Of Ringgold, and the Catoosa County Economic Development Authority to adopt the 2021 Service Delivery Strategy Updates as presented and authorizes said document to be submitted to the State for review and approval.

PASSED, ADOPTED, SIGNED, APPROVED, and EFFECTIVE, THIS ^{26th} 12TH DAY OF APRIL 2021.

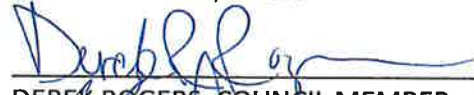
MAYOR AND COUNCIL OF THE CITY OF FORT OGLETHORPE



EARL GRAY, MAYOR



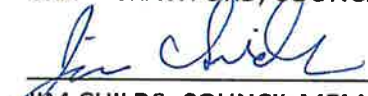
RHONDA JAMES, COUNCIL LADY



DEREK ROGERS, COUNCIL MEMBER



CRAIG CRAWFORD, COUNCIL MEMBER




JIM CHILDS, COUNCIL MEMBER



PAULA STINNETT, MAYOR PRO TEM

ATTEST:



CAROL MURRAY, CITY CLERK

SERVICE DELIVERY STRATEGY RESOLUTION

A RESOLUTION OF THE MAYOR AND COUNCIL OF THE CITY OF RINGGOLD FOR THE PURPOSE OF AUTHORIZING AN INTERGOVERNMENTAL AGREEMENT WITH THE CITY OF FORT OGLETHORPE, GEORGIA AND THE BOARD OF COMMISSIONERS OF CATOOSA COUNTY, GEORGIA AND THE CATOOSA COUNTY ECONOMIC DEVELOPMENT AUTHORITY TO ADOPT THE 2021 SERVICE DELIVERY STRATEGY UPDATE AND FOR OTHER PURPOSES.

WHEREAS, Catoosa County and the Municipalities of Fort Oglethorpe, Georgia and Ringgold, Georgia adopted a Service Delivery Strategy pursuant to the requirements set forth by the General Assembly in House Bill 489 (codified at OCGA § 36-70-20) which original document was executed in 1999 and amended in 2011; and

WHEREAS, pursuant to the provisions of OCGA § 36-70-28 (b), Catoosa County and its municipalities are required to review, and revise if necessary, the County's Joint Service Delivery Strategy in conjunction with the updates to the Comprehensive Plan which must be updated every ten years; and

WHEREAS, Catoosa County and the Municipalities of Fort Oglethorpe, Georgia and Ringgold, Georgia and the Economic Development Authority have mutually agreed to the services as outlined within the Service Delivery Strategy as updated; and

WHEREAS, upon its approval and certification the Service Delivery Strategy shall be submitted to the State of Georgia for review and approval; and

WHEREAS, the Service Delivery Strategy is deemed to be a vital tool in ensuring that all citizens of the county and its municipalities are provided necessary public services.

NOW THEREFORE BE IT RESOLVED, and it is hereby resolved by the Mayor and Council of the City of Ringgold does hereby authorize the entry of an intergovernmental agreement with The Board of Commissioners of the County of Catoosa, The Mayor and Council for the City of Fort Oglethorpe, Georgia and the Catoosa County Economic Development Authority to adopt the 2021 Service Delivery Strategy Updates as presented and authorizes said document to be submitted to the State for review and approval.

SO ADOPTED this 26th day of April 2021, YEAR.

ATTEST



CLERK

THE CITY OF RINGGOLD



MAYOR

GOVERNMENT SERVICES PRESENTLY PROVIDED OR FUNDED BY LOCAL GOVERNMENT
2021

Service Offered	Catoosa County	City of Ringgold	City of F.O.	Updated
Sewer		X	X	2001
Sheriff Department	X			1999
Solid Waste Management	X			2011
SPLOST Administration	X			1999
Storm Water Management	X	X	X	1999
Tax Assessment	X			1999
Tax Collection	x	x	x	1999
Tourism		X	X	1999
Transportation	X			1999
Water	X	X	X	1999



SERVICE DELIVERY STRATEGY

FORM 1

COUNTY: , **CATOOSA 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 style="background-color: #333; color: white; padding: 10px; margin-top: 10px;"> <p><i>For answers to most frequently asked questions on Georgia's Service Delivery Act, links and helpful publications, visit DCA's website at http://www.dca.ga.gov/development/PlanningQualityGrowth/programs/servicedelivery.asp, or call the Office of Planning and Quality Growth at (404) 679-5279.</i></p> </div>

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

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

Catoosa County, Georgia; City of Fort Oglethorpe; City of Ringgold; Catoosa Utility District Authority; Catoosa County Economic Development Authority; City of Fort Oglethorpe Downtown Development Authority; City of Ringgold Downtown Development Authority

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

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

Animal Control Service; Archives and Records; Alcoholic Beverage Control; Building Inspection Service; Chamber of Commerce; Child Abuse Protocol; Commodities Distribution; Courts (County); Courts (Municipal); D.A.R.E; Department of Family and Childrens Services (DFACS); Drug Task Force; E-911 Service; Economic Development; Emergency Management Service; Erosion Control; Extension Service; Family Connection Service; Family Crisis Service; Fire Inspection Service; Food Pantry; Food Service Inspection; Health Department; Jail; Law Enforcement; Library Service; Parks and Recreation; Planning and Zoning; Property Appraisals and Assessments; Road and Street Maintenance; Sewer Service; Solid Waste Collection; Stormwater; Tax Collection; Transportation; and Water Service

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.

Fire Protection Service (revised); Elections (revised); Emergency Medical Service (revised); Civic Center (new service added); Hospital (No longer Provided), Recycling (Revised); Senior Center Programs (revised), Solid Waste Disposal (No longer provided); Downtown Development (new service added); Indigent Defense (revised); Museum (revised);



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: CATOOSA

Service: CIVIC 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.):
- 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.): **Type Name of Government, Authority or Organization Here**
- 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: **Type Name of Government, Authority or Organization Here**
- 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.): **Catoosa County, City of Ringgold**
- 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.): **Type Name of Government, Authority or Organization Here**

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>
CATOOSA COUNTY	GENERAL FUND, USER FEES
CITY OF RINGGOLD	GENERAL FUND, USER FEES AND HOTEL/MOTEL TAX
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here

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

Catoosa County constructed a civic center in 2001 using SPLOST funds. The Colonnade is a venue that provides space for corporate and social events. The facility provides approximately 11,800 square feet of space which includes a Conference Room, Banquet Hall, Multi-Functional Meeting Space, and 518 Seat Theater. No change in service level is expected and no change in funding arrangements are expected. The City of Ringgold has two civic centers that provides space for corporate, social events and city festivals. The Ringgold Depot provides 6,000 square feet of space which includes Conference Room, Banquet Hall and Stage. Patriot Hall provides 4,700 square feet of space which includes a Banquet Hall and a Stage.

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>
	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End

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?

Provide Details Here

7. Person completing form: **Dan Wright, Ringgold City Manager**
Phone number: **706-965-0564** Date completed: 04-15-2021

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

If not, provide designated contact person(s) and phone number(s) below:
TYPE CONTACT NAME, TITLE & PHONE HERE



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: CATOOSA

Service: *Downtown Development*

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.): **Type Name of Government, Authority or Organization Here**

- 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.): **Type Name of Government, Authority or Organization Here**

- 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 Fort Oglethorpe, Downtown Development Authority of the City of Fort Oglethorpe, City of Ringgold and the Downtown Development Authority of the City of Ringgold**)

- 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.): **Type Name of Government, Authority or Organization Here**

- 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.): **Type Name of Government, Authority or Organization Here**

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 Fort Oglethorpe	General Fund, Grants
DDA of City of Fort Oglethorpe	General Fund, Grants
City of Ringgold	General Fund, Grants
DDA of City of Ringgold	General Fund, Fundraiser, Grants
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here

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

This service was not identified in previous service delivery strategy reporting.

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>
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End

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?

Provide Details Here

7. Person completing form: **Dan Wright, Ringgold City Manager**
Phone number: **706-935-1503** Date completed: 04-15-2021

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

If not, provide designated contact person(s) and phone number(s) below:
TYPE CONTACT NAME, TITLE & PHONE HERE



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:CATOOSA

Service:ELECTIONS

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.): **Catoosa County**
- 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.): **Type Name of Government, Authority or Organization Here**
- 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: **Type Name of Government, Authority or Organization Here**
- 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.): **Type Name of Government, Authority or Organization Here**
- 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.): **Type Name of Government, Authority or Organization Here**

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>
CATOOSA COUNTY	GENERAL FUND
CITY OF RINGGOLD	GENERAL FUND
CITY OF FORT OGLETHORPE	GENERAL FUND
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here

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

In April 2018 Catoosa County and the City of Ringgold entered into an agreement for Catoosa County Elections to perform all election services for the City of Ringgold. In January, 2019 Catoosa County and the City of Fort Oglethorpe entered into an agreement for Catoosa County Elections to perform all election services for the City of Fort Oglethorpe. Prior to these agreements each city handled their own election services. This consolidated service will be funded through the county's general fund and through a fee schedule for the cities set forth in individual IGA's with each city. This will provide for a more efficient process and will provide a lower cost of service for the city residents.

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>
IGA City of Ringgold	Catoosa County & City of Ringgold	04/23/2018 -04/23/2068
IGA City of Fort Oglethorpe	Catoosa County & City of Fort Oglethorpe	01/14/2019 - 01/14/2069
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End

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?

Provide Details Here

7. Person completing form: **Alicia Vaughn**
Phone number: **706-965-0564** Date completed: 03/09/2021

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

If not, provide designated contact person(s) and phone number(s) below:
TYPE CONTACT NAME, TITLE & PHONE HERE



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:CATOOSA

Service:EMERGENCY MEDICAL 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.):**PUCKETT EMERGENCY MEDICAL SERVICES, LLC. THROUGH AN AGREEMENT WITH CATOOSA COUNTY**

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.): **Type Name of Government, Authority or Organization Here**

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: **Type Name of Government, Authority or Organization Here**

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.): **Type Name of Government, Authority or Organization Here**

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.): **Type Name of Government, Authority or Organization Here**

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>
CATOOSA COUNTY	GENERAL FUND, USER FEES

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

Emergency medical service was previously provided County-wide through an agreement between Catoosa County and Angel Medical Services LLC. In 2019 the county issued an RFP for the service and Puckett Emergency Medical Services LLC was awarded a County-wide contract. No change is anticipated with the level of service for this item and no change is anticipated for the funding mechanism for this item.

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 Ambulance	Catoosa County and Puckett EMS, LLC	04/01/2019 - OPEN
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End

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?

Provide Details Here

7. Person completing form: **Alicia Vaughn, County Manager**
Phone number: **706-965-0564** Date completed: 03/04/2021

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

If not, provide designated contact person(s) and phone number(s) below:
TYPE CONTACT NAME, TITLE & PHONE HERE



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:CATOOSA	Service:FIRE PROTECTION
----------------	-------------------------

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.): **Catoosa County**
 - 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.): **Type Name of Government, Authority or Organization Here**
 - 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: **Type Name of Government, Authority or Organization Here**
 - 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.): **Type Name of Government, Authority or Organization Here**
 - 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.): **Type Name of Government, Authority or Organization Here**

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>
CATOOSA COUNTY	GENERAL FUND, USER FEES-Insurance Premium Tax
CITY OF FORT OGLETHORPE	USER FEES-Insurance Premium Tax
CITY OF RINGGOLD	USER FEES-Insurance Premium Tax
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here

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

In order to avoid unnecessary duplication of fire protection services and to increase efficiency in providing this service the county consolidated fire service county wide in January 2020 through an IGA with the City of Fort Oglethorpe. Prior to the consolidation the county provided fire protection services in the City of Ringgold through an IGA and the City of Fort Oglethorpe operated their own fire department within the city limits of Fort Oglethorpe and in portions of uninc. Catoosa. The same or greater level of service is anticipated and this change will eliminate the need for funding from Fort Oglethorpe's General Fund.

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>
IGA reg Fire Services	Catoosa County & City of Fort Oglethorpe	01/01/2020 - 01/01/2070
IGA reg Fire Services	Catoosa County & City of Ringgold	11/17/08 - 11/17/2058
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End

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?

Provide Details Here

7. Person completing form: **Alicia Vaughn**
 Phone number: **706-695-0564** Date completed: 03/04/2021

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

If not, provide designated contact person(s) and phone number(s) below:
TYPE CONTACT NAME, TITLE & PHONE HERE



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:CATOOSA

Service:Indigent Defense

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.): **Type Name of Government, Authority or Organization Here**

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.): **Type Name of Government, Authority or Organization Here**

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: **Type Name of Government, Authority or Organization Here**

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.): **Catoosa County, City of Fort Oglethorpe and City of Ringgold**

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.): **Type Name of Government, Authority or Organization Here**

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>
Catoosa County	General Fund
City of Fort Oglethorpe	General Fund
City of Ringgold	General Fund
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here

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

Previously Catoosa County was the only local government that provided indigent defense. The Cities of Fort Oglethorpe and Ringgold now provide indigent defense.

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>
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End

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?

Provide Details Here

7. Person completing form: **Dan Wright, Ringgold City Manager**
Phone number: **706-935-1503** Date completed: 04-15-2021

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

If not, provide designated contact person(s) and phone number(s) below:
TYPE CONTACT NAME, TITLE & PHONE HERE



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: CATOOSA

Service: *Museum*

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.): **Type Name of Government, Authority or Organization Here**
- 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.): **Type Name of Government, Authority or Organization Here**
- 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: **Type Name of Government, Authority or Organization Here**
- 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.): **Catoosa, City of Fort Oglethorpe and City of Ringgold**
- 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.): **Type Name of Government, Authority or Organization Here**

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>
Catoosa County	General Fund, Grants
City of Fort Oglethorpe	General Fund, Grants
City of Ringgold	General Fund, Grants
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here

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

In previous years only Catoosa County and the City of Fort Oglethorpe provided a museum. Now the City of Ringgold has added a museum.

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>
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End

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?

Provide Details Here

7. Person completing form: **Dan Wright, Ringgold City Manager**
Phone number: **706-935-1503** Date completed: **04-15-2021**

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

If not, provide designated contact person(s) and phone number(s) below:
TYPE CONTACT NAME, TITLE & PHONE HERE



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:CATOOSA

Service:Recycling

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.):Type Name of Government, Authority or Organization Here
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.): Type Name of Government, Authority or Organization Here
c.) [X] 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 Ringgold
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.): Type Name of Government, Authority or Organization Here
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.): Type Name of Government, Authority or Organization Here

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)
[X] 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 Ringgold	General Fund/User Fees
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here

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

Catoosa County and Fort Oglethorpe previously provided recycling services and no longer provided the service. Ringgold now provides recycling services inside the City of Ringgold city limits.

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
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End

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?

Curb side pick up is charged at \$5 per month. Drop off stations are provide for no fee.

7. Person completing form: **Dan Wright**
Phone number: **706-935-1503** Date completed: 04-15-2021

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

If not, provide designated contact person(s) and phone number(s) below:
TYPE CONTACT NAME, TITLE & PHONE HERE



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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:CATOOSA	Service:SENIOR CENTER PROGRAMS
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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.):**CATOOSA COUNTY**
 - 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.): **Type Name of Government, Authority or Organization Here**
 - 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): **Type Name of Government, Authority or Organization Here**
 - 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.): **Type Name of Government, Authority or Organization Here**
 - 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.): **Type Name of Government, Authority or Organization Here**

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.

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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>
CATOOSA COUNTY	GENERAL FUND, GRANTS, USER FEES
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here
Type Gov't/Authority Name Here	Detail Funding Here

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

Catoosa County owns a Senior Center Facility built with SPLOST funds. Senior Center programming was originally provided through an agreement between Catoosa County and Coosa Valley Regional Corporation. Coosa Valley received funding through the NWGRC through the AAA Program. In January of 2021 Catoosa County terminated the relationship with Coosa Valley and is now providing Senior Center Programs countywide through the general fund. Catoosa County expects to expand hours at the center and offer additional programming. The service will be funded through the general fund and through grants and user fees.

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>
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End

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?

Provide Details Here

7. Person completing form: **Alicia Vaughn**
Phone number: **706-965-0564** Date completed: 03/09/2021

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

If not, provide designated contact person(s) and phone number(s) below:
TYPE CONTACT NAME, TITLE & PHONE HERE



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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:CATOOSA

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. Any incompatibilities or conflicts were resolved in the joint comprehensive plan due to be adopted in May 2021 by Catoosa County, City of Ringgold, and the City of Fort Oglethorpe.

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

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

If "other measures" was checked, describe these measures:
Describe "Other" Measures Here

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? Existing ordinances, policies and standards of the City of Ringgold and the City of Fort Oglethorpe are sufficient to ensure any extraterritorial sewer service is consistent with applicable land use plans and ordinances. Existing ordinances, policies, and standards of the City of Ringgold and the City of Fort Oglethorpe and existing policies and standards of the Catoosa Utility District Authority (which provides water service in the unincorporated areas of Catoosa County) are sufficient to ensure that any extraterritorial water service is consistent with all applicable land use plans.

4. Person completing form: **Alicia Vaughn**

Phone number: **706-965-0564** Date completed: 03/09/2021

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:

TYPE CONTACT NAME, TITLE & PHONE HERE



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: CATOOSA

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

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

JURISDICTION	TITLE	NAME	SIGNATURE	DATE
<u>CATOOSA COUNTY</u>	Chairman of BOC	Steven M. Henry	<i>Steven M. Henry</i>	4/6/2021
<u>CITY OF FORT OGLETHORPE</u>	Mayor	Earl Gray		
<u>CITY OF RINGGOLD</u>	Mayor	Nick Millwood		



Georgia Department of 
Community Affairs



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: CATOOSA

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>CATOOSA COUNTY</u>	Chairman of BOC	Steven M. Henry		04/26/2021
<u>CITY OF FORT OGLETHORPE</u>	Mayor	Earl Gray		
<u>CITY OF RINGGOLD</u>	Mayor	Nick Millwood		



Georgia Department of *Community Affairs*
Community Affairs



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: CATOOSA

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>CATOOSA COUNTY</u>	Chairman of BOC	Steven M. Henry		4/26/2021
<u>CITY OF FORT OGLETHORPE</u>	Mayor	Earl Gray		
<u>CITY OF RINGGOLD</u>	Mayor	Nick Millwood		