



SERVICE DELIVERY STRATEGY

FORM 1

CO_{UNTY} **SCREVEN COUNTY**

INSTRUCTIONS

- 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.
- List each local government and/or authority that provides services included in the service delivery strategy in Section II below.
- 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 <i>Revising or Adding to the SDS</i>	OPTION B <i>Extending the Existing SDS</i>
<p>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.</p> <ul style="list-style-type: none"> For each service or service component listed in Section IV, complete a separate, updated <i>Summary of Service Delivery Arrangements</i> form (FORM 1) 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) 	<p>4. In Section IV type, "NONE."</p> <ul style="list-style-type: none"> Complete one copy of the <i>Certifications for Extension of Existing SDS</i> form (FORM 2) 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 2) Proceed to step 5 below. <div style="background-color: #000080; color: white; padding: 10px; text-align: center;"> <p>For answers to most frequently asked questions on Georgia's Service Delivery Act, links and helpful publications, visit DCA's website at http://www.dca.ga.gov/development/PlanningQualityGrowth/programs/servicedelivery.asp, or call the Office of Planning and Quality Growth at (404) 679-5279.</p> </div>

- 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.
- 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: ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED EXCEPT WHERE SHOWN OTHERWISE. THIS DOCUMENT IS THE PROPERTY OF THE GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS AND IS LOANED TO YOU. IT IS TO BE RETURNED TO THE DEPARTMENT UPON REQUEST.

II LOCAL GOVERNMENTS INCLUDING CITIES LOCATED PARTIALLY WITHIN THE COUNTY AND AUTHORITIES THAT PROVIDE SERVICES 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.

Screven County
City of Sylvania
Town of Newington
City of Oliver
Town of Hiltonia
Town of Rocky Ford
Screven County Hospital Authority
Screven County Industrial Development Authority
Sylvania Screven Airport Authority
Screven-Jenkins County Regional Library System
Screven County Board of Health
Screven County Board of Tax Assessors

III SERVICES IDENTIFIED IN THE EXISTING SDS WHICH WILL CONTINUE AS PREVIOUSLY AGREED WITH NO NEED FOR MODIFICATION

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.

None

LIST 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 1) must be completed.

- Adult Probation Added
- Airport Updated
- Animal Control Updated
- Building Inspection/Code Enforcement Deleted
- Building Inspection Added
- Cemeteries Updated
- Cooperative Extension Service Updated
- County Coroner Updated
- County Correctional Institute Added
- Courts - Municipal Added
- Courts Updated
- Department of Family & Children Services Updated
- Economic Development Updated
- Electronics Added
- Electric Utility Added
- Emergency 911 Updated
- Emergency Management Updated
- Emergency Medical Service Updated
- Fire Protection Updated
- Gas Utility Added
- Hospital Added
- Indigent Defense Deleted
- Mail Services Deleted
- Law Enforcement Deleted
- Law Enforcement - Municipal Added
- Library Updated
- Parks and Recreation Added
- Planning and Zoning Updated
- Public Health Updated
- Public Water/Supply Treatment Deleted
- Public Water Added
- Public Sanitary Sewerage Updated
- Recreation Deleted
- Roads, Streets, and Bridge Construction Deleted
- Roads, Streets, and Bridge Maintenance Deleted
- Roads and Bridges - County Added
- Roads and Bridges - Municipal Added
- Senior Citizens Center Updated
- Solid Waste Collection Deleted
- Solid Waste Disposal Deleted
- Solid Waste Added
- Tax Appraisal and Assessment Updated
- Tax Collection Deleted
- Tax Collection - Municipal Added
- Voter Registration Updated



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions

Main points of this form and completion for a service listed on FORM Section I 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: SCRIPPS

Service: Adult Probation

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

- a. [X] 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. Scripps 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.
c. [] One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. If this box is checked, identify the government's authority or organization providing the service:
d. [] One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. If this box is checked, identify the government's authority or organization providing the service.
e. [] Other If this box is checked, attach a memorandum detailing the service area of a service provider and identify the government, authority, or other organization that will provide service within each service area.

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. 16-10-41) 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

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

Local Government or Authority	Funding Method
Screven County	General Fund, <input type="checkbox"/> user Fees

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

Service was not identified in previous Service Delivery Strategy.

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

Agreement Name	Contracting Parties	Effective and Ending Dates
N/A		

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

Person completing form: ori ur County Manager
 Phone number: Date completed: 1 / 0 / 0

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions

Make copies of this form and submit one for each service listed on FORM Section I. 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: **SCRIPPS**

Service: **Airport**

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

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

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

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

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

e. Other If this box is checked, attach a diagram mapping the service area of each service provider and identify the government, authority, or other organization that will provide service within each service area.

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. 16-10-41 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

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

Local Government or Authority	Funding Method
Sylvania Screven Airport Authority	<input type="checkbox"/> ser Fees

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

Strategy has been revised to remove City and County as independent funding sources.

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

Agreement Name	Contracting Parties	Effective and Ending Dates
N/A		

- 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

- Person completing form: ori ur County Manager
 Phone number: Date completed: 1/0/00

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions

Make copies of this form and submit one for each service listed on FORM 1. Section I 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: **SCRIPPS**

Service: **Animal Control**

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

- a. Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. If this box is checked, identify the government, authority or organization providing the service.
- b. Service will be provided only in the unincorporated portion of the county by a single service provider. If this box is checked, identify the government, authority or organization providing the service.
- c. One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. If this box is checked, identify the government's authority or organization providing the service:
- d. One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. If this box is checked, identify the government's authority or organization providing the service. **Scriven County and City of Syvania**
- e. Other If this box is checked, attach a memorandum detailing the service area of each service provider and identify the government, authority, or other organization that will provide service within each service area.

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. 33-00-41) 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

- 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
Screven County	General Fund
City of Sylvania	General Fund

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

This strategy has been updated. The City of Sylvania is responsible for animal control activities within its incorporated area. The County is responsible for animal control activities within the unincorporated area of the County. The County will provide Animal Shelter Service countywide. In exchange for access to the Animal Shelter, the City of Sylvania agrees that the County shall be able to fund County animal control activity from the County General Fund.

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

Agreement Name	Contracting Parties	Effective and Ending Dates
N/A		

- 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

- Person completing form: **Local** **County** **State** **Federal**
 Phone number: Date completed: 1/0/00

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions

Make copies of this form and submit one for each service listed on FORM 1. Section I 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: **SCRIPPS**

Service: **Building Inspection**

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. **Scriven 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.
- c. One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. If this box is checked, identify the government's authority or organization providing the service:
- d. One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. If this box is checked, identify the government's authority or organization providing the service.
- e. Other If this box is checked, attach a memorandum detailing the service area of each service provider and identify the government, authority, or other organization that will provide service within each service area.

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. 16-10-41) 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

- 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
Screven County	Permit Fees and General Fund

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

This strategy replaces the prior Form for Building Inspection/Code Enforcement. The City of Sylvania has entered into a contract with the County for building inspection services. The remaining cities may, but are not required to, enter into similar agreements with Screven County.

- 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
Building Inspection IGA	Screven County and City of Sylvania	4/1/0 - 4/1/ (see IGA)

- 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

- Person completing form: **Local** **County** **State** **Federal**
 Phone number: Date completed: 1/0/0

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

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

**INTERGOVERNMENTAL AGREEMENT BETWEEN SCREVEN COUNTY,
GEORGIA AND THE CITY OF SYLVANIA, GEORGIA FOR THE PROVISION OF
BUILDING INSPECTION SERVICES BY COUNTY FOR CITY CONSTRUCTION**

THIS AGREEMENT is made and entered into on April 18, 2008, between SCREVEN COUNTY, GEORGIA (hereinafter referred to as the "County"), and the CITY OF SYLVANIA, GEORGIA (hereinafter referred to as the "City").

W I T N E S S E T H :

WHEREAS, the City has an existing zoning ordinance and enforces the Georgia minimum standard codes; and,

WHEREAS, the City has determined that the number of building inspections required in the City is insufficient to justify the expense of employing a fulltime building inspector; but the City shall have a designated part-time building inspector; and,

WHEREAS, the County has a full-time building inspector and is willing to provide inspection services for citizens of the City at the same cost charged to citizens of the unincorporated areas of the County; and,

WHEREAS, the City's Building Inspector has the authority under the Code of Ordinances of the City of Sylvania, § 8-3015-1, to delegate enforcement powers, and contemporaneously with the effective date of this agreement, has delegated to the County building inspector the authority to carry out and perform the matters that are the subject-matter of this agreement; and

WHEREAS, the City and County are authorized to contract with each other for the provision of such services for a period not exceeding fifty (50) years pursuant to Article 9, Section 3, Paragraph 1 of the Georgia Constitution.

NOW THEREFORE, for and in consideration of the promises and recitals contained herein, the City and County do hereby contract and agree as follows:

-1-

TERM OF AGREEMENT

The term of this agreement shall commence from the date of this agreement, and shall terminate upon the earlier of the following:

- a. Fifty (50) years from the date of this agreement; or
- b. Notice in writing by either party thirty days in advance of the date of termination.

-2-

COUNTY PROVISION OF INSPECTION SERVICES

The County shall provide building inspection services to residents of the City of Sylvania by and through its building inspector in the same manner as inspection services are provided to residents of the County, provided, however, that the City's building inspector (or his designee) shall have issued a building certificate and collected the applicable fees for inspection according to the County's fee schedule. The City's building inspector (or his designee) shall forward to the County's Planning and Zoning office a copy of the building certificate, along with the applicable fees, and inspections shall then be scheduled.

It is the intent of this agreement that services shall be generally provided to City residents in a timely manner in the order the request for services is received. Both parties understand and agree that scheduling is, however, not an exact science and the exigencies of particular situations may require the scheduling of services in some order other than the order of receipt of the request.

COOPERATION

The City and County agree to cooperate reasonably with one another to effectuate and carry out the terms, provisions, purposes and intent of this agreement.

MERGER

This writing constitutes the entire agreement by and between the parties regarding the provision of building inspection services to residents of the City by the County building inspector. Any amendment, additions or deletions shall be in writing and dated subsequent hereto in order to be enforceable.

SEVERANCE

In the event any court of competent jurisdiction declares any part or parts of this agreement to be unlawful or unenforceable, such part or parts shall be severed from this agreement, and the remaining part or parts shall remain enforceable in order to carry out the original purposes and intent of this agreement to the extent reasonably practicable.

SCREVEN COUNTY, GEORGIA

BY: *G.C. Warren* (SEAL)
Chairman of Board of Commissioners

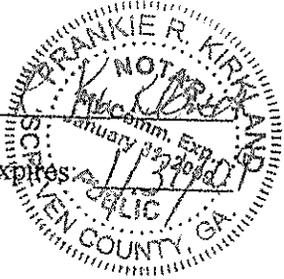
ATTEST: *Rich [Signature]* (SEAL)
County Manager

Signed, sealed and delivered
in the presence of as to Screven County:

Alex Cail
Unofficial Witness

SIGNATURES CONTINUE ON FOLLOWING PAGE

Frankie Kirk
Notary Public
My Commission Expires: 1/31/2009



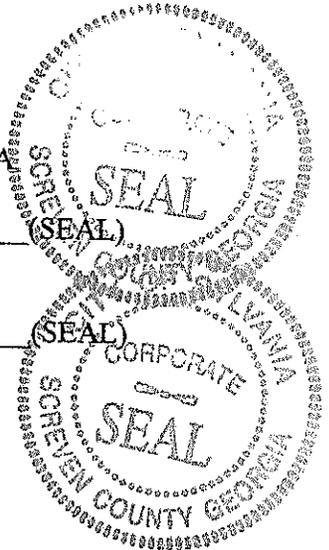
CITY OF SYLVANIA, GEORGIA
BY: [Signature]
City Manager

ATTEST: Gary A. Mathis
City Clerk

Signed, sealed and delivered
in the presence of as to City of Sylvania:

Phyllis Lewis
Unofficial Witness

Abigail O. Snow
Notary Public, Screven County, Georgia
My Commission Expires March 14, 2009



DELEGATION BY CITY'S BUILDING INSPECTOR

The undersigned, being the duly appointed building inspector for the City of Sylvania, does hereby delegate unto the building inspector for Screven County, Georgia the authority to carry out and perform the duties and responsibilities as set forth in that certain intergovernmental agreement between Screven County, Georgia and the City of Sylvania dated the 18th day of April, 2006 providing for building inspection services, which authority is given as of the effective date of said agreement.

This 18th day of April, 2006.

[Signature]
Building Inspector, City of Sylvania



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions

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COUNTY: **SCRIPPS**

Service: **Cemeteries**

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

- a. Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. If this box is checked, identify the government, authority or organization providing the service.
- b. Service will be provided only in the unincorporated portion of the county by a single service provider. If this box is checked, identify the government, authority or organization providing the service.
- c. One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. If this box is checked, identify the government's authority or organization providing the service: **Sylvania in town**
- d. One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. If this box is checked, identify the government's authority or organization providing the service.
- e. Other If this box is checked, attach a memorandum detailing the service area of each service provider and identify the government, authority, or other organization that will provide service within each service area.

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. 36-10-41) 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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COUNTY: **SCRIPPS**

Service: **Cooperative Extension Service**

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

- a. Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. If this box is checked, identify the government, authority or organization providing the service. **Scriven 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.
- c. One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. If this box is checked, identify the government's authority or organization providing the service:
- d. One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. If this box is checked, identify the government's authority or organization providing the service.
- e. Other If this box is checked, attach a memorandum detailing the service area of each service provider and identify the government, authority, or other organization that will provide service within each service area.

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. 16-10-41) 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

- 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
Screven County	General Fund, User Fees

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

No change to the previous service delivery arrangement, but the Form has been updated for this service.

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

Agreement Name	Contracting Parties	Effective and Ending Dates
N/A		

- 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

Person completing form: **Local** **County Manager**
 Phone number: Date completed: 1/0/00

- 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:



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Main points of this form and completion for a service listed on FORM Section I use ACTLY 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: SCR

Scriven County Coroner

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

- a. [X] 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. Scriven 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.
c. [] One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. If this box is checked, identify the government's authority or organization providing the service:
d. [] One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. If this box is checked, identify the government's authority or organization providing the service.
e. [] Other If this box is checked, attach a memorandum detailing the service area of a service provider and identify the government, authority, or other organization that will provide service within each service area.

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. 16-10-4) 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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FORM 2: Summary of Service Delivery Arrangements

Instructions

Make copies of this form and submit one for each service listed on FORM Section I. 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: SCR

Service Provider: *Scriven County Correctional Institute*

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. **Scriven 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.
- c. One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. If this box is checked, identify the government's authority or organization providing the service:
- d. One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. If this box is checked, identify the government's authority or organization providing the service.
- e. Other If this box is checked, attach a memorandum detailing the service area of each service provider and identify the government, authority, or other organization that will provide service within each service area.

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. 33-04-41) 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

- 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
Screven County	General Fund

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

This strategy has been added to the SDS agreement in order to differentiate between the County Jail and the County Correctional Institute, but the underlying service agreements have not changed. The County funds the Screven County Correctional Institute with financial assistance provided by the State of Georgia. The County Correctional Institute provides employment opportunities for residents throughout the County. Inmate work detail is made available to the County and City as needed and in the sole discretion of the warden as to availability.

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

Agreement Name	Contracting Parties	Effective and Ending Dates
N/A		

- 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

- Person completing form: **County Manager**
 Phone number: Date completed: 1/07/00

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions

Main points of this form and completion for a service listed on FORM Section I 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: SCRIPPS

Service: Courts - Municipal

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

- a. Service will be provided countywide... b. Service will be provided only in the unincorporated portion... c. One or more cities will provide this service only within their incorporated boundaries... d. One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas... e. Other

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... See O.C.G.A. 16-10-41 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

- 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 Sylvania	General Fund
Town of Newington	General Fund
City of Oliver	General Fund
Town of Hiltonia	General Fund
Town of Rocky Ford	General Fund

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

A new Form 1 has been created to differentiate statewide courts from municipal courts. The City of Sylvania, City of Oliver, Town of Newington, Town of Hiltonia, and the Town of Rocky Ford currently provide municipal courts in their respective jurisdictions. The Cities may, in their own discretion, continue providing these services.

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

Agreement Name	Contracting Parties	Effective and Ending Dates
N/A		

- 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

- Person completing form: **Local** **County** **State** **Federal**
 Phone number: Date completed: 1/00/00

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions

Make copies of this form and submit one for each service listed on FORM 1. Section I 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: **SCRIPPS**

Service: **Courts**

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

- a. Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. If this box is checked, identify the government, authority or organization providing the service. **Scraps 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.
- c. One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. If this box is checked, identify the government's authority or organization providing the service:
- d. One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. If this box is checked, identify the government's authority or organization providing the service.
- e. Other If this box is checked, attach a memorandum detailing the service area of each service provider and identify the government, authority, or other organization that will provide service within each service area.

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. 36-10-41) 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

- 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
Screven County	General Fund

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

The County will continue to provide and fund the Superior, State, Magistrate and Probate Courts and related offices and services to include Clerk, District Attorney, Solicitor, Public Defender, Juvenile, Law Library, and probation services. The following cities may, in their own discretion, continue to provide for municipal courts in their respective jurisdictions: City of Sylvania, City of Oliver, Town of Newington, Town of Hiltonia, and the Town of Rocky Ford.

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

Agreement Name	Contracting Parties	Effective and Ending Dates
N/A		

- 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

- Person completing form: **Local** **County** **State** **Federal**
 Phone number: Date completed: 1/0/00

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions

Main points of this form and completion for a service listed on FORM Section I 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: SCRIPPS

Service: Department of Family & Children Services

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

- a. [X] 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. Scripps 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.
c. [] One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. If this box is checked, identify the government's authority or organization providing the service:
d. [] One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. If this box is checked, identify the government's authority or organization providing the service.
e. [] Other If this box is checked, attach a memorandum detailing the service area of a service provider and identify the government, authority, or other organization that will provide service within each service area.

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. 16-10-41) 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

- 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
Screven County	General Fund

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

No change to the previous arrangements, but the Form has been updated.

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

Agreement Name	Contracting Parties	Effective and Ending Dates
N/A		

- 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

Person completing form: **Local** **County** **State** **Federal**
 Phone number: Date completed: 1/0/00

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions

Make copies of this form and submit one for each service listed on FORM 1. Section I 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: **SCRIPPS**

Service: **Economic 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. **Scriven County Industrial Development Authority**

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

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

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

e. Other If this box is checked, attach an explanation for continuing current arrangements (i.e., overlapping but higher levels of service (See O.C.G.A. 16-10-41) overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated)

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 current arrangements (i.e., overlapping but higher levels of service (See O.C.G.A. 16-10-41) 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 completion.

SDS FORM 2, continued

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

Local Government or Authority	Funding Method
Screven County Industrial Development Authority	General Fund
Screven County	General Fund
City of Sylvania	General Fund

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

The service provider has been updated. The City of Sylvania is authorized but not required to make voluntary payments to the Electric Cities of Georgia in support of the Screven County Industrial Development Authority's marketing efforts. The County is authorized but not required to levy taxes in support of the Industrial Development Authority.

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

Agreement Name	Contracting Parties	Effective and Ending Dates
N/A		

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

N/A

- Person completing form: ori ur County Manager
 Phone number: Date completed: 1 /0 /0

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions

Make copies of this form and submit one for each service listed on FORM Section I. 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: **SCRIPPS**

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. **Scriven 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.
- c. One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. If this box is checked, identify the government's authority or organization providing the service:
- d. One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. If this box is checked, identify the government's authority or organization providing the service.
- e. Other If this box is checked, attach a memorandum detailing the service area of each service provider and identify the government, authority, or other organization that will provide service within each service area.

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. 16-10-41) 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

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

Local Government or Authority	Funding Method
Screven County	General Fund
City of Sylvania	General Fund
Town of Newington	General Fund
City of Oliver	General Fund
Town of Hiltonia	General Fund
Town of Rocky Ford	General Fund

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

The County will provide election services for Federal, State and countywide elections funded by the County's General Fund. The County lection Superintendent will conduct municipal elections per an IGA with each municipality funded with municipal eneral funds.

- List any formal service delivery agreements or interovernmental contracts that will be used to implement the strategy for this service:

Agreement Name	Contracting Parties	Effective and Ending Dates
<input type="checkbox"/> lections IGA	Screven County <input type="checkbox"/> lection Superintendent and Sylvania	1/1/00 - 12/31/00 (see IGA)

- 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

- Person completing form: ori ur County Manager
 Phone number: Date completed: 11/01/00

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

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



Screven County Superintendent of Elections

Debbie C. Brown
Superintendent

216 Alims Road Room 107
Sylvania, Georgia 30467

Hannah R. Derriso
Supervisor

**Intergovernmental Agreement Between the City of Sylvania
and Screven County Election Superintendent**

This Intergovernmental Agreement is made by and between Screven County Election Superintendent and the City of Sylvania (Municipality) located within Screven County, Georgia.

WHEREAS, the City of Sylvania has adopted that the Screven County Election Superintendent shall conduct all elections for the City of Sylvania; and

WHEREAS, the Municipality has agreed to cover all expenses to hold said elections, and run all ads required by law; and

WHEREAS, qualifying of candidates will be done by the Municipality's Qualifying Agent which must complete required course on Secretary of States website; and

WHEREAS, each municipality shall designate the days of such qualifying period, which shall be no less than three days and no more than five days. The days of the qualifying period shall be consecutive days; and

WHEREAS, Early/Advance and Absentee Voting will be handled by the Screven County Voter Registrar's Office.

NOW, THEREFORE, in consideration of the above premises and the mutual covenants of the parties hereinafter set forth, the receipt and sufficiency of which is acknowledged by each party for itself, Elections Superintendent and Municipality agree as follows:

1. **PURPOSE:** The parties agree that it is in the interest of the citizens of the City of Sylvania to implement these voting and reporting procedures.
2. **AUTHORITY:** This Agreement is entered into by the parties pursuant to the laws of the State of Georgia.
3. **EFFECTIVE DATE:** This Agreement shall commence upon the execution by both parties.
4. **RESPONSIBILITIES OF ELECTION SUPERINTENDENT:**
 - a. The Election Superintendent shall have ballots printed with the names given to the office by the qualifying agent.
 - b. Shall obtain and train all poll workers.
 - c. Elections office will bill the Municipality for the cost of holding said election.
 - d. Will give said Municipality results of said election when completed.

- e. Will make sure that Absentee and Advance/Early voting ballots are sent to registrar's office in a timely manner.

5. RESPONSIBILITIES OF MUNICIPALITY

- a. That the Qualifying Agent has the proper training each year for elections.
- b. That the Qualifying Agent qualifies all candidates and gets the candidates information to the superintendent's office.
- c. To run all ads concerning said elections, which includes where the elections are to be held.
- d. Ensure that there will be a polling location for the voters to cast their ballots.
- e. Pay all expenses for said election to the Superintendent of Elections in a timely manner.
- f. Municipality shall participate in all necessary training associated with elections as required.
- g. Municipality shall contact the Election Superintendent if any changes are made concerning the election process or procedures.

6. PAYMENT PLAN

Municipality agrees to the following repayment schedule (check ONE)

Reimbursement in full within thirty (30) days of billing

Reimbursement in 2 equal payments. The first shall be due before election and the second when final bill is sent.

- 7. **NO THIRD PARTY RIGHTS.** This is an Agreement between the parties, and nothing herein creates any rights in any third person.
- 8. **NONDISCRIMINATION.** During the term of this Agreement, Municipality and Superintendent, each for itself, agree to abide by its own equal employment and nondiscrimination policies and in doing so, to make all employment and service related decisions without regard to age, race, ethnicity, religion, color, gender, disability, marital status, sexual orientation, national origin, cultural differences, ancestry, physical appearance, arrest record or conviction record, military participation or membership in the National Guard, State Defense Force or any other reserve component of the military forces of the United States, or political beliefs and to provide equal opportunity including but not limited to the following: employment, upgrading, demotion, transfer, recruitment, advertising, layoff, termination, training, rates of pay, or any other form of compensation. Municipality agrees to post in conspicuous places, available to all employees and applicants for employment, notices setting forth the provisions of this Agreement as they relate to nondiscrimination. This listing of prohibited bases for discrimination and exceptions shall be permitted only to the extent allowed in the state or federal law.
- 9. **LIABILITY.** Each party shall be responsible for the consequences of its own acts, errors or omissions and those of its employees, boards, commissions, agencies, officers, and representatives and shall be responsible for any losses, claims, and liabilities which are attributable to such acts, errors, or omissions including providing its own defense. In situations including joint liability, each party shall be responsible for the consequences of its own acts, errors, or omissions and those of its employees, agents, boards, commissioners, agencies, officers and representatives. It is not the intent of the parties to impose liability beyond that imposed by

state statutes. The obligations of the parties under this paragraph shall survive the expiration or termination of this Agreement.

10. **COMPLIANCE.** Each party warrants for itself that it has complied with all applicable statutes, rules, orders, ordinances, requirements and regulations to execute this Agreement and that the person executing this Agreement on its behalf is authorized to do so.
11. **ENTIRE AGREEMENT AND AMENDMENTS.** The entire Agreement of the parties is contained herein and this Agreement supersedes any and all oral agreements and negotiations between the parties relating to the subject matter hereof. The parties expressly agree that this Agreement shall not be amended by any fashion except in writing, executed by the parties.

FOR SUPERINTENDENT OF ELECTIONS

Debbie C. Brown
Debbie C. Brown
Superintendent of Elections

Aug. 8, 2022
Date

FOR MUNICIPALITY

Stacy F. Mathis
Print Name Stacy F. Mathis
City Manager
Title

8-4-2022
Date



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions

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COUNTY: SCRIPPS

Service: Electric Utility

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

- a. [X] Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. If this box is checked, identify the government, authority or organization providing the service. City of Sybiliana
b. [] Service will be provided only in the unincorporated portion of the county by a single service provider. If this box is checked, identify the government, authority or organization providing the service.
c. [] One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. If this box is checked, identify the government's authority or organization providing the service:
d. [] One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. If this box is checked, identify the government's authority or organization providing the service.
e. [] Other If this box is checked, attach a memorandum detailing the service area of a service provider and identify the government, authority, or other organization that will provide service within each service area.

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. 36-10-41) 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

- 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 Sylvania	<input type="checkbox"/> User Fees, General Fund, impact, SPLOST, Grants

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

This Form has been created, but there has been no change to the service delivery arrangement. The City of Sylvania is authorized but not required to provide electric service county-wide. This service is subject to the Georgia Electric Service Territorial Act.

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

Agreement Name	Contracting Parties	Effective and Ending Dates
N/A		

- 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

Person completing form: **Local** **County Manager**
 Phone number: Date completed: 1/0/00

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions

Main points of this form and completion for a service listed on FORM Section I 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: SCR

Service: Emergency 911

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

- a. [X] 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. Screven 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.
c. [] One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. If this box is checked, identify the government's authority or organization providing the service:
d. [] One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. If this box is checked, identify the government's authority or organization providing the service.
e. [] Other If this box is checked, attach a memorandum detailing the service area of a service provider and identify the government, authority, or other organization that will provide service within each service area.

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. 16-10-4) 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

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

Local Government or Authority	Funding Method
Screven County	Fees, General Fund

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

The County shall provide emergency dispatch services to the City of Sylvania as contemplated by O.C.G.A. §4-1-1 and at no additional charge. Specifically, the County shall maintain its emergency PSAP, which shall accept any emergency call from a member of the public originating from within Screven County and shall direct such calls to the appropriate County municipality public safety agency personnel who are able to respond to such call or other county or municipal dispatching personnel, and such PSAP shall maintain the connection with the caller or such public safety or dispatching personnel until the public safety answering point relays such sufficient information for such personnel to respond to the call.

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

Agreement Name	Contracting Parties	Effective and Ending Dates
IGA for Non-Emergency Dispatch Service	Screven County and City of Sylvania	11/01/00 - 12/31/01 (see IGA)

- 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

- Person completing form: ori ur County Manager
 Phone number: Date completed: 12/02/02

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

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

**INTERGOVERNMENTAL AGREEMENT BETWEEN THE CITY OF SYLVANIA
AND SCREVEN COUNTY, GEORGIA, FOR THE PROVISION OF NON-
EMERGENCY AFTER HOUR DISPATCH SERVICES**

This **INTERGOVERNMENTAL AGREEMENT** (hereinafter the "Agreement") is effective as of November 1, 2022, by and between the **CITY OF SYLVANIA, GEORGIA**, a municipal subdivision acting by and through its Mayor and Council (hereinafter "Sylvania" or "City") and **SCREVEN COUNTY, GEORGIA**, a political subdivision acting by and through its Board of Commissioners (hereinafter "County"). Sylvania and the County shall be collectively referred to as the "Parties."

WHEREAS, the Georgia Constitution provides that cities and counties may contract with one another *"for the provision of services, or for the joint or separate use of facilities or equipment [so long as] ... such contracts must deal with activities, services, or facilities which the contracting parties are authorized by law to undertake or provide."* (Ga. Const., Art. 9, Section 2, Para. 1);

WHEREAS, the Georgia Constitution also anticipates that cities and counties will, when beneficial to and in the best interests of the citizens and residents of the jurisdiction, enter into intergovernmental agreements to optimize the delivery of services that are either jointly or individually provided for a period not exceeding fifty (50) years (Ga. Const., Art. 9, Section 2, Para. 1 & 3);

WHEREAS, O.C.G.A. § 36-70-3 authorizes governing bodies of municipalities and counties to enter into contracts amongst themselves and with other public and private entities to assist such municipalities and counties in developing, establishing, and implementing service delivery plans;

WHEREAS, the County owns and operates an Emergency Telephone Number "911" Public Safety Answering Point system (PSAP) and dispatch operations center, and has the capacity to provide the supplemental and non-emergency services set forth herein; and

WHEREAS, Sylvania has determined that it is more cost effective for the City to engage the County to provide after-hour non-emergency dispatch services for the City between the hours of 6:00 o'clock p.m. and 7:00 o'clock a.m. Monday through Friday, and each weekend from 6:00 o'clock p.m. Friday until 7:00 o'clock a.m. Monday, and on established City holidays.

WHEREAS, the Parties by duly approving this Agreement, and spreading same upon the minutes of each respective governing authority, do hereby declare that it is in the best interests of the citizens in each of their respective jurisdictions that the provision of Sylvania after hours Non-Emergency Dispatch continue to be provided and funded as set forth in this Agreement.

NOW, THEREFORE, and based upon the preamble above as well as the exchange of good and adequate consideration, the receipt and exchange of which are acknowledged by the signatures below, do hereby agree to the following:

ARTICLE I – GENERAL PROVISIONS

1. The County shall provide all personnel and facilities for after-hours non-emergency dispatch services.

2. The City shall pay unto the County the sum of \$25,000.00 per year for said services, as more fully enumerated in Article II below, effective as of November 1, 2022, through and including December 31, 2031 at midnight, subject to the escalation clause contained in Article VII below, and further subject to the City’s right to terminate this Agreement in accordance with Article VI below. Annual payments shall be divided into 12 equal monthly installments, with any partial month being prorated.

ARTICLE II – ENUMERATION OF SERVICES

The after-hour non-emergency dispatch services provided during the hours and days defined in the preamble by the County for Sylvania shall consist of the following enumerated, specific, and limited services.

1. The County shall accept the roll-over of the current four (4) city business lines for answering and dispatch sufficient information to the appropriate municipal agency.

2. The County will accept transmissions from Sylvania police personnel relating to the necessary location checks.

3. The County will accept transmissions from Sylvania police personnel relating to traffic stops and enter same into the county CAD system for later use by the Sylvania Police Department.

The County E-911 PSAP system shall not be responsible for any additional record keeping, system entries or data maintenance outside their normal CAD operations. This list shall not be construed to include any services or charges for services provided as normal function of the County PSAP and the provision of the emergency call acceptance service and the transmittal of sufficient information to enable the public safety agency to respond to said events.

ARTICLE III – TERMINATION OF PREVIOUS IGA

This Agreement shall replace and supersede that certain Intergovernmental Agreement dated November 12, 2019, regarding the Provision of Non-Emergency After Hour Dispatch Services, which previous Intergovernmental Agreement is hereby terminated.

ARTICLE IV – INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

To the extent allowed by law, Sylvania agrees to indemnify and hold the County harmless for any and all claims, suits, demands, judgments, and the like, etc., that may arise out of or related to the County’s provision of after-hour non-emergency dispatch services under this Agreement, to the extent that liability is not limited with respect to Sylvania and/or the County

under the provisions of O.C.G.A. § 46-5-131 (a), as the same currently exists or may be hereafter amended, or any similar statutory protections, provided that Sylvania shall not indemnify and hold the County harmless in cases of wanton and willful misconduct or bad faith on the part of any County officer, employee or agent, or for any punitive or exemplary damages. It is the intention of Sylvania and the County to avail both parties of the protections set forth in O.C.G.A. § 46-5-131 (a), and any similar statutory protections, and that nothing contained herein is intended to be or construed to be a waiver of any such protections.

ARTICLE VI – DURATION OF AGREEMENT

1. This Agreement shall commence effective as of November 1, 2022, and shall end December 31, 2031, at midnight, unless sooner terminated by the City in accordance with subparagraph (2) of this Article.

2. This Agreement may be terminated by the City upon sending written notice to the County at least thirty (30) days prior to termination.

ARTICLE VII – ESCALATION CLAUSE

1. If the City files a lawsuit against the County prior to January 1, 2032, regarding any Service Delivery Strategy issue arising under the provisions of Title 36, Chapter 70, Article 2 of the Official Code of Georgia Annotated, the amount to be paid by the City to the County under this Agreement shall increase from \$25,000.00 per year to \$75,000.00 per year, which increase shall begin in the month subsequent to the month in which any such lawsuit is filed.

2. If the County files a lawsuit against the City prior to January 1, 2032, regarding any Service Delivery Strategy issue arising under the provisions of Title 36, Chapter 70, Article 2 of the Official Code of Georgia Annotated, the amount to be paid by the City to the County under this Agreement shall decrease from \$25,000.00 per year to \$0.00 per year, which decrease shall begin in the month subsequent to the month in which any such lawsuit is filed.

ARTICLE VIII – MISCELLANEOUS

1. *Severability.* The invalidity or unenforceability of any provision of this Agreement shall not affect the validity or enforceability of any other provision of this Agreement or any other form or agreement associated with the County and Sylvania's Service Delivery Strategy, which shall remain in full force and effect.

2. *Merger Clause.* All previous oral representations and agreements concerning all matters set forth in this Agreement have been incorporated herein, and the terms and conditions of this Agreement shall supersede any previous oral agreements between the parties.

3. *Applicable Law.* The laws of the State of Georgia shall govern the validity, interpretation, performance and enforcement of this Agreement and any dispute involving this Agreement without regard to conflicts of laws principles.

4. *Amendment and Modification of Agreement.* Unless otherwise provided by law or as expressly provided herein, any amendments, changes, additions, or deletions to or from this Agreement shall be made in writing upon the mutual agreement of the Parties, validly adopted and approved, and spread upon the minutes of the respective entities.

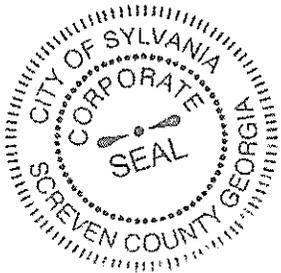
5. *Binding Effect.* This Agreement shall be binding upon Parties and their agents and successors.

6. *Counterparts.* This Agreement may be executed in counterparts, each of which shall be an original and all of which shall constitute one and the same instrument.

ARTICLE IX – EFFECTIVE DATE

This Agreement shall become binding on the Parties and effective as of the date specified in the preamble of this Agreement.

IN WITNESS WHEREOF, the parties hereto have duly approved this Agreement and have authorized their respective officers specified below to execute their names and date of signature hereto and affix their entity’s respective seals hereto.



CITY OF SYLVANIA, GEORGIA

By: *Jacy Mathis*
City Manager

Attest: *Shelia P. Moore*
City Clerk

SCREVEN COUNTY, GEORGIA

By: *[Signature]*
Chairman, Board of Commissioners

Attest: *[Signature]*
County Manager



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions

Main points of this form and completion for a service listed on FORM Section I 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: SCR

Service: Emergency Management

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

- a. [X] 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. Screven 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.
c. [] One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. If this box is checked, identify the government's authority or organization providing the service:
d. [] One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. If this box is checked, identify the government's authority or organization providing the service.
e. [] Other If this box is checked, attach a memorandum detailing the service area of a service provider and identify the government, authority, or other organization that will provide service within each service area.

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. 16-10-41) 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

- 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
Screven County	General Fund

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

No change to the service delivery arrangement, but the Form has been updated.

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

Agreement Name	Contracting Parties	Effective and Ending Dates
N/A		

- 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

Person completing form: **Local** **County** **State** **Federal**
 Phone number: Date completed: 1/0/00

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions

Main points of this form and completion for a service listed on FORM Section I 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: SCR

Service: Emergency Medical Service

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

- a. [X] 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. Screven 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.
c. [] One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. If this box is checked, identify the government's authority or organization providing the service:
d. [] One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. If this box is checked, identify the government's authority or organization providing the service.
e. [] Other If this box is checked, attach a memorandum detailing the service area of a service provider and identify the government, authority, or other organization that will provide service within each service area.

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. 16-10-4) 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

- 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
Screven County	<input type="checkbox"/> User Fees; General Fund

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

The service delivery arrangement has not changed, but the Form has been updated.

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

Agreement Name	Contracting Parties	Effective and Ending Dates
N/A		

- 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

- Person completing form: **Local** **County** **State** **Federal**
 Phone number: Date completed: 1/0/00

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions

Make copies of this form and complete one for each service listed on FORM Section I. 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.

Table with 2 columns: COUNTY (SCRIPPS) and Service (Fire Protection)

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

- a. Service will be provided countywide... b. Service will be provided only in the unincorporated portion... c. One or more cities will provide this service... d. One or more cities will provide this service... e. Other

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... See O.C.G.A. 16-10-41 overriding benefits of the duplication...

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 completion.

SDS FORM 2, continued

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
Screven County	Special Service District Revenues
City of Sylvania	General Fund
Town of Newington	General Fund

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

This strategy has been revised to reflect that the County provides Fire Protection Services within the unincorporated area of the County, the City of Oliver, and the Towns of Hilltonia and Rocky Ford and that such services are funded out of property taxes levied within a Special Service District consisting of the unincorporated area of the County, the City of Oliver, and the Towns of Hilltonia and Rocky Ford. The City of Sylvania and the Town of Newington provide Fire Protection Services to their residents within their respective fire service districts as shown on the attached map.

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

Agreement Name	Contracting Parties	Effective and Ending Dates
Fire IGA	Screven County, Oliver, Hilltonia and Rocky Ford	07/01/01 - 07/01/11 see IGA
IGA for Fire Service	Screven County and City of Newington	07/01/01 - 07/01/11 see IGA

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?

Screven County Code Amendment creating Fire Special Service District adopted January 9, 2011

Person completing form: **Local** **County Manager**
 Phone number: _____ Date completed: 11/01/22

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:

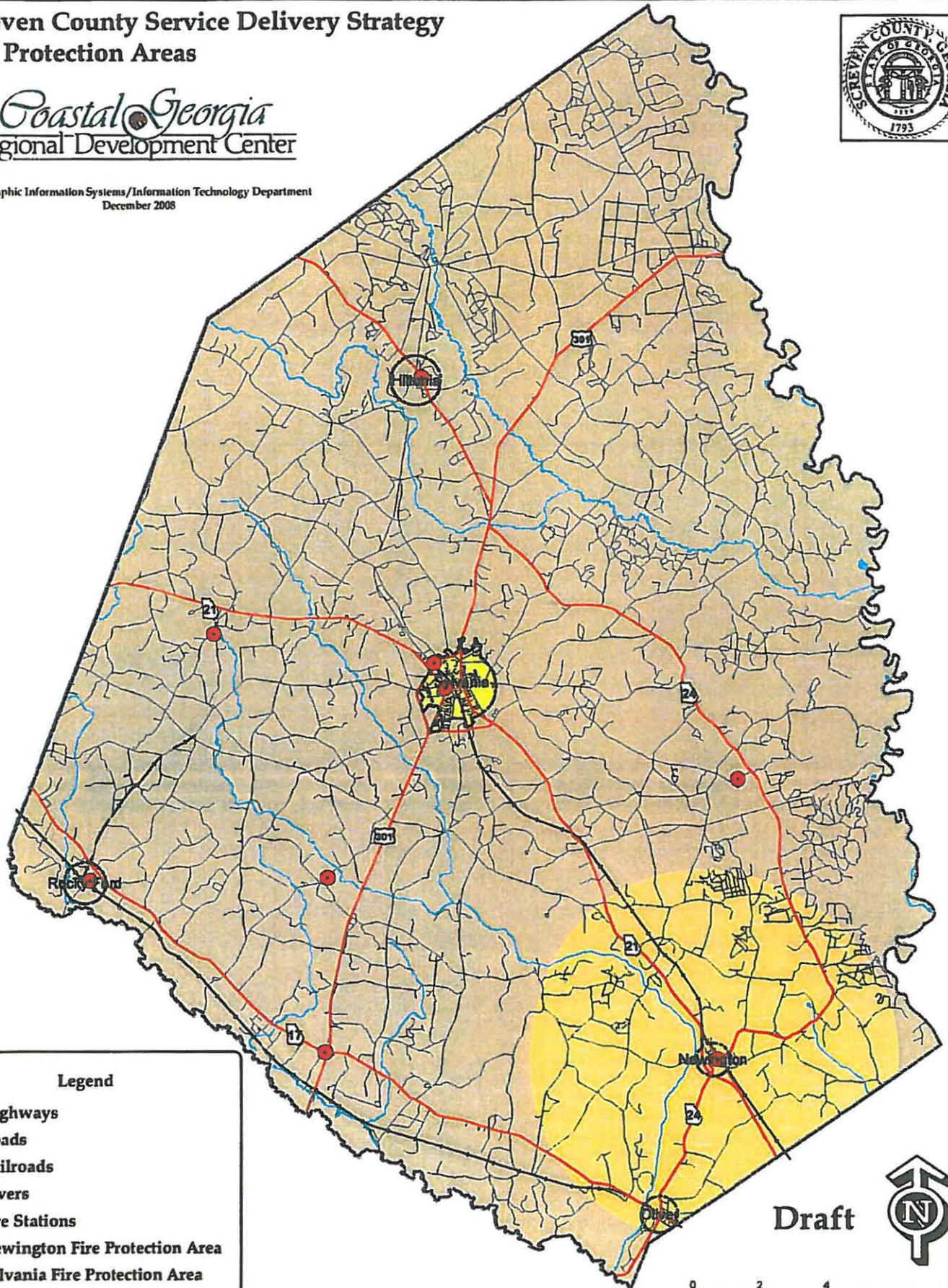
Screven County Service Delivery Strategy

Fire Protection Areas



Coastal Georgia
Regional Development Center

Geographic Information Systems/Information Technology Department
December 2008



Legend

- Highways
- Roads
- Railroads
- Rivers
- Fire Stations
- Newington Fire Protection Area
- Sylvania Fire Protection Area
- County Fire Protection Area
- City Boundaries
- County Boundary

Draft



DISCLAIMER: This map has been prepared to facilitate public access to information. Data shown is for planning purposes only and its accuracy is NOT warranted. CGRDC assumes no liability for the quality, content, accuracy or completeness of the information and other items contained in this map. Individuals are advised to independently verify information before use.

INTERGOVERNMENTAL AGREEMENT BETWEEN
SCREVEN COUNTY, GEORGIA
AND
THE CITY OF NEWINGTON, GEORGIA
FOR THE
PROVISION OF FIRE SERVICE

WHEREAS, the respective member governments of Screven County (Board of Commissioners) and the City of Newington (Mayor and Council) have, pursuant to Georgia Laws and Acts, prepared and adopted a joint county-wide Comprehensive Plan and Service Delivery Strategy; and,

WHEREAS, the Comprehensive Plan, as duly amended, and Service Delivery Strategy was developed jointly and provides for the delivery of services by the Fire Department of the City of Newington in the unincorporated areas of Screven County; and,

WHEREAS, it is the intent of the respective governments party to this agreement to establish and define the obligation of the City to provide services within the unincorporated areas of the County and to establish the compensation to be paid by the County for such service, so as to meet both the requirements of law and the spirit of cooperation and coordination contemplated by the Georgia Service Delivery Act; and,

WHEREAS, the parties are authorized pursuant to the Intergovernmental Contracts provision of the Georgia Constitution, Article 9, Section III, Paragraph 1, to contract with each other for a period not exceeding fifty (50) years;

NOW, THEREFORE, for and in consideration of the mutual and reciprocal benefits enuring to each of the parties, the City of Newington, Georgia (herein, the "City") and Screven County, Georgia (herein, the "County") contract and agree as follows:

1. Services Provided by the City. The City shall provide extrication and rescue service and respond to fire calls in the unincorporated areas of the County within five (5) mile radius of the city limits of the City. In addition, the City shall house and maintain the County's fire service equipment and shall be responsible for payment of all City Volunteer Fire Fighters responding to County fires.
2. Compensation. The County shall pay the sum of FIFTEEN THOUSAND AND NO/100 DOLLARS (\$15,000.00) for the first fiscal year to the City as full compensation for the services rendered by the City pursuant to the provisions of this agreement. Annual compensation pursuant to the terms of this agreement shall be established by a joint resolution of the parties adopted on or before March 31 of each successive year of this agreement.

3. Term. This agreement shall be effective as of the execution by the last party to sign the same, and the initial term shall expire on June 30, 2001. Thereafter, the agreement shall automatically renew for successive one year periods unless terminated by either party in writing on or before March 31, 2001, or on or before March 31 in any subsequent year, which termination shall be effective for the succeeding calendar year. In any event, this agreement shall terminate, if not sooner terminated, on June 30, 2051.

4. Merger. This writing constitutes the entire agreement by and between the parties regarding the provision of fire and rescue services within the County. Amendments, additions or deletions shall be in writing and dated subsequent to this writing to be enforceable.

5. Severance. In the event a court of competent jurisdiction declares any part or parts of this agreement to be unlawful or unenforceable, such part or parts shall be severed from the agreement and the remaining part or parts shall remain enforceable in order to carry out the original purposes and intent of this agreement to the extent reasonably practicable.

IN WITNESS WHEREOF the undersigned parties have, by and through their duly designated officials, executed the same and affixed their seals on the 26th day of February, 2001.

Screven County, Georgia

By: J.C. Warren
J.C. Warren, Chairman
Board of Commissioners

Attest: Rick Jordan
Rick Jordan, County Manager

The City of Newington, Georgia

By: Donald Scott, Mayor
Donald Scott, Mayor

Attest: Donette L. Perkins, Clerk
, City Clerk

CODE AMENDMENT

AN ORDINANCE TO AMEND CHAPTER 30 OF THE SCREVEN COUNTY CODE TO CREATE A SPECIAL SERVICE DISTRICT FOR THE PROVISION OF FIRE PROTECTION FOR UNINCORPORATED AND INCORPORATED AREAS OF SCREVEN COUNTY, WITH THE EXCEPTION OF THE CITY OF NEWINGTON AND THE CITY OF SYLVANIA, AND TO PROVIDE FOR THE SUPPORT OF THE PROVISION OF SUCH FIRE PROTECTION SERVICE BY THE LEVY OF A SPECIAL TAX TO BE COLLECTED WITHIN THAT DISTRICT AND USED ONLY FOR THE PROVISION OF FIRE SERVICES WITHIN THAT DISTRICT

Purpose. The Board of Commissioners of Screven County, Georgia (“BOC”) has determined that the most effective and appropriate means of providing adequate fire protection for the citizens living in the unincorporated areas of Screven County (“County”) and those living within incorporated areas which wish to be served by the County’s Fire Department (“Department”), which Department was established as provided in Chapter 30 of the Code, is to establish a Fire Protection Special Service District (“District”) for that purpose pursuant to the provisions of the Georgia Constitution, Article IX, Section II, Paragraph III (“Supplemental Powers Clause”) and Article IX, Section II, Paragraph IV (“Special Districts Clause”) and to fund the operation of the County’s Fire Department by the implementation of a “Special Services Tax Levy” and to fix such other fees and assessments as allowed by law to provide revenues sufficient to cover the cost of maintaining, operating and equipping the Department, the acquisition of land and the construction of buildings to be used solely to house the equipment and personnel of the Department and similar uses. Further, the BOC has determined that a special fund is to be created within the County’s accounting system and all funds collected for this purpose, from the citizens of the unincorporated area of the county and from those cities which enter into Intergovernmental Agreements to be served by the County, shall be allocated to that fund and shall be utilized only for the services provided by the Department within the District.

BE IT ORDAINED BY THE BOARD OF COMMISSIONERS OF SCREVEN COUNTY, GEORGIA:

Section 1 Enactment.

The Board of Commissioners of Screven County, Georgia, hereby enacts and adopts the following Amendment to the Code of Screven County, Georgia.

Section 2 Amendment to Section 30-1 of the Code. Section 30-1 of the Screven County Code is hereby amended by deleting the current section in its entirety and replacing it with the following:

“(a) The Board of Commissioners of Screven County, Georgia (“BOC”) finds that the best interests of the citizens of the county will be served by the availability of adequate fire protection to the citizens of the unincorporated areas of Screven County and those cities or municipalities which chose to be served by the county’s fire department and to have the cost of that department be borne by the citizens who use the service. One purpose of this chapter is the creation of a county fire department by incorporating the existing volunteer fire units within the county, other than those funded and supported by the City of Newington and City of Sylvania, as county firefighting units.

Further, the BOC has determined that the most effective and appropriate means of providing adequate fire protection for the citizens living in the unincorporated areas of Screven County (“County”) and those living within incorporated areas which wish to be served by the county’s fire department (“Department”), (which Department was established as provided in Section 30-3 of the Code in 1999), is to establish a Fire Protection Special Service District (“District”) for that purpose pursuant to the provisions of the Georgia Constitution, Article IX, Section II, Paragraph III (“Supplemental Powers Clause”) and Article IX, Section II, Paragraph IV (“Special Districts Clause”).

(b) Further, pursuant to those provisions set out in subsection (a) above, the BOC finds it to be in the best interest of the citizens of the county to fund the operation of the County’s Fire Department by the implementation of a “Special Services Tax Levy” and such other fees and assessments as allowed by law sufficient to cover the cost of maintaining, operating and equipping the Department, including the cost of capital items such as the acquisition of real property for fire stations, fire engines and other equipment and machinery. The BOC has determined that a special fund is to be created within the County’s accounting system and all funds collected for the purpose of supporting the Department, from the citizens of the unincorporated area of the county and from those cities or municipalities which enter into Intergovernmental Agreements to be served by the Department (as defined below), be allocated to that fund and all such funds be utilized only for the services provided by the Department within the District. No portion of the funds collected as part of the general ad valorem tax imposed upon all citizens of the county shall be used to support the Department.”

Section 3 Amendment to Section 30-2 of the Code. Section 30-2 of the Screven County Code is hereby amended by deleting the definition for ‘Fire district’ in its entirety and by adding to the section the following definitions, which shall be organized in alphabetical order.

“Department” means the Screven County Fire Department as established in Sec. 30-3 of the Code.

“Fire Fighting Service” means the transportation of fire department equipment to a Parcel and the actions of the Department’s personnel in responding to a call, extinguishing a fire, or both.”

“Fire Protection Special Service District” means the unincorporated area of the county and those cities or municipalities within the county which choose to be part of the Fire Protection Special Service District (which may also be termed, herein, “District”) by an appropriate Intergovernmental Agreement in which the municipality also agrees to abide by the terms of Chapter 30 of the Code.

“Fire Protection Special Service District Assessment” means the millage rate or fee established annually by the BOC to fund solely the operation of the Department and may be referred to in this chapter of the Code as “Assessment” or “Millage.”

“Manufacture home, mobile home or similar terms” See, section 42-2 of the Code. Such relocatable structures may be referred to herein as a ‘Relocatable Structure.’”

“Parcel means a lot or tract of land situated in Screven County located in the unincorporated area of the county or within a municipality which chooses to be included in the Fire Protection Special Service District.”

Section 4 Amendment to Section 30-4 of the Code. Section 30-4 of the Code is hereby amended by deleting Section 30-4 in its entirety and replacing it with the following:

“Sec. 30-4. Establishment of a fire protection special service district.

“There is hereby created a Fire Protection Special Service District as defined hereinabove.”

Section 5 Amendment to Section 30-5 of the Code. Section 30-5 of the Code is hereby amended to delete the current section in its entirety and replacing it with the following:

“Sec. 30-5. Fire protection special service assessment or millage.

Pursuant to the Supplemental Powers and Special Districts clauses of the Georgia Constitution, there is hereby established and levied an annual Fire Protection Special Service District Assessment as defined above. The Assessment shall be levied against all Parcels within the Fire Protection Special Service District, whether or not a Business, Residence or Relocatable Structure is located thereon or not. If more than one Business, Residence or Relocatable Structure is located on one taxable parcel, the assessment shall be levied against each such Business, Residence or Relocatable Structure.

Notwithstanding anything contained herein to the contrary, when a manufactured home, mobile home or similar Relocatable Structure (as defined herein) is situated on a taxable parcel, which is not owned by the owner of the Parcel, the Assessment shall be assessed against the owner of the Relocatable Structure and no permit required pursuant to county or state law shall be issued for such Relocatable Structure for which such permit is sought until the millage due thereon has been paid in full.

If a Business, Residence or Relocatable Structure is not located on a taxable Parcel on January 1 of any calendar year, beginning on January 1, 2018, or if construction of a Building or Dwelling is not completed and the Business or Dwelling occupied on January 1 of any calendar year, commencing on January 1, 2018, then the owner of the Parcel on which the Business, Dwelling or Relocatable Structure is located or, in the case of Relocatable Structures owned by someone other than the owner of the Parcel upon which it is situated, shall pay a percentage of the Assessment determined by dividing the number of months or parts of a month during which the Business, Dwelling or Structure is located on the Parcel by 12.

To the extent allowed by state law, the millage, assessment or fee establish in this Chapter shall be included on the tax statements for ad valorem taxes created by the Tax Commissioner of Screven County and delinquent payments shall be charged such fees and interest and collected in the same manner as other delinquent ad valorem taxes.

All revenues derived from payment of the millage, assessment or fee established in this Chapter shall be assigned to a special fund created within the County's accounting system and all such funds collected from the citizens of the unincorporated area of the county and from those cities or municipalities which enter into Intergovernmental Agreements to be served by the County allocated to that fund shall be utilized only for the services provided by the Department within the District, including the maintaining, operating and equipping the Department, the acquisition of land and the construction of buildings to be used solely to house the equipment and personnel of the Department, and similar such uses. If, at the end of any fiscal year, there remain any funds unexpended in the account so established, the same shall not lapse or revert to the General Fund of the County but shall be maintained exclusively for the purposes specified in this Chapter.

No part of the revenues derived from the millage, assessment or fee established in this Chapter shall be used for any purpose other than those specified in this Chapter and no part of the ad valorem revenues derived by the County from property located within municipalities not electing to be part of the District shall be used for such purposes. It is the intent of the Screven County Board of Commissioners that neither property located within the limits of municipalities not electing to be included within the District nor the owners thereof be required to support any Fire Fighting Service performed outside the limits of such municipalities.”

Section 6 Repealer. All ordinances or parts of ordinances in conflict with the amended ordinance are hereby repealed to the extent of such conflict.

Section 7 Effective Date. This Amendment shall be effective upon its adoption by the Board of Commissioners of Screven County, Georgia.

ADOPTED AT A REGULAR MEETING OF THE BOARD OF COMMISSIONERS ON JANUARY 9, 2018.



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 I 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: **SCRIPPS**

Service: **Gas Utility**

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. **City of Sykes**
- b. Service will be provided only in the unincorporated portion of the county by a single service provider. If this box is checked, identify the government, authority or organization providing the service.
- c. One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. If this box is checked, identify the government's authority or organization providing the service:
- d. One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. If this box is checked, identify the government's authority or organization providing the service.
- e. Other If this box is checked, attach a memorandum detailing the service area of each service provider and identify the government, authority, or other organization that will provide service within each service area.

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. 36-10-41) 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.



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions

Make copies of this form and submit one for each service listed on FORM Section I. 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: **SCRIPPS**

Service: **Hospital**

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

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

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

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

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

e. Other If this box is checked, attach a diagram mapping the service area of each service provider and identify the government, authority, or other organization that will provide service within each service area.

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. 36-10-41 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 completion.

SDS FORM 2, continued

- 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
Screven County Hospital Authority	Fees
Screven County	General Fund

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

The service delivery arrangement has not changed, but a Form 1 has been created.

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

Agreement Name	Contracting Parties	Effective and Ending Dates
N/A		

- 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

- Person completing form: **Local** **County** **State** **Federal**
 Phone number: Date completed: 1/00/00

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions

Make copies of this form and submit one for each service listed on FORM Section I. 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: **SCRIPPS**

Service: **Law Enforcement - Municipal**

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

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

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

- c. One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. If this box is checked, identify the government's authority or organization providing the service: **City of Sykesville, City of Olin, Town of Clinton, Town of Clinton, Town of Rocky Ford**

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

- e. Other If this box is checked, attach a memorandum detailing the service areas of each service provider and identify the government, authority, or other organization that will provide service within each service area.

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. 36-10-41) 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

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

Local Government or Authority	Funding Method
City of Sylvania	General Fund
City of Oliver	General Fund
Town of Hiltonia	General Fund
Town of Newington	General Fund
Town of Rocky Ford	General Fund

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

The service delivery arrangement has not changed, but a Form has been created for this service. The City of Sylvania contracts with the County for the housing of city inmates at the Screven County Jail.

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

Agreement Name	Contracting Parties	Effective and Ending Dates
IGA for Housing Prisoners	Screven County and the City of Sylvania	11/19/1 <input type="checkbox"/> - 11/1 <input type="checkbox"/> /1 <input type="checkbox"/> (see IGA)

- 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

- Person completing form: ori ur County Manager
 Phone number: Date completed: 1/19/1

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

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

**INTERGOVERNMENTAL AGREEMENT BETWEEN SCREVEN COUNTY,
GEORGIA AND THE CITY OF SYLVANIA, GEORGIA FOR THE PROVISION
OF HOUSING PRISONERS FOR THE CITY IN THE COUNTY JAIL**

THIS AGREEMENT is made and entered into on 11/19/2012, between SCREVEN COUNTY, GEORGIA, a political subdivision of the State of Georgia (the "County"), and the CITY OF SYLVANIA, GEORGIA, a municipal corporation organized and existing under the laws of the State of Georgia (the "City").

WITNESSETH:

WHEREAS, the County provides funding for the construction, operation and maintenance of the Screven County Jail (the "Jail") and,

WHEREAS, the County and City desire to enter into an agreement for the housing, care and supervision of the City's inmates at the Jail; and,

WHEREAS, the County and the Screven County Sheriff (the "Sheriff") are willing to make the Jail available to the City for the purpose of housing City prisoners for a daily service fee derived through good-faith negotiations between representatives of the County and City; and,

WHEREAS, the City and County are authorized to contract with each other for the provision of such services for a period not exceeding fifty (50) years pursuant to Article 9, Section 3, Paragraph 1 of the Georgia Constitution.

NOW THEREFORE, for and in consideration of the promises and recitals contained herein, the City and County do hereby contract and agree as follows:

-1-

TERM OF AGREEMENT

The term of this agreement shall commence from the date of this agreement, and shall terminate upon the earlier of the following:

- a. Fifty (50) years from the date of this agreement; or
- b. Notice in writing by either party with thirty days advance notice in writing. The provisions contained in this agreement establishing a method for resolution of disputes shall not prevent either party from terminating this agreement.

-2-

DEFINITION OF CITY INMATE

A "city inmate" is defined as an inmate in the county jail who was (a) arrested by the Sylvania Police Department or other law enforcement agency on charges that do not include felony charges, with the direction by such agency to appear in the Municipal Court of Sylvania, and is housed at the County Jail pending final court disposition; or (b) convicted by the Municipal Court of the City of Sylvania and serving a sentence imposed by such court.

-3-

SCOPE OF SERVICES

The County and the Sheriff shall make the Jail available to the City for the provision of inmate services to City inmates which shall be provided in the same manner and basis as for all other inmates housed by the County including, but not limited to (a) housing of inmates within an appropriate physical space within the Jail with accompanying facilities and services such as public utilities, heat, air conditioning, health facilities, recreational facilities and the like, as are required to support the housing of inmates in county jails according to the laws of the State of Georgia and the United States of America; and (b) proper care and maintenance services common to all inmates such as, but not limited to, inmate meals, medical and dental services, inmate recreation/library/educational service, mug photography, fingerprinting (for each separate booking occurrence), re-fingerprinting

(when necessary), custody and care of inmate personal property, and other related miscellaneous and incidental inmate services considered ordinary and routine human needs, in accordance with the laws of the State of Georgia and the United States of America.; provided, however, the City shall be responsible for the cost of medical care for disease or illness, and dental care provided to City inmates (with rights of reimbursement pursuant to O.C.G.A. § 42-4-51(a) or similar or other laws), and for the cost of transporting City inmates who require medical care for disease or illness, or dental care, or who are injured other than by the deliberate or negligent act or omission of the County or its employees, or caused by a defect in the premises on County owned property. The County shall be responsible for medical care for any City inmate for injury incurred to such City inmate while in the custody of the Sheriff, whether on the premises of the County Jail or otherwise, caused by the deliberate or negligent act or omission of the county or its employees, or caused by a defect in the premises on county owned property.

The City shall provide to the Sheriff all available information concerning the classification, background and medical condition of a city inmate at the time of transfer. The City shall also provide at the time of transfer a copy of the Arrest Sheet, Warrants (as applicable and if available) and Citations (as applicable), and when available, Incident Reports and all other relevant information regarding the City inmate. After receiving such information from the City, the Sheriff shall complete the booking process.

-4-

ACCOUNTING FOR CITY INMATES

Purpose. This section provides for the procedures used to determine and count “jail days” or “inmate days” which are billable to the City pursuant to the terms of this agreement.

Inmate Day or Jail Day. An "Inmate Day" or "Jail Day" shall be defined for purposes of this agreement to mean the 24 hour period beginning with the booking of a City inmate into the County Jail and ending 24 hours later, and all subsequent 24 hour periods, until the City inmate's release from the County Jail. In the event the City inmate's stay is less than 24 hours, such period shall nevertheless be counted as one full Jail Day. Furthermore, if the City inmate's stay is greater than 24 hours, but the last incremental period is less than 24 hours, the last incremental period shall be counted as one full Jail Day.

Commencement of Inmate Billable Jail Days. Billable jail days for the City shall commence at the time of booking of any City Inmate. The City shall not be billed for jail days for inmates merely transported to the Jail by the City's agents on behalf of, or at the request of, another agency and against which the City has not made and is not making a charge which would customarily result in booking into the Jail.

Cessation of Inmate Billable Jail Days. Billable jail days for any City inmate booked into the Jail for the City shall cease to be counted and billed to the City when the inmate ceases to be a City Inmate or upon the occurrence of the earliest of any of the following:

- (1) The date on which the City inmate is released from the Jail.
- (2) The date on which charges against a City inmate are bound over to State Court or Superior Court by the Municipal Court or any other court having authority to do so.
- (3) The date on which a hold is placed on a City inmate by an agency other than the City and that agency assumes responsibility for the inmate.
- (4) The date on which a criminal accusation is filed or an indictment or special presentment is returned by the Grand Jury against a City inmate.
- (5) The date on which a City inmate is sentence to time served by the Municipal Court and is released.

(6) The date on which felony charges are filed against a City inmate by the City or another agency.

-5-

BILLING AND PAYMENT FOR INMATE SERVICES

Rate of Pay for Jail Day. The County shall invoice the City for Inmate Services on a monthly basis at the rate of \$30.00 per inmate day or jail day. The Rate of Pay per Jail Day shall be adjusted annually by agreement between the parties during the month of December, based on the actual costs of operating the Jail, to be applied beginning on the first day of the calendar year. In the event the City opts out of this agreement because of a new rate imposed pursuant to the provisions of this paragraph, the new rate shall not apply to the thirty day opt out period.

Inmate Roster. The County shall prepare and submit to the City a City Inmate Roster by not later than the 15th day of each month. The City Inmate Roster shall contain the following information for each inmate (if applicable): Name; Reference ID number; State ID number assigned by GCIC; Booking Occurrence Count; Date of Arrest; Date and Time of Booking; Date and Time of Discharge from Jail; Date Billing Commenced to City; Date Billing Ceased to City; Court of Jurisdiction; Monthly Total Billable Jail Days; additional charges for inmate services billable to City; and the Total Amount Due.

Within 15 days of its receipt of the City Inmate Roster, the City shall submit to the County recommended corrections to the City Inmate Roster and the reason for each recommended correction. The designated representatives of the County and City shall cooperate and exchange data as reasonably requested to resolve asserted errors on the City Inmate Roster.

For the purpose of resolving disputes as to the City Inmate Roster, the County appoints the Sheriff or his designate as its representative and the City appoints its Chief of Police or his designate.

Payment for Inmate Services. The City shall make payment to the County for the Monthly Total Billable Jail Days within 15 days of the date of agreement on the City Inmate Roster, but not later than the 15th day of the following month.

City's Right of Recoupment. In the event a City Inmate demands a trial by jury and is bound over for trial in the State or Superior Court, and should the County benefit financially upon the payment of fines by that inmate, then to the extent the actual receipts by the County exceed its cost of housing that inmate (based on the prevailing rate of pay by the City for Inmate Jail Days), the City shall be reimbursed for the amounts it actually paid to the County to house that prisoner while he or she was a City Inmate. It shall be the responsibility of the City to monitor and apply for such reimbursement, supporting such request for recoupment with the inmate's name, total Jail Days, the date the inmate became a county inmate, the reason the inmate became a county inmate and the total amount of fines collected from the inmate.

-6-

RESPONSIBILITY OF THE CITY FOR DELIVERY AND MEDICAL CARE OF INMATES

The City shall deliver its prisoners to and provide and maintain necessary security for its inmates until booked into and received by the Jail. No prisoner shall be delivered to the Jail if the individual is in need of medical attention. Obvious or alleged medical needs of prisoners shall be addressed by the City prior to delivery to the Jail and the County shall not be responsible for receiving inmates complaining of medical needs or who are obviously in need of medical attention.

In addition to the billable Jail Days each month, the County shall also bill the City for expenses incurred by the County for the provision of medical services to City inmates.

Further, the City shall be responsible for the transportation needs of all City inmates for purposes of receiving medical treatment outside the Jail and shall provide for security during transportation.

-7-

RESOLUTION OF DISPUTES

Disputes between the parties to this agreement which are not resolved by negotiation between their designated representatives shall be resolved by the dispute resolution process set forth as follows:

Mediation. The parties shall submit such dispute to a mediator approved for providing mediation services in the Ogeechee Judicial Circuit. In the event the parties can not agree on a mediator, the administrator in charge of mediation of the Ogeechee Judicial Circuit shall designate a mediator for the parties. The parties shall share the cost of the mediation equally. One representative from the City and one from the County, with authority to enter into a binding agreement to resolve the dispute must attend all mediation sessions. The mediation shall be completed within 120 days of the first action or inaction by either party which gives rise to the dispute.

Judicial Determination. In the event the dispute is not resolved by mediation as set forth above, either party may file an action in the Superior Court of Screven County, Georgia for judicial determination. Both parties waive the right to a jury trial and submit to a bench trial before the Court.

-8-

MERGER

This writing constitutes the entire agreement by and between the parties regarding the housing of City Inmates by the County at the county Jail. Any amendment, additions or deletions shall be in writing and dated subsequent hereto in order to be enforceable.

-9-

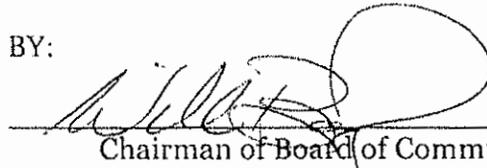
SEVERANCE

In the event any court of competent jurisdiction declares any part or parts of this agreement to be unlawful or unenforceable, such part or parts shall be severed from this agreement, and the remaining part or parts shall remain enforceable in order to carry out the original purposes and intent of this agreement to the extent reasonably practicable.

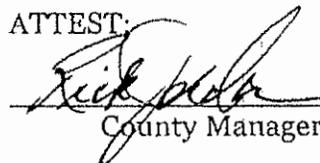
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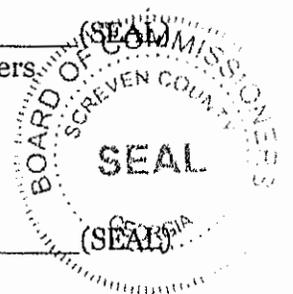
SCREVEN COUNTY, GEORGIA

BY:

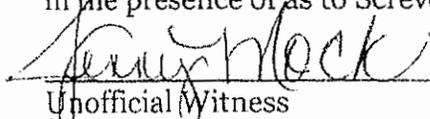

Chairman of Board of Commissioners

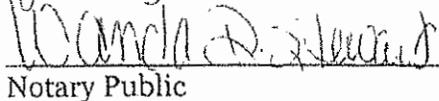
ATTEST:


County Manager

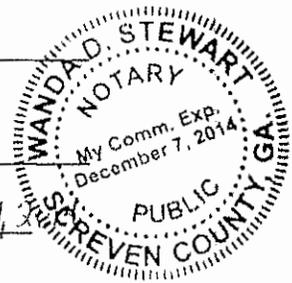


Signed, sealed and delivered in the presence of as to Screven County:


Unofficial Witness


Notary Public

My Commission Expires: December 7, 2014



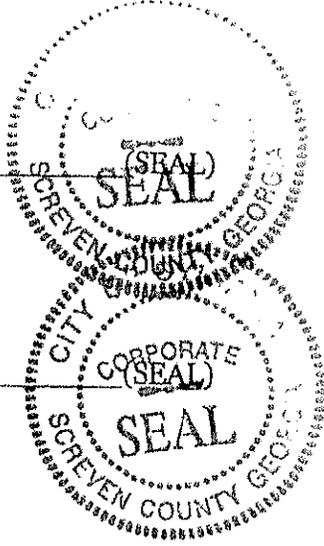
CITY OF SYLVANIA, GEORGIA

BY:

Macy J. Watkins
City Manager (Interim)

ATTEST:

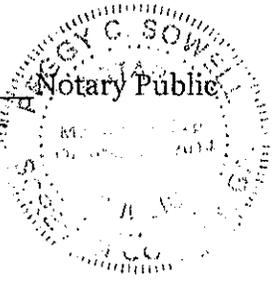
Abigail P. Snow
City Clerk (Interim)



Signed, sealed and delivered
in the presence of as to City of Sylvania:

Mina W. Jordan
Unofficial Witness

Regory C. Lowell
My Commission Expires: 10-25-14





SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions

Make copies of this form and submit one for each service listed on FORM Section I. 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: **SCRIPPS**

Service: **Library**

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. **Scriven County Regional Library System**

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

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

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

e. Other If this box is checked, attach an explanation of the service area of each service provider and identify the government, authority, or other organization that will provide service within each service area.

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. 36-10-41 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 completion.

SDS FORM 2, continued

- 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
Screven County	General Fund

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

The strategy has been revised to reflect that the Screven-Jenkins County Regional Library System is the service provider.

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

Agreement Name	Contracting Parties	Effective and Ending Dates
N/A		

- 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

- Person completing form: **Local** **County** **State** **Federal**
 Phone number: Date completed: 1/0/00

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions

Make copies of this form and submit one for each service listed on FORM 1. Section I 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: **SCRIPPS**

Service: **Parks and Recreation**

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. **Scriven 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.
- c. One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. If this box is checked, identify the government's authority or organization providing the service:
- d. One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. If this box is checked, identify the government's authority or organization providing the service.
- e. Other If this box is checked, attach a memorandum detailing the service area of each service provider and identify the government, authority, or other organization that will provide service within each service area.

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. 36-10-41) 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

- 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
Screven County	General Fund, User Fees, SPLOST

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

The name of this service has been changed, but the service arrangements have not changed. Screven County will continue to provide parks and recreational services on a county wide basis.

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

Agreement Name	Contracting Parties	Effective and Ending Dates
N/A		

- 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

- Person completing form: **Local** **County** **State** **Federal**
 Phone number: Date completed: 11/17/2022

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions

Main points of this form and completion for a service listed on FORM Section I 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: SCR

Service: Planning and Zoning

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

- a. Service will be provided countywide... b. Service will be provided only in the unincorporated portion... c. One or more cities will provide this service... d. One or more cities will provide this service... e. Other

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... See O.C.G.A. 16-10-41 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

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

Local Government or Authority	Funding Method
Screven County	Special Service District Revenues
City of Sylvania	General Fund; <input type="checkbox"/> user Fees
Town of Newington	General Fund; <input type="checkbox"/> user Fees

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

This strategy has been revised to reflect that the County is providing Planning and onin Services within the unincorporated area of the County and funding such services through a Special Service District comprised of revenues collected exclusively within the unincorporated area of the County.

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

Agreement Name	Contracting Parties	Effective and Ending Dates
N/A		

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?

Screven County Resolution establishing a Special Services District for funding those services identified as being provided by the County primarily for the benefit of the unincorporated area of the County.

Person completing form: ori ur County Manager
 Phone number: Date completed: 12/19/2022

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

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

A RESOLUTION TO ESTABLISH A SPECIAL SERVICE DISTRICT TO BE KNOWN AS "SPECIAL SERVICE DISTRICT — UNINCORPORATED AND JOINTLY FUNDED SERVICES," AND FOR OTHER PURPOSES

WHEREAS, it has been determined by the Board of Commissioners of Screven County, Georgia (the "County") that there is a need for a Special Service District coterminous with the unincorporated area of the County to insure that the cost to provide services primarily for the benefit of those citizens or their share of the cost of jointly funded services shall be funded with user fees, assessments, or fines associated with the service, insurance premium taxes, and all other unincorporated area revenues enumerated in O.C.G.A. §36-70-24 or established by General Act and collected or distributed based upon the unincorporated area or population. If necessary, the service will be funded by taxes and/or assessments levied and collected pursuant to the Constitution of Georgia, Art. IX, § II, Para. VI.; and

WHEREAS, the 1983 Constitution of Georgia provides for the self-government of counties without the necessity of action by the General Assembly (Home Rule); and

WHEREAS, the County has the legislative power to adopt clearly reasonable ordinances or resolutions relating to its property, affairs, and local government for which no provision has been made by general laws, and which are consistent with the Constitution and the provisions of the Charter of the County; and,

WHEREAS, the County is authorized to create Special Service Districts pursuant to the provisions of the Georgia Constitution, Article IX, Section II, Paragraph III ("Supplemental Powers Clause") and Article IX, Section II, Paragraph IV ("Special Districts Clause")

WHEREAS, the Board of Commissioners has determined that it is in the best interest of the citizens of the County to adopt this Resolution;

NOW, THEREFORE, BE IT RESOLVED, by the Board of Commissioners of Screven County, Georgia, and it is resolved by the same, that a Special Service District named "Special Service District — Unincorporated and Jointly Funded Services," (the "District") which District shall include only the unincorporated area of Screven County, Georgia, is hereby created for the purpose of funding those services identified within the Service Delivery Strategies as primarily benefitting the unincorporated residents of the County or the county portion of services jointly funded by the County and one or more municipalities located within the County, including, but not limited to, maintenance of cemeteries, funding the county planning and zoning office, funding the Senior Citizen Center, paying dues to entities in which the County has membership independently of any municipality, and the like.

BE IT FURTHER RESOLVED that all services provided primarily to the citizens of the County who live in the unincorporated area of the County or those which are jointly funded by the County and one or more municipalities in the County shall be

funded by the Insurance Premium Tax proceeds and fees, assessments or taxes established annually by the Screven County Board of Commissioners or by General Act of The General Assembly of the State of Georgia pursuant to the Constitution of Georgia, Article 9, Section II, Para. VI. levied only upon those residents or from funds available to the County which do not include funds derived from the citizens of the County living in an incorporated municipality. Among the fees and revenues available to the County to fund the District are fees derived from Alcohol Excise Taxes, Franchise Taxes, Business Licenses issued by the County, Railroad Equipment fees related only to the unincorporated area of the County, Alcohol Licenses issued by the County, Building and Sign Fees, and the like.

BE IT FURTHER RESOLVED that all revenues derived from payment of the fees, assessments or taxes established as provided by this Resolution shall be assigned to a special fund created within the County's accounting system and all such funds so allocated shall be utilized solely for the services provided by the County within the District. If, at the end of any fiscal year, there shall remain any funds unexpended in the account so established, the same shall not lapse or revert to the general funds of the County but shall be maintained exclusively for the purposes specified in this Resolution.

BE IT FURTHER RESOLVED that all resolutions in conflict with this resolution be, and the same are, hereby repealed.

BE IT FURTHER RESOLVED that this resolution shall be effective immediately upon its adoption by the Board of Commissioners of Screven County, Georgia.

Adopted and approved this 12th day of June, 2018.



Will Boyd, Chairman

Attest:



Rick Jordan, County Manager



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions

Make copies of this form and submit one for each service listed on FORM Section I. 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: **SCRIPPS**

Service: **Public Health**

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

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

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

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

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

e. Other If this box is checked, attach an explanation of the service area of each service provider and identify the government, authority, or other organization that will provide service within each service area.

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. 36-10-41 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 completion.

SDS FORM 2, continued

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

Local Government or Authority	Funding Method
Screven County	General Fund, <input type="checkbox"/> user Fees
Screven County Board of Health	General Fund, <input type="checkbox"/> user Fees

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

The Form has been updated, but the service delivery strategy has not changed. The Screven County Board of Health will continue to provide health services on a county wide basis.

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

Agreement Name	Contracting Parties	Effective and Ending Dates
N/A		

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

Person completing form: ori ur County Manager
 Phone number: Date completed: 1/0/00

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions

Make copies of this form and complete one for each service listed on FORM 1. Section I 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: **SCRIPPS**

Service: **Public Sanitary Sewage**

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

- a. Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. If this box is checked, identify the government, authority or organization providing the service.
- b. Service will be provided only in the unincorporated portion of the county by a single service provider. If this box is checked, identify the government, authority or organization providing the service.
- c. One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. If this box is checked, identify the government's authority or organization providing the service:
- d. One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. If this box is checked, identify the government's authority or organization providing the service.
- e. Other If this box is checked, attach a map indicating the service area of each service provider and identify the government, authority, or other organization that will provide service within each service area. **Scriven County City of Sykesia Town of Clinton City of Oiler Town of Itonia Town of Roxy Ford**

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. 36-10-41) 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 completion.

SDS FORM 2, continued

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

Local Government or Authority	Funding Method
Screven County	<input type="checkbox"/> ser Fees, Impact Fees, General Fund, SPLOST, Grants
City of Sylvania	<input type="checkbox"/> ser Fees, Impact Fees, General Fund, SPLOST, Grants
Town of Newington	<input type="checkbox"/> ser Fees, Impact Fees, General Fund, SPLOST, Grants
City of Oliver	<input type="checkbox"/> ser Fees, Impact Fees, General Fund, SPLOST, Grants
Town of Hiltonia	<input type="checkbox"/> ser Fees, Impact Fees, General Fund, SPLOST, Grants
Town of Rocky Ford	<input type="checkbox"/> ser Fees, Impact Fees, General Fund, SPLOST, Grants

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

Each municipality is authorized, but not required, to provide sewer service within their sewer service area. The City of Sylvania will provide sewer service to the Screven County Industrial Park. The County is authorized, but not required, to provide sewer service in the unincorporated area of the County and outside of the municipal service areas.

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

Agreement Name	Contracting Parties	Effective and Ending Dates
N/A		

- 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

- Person completing form: ori ur County Manager
 Phone number: Date completed: 1/0/00

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

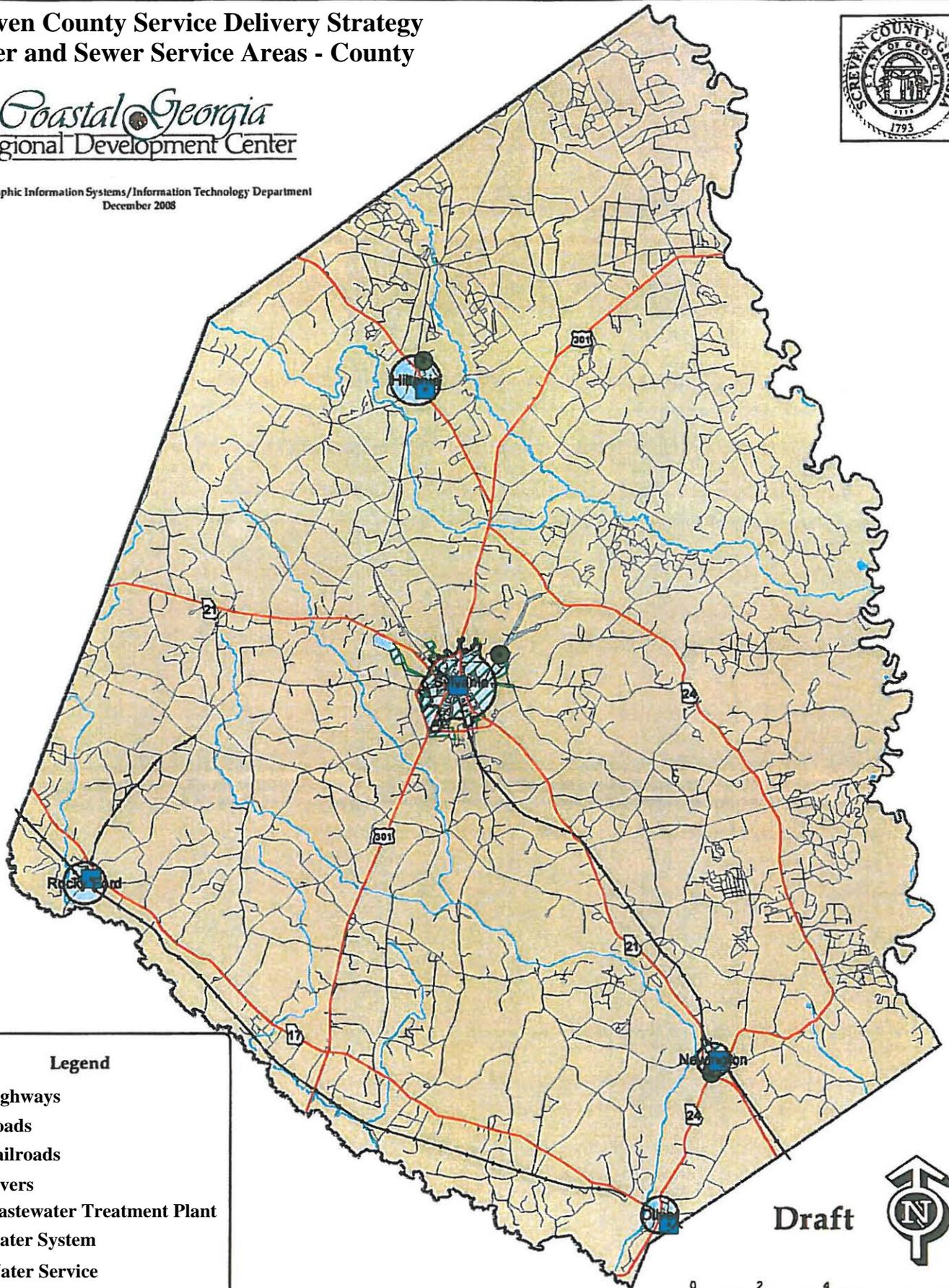
If not, provide designated contact person's and phone number's below:

Screenen County Service Delivery Strategy Water and Sewer Service Areas - County



Coastal Georgia
Regional Development Center

Geographic Information Systems/Information Technology Department
December 2008



Legend

- Highways
- Roads
- Railroads
- Rivers
- Wastewater Treatment Plant
- Water System
- Water Service
- Sewer Service
- City Boundaries
- County Service Area



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Screven County Service Delivery Strategy Water and Sewer Service Areas - Hiltonia

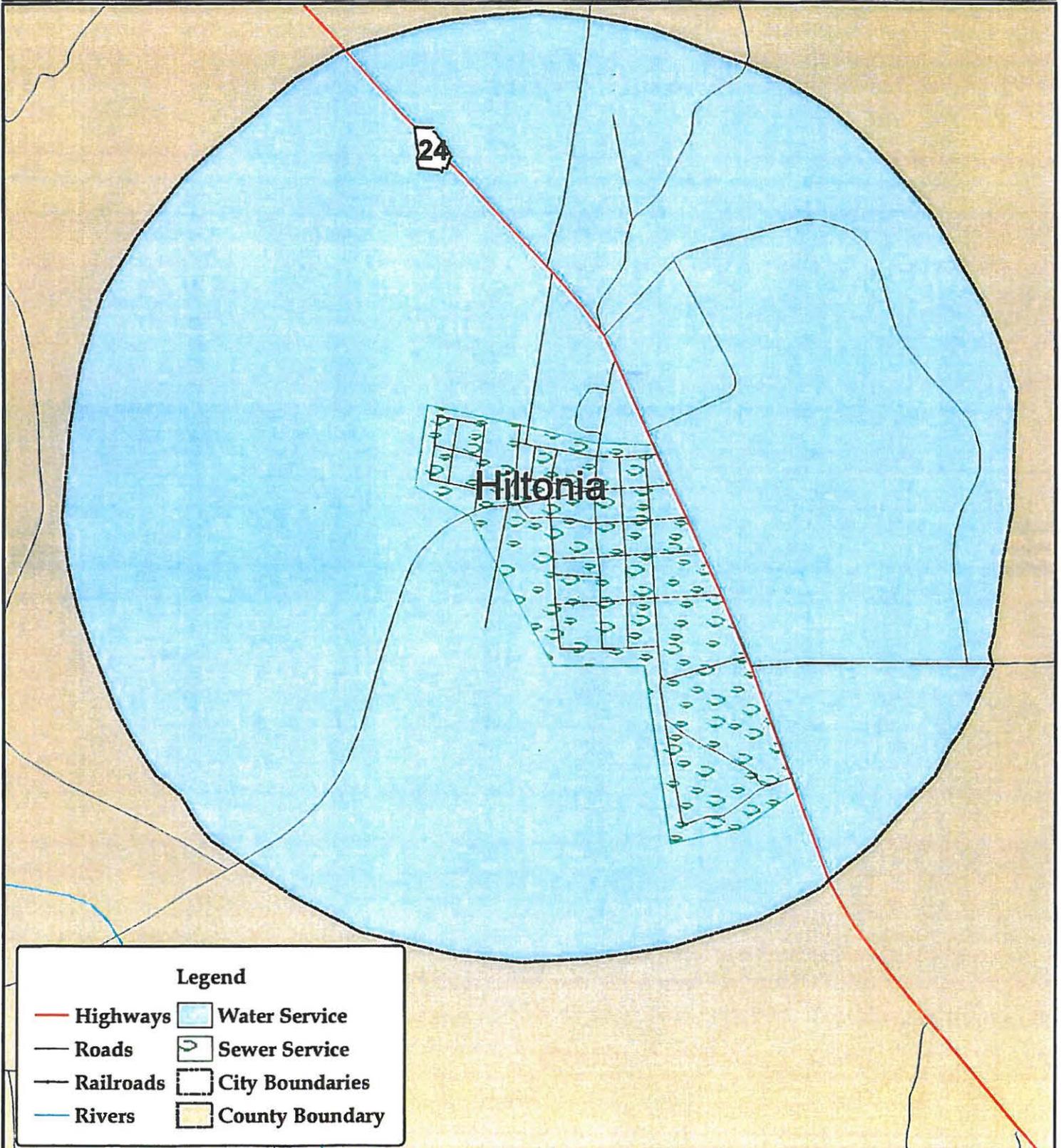
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Regional Development Center

Geographic Information Systems/Information Technology Department
December 2008



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Legend	
Highways	Water Service
Roads	Sewer Service
Railroads	City Boundaries
Rivers	County Boundary

Screven County Service Delivery Strategy Water and Sewer Service Areas - Newington

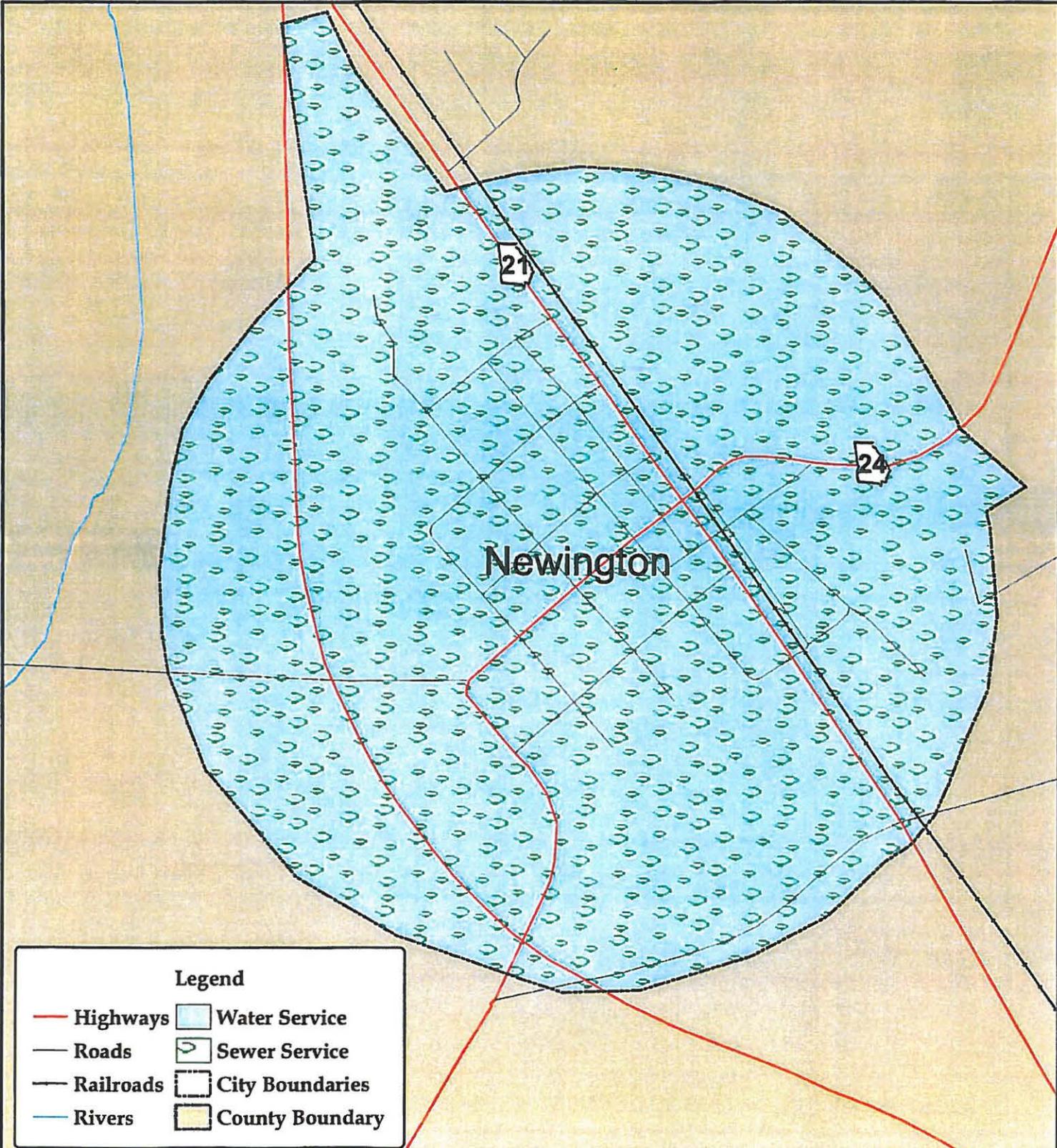
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Regional Development Center

Geographic Information Systems/Information Technology Department
December 2008



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Legend

Highways	Water Service
Roads	Sewer Service
Railroads	City Boundaries
Rivers	County Boundary

Screven County Service Delivery Strategy Water and Sewer Service Areas - Oliver

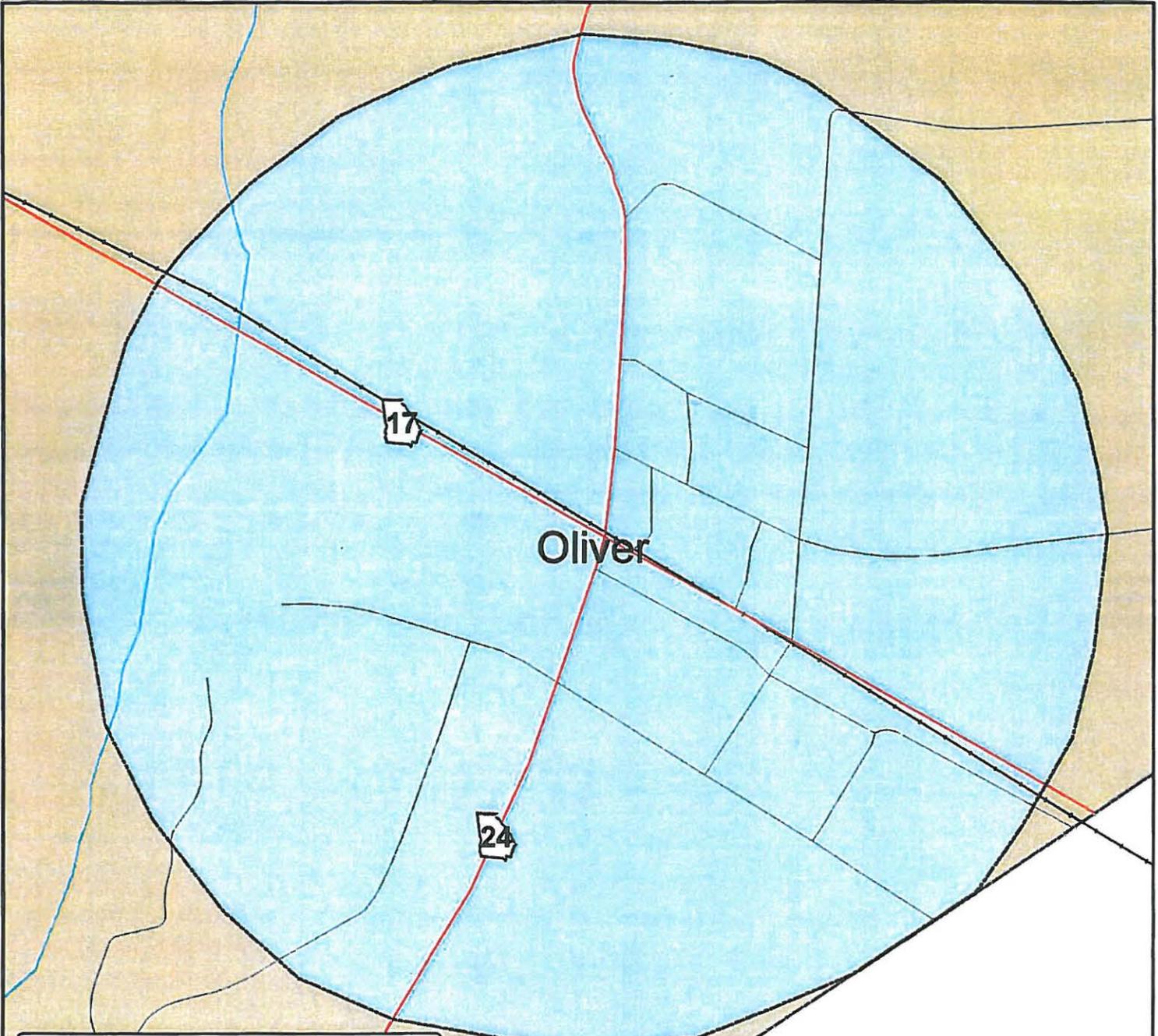
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Regional Development Center

Geographic Information Systems/Information Technology Department
December 2008



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Legend	
Highways	Water Service
Roads	Sewer Service
Railroads	City Boundaries
Rivers	County Boundary

Screven County Service Delivery Strategy Water and Sewer Service Areas - Rocky Ford

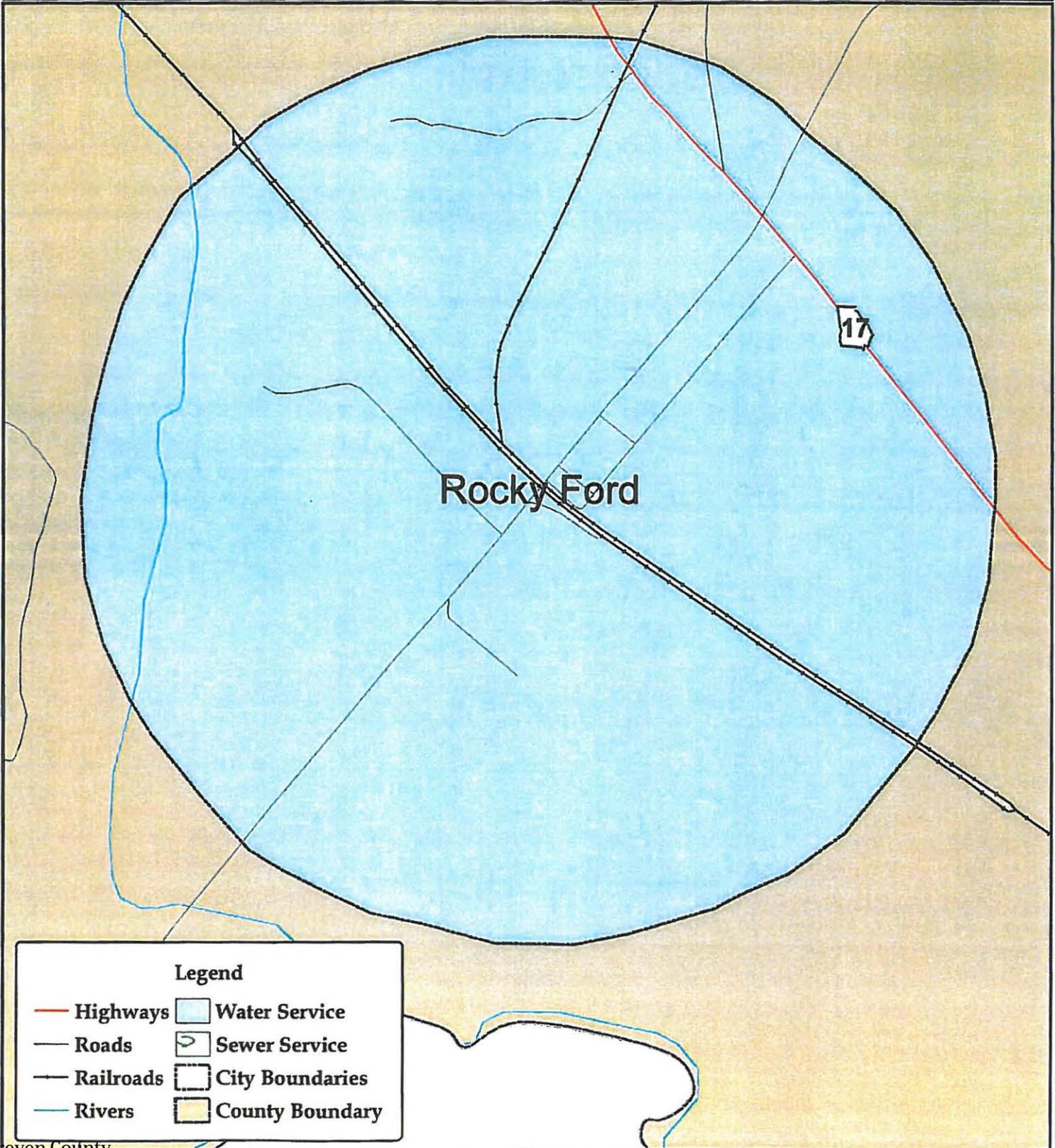
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December 2008



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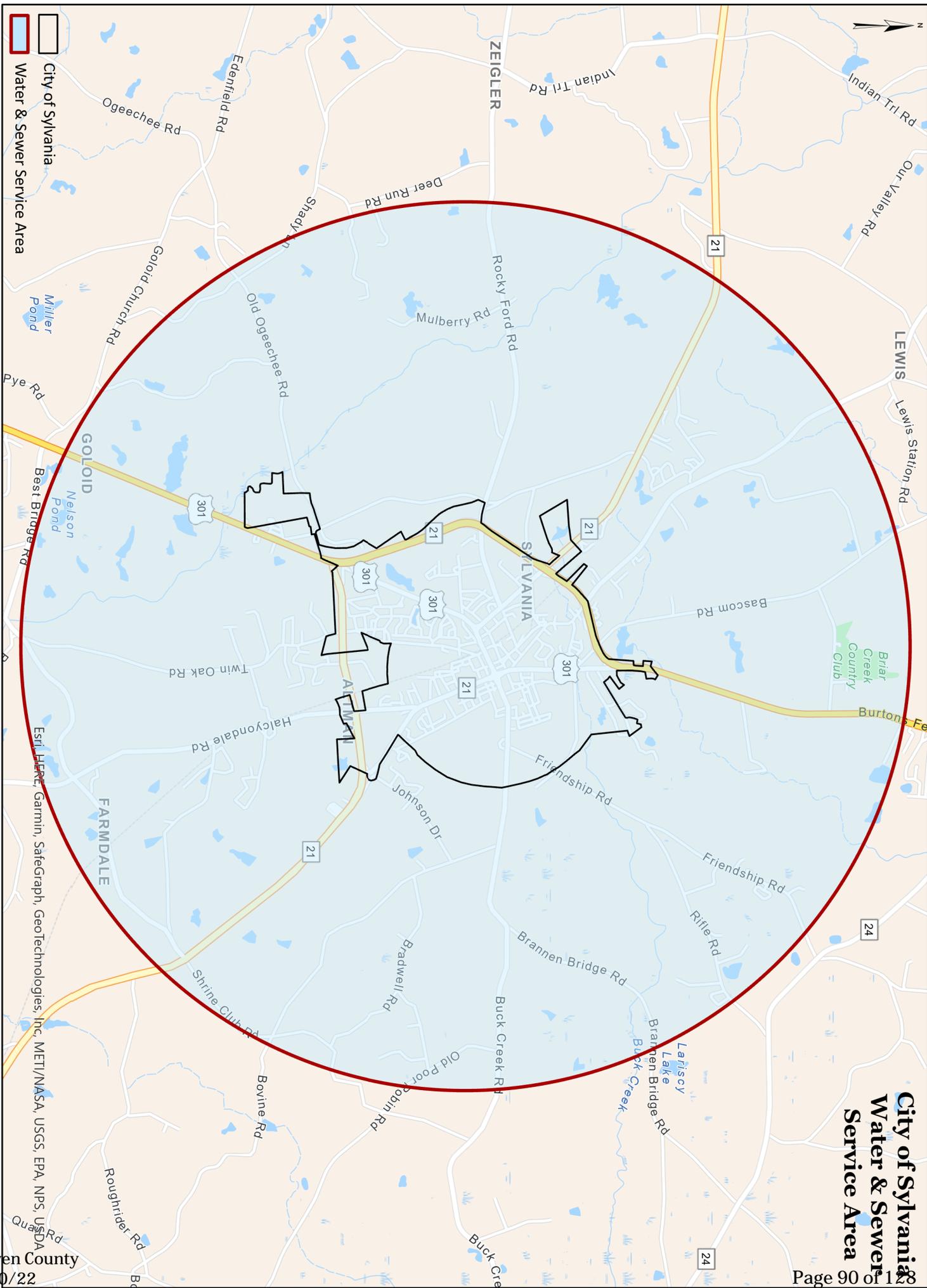


Legend

Highways	Water Service
Roads	Sewer Service
Railroads	City Boundaries
Rivers	County Boundary



City of Sylvania Water & Sewer Service Area



-  City of Sylvania
-  Water & Sewer Service Area



Service Area defined as 4 miles from Sylvania's centroid

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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 Section I. 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: **SCRIPPS**

Service: **Public 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.
- b. Service will be provided only in the unincorporated portion of the county by a single service provider. If this box is checked, identify the government, authority or organization providing the service.
- c. One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. If this box is checked, identify the government's authority or organization providing the service:
- d. One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. If this box is checked, identify the government's authority or organization providing the service.
- e. Other If this box is checked, attach a map indicating the service area of each service provider and identify the government, authority, or other organization that will provide service within each service area. **Scriven County City of Sykesia Town of Clinton City of Oiler Town of Iitonia Town of Roxy Ford**

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. 36-10-41) 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

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

Local Government or Authority	Funding Method
Screven County	<input type="checkbox"/> ser Fees, Impact Fees, General Fund, SPLOST, Grants
City of Sylvania	<input type="checkbox"/> ser Fees, Impact Fees, General Fund, SPLOST, Grants
Town of Newington	<input type="checkbox"/> ser Fees, Impact Fees, General Fund, SPLOST, Grants
City of Oliver	<input type="checkbox"/> ser Fees, Impact Fees, General Fund, SPLOST, Grants
Town of Hiltonia	<input type="checkbox"/> ser Fees, Impact Fees, General Fund, SPLOST, Grants
Town of Rocky Ford	<input type="checkbox"/> ser Fees, Impact Fees, General Fund, SPLOST, Grants

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

This Form has been renamed. Each municipality is authorized, but not required, to provide water service within their water service area. The City of Sylvania will provide water service to the Screven County Industrial Park. The County is authorized, but not required, to provide water service in the unincorporated area of the County and outside of the municipal service areas.

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

Agreement Name	Contracting Parties	Effective and Ending Dates
N/A		

- 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

- Person completing form: ori ur County Manager
 Phone number: Date completed: 1/0/0

- 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

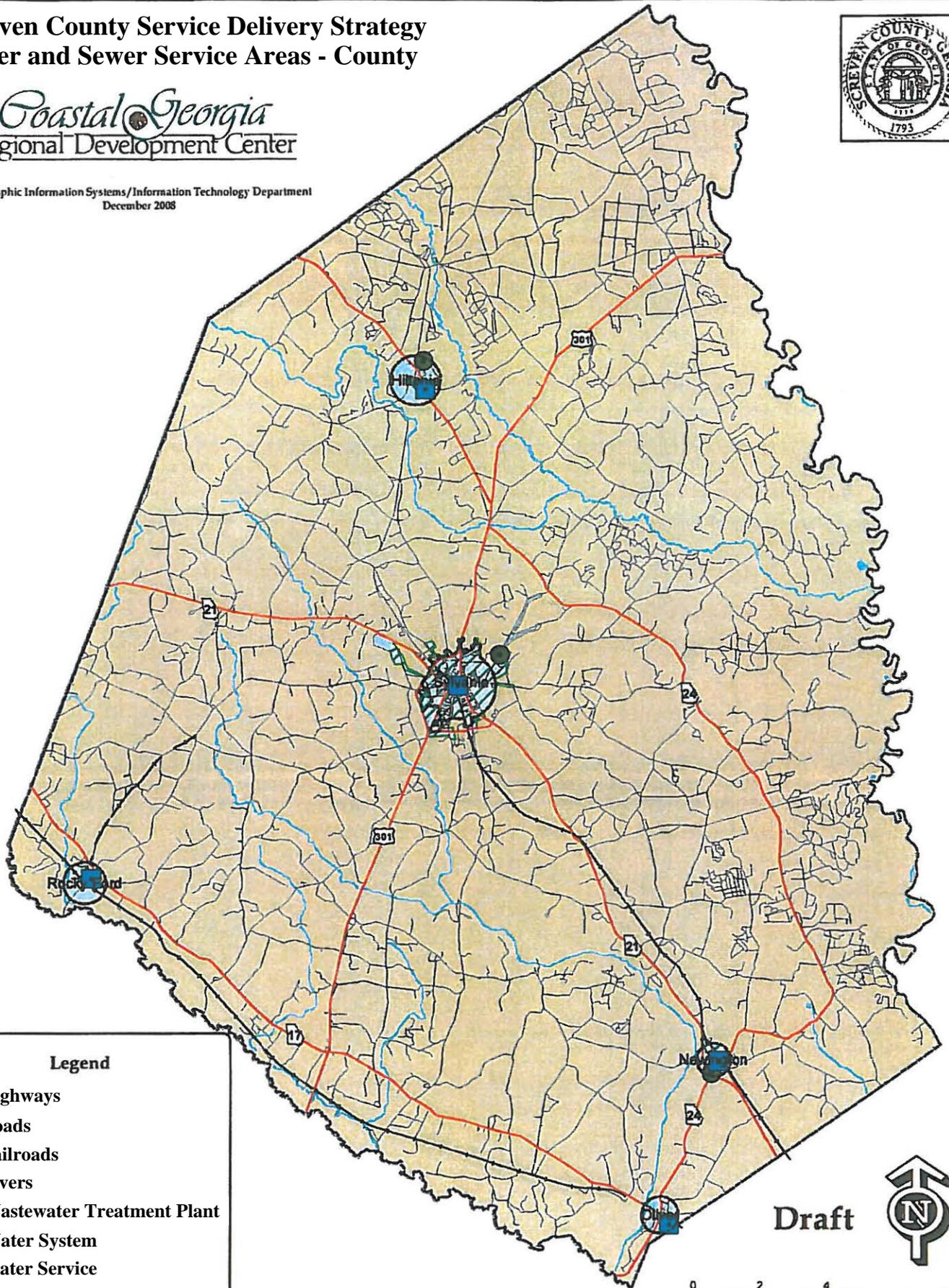
If not, provide designated contact person's and phone number's below:

Screven County Service Delivery Strategy Water and Sewer Service Areas - County



Coastal Georgia
Regional Development Center

Geographic Information Systems/Information Technology Department
December 2008



Legend

- Highways
- Roads
- Railroads
- Rivers
- Wastewater Treatment Plant
- Water System
- Water Service
- Sewer Service
- City Boundaries
- County Service Area

Draft

0 2 4 8
Miles

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Screven County Service Delivery Strategy Water and Sewer Service Areas - Hiltonia

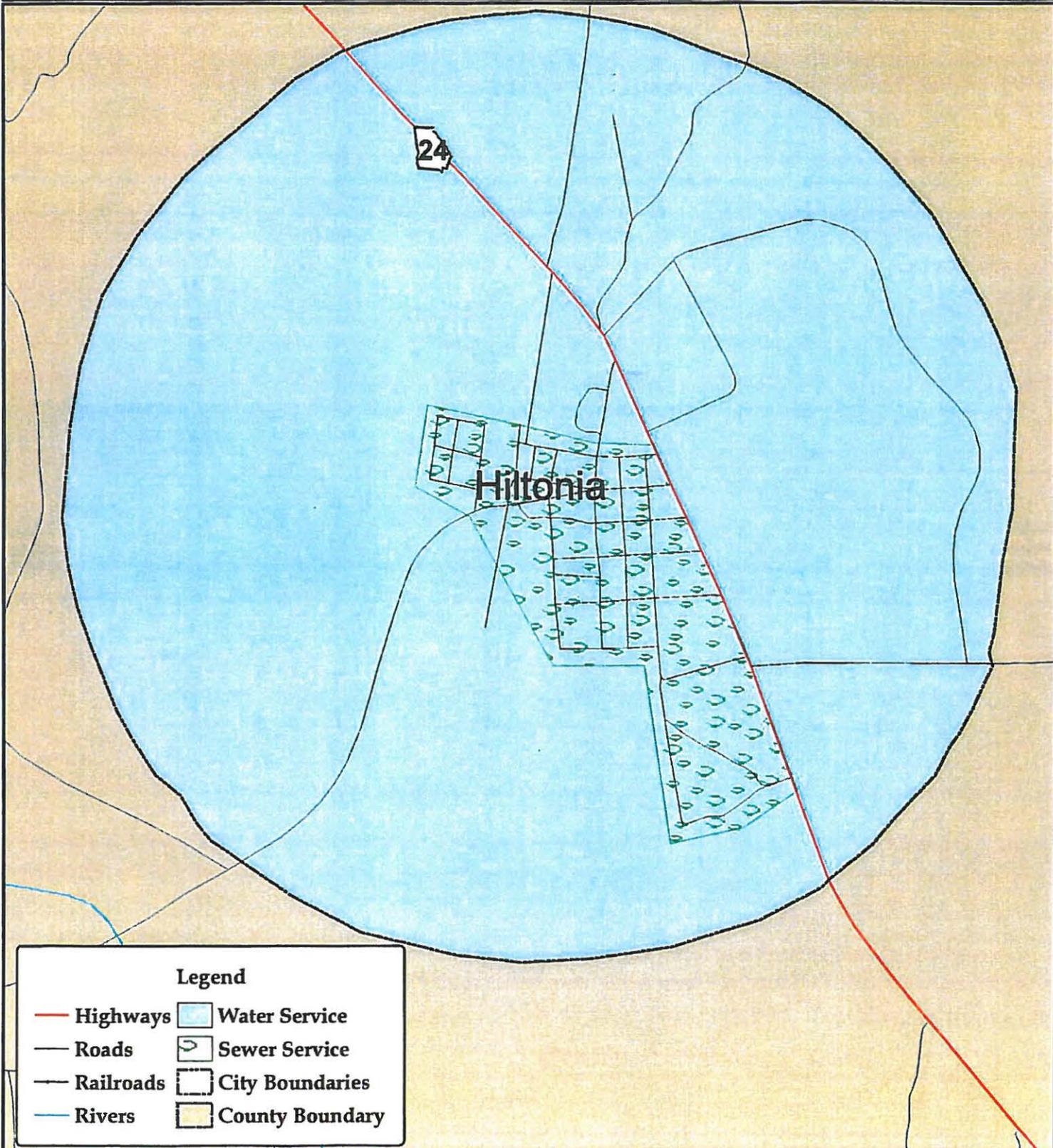
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December 2008



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Legend	
Highways	Water Service
Roads	Sewer Service
Railroads	City Boundaries
Rivers	County Boundary

Screven County Service Delivery Strategy Water and Sewer Service Areas - Newington

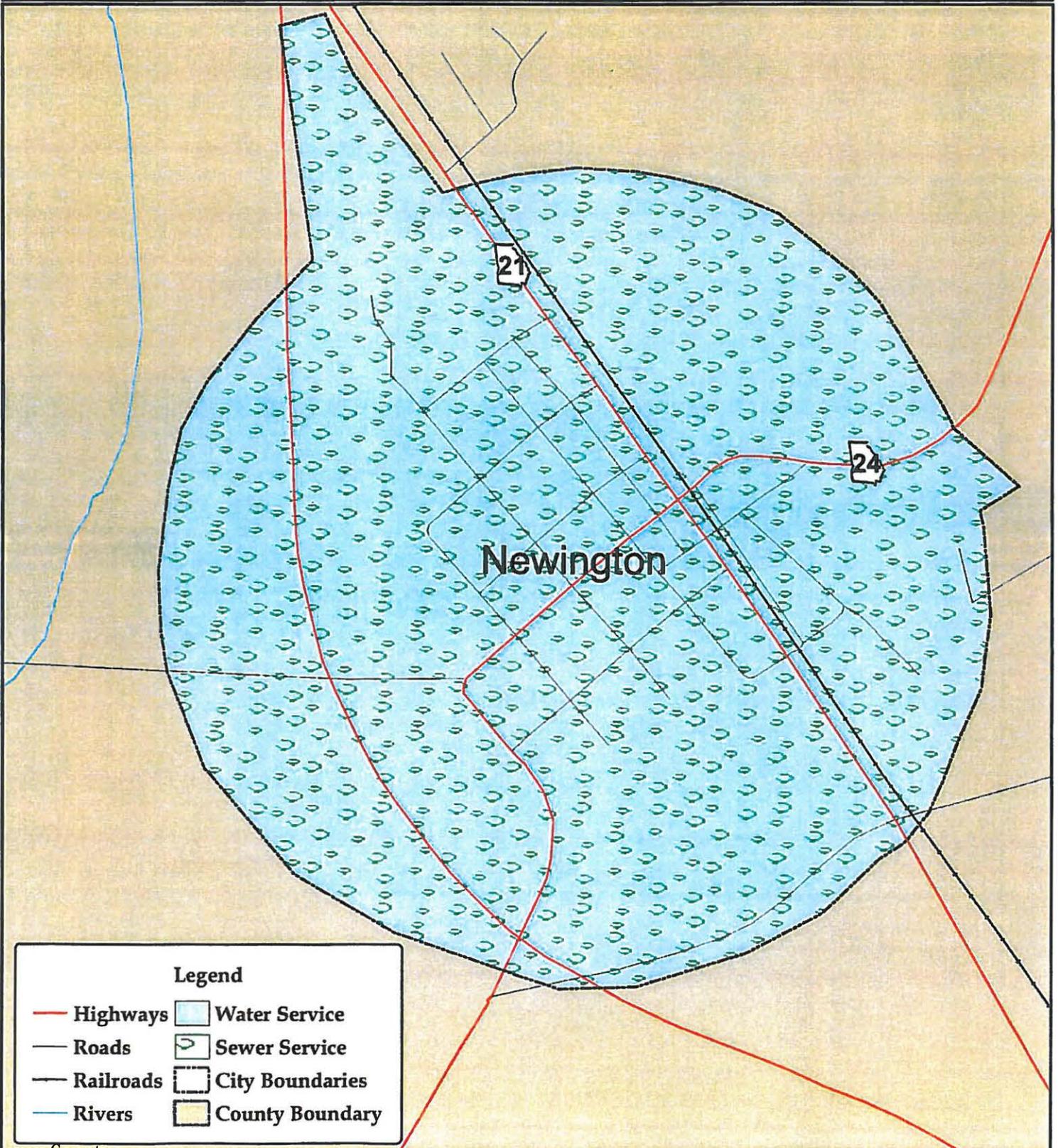
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December 2008



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Legend	
Highways	Water Service
Roads	Sewer Service
Railroads	City Boundaries
Rivers	County Boundary

Screven County Service Delivery Strategy Water and Sewer Service Areas - Oliver

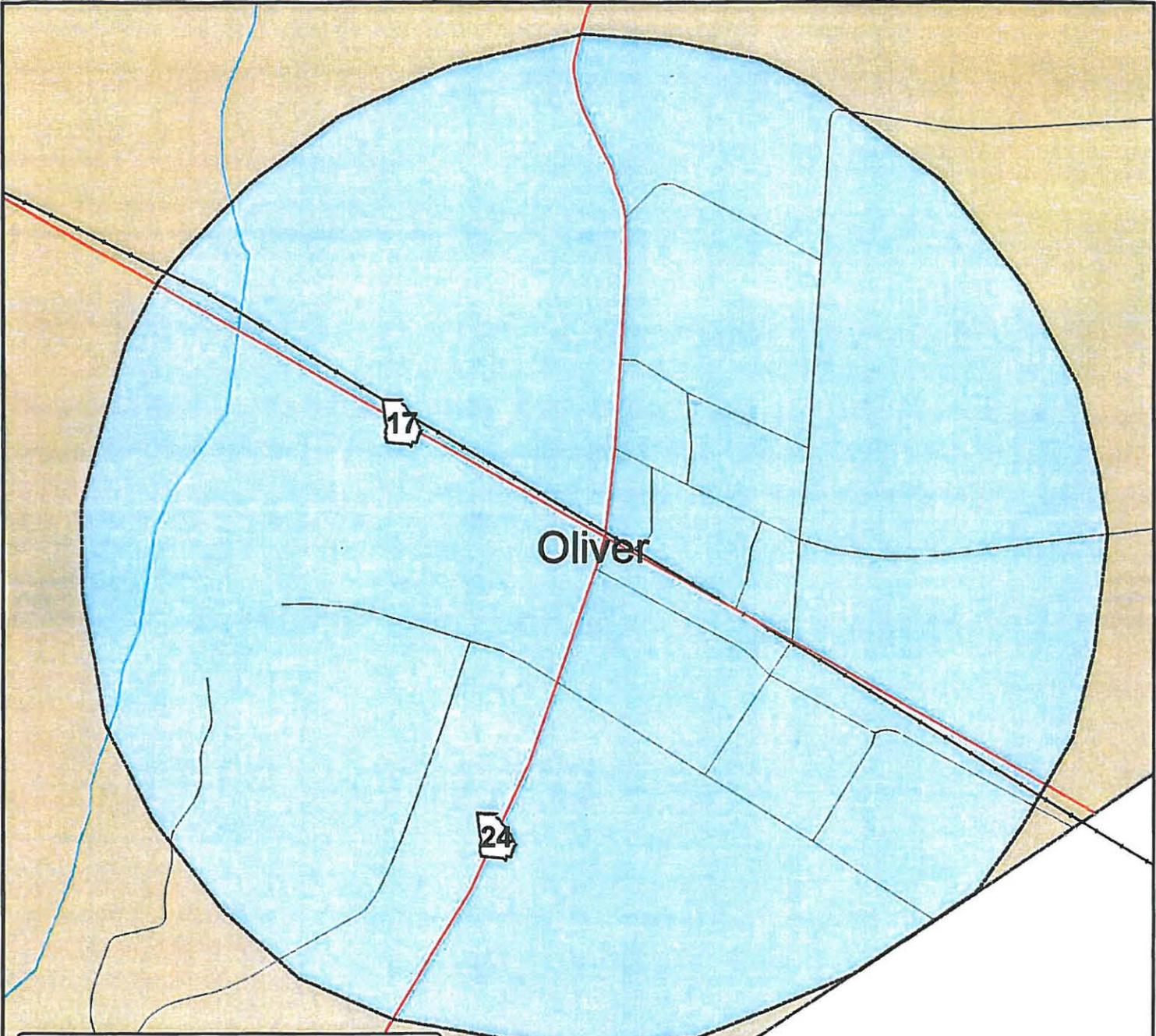
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Legend	
Highways	Water Service
Roads	Sewer Service
Railroads	City Boundaries
Rivers	County Boundary

Screven County Service Delivery Strategy Water and Sewer Service Areas - Rocky Ford

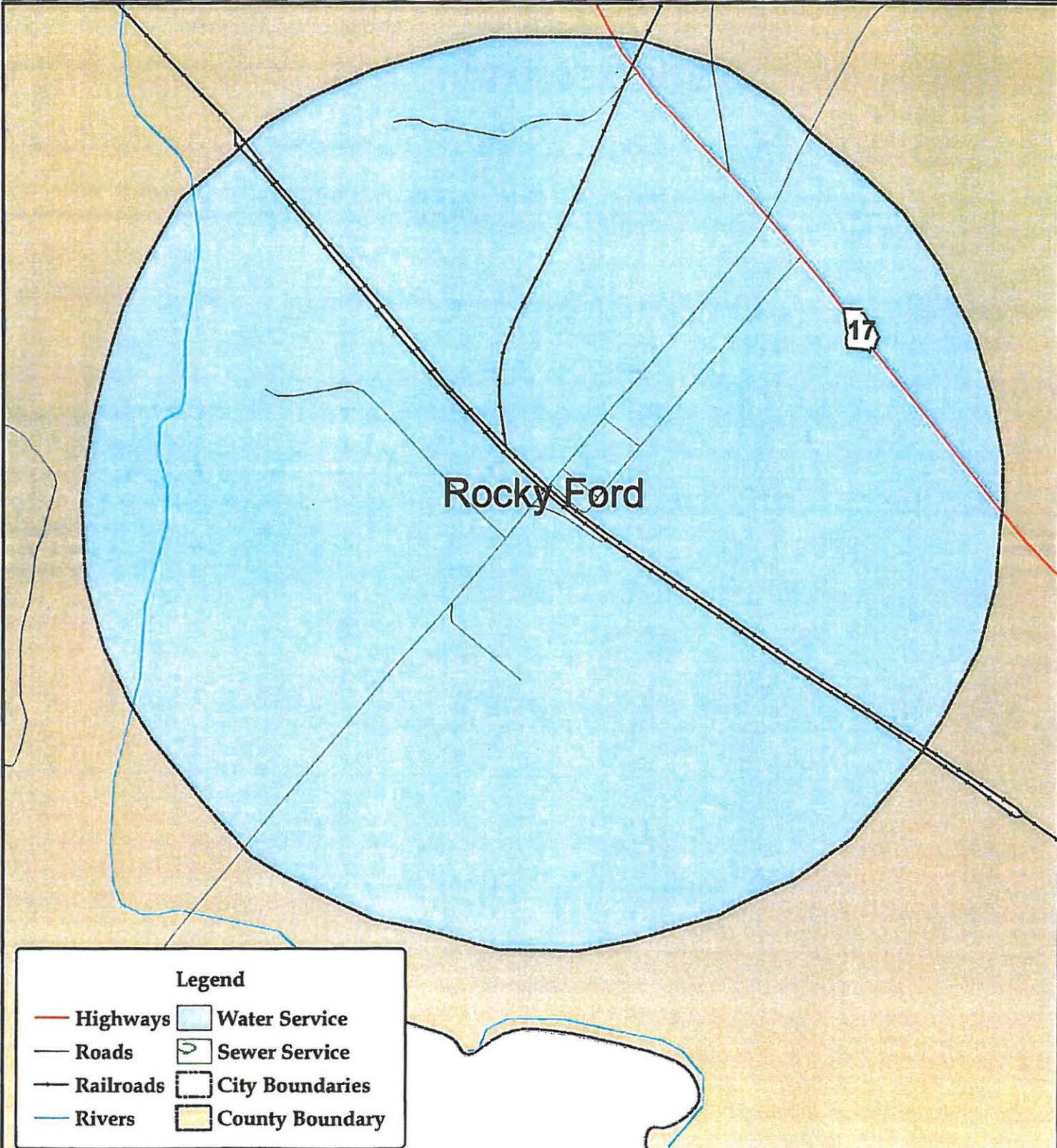
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December 2008



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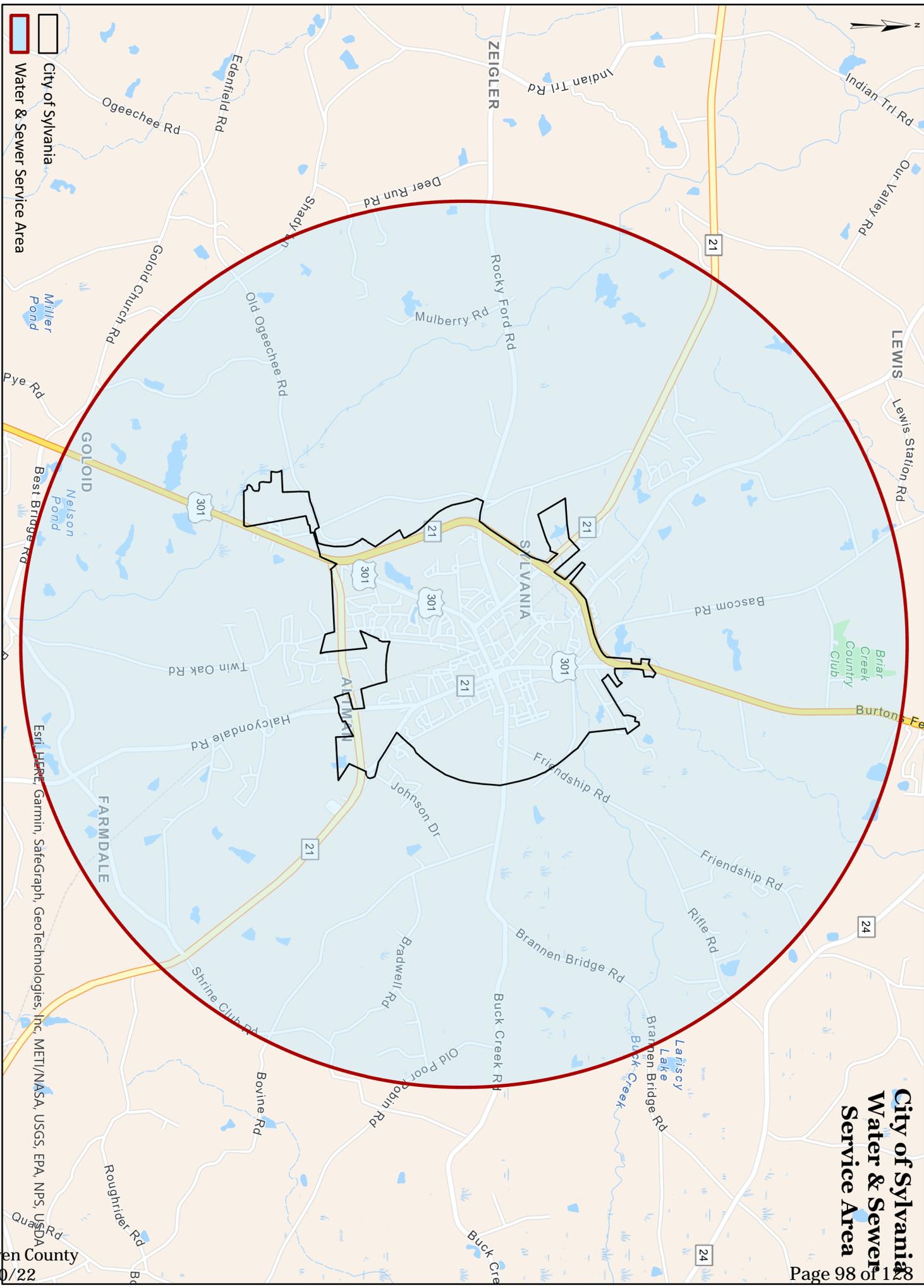
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Legend	
Highways	Water Service
Roads	Sewer Service
Railroads	City Boundaries
Rivers	County Boundary



City of Sylvania Water & Sewer Service Area



-  City of Sylvania
-  Water & Sewer Service Area



Service Area defined as 4 miles from Sylvania's centroid

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SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions

Make copies of this form and submit one for each service listed on FORM 1. Section I 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: **SCRIPPS**

Service: **Roads and Bridges - County**

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

- a. Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. If this box is checked, identify the government, authority or organization providing the service. **Scriven 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.
- c. One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. If this box is checked, identify the government's authority or organization providing the service:
- d. One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. If this box is checked, identify the government's authority or organization providing the service.
- e. Other If this box is checked, attach a memorandum detailing the service area of each service provider and identify the government, authority, or other organization that will provide service within each service area.

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. 33-04-41) 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

- 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
Screven County	<input type="checkbox"/> User Fees, Impact Fees, General Fund, SPLOST, TSPLOST, Grants

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

The previous strategy for Roads and Bridges has been replaced with strategies for Roads and Bridges - County and Roads and Bridges - Municipal. The County will continue to maintain the County road system with countywide general fund revenues. The Cities will continue to maintain their municipal road systems.

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

Agreement Name	Contracting Parties	Effective and Ending Dates
N/A		

- 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

Person completing form: **Local** **County** **State** **Federal**
 Phone number: Date completed: 10/19/2022

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions

Make copies of this form and complete one for each service listed on FORM 1. Section I 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: **SCRIPPS**

Service: **Roads and Bridges - Municipal**

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

- a. Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. If this box is checked, identify the government, authority or organization providing the service.
- b. Service will be provided only in the unincorporated portion of the county by a single service provider. If this box is checked, identify the government, authority or organization providing the service.
- c. One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. If this box is checked, identify the government's authority or organization providing the service: **City of Sykesville Town of Clinton City of Odessa Town of Clintonia Town of Rocky Ford**
- d. One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. If this box is checked, identify the government's authority or organization providing the service.
- e. Other If this box is checked, attach a memorandum detailing the service area of each service provider and identify the government, authority, or other organization that will provide service within each service area.

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. 36-10-41) 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

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

Local Government or Authority	Funding Method
City of Sylvania	<input type="checkbox"/> ser Fees, Impact Fees, General Fund, SPLOST, TSPLOST, Grants
Town of Newington	<input type="checkbox"/> ser Fees, Impact Fees, General Fund, SPLOST, TSPLOST, Grants
City of Oliver	<input type="checkbox"/> ser Fees, Impact Fees, General Fund, SPLOST, TSPLOST, Grants
Town of Hiltonia	<input type="checkbox"/> ser Fees, Impact Fees, General Fund, SPLOST, TSPLOST, Grants
Town of Rocky Ford	<input type="checkbox"/> ser Fees, Impact Fees, General Fund, SPLOST, TSPLOST, Grants

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

The previous strategy for Roads and Bridges has been replaced with strategies for Roads and Bridges - County and Roads and Bridges - Municipal. The County will continue to maintain the County road system with countywide general fund revenues. The Cities will continue to maintain their municipal road systems.

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

Agreement Name	Contracting Parties	Effective and Ending Dates
N/A		

- 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

- Person completing form: ori ur County Manager
 Phone number: Date completed: 12/19/2022

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions

Main points of this form and completion for a service listed on FORM Section I 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: SCRIPPS

Service: Senior Center

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

- a. [X] Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. If this box is checked, identify the government, authority or organization providing the service. City of Sybiliana
b. [] Service will be provided only in the unincorporated portion of the county by a single service provider. If this box is checked, identify the government, authority or organization providing the service.
c. [] One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. If this box is checked, identify the government's authority or organization providing the service:
d. [] One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. If this box is checked, identify the government's authority or organization providing the service.
e. [] Other If this box is checked, attach a memorandum detailing the service area of a service provider and identify the government, authority, or other organization that will provide service within each service area.

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. 16-10-4) 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

- 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 Sylvania	General Fund
Screven County	Special Service District Revenues

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

Screven County has created Special Service District as a funding mechanism. The County and Sylvania agree that the current Senior Services IGA shall be understood to require the County to contribute 10% of the funding for the operation of the Senior Center, but the County shall not be obligated to fund capital improvements to the Senior Center.

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

Agreement Name	Contracting Parties	Effective and Ending Dates
IGA for Senior Center	Screven County and City of Sylvania	1/1/99 - 12/31/40 See IGA

- 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?

Screven County Resolution establishing a Special Services District for funding those services identified as being provided by the County primarily for the benefit of the unincorporated area of the County.

- Person completing form: **Local** **County** **State** **Federal**
 Phone number: Date completed: 12/19/2022

- 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:

GEORGIA, SCREVEN COUNTY

INTERGOVERNMENTAL AGREEMENT BETWEEN SCREVEN COUNTY, GEORGIA
AND THE CITY OF SYLVANIA, GEORGIA, FOR THE FINANCIAL
SUPPORT OF THE SCREVEN COUNTY SENIOR
CITIZENS CENTER

WHEREAS, the respective member governments of Screven County (Board of Commissioners) and the City of Sylvania (Mayor and Council) have, pursuant to Georgia Laws and Acts, prepared and adopted a joint county-wide Comprehensive Plan and Service Delivery Strategy; and

WHEREAS, the Comprehensive Plan, as duly amended, and Service Delivery Strategy was developed jointly and requires joint financial support of the Screven County Senior Citizens Center (herein, the "Center") at a level to be determined annually by a joint resolution of the City and County; and

WHEREAS, it is the intent of the respective governments party to this agreement to establish a means of determining their individual financial support of the Screven County Senior Citizens Center, so as to meet both the requirements of law and the spirit of cooperation and coordination contemplated by the Georgia Service Delivery Act; and

WHEREAS, each of the parties hereto are authorized under the Intergovernmental Contracts Provision of the Georgia Constitution, Article 9, Sec. III, Paragraph 1, to contract with each other for a period not exceeding fifty (50) years.

NOW THEREFORE, for and in consideration of the mutual and reciprocal benefits inuring to each of the parties hereto, the parties do contract and agree as follows:

1. Advisory Board. There shall be an Advisory Board established by the City and County consisting of 6 members, one-half of which shall be appointed by the City, and one-half of which shall be appointed by the County, which members shall serve at the pleasure of the respective appointing governing bodies.

2. Funding. The total funding for the Center shall be determined by a joint meeting of the governing bodies to be held in October of each year. For the current fiscal year, July 1, 1999, through June 30, 2000, the total financial support to the Center shall be \$ 70,069.

3. Contribution of the Parties. For the period beginning July 1, 1999, through June 30, 2000, and for succeeding fiscal years during the term of this agreement,

and any renewals thereof, the City and County shall each contribute fifty per cent (50%) of the total funding for the Center.

4. Employees. All employees of the Screven County Senior Citizens Center shall be employees of the City, and shall be governed by the Personnel Resolution and Policies of the City.

5. Term. This agreement shall be effective as of January 1, 1999, and the initial term shall expire December 31, 2003. Thereafter, the agreement shall automatically renew for successive one year periods unless terminated by either party in writing on or before March 31, 2003, or on or before March 31st in any subsequent year, which termination shall be effective for the succeeding fiscal year (July 1st through June 30th). In any event, this agreement shall terminate, if not sooner terminated, on December 31, 2048.

5. Merger. This writing constitutes the entire agreement by and between the parties regarding funding of the Center. In any amendment, additions or deletions shall be in writing, and dated subsequent to this writing to be enforceable.

6. Severance. In the event any Court of competent jurisdiction declares any part or parts of this agreement to be unlawful or unenforceable, such parts or parts shall be severed from the agreement, and the remaining part or parts shall remain enforceable in order to carry out the original purposes and intent of this agreement to the extent reasonably practicable.

IN WITNESS WHEREOF, the undersigned parties have, by and through their duly designated officials, executed and affixed their seals effective as of the 1st day of April, 1999.

SCREVEN COUNTY, GEORGIA

BY: *D. Hobson Parker*

D. Hobson Parker, Chairman
Board of Commissioners

ATTEST: *Rich Jordan*

~~Betty Phillips~~, County Clerk
RICH JORDAN

CITY OF SYLVANIA, GEORGIA

BY: *[Signature]*

City Manager

ATTEST: *[Signature]*

City Clerk

A RESOLUTION TO ESTABLISH A SPECIAL SERVICE DISTRICT TO BE KNOWN AS "SPECIAL SERVICE DISTRICT — UNINCORPORATED AND JOINTLY FUNDED SERVICES," AND FOR OTHER PURPOSES

WHEREAS, it has been determined by the Board of Commissioners of Screven County, Georgia (the "County") that there is a need for a Special Service District coterminous with the unincorporated area of the County to insure that the cost to provide services primarily for the benefit of those citizens or their share of the cost of jointly funded services shall be funded with user fees, assessments, or fines associated with the service, insurance premium taxes, and all other unincorporated area revenues enumerated in O.C.G.A. §36-70-24 or established by General Act and collected or distributed based upon the unincorporated area or population. If necessary, the service will be funded by taxes and/or assessments levied and collected pursuant to the Constitution of Georgia, Art. IX, § II, Para. VI.; and

WHEREAS, the 1983 Constitution of Georgia provides for the self-government of counties without the necessity of action by the General Assembly (Home Rule); and

WHEREAS, the County has the legislative power to adopt clearly reasonable ordinances or resolutions relating to its property, affairs, and local government for which no provision has been made by general laws, and which are consistent with the Constitution and the provisions of the Charter of the County; and,

WHEREAS, the County is authorized to create Special Service Districts pursuant to the provisions of the Georgia Constitution, Article IX, Section II, Paragraph III ("Supplemental Powers Clause") and Article IX, Section II, Paragraph IV ("Special Districts Clause")

WHEREAS, the Board of Commissioners has determined that it is in the best interest of the citizens of the County to adopt this Resolution;

NOW, THEREFORE, BE IT RESOLVED, by the Board of Commissioners of Screven County, Georgia, and it is resolved by the same, that a Special Service District named "Special Service District — Unincorporated and Jointly Funded Services," (the "District") which District shall include only the unincorporated area of Screven County, Georgia, is hereby created for the purpose of funding those services identified within the Service Delivery Strategies as primarily benefitting the unincorporated residents of the County or the county portion of services jointly funded by the County and one or more municipalities located within the County, including, but not limited to, maintenance of cemeteries, funding the county planning and zoning office, funding the Senior Citizen Center, paying dues to entities in which the County has membership independently of any municipality, and the like.

BE IT FURTHER RESOLVED that all services provided primarily to the citizens of the County who live in the unincorporated area of the County or those which are jointly funded by the County and one or more municipalities in the County shall be

funded by the Insurance Premium Tax proceeds and fees, assessments or taxes established annually by the Screven County Board of Commissioners or by General Act of The General Assembly of the State of Georgia pursuant to the Constitution of Georgia, Article 9, Section II, Para. VI. levied only upon those residents or from funds available to the County which do not include funds derived from the citizens of the County living in an incorporated municipality. Among the fees and revenues available to the County to fund the District are fees derived from Alcohol Excise Taxes, Franchise Taxes, Business Licenses issued by the County, Railroad Equipment fees related only to the unincorporated area of the County, Alcohol Licenses issued by the County, Building and Sign Fees, and the like.

BE IT FURTHER RESOLVED that all revenues derived from payment of the fees, assessments or taxes established as provided by this Resolution shall be assigned to a special fund created within the County's accounting system and all such funds so allocated shall be utilized solely for the services provided by the County within the District. If, at the end of any fiscal year, there shall remain any funds unexpended in the account so established, the same shall not lapse or revert to the general funds of the County but shall be maintained exclusively for the purposes specified in this Resolution.

BE IT FURTHER RESOLVED that all resolutions in conflict with this resolution be, and the same are, hereby repealed.

BE IT FURTHER RESOLVED that this resolution shall be effective immediately upon its adoption by the Board of Commissioners of Screven County, Georgia.

Adopted and approved this 12th day of June, 2018.



Will Boyd, Chairman

Attest:



Rick Jordan, County Manager



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions

Make copies of this form and submit one for each service listed on FORM 1. Section I 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: **SCRIPPS**

Service: **Solid Waste**

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. **Scriven 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.
- c. One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. If this box is checked, identify the government's authority or organization providing the service:
- d. One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. If this box is checked, identify the government's authority or organization providing the service.
- e. Other If this box is checked, attach a memorandum detailing the service area of each service provider and identify the government, authority, or other organization that will provide service within each service area.

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. 36-10-41) 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

- 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
Screven County	General Fund, User Fees

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

Screven County will continue to provide landfill services countywide at its solid waste transfer station. The cost of this service will be accounted for and separate from any solid waste collections service cost. Sylvania will have option to opt out of this agreement and dispose of solid waste in some other manner with adequate notice to County.

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

Agreement Name	Contracting Parties	Effective and Ending Dates
N/A		

- 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?

County Ordinance establishing a Solid Waste Collection and Disposal District.

- Person completing form: **Local** **County** **State** **Federal**
 Phone number: Date completed: 10/19/2022

- 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:

CODE AMENDMENT

AN ORDINANCE TO AMEND CHAPTER 62, ARTICLE II OF THE SCREVEN COUNTY CODE TO CREATE A SPECIAL SERVICE DISTRICT FOR THE PROVISION OF SOLID WASTE COLLECTION AND DISPOSAL FOR UNINCORPORATED AREA OF SCREVEN COUNTY AND THOSE INCORPORATED AREAS WHICH ENTER INTO AN INTERGOVERNMENTAL AGREEMENT WITH THE COUNTY TO BE INCLUDED WITHIN THE SPECIAL SERVICE DISTRICT, AND TO PROVIDE FOR THE SUPPORT OF THE PROVISION OF SUCH SOLID WASTE COLLECTION AND DISPOSAL BY THE LEVY OF A SPECIAL SERVICE MILLAGE OR ASSESSMENT TO BE COLLECTED WITHIN THAT DISTRICT AND USED ONLY FOR THE PROVISION OF SOLID WASTE COLLECTION AND DISPOSAL SERVICES WITHIN THAT DISTRICT

Purpose. The Board of Commissioners of Screven County, Georgia (“BOC”) has determined that the most effective and appropriate means of providing adequate collection and disposal of solid waste for the citizens living in the unincorporated area of Screven County (“County”) and those living within incorporated areas which wish to be served by the county’s Solid Waste Management Department (“Department”), is to establish a Solid Waste Collection and Disposal Special Service District (“District”) for that purpose pursuant to the provisions of the Georgia Constitution, Article IX, Section II, Paragraph III (“Supplemental Powers Clause”) and Article IX, Section II, Paragraph IV (“Special Districts Clause”) and to fund the operation of the county’s Solid Waste Management Department by the implementation of a “Special Services Tax ” and such other fees and assessments as allowed by law sufficient to cover the cost of maintaining, operating and equipping the Department, including, but not limited to the cost of the acquisition of equipment, land and construction of buildings to be used solely for the purpose of implementing the operation of the Department. Further, the BOC has determined that a special fund is to be created within the County’s accounting system and all funds collected for this purpose, from the citizens of the unincorporated area of the county and from those cities and municipalities which enter into Intergovernmental Agreements to be served by the County, shall be allocated to that fund and shall be utilized only for the services provided by the Department within the District.

BE IT ORDAINED BY THE BOARD OF COMMISSIONERS OF SCREVEN COUNTY, GEORGIA:

Section 1 Enactment.

The Board of Commissioners of Screven County, Georgia, hereby enacts and adopts the following Amendment to the Code of Screven County, Georgia.

Section 2 Amendment to Section 62-31 of the Code. Section 62-31 of the Screven County Code is hereby amended by deleting the current section in its entirety and replacing it with the following:

“(a) The Board of Commissioners of Screven County, Georgia (“BOC”) finds that the best interests of the citizens of the county will be served by the availability of adequate collection and disposition of solid waste in the unincorporated area of Screven County and those cities or

municipalities which choose to be served by the county's Solid Waste Management Department, all in accordance with both federal and state regulation of the same, and to have the cost of the department be borne by the citizens who use the service.

Further, the BOC has determined that the most effective and appropriate means of providing adequate solid waste collection and disposal for the citizens living in the unincorporated area of Screven County ("County") and those living within incorporated areas which wish to be served by the county's Solid Waste Management Department, as more particularly defined below, ("Department"), is to establish a Solid Waste Collection and Disposal Special Service District ("District") for that purpose pursuant to the provisions of the Georgia Constitution, Article IX, Section II, Paragraph III ("Supplemental Powers Clause") and Article IX, Section II, Paragraph IV ("Special Districts Clause").

(b) Further, pursuant to those provisions set out in subsection (a) above, the BOC finds it to be in the best interests of the citizens of the county to fund the operation of the county's Solid Waste Management Department by the implementation of a "Special Services Tax," or such other fees and assessments as allowed by law, sufficient to cover the cost of maintaining, operating and equipping the Department, including, but not limited to the cost of the acquisition of equipment, land and construction of buildings to be used solely for the purpose of implementing the operation of the Department. The BOC has determined that a special fund is to be created within the County's accounting system and all funds collected for the purpose of supporting the Department, from the citizens of the unincorporated area of the county and from those cities or municipalities which enter into Intergovernmental Agreements to be served by the Department, be allocated to that fund and all such funds be utilized only for the services provided by the Department within the District. No portion of the funds collected as part of the general ad valorem tax imposed upon all citizens of the county shall be used to support the Department."

Section 3 Amendment to Section 62-32 of the Code. Section 62-32 of the Screven County Code is hereby amended by adding to the section the following definitions, which shall be incorporated into the existing definitions and organized in alphabetical order.

"Department" means the Screven County Solid Waste Management Department which department shall have responsibility for the collection and disposal of solid waste within the unincorporated area of the county and from those cities and municipalities which enter into Intergovernmental Agreements to be served by the County, and, in addition, providing such services as may be in keeping with the purpose of the Department according to the terms of an appropriate intergovernmental agreement.

"Solid Waste Collection and Disposal Special Service District" means the unincorporated area of the county and the area within those cities or municipalities located in the county which choose to be part of the Solid Waste Collection and Disposal Special Service District (which may also be termed, herein, "District") by an appropriate intergovernmental agreement in which the city or municipality also agrees to abide by the terms of Chapter 62, Article II of the Code.

“Solid Waste Collection and Disposal Special Service District Assessment” means the millage rate or fee established annually by the BOC to fund solely the operation of the Department and which may be referred to in this chapter of the Code as “Assessment” or “Millage.”

“Manufactured home, mobile home or similar terms See, section 42-2 of the Code. Such relocatable structures may be referred to herein as a ‘Relocatable Structure.’”

“Parcel means a lot or tract of land situated in Screven County located in the unincorporated area of the county or within a city or municipality which chooses to be included in the Solid Waste Collection and Disposal Special Service District.”

Section 4 Amendment to Section 62-33 of the Code. Section 62-33 of the Code is hereby amended by deleting Section 62-33 in its entirety and replacing it with the following:

“Sec. 62-33. Creation of a solid waste collection and disposal district.

“There is hereby created within Screven County a Solid Waste Collection and Disposal Special Service District as defined hereinabove.

All solid waste generated within the unincorporated area of the county shall be delivered to and placed within the containers located throughout the county for the purpose of collecting solid waste (such containers being sometimes referred to as ‘dumpsters’) unless a special exception to this provision is specifically granted by the Board of Commissioners. Solid waste accumulated within the unincorporated area of the county shall be collected from the containers by employees of the county, or independent contractors retained by the county, and conveyed to the county’s landfill or such other place as may be designated by the director of solid waste management. Cities or municipalities located within the county may elect to be included within this Special Services District by Intergovernmental agreement or, in the alternative, contract with the county for services to be provided by the Department according to the terms negotiated with the county and memorialized in an appropriate written intergovernmental agreement.”

Section 5 Amendment to Section 62-36 of the Code. Section 62-36 of the Code is hereby amended to delete the current section in its entirety and replacing it with the following:

“Sec. 62-36. Solid waste collection and disposal special service district assessment or millage.

Pursuant to the Supplemental Powers and Special Districts clauses of the Georgia Constitution, there is hereby established and levied an annual Solid Waste Collection and Disposal Special Service District Assessment as defined above. The Assessment shall be levied against all Parcels within the Solid Waste Collection and Disposal Special Service District, whether or not a Business, Residence or Relocatable Structure is located thereon. If more than one Business, Residence or Relocatable Structure is located on one taxable parcel, the assessment shall be levied against each such Business, Residence or Relocatable Structure.

Notwithstanding anything contained herein to the contrary, when a manufactured home, mobile home or similar Relocatable Structure (as defined herein) is situated on a taxable parcel, which is not owned by the owner of the Parcel, the millage, assessment or fee shall be assessed against the owner of the Relocatable Structure and no permit required pursuant to county or state law shall be issued for such Relocatable Structure for which such permit is sought until the millage due thereon has been paid in full.

If a Business, Residence or Relocatable Structure is not located on a taxable Parcel on January 1 of any calendar year, beginning on January 1, 2018, or if construction of a Building or Dwelling is not completed and the Business or Dwelling occupied on January 1 of any calendar year, commencing on January 1, 2018, then the owner of the Parcel on which the Business, Dwelling or Relocatable Structure is located or, in the case of Relocatable Structures owned by someone other than the owner of the Parcel upon which it is situated, shall pay a percentage of the millage determined by dividing the number of months or parts of a month during which the Business, Dwelling or Structure is located on the Parcel by 12.

To the extent allowed by state law, the millage, assessment or fee established in this Chapter shall be included on the tax statements for ad valorem taxes created by the Tax Commissioner of Screven County and delinquent payments shall be charged such fees and interest and collected in the same manner as other delinquent ad valorem taxes.

All revenues derived from payment of the millage, assessment or fee, established in this Chapter shall be assigned to a special fund created within the County's accounting system and all such funds collected from the citizens of the unincorporated area of the county and from those cities or municipalities which choose to be included within this Special Services District and enter into Intergovernmental Agreements to be served by the County shall be utilized only for the services provided by the Department within the District, including, but not limited to the cost of the acquisition of equipment, land and construction of buildings to be used solely for the purpose of implementing the operation of similar such uses. If, at the end of any fiscal year, there remain any funds unexpended in the account so established, the same shall not lapse or revert to the General Fund of the County, but shall be maintained exclusively for the purposes specified in this Chapter.

No part of the revenues derived from the millage, assessment or fee established in this Chapter shall be used for any purpose other than those specified in this Chapter and no part of the ad valorem revenues derived by the County from property located within cities and municipalities not electing to be part of the District shall be used for such purposes. It is the intent of the Screven County Board of Commissioners that owners of property located within the limits of municipalities not electing to be included within the District be required to support any Solid Waste Collection or Disposal Service performed outside the limits of such cities or municipalities.

Cities or municipalities which do not choose to be included within this District shall pay such sums for services performed for that city or municipality as may be established for such services from time to time by the BOC. Such services shall be billed to the participating city or municipality as set out in an appropriate Intergovernmental Agreement. Accounts not paid by the

10th day following the date payment is due shall be considered delinquent and shall bear monthly interest at the rate of 1.5% of the statement amount.”

If, at the end of any fiscal year, there remain any funds unexpended in the account so established, the same shall not lapse or revert to the General Fund of the County but shall be maintained exclusively for the purposes specified in this Chapter.

Section 6 Amendment to Section 62-38 of the Code. Section 62-38 of the Code shall be amended by deleting the first sentence of that section and replacing the same with the following:

“Violations of Sections 62-35 and 62-37 of this Article shall constitute a misdemeanor offense punishable upon a citation or warrant filed with the Magistrate Court of Screven County as provided by state law governing the prosecution of violations of county ordinances.”

Section 7 Repealer. All ordinances or parts of ordinances in conflict with the amended ordinance are hereby repealed to the extent of such conflict.

Section 8 Effective Date. This Amendment shall be effective upon its adoption by the Board of Commissioners of Screven County, Georgia.

ADOPTED AT A REGULAR MEETING OF THE BOARD OF COMMISSIONERS ON
JANUARY 9, 2018.



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions

Main points of this form and completion for a service listed on FORM Section I 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: SCRIPPS

Service: Tax Appraisal and Assessment

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

- a. [X] 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. Scripps 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.
c. [] One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. If this box is checked, identify the government's authority or organization providing the service:
d. [] One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. If this box is checked, identify the government's authority or organization providing the service.
e. [] Other If this box is checked, attach a memorandum detailing the service area of a service provider and identify the government, authority, or other organization that will provide service within each service area.

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. 16-10-41) 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

- 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
Screven County	General Fund

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

There has been no change to this service, but the Form has been updated. The Screven County Board of Tax Assessors will continue to provide services on a county wide basis.

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

Agreement Name	Contracting Parties	Effective and Ending Dates
N/A		

- 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

Person completing form: **Local** **County** **State** **Federal**
 Phone number:
 Date completed: 1/0/00

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

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



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions

Make copies of this form and submit one for each service listed on FORM 1. Section I 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: **SCRIPPS**

Service: **Tax Collection - Municipal**

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

- a. Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. If this box is checked, identify the government, authority or organization providing the service.
- b. Service will be provided only in the unincorporated portion of the county by a single service provider. If this box is checked, identify the government, authority or organization providing the service.
- c. One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. If this box is checked, identify the government's authority or organization providing the service: **City of Sykesville Town of Clinton City of Odessa Town of Clintonia Town of Rocky Ford**
- d. One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. If this box is checked, identify the government's authority or organization providing the service.
- e. Other If this box is checked, attach a memorandum detailing the service area of each service provider and identify the government, authority, or other organization that will provide service within each service area.

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. 16-10-41) 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

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

Local Government or Authority	Funding Method
City of Sylvania	General Fund
Town of Newington	General Fund
City of Oliver	General Fund
Town of Hiltonia	General Fund
Town of Rocky Ford	General Fund

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

The Cities are authorized, but not required, to contract with the Screven County Tax Commissioner for the collection of municipal taxes.

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

Agreement Name	Contracting Parties	Effective and Ending Dates
IGA for Tax Collection	Screven County, City of Sylvania, Tax Commissioner	1/1/01 - 12/31/01 (see IGA)

- 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

- Person completing form: ori ur County Manager
 Phone number: Date completed: 12/02/02

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

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

STATE OF GEORGIA
COUNTY OF SCREVEN

AGREEMENT

THIS AGREEMENT made and entered into this 1st day of January, 2021, by and between the City of Sylvania, Georgia, a Georgia Municipal Corporation (hereinafter referred to in this Agreement as "City"), and Screven County, Georgia, (hereinafter referred to in this agreement as "County"), and the Screven County Tax Commissioner, (hereinafter referred to in this Agreement as "Commissioner"), pursuant to the authority granted in the Georgia Constitution, Article IX, Subsection 3, Paragraph I and O.C.G.A. 48-4-359.1.

WITNESSETH THAT:

WHEREAS, City has need for billing and collecting of municipal ad valorem taxes and desires that such service of billing and collecting of municipal ad valorem tax payments be done through the County Tax Commissioner's Office in the same manner as the County ad valorem taxes are billed and collected; and

WHEREAS, the County is engaged in the billing and the collection of County ad valorem taxes and is agreeable to performing these services for the City as hereinafter outlined and upon the terms and conditions herein set forth;

NOW, THEREFORE, in consideration of one (\$1.00) dollar, the receipt of which is hereby acknowledged and other valuable consideration, it is hereby agreed between the parties as follows:

1. **Covenants and Agreements of County**

- A. County agrees that it will, beginning January 1, 2021, and for a period of one year thereafter, ending December 31, 2021, assess, bill and collect municipal ad valorem taxes owed to the City. This contract will automatically renew if all parties agree that there will not be any changes needed to the original contract content.
- B. City shall pay to Screven County a fee of four dollars (\$4.00) for each bill sent to an owner of property within the City of Sylvania. Such compensation shall be further subdivided by the County; Tax Commissioner two dollars (\$2.00) and Screven County two dollars (\$2.00) for each bill. This payment is substantially approximate to the cost to the County of providing this service and is compensation to the Tax Commissioner for the additional responsibility. This payment shall be rendered to the Tax Commissioner annually, by the County, at the time the Tax Commissioner compiles the tax digest for the City and the digest is approved by the State of Georgia.

- C. County shall bill each owner of property located within the City of Sylvania and Screven County for ad valorem taxes in accordance with the millage rate as may be determined by the City Council. The County shall supply to the City a list of all property owners billed and the amount billed at the time the tax digest is prepared and shall remit to the City all amounts collected on a monthly basis.
- D. The County shall have the authority to use any method lawfully permitted for the collection of the City taxes.
- E. County shall furnish and maintain adequate and competent equipment to generate and store necessary billing documents.
- F. County shall employ and equip adequate staff capable of performing the duties assigned to them by County.
- G. Any subcontracted portion of this agreement by the County shall be done at no further cost to the City.

2. Mutual Agreements:

- A. County shall maintain adequate records showing each billed person's address and the amount of billing and collection and shall make the same available to the City for it to determine the accuracy of billing and collection.
- B. In addition to all other rights and powers pertaining to the City by virtue of this contract or otherwise, the City reserves the right to terminate and cancel this contract and all rights and privileges of the County hereunder in the event that the County violates any provision of this contract or any rule, order or determination of the City Mayor and City Council made pursuant to this Contract, except where such violation is without fault or through excusable neglect.

Such notice of termination and cancellation to the County will in no way affect any of the City's rights already accrued under this contract or any provision of the law.

- C. Mayor and Council of the City of Sylvania shall have the sole authority to set the millage rate for ad valorem taxes for the City of Sylvania. However, the yearly millage rate must be provided to the Tax Commissioner on a timely basis so as to not delay the mailing of tax notices.

3. Indemnification:

The County agrees to indemnify the City from and against any and all loss, damages, liability, claims, suits, costs and expenses, fines, charges or penalties whatsoever, including reasonable attorney's fees, regardless of the merit or outcome of any such claim or suit, arising from or in any manner related to the services provided under this agreement by the County, including those services provided by or through the County's officers, employees, agents or assigns, or by or through persons or entities with whom the County contracts.

4. Insurance:

The county agrees to require any subcontractor engaged to perform any portion of this agreement to carry liability insurance covering any and all wrongful or negligent acts or omissions in an amount equaling or exceeding \$1,000,000.00. The County further agrees to ensure that such insurance is in place at all times relevant to this agreement, and to provide proof of such insurance to the City upon request.

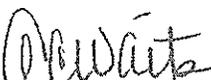
This agreement shall become effective immediately upon execution by the parties hereto and shall extend to December 31, 2021. The parties acknowledge that the County will be allowed to change the billing rate only as approved by the Mayor and City Council of Sylvania.

IN WITNESS WHEREOF the City and County have caused these presents to be signed by their proper authorities and the City and County seals to be affixed hereto as of the day and year first above written.

Board of Commissioners:



Chairman, Board of Commissioners



County Tax Commissioner



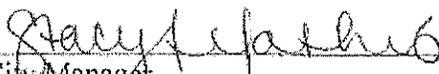
County Manager



City Council:



Mayor



City Manager



City Clerk

City Seal





SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions

Main points of this form and completion for a service listed on FORM Section I 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: SCRIPPS

Service: Voter Registration

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

- a. [X] 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. Scripps 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.
c. [] One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. If this box is checked, identify the government's authority or organization providing the service:
d. [] One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. If this box is checked, identify the government's authority or organization providing the service.
e. [] Other If this box is checked, attach a memorandum detailing the service area of a service provider and identify the government, authority, or other organization that will provide service within each service area.

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. 16-10-41) 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

- 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
Screven County	General Fund

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

This strategy has not changed, but the Form for this strategy has been updated.

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

Agreement Name	Contracting Parties	Effective and Ending Dates
N/A		

- 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

Person completing form: **Local** **County** **State** **Federal**
 Phone number: Date completed: 1/0/00

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

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



SERVICE DELIVERY STRATEGY

FORM 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.

COMPLETION STATUS

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

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:

NOT

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.

2. What policies, procedures and/or processes have been established by local governments and water and sewer authorities to ensure that new extrajurisdictional water and sewer service will be consistent with all applicable land use plans and ordinances?
None

4. Person completing form: **For our County Manager**

Phone number: _____ Date completed: 1/0/00

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

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



SERVICE DELIVERY STRATEGY
FORM 4: Certifications

Instructions:

This form must, at a minimum, be signed by an authorized representative of the following governments: 1) the county; 2) the city serving as the county seat; 3) all cities having a 2010 population of over 9,000 residing within the county; and 4) no less than 50% of all other cities with a 2010 population of between 500 and 9,000 residing within the county. Cities with a 2010 population below 500 and local authorities providing services under the strategy are not required to sign this form, but are encouraged to do so.

COUNTY: SCREVEN

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>SCREVEN COUNTY</u>	Chairman	Will Boyd		12-20-22
<u>CITY OF SYLVANIA</u>	Mayor	Preston Dees		12-20-22
<u>TOWN OF NEWINGTON</u>	Mayor	Albert Perkins		2-22-23
<u>CITY OF OLIVER</u>	Mayor	Justine Brown		2/22/23
<u>TOWN OF HILTONIA</u>	Mayor	Bobby Mobley		3-1-23
<u>TOWN OF ROCKY FORD</u>	Mayor	Ken Mock		3-7-23