

Verified

SERVICE DELIVERY STRATEGY MANUAL

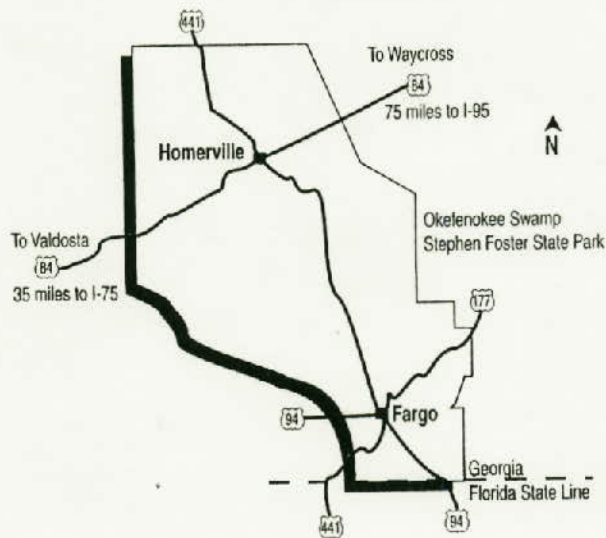
FOR THE

City of Homerville

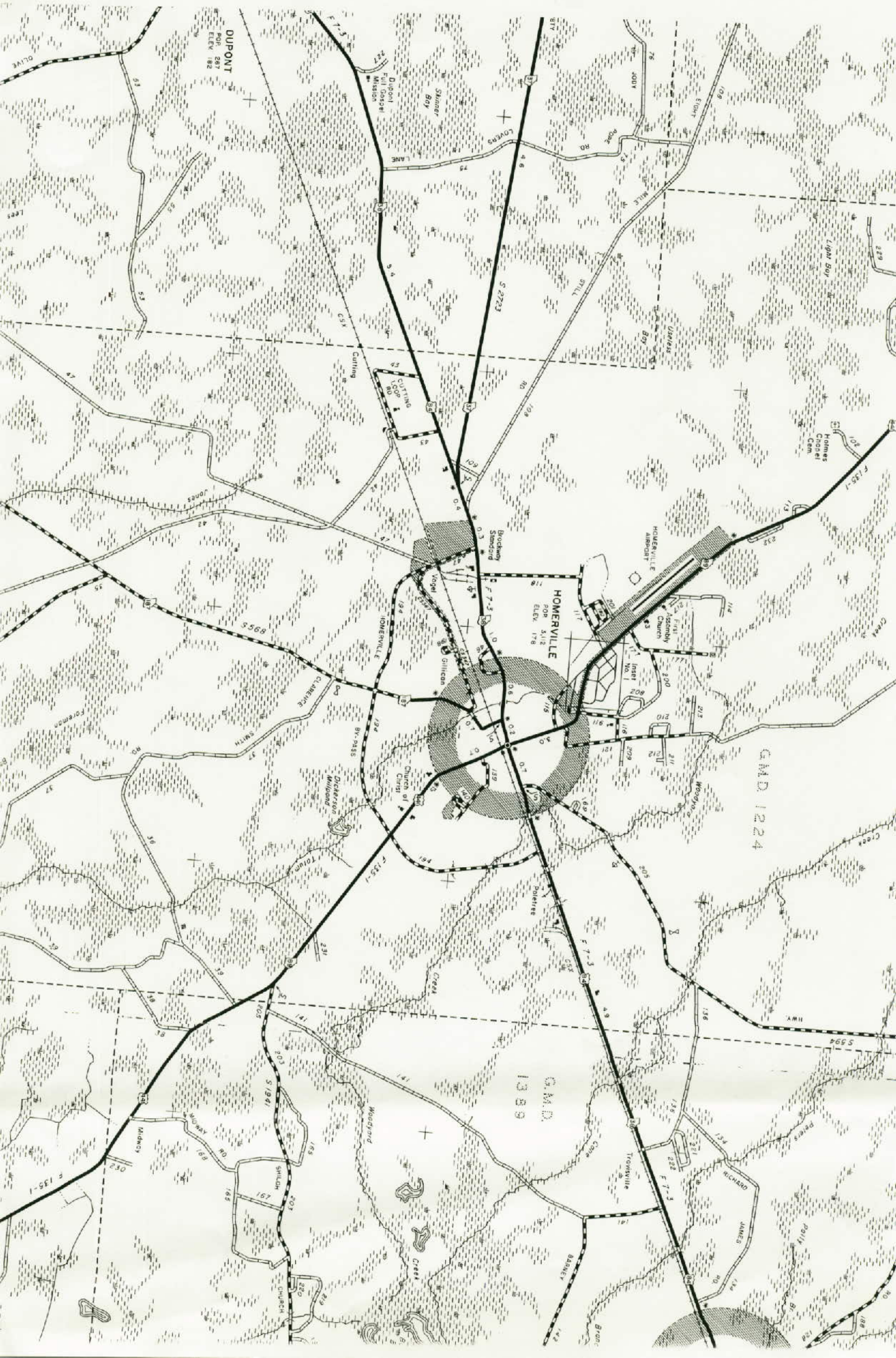


And

Clinch County, Ga



Adopted June 7, 1999

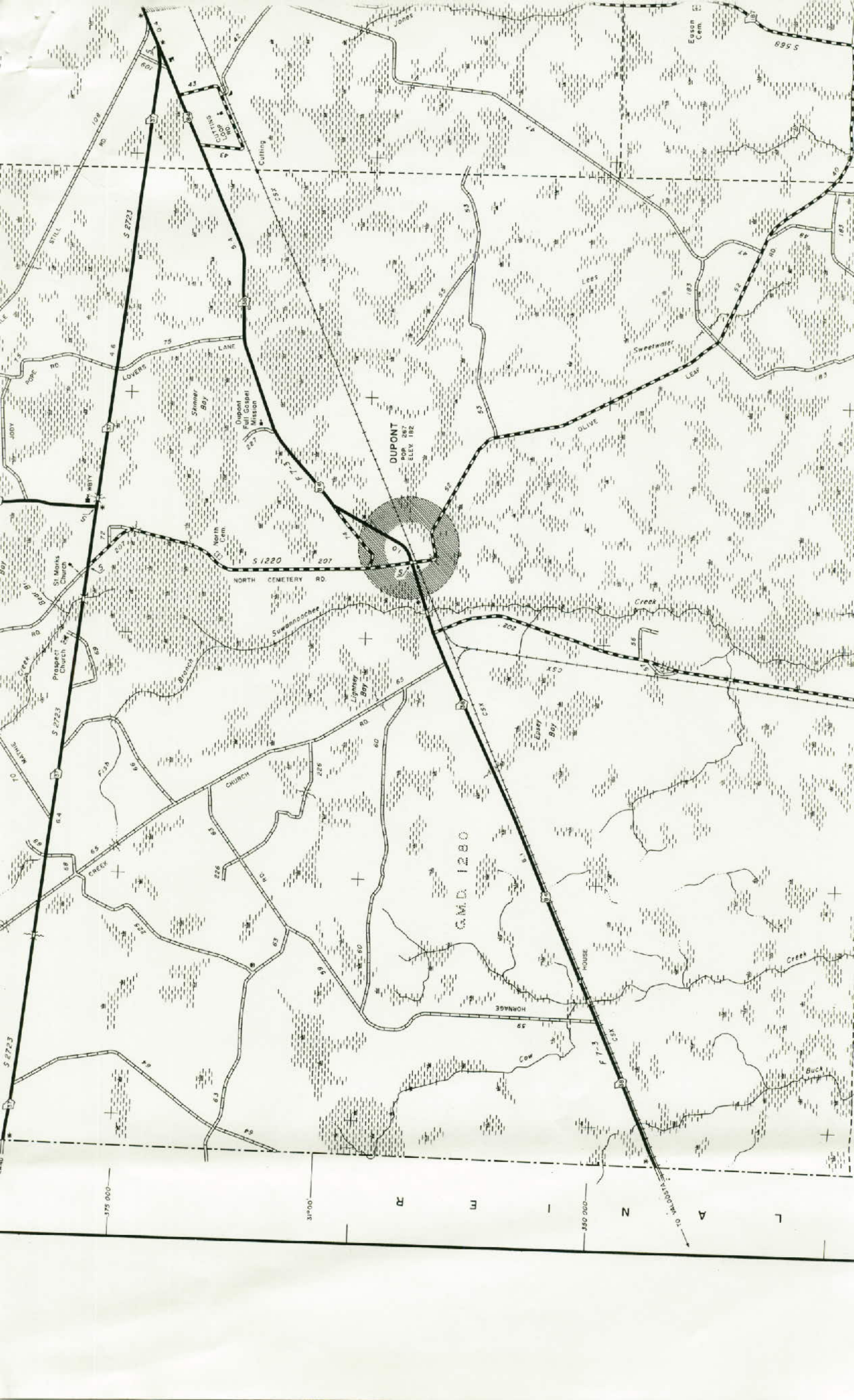


DUPONT
POP. 287
ELEV. 182

HOMERVILLE
POP. 5,112
ELEV. 178

G.M.D. 1224

G.M.D. 1389



DUPONT
POP. 287
ELEV. 182

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R E I L A N D

TO W.L. 0514



SERVICE DELIVERY STRATEGY

FOR Clinch COUNTY

I. GENERAL INSTRUCTIONS

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

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.

Clinch County
 City of Argyle
 City of Dupont
 City of Fargo
 City of Homerville

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.

Airport, Ambulance, Animal Control, Building Inspector, Cemetary, D.A.R.E. Emergency Management, Fire Dept., Hospital, Industrial Authority, Jail, Law Enforcement, Library, Parks and Recreation, Roads and Street, Solid Waste, Tax Assesment and Water and Sewer



SERVICE DELIVERY STRATEGY

SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

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: CLINCH COUNTY Service: AIRPORT

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

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

2. In developing 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 (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: |
|--------------------------------|---------------------|
| <u>City of Homerville</u> | <u>General Fund</u> |
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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:

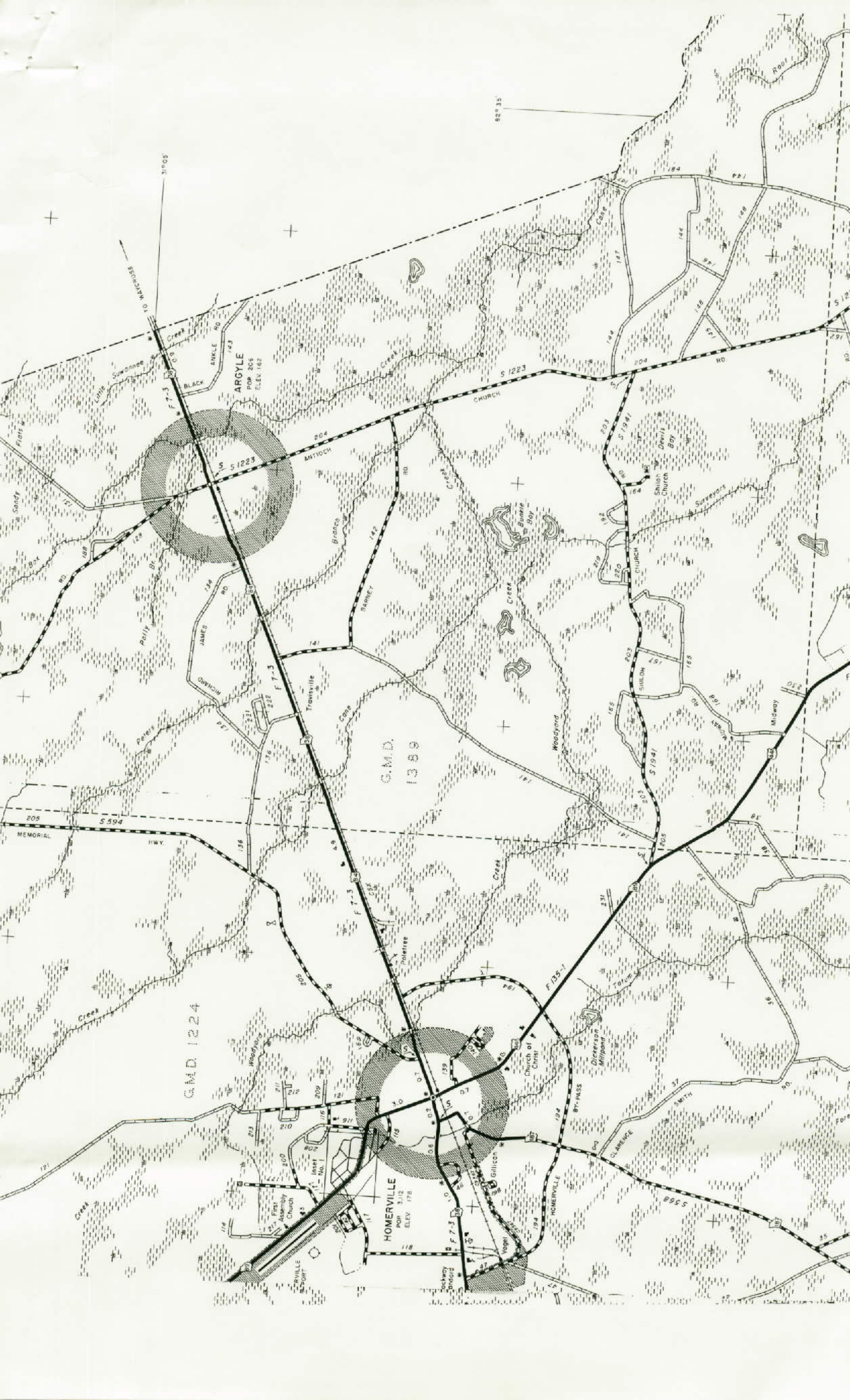
| Agreement Name: | Contracting Parties: | Effective and Ending Dates: |
|-----------------|----------------------|-----------------------------|
| | | |
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6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g.,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

NONE

7. Person completing form: John W. Strickland
 Phone number: 912-487-2667 Date completed: 5-10-99

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:



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POP 312
ELEV 178

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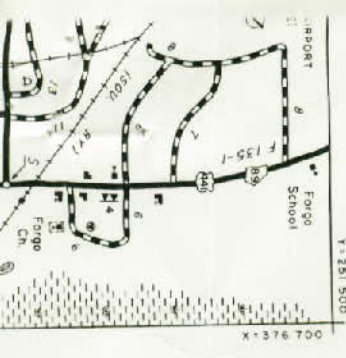
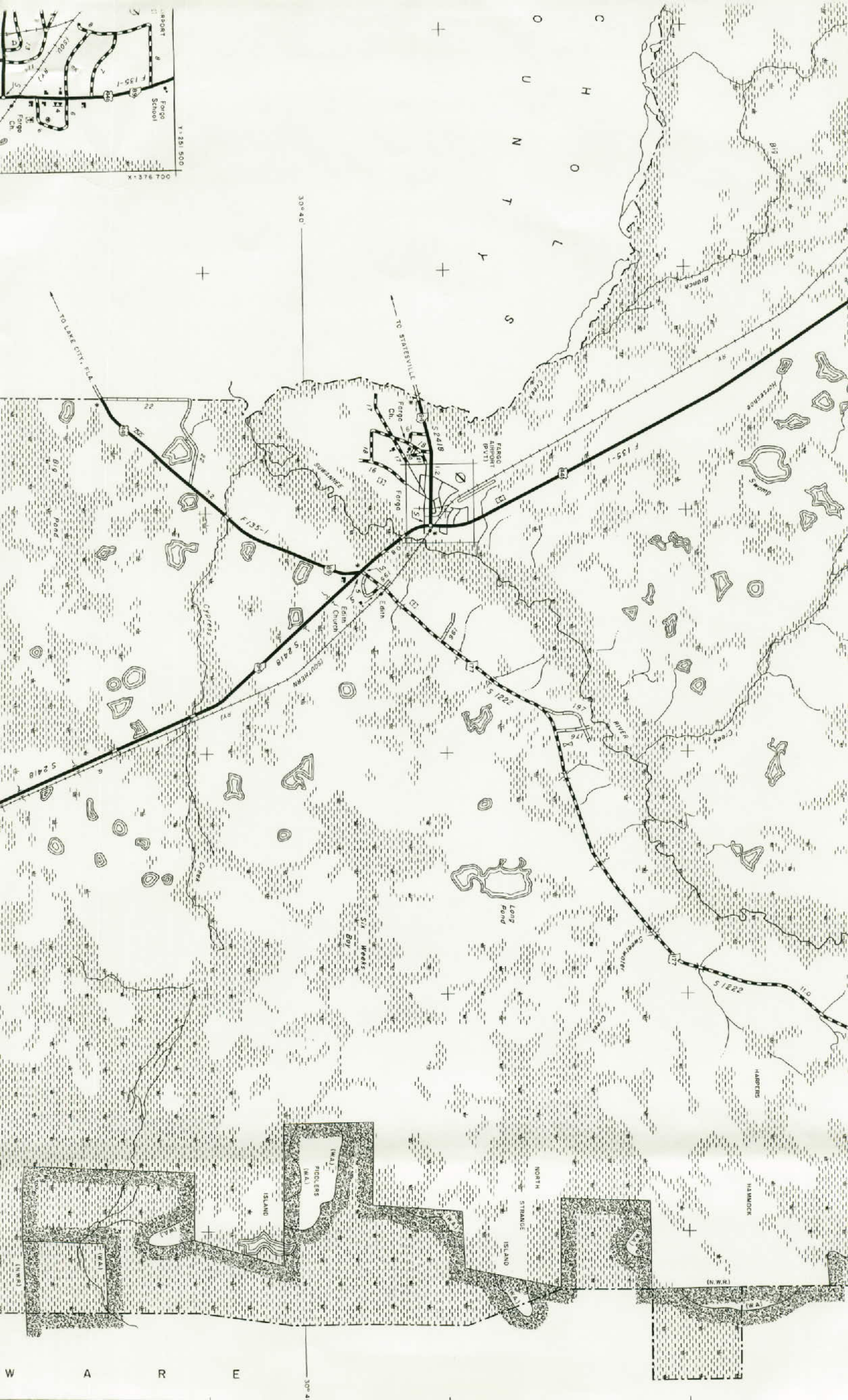
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HAMMOCK

NORTH
STRANGE
ISLAND

PICOLES
(M.A.)
ISLAND

SIX
WEEDS
Bay

Long
Pond

Cypress
Creek

Sawnee
Creek

Bronch
Creek

FARGO
FLORIDA
(P.V.T.)

FARGO
CH.
Church

Edith
Church

TO LAPE CITY, FLA.

TO ST. AUGUSTINE

F 135-1

S 2418

F 135-1

S 221

S 1222

(W.A.)

(W.A.)

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AIRPORT

The City of Homerville offers this service as an incentive for industrial growth and for convenience of local citizens and industry. Clinch county assist the city in maintaining the airport with in kind service.

This agreement has worked well and we see no overlap of services.

We recommend continuing this service as is.



**SERVICE DELIVERY STRATEGY
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS**

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: CLINCH Service: AMBULANCE

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

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

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 (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:

| | |
|------------|--------------|
| CLINCH CO. | GENERAL FUND |
| | |
| | |
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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: |
|-----------------|----------------------|-----------------------------|
| | | |
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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: John W. Strickland

Phone number: 912-487-2667 Date completed: 5-10-99

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:

STATE OF GEORGIA,
COUNTY OF CLINCH.

EMERGENCY MEDICAL SERVICE AGREEMENT

THIS INDENTURE made this 13 day of July, 1998
between the **CLINCH COUNTY BOARD OF COMMISSIONERS**, hereinafter
referred to as the "COUNTY", and the **CLINCH COUNTY HOSPITAL
AUTHORITY**, hereinafter referred to as the "AUTHORITY".

WHEREAS, the **EMERGENCY MEDICAL SERVICE** for Clinch
County, hereinafter referred to as "EMS", is licensed pursuant to
O.C.G.A. 31-11-30 and Section 290-5-30.05 of the Rules and
Regulations of the State of Georgia; and

WHEREAS, the **COUNTY** is responsible and obligated for all
duties and requirements placed upon a licensee of an **EMS**; and

WHEREAS, the **COUNTY** owns several ambulances; and

WHEREAS, cooperation between the **COUNTY** and the
AUTHORITY is conducive to an efficient **EMS**; and

WHEREAS, the **AUTHORITY**, in an effort to maintain a good
EMS, is willing to assume certain clearly defined duties in
regard to the **EMS**; and

WHEREAS, both parties will benefit from the assumption
of certain duties by the **AUTHORITY**, the parties agree as follows:

1.

The term of this agreement shall be from the date of the
signing of this agreement until July 31, 1999. The parties

shall commence negotiations for a new contract at least sixty (60) days prior to July 31, 1999.

2.

The ambulance units and all equipment necessary for the legal operation thereof shall be located at the Clinch Memorial Hospital. The primary emergency medical service units shall be located at the hospital.

3.

The **AUTHORITY** shall provide the properly certified personnel necessary and required to operate the ambulance units located at the hospital on a twenty-four (24) hour basis. The **AUTHORITY** shall maintain workers' compensation insurance on all employees who operate the ambulance units.

4.

The **AUTHORITY** shall have complete control over the operation of the **EMS** and over all personnel, including an EMS Director, insofar as the ambulance units located at the hospital are concerned. The **AUTHORITY** shall not have any duties or obligations in regard to any ambulance units located at places other than Clinch Memorial Hospital.

5.

The fees for in county and out of county transport by the ambulance units shall be fixed by the **AUTHORITY**. The **AUTHORITY** shall be entitled to all fees collected.

6.

The **AUTHORITY** shall insure that the **EMS** and ambulance operation is in compliance with state and federal law in regard to the operation of the ambulances, personnel, and equipment. If the operation is not in compliance in regard to the duties not placed upon the **AUTHORITY** by this agreement, the **AUTHORITY** will immediately notify the **COUNTY** orally and by certified letter. The **COUNTY** will be responsible for immediately remedying the non-compliance.

7.

The **COUNTY** shall, upon recommendation of the **AUTHORITY**, replace ambulance units as needed. The **COUNTY** shall provide the gasoline or other fuel required to operate the ambulance units. The **COUNTY** shall further maintain and provide liability insurance coverage on the ambulance, operations, and operators thereof which said insurance shall include the **AUTHORITY** as insured. The **COUNTY** shall be responsible for all repairs and maintenance on the ambulance units. The **COUNTY** shall also be responsible for purchase of necessary equipment.

8.

The **AUTHORITY** shall perform and be responsible for all administrative duties and shall keep all records required by state and federal law in connection with the **EMS** operated at the hospital.

9.

The **COUNTY** shall pay the **AUTHORITY** the sum of ten

thousand dollars (\$10,000.00) per month for expense incurred in carrying out the duties assumed by the **AUTHORITY** in this agreement.

10.

The **AUTHORITY** does not assume any duties or obligations of the **COUNTY** in connection with the **EMS** other than those expressly set forth herein.

11.

The **COUNTY** shall be responsible and liable for any and all lawsuits, damages, and injuries arising from the operation and administration of the **EMS** and/or ambulance units. Should the **AUTHORITY** be sued, held liable for any lawsuit or claims for personal injury or property damage arising from the operation and administration of the **EMS** and/or ambulance units, the **COUNTY** shall indemnify, be responsible for, and hold the **AUTHORITY** and its members, harmless from such damage, cost or expense.

This 13 day of July, 1998.

CLINCH COUNTY BOARD OF
COMMISSIONERS (COUNTY)

BY: John W Strickland
CHAIRMAN

ATTEST: Morris Peterson
SECRETARY

CLINCH COUNTY HOSPITAL
AUTHORITY (AUTHORITY)

BY: Foster Smith
CHAIRMAN

ATTEST: Debra Hendrix
SECRETARY



SERVICE DELIVERY STRATEGY

SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

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: CLINCH COUNTY Service: ANIMAL CONTROL

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

- Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)

CITY OF HOMERVILLE

- 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?

- 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 (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:

| | |
|---------------------------|---------------------|
| | |
| <u>CITY OF HOMERVILLE</u> | <u>GENERAL FUND</u> |
| | |
| | |

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: |
|-----------------------|------------------------------------------------------------|----------------------------------------|
| | | |
| <u>ANIMAL CONTROL</u> | <u>CITY OF HOMERVILLE</u> <u>OKEFENOKEE HUMANE SOC.</u> | <u>OCT. 27, 1997</u> <u>ONGOING</u> |
| | | |

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: John W. Strickland
 Phone number: 912-487-2667 Date completed: 5-10-99

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:



SERVICE DELIVERY STRATEGY

SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

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: CLINCH COUNTY Service: BUILDING INSPECTOR

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

- Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)

SEE ATTACHMENT

- 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?

- 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 (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:

| | |
|--------------------|-----------|
| CLINCH COUNTY | USERS FEE |
| CITY OF HOMERVILLE | USERS FEE |

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: |
|--------------------|--------------------------------|-----------------------------|
| INSPECTION SERVICE | CLINCH CO. AND SO.EA. GA. RDC | 4-1-99 3-30-2000 |
| INSPECTION SERVICE | CITY OF HOMERVILLE SOEA.GA.RDC | 4-1-99 3-30-2000 |

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: John W. Strickland

Phone number: 912-487-2667 Date completed: 5-10-99

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:

BUILDING INSPECTOR

Clinch County contracts building code enforcement with Southeast Georgia RDC for all areas of the county except the City of Homerville. The City of Homerville contracts code enforcement with the RDC for the city only. These contracts are paid out of General Funds of each Government from fees collected for the service.

There is no overlap of these services, therefore, we recommend continuing as is.

SOUTHEAST GEORGIA REGIONAL DEVELOPMENT CENTER INSPECTION

SERVICES CONTRACT

This CONTRACT, made and entered into on April 1, 1999, in Ware County, Georgia between the Southeast Georgia Regional Development Center, hereinafter referred to as the RDC and City of Homerville, hereby referred to as the City, witnesseth:

Whereas, the RDC provides building inspection services on demand for the region that it is required to serve; and

Whereas, the City desires to engage the RDC to provide information and building inspection services for the

NOW THEREFORE, it is mutually agreed as follows:

I. Performance of Service. The RDC hereby agrees to provide the aforementioned services for the City and the City hereby agrees to reimburse the RDC for staff time at a rate to be determined below.

II. Service Area. The RDC shall perform all of the necessary services provided under the Contract within the political jurisdiction of the

III. Scope of Services. The RDC shall perform in a satisfactory manner as determined by the City the activities which are appropriate and pertinent to building inspection as set forth by the State of Georgia and local ordinance. Services will be rendered within two (2) business days of the request being logged by the RDC notwithstanding scheduling changes to accommodate sick and annual leave for the inspector. Request must be made in writing via mail or facsimile.

IV. Contract Period. The services under this contract shall begin on April 1, 1999 and end March 31, 2000. This contract may be negotiated each fiscal year, unless the funds are no longer available.

V. Evaluation of Services. Services provided under this Contract will be evaluated routinely. Evaluation may consist of, but not be limited to, reviewing reports, discussions with local elected officials and managers and RDC staff.

VI. Compensation. Total compensation to the RDC for satisfactory delivery of services shall be \$30.00/hr. and \$.25/mile for the contract period. The RDC shall be compensated in monthly payments.

VII. Method of Payment. The RDC shall submit an invoice each month that services are rendered within 30 days of the end of the period of performance. A Report of Activities shall be submitted with the invoice.

VIII. Reports. The RDC shall provide to the City as necessary periodic and special reports that may be required by the aforementioned agencies.

IX. Records. The RDC shall maintain on a current basis and retain for a period of at least three years all records pertinent to this Contract. In the event of litigation or audit involving any of the aforementioned records, the RDC shall maintain the records in question until the litigation is finally resolved. All records shall be made available to the City upon request.

X. Administrative Support. The RDC will provide the City with postage stamps and use of the copying machine up to \$100.00 total in a fiscal year. Any cost incurred over and above \$100.00 for postage and copies will be reimbursable to the RDC by the City. The City is responsible for other administrative costs.

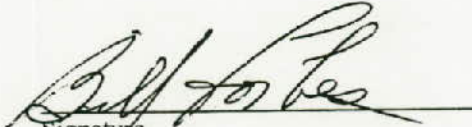
XI. Indemnification/Hold Harmless. The City agrees to indemnify and hold harmless the RDC with regard to accidents and incidents in which the City is involved, except those which occur on the RDC premises.

XII. Independent Contractor. No provision of this Contract, act of the RDC in the delivery of services under this Contract, or act of the City shall be construed as making the RDC the agent, servant, or employee of the City.

XIII. Termination of contract. This Contract may be terminated at will by the RDC or the City given 30 days notice in writing.

XIV. Changes. The RDC or the City may, from time to time, request changes in the Scope of Services to be performed hereunder. Such changes, including any increase or decrease in the amount of the RDC's compensation and/or time limitations, which are mutually agreed upon between the RDC and the City shall be incorporated in written amendments to the Contract.

IN WITNESS THEREOF, the RDC and the City agree to the terms and conditions of Contract as set forth above fixing their signatures hereto.



Signature


CITY MANAGER
Typed Name

RDC

Signature

Executive Director
Executive Director


Witness


Witness



SERVICE DELIVERY STRATEGY
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

Instructions:

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County: CLINCH COUNTY Service: CEMETARY

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

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

CITY OF HOMERVILLE
- Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)

2. In developing 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 (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:

| | |
|--------------------|-----------------|
| CITY OF HOMERVILLE | GENERAL FUND |
| CLINCH COUNTY | INKIND SERVICES |
| | |
| | |

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: |
|-----------------|----------------------|-----------------------------|
| | | |
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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: John W. Strickland

Phone number: 912-487-2667 Date completed: 5-10-99

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:

CEMETARY

The City of Homerville owns and maintains the cemetery for all Clinch County residents desiring to purchase burial lots.

The cost of maintaining the cemetery is charged to the City of Homerville General Fund.

Clinch County assists the City of Homerville in maintenance with in-kind service, such as heavy equipment use. There is no overlap of service, therefore this service has worked well.

We agree to continue this service as is.



SERVICE DELIVERY STRATEGY

SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

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: CLINCH COUNTY Service: D.A.R.E.

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

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

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 (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: |
|--------------------------------|-----------------|
| CLINCH COUNTY | GRANT |
| | |
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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: |
|-----------------|----------------------|-----------------------------|
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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: John W. Strickland

Phone number: 912-487-2667 Date completed: 5-10-99

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:



**SERVICE DELIVERY STRATEGY
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS**

Instructions:

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County: CLINCH COUNTY Service: EMERGENCY MMANAGEMENT

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

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

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 (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: |
|--------------------------------|-----------------|
| CLINCH COUNTY | 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: |
|-----------------|----------------------|-----------------------------|
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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: John W. Strickland

Phone number: 912-487-2667 Date completed: 5-10-99

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:



**SERVICE DELIVERY STRATEGY
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS**

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: CLINCH COUNTY Service: FIRE DEPARTMENT

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

- Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
SEE ATTACHMENT
ARGYLE DOES NOT HAVE A FIRE STATION. COUNTY COVERS THIS AREA.
- 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?
 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 (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:

| | |
|--------------------|----------------------------|
| CLINCH COUNTY | GENERAL FUND |
| CITY OF HOMERVILLE | GENERAL FUND |
| CITY OF FARGO | GENERAL FUND |
| CITY OF DUPONT | GENERAL FUND |
| CITY OF ARGYLE | CLINCH COUNTY 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: |
|-----------------|----------------------|-----------------------------|
| | | |
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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: John W. Strickland
Phone number: 912-487-2667 Date completed: 5-10-99

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:

FIRE DEPARTMENT

Clinch County and the City of Homerville operate the Homerville/Clinch County Fire Department. The cost is shared 50/50. We do not see that there is any overlap of this service.

This service has worked well in the past. We recommend continuing as is.

The Cities of Dupont and Fargo have fire departments also. These are funded by Clinch County general funds. We see no overlap of these services, therefore we recommend continuing as is.



SERVICE DELIVERY STRATEGY

SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

Instructions:

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County: CLINCH COUNTY Service: HOSPITAL

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

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

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 (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:

| | |
|---------------------------|---------------------------------------|
| | |
| <u>Hospital Authority</u> | <u>Ad Valorem Taxes and User Fees</u> |
| | |
| | |

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: John W. Strickland
 Phone number: 912-487-2667 Date completed: 5-10-99

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:

STATE OF GEORGIA,
COUNTY OF CLINCH.

CONTRACT FOR MEDICAL SERVICES

For and in consideration of the benefits flowing to each, the **CLINCH COUNTY HOSPITAL AUTHORITY**, hereinafter known as **AUTHORITY**, and **CLINCH COUNTY BOARD OF COMMISSIONERS**, hereinafter known as **COUNTY**, pursuant to O.C.G.A. 31-7-84 and O.C.G.A. 31-7-85, do hereby agree and contract as follows:

1.

The **AUTHORITY** shall provide medical care and hospitalization services for the indigent sick of Clinch County, as well as others entitled to the use and services of the facilities of the **AUTHORITY**.

2.

The medical services mentioned in paragraph one above shall primarily be provided at the Clinch Memorial Hospital, but may be provided elsewhere as needed and necessary.

3.

The **AUTHORITY** agrees to maintain all of its facilities in accordance with generally accepted standards and, will accept for examination, emergency treatment, and care all patients who apply for such services and who are proper subjects for same, and it will at all times have available, adequate and necessary

facilities to provide medical, hospital, and nursing care for the indigent sick of said county requiring such care.

4.

The **AUTHORITY** agrees to maintain or cause to be maintained complete and adequate records, not only concerning the medical, hospital, and nursing care of patients, but also of administrative, clerical, and financial affairs of the **AUTHORITY**.

5.

The **COUNTY**, in exchange for the benefits and services provided to the residents of the County, shall pay the **AUTHORITY** an amount equal to four (4) tax mills annually. This amount is based on the anticipated costs to the **AUTHORITY** to provide medical care and hospital services for the indigent sick as well as to make the facilities of the **AUTHORITY** available to all residents of the County. The amount shall be paid out of general tax revenues.

6.

This contract shall expire on July 31, 1999.

7.

This contract may not be modified except upon written agreement entered into by both parties.

8.

If any provision of this contract should be held invalid for any reason, such invalidity shall in no wise affect the remaining provisions hereof, and they shall remain in full force

and effect.

SO AGREED, this 13 day of July, 1998.

CLINCH COUNTY BOARD OF
COMMISSIONERS (COUNTY)

BY: John W. Strickland
CHAIRMAN

ATTEST: Hennie Peterson
SECRETARY

CLINCH COUNTY HOSPITAL
AUTHORITY (AUTHORITY)

BY: Jester Smith
CHAIRMAN

ATTEST: Teresa Hendrix
SECRETARY



**SERVICE DELIVERY STRATEGY
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS**

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: CLINCH COUNTY Service: INDUSTRIAL AUTHORITY

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

- Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- 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?

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 (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:

| | |
|----------------------|------------------|
| CLINCH COUNTY | |
| INDUSTRIAL AUTHORITY | AD VALOREM TAXES |
| | |
| | |

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: |
|-----------------|----------------------|-----------------------------|
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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: John W. Strickland
 Phone number: 912-487-2667 Date completed: 5-10-99

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:

INDUSTRIAL AUTHORITY

The Clinch County Industrial Development Authority serves all of Clinch County. The Authority has taxing powers to generate revenues for operating expenses and development.

There is no overlap of services, therefore all agree to continue as is.



SERVICE DELIVERY STRATEGY

SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

Instructions:

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County: CLINCH COUNTY Service: JAIL

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

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

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 (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: |
|--------------------------------|----------------------------|
| CLINCH COUNTY | GENERAL FUND AND USER FEES |
| CITY OF HOMERVILLE | GENERAL FUNDS |
| | |
| | |

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: |
|--------------------------------|------------------------------|-----------------------------|
| CITY AND COUNTY JAIL AGREEMENT | HOMERVILLE AND CLINCH COUNTY | 3-15-90 |
| | | |
| | | |

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: John W. Strickland
 Phone number: 912-487-2667 Date completed: 5-10-99

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:

CITY AND COUNTY JAIL AGREEMENT

STATE OF GEORGIA
CLINCH COUNTY

This agreement made and entered into this the 15TH day of MARCH, 1990 between the CITY OF HOMERVILLE, a municipal corporation chartered under the laws of this State and the Clinch County Board of Commissioners, a political subdivision of the State of Georgia;

Whereas O.C.G.A. § 15-21-92 allows a county's governing authority and a municipality to enter into an agreement with regard to joint jail facilities, and;

Whereas, it is in the best interest of Clinch County and the City of Homerville, Georgia to enter into an agreement for joint jail facilities;

Therefore be it resolved, that in consideration of the mutual benefits flowing from one party to the other, the county and municipal agree to the following:

1.

The County will make its correctional facilities available to the municipality for housing of its prisoners.

2.

The following is a list of the terms under which the City and County jail will be operated insofar as expense is concerned.

- A) The City will pay one-half of the electric bill, for the jail and dispatchers office only.
- B) The City will pay its own phone bills for numbers 487-5305 and 487-5306.

- C) The City will pay the cost of the Service Contract on the City T.C. and will furnish supplies.
- D) The City will furnish it's own supplies for city prisoners such as linens, towels, tissue, soap and blankets.
- E) The City will pay one-half of the Dispatchers salary.
- F) The City will pay one-half of the cost of office supplies for the jail and dispatchers.
- G) The City will be responsible for any damage done by city prisoners to property of the County or City only while confined in the City-County Jail and shall be responsible for any required medical bills of city prisoners. The County will, likewise, be responsible for county prisoners.
- H) The City will furnish I.B.M. Select-ric III Typewriter Serial #6700-110032.
- I) The City will furnish the Fire Department Motorolo Radio Serial #LA845 W.
- J) The City will pay one-half of the cost of Training for dispatchers to be certified jailers when required.

3.

The Dispatchers will remain under the Authority of the City for Hiring, Firing, and Training.

4.

Attendance records, vacation, sick time, compensation time and personal matters will continue to be the responsibility of the Chief of Police, Donald Lee.

5.

The City will not pay for any expenses incurred for the moving of any equipment, phone lines and etc.

6.

The County agrees to have a person in the County office during the hours of 12:00 to 1:00 o'clock p.m. to monitor phones, T.C. and alarm systems during the normal work day.

7.

The County will have a person on duty as Dispatcher on days such as Election Days and days that are not City Holidays.

8.

In the absence of a dispatcher for sick time or vacations, the City agrees to alternate shifts with the County to cover these shifts. The City agrees to cover the first day and the County will cover the second day.

9.

TERMINATION: Municipality may terminate this agreement upon county's failure to accept municipality prisoners in accordance with the terms of this agreement. The County may terminate this agreement and refuse to accept municipal prisoners if municipality fails to remit all monies due in a timely manner. A party wishing to terminate this paragraph shall give the other party notification in writing by certified mail of such termination within sixty (60) days prior to the County's next fiscal year. The notice shall be mailed, return receipt re _____, to the chairman of the Clinch County Board of Commissioners in the case of th County and to the Mayor of Clinch County, in case of municipality.

IN WITNESS WHEREOF, the County and the municipality have caused this agreement to be duly enacted by their proper officers and so attest with their seals.

Winston Peterson Truman Lee
WINSTON PETERSON, Sheriff TRUMAN LEE, Chief of Police

George A. Sirmans Bill Forbes
GEORGE ALLEN SIRMANS, WILLIAM FORBES, Mayor
Chairman of Commissioners City of Homerville

ATTEST:

Minnie J. Peterson
CLERK

ATTEST:

William Curtis
CITY CLERK



**SERVICE DELIVERY STRATEGY
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS**

Instructions:

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County: CLINCH COUNTY Service: LAW ENFORCEMENT

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

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

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 (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:

| | |
|--------------------|-------------------------|
| CLINCH COUNTY | GENERAL FUNDS AND FINES |
| CITY OF HOMERVILLE | GENERAL FUNDS AND FINES |
| | |

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: |
|--------------------------|--------------------------|-----------------------------|
| LAW ENFORCEMENT CONTRACT | | |
| City of Argyle | Clinch County and Argyle | 2-6-94 |
| City of Dupont | Clinch County and Dupont | 2-6-94 |
| City of Fargo | Clinch County and Fargo | 2-6-94 |

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: John W. Strickland
 Phone number: 912-487-2667 Date completed: 5-10-99

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:

LAW ENFORCEMENT

Clinch County provides Law Enforcement coverage for all of the county. The City of Homerville provides police coverage for the incor. area of Homerville. This coverage is a higher lever of service. The County deputies patrol the unincor. areas and the city police cover the incorp. area of Homerville. The Clinch County Sheriff Department has an agreement with the Cities of Argyle, Dupont and Fargo for their Law Enforcement. There is no overlap of services, therefore we agree to continue as is.

Georgia, Clinch County

Law Enforcement Contract

WHEREAS, the Sheriff of Clinch County is authorized pursuant to OCGA 15-16-13 to contract with the governing body of any Municipal Corporation located within Clinch County Georgia, with the written consent of the Governing Authority of the County, for the purpose of providing law enforcement services to the Municipal Corporation,;

WHEREAS, the Clinch County Board of Commissioners, the Governing Authority of Clinch County Georgia, having consented to this contract,;

WHEREAS, the Governing Body of the city of Dupont, Georgia, having agreed to this contract and same having been approved by the Mayor and City Council of Dupont, Georgia;

NOW, THEREFORE; it is agreed between the Sheriff of Clinch County Georgia and the City of Dupont, Georgia:

1. The Sheriff of Clinch County Georgia shall provide Law Enforcement services for the City of Dupont, Georgia including all police functions allowed by law, and the exercise of police power and police service on behalf of the City of Dupont, Georgia.

Pursuant to OCGA 15-16-13, the Sheriff of Clinch County Georgia and his deputies may exercise the same powers as possessed by the City of Dupont, Georgia with respect to police services and all powers necessary or incidental thereto.

2. The Sheriff of Clinch County Georgia and his Deputies shall have the same duties, powers, and arrest authority within the city of Dupont, Georgia as such officers have in unincorporated areas of Clinch County. The duties, powers, and arrest authority of the Sheriff of Clinch County Georgia and his Deputies shall not be limited, impaired, or affected in anyway because of this agreement to provide Law Enforcement services to the City of Dupont, Georgia. This contract shall not be construed so as limit, affect, diminish, or impair the rights, powers, or duties of the Sheriff of Clinch County Georgia, his deputies, or of the police powers of the City of Dupont, Georgia.

3. In exchange for the provision of such Law enforcement services, the City of Dupont, Georgia shall pay to the Clinch County Board of Commissioners the sum of \$50 per month. If the cost of providing such services exceeds the sum of Fifty-dollars per month, the Sheriff of Clinch County shall notify the City of Dupont, Georgia in writing and shall set forth the actual cost of providing such services. If the parties agree that the figure provided is the cost of providing such services, then the \$50 per month figure shall change to whatever the monthly cost is. If the parties do not so agree, then the monthly figure shall remain the same.

4. Cost paid by the city of Dupont, Georgia to the Clinch County Board of Commissioners shall be used for cost incurred by the Sheriff in providing these contract services, including, but not limited to, the compensation of deputy sheriffs and other personnel, the cost of funding retirement benefits, insurance, worker's compensation, and other fringe benefits for deputies and personnel, the cost of training deputies and other personnel, and the cost of equipment, materials, supplies, and utilities to the extent that such equipment, material, supplies, and utilities are not furnished by the contracting Municipal Corporation.

5. If the parties agree, the Sheriff of Clinch County Georgia is authorized to employ such additional deputies and personnel as the parties may agree upon in writing and purchase such automobiles, equipment, materials, supplies, and utilities as the parties may agree upon in writing, the compensation, benefits, expenses and cost which shall be paid and funded by the Clinch County Board of Commissioners in an amount or amounts not exceeding the contract payments made by the city of Dupont, Georgia and to the general fund of the County.

6. This agreement shall be in force for a period of one year from this date. This 6 day of February, 1994.

Winston Peterson
Sheriff, Clinch County Georgia

Clinch County Board of Commissioners

By: John W. Strickland
Chairman

Mark Stucky
Commissioner

Nancy L. Spillane
Commissioner

[Signature]
Commissioner

Ulysses McDuffie
Commissioner

City of Dupont, Georgia

By: *E. J. Douglas*
Mayor

James H. Huls
Council Member

Herbert Register
Council Member

W. N. Register
Council Member

Imogene Henderson
Council Member

Georgia, Clinch County

Law Enforcement Contract

WHEREAS, the Sheriff of Clinch County is authorized pursuant to OCGA 15-16-13 to contract with the governing body of any Municipal Corporation located within Clinch County Georgia, with the written consent of the Governing Authority of the County, for the purpose of providing law enforcement services to the Municipal Corporation,;

WHEREAS, the Clinch County Board of Commissioners, the Governing Authority of Clinch County Georgia, having consented to this contract,;

WHEREAS, the Governing Body of the city of Fargo, Georgia, having agreed to this contract and same having been approved by the Mayor and City Council of Fargo, Georgia;

NOW, THEREFORE; it is agreed between the Sheriff of Clinch County Georgia and the City of Fargo, Georgia:

1. The Sheriff of Clinch County Georgia shall provide Law Enforcement services for the City of Fargo, Georgia including all police functions allowed by law, and the exercise of police power and police service on behalf of the City of Fargo, Georgia.

Pursuant to OCGA 15-16-13, the Sheriff of Clinch County Georgia and his deputies may exercise the same powers as possessed by the City of Fargo, Georgia with respect to police services and all powers necessary or incidental thereto.

2. The Sheriff of Clinch County Georgia and his Deputies shall have the same duties, powers, and arrest authority within the city of Fargo, Georgia as such officers have in unincorporated areas of Clinch County. The duties, powers, and arrest authority of the Sheriff of Clinch County Georgia and his Deputies shall not be limited, impaired, or affected in anyway because of this agreement to provide Law Enforcement services to the City of Fargo, Georgia. This contract shall not be construed so as limit, affect, diminish, or impair the rights, powers, or duties of the Sheriff of Clinch County Georgia, his deputies, or of the police powers of the City of Fargo, Georgia.

3. In exchange for the provision of such Law enforcement services, the City of Fargo, Georgia shall pay to the Clinch County Board of Commissioners the sum of \$50 per month. If the cost of providing such services exceeds the sum of Fifty-dollars per month, the Sheriff of Clinch County shall notify the City of Fargo, Georgia in writing and shall set forth the actual cost of providing such services. If the parties agree that the figure provided is the cost of providing such services, then the \$50 per month figure shall change to whatever the monthly cost is. If the parties do not so agree, then the monthly figure shall remain the same.

4. Cost paid by the city of Fargo, Georgia to the Clinch County Board of Commissioners shall be used for cost incurred by the Sheriff in providing these contract services, including, but not limited to, the compensation of deputy sheriffs and other personnel, the cost of funding retirement benefits, insurance, worker's compensation, and other fringe benefits for deputies and personnel, the cost of training deputies and other personnel, and the cost of equipment, materials, supplies, and utilities to the extent that such equipment, material, supplies, and utilities are not furnished by the contracting Municipal Corporation.

5. If the parties agree, the Sheriff of Clinch County Georgia is authorized to employ such additional deputies and personnel as the parties may agree upon in writing and purchase such automobiles, equipment, materials, supplies, and utilities as the parties may agree upon in writing, the compensation, benefits, expenses and cost which shall be paid and funded by the Clinch County Board of Commissioners in an amount or amounts not exceeding the contract payments made by the city of Fargo, Georgia and to the general fund of the County.

6. This agreement shall be in force for a period of one year from this date. This 6 day of February, 1994.

Winston Peterson
Sheriff, Clinch County Georgia

Clinch County Board of Commissioners

By: John W. Strickland
Chairman

Mark Studly
Commissioner

Nancy K. Shulland
Commissioner

[Signature]
Commissioner

Ulysses M. Bryant
Commissioner

City of Fargo, Georgia

By: Patricia C. Dettmeier

Mayor

William Houling

Council Member

Johnny Dripps

Council Member

Shirley Jones

Council Member

Deel Nighamit

Council Member

Georgia, Clinch County

Law Enforcement Contract

WHEREAS, the Sheriff of Clinch County is authorized pursuant to OCGA 15-16-13 to contract with the governing body of any Municipal Corporation located within Clinch County Georgia, with the written consent of the Governing Authority of the County, for the purpose of providing law enforcement services to the Municipal Corporation,;

WHEREAS, the Clinch County Board of Commissioners, the Governing Authority of Clinch County Georgia, having consented to this contract,;

WHEREAS, the Governing Body of the city of Argyle, Georgia, having agreed to this contract and same having been approved by the Mayor and City Council of Argyle, Georgia;

NOW, THEREFORE; it is agreed between the Sheriff of Clinch County Georgia and the City of Argyle, Georgia:

1. The Sheriff of Clinch County Georgia shall provide Law Enforcement services for the City of Argyle, Georgia including all police functions allowed by law, and the exercise of police power and police service on behalf of the City of Argyle, Georgia.

Pursuant to OCGA 15-16-13, the Sheriff of Clinch County Georgia and his deputies may exercise the same powers as possessed by the City of Argyle, Georgia with respect to police services and all powers necessary or incidental thereto.

2. The Sheriff of Clinch County Georgia and his Deputies shall have the same duties, powers, and arrest authority within the city of Argyle, Georgia as such officers have in unincorporated areas of Clinch County. The duties, powers, and arrest authority of the Sheriff of Clinch County Georgia and his Deputies shall not be limited, impaired, or affected in anyway because of this agreement to provide Law Enforcement services to the City of Argyle, Georgia. This contract shall not be construed so as limit, affect, diminish, or impair the rights, powers, or duties of the Sheriff of Clinch County Georgia, his deputies, or of the police powers of the City of Argyle, Georgia.

3. In exchange for the provision of such Law enforcement services, the City of Argyle, Georgia shall pay to the Clinch County Board of Commissioners the sum of \$50 per month. If the cost of providing such services exceeds the sum of Fifty-dollars per month, the Sheriff of Clinch County shall notify the City of Argyle, Georgia in writing and shall set forth the actual cost of providing such services. If the parties agree that the figure provided is the cost of providing such services, then the \$50 per month figure shall change to whatever the monthly cost is. If the parties do not so agree, then the monthly figure shall remain the same.

4. Cost paid by the city of Argyle, Georgia to the Clinch County Board of Commissioners shall be used for cost incurred by the Sheriff in providing these contract services, including, but not limited to, the compensation of deputy sheriffs and other personnel, the cost of funding retirement benefits, insurance, worker's compensation, and other fringe benefits for deputies and personnel, the cost of training deputies and other personnel, and the cost of equipment, materials, supplies, and utilities to the extent that such equipment, material, supplies, and utilities are not furnished by the contracting Municipal Corporation.

5. If the parties agree, the Sheriff of Clinch County Georgia is authorized to employ such additional deputies and personnel as the parties may agree upon in writing and purchase such automobiles, equipment, materials, supplies, and utilities as the parties may agree upon in writing, the compensation, benefits, expenses and cost which shall be paid and funded by the Clinch County Board of Commissioners in an amount or amounts not exceeding the contract payments made by the city of Argyle, Georgia and to the general fund of the County.

6. This agreement shall be in force for a period of one year from this date. This 6 day of February, 1994.

Winston Peterson
Sheriff, Clinch County Georgia

Clinch County Board of Commissioners

By: John W. Strickland
Chairman

Mark Smith
Commissioner

Nancy K. Stinson
Commissioner

[Signature]
Commissioner

Upton McCreight
Commissioner

City of Argyle, Georgia

By: Raymond James
Mayor

Lilli M. Mincey
Council Member

Barrie L. Minschew
Council Member

Larry D. Evans
Council Member

Dimitry King
Council Member



SERVICE DELIVERY STRATEGY

SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

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: CLINCH COUNTY Service: LIBRARY

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

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

COUNTYWIDE

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 (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:

| | |
|-------------------------------|--------------------------|
| CLINCH COUNTY | GENERAL FUNDS |
| CITY OF HOMERVILLE | GENERAL FUNDS |
| CLINCH COUNTY | GENERAL FUNDS |
| BOARD OF ESUCATION | GENERAL FUNDS |
| | |

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: John W. Strickland

Phone number: 912-487-2667 Date completed: 5-10-99

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:

LIBRARY

The City of Homerville owns the Public Library. The City along with Clinch County and The Clinch County Board of Education share operating and maintenance expenses.



SERVICE DELIVERY STRATEGY

SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

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: CLINCH COUNTY Service: PARKS AND RECREATION

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

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

COUNTYWIDE

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 (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:

| | |
|--------------------|-----------------------------|
| CLINCH COUNTY | GENERAL FUNDS AND USER FEES |
| CITY OF HOMERVILLE | GENERAL FUNDS AND 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: John W. Strickland

Phone number: 912-487-2667 Date completed: 5-10-99

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:

PARKS AND RECREATION

Clinch County and the City of Homerville operate the Homerville/
Clinch County Recreation park on a 50/50 basis. This park is for
county wide use.

This service stragety works well and we see no overlap of service,
therefore we reccomend continuing as is.



SERVICE DELIVERY STRATEGY

SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

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: CLINCH COUNTY Service: ROADS AND STREETS

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

- Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
SEE ATTACHMENT
- 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?

- 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 (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: |
|--------------------------------|---------------------------|
| CLINCH COUNTY | GENERAL FUNDS LARP SPLOST |
| CITY OF HOMERVILLE | GENERAL FUNDS LARP |
| CITY OF ARGYLE | LARP |
| CITY OF DUPONT | LARP |
| CITY OF FARGO | LARP |

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: John W. Strickland
 Phone number: 912-487-2667 Date completed: 5-10-99

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:

ROADS AND STREETS

Clinch County maintains all county roads and streets. The City of Homerville maintains all city streets in its incor. area with general funds and LARP. Argyle, Dupont and Fargo depend on county funds and LARP. Clinch County assists all cities with inkind services in maintaining roads and streets.

We see no overlap of services, therefore we agree to continue as is.



SERVICE DELIVERY STRATEGY
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

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: CLINCH COUNTY Service: SOLID WASTE

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

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

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 (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:

| | |
|--------------------|---------------|
| CLINCH COUNTY | GENERAL FUNDS |
| CITY OF HOMERVILLE | GENERAL FUNDS |
| | |
| | |

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: John W. Strickland
 Phone number: 912-487-2667 Date completed: 5-10-99

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:



SERVICE DELIVERY STRATEGY

SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

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: CLINCH COUNTY Service: TAX ASSESSMENT

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

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

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 (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:

| | |
|---------------|---------------|
| | |
| CLINCH COUNTY | GENERAL FUNDS |
| | |
| | |

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: John W. Strickland

Phone number: 912-487-2667 Date completed: 5-10-99

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:



SERVICE DELIVERY STRATEGY

SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

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: CLINCH COUNTY Service: WATER AND SEWER

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

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

SEE ATTACHMENT

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 (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:

| | |
|--------------------|--------------------------------|
| CITY OF HOMERVILLE | ENTERPRISE FUND AND USER FEES |
| CITY OF ARGYLE | ENTERPRISE FUND AND USER FEES |
| CITY OF DUPONT | ENTERPRISE FUNDS AND 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: John W. Strickland

Phone number: 912-487-2667 Date completed: 5-10-99

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:

WATER AND SEWER

The City of Homerville owns and apperates the water wells and waste water treatment plants for city residents and the county residents on the outskirts of the city limits. We still read meter manually therefore our cost of reading meters is greater in the county areas because of the distance apart, also the distsnce we have to go to maintain the system is much futher. We therefore charge higher rates in the county because of higher maintenance cost.

Argye and Dupont own and operate water systems in their respective boundaries.

Ther is no overlap of services. We requeat continuing as is.

**CITY OF HOMERVILLE
WATER RATES
EFFECTIVE 7-1-98**

| UNITS | WATER-OUTSIDE RESIDENTIAL | WATER-INSIDE RESIDENTIAL | WATER COMMERCIAL |
|---------------|------------------------------|-----------------------------|---------------------|
| 2,000 GALS | 10.00 | 6.50 | 8.00 |
| PER 1,000 GAL | 1.10 | .90 | 1.70 |

**SEWER RATES
EFFECTIVE 7-1-98**

| UNITS | SEWER-OUTSIDE RESIDENTIAL | SEWER-INSIDE RESIDENTIAL | SEWER COMMERCIAL |
|---------------|------------------------------|-----------------------------|---------------------|
| 2,000 GALS | 7.00 | 6.00 | 8.00 |
| PER 1,000 GAL | 1.85 | 1.60 | 1.75 |



SERVICE 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: CLINCH

1. What incompatibilities or conflicts between the land use plans of local governments were identified in the process of developing the service delivery strategy?

WE see no incompatibilities or conflicts with the Service Delivery Strategy

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

- amendments to existing comprehensive plans
adoption of a joint comprehensive plan
other measures (amend zoning ordinances, add environmental regulations, etc.)

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.

If "other measures" was checked, describe these measures:

3. Summarize the process that will be used to resolve disputes when a county disagrees with the proposed land use classification(s) for areas to be annexed into a city. If the conflict resolution process will vary for different cities in the county, summarize each process.

Service Delivery Dispute-Resolution Process

4. What policies, procedures and/or processes have been established by local governments (and water and sewer authorities) to ensure that new extraterritorial water and sewer service will be consistent with all applicable land use plans and ordinances?

Extraterritorial water and sewer services resolution

5. Person completing form: John W. Strickland

Phone number: 912-487-2667 Date completed: 5-10-99

6. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with land use plans of applicable jurisdictions? yes no

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



Berrien Sutton
County Attorney
Sherrie Peterson
County Clerk



Clinch County Board of Commissioners

100 Court Square
Homerville, Georgia 31654
(912) 487-2667
Fax (912) 487-5658

Commissioners
John "Wink" Strickland
Chairman
Barry Hart
Vice Chairman
Ulysees McKnight
Mark Steedley
Nancy Knight Strickland

December 14, 1998

Dept. of Community Affairs
Office of Coordinated Planning
60 Executive Park South, NE.
Atlanta, Georgia 30329

Dear Mr. Gleaton:

This letter is in reference to H.B. 489, Process for resolving land use disputes.

The Clinch County Board of Commissioners at our regular meeting on December 7, 1998 adopted the land use process. The adoption included the cities of Homerville, Argyle, Dupont, and Fargo.

If you should have any questions do not hesitate to call.

Sincerely,

John W. Strickland
Chairman

cc: Jim Grubiak, ACCG

Service Delivery Strategy
Dispute Resolution Process

The City of Homerville and Clinch County hereby agree to implement the following process for resolving land use disputes over annexation effective July 1, 1998.

1. Prior to initiating any formal annexation activities, the City will notify the county government of a proposed annexation and provide information on location of property, size of area, and proposed land use or zoning classification(s) (if applicable) of the property upon annexation.

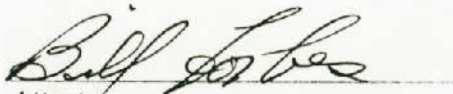
Within 15 working days following receipt of the above information, the county will forward to the city a statement either: (a) indicating that the county has no objection to the proposed land use for the property; or (b) describing its bona fide objection(s) to the city's proposed land use classification, providing supporting information, and listing any possible stipulations or conditions that would alleviate the county's objection(s):


2. If the county has no objection to the city's proposed land use or zoning classification, the city is free to proceed with the annexation. If the county fails to respond to the city's notice in writing within the deadline, the city is free to proceed with the annexation and the county loses its right to invoke the dispute resolution process, stop the annexation or object to land use changes after the annexation.
3. If the county notifies the city that it has a *bona fide* land use classification objection(s), the city will respond to the county in writing within 15 working days of receiving the county's objection(s) by either: (a) agreeing to implement the county's stipulations and conditions and thereby resolving the county's objection(s); (b) agreeing with the county and stopping action on the proposed annexation; (c) disagreeing that the county's objection(s) are *bona fide* and notifying the county that the city will seek a declaratory judgement in court; or (d) initiating a 30-day (maximum) mediation process to discuss possible compromises.
4. If a *bona fide* dispute exists, the County and /or City will forward the details of the dispute to the Joint Planning Commission for review and recommendation. Such recommendation will then be forwarded to the appropriate political jurisdictions (elected bodies) for consideration by the appropriate political jurisdictions. If this recommendation(s) is accepted by both parties, then they can execute the agreement. If recommendation(s) from the Joint Planning Commission are deemed unacceptable by either party, then mediation can be initiated.

5. If the city initiates mediation, the city and county will agree on a mediator, mediation schedule and determine participants in the mediation; the city and county agree to share equally any costs associated with the mediation.
6. If no resolution of the county's *bona fide* land use classification objection(s) results from the mediation, the city will not proceed with the proposed annexation.
7. If the city and county reach agreement as described in step 3(a) or as a result of the mediation, they will draft an annexation agreement for execution by the city and county governments and the property owner(s)

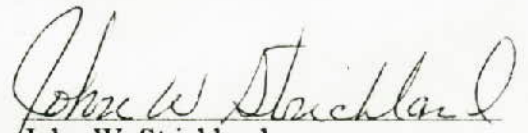
Regardless of future changes in land use or zoning classification, any site-specific mitigation or enhancement measures or site-design stipulations included in the agreement will be binding on all parties for the duration of the annexation agreement. The agreement shall become final when signed by the city, the county and the property owner(s).

This annexation dispute resolution agreement shall remain in force and effect until amended by agreement of each party or unless otherwise terminated by operation of law.


Attest


Carol Chambers
Mayor
City of Homerville


Attest


John W. Strickland
Chairman
Clinch County Board of Commissioner

Adopted this 4th day of June, 1998.

Service Delivery Strategy
Dispute Resolution Process

The City of Argyle and Clinch County hereby agree to implement the following process for resolving land use disputes over annexation effective July 1, 1998.

1. Prior to initiating any formal annexation activities, the City will notify the county government of a proposed annexation and provide information on location of property, size of area, and proposed land use or zoning classification(s) (if applicable) of the property upon annexation.

Within 15 working days following receipt of the above information, the county will forward to the city a statement either: (a) indicating that the county has no objection to the proposed land use for the property; or (b) describing its bona fide objection(s) to the city's proposed land use classification, providing supporting information, and listing any possible stipulations or conditions that would alleviate the county's objection(s);

2. If the county has no objection to the city's proposed land use or zoning classification, the city is free to proceed with the annexation. If the county fails to respond to the city's notice in writing within the deadline, the city is free to proceed with the annexation and the county loses its right to invoke the dispute resolution process, stop the annexation or object to land use changes after the annexation.
3. If the county notifies the city that it has a *bona fide* land use classification objection(s), the city will respond to the county in writing within 15 working days of receiving the county's objection(s) by either: (a) agreeing to implement the county's stipulations and conditions and thereby resolving the county's objection(s); (b) agreeing with the county and stopping action on the proposed annexation; (c) disagreeing that the county's objection(s) are *bona fide* and notifying the county that the city will seek a declaratory judgement in court; or (d) initiating a 30-day (maximum) mediation process to discuss possible compromises.
4. If a *bona fide* dispute exists, the County and /or City will forward the details of the dispute to the Joint Planning Commission for review and recommendation. Such recommendation will then be forwarded to the appropriate political jurisdictions (elected bodies) for consideration by the appropriate political jurisdictions. If this recommendation(s) is accepted by both parties, then they can execute the agreement. If recommendation(s) from the Joint Planning Commission are deemed unacceptable by either party, then mediation can be initiated.

5. If the city initiates mediation, the city and county will agree on a mediator, mediation schedule and determine participants in the mediation; the city and county agree to share equally any costs associated with the mediation.
6. If no resolution of the county's *bona fide* land use classification objection(s) results from the mediation, the city will not proceed with the proposed annexation.
7. If the city and county reach agreement as described in step 3(a) or as a result of the mediation, they will draft an annexation agreement for execution by the city and county governments and the property owner(s)

Regardless of future changes in land use or zoning classification, any site-specific mitigation or enhancement measures or site-design stipulations included in the agreement will be binding on all parties for the duration of the annexation agreement. The agreement shall become final when signed by the city, the county and the property owner(s).

This annexation dispute resolution agreement shall remain in force and effect until amended by agreement of each party or unless otherwise terminated by operation of law.

Larry Evans
Attest

Raymond James
Mr. Raymond James
Mayor
City of Argyle

Larry Evans
Attest

John W. Strickland
John W. Strickland
Chairman
Clinch County Board of Commissioner

Service Delivery Strategy
Dispute Resolution Process

The City of FARGO and Clinch County hereby agree to implement the following process for resolving land use disputes over annexation effective July 1, 1998.

1. Prior to initiating any formal annexation activities, the City will notify the county government of a proposed annexation and provide information on location of property, size of area, and proposed land use or zoning classification(s) (if applicable) of the property upon annexation

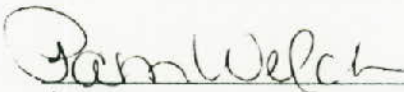
Within 15 working days following receipt of the above information, the county will forward to the city a statement either: (a) indicating that the county has no objection to the proposed land use for the property; or (b) describing its bona fide objection(s) to the city's proposed land use classification, providing supporting information, and listing any possible stipulations or conditions that would alleviate the county's objection(s);

2. If the county has no objection to the city's proposed land use or zoning classification, the city is free to proceed with the annexation. If the county fails to respond to the city's notice in writing within the deadline, the city is free to proceed with the annexation and the county loses its right to invoke the dispute resolution process, stop the annexation or object to land use changes after the annexation.
3. If the county notifies the city that it has a *bona fide* land use classification objection(s), the city will respond to the county in writing within 15 working days of receiving the county's objection(s) by either: (a) agreeing to implement the county's stipulations and conditions and thereby resolving the county's objection(s); (b) agreeing with the county and stopping action on the proposed annexation; (c) disagreeing that the county's objection(s) are *bona fide* and notifying the county that the city will seek a declaratory judgement in court; or (d) initiating a 30-day (maximum) mediation process to discuss possible compromises.
4. If a *bona fide* dispute exists, the County and /or City will forward the details of the dispute to the Joint Planning Commission for review and recommendation. Such recommendation will then be forwarded to the appropriate political jurisdictions (elected bodies) for consideration by the appropriate political jurisdictions. If this recommendation(s) is accepted by both parties, then they can execute the agreement. If recommendation(s) from the Joint Planning Commission are deemed unacceptable by either party, then mediation can be initiated.

5. If the city initiates mediation, the city and county will agree on a mediator, mediation schedule and determine participants in the mediation; the city and county agree to share equally any costs associated with the mediation.
6. If no resolution of the county's *bona fide* land use classification objection(s) results from the mediation, the city will not proceed with the proposed annexation.
7. If the city and county reach agreement as described in step 3(a) or as a result of the mediation, they will draft an annexation agreement for execution by the city and county governments and the property owner(s)

Regardless of future changes in land use or zoning classification, any site-specific mitigation or enhancement measures or site-design stipulations included in the agreement will be binding on all parties for the duration of the annexation agreement. The agreement shall become final when signed by the city, the county and the property owner(s).

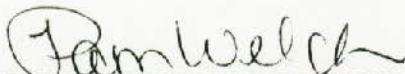
This annexation dispute resolution agreement shall remain in force and effect until amended by agreement of each party or unless otherwise terminated by operation of law.



Attest



Mr. Stiner Jones
Mayor Pro-Tem
City of Fargo



Attest



John W. Strickland
Chairman
Clinch County Board of Commissioner

Service Delivery Strategy
Dispute Resolution Process

The City of Dupont and Clinch County hereby agree to implement the following process for resolving land use disputes over annexation effective July 1, 1998.

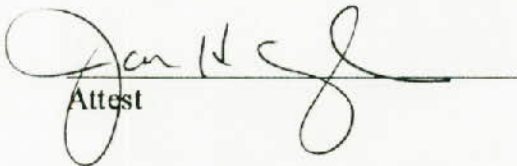
1. Prior to initiating any formal annexation activities, the City will notify the county government of a proposed annexation and provide information on location of property, size of area, and proposed land use or zoning classification(s) (if applicable) of the property upon annexation.

Within 15 working days following receipt of the above information, the county will forward to the city a statement either: (a) indicating that the county has no objection to the proposed land use for the property; or (b) describing its bona fide objection(s) to the city's proposed land use classification, providing supporting information, and listing any possible stipulations or conditions that would alleviate the county's objection(s).
2. If the county has no objection to the city's proposed land use or zoning classification, the city is free to proceed with the annexation. If the county fails to respond to the city's notice in writing within the deadline, the city is free to proceed with the annexation and the county loses its right to invoke the dispute resolution process, stop the annexation or object to land use changes after the annexation.
3. If the county notifies the city that it has a *bona fide* land use classification objection(s), the city will respond to the county in writing within 15 working days of receiving the county's objection(s) by either: (a) agreeing to implement the county's stipulations and conditions and thereby resolving the county's objection(s); (b) agreeing with the county and stopping action on the proposed annexation; (c) disagreeing that the county's objection(s) are *bona fide* and notifying the county that the city will seek a declaratory judgement in court; or (d) initiating a 30-day (maximum) mediation process to discuss possible compromises.
4. If a *bona fide* dispute exists, the County and /or City will forward the details of the dispute to the Joint Planning Commission for review and recommendation. Such recommendation will then be forwarded to the appropriate political jurisdictions (elected bodies) for consideration by the appropriate political jurisdictions. If this recommendation(s) is accepted by both parties, then they can execute the agreement. If recommendation(s) from the Joint Planning Commission are deemed unacceptable by either party, then mediation can be initiated.

5. If the city initiates mediation, the city and county will agree on a mediator, mediation schedule and determine participants in the mediation; the city and county agree to share equally any costs associated with the mediation.
6. If no resolution of the county's *bona fide* land use classification objection(s) results from the mediation, the city will not proceed with the proposed annexation.
7. If the city and county reach agreement as described in step 3(a) or as a result of the mediation, they will draft an annexation agreement for execution by the city and county governments and the property owner(s)

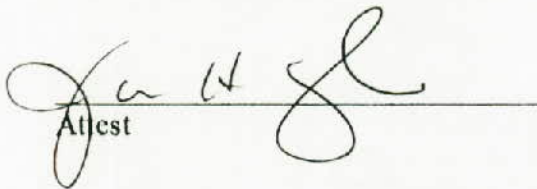
Regardless of future changes in land use or zoning classification, any site-specific mitigation or enhancement measures or site-design stipulations included in the agreement will be binding on all parties for the duration of the annexation agreement. The agreement shall become final when signed by the city, the county and the property owner(s)

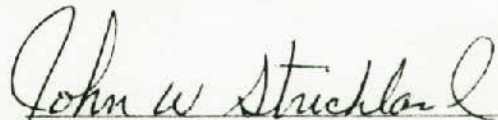
This annexation dispute resolution agreement shall remain in force and effect until amended by agreement of each party or unless otherwise terminated by operation of law


Attest



Mr. E.L. Douglas
Mayor
City of Dupont


Attest



John W. Strickland
Chairman
Clinch County Board of Commissioner

***A Resolution Establishing a
Process to Insure Compatibility with Applicable Land Use Plans and Ordinances
and to Resolve Inter-Governmental Land Use Plan and Ordinance Inconsistencies
Pursuant to the Provision of New Extra Territorial Water and Sewer Services***

WHEREAS, the Clinch County Board of Commissioners and the Mayor and Councils of its political jurisdictions have found it necessary, desirable and in the public interest to establish a formal process to insure that the provision of new extraterritorial water and sewer service is consistent with all applicable land uses plans and ordinances of adjoining local governments, and

WHEREAS, the Clinch County Board of Commissioners and its municipal jurisdictions have determined that a process to insure land use compatibility as it relates to the provision of new extraterritorial water and sewer services and land use plans/ordinances, and

WHEREAS, the Clinch County Board of Commissioners and the governing bodies of the County's municipal jurisdictions have jointly developed cooperative plan to insure consistency with applicable land use plans/ordinances.

BE IT THEREFORE RESOLVED by the Clinch County Board of Commissioners of Clinch County, Georgia and the governing bodies of the cities of Homerville, Argyle, Dupont, and Fargo and ***IT IS HEREBY RESOLVED*** by the Authority of same:

Section 1. *Effective immediately upon the adoption of this Resolution by the respective governments, the following process for insuring that proposed extraterritorial water and sewer service is compatible with the land use plans/ordinances of the new territory shall be implemented:*

- 1. Prior to initiating the development of water and sewer services in extraterritorial boundaries, the local government proposing the new service will notify the adjacent government of the proposed new service by providing information on location of property, size of area, and existing/proposed land use associated with the property.*
- 2. Within 15 working days following receipt of the above information, the local government receiving the notice of water/sewer extension will forward to the local government proposing the extension a statement either: (a) indicating that the proposal is compatible with that community's land use plan and all applicable ordinances; or (b) a description of why the proposal is inconsistent with the land use plan or ordinances providing supporting evidence. If the community proposing the*

service extension does not receive a response in writing within the deadline, the proposal shall be determined to be consistent with the community's land use plan or land use ordinances.

- 3. If the community desiring to extend the water or sewer services receives a notification that the proposal is incompatible with the land use plan, the community may respond in writing within 10 days of receiving the notification of land use inconsistency by: (a) requesting a meeting to discuss a formal change to the land use plan; (b) agreeing with the content of the notification and stopping action on the proposed service extension.*
- 4. In the event the respective jurisdictions seek mediation, the governments will agree on a mediator, mediation schedule and determine participants in the mediation. Any costs associated with the mediation will be shared pro rata by the county and the city based on population in accordance with the most recent decennial census.*
- 5. A proposal to extend extraterritorial water and sewer service shall not be implemented until any bona fide land use plan or land use ordinance inconsistencies are resolved pursuant to the dispute resolution process.*
- 6. However, the final determination of the land use plan or land use ordinances will be accorded to the governing body receiving the proposed service extension.*

Section 2. *All ordinances and resolutions in conflict herewith are hereby repealed.*

DATE: 5-28-99

ATTEST:

Sherrie Peterson

County Clerk

Clinch County Board of Commissioners:

John W. Strickland

Chairman

DATE: 5-20-99

ATTEST:

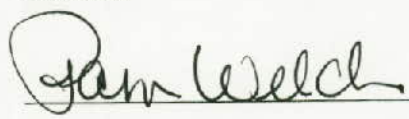

City Clerk

Mayor and Council, Homerville, Georgia

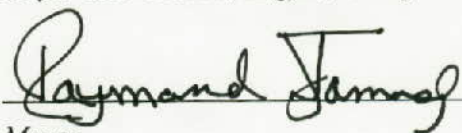

Mayor

DATE: 6-8-99

ATTEST:

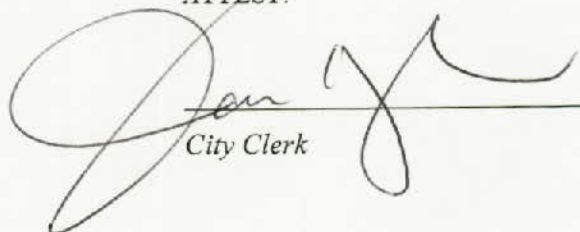

City Clerk

Mayor and Council, Argyle, Georgia

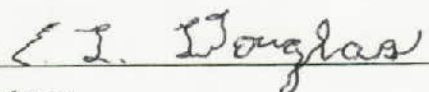

Mayor

DATE: 6-7-99

ATTEST:


City Clerk

Mayor and Council, Dupont, Georgia

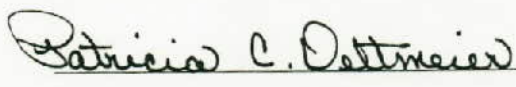

Mayor

DATE: 5-28-99

ATTEST:


City Clerk

Mayor and Council, Fargo, Georgia


Mayor



Berrien Sutton
County Attorney
Sherrie Peterson
County Clerk



Clinch County Board of Commissioners

100 Court Square
Homerville, Georgia 31634
(912) 487-2667
Fax (912) 487-3658

Commissioners
John "Wink" Strickland
Chairman
Barry Hart
Vice Chairman
Ulysees McKnight
Mark Steedley
Nancy Knight Strickland

RECEIVED

JUN 24 P.M.

June 22, 1999

Department of Community Affairs
60 Executive Park South, N.E.
Atlanta, Georgia 30329-2231

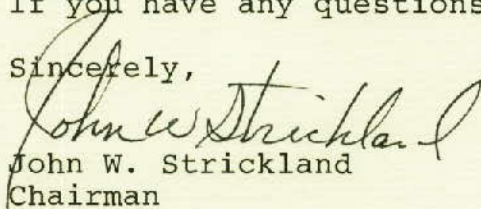
Dear Ms. Moran

This letter is in reference to our phone conversation yesterday concerning three (3) items that needed correction on the Clinch County Service Delivery Strategy Manual.

Enclosed you will find the three (3) corrections that you requested.

If you have any questions do not hesitate to call.

Sincerely,


John W. Strickland
Chairman

*Revised pages have been incorporated
into verified document 4/22/02 ylo*

**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 Clinch COUNTY

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

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

| SIGNATURE: | NAME: (Please print or type) | TITLE: | JURISDICTION: | DATE: |
|------------|---------------------------------|----------------------------|--------------------------------------------------|-------|
| | John W. Strickland | Chairman Clinch Co. BOC | Clinch County | |
| | Raymond James | Mayor | City of Argyle | |
| | E.L. Douglas | Mayor | City of Dupont | |
| | Patricia Oettmeier | Mayor | City of Fargo | |
| | | | <i>see attached Homerville signature</i> | |



SERVICE DELIVERY STRATEG
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

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: CLINCH COUNTY Service: SOLID WASTE

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

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

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 (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: |
|--------------------------------|-----------------|
| CLINCH COUNTY | GENERAL FUNDS |
| CITY OF HOMERVILLE | GENERAL FUNDS |
| | |
| | |

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

NO CHANGE

See 6-24 update

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: John W. Strickland

Phone number: 912-487-2667 Date completed: 5-10-99

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:



SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

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: CLINCH COUNTY Service: FIRE DEPARTMENT

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

- Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
SEE ATTACHMENT
- 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?

- 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 (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:

| | |
|--------------------|--------------|
| CLINCH COUNTY | GENERAL FUND |
| CITY OF HOMERVILLE | GENERAL FUND |
| CITY OF FARGO | GENERAL FUND |
| CITY OF DUPONT | GENERAL FUND |
| | |

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

NO CHANGE

see 6-24 update

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: John W. Strickland

Phone number: 912-487-2667 Date completed: 5-10-99

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:

**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 Clinch COUNTY

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

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

| SIGNATURE: | NAME: (Please print or type) | TITLE: | JURISDICTION: | DATE: |
|---------------------------|---------------------------------|----------------------------|--------------------|-------|
| <i>John W. Strickland</i> | John W. Strickland | Chairman Clinch Co. BOC | Clinch County | |
| <i>Raymond James</i> | Raymond James | Mayor | City of Argyle | |
| <i>E.L. Douglas</i> | E.L. Douglas | Mayor | City of Dupont | |
| <i>Patricia Oettmeier</i> | Patricia Oettmeier | Mayor | City of Fargo | |
| <i>Carol Chambers</i> | Carol Chambers | Mayor | City of Homerville | |
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