





# FORM 1

## COUNTY: WARE

## I. GENERAL INSTRUCTIONS:

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

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

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.
Manor Water Authority
Satilla Regional Water and Sewer Authority
Southland Waste
Ware County
Waycross
III. SERVICES INCLUDED IN THE EXISTING SERVICE DELIVERY STRATEGY THAT ARE BEING EXTENDED WITHOUT
CHANGE:
In this section, list each service or service component already included in the existing SDS which will continue as previously agreed with no need for
modification.
Airport/FBO
Animal Control
Beer and Alcohol Licenses
Business License
Cemeteries
Coroner
E-911
Emergency Management
EMS
Fire
Garbage Pick Up
Juvenile Court
Magistrate Court
Municipal Court
Park and Recreation
Planning and Zoning
Probate Court
Public Defender
Road and Bridges
Solicitor
State Court
Tax Assessment & Collection
Victim Assistance Program
Waycross Area Television System
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.
Law Enforcement
Wastewater
Water

1211





# 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:WARE	Service:Law Enforcement	
1. Check one boy that best describes th	e 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.): Ware County, Waycross

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?

#### ⊠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, <u>attach an implementation schedule</u> listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.

## **SDS FORM 2, continued**

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

Local Government or Authority	Funding Method	
Ware County	General Funds	
Waycross	General Funds	
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?

No change to strategy; previously there was a combined water/wastewater and law enforcement map - now there is a separate law enforcement map.

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

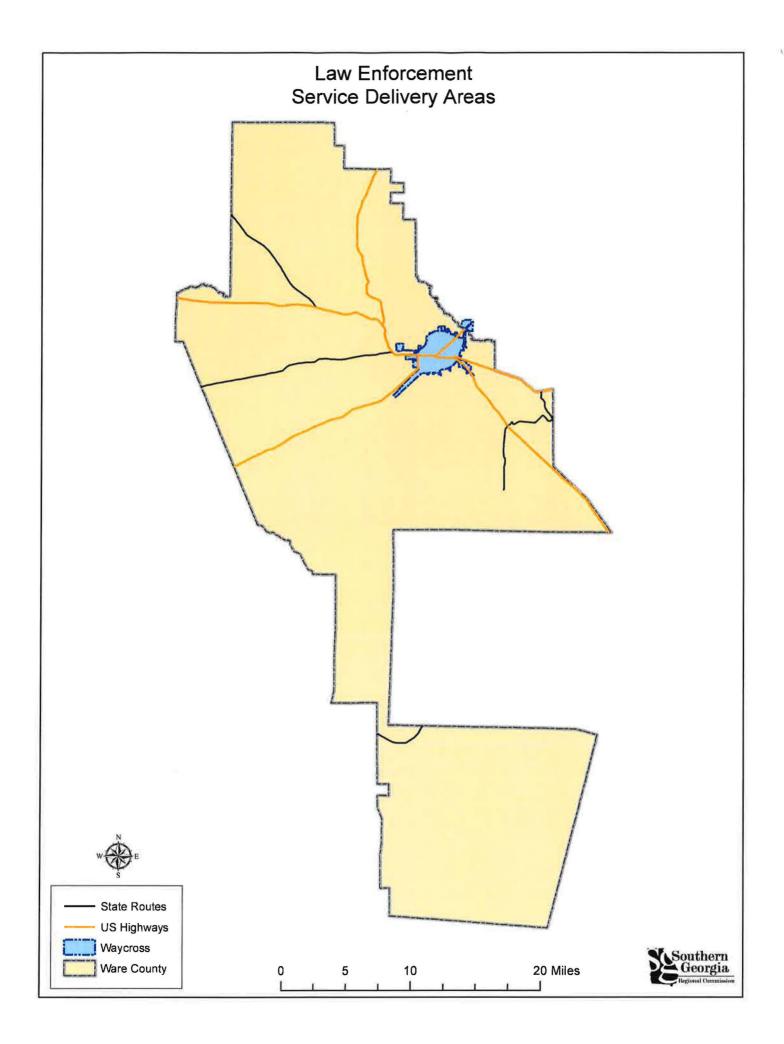
Agreement Name	Contracting Parties	Effective and Ending Dates
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here Effective - End	
Name Agreement Here	List Contracting Parties 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?

N/A

- 7. Person completing form: Jessica Deal Phone number: 912.287.2945 Date completed: 10/25/18
- 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ⊠Yes □No

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









# FORM 2: Summary of Service Delivery Arrangements

#### Instructions:

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.

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Service: Wastewater

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

e.) 🖾 Other (If this box is checked, <u>attach a legible map delineating the service area of each service provider</u>, and identify the government, authority, or other organization that will provide service within each service area.): Satilla Regional Water and Sewer Authority, Waycross

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, <u>attach an explanation for continuing the arrangement</u> (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, <u>attach an implementation schedule</u> listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.

## **SDS FORM 2, continued**

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

Local Government or Authority	Funding Method	
Satilla Regional Water and Sewer	User Fees	
Waycross	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	

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

The service area has been extended such that the City of Waycross will provide water and wastewater services to the new Industrial Park.

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

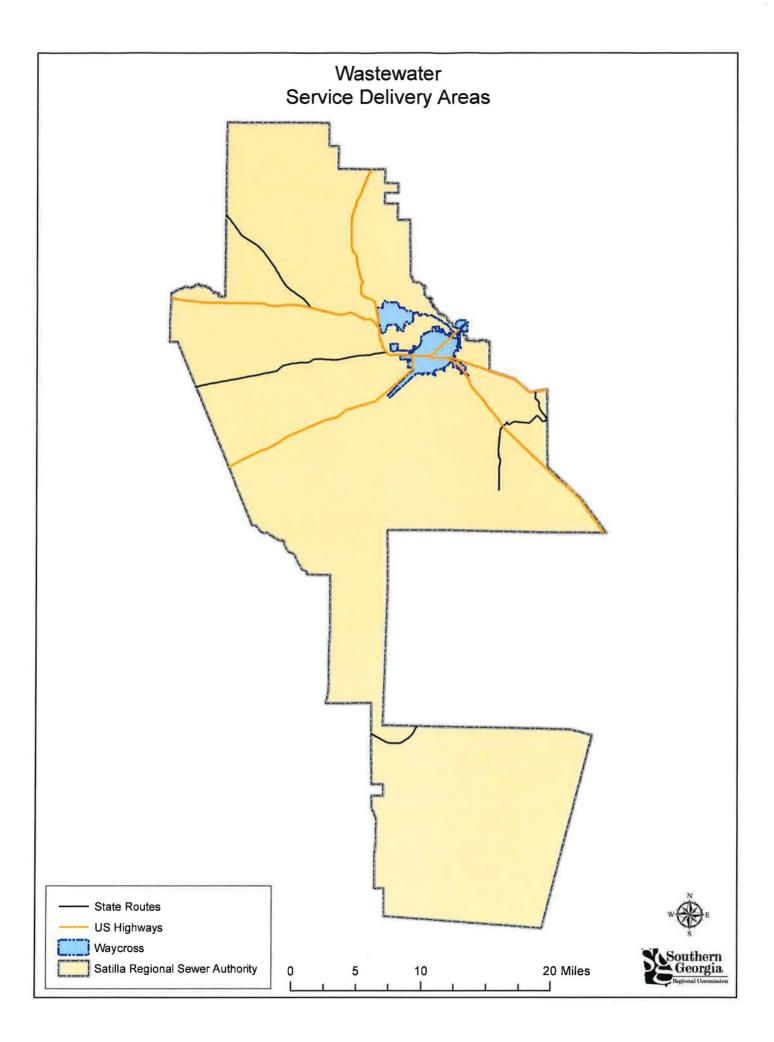
Agreement Name	Contracting Parties	Effective and Ending Dates
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here Effective - End	
Name Agreement Here	List Contracting Parties 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?

N/A

- 7. Person completing form: Jessica Deal Phone number: 912.287.2945 Date completed: 10/25/18
- 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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# 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:WARE

Service: Water

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

e.) 🖾 Other (If this box is checked, <u>attach a legible map delineating the service area of each service provider</u>, and identify the government, authority, or other organization that will provide service within each service area.): Manor Water Authority, Satilla Regional Water and Sewer Authority, Waycross

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, <u>attach an explanation for continuing the arrangement</u> (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, <u>attach an implementation schedule</u> listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.

## **SDS FORM 2, continued**

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

Local Government or Authority	Funding Method	
Manor Water Authority	User Fees	
Satilla Regional Water and Sewer	User Fees	
Waycross	User Fees, Water & Sewer 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?

The service area has been extended such that the City of Waycross will provide water and wastewater services to the new Industrial Park.

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

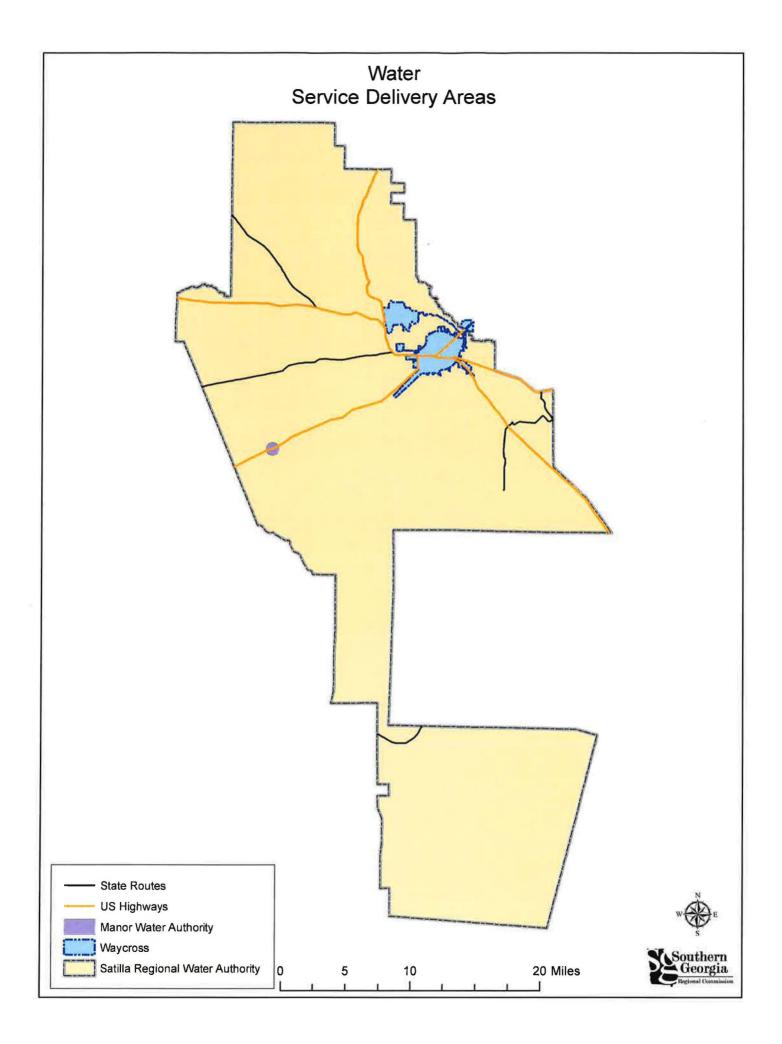
Agreement Name	Contracting Parties	Effective and Ending Dates
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here	Effective - End
Name Agreement Here	List Contracting Parties Here Effective - End	
Name Agreement Here	List Contracting Parties 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?

N/A

- 7. Person completing form: Jessica Deal Phone number: 912.287.2945 Date completed: 10/25/18
- 8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ⊠Yes □No

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









# FORM 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 AND

COUNTY:WARE				
1. What incompatibilities or conflicts between the land use plans of local governments we developing the service delivery strategy? None	re identified in the process of			
2. Check the boxes indicating how these incompatibilities or conflicts were addressed:	NOTE			
Amendments to existing comprehensive plans	NOTE:			
Adoption of a joint comprehensive plan	If the necessary plan amendments, regulations, ordinances, etc. have not yet			
Other measures (amend zoning ordinances, add environmental regulations, etc.)	been formally adopted, indicate when each of the affected local governments will adopt them.			
If "other measures" was checked, describe these measures: Describe "Other" Measures Here	Contraction of Acres			
3. What policies, procedures and/or processes have been established by local governme	ents (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? Provide Details Here				
4. Person completing form: Jessica Deal				
Phone number: 912.287.2945 Date completed: 10/25/18				
5. Is this the person who should be contacted by state agencies when evaluating whether projects are consistent with the service delivery strategy? ⊠Yes ⊡No	proposed local government			
If not, provide designated contact person(s) and phone number(s) below:				
TYPE CONTACT NAME, TITLE & PHONE HERE				







## 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: WARE

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
CITY OF WAYCROSS	Mayor	John Knox	Lah Boot	11-6-18
WARE COUNTY	Chairman	Jimmy Brown	Jus Phi	illistis

#### **CITY OF WAYCROSS RESOLUTION NO. R18-80**

## WARE COUNTY RESOLUTION NO. 2018 - 17

## A JOINT RESOLUTION OF THE CITY COMMISSION OF THE CITY OF WAYCROSS, GEORGIA, AND THE BOARD OF COMMISSIONERS OF WARE COUNTY, GEORGIA, TO AMEND THE SERVICE DELIVERY STRATEGY TO REFLECT THAT WATER AND WASTEWATER SERVICES TO THE INDUSTRIAL PARK WILL BE PROVIDED BY THE CITY OF WAYCROSS; AND FOR OTHER PURPOSES.

WHEREAS, the Waycross-Ware County Development Authority (hereinafter referred to as "WWDA") is applying for a One Georgia Grant to extend City of Waycross water and sewer lines inside the Waycross – Ware County Industrial Park; and

WHEREAS, under the present Service Delivery Strategy, executed by Ware County and the City of Waycross in 2011, provides that Satilla Regional Water and Sewer Authority will provide water and sewer services to the Waycross – Ware County Industrial Park; and

WHEREAS, for the One Georgia Grant application to proceed, the Service Delivery Strategy must be amended to reflect that the water and wastewater services to the Waycross – Ware County Industrial Park will be provided by the City of Waycross; and

WHEREAS, the City of Waycross has enlisted the services of the Southern Georgia Regional Commission to prepare the proper documents and maps amend the Service Delivery Strategy which are attached hereto as an Exhibit and incorporated herein as if fully set forth; and

WHEREAS, said matter having been read and considered.

**NOW, THEREFORE, BE IT RESOLVED** by the Commission of the City of Waycross and the Board of Commissioners of Ware County that the Service Delivery Strategy is hereby amended to reflect that the water and wastewater services to the Waycross – Ware County Industrial Park will be provided by the City of Waycross in the form attached hereto as an Exhibit and incorporated herein as if fully set forth.

**BE IT FURTHER RESOLVED** that copies of this Resolution and the signed forms and attachments shall be forwarded to the Southern Georgia Regional Commission; and that the Acting City Manager and Mayor of the City of Waycross and the County Manager and the Chairman of the Ware County Board of Commissioners are hereby authorized, directed and empowered to execute any additional documents needed or appropriate, and to take any action necessary to implement this Resolution in the most effective manner possible.

**SO RESOLVED AND ADOPTED** at a meeting of the City Commission of the City of Waycross, this 6th day of November, 2018.

**SO RESOLVED AND ADOPTED** at a meeting of the Ware County Board of Commissioners, this day of November, 2018.

**CITY OF WAYCROSS** 

BY:

**ATTEST:** 

JUL I **C. DINKINS, CITY CLERK** 

WARE COUNTY BOARD OF COMMISSIONERS

BY:

**CHAIRMAN** 

ATTEST

ANNA LANE, COUNT

