GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS

SERVICE DELIVERY STRATEGY

BERRIEN

COUNT

Verified

I. GENERAL INSTRUCTIONS

- 1. Only one set of these forms should be submitted per county. The completed forms should cl 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. 2.
- List all services provided or primarily funded by each general purpose local government and authority within the county in 3. Section III below. It is acceptable to break a service into separate components if this will facilitate description of the service delivery strategy.
- For each service or service component listed in Section III, complete a separate Summary of Service Delivery Arrangements 4. form (page 2).
- 5. Complete one copy of the Summary of Land Use Agreements form (page 3).
- Have the Certifications form (page 4) signed by the authorized representatives of participating local governments. Please note 6. that DCA cannot validate the strategy unless it is signed by the local governments required by law (see Instructions, page 4).
- 7. Mail the completed forms along with any attachments to:

FOR .

Georgia Department of Community Affairs Office of Coordinated Planning 60 Executive Park South, N.E. Atlanta, Georgia 30329

For answers to most frequently asked questions on Georgia's Service Delivery Act, links and helpful publications, visit DCA's website at www.dca.servicedelivery.org, or call the Office of Coordinated Planning at (404) 679-3114.

Note: Any future changes to the service delivery arrangements described on these forms will require an official update of the service delivery strategy and submittal of revised forms and attachments to the Georgia Department of Community Affairs.

II. LOCAL GOVERNMENTS INCLUDED IN THE SERVICE DELIVERY STRATEGY:

In this section, list all local governments (including cities located partially within the county) and authorities that provide services included in the service delivery strategy.

Berrien County City of Nashville City of Alapaha

City of Ray City City of Enigma

Nashville-Berrien County Industrial Development Authority Nashville Housing Authority Nashville-Berrien County Airport Authority

III. SERVICES INCLUDED IN THE SERVICE DELIVERY STRATEGY:

For each service listed here, a separate Summary of Service Delivery Arrangements form (page 2) must be completed.

SEE ATTACHMENT- INVENTORY OF EXISTING SERVICES FOR BERRIEN COUNTY AND DCA SUMMARY OF SERVICE DELIVERY ARRANGEMENTS FOR EACH SERVICE



1010		SEI	RVICE DELIVERY S	TRATEGY		
	-	SUMM/	OF SERVICE DELIVER	Y ARRANGE	NTS	PAGE 2
	Instructions: Make copies of this fo Answer each question b should be reported to the	elow, attaching addi	one for each service listed on pa titional pages as necessary. If the co mmunity Affairs.	age 1, Section III. U ontact person for this	lse exactly the same s service (listed at the be	ervice names listed on page 1. ottom of the page) changes, this
county:	BERRIEN		Service:	AIRPORT		
. Check the l	box that best describ	es the agreed up	oon delivery arrangement for	r this service:		
is check			ncluding all cities and uninc ity or organization providing		by a single service	e provider. (If this box
			porated portion of the count ization providing the service		vice provider. (If	this box is checked,
			only within their incorporat d, identify the government(s			
			only within their incorporat d, identify the government(s			
			ble map delineating the se n that will provide service w			er, and identify the
2. In develop		re overlapping s	service areas, unnecessary c	ompetition and/o	r duplication of th	is service identified?
higher levels	itions will continue of service (Sce O.C on cannot be elimina	.G.A. 36-70-24	gy, attach an explanation f (1)), overriding benefits of t	for continuing the duplication, or	he arrangement (r reasons that over	(i.e., overlapping but lapping service areas
			trategy, attach an impleme	ntation schedul	e listing each step	or action that will be
taken to elim	inate them, the respo	onsible party an	d the agreed upon deadline	for completing it	•	
funds, user f	ees, general funds, s	pecial service d	lp to pay for this service and istrict revenues, hotel/motel	d indicate how th taxes, franchise	e service will be f taxes, impact fees	funded (e.g., enterprise s, bonded indebtedness, et
		inding Method:				
Berrien (General				
N/Ber. A	irport Auth.	Fixed B	ase - Fees			
No change			rangements for providing an			
Agreement Na		ly agreements c	Contracting Parties:		Eff	fective and Ending Dates:
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6. What oth	er mechanisms (if a sembly, rate or fee c	ny) will be used hanges, etc.), an	to implement the strategy in the will they take effect	for this service (e t?	e.g., ordinances, re	esolutions, local acts of th
None						
7 Person o	ompleting form:	Marty L	efiles			
	ber: (912) 333-		Date completed:	3/16/99		
			by state agencies when evalu		oposed local gove	ernment projects
are consiste	nt with the service d	lelivery strategy	? Vyes no phone number(s) below:			

6000		SUMMA.	ERVICE OF SEI
	Instructions: Make copies of this form and complete one for Answer each question below, attaching additional pa should be reported to the Department of Community	dditional pag	
County:	BERRIEN		

DELIVERY STRATEGY **RVICE DELIVERY ARRANGE!**

PAGE 2

ITS

County:	BERRIEN	Service:	ANIMAL	CONTROL
1. Check the	box that best describes the agreed up	on delivery arrangement	for this service	
Service is chec	e will be provided countywide (i.e., in ked, identify the government, authorit	cluding all cities and uni ty or organization provid	ncorporated are ing the service.	eas) by a single service provider. (If this box)
	will be provided only in the unincorry the government, authority or organiz			e service provider. (If this box is checked,
				es, and the service will not be provided in or organization providing the service.)
and the second sec				es, and the county will provide the service in or organization providing the service.)
Nash	ville, Berrien County (Hum	ane Society), Alap	aha, Ray C	ity, Enigma
				f each service provider, and identify the

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified? yes x no

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

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

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

Local Government or Authority:	Funding Method:
Berrien County	General Fund
Nashville	General Fund
Alapaha	General Fund
Ray City	Gereral Fund
Enigma	General Fund

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

No change

5 List any formal service deliver	y agreements or intergovernmental contracts that will be	e used to implement the strategy for this service:
Agreement Name:	Contracting Parties:	Effective and Ending Dates:

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

None

Marty Lefiles 7. Person completing form: Phone number: (912) 333-5277

3/16/99 Date completed: _

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? A yes no If not, provide designated contact person(s) and phone number(s) below:

61010	SERVICE DELIVERY STRATEGY							
	SUMMA OF SERVICE DELIVERY ARRANGE NTS PAGE 2 Instructions: Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 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.							
ounty:	BERRIEN		Service: BUILDING INSPECTIONS					
. Check the b	box that best descr	ribes the agreed up	pon delivery arrangement for this service:					
Service is check	will be provided o ed, identify the go	ountywide (i.e., in vernment, authori	ncluding all cities and unincorporated areas) by a single servi ity or organization providing the service.)	ice provider. (If this box				
Service identify	will be provided of the government, a	only in the unincom authority or organi	rporated portion of the county by a single service provider. (I ization providing the service.)	f this box is checked,				
unincorp		his box is checked	only within their incorporated boundaries, and the service wi d, identify the government(s), authority or organization provi					
			only within their incorporated boundaries, and the county wi d, identify the government(s), authority or organization provi					
			ble map delineating the service area of each service provion that will provide service within each service area.)	der, and identify the				
2. In develop	and the second se	vere overlapping s	service areas, unnecessary competition and/or duplication of	this service identified?				
nigher levels		C.G.A. 36-70-24	gy, attach an explanation for continuing the arrangement (1)), overriding benefits of the duplication, or reasons that ov					
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If not, provide designated contact person(s) and phone number(s) below:

10 TO 10		-	RVICE DELIVERY OF SERVICE DELIVE		NTS	PAGE 2
	Instructions:	SUMINIA	OF SERVICE DELIVE	AT ARRAINE	1415	INCLA
	Answer each question	form and complete on below, attaching addit the Department of Cor	tional pages as necessary. If the	page 1, Section III. I contact person for this	Jse exactly the sam service (listed at the	e service names listed on page 1. e bottom of the page) changes, this
County:	BERRIEN		Service:	CEMETERY		
1. Check the	box that best descr	ibes the agreed up	on delivery arrangement	for this service:		
			cluding all cities and uni ty or organization provid		by a single serv	ice provider. (If this box
			porated portion of the con zation providing the servi		rvice provider. (If this box is checked,
One or unincor	more cities will proporated areas. (If t	ovide this service his box is checked	only within their incorpor I, identify the governmen	rated boundaries, a t(s), authority or or	nd the service v ganization prov	ill not be provided in iding the service.)
Nashv	ille, Alapaha					
			only within their incorpo I, identify the governmen			vill provide the service in viding the service.)
			ble map delineating the n that will provide service			ider, and identify the
2. In develop		were overlapping s	service areas, unnecessary	competition and/o	or duplication of	this service identified?
If these cond higher levels	litions will continu	.C.G.A. 36-70-24(y, attach an explanati o (1)), overriding benefits o	n for continuing to f the duplication, o	the arrangement or reasons that o	it (i.e., overlapping but verlapping service areas
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3. List each funds, user f	government or aut fees, general funds	hority that will he special service di	Ip to pay for this service is istrict revenues, hotel/mo	and indicate how the taxes, franchise	taxes, impact f	e funded (e.g., enterprise ees, bonded indebtedness, etc
		Funding Method:				
Nashville	8	General	Fund			
Alapaha		General	Fund			
A How will	the strategy chang	the previous arr	angements for providing	and/or funding thi	s service within	the county?
4. now will	the strategy chang	ge the previous arr	angements for providing	and/or funding un	s sei vice wiulin	the county :
No ch	nange					
	0					
5. List any f	ormal service deliv	very agreements o	r intergovernmental contr	racts that will be us	sed to implement	at the strategy for this service
Agreement Na			Contracting Parties:			Effective and Ending Dates:
L			1			
			to implement the strateg d when will they take effe		e.g., ordinances,	resolutions, local acts of the
0010101 / 155	seniory, rate or ree	changes, etc.), and	a when will diey take end			
None						
7. Person c	ompleting form:	Mart	v Lefiles			
		and the second	Date completed: _	3/16/99		-
			state agencies when eva		oposed local go	vernment projects
are consiste	nt with the service	delivery strategy?	? 🖾 yes 🗌 no			
II not, provi	de designated con	tact person(s) and	phone number(s) below:			
			-			

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600		SERVICE DELIVERY STRATEGY SUMM / OF SERVICE DELIVERY ARRANGI NTS PAGE 2							
	Answer each question	form and complete one below, attaching addition he Department of Comm	nal pages as necessary. If the c	age 1, Section III. Use exactly the s ontact person for this service (listed at	ame service names listed on page 1. the bottom of the page) changes, this				
County:	BERRIEN		Service:	CHAMBER OF COMMERC	E				
1. Check the	box that best descri	bes the agreed upor	delivery arrangement for	r this service:					
is check Nashvi	ted, identify the gov 11e/Berrien C	ounty Chamber	or organization providin of Commerce						
			brated portion of the coun tion providing the service	ty by a single service provider :.)	:. (If this box is checked,				
				ed boundaries, and the service), authority or organization pr					
				ed boundaries, and the county), authority or organization pr					
			e map delineating the se hat will provide service w	rvice area of each service pr vithin each service area.)	ovider, and identify the				
2. In develop		ere overlapping ser	vice areas, unnecessary c	ompetition and/or duplication	of this service identified?				
higher levels		C.G.A. 36-70-24(1)		for continuing the arrangem he duplication, or reasons that					
			tegy, attach an impleme he agreed upon deadline	ntation schedule listing each for completing it.	step or action that will be				
funds, user f	ees, general funds,	special service dist	to pay for this service an rict revenues, hotel/mote	d indicate how the service wil taxes, franchise taxes, impac	l be funded (e.g., enterprise t fees, bonded indebtedness, etc				
Berrien (General F							
Nashville		General F							
No char 5. List any fo	nge ormal service deliv	ery agreements or i	ntergovernmental contrac	d/or funding this service with	nent the strategy for this service				
Agreement Na	me:		Contracting Parties:		Effective and Ending Dates:				
			implement the strategy i when will they take effec		es, resolutions, local acts of the				
	mpleting form:	Marty Lef		3/16/00					
			Date completed:						
are consister	nt with the service	delivery strategy?		ating whether proposed local	Rosetunieur brojects				

(and a state	SUMM OF SERVICE DELIVERY ARRANGE ENTS PAGE 2						
	Answer each question	form and complete one	for each service listed on hal pages as necessary. If the	page 1. Section III. I	Use exactly the same se	ervice names listed on page 1. (tom of the page) changes, this	
County:	BERRIEN		Service:	CLERK OF	STATE COURT		
		bes the agreed upon	delivery arrangement f		ovoni		
Service is check BERRI	will be provided co ted, identify the gov EN COUNTY will be provided on	ountywide (i.e., inclu vernment, authority	uding all cities and unin or organization providin rated portion of the coution providing the service	ncorporated areas) ng the service.) nty by a single service			
One or i	more cities will pro	wide this service on	ly within their incorpora dentify the government	ated boundaries, a			
			ly within their incorpor dentify the government				
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2. In develop		ere overlapping serv	vice areas, unnecessary	competition and/c	or duplication of th	is service identified?	
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If these cond	itions will be elimi	nated under the strat	tegy, attach an implem he agreed upon deadline			or action that will be	
3. List each	government or auth	ority that will help	to pay for this service a	nd indicate how th	ne service will be fo	unded (e.g., enterprise bonded indebtedness, etc.	
BERRIEN (funding Method:					
	JOURIT	General r	und				
4. How will No chan		e the previous arrang	gements for providing a	nd/or funding this	s service within the	county?	
				acts that will be us		e strategy for this service:	
Agreement Nar	ne:		Contracting Parties:		Ene	ctive and Ending Dates:	
	177 - 179 - 179 - 179 - 179 - 179 - 179 - 179 - 179 - 179 - 179 - 179 - 179 - 179 - 179 - 179 - 179 - 179 - 179						
			implement the strategy when will they take effe		e.g., ordinances, res	olutions, local acts of the	
	• • -	Marty Le 333-5277	Date completed:	3/16/99			
are consister	nt with the service	delivery strategy?	tate agencies when eval yes no none number(s) below:	uating whether pr	oposed local gover	nment projects	

		SERVICE DELIVERY STRATEGY SUMMA OF SERVICE DELIVERY ARRANGE NTS PAGE 2							
	Instructions:			and the second					
	Make copies of this Answer each question should be reported to t	below, attaching addit	one for each service listed on page 1, Section III. Use exactly the itional pages as necessary. If the contact person for this service (listed a mmunity Affairs.	same service names listed on page 1. at the bottom of the page) changes, this					
ounty:	BERRIEN		Service: CLERK OF SUPERIOR	COURT					
Check the	box that best descri	bes the agreed up	oon delivery arrangement for this service:						
is check			ncluding all cities and unincorporated areas) by a single s ity or organization providing the service.)	service provider. (If this box					
			rporated portion of the county by a single service provide ization providing the service.)	er. (If this box is checked,					
			only within their incorporated boundaries, and the servic d, identify the government(s), authority or organization p						
			only within their incorporated boundaries, and the cound d, identify the government(s), authority or organization p						
			ble map delineating the service area of each service p n that will provide service within each service area.)	provider, and identify the					
. In develoj yes [vere overlapping s	service areas, unnecessary competition and/or duplicatio	n of this service identified?					
igher levels	of service (See O.	C.G.A. 36-70-24(gy, attach an explanation for continuing the arranger (1)), overriding benefits of the duplication, or reasons the	ment (i.e., overlapping but at overlapping service areas					
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		Funding Method:							
Berrien	County	General	Fund						
. How will	the strategy chang	e the previous arr	rangements for providing and/or funding this service wit	hin the county?					
No char	nge								
List any f	formal service deliv	very agreements o	or intergovernmental contracts that will be used to imple	ment the strategy for this service					
greement Na		01) 05.0000000	Contracting Parties:	Effective and Ending Dates:					
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7 Percent	ompleties for	Moster T	eFiles						
	ompleting form:								
	ber: (912) 33		Date completed:3/16/99						
			by state agencies when evaluating whether proposed loca	l government projects					
			/? 🛛 yes 🗋 no d phone number(s) below:						
a not prov	the designation coll	mor person(s) and	- Pristo number(s) perow.						

(A)	SERVICE DELIVERY STRATEGY SUMMA OF SERVICE DELIVERY ARRANGE TS PAGE 2								
	Answer each question t	Instructions: Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 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:	BERRIEN		Service:	CODES ENF	ORCEMENT				
I. Check the	box that best describ	es the agreed upo	on delivery arrangement	for this service:					
Service is check	will be provided co ced, identify the gov	untywide (i.e., inc ernment, authority	cluding all cities and unit y or organization providi	ncorporated areas) ng the service.)	by a single serv	ice provider. (If this box			
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Phone num	ber: (912) 333-	-5277	Date completed: _	3/16/99		_			
are consiste	ant with the service of	delivery strategy?	state agencies when eva yes no phone number(s) below:		oposed local go	vernment projects			

	SUN ARY OF SERVICE DELIVERY ARRAN MENTS PAGE 2
Answer	ions: opies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 1 each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this e reported to the Department of Community Affairs.
county:BERRIEN	Service: COMMUNITY CENTER
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		-	VICE DELIVERY F SERVICE DELIVE			PAGE 2
	Instructions: Make copies of this for Answer each question b should be reported to the	below, attaching additio	nal pages as necessary. If the	page 1, Section III. Use exactly the contact person for this service (listed	same service names at the bottom of the pa	listed on page 1. age) changes, this
County:	BERRIEN		Service:	EMS		
1. Check the	box that best describ	es the agreed upon	n delivery arrangement	for this service:		
is check	-		luding all cities and unit or organization provid	ncorporated areas) by a single ing the service.)	service provider. ((If this box
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				service area of each service j within each service area.)	provider, and iden	ntify the
2. In develop		ere overlapping ser	rvice areas, unnecessary	competition and/or duplication	on of this service in	dentified?
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		unding Method:	E d Harr Erre			
Berrien	county	General	rund - User rees			
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7 Percon o	ompleting form:	Marty I	Lefiles			
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			whone number(s) below:			

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County:	BERRIEN		Service:	FIRE PROTE	CTION	
1. Check the l	box that best desci	ribes the agreed u	pon delivery arrangeme	nt for this service:		
Service	will be provided of	countywide (i.e.,	including all cities and u ority or organization prov	inincorporated area	s) by a single servi	ce provider. (If this box
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			e only within their incorp ed, identify the governme			
			e only within their incor ed, identify the governme			•
Nashvi	ille, Berrier	n County (Vo	lunteer Fire Depa	artments in A	lapaha, Enigm	a, and Ray City)
			ible map delineating th on that will provide servi			ler, and identify the
2. In develop	-	vere overlapping	service areas, unnecessa	ry competition and	/or duplication of t	his service identified?
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Local Governmen	at or Authority: 1	Funding Method:			and the second second second	
Berrien (Nashville	the second s	General Fu General Fu	ind - Insurance P	remium Tax		
Nashville	2	General Fu				
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7. Person con	pleting form:	Marty Lefil	es			
	r: <u>(912)</u> 333		Date completed:	3/16/99		
8. Is this the pare consistent	with the service d	d be contacted by lelivery strategy?	state agencies when ever yes no	aluating whether p	roposed local gover	nment projects
it not, provide	designated conta	er person(s) and	phone number(s) below:			

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1. Check the I	Make copies of this form and o	ARY OF SERVICE DELIVERY ARRAN MENTS	PAGE 2
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Service	BERRIEN	Service: GARBAGE AND REFUSE	COLLECTION
	box that best describes the ap	greed upon delivery arrangement for this service:	
is check		e (i.e., including all cities and unincorporated areas) by a single , authority or organization providing the service.)	e service provider. (If this box
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Berri	en Co, Enigma, Nash	ville (Geowaste), Alapaha (Geowaste), Ray	City (Geowaste)
An and the second second second		h a legible map delineating the service area of each service anization that will provide service within each service area.)	provider, and identify the
2. In develop		apping service areas, unnecessary competition and/or duplicati	on of this service identified?
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taken to elimi	nate them, the responsible p	er the strategy, attach an implementation schedule listing ea earty and the agreed upon deadline for completing it.	
		will help to pay for this service and indicate how the service vervice district revenues, hotel/motel taxes, franchise taxes, imp	
Local Governmen	at or Authority: Funding Met	thod:	
Berrien	County Genera	al Fund - Insurance Premium Tax	
Nashvill	.e Enterp	orise Fund - User Fees	
Alapaha	Enterp	orise Fund - User Fees	
Ray City	Enterp	orise Fund - User Fees	
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4 HOW WILLE		ious arrangements for providing and/or funding this service wi	inin the county?
No ch 5. List any for		nents or intergovernmental contracts that will be used to imple	
No ch		nents or intergovernmental contracts that will be used to imple Contracting Parties:	ement the strategy for this service: Effective and Ending Dates:
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unty:	BERRIEN		Service:	Head Start/	Pre-K	
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Ray City	7	General				
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9 0	lating t	Marty	Lefiles			
7. Person c Phone num	ompleting form:		Date completed:	3/16/99		
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		\frown		STRATEGY	
A P		SUMMA. OF SE	RVICE DELIVI	ERY ARRANGEI NTS	PAGE 2
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ounty:	BERRIEN	-	Service:	HEALTH DEPARTMENT	
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None

7. Person completing form: _____ Marty Lefiles

Phone number: (912) 333-5277 Date completed: 3/16/99

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? X yes no If not, provide designated contact person(s) and phone number(s) below:

	Instructions:			RY ARRANGE	.ITS	PAGE 2
	Make copies of this fe	erm and complete one for ea elow, attaching additional page e Department of Community A	s as necessary. It unc	page 1, Section III. U contact person for this	se exactly the sam service (listed at the	e service names listed on page : bottom of the page) changes, th
ounty:	BERRIEN		Service:	INDIGENT	CARE	
-	box that best describ	es the agreed upon delive	ery arrangement	for this service:		
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8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? X yes no If not, provide designated contact person(s) and phone number(s) below:

6	-		RVICE DELIVERY OF SERVICE DELIVE		PAGE 2
	Answer each questio	form and complete on below, attaching addition the Department of Cor	itional pages as necessary. If the	page 1, Section III. Use exactly the san contact person for this service (listed at th	ne service names listed on page 1. e bottom of the page) changes, this
County:	BERRIEN		Service:	INDIGENT DEFENSE	
1. Check the l	box that best desci	ribes the agreed up	oon delivery arrangement f	or this service:	
is check	will be provided of red, identify the go n County	countywide (i.e., in overnment, authori	ncluding all cities and unin ity or organization providing	corporated areas) by a single serving the service.)	vice provider. (If this box
Service	will be provided of		porated portion of the cou ization providing the service	nty by a single service provider. (ce.)	If this box is checked,
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			ble map delineating the s n that will provide service	ervice area of each service prov within each service area.)	ider, and identify the
2. In develop		were overlapping so	ervice areas, unnecessary	competition and/or duplication of	this service identified?
higher levels	tions will continu of service (Sce O n cannot be elimit	.C.G.A. 36-70-24(y, attach an explanation 1)), overriding benefits of	for continuing the arrangement the duplication, or reasons that or	t (i.e., overlapping but verlapping service areas
If these condi taken to elimi	tions will be elim inate them, the res	inated under the st sponsible party and	trategy, attach an implem d the agreed upon deadline	entation schedule listing each st for completing it.	ep or action that will be
3. List each g funds, user fe	government or aut ees, general funds	hority that will hel , special service di	lp to pay for this service an istrict revenues, hotel/mote	nd indicate how the service will be a taxes, franchise taxes, impact for	e funded (e.g., enterprise ees, bonded indebtedness, etc.
Local Governme	nt or Authority:	Funding Method:			
Berrien C	ounty	General	Fund		
4. How will	the strategy chang	ge the previous arra	angements for providing a	nd/or funding this service within	the county?
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5. List any fo Agreement Nam		very agreements or	r intergovernmental contra Contracting Parties:	cts that will be used to implement	at the strategy for this service: Effective and Ending Dates:
6. What othe General Asso	er mechanisms (if embly, rate or fee	f any) will be used changes, etc.), and	to implement the strategy d when will they take effe	for this service (e.g., ordinances, ct?	resolutions, local acts of the
None					
	er:(912)		Lefiles Date completed:	3/16/99	-
8. Is this the are consister	person who show the with the service	uld be contacted by delivery strategy?		uating whether proposed local go	
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1000 19				VERY ARRANGE	NTS	PAGE 2
	Answer each question	form and complete one below, attaching addition he Department of Comm	nal pages as necessary. It	on page 1, Section III. U the contact person for this	ise exactly the sam service (listed at th	he service names listed on page bottom of the page) changes, th
ounty:	BERRIEN		Service:	INDUSTRIA	L DEVELOPM	ENT
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			rated portion of the tion providing the se		vice provider. (If this box is checked,
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In develop		ere overlapping serv	vice areas, unnecess	ary competition and/o	r duplication of	f this service identified?
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7. Person completing form: _____Marty Lefiles

Phone number: (912) 333-5277 Date completed: 3/16/99

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? yes no If not, provide designated contact person(s) and phone number(s) below:

Colorado		-	OF SERVICE DELIVERY		TS	PAGE 2
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	Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on pag Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, should be reported to the Department of Community Affairs.						
County:	BERRIEN		Service:	MAGISTRATE COURT			
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8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? 🖾 yes 🗌 no If not, provide designated contact person(s) and phone number(s) below:

7		SUMMA OF	SERVICE DELIVERY	RY ARRANGE NTS	PAGE 2	
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SERVICE DELIVERY STRATEGY

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	Answer each question	form and complete on below, attaching addition the Department of Corr	tional pages as necessary. 1	an page 1, Section III. Us if the contact person for this se	e exactly the same se ervice (listed at the bo	rvice names listed on page tom of the page) changes, th
ounty:	BERRIEN		Service:	MUNICIPAL	COURT	
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7. Person co	ompleting form:	Marty	Lefiles			
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Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 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.

NATURAL GAS

County: BERRIEN

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

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

Service:

- 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.)
- Cone 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.) Nashville, Ray City
- One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)
- 2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

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

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

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

Local Government or Authority:	Funding Method:	
Nashville	Enterprise Funds - User Fees	
Ray City	Enterprise Funds - User Fees	

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

No change

5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service: Agreement Name: Contracting Parties: Effective and Ending Dates:

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

None

7. Person completing form: <u>Marty Lefiles</u>

Phone number: (912) 333-5277 Date completed: 3/16/99

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? Yes no If not, provide designated contact person(s) and phone number(s) below:

600		-		STRATEGY CRY ARRANGE NTS		PAGE 2	
	Instructions: Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 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:	BERRIEN		Service:	PARKS			
1. Check the	box that best descr	ibes the agreed upon delive	ery arrangement	for this service:			
		ountywide (i.e., including vernment, authority or org		ncorporated areas) by a sin ing the service.)	gle service provider.	(If this box	
		nly in the unincorporated j uthority or organization pr		unty by a single service pro ice.)	wider. (If this box is a	checked,	
				rated boundaries, and the s t(s), authority or organizati			
				rated boundaries, and the c t(s), authority or organization			
Nashvi	ille, Alapaha	, Ray City, Enigma	, Berrien Co	ounty			
				service area of each service within each service area.)		ntify the	
2. In develop	100 CT - 100	vere overlapping service ar	eas, unnecessary	competition and/or duplic	ation of this service i	dentified?	
higher levels	itions will continue of service (See O. on cannot be elimin	C.G.A. 36-70-24(1)), over	h an explanati o riding benefits o	n for continuing the arra f the duplication, or reason	ngement (i.e., overla is that overlapping ser	pping but vice areas	
If these cond taken to elim	itions will be elimi inate them, the res	inated under the strategy, a ponsible party and the agr	t tach an imple eed upon deadlir	nentation schedule listing the for completing it.	each step or action th	nat will be	
3. List each funds, user f	ees, general funds,	hority that will help to pay special service district rev Funding Method:	for this service enues, hotel/mo	and indicate how the servic tel taxes, franchise taxes, i	e will be funded (e.g. mpact fees, bonded in	., enterprise idebtedness, etc	
Nashville	P	General Fund					
Alapaha		General Fund					
Ray City		General Fund					
Enigma		General Fund					
Berrien	County	General Fund					
4. How will No char		e the previous arrangemen	ts for providing	and/or funding this service	within the county?	*	
5. List any for Agreement Name			vernmental conti ting Parties:	racts that will be used to in	nplement the strategy Effective and En		

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

None

Phone number: _

Marty Lefiles 7. Person completing form: (912) 333-5277

3/16/99 _ Date completed: _

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? X yes no If not, provide designated contact person(s) and phone number(s) below:

3	ERVICE DELIVERY STRATEGY		PAGE 2
SUMMA	OF SERVICE DELIVERY ARRANGE	NTS	TAGE
nstructions: fake copies of this form and compl inswer each question below, attaching	ete one for each service listed on page 1, Section III. U additional pages as necessary. If the contact person for this	Ise exactly the same se service (listed at the bot	rvice names listed on page 1. tom of the page) changes, this

Service:

POLICE

1. Check the box that best describes the agreed upon delivery arrangement for this service: Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.) Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.) I 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.) Nashville, Alapaha, Ray City, Enigma One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.) Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)

should be reported to the Department of Community Affairs.

BERRIEN

County:

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified? yes 🖾 no

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

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

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

Funding Method:	
General Fund	
	General Fund General Fund General Fund

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

No change

5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service: Agreement Name: Contracting Parties: Effective and Ending Dates:

nisms (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? None

7. Person completing form: Marty Lefiles

Phone number: (912) 333-5277 ____ Date completed: ___ 3/16/99

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? yes no If not, provide designated contact person(s) and phone number(s) below:

AST OF		SERVICE DELIVERY STRATEGY	-	
	Instant	SUMM/ OF SERVICE DELIVERY ARRANGE	NTS	PAGE 2
	Answer each question	form and complete one for each service listed on page 1, Section III. In below, attaching additional pages as necessary. If the contact person for this the Department of Community Affairs.	Use exactly the same a service (listed at the b	service names listed on page 1. oottom of the page) changes, this
County:	BERRIEN	Service: PROBATE CO	OURT	
1. Check the I	box that best descri	ibes the agreed upon delivery arrangement for this service:		
Service is check BERRIE	will be provided c ed, identify the go N COUNTY will be provided o	ountywide (i.e., including all cities and unincorporated areas) vernment, authority or organization providing the service.) nly in the unincorporated portion of the county by a single ser uthority or organization providing the service.)		
		ovide this service only within their incorporated boundaries, a his box is checked, identify the government(s), authority or or		
		ovide this service only within their incorporated boundaries, a his box is checked, identify the government(s), authority or o		
		ked, attach a legible map delineating the service area of ea other organization that will provide service within each service	-	er, and identify the
2. In develop		vere overlapping service areas, unnecessary competition and/o	or duplication of th	nis service identified?
If these condi higher levels	itions will continue	e under the strategy, attach an explanation for continuing (C.G.A. 36-70-24(1)), overriding benefits of the duplication, on nated).	the arrangement or reasons that ove	(i.e., overlapping but rlapping service areas
		inated under the strategy, attach an implementation schedul ponsible party and the agreed upon deadline for completing i		or action that will be
3. List each g funds, user fo	government or auti ees, general funds,	hority that will help to pay for this service and indicate how the special service district revenues, hotel/motel taxes, franchise	he service will be a taxes, impact fees	funded (e.g., enterprise s, bonded indebtedness, etc.
Local Governme		Funding Method:		
BERRIEN	COUNTY	General Fund		
4. How will	the strategy chang	e the previous arrangements for providing and/or funding this	s service within th	e county?
No chai	nge			
No chai	lige			
		very agreements or intergovernmental contracts that will be us		
Agreement Nar	ne:	Contracting Parties:	En	fective and Ending Dates:
		any) will be used to implement the strategy for this service (changes, etc.), and when will they take effect?	e.g., ordinances, re	esolutions, local acts of the
None				
		Marty Lefiles 333-5277 Date completed: 3/16/99		
8. Is this the are consisten	e person who shou nt with the service	Id be contacted by state agencies when evaluating whether pr delivery strategy? X yes no tact person(s) and phone number(s) below:	oposed local gove	ernment projects

10.00		\frown	RVICE DELIVERY		~				
		SUMMA ?	OF SERVICE DELIVE	RY ARRANGE	NTS	PAGE 2			
	Instructions: Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 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:	BERRIEN		Service:	PUBLIC HO	OUSING				
1. Check the	box that best descr	ibes the agreed up	on delivery arrangement	for this service:					
is check	ked, identify the go	vernment, authori	ncluding all cities and unity or organization provid		by a single serv	ice provider. (If this box			
Service		only in the unincor	porated portion of the con zation providing the servi		rvice provider. (If this box is checked,			
One or unincor	more cities will pr porated areas. (If t	ovide this service his box is checked	only within their incorpord, identify the government	rated boundaries, a t(s), authority or or	nd the service w rganization prov	ill not be provided in iding the service.)			
One or unincor	more cities will pr porated areas. (If t	ovide this service his box is checked	only within their incorpor d, identify the governmen	rated boundaries, a t(s), authority or o	nd the county w rganization prov	ill provide the service in iding the service.)			
Other. govern	(If this box is chec ment, authority, or	ked, attach a legi other organization	ble map delineating the n that will provide service	service area of ea e within each servi	ch service prov ce area.)	ider, and identify the			
2. In develo		were overlapping s	service areas, unnecessary	competition and/	or duplication of	this service identified?			
If these cond higher levels	litions will continu	.C.G.A. 36-70-24(gy, attach an explanatio (1)), overriding benefits o	n for continuing (f the duplication, c	the arrangement or reasons that o	t (i.e., overlapping but verlapping service areas			
If these cond	litions will be elim	inated under the s	trategy, attach an impler d the agreed upon deadlin	mentation schedul ne for completing i	le listing each st t.	ep or action that will be			
3. List each funds, user	government or aut fees, general funds	hority that will he , special service d	Ip to pay for this service a istrict revenues, hotel/mo	and indicate how the taxes, franchise	he service will b taxes, impact fo	e funded (e.g., enterprise ees, bonded indebtedness, et			
		Funding Method:							
Housing	Authority	HUD Fund	ds						
4 How will	the strategy chan	the previous arr	angements for providing	and/or funding thi	s service within	the county?			
4. 1104 411	and success change	se are provides at							
No char	ige								
					*				
		very agreements o		racts that will be u	sed to implement	t the strategy for this service			
Agreement Na	ame:		Contracting Parties:			Effective and Ending Dates:			
	-	ana ana ana amin'ny sora amin'ny							
6. What oth	her mechanisms (i	f any) will be used	to implement the strateg	y for this service (e.g., ordinances,	resolutions, local acts of the			
General As None	sembly, rate or fee	changes, etc.), an	d when will they take eff	ect?					
	completing form:					_			
		and the second	Date completed:			-			
are consiste	ent with the service	e delivery strategy	y state agencies when even ? 🖄 yes 🗌 no I phone number(s) below:		roposed local go	overnment projects			

		-	LE DELIVERY ERVICE DELIVE		PAGE 2
	Instructions: Make copies of this for Answer each question bel should be reported to the	low, attaching additional p	pages as necessary. If the	page 1, Section III. Use exactly the s contact person for this service (listed at	ame service names listed on page 1 the bottom of the page) changes, thi
ounty:	BERRIEN		Service:	RECREATION	
Check the	box that best describe	s the agreed upon de	livery arrangement f	for this service:	
is check	will be provided cour ked, identify the gover ation Board	ntywide (i.e., includi mment, authority or	ng all cities and unit organization providi	corporated areas) by a single so ng the service.)	ervice provider. (If this box
Service		in the unincorporate ority or organization	ed portion of the country of the country of the servious of th	nty by a single service providen ce.)	r. (If this box is checked,
One or unincom	more cities will provi porated areas. (If this	de this service only box is checked, ider	within their incorpor ntify the government	ated boundaries, and the service (s), authority or organization pr	e will not be provided in oviding the service.)
One or uninco	more cities will provi porated areas. (If this	de this service only box is checked, ide	within their incorpor ntify the government	ated boundaries, and the county (s), authority or organization pr	will provide the service in roviding the service.)
Other. govern	(If this box is checked ment, authority, or oth	I, attach a legible m her organization that	ap delineating the will provide service	service area of each service pr within each service area.)	rovider, and identify the
2. In develo		e overlapping servic	e areas, unnecessary	competition and/or duplication	of this service identified?
If these cond higher levels	litions will continue u	G.A. 36-70-24(1)), o	ttach an explanation overriding benefits of	n for continuing the arrangen f the duplication, or reasons tha	nent (i.e., overlapping but t overlapping service areas
If these conductions to elin	litions will be elimina ninate them, the respo	ted under the strateg	y, attach an implen agreed upon deadlin	nentation schedule listing each e for completing it.	step or action that will be
3 Listeach	government or author fees, general funds, sp	rity that will help to secial service district	pay for this service a t revenues, hotel/mo	and indicate how the service wi tel taxes, franchise taxes, impac	ll be funded (e.g., enterprise et fees, bonded indebtedness, e
3. List each funds, user	fees, general funds, sp	rity that will help to becial service district ading Method:	pay for this service a t revenues, hotel/mo	and indicate how the service will tel taxes, franchise taxes, impac	ll be funded (e.g., enterprise et fees, bonded indebtedness, e
3. List each funds, user	fees, general funds, sp ent or Authority: Fur	pecial service district	t revenues, hotel/mo	and indicate how the service will tel taxes, franchise taxes, impac	ll be funded (e.g., enterprise et fees, bonded indebtedness,
B. List each Tunds, user Scal Governm Nashvill Alapaha	fees, general funds, speent or Authority: Funds	occial service district ading Method: General Fur General Fur	nd	and indicate how the service will tel taxes, franchise taxes, impac	Il be funded (e.g., enterprise et fees, bonded indebtedness, e
3. List each funds, user ocal Governm Nashvill Alapaha Ray City	fees, general funds, speent or Authority: Funds	occial service district oding Method: General Fur General Fur General Fur	nd nd	and indicate how the service will tel taxes, franchise taxes, impac	Il be funded (e.g., enterprise et fees, bonded indebtedness,
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3. List each funds, user ocal Governm Nashvill Alapaha Ray City Enigma Berrien	fees, general funds, sp ent or Authority: Fur e County I the strategy change f	occial service district oding Method: General Fur General Fur General Fur General Fur General Fur	nd nd nd nd nd nd/ SPLOST	and indicate how the service will tel taxes, franchise taxes, impact and/or funding this service with	r rees, bonded indebiedness,
 List each funds, user Ocal Governm Nashvill Alapaha Ray City Enigma Berrien How will No cha S. List any 2 	fees, general funds, sp ent or Authority: Fur e e County I the strategy change of nge	pecial service district ding Method: General Fur General Fur General Fur General Fur General Fur the previous arranged	and and and and sPLOST ments for providing	tel taxes, franchise taxes, impac	nin the county?
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3. List each funds, user ocal Governm Nashvill Alapaha Ray City Enigma Berrien 4. How will No cha	fees, general funds, sp ent or Authority: Fur e e County I the strategy change of nge	pecial service district ding Method: General Fur General Fur General Fur General Fur General Fur the previous arranged	and and and and sPLOST ments for providing	and/or funding this service with	nent the strategy for this serv

None

7. Person completing form: Marty Lefiles
Phone number: (912) 333-5277 Date com

____ Date completed: _____ 3/16/99

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? X yes no If not, provide designated contact person(s) and phone number(s) below:

Con and		SUMMA	OF SERV			ARRANGE	NTS		PAGE 2
	Instructions: Make copies of this Answer each question should be reported to	form and comp below, attaching	lete one for each additional pages	a service listed as necessary. If	on page	1, Section III. U	ise exactly the sau	me service names he bottom of the pr	listed on page 1.
County:	BERRIEN			Service:		RECYCLING			
	box that best descri	bes the agree	d upon deliver	-	nt for t				
Service	will be provided co ked, identify the go	ountywide (i.e	e., including al	Il cities and u	unincor	porated areas)	by a single ser	vice provider.	(If this box
	will be provided of the government, a						vice provider.	(If this box is a	checked,
unincor	more cities will pro porated areas. (If the ille, Enigma	ovide this serv his box is che	vice only withi cked, identify	n their incorr the governme	porated ent(s),	boundaries, and authority or or	nd the service ganization pro	will not be pro- viding the serv	vided in ice.)
One or unincor	more cities will pro porated areas. (If the	ovide this servine this box is che	vice only withi cked, identify	in their incor the governme	porated ent(s),	l boundaries, a authority or or	nd the county ganization pro	will provide the oviding the serv	e service in ice.)
Other. (governm	(If this box is check ment, authority, or	ced, attach a other organiz	legible map d ation that will	elineating the provide serve	he serv	ice area of each hin each servio	ch service pro ce area.)	wider, and ide	ntify the
2. In develop	ping the strategy, w	vere overlapp	ing service are	as, unnecessa	агу соп	npetition and/o	or duplication of	of this service i	dentified?
higher levels	itions will continue of service (See O. on cannot be elimir	C.G.A. 36-70	rategy, attach)-24(1)), overri	an explanat iding benefits	tion for s of the	r continuing to duplication, o	he arrangeme r reasons that	ent (i.e., overla overlapping ser	pping but rvice areas
If these cond taken to elim	litions will be elimi ninate them, the res	nated under t ponsible part	the strategy, at y and the agree	tach an impl ed upon dead	lement	tation schedul r completing it	e listing each s	step or action th	nat will be
funds, user f	government or aut fees, general funds,	special servi	ce district reve	for this servic enues, hotel/n	ce and i motel ta	indicate how th axes, franchise	ne service will taxes, impact	be funded (e.g fees, bonded in	., enterprise idebtedness, et
Local Governm Nashvill		Funding Method	1: cal Fund						
Enigma			al Fund						
No ch	the strategy chang ange formal service deliv								for this service
Agreement Na				ng Parties:				Effective and Er	nding Dates:
6. What oth General As	her mechanisms (if sembly, rate or fee	any) will be changes, etc.	used to impler), and when w	nent the strat	tegy for effect?	r this service (e	e.g., ordinance	s, resolutions, l	ocal acts of th
None									
	completing form:					2/16/00			
	ber: (912)								ieste
are consiste	e person who shou ant with the service ide designated con	delivery stra	itegy? 🛛 yes	s 🗌 no		ing whether p	roposed local g	government pro	njecis

CTO TO		\sim	VICE DELIVERY	~	PAGE 2
	Instructions:	SUMMA (JE SERVICE DELIVE	AT ARRAINEL III	INCLE
	Make copies of this for Answer each question to should be reported to the	clow, attaching addit	ional pages as necessary. If the	page 1, Section III. Use exactly (contact person for this service (liste	the same service names listed on page 1 ed at the bottom of the page) changes, this
ounty:	BERRIEN		Service:	SENIOR CITIZENS	CENTER
Check the	box that best descrit	es the agreed up	on delivery arrangement	for this service:	
is check	ked, identify the gov	ernment, authorit	cluding all cities and unity or organization provid gency on Aging)		le service provider. (If this box
Service	will be provided on	ly in the unincor			ider. (If this box is checked,
One or unincor	more cities will prov porated areas. (If the	vide this service (is box is checked	only within their incorpor , identify the government	ated boundaries, and the ser (s), authority or organization	vice will not be provided in n providing the service.)
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				service area of each service within each service area.)	e provider, and identify the
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			rategy, attach an impler	nentation schedule listing e	each step or action that will be
			the agreed upon deadlin		
. List each	government or auth	ority that will hel	p to pay for this service	and indicate how the service	will be funded (e.g., enterprise
unds, user f	fees, general funds,	special service di	strict revenues, hotel/mo	tel taxes, franchise taxes, im	pact fees, bonded indebtedness, e
cal Governme	ent or Authority: Fi	unding Method:			
Berrien (General			
Ray City		General	Fund		
-					
					······
. How will	the strategy change	the previous arra	angements for providing	and/or funding this service v	vithin the county?
No ch	nange				
. List any f	ormal service delive	ery agreements of		acts that will be used to imp	element the strategy for this service
greement Na	me:		Contracting Parties:		Effective and Ending Dates:
	and an an and the second s				
	1 1 11			. for this remiter (!!	anone recolutions logal acts of d
			to implement the strategy i when will they take effort		ances, resolutions, local acts of the
None	interior, rate or ree c		unoy take one		
none					
	ompleting form:				
			Date completed: _		•
are consiste	nt with the service of	delivery strategy	? 🖾 yes 🗌 no	luating whether proposed lo	cal government projects
lf not, provi	ide designated conta	act person(s) and	phone number(s) below:		

		-	ICE DELIVERY		PAGE 2			
	Instructions: Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names is Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the particular should be reported to the Department of Community Affairs.							
County:	BERRIEN		Service:	SHERIFF				
1. Check the l	ox that best describe	es the agreed upon	delivery arrangement for					
is check	-		uding all cities and uning or organization providin	corporated areas) by a single set g the service.)	rvice provider. (If this box			
Service	will be provided only		rated portion of the countion providing the service	ty by a single service provider. e.)	(If this box is checked,			
				ed boundaries, and the service), authority or organization pro				
				ted boundaries, and the county s), authority or organization pro				
				rvice area of each service provide area.)	ovider, and identify the			
2. In develop		e overlapping serv	vice areas, unnecessary c	ompetition and/or duplication	of this service identified?			
If these condi higher levels	tions will continue u	G.A. 36-70-24(1))	attach an explanation), overriding benefits of (for continuing the arrangement he duplication, or reasons that	ent (i.e., overlapping but overlapping service areas			
If these cond	tions will be elimina	ated under the strat	tegy, attach an impleme he agreed upon deadline	entation schedule listing each for completing it.	step or action that will be			
	and the second second			d indicate how the service will	be funded (e.g. enternrise			
3. List each ; funds, user f	ees, general funds, sp	pecial service distr	to pay for this service an rict revenues, hotel/mote	l taxes, franchise taxes, impact	fees, bonded indebtedness, etc			
Local Governme		nding Method:						
Berrien (ounty	General F	und					
No char	ge			nd/or funding this service withi	ent the strategy for this service			
Agreement Na			Contracting Parties:		Effective and Ending Dates:			
			implement the strategy when will they take effec		es, resolutions, local acts of the			
7.0		Marty L	efiles					
7. Person co Phone numb	mpleting form:	33-5277	Date completed:	3/16/99				
			•	nating whether proposed local	rovernment projects			
are consister	it with the service de	elivery strategy?		mente montre proposo toral (

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 Service vis checked Service videntify One or nunincorp One or nunincorp 	will be provided countywid ed, identify the government will be provided only in the the government, authority of more cities will provide this orated areas. (If this box is more cities will provide this	e (i.e., including all cities and unincorporated areas) by a single serve, authority or organization providing the service.) unincorporated portion of the county by a single service provider. (or organization providing the service.) service only within their incorporated boundaries, and the service w	If this box is checked, vill not be provided in
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	le, Alapaha, Ray C	ity: Geowaste Berrien County, Enigma: Atkins	on County
		h a legible map delineating the service area of each service prov anization that will provide service within each service area.)	ider, and identify the
2. In developi		apping service areas, unnecessary competition and/or duplication of	this service identified?
higher levels of		e strategy, attach an explanation for continuing the arrangement 5-70-24(1)), overriding benefits of the duplication, or reasons that over	
		er the strategy, attach an implementation schedule listing each sto party and the agreed upon deadline for completing it.	p or action that will be
funds, user fee	es, general funds, special se	will help to pay for this service and indicate how the service will be ervice district revenues, hotel/motel taxes, franchise taxes, impact fe	
Local Governmen			
Berrien C Nashville	ound)	Fund - Insurance Premium Tax rise Fund - User Fees	
Alapaha		rise Fund – User Fees	
Ray City		rise Fund - User Fees	
Enigma		rise Fund - User Fees	
		ious arrangements for providing and/or funding this service within t	he county?
No chan			ie county .
		nents or intergovernmental contracts that will be used to implement	
Agreement Name		Contracting Parties: E	ffective and Ending Dates:
		e used to implement the strategy for this service (e.g., ordinances, r c.), and when will they take effect?	esolutions, local acts of the
None			
	pleting form: <u>Marty 1</u> (912) 333-5277		
are consistent v	with the service delivery stu	cted by state agencies when evaluating whether proposed local gove	ernment projects

			ERVICE DEL			NTS		PAGE 2
	Instructions: Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on pa Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes should be reported to the Department of Community Affairs.							
unty:	BERRIEN		Ser	vice:	STREET/ROA	D IMPROV	EMENTS	
Check the l	box that best desc	ribes the agreed	upon delivery arra	angement fo	r this service:			
			including all citie ority or organizati			by a single s	ervice provider. (If this box
			corporated portion			vice provide	r. (If this box is c	hecked,
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unincor	porated areas. (If	this box is check	ce only within the ced, identify the g	overnment(s), authority or or	nd the count ganization p	y will provide the roviding the serv	e service in ice.)
			lapaha, Ray					
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these cond	on cannot be elim litions will be elim	ninated under the	e strategy, attach	an impleme	ntation schedul	e listing eac	h step or action th	nat will be
ken to elim	ninate them, the re	esponsible party	and the agreed up	on deadline	for completing i	•		
L list each	government or au	thority that will	help to pay for thi	is service an	d indicate how the	ne service wi	ill be funded (e.g.	, enterprise
. List cacil								
unds, user f	fees, general fund	s, special service	district revenues	, hotel/mote	taxes, franchise	taxes, impa	ct fees, bonded in	debtedness,
unds, user f	fees, general fund ent or Authority:	s, special service Funding Method:	e district revenues	, hotel/mote	l taxes, franchise	taxes, impa	ct fees, bonded in	debtedness
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unds, user f cal Governme errien (fees, general fund ent or Authority: County	Funding Method: Genera	e district revenues	, hotel/mote	l taxes, franchise	taxes, impa	ct rees, bonded in	debtedness
unds, user f cal Governmo errien (ashville	fees, general fund ent or Authority: County	s, special service Funding Method: Genera Genera	district revenues	, hotel/mote	l taxes, franchise	taxes, impa	ct rees, bonded in	debtedness
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A DE DE	SERVICE DELIVERY STRATEGY SUMMA OF SERVICE DELIVERY ARRANGE NTS PAGE 2 Instructions: Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names listed on page 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:	BERRIEN		Service:	VICTIMS	ASSISTANCE			
		• •	on delivery arrangement					
is check Berr: Service	ced, identify the go ien County will be provided of	overnment, authori	cluding all cities and unit ty or organization provide porated portion of the cou zation providing the servi	ing the service.) unty by a single				
One or unincor	more cities will pr porated areas. (If (ovide this service his box is checked	only within their incorpor I, identify the government	rated boundaries t(s), authority or	s, and the service will r organization providin	not be provided in ng the service.)		
One or unincor	more cities will pr porated areas. (If	ovide this service this box is checked	only within their incorpor , identify the governmen	rated boundaries t(s), authority or	s, and the county will r organization providi	provide the service in ng the service.)		
Other. (governu	(If this box is chec ment, authority, or	ked, attach a legi other organization	ble map delineating the n that will provide service	service area of within each se	each service provide rvice area.)	er, and identify the		
2. In develop		were overlapping s	service areas, unnecessary	competition an	d/or duplication of th	is service identified?		
If these cond higher levels	itions will continu	.C.G.A. 36-70-24(y, attach an explanatio (1)), overriding benefits o	n for continuin f the duplication	ng the arrangement (n, or reasons that over	i.e., overlapping but lapping service areas		
If these cond	litions will be elim	inated under the s	trategy, attach an imple r d the agreed upon deadlin	mentation sche ne for completin	dule listing each step g it.	or action that will be		
3. List each funds, user f	government or au fees, general funds	thority that will he s, special service d	lp to pay for this service a istrict revenues, hotel/mo	and indicate how tel taxes, franch	w the service will be f ise taxes, impact fees	unded (e.g., enterprise , bonded indebtedness, o		
		Funding Method:						
Berrien	County	Special	Revenue Fund - Vi	ctims Assis	stance Grant			
4. How will	the strategy chan	ge the previous arr	rangements for providing	and/or funding	this service within the	county?		
No chan	ge							
5. List any f	ormal service deli	very agreements o	r intergovernmental cont	racts that will be	e used to implement the	ne strategy for this servi		
Agreement Na			Contracting Parties:		Eff	ective and Ending Dates:		
6. What oth	her mechanisms (i	f any) will be used	to implement the strateg	y for this servic	e (e.g., ordinances, re	solutions, local acts of t		
General As:	sembly, rate or fee	changes, etc.), an	d when will they take eff	ect?				
None								
	completing form: ber: (912)	Marty 333-5277	Lefiles Date completed:	3/16/99				
			y state agencies when eve		r proposed local gove	mment projects		
are consiste	ent with the service	e delivery strategy	? X yes no phone number(s) below:		- Frebaser toort Bore			
Contra de	SERVICE DELIVERY STRATEGY SUMM ? OF SERVICE DELIVERY ARRANGE INTS	DICES						
----------------------------------	---	--						
	Instructions:	PAGE 2						
	Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom should be reported to the Department of Community Affairs.	ce names listed on page 1. m of the page) changes, this						
County:	BERRIEN Service: WATER AND SEWER							
1. Check the l	box that best describes the agreed upon delivery arrangement for this service:							
	will be provided countywide (i.e., including all cities and unincorporated areas) by a single service pred, identify the government, authority or organization providing the service.)	ovider. (If this box						
	will be provided only in the unincorporated portion of the county by a single service provider. (If this the government, authority or organization providing the service.)	box is checked,						
	more cities will provide this service only within their incorporated boundaries, and the service will no porated areas. (If this box is checked, identify the government(s), authority or organization providing							
	more cities will provide this service only within their incorporated boundaries, and the county will proporated areas. (If this box is checked, identify the government(s), authority or organization providing							
	If this box is checked, attach a legible map delineating the service area of each service provider, nent, authority, or other organization that will provide service within each service area.)	and identify the						
Se	e attached maps							
2. In develop	ing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this s \Box no	ervice identified?						
higher levels	itions will continue under the strategy, attach an explanation for continuing the arrangement (i.e. of service (See O.C.G.A. 36-70-24(1)), overriding benefits of the duplication, or reasons that overlap n cannot be eliminated).	, overlapping but ping service areas						
•	itions will be eliminated under the strategy, attach an implementation schedule listing each step or	action that will be						
taken to elimi	inate them, the responsible party and the agreed upon deadline for completing it.							
3. List each g funds, user fo	government or authority that will help to pay for this service and indicate how the service will be func- ees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, be	led (e.g., enterprise onded indebtedness, etc						
Local Governme								
Nashville								
Alapaha	Enterprise Fund - User Fees							
Ray City								
Enigma	Enterprise Fund - User Fees							
No chan	ormal service delivery agreements or intergovernmental contracts that will be used to implement the	strategy for this service						
Agreement Nar	Effecti	ve and Ending Dates:						
6. What oth	er mechanisms (if any) will be used to implement the strategy for this service (e.g., ordinances, resol	utions, local acts of the						
General Ass	embly, rate or fee changes, etc.), and when will they take effect?							
None								
	ompleting form: <u>Marty Lefiles</u>							
Phone numb	Date completed: Date completed:							
are consister	e person who should be contacted by state agencies when evaluating whether proposed local government with the service delivery strategy? Yes no de designated contact person(s) and phone number(s) below:	nem projects						





1		SERVICE DELIVERY STRATEGY SUMM OF SERVICE DELIVERY ARRANGE INTS PAGE 2								
	Instructions:					and the second second second second second				
	Answer each question	form and complete one n below, attaching addition the Department of Comm	hal pages as necessary. If the co	ge 1, Section III. Untact person for this	lse exactly the same service (listed at the	service names listed on page 1. bottom of the page) changes, this				
County:	BERRIEN		Service:	ZONING						
1. Check the l	box that best descr	ribes the agreed upon	delivery arrangement for	this service:						
			uding all cities and uninco or organization providing		by a single servi	ce provider. (If this box				
			rated portion of the count tion providing the service		vice provider. (I	f this box is checked,				
unincor		this box is checked, i	ly within their incorporate dentify the government(s)							
			ly within their incorporate dentify the government(s)							
		-	e map delineating the sen hat will provide service w		and the second of the second	der, and identify the				
2. In develop		were overlapping ser	vice areas, unnecessary co	ompetition and/o	r duplication of	this service identified?				
higher levels	itions will continu of service (See O on cannot be elimit	.C.G.A. 36-70-24(1)	attach an explanation f), overriding benefits of th	or continuing the duplication, or	he arrangement r reasons that over	(i.e., overlapping but erlapping service areas				
and the state of the state of the			tegy, attach an impleme	ntation schedul	e listing each ste	p or action that will be				
			he agreed upon deadline f							
funds, user fo	ees, general funds	, special service dist	to pay for this service and rict revenues, hotel/motel	l indicate how th taxes, franchise	e service will be taxes, impact fee	funded (e.g., enterprise es, bonded indebtedness, etc				
Nashville		Funding Method:	und							
Ray City		General F								
4. How will No chan		ge the previous arran	gements for providing and	d/or funding this	service within the	ne county ?				
				ts that will be us		the strategy for this service				
Agreement Nar	ne:		Contracting Parties:		E	ffective and Ending Dates:				
			implement the strategy for when will they take effect		.g., ordinances, r	resolutions, local acts of the				
None										
2.0	1	Marty L	efilec							
7. Person co Phone numb	ompleting form: (912)	333-5277	the second s	3/16/99						
			Date completed:	and the set in the set of the	an one of level of					
are consister	nt with the service	delivery strategy?	tate agencies when evaluation when evaluation when evaluation when the second s	anng whether bu	oposed local gov	ermon projecta				

STRVICE DELIVERY STRATEGY 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 updating of the service delivery strategy. If the contact person for this service (listed at the bottom of this page) changes, this should be reported to the Department of Community Affairs.

County:	BERRIEN	
1. What incomp the service delive	patibilities or conflicts between the land use plans of very strategy?	f local governments were identified in the process of developing
Berrien of the	n County and the Cities of Nashville	by the South Georgia RDC on behalf of e, Alapaha, Ray City, and Enigma as part Berrien County and its municipalities mmission.
2. Check the boy	xes indicating how these incompatibilities or conflic	ts were addressed.
amendme	of a joint comprehensive plan asures (amend zoning ordinances, ironmental regulations, etc.)	Note: If the necessary plan amendments, regulations, ordinances, etc. have not yet been formally adopted, indicate when each of the affected local governments will adopt them.
	es" was checked, describe these measures:	
		n a county disagrees with the proposed land use classification(s) for Il vary for different cities in the county, summarize each process.
makes ac fide obj ing to c	dvisory recommendations to county. jection (with list of possible cond	ng commission. Countywide Planning commission County notifies city of no objection or bona itions). If objection, city responds (1) agree- xation; (3) initiates mediation; or (4) seeks
		d by local governments (and water and sewer authorities) to sistent with all applicable land use plans and ordinances?
have agr consiste to exten and an o ensure t dinances	reed that the provision of extratern ent with all applicable land use pland ad services extraterritorially shall opportunity for the affected local g that the new services are consistent	Agreement, Berrien County and its municipalities ritorial water and sewer services shall be ans and ordinances. The notification of intent 1 include a synopsis of the proposed project government to review the planned extension to t with all applicable land use plans and or- nmental Agreement - Process for Provision of
5. Person compl	-	
Phone number:	(912) 333-5277 Date comp	
. Is this the personal sonsistent with la	son who should be contacted by state agencies whe and use plans of applicable jurisdictions? X yes	en evaluating whether proposed local government projects are
	esignated contact person(s) and phone number(s) be	

SERVICE DELIVERY STRATEGY

CERTIFICATIONS

Instructions:

This page 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 1990 populations of over 9,000 residing within the county; and 4) no less than 50% of all other cities with a 1990 population of between 500 and 9,000 residing within the county. Cities with 1990 populations below 500 and authorities providing services under the strategy are not required to sign this form, but are encouraged to do so. Attach additional copies of this page as necessary.

SERVICE DELIVERY STRATEGY FOR _

BERRIEN

COUNTY

PAGE 4

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);
- 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)).

SIGNATURE:	NAME: (Please print or type)	TITLE:	JURISDICTION:	DATE:
Jones T b	hora James Griner	Chairman	Berrien County	5/10/99
Nomin Ap	Thomas Parr	Mayor	Nashville	5/10/99
Xame Su	James Boone	Mayor	Alapaha	5/4/99
Wayne Fu	Ver Wayne Gulley	Mayor	Ray City	5/12/99
Pearl Die	Actoril Giddens	Mayor	Enigma	5/19/99
		· ·		

Inventory of Existing Services Service Delivery Strategy for <u>BERRIEN</u> County

SERVICE	GOVERNMENT OR AUTHORITY								
	Berrien County	Nashville	Alapaha	Ray City	Enigma	Authority			
Airport						x			
Animal Control	x	x	x	x	x				
Building Inspections		x		x	x				
Cemetery	2	x	X						
Chamber of Com.	x	x							
Clerk of State Court	x								
Clerk of Superior Court	x								
Codes Enforcement (city codes/ substan- dard housing)		x		x					
Community Center	x		X	х					
Emergency Mgmt. (GEMA)	x								
EMS (Ambulance)	x								
Fire Protection	x	x	x	х	x				
Garbage/Refuse Collection	x	x	х	х	х				
Head Start/Pre-K	X		X	х			· · · · · · · · · · · · · · · · · · ·		

Page

SERVICE	GOVERNMENT OR AUTHORITY								
	Berrien County	Nashville	Alapaha	Ray City	Enigma	Authority			
Health Department	x								
Indigent Defense	x								
Indigent Care	x								
Industrial Development						x			
Inmate Detention	x	x							
Library	x								
Magistrate Court	x								
Mosquito Control		x							
Municipal Court		x	x	x	x				
Natural Gas		x		x					
Parks	x	x	x	x	x				
Police		x	X	х	X				
Probate Court	x								
Public Housing						x			
Recreation	x	x	x	x	х				
Recycling		x			х				
Senior Citizens Center	x			х					
Sheriff	x								
Solid Waste Disposal	х	х	х	х	х				
Street/Road Improv.	х	х	х	х	х				

SERVICE				GOVER		RAUTHORITY	,	
	Berrien County	Nashville	Alapaha	Ray City	Enigma	Authority		
Victims Assistance	x							
Water/Sewer		X	x	x	x			
Zoning		x		x				

Page

Service Delivery Strategy Completeness Checklist (To be completed within 2 business days of receipt)

Date Received Completeness Review, Completed Reviewer's Name

Page 1

- All local governments located wholly or partially in the County are listed in Block II. (List may also include local Authorities.) Note: Use DCA information regarding location of city governments to make this determination.
- Services included in strategy (Block III) are titled identically to the individual services that are summarized on Page 2s in the strategy.
- Basic services common to local governments are not omitted from the strategy (e.g., law enforcement, fire protection, recreation, road maintenance, etc.).

Page 2 (there will be many of these)

An individual Page 2 is included for each service included in the strategy.

Page 3

 Summary of land use dispute resolution process(es) provided or complete copies of dispute resolution process(es) are attached.

Page 4

- Certifications Required Signatures Note: Use DCA 1990 population information to determine if the required number of local governments have agreed to the strategy.
 - County government
 - County seat city government
 - All cities over 9,000 in population
 - At least 1/2 of all cities with a population between 500 and 9,000

Strategy is complete and ready for verification review

Strategy is incomplete and missing the following items:

Instructior	as for Reviewer:			36	ervice
	review of each individual Page 2 within the strategy will be nece ne copy of this form should be completed for each page 2 in the s		plete this st	ep.	
 Quest 	ion 1				
1776	f the five options is selected.		Yes	No	
	If box 5 is selected, a legible map (or narrative description of service areas) is attached identifying which entities provide this service in what geographic areas.			No	
 Quest 	ion 2				
• If	"Yes" is checked, either:				
(1) an "explanation for continuing the arrangement" statement; or	N/A	Yes	No	
(2) an "implementation schedule" to eliminate problems with the service is attached.	N/A	Yes	No	
 Quest 	ion 3				
• Lo ar	bcal government(s) paying for the service and funding method(s) e identified.		Yes	No	
Note:	The local governments/authorities/etc. identified in Question 1 as providing this service should be the same as those identified here as paying for the service.				
Quest	ion 4				
	there will be a change in the delivery of this service, the hange(s) are identified.		Yes	No	
Quest	ions 5 and 6				
re	ny service delivery agreements, contracts, ordinances, solutions, etc. that will be used to augment the agreed oon service delivery strategy for this service are identified.		Yes	No	
	ions 7 and 8				
• In	formation provided.		Yes	No	
Note a	ny questionable information about this service that may be worthy	of "advisor	v comments	s".	

Deficiencies that prevent verification of this service and recommended actions for local governments to correct deficiencies.

Verification: Summary of Land Use Agreements

Questions 1 and 2

Were land use "incompatibilities or conflicts" identified in local plans?

If "Yes", methods to address these land use issues were Identified (Question 2)

Question 3

 Summary of land use dispute resolution process(es) provided or complete copies of dispute resolution process(es) are attached.

Question 4

- Provisions for extraterritorial water and sewer to be consistent with applicable land use plans is addressed
- Question 5 and 6
 - Information provided

Note any questionable information that may be worthy of "advisory comments".

Yes No Yes No

Yes

N/A

Recommend actions for local governments to correct deficiencies with land use agreements.

South Georgia

Regional Development Center

P. O. Box 1223 • 327 W. Savannah Ave. • Valdosta, Georgia • 31603 • Phone: (912) 333-5277 • GIST: 349-5277 • FAX (912) 333-5312

May 27, 1999



JUN - 2 P.M.

Mr. Kevin DeBose Georgia Department of Community Affairs 60 Executive Park South, NE Atlanta, GA 30329-2231

Dear Mr. DeBose:

As required by HB 489, Berrien County, Nashville, Alapaha, Ray City, and Enigma are pleased to submit the Berrien County Service Delivery Strategy for your review. Attached to the Strategy is a copy of the resolutions by the cities and the county adopting the Strategy.

Also attached is a copy of the joint Water and Sewer Extension Agreement signed by the cities and the county. I did not include copies of the land use dispute resolutions adopted last year, but I did provide the summary on page 3, question 3.

If you have any questions during your review or if you need any additional information, please call me at 912-333-5277.

Sincere

Marty/LeFiles Asst. Executive Director

cc: Jame Griner, Berrien County Chairman Thomas Parr, Nashville Mayor James Boone, Alapaha Mayor Wayne Gulley, Ray City Mayor Cecil Giddens, Enigma Mayor

BERRIEN COUNTY INTERGOVERNMENTAL AGREEMENT Process For Provision of Extraterritorial Water and Sewer Services

WHEREAS, the respective member governments of Berrien County, which includes the Berrien County Board of Commissioners and the Mayor/Council of the cities of Nashville, Alapaha, Ray City, and Enigma, have pursuant to Georgia Laws and Acts, prepared and adopted a joint countywide comprehensive plan and service delivery strategy; and

WHEREAS, the 2015 Greater Berrien County Comprehensive Plan, as duly amended, was developed jointly and includes a single land use classification plan for the unincorporated and incorporated areas of the county; and

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

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

NOW THEREFORE BE IT RESOLVED THAT: The cities of Nashvile, Alapaha, Ray City, and Enigma, and Berrien County, hereby agree to implement the following process for the provision or extraterritorial water and sewer services effective June 1, 1999:

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

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

2. Within fifteen working days following receipt of the above information, the county will forward to the city a statement:

(a) Indicating that the county has **no objection** to the proposed extraterritorial water or sewer extension and its consistency with land use; **or**

(b) Describing its objection to the proposed water or sewer extension or land use consistency, and providing supporting information including a listing of any possible stipulations or conditions that would alleviate the county's objections;

3. If the county has no objection, or fails to respond within the aforementioned timeframe, to the city's proposed extraterritorial water or sewer extension or land use consistency, the city is free to proceed with the provision of the service.

4. If the county notifies the city that it has an objection, the city will respond to the county in writing within fifteen working days by either:

- (a) agreeing with the county and stopping action on the proposed extraterritorial water or sewer extension;
- (b) **agreeing to implement the county's stipulations** and conditions and thereby resolving the county's objection;
- (c) initiating a 30-day (maximum) Mediation process to discuss possible compromises; or
- (d) Disagreeing that the county's objection is *bona fide* and notifying the county that the city will seek a declaratory judgment.

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

- 5. If no resolution of the county's objection results from the mediation, the city:
 - (a) Will abandon and not proceed with the proposed extension, or
 - (b) Will notify the county that the city will seek a declaratory judgement in court.
- 6. If the city and county reach agreement as described in step 4(b) or 4(c), the city is free to proceed with the extraterritorial service.
- 7. This extraterritorial process for water and sewer services shall remain in force and effect until amended by agreement of each party or unless otherwise terminated by operation of law.
- IN WITNESS WHEREOF the undersigned parties have hereunto affixed its names and seals.

Attest

Date

Attest Date

Authorized Representative of Berrien County Board of Commissioners James Griner, Chairman

Authorized Representative of City of Nashville Thomas Parr, Mayor

EXTRATERRITORIAL AGREEMENT

Attest

Date

<u>05/12</u> Date

 $\frac{5-2}{\text{Date}}$

<u>J-25-1999</u> Date <u>Minnie Jaepun</u>

Authorized Representative of City of Alapaha James Boone, Mayor

ine Kulle

Authorized Representative of City of Ray City Wayne Gulley, Mayor

Authorized Representative of City of Enigma Cecil Giddens, Mayor

Pursuant to the Official Code of Georgia, Title 36, Chapter 70, the local governments of Berrien County have completed their service delivery strategy process. This process included a review of all existing services currently provided throughout the county and their funding mechanisms, and developed a strategy for the provision of these services that is efficient, equitable and responsive to citizens of the county.

The Berrien County Service Delivery Strategy includes: (1) an identification of all services provided and a description of the geographic service area, (2) an assignment as to the provider of the service, (3) a description of the funding sources and (4) an identification of the mechanisms to be used to facilitate the implementation. The aforementioned is evidenced on the Georgia Department of Community Affairs Service Delivery Strategy For Berrien County pages 1-4, herein after referred to as the Berrien County Service Delivery Strategy.

By Adoption of this resolution the (name local government body) hereby adopts the Berrien County Service Delivery Strategy and authorizes the (mayor/chairman) to sign the Berrien County Service Delivery Strategy and submit the strategy to the Georgia Department of Community Affairs for verification. The adoption of this resolution further authorizes the (mayor/chairman) to certify that the Berrien County Service Delivery Strategy: (1) provides an accurate depiction of the agreed upon strategy, (2) promotes the most efficient, effective and responsive delivery of services, (3) provides that water and sewer fees for extraterritorial services are reasonable and not arbitrarily higher, (4) provides that extraterritorial water and sewer extensions will be consistent with all applicable land use plans and ordinances, (5) ensures that cost of services provided primarily for the benefit of unincorporated area residents are paid for by unincorpotated area revenues and (6) provides a process for resolving land use disputes arising over annexation.

This resolution duly adopted this 10 day of May, 1999.

James Griner Chairman of the Board

Attest

Pursuant to the Official Code of Georgia, Title 36, Chapter 70, the local governments of Berrien County have completed their service delivery strategy process. This process included a review of all existing services currently provided throughout the county and their funding mechanisms, and developed a strategy for the provision of these services that is efficient, equitable and responsive to citizens of the county.

The Berrien County Service Delivery Strategy includes: (1) an identification of all services provided and a description of the geographic service area, (2) an assignment as to the provider of the service, (3) a description of the funding sources and (4) an identification of the mechanisms to be used to facilitate the implementation. The aforementioned is evidenced on the Georgia Department of Community Affairs Service Delivery Strategy for Berrien County pages 1-4, herein after referred to as the Berrien County Service Delivery Strategy.

By adoption of this resolution the City of Nashville hereby adopts the Berrien County Service Delivery Strategy and authorizes the Mayor of the City of Nashville to sign the Berrien County Service Delivery Strategy and submit the strategy to the Georgia Department of Community Affairs for verification. The adoption of this resolution further authorizes the Mayor of the City of Nashville to certify that the Berrien

County Service Delivery Strategy: (1) provides an accurate depiction of the agreed upon strategy, (2) promotes the most efficient, effective and responsive delivery of services, (3) provides that water and sewer fees for extraterritorial services are reasonable and not arbitrarily higher, (4) provides that extraterritorial water and sewer extensions will be consistent with all applicable land use plans and ordinances, (5) ensures that cost of services provided primarily for the benefit of unincorporated area residents are paid for by unincorporated area revenues and (6) provides a process for resolving land use disputes arising over annexation.

This resolution duly adopted the <u>10 Aday</u> of <u>May</u>, 1999.

Thomas Para

Alderman John Carroll

Iderman Virgil Hickox

derman Buck Browning

ohnny Hall City Clerk

CITY OF NASHVILLE

Iderman Bobby Prickett

Alderman Andy Croft

CITY OF NASHVLLE STATE OF GEORGIA, THIS TO TO CERTIFY THAT THE FORMATION B A TRUE AND COR-RECT COPY OF THE

RESOLUTION FOR A DOPTION OF BERRIEW County Service Delivery ON FILE STRATE CY HAND AND OFFICIAL SEAL THIS 11th

DAY OF May , 1999

Johnny Hall, City Clerk

Pursuant to the Official Code of Georgia, Title 36, Chapter 70, the local governments of Berrien County have completed their service delivery strategy process. This process included a review of all existing services currently provided throughout the county and their funding mechanisms, and developed a strategy for the provision of these services that is efficient, equitable and responsive to citizens of the county.

The Berrien County Service Delivery Strategy includes: (1) an identification of all services provided and a description of the geographic sevice area, (2) an assignment as to the provider of the service, (3) a description of the funding sources and (4) an identification of the mechanisms to be used to facilitate the implementation. The aforementioned is evidenced on the Georgia Department of Community Affairs Service Delivery Strategy For Berrien County pages 1-4, herein after referred to as the Berrien County Service Delivery Strategy.

By Adoption of this resolution the City of Alapaha hereby adopts the Berrien County Service Delivery Strategy and authorizes the mayor to sign the Berrien County Service Delivery Strategy and submit the strategy to the Georgia Department of Community Affairs for verification. The adoption of this resolution further authorizes the mayor to certify that the Berrien County Service Delivery Strategy: (1) provides an accurate depiction of the agreed upon strategy, (2) promotes the most efficient, effective and responsive delivery of services, (3) provides that water and sewer fees for extraterritorial services are reasonable and not arbitrarily higher, (4) provides that extraterritorial water and sewer extensions will be consistent with all applicable land use plans and ordinances, (5) ensures that cost of services provided primarily for the benefit of unincorporated area residents are paid for by unincorporated area revenues and (6) provides a process for resolving land use disputes arising over annexation.

This resolution duly adopted this 4th day of May, 1999,

Kenee Copeland Attest City Clerk

James Boone, Mayor

PURSUANT TO THE OFFICIAL CODE OF GEORGIA, TITLE 36, CHAPTER 70, THE LOCAL GOVERNMENTS OF BERRIEN COUNTY HAVE COMPLETED THEIR SERVICE DELIVERY STRATEGY PROCESS. THIS PROCESS IN-CLUDED A REVIEW OF ALL EXISTING SERVICES CURRENTLY PROVIDED THROUGHOUT THE COUNTY AND THEIR FUNDING MECHANISMS, AND DEVELOPED A STRATEGY FOR THE PROVISION OF THESE SERVICES THAT IS EFFICIENT, EQUITABLE AND RESPONSIVE TO CITIZENS OF THE COUNTY.

THE BERRIEN COUNTY SERVICE DELIVERY STRATEGY INCLUDES: (1) AN IDENTIFICATION OF ALL SERVICES PROVIDED AND A DESCRIPTION OF THE GEOGRAPHIC SERVICE AREA, (2) AS ASSIGN-MENT AS TO THE PROVIDER OF THE SERVICE, (3) A DESCRIPTION OF THE FUNDING SOURCES AND (4) AN IDENTIFICATION OF THE MECHANISMS TO BE USED TO FACILITATE THE IMPLEMENTATION. THE AFOREMENTIONED IS EVIDENCED ON THE GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS SERVICE DELIVERY STRATEGY FOR BERRIEN COUNTY PAGES 1-4, HEREIN AFTER REFERRED TO AS THE BERRIEN COUNTY SERVICE DELIVERY STRATEGY.

BY ADOPTION OF THIS RESOLUTION THE CITY OF RAY CITY, GA., HEREBY ADOPTS THE BERRIEN COUNTY SERVICE DELIVERY STRATEGY AND AUTHORIZES THE MAYOR TO SIGN THE BERRIEN COUNTY SERVICE DELIVERY STRATEGY AND SUBMIT THE STRATEGY TO THE GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS FOR VERTIFICATION. THE ADOPTION OF THIS RESOLUTION FURTHER AUTHORIZES THE MAYOR TO CERTIFY THAT THE BERRIEN COUNTY DELIVERY STRATEGY: (1) PROVIDES AN ACCURANT DEPICTION OF THE AGREED UPON STRATEGY, (2) PROMOTES THE MOST EFFICIENT, EFFECTIVE AND RESPONSIVE DELIVERY OF SERVICES, (3) PROVIDES THAT WATER AND SEWER FEES FOR EXTRATERRITORIAL SERVCES ARE REASONABLE AND NOT ARBITRARILY HIGHER, (4) PROVIDES THAT EXTRATERRITORIAL WATER AND SEWER EXTENSIONS WILL BE CONSISTENT WITH ALL APPLICABLE LAND USE PLANS AND ORDINANCES. (5) ENSURES THAT COST OF SERVICES PROVIDED PRIMARILY FOR THE BENEFIT OF UNINCORPORATED AEA REVENUES AND (6) PROVIDES A PROCESS FOR RESOLVING LAND USE DISPUTES ARISING OVER ANNEXATION.

THIS RESOLUTION DULY ADOPTED THIS /Att DAY OF May , 1999.

June Julle

WAYNE GULLEY, MAYOR \ CITY OF RAY CITY, GA. 31645

Bettye Sheard

ATTEST

Pursuant to the Official Code of Georgia, Title 36, Chapter 70, the local governments of Berrien County have completed their service delivery strategy process. This process included a review of all existing services currently provided throughout the county and their funding mechanisms, and developed a strategy for the provision of these services that is efficient, equitable and responsive to citizens of the county.

The Berrien County Service Delivery Strategy includes: (1) an identification of all services provided and a description of the geographic service area, (2) an assignment as to the provider of the service, (3) a description of the funding sources and (4) an identification of the mechanisms to be used to facilitate the implementation. The aforementioned is evidenced on the Georgia Department of Community Affairs Service Delivery Strategy For Berrien County pages 1-4, herein after referred to as the Berrien County Service Delivery Strategy.

By Adoption of this resolution the Mayor/Council of Enigma hereby adopts the Berrien County Service Delivery Strategy and authorizes the (mayor/chairman) to sign the Berrien County Service Delivery Strategy and submit the strategy to the Georgia Department of Community Affairs for verification. The adoption of this resolution further authorizes the (mayor/chairman) to certify that the Berrien County Service Delivery Strategy: (1) provides an accurate depiction of the agreed upon strategy, (2) promotes the most efficient, effective and responsive delivery of services, (3) provides that water and sewer fees for extraterritorial services are reasonable and not arbitrarily higher, (4) provides that extraterritorial water and sewer extensions will be consistent with all applicable land use plans and ordinances, (5) ensures that cost of services provided primarily for the benefit of unincorporated area residents are paid for by unincorpotated area revenues and (6) provides a process for resolving land use disputes arising over annexation.

This resolution duly adopted this 19th day of May, 1999.

Cecil Giddens Mayor, City of Gigna)

Minnie Fayam

Attest

Berrien County

1990 County and City Population Figures

14,153
7,345
812
611
4,782
603

Source: U.S. Census of Population, 1990

Local Government Services Provided by the Jurisdictions in Berrien County

Jurisdiction	Electricity (A)	Water treatment (B)	Water distribution (C)	Wastewater treatment (D)	Fire protection (E)	Sheriff's department (F)	Police department (G)
 Pageian County	private	not provided	not provided	not provided	county	county	not provided
Berrien County	private	not provideo				NA	
Alapaha						NA	
Enigma	not provided	city	city	city	city	NA	city
Nashville Ray City						NA	
Jurisdiction	Recreation programs (H)	Bridge/road maintenance (I)	Hospital (J)	Emergency medical services (K)	Emergency telephone (911) (L)	Animal control (M)	Senior citizen's programs (N)
	therity	county	private	county	not provided	not provided	private
Berrien County	authority	county	private				
Alapaha							
Enigma			not provided	shared	not provided	city	not provided
Nashville Ray City	city	city					

Jurisdiction	Child day care (O)	Construction & code enforcement (P)	Planning (Q)	Zoning (R)	Health screening services (S)	Economic development (T)	Cable TV (U)	
 1. Berrien County	not provided	not provided	not provided	not provided	private	authority	private	
2. Alapaha								
3. Enigma							private	
4. Nashville	not provided	city	city	city	not provided	not provided	•	
5. Ray City								

Notes:

Not provided – the service is not provided by the jurisdiction County or city – the county or city is directly responsible for providing the service. Shared – service is shared by agreement with another county or city. Authority – service is provided by an authority. Contract – service is provided by a private supplier.

NA – may not apply to the particular government "---" – no response to the question.

Source: Local government responses to the 1995 Survey of Local Government Operations, DCA.

SERVICE DELIVERY STRATEGY REVISION





Review Assigned 3/2/05

DC	A Review Deadline
	3/21/05
	and the second se

Review Completed

Service Delivery S	trategy for:	ERRIEN	COUM	UTY
Submitted by:	SEG ADC		_ RDC:_	SOUTHENST GEORGIA
Revised Service: _	NO CHANG.	E - PLA	in upd	ATE

NOTES: