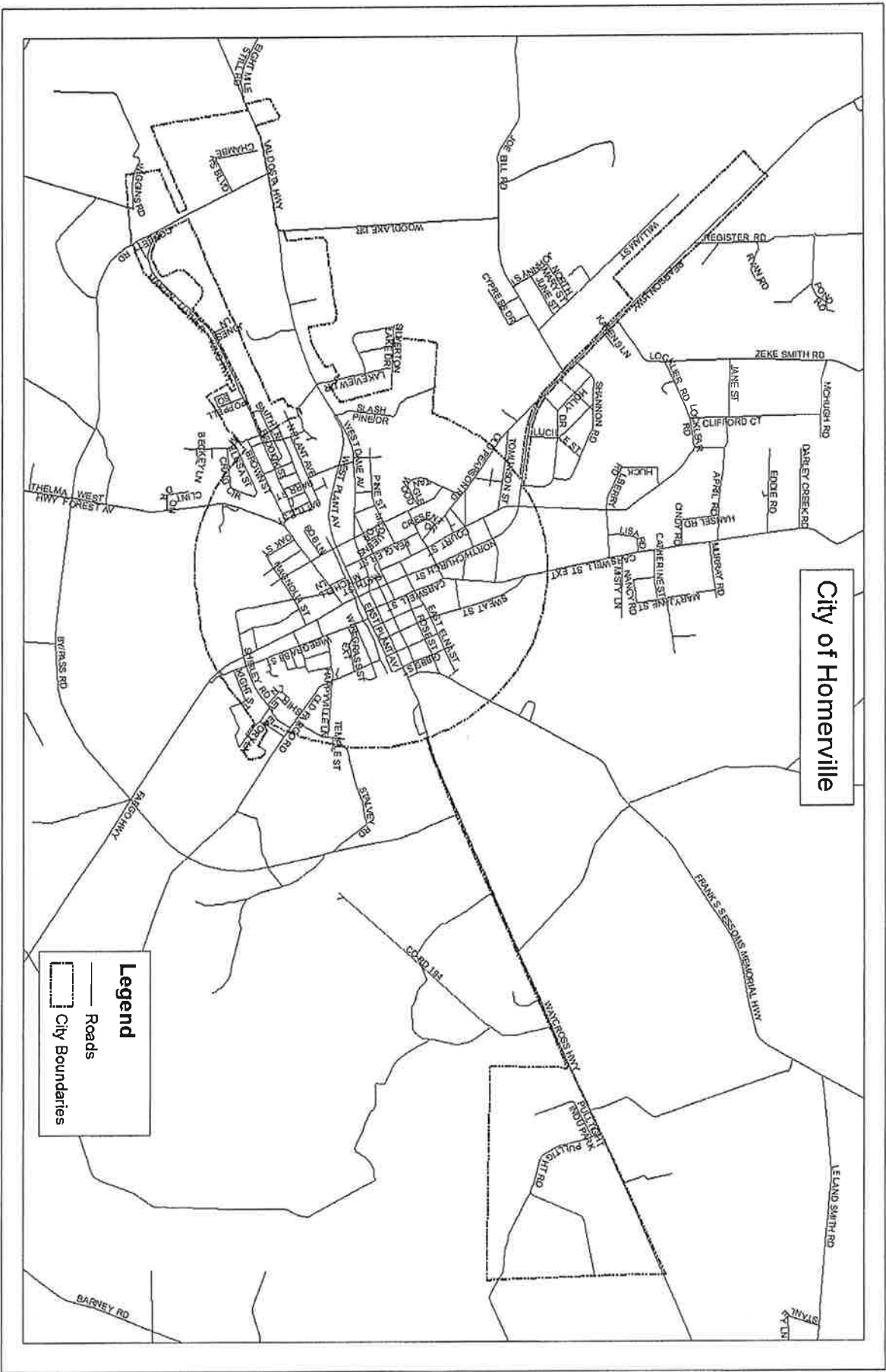


SERVICE DELIVERY STRATEGY MANUAL



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

Adopted September 14, 2015

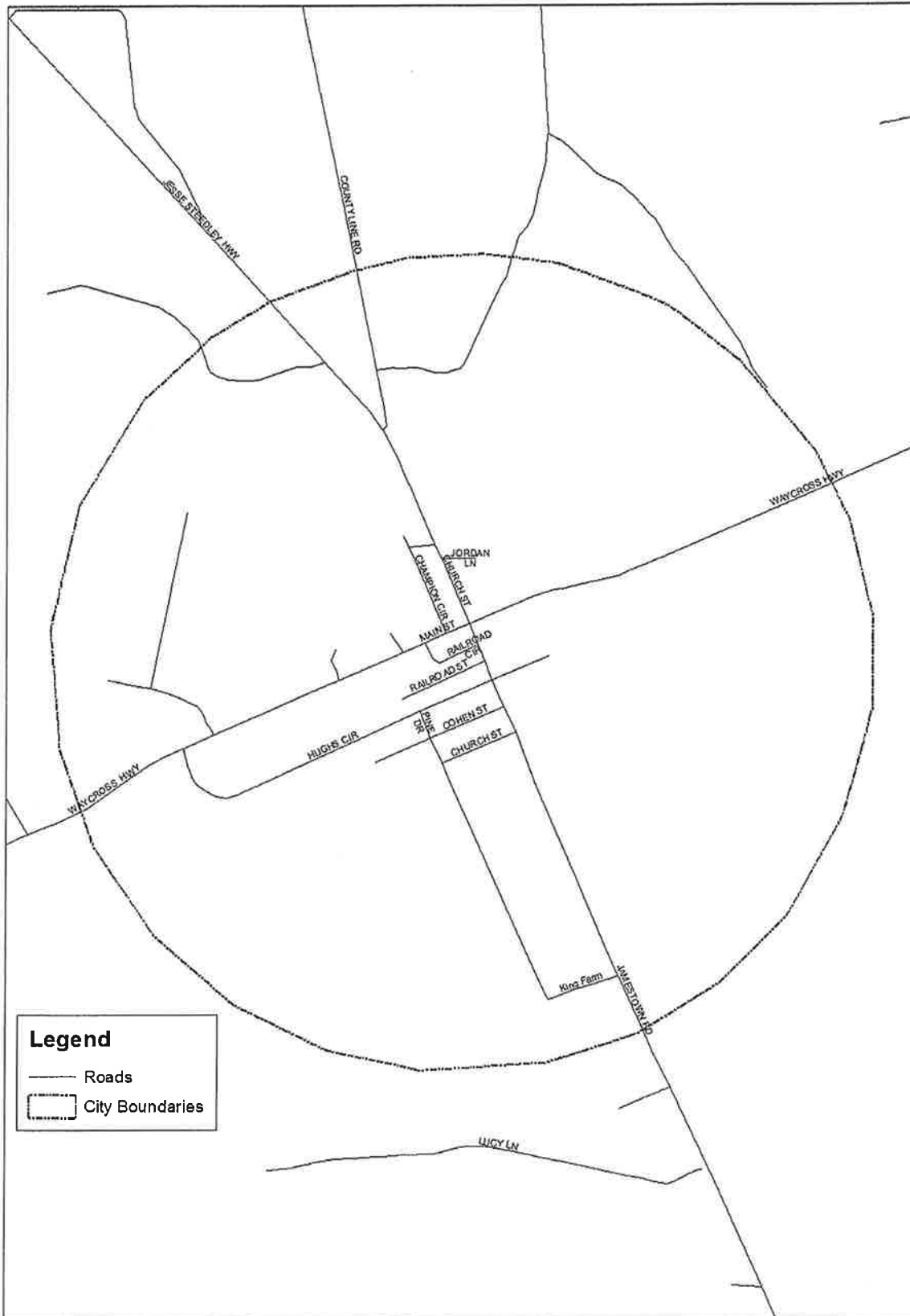


City of Homerville

Legend

- Roads
- - - City Boundaries

City of Argyle





SERVICE DELIVERY STRATEGY

FORM 1

COUNTY: **CLINCH COUNTY**

I. GENERAL INSTRUCTIONS:

1. FORM 1 is required for **ALL** SDS submittals. Only one set of these forms should be submitted per county. The completed forms 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 that are continuing *without change* in Section III, below. (It is acceptable to break a service into separate components if this will facilitate description of the service delivery strategy.)

OPTION A <i>Revising or Adding to the SDS</i>	OPTION B <i>Extending the Existing SDS</i>
<ol style="list-style-type: none"> 4. List all services provided or primarily funded by each general purpose local government and authority within the county which are revised or added to the SDS in Section IV, below. (It is acceptable to break a service into separate components if this will facilitate description of the service delivery strategy.) 5. For each service or service component listed in Section IV, complete a separate, updated <i>Summary of Service Delivery Arrangements</i> form (FORM 2). 6. Complete one copy of the <i>Certifications</i> form (FORM 4) and have it signed by the authorized representatives of participating local governments. [Please note that DCA cannot validate the strategy unless it is signed by the local governments required by law (see Instructions, FORM 4).] 	<ol style="list-style-type: none"> 4. In Section IV type, "NONE." 5. Complete one copy of the <i>Certifications for Extension of Existing SDS</i> form (FORM 5) and have it signed by the authorized representatives of the participating local governments. [Please note that DCA cannot validate the strategy unless it is signed by the local governments required by law (see Instructions, FORM 5).] 6. Proceed to step 7, below. <div style="background-color: black; color: white; padding: 5px; margin-top: 10px;"> <p style="text-align: center; font-size: small;"> For answers to most frequently asked questions on Georgia's Service Delivery Act, links and helpful publications, visit DCA's website at http://www.dca.ga.gov/development/PlanningQualityGrowth/programs/servicedelivery.asp, or call the Office of Planning and Quality Growth at (404) 679-5279. </p> </div>

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

NOTE: ANY FUTURE CHANGES TO THE SERVICE DELIVERY ARRANGEMENTS DESCRIBED ON THESE FORMS WILL REQUIRE AN OFFICIAL UPDATE OF THE SERVICE DELIVERY STRATEGY AND SUBMITTAL OF REVISED FORMS AND ATTACHMENTS TO THE GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS UNDER THE "OPTION A" PROCESS DESCRIBED, ABOVE.

II. LOCAL GOVERNMENTS INCLUDED IN THE SERVICE DELIVERY STRATEGY:

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

Clinch County, City of Homerville, City of Argyle, City of Fargo, City of DuPont, Development Authority, Clinch County Board of Education

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

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

Airport, Ambulance, Cemetery, Emergency Management, Hospital, Tax Assessment, Water and Sewer

IV. SERVICES THAT ARE BEING REVISED OR ADDED IN THIS SUBMITTAL:

In this section, list each new service or new service component which is being added and each service or service component which is being revised in this submittal. For each item listed here, a separate Summary of Service Delivery Arrangements form (FORM 2) must be completed.

Animal Control, C.H.A.M.P.S., Building Inspector, Development Authority, Fire Department, Jail, Library, Roads and Streets, Solid Waste, Law Enforcement, Parks and Recreation



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

Make copies of this form and complete one for each service listed on FORM 1, Section III. Use exactly the same service names listed on FORM 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.

COUNTY: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 this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

Yes (if "Yes," you must attach additional documentation as described, below)

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
City of Homerville	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:

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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: **Jaclyn James, County Administrator**
 Phone number: **912-487-2667** Date completed: 9/14/2015

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

FORM 2: Summary of Service Delivery Arrangements

Instructions:

Make copies of this form and complete one for each service listed on FORM 1, Section III. Use exactly the same service names listed on FORM 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.

COUNTY:CLINCH COUNTY

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.): **Clinch County**

- 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 this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

- Yes** (if "Yes," you must attach additional documentation as described, below)
- No**

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
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:

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>
Emergency Medical Service Agreement	Clinch County Board of Commissioners, Clinch County Hospital Authority	07-06-2015 to Present

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: **Jaclyn James, County Administrator**
 Phone number: **912-487-2667** Date completed: 9/14/2015

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 6th day of July 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 SERVICES 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 the 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 July 1, 2015 until June 30, 2016. The parties shall commence negotiations for a new contract at least sixty (60) days prior to June 30, 2016.

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 ambulance, personnel, and equipment. If personnel from the State Department of Human Resources or other State regulatory personnel determine that 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 remedying any non-compliance, if there is, under applicable law, any non-compliance.

7.

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 including new ambulance units.

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.



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

Make copies of this form and complete one for each service listed on FORM 1, Section III. Use exactly the same service names listed on FORM 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.

COUNTY: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:)

- 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.): **Clinch County, City of Homerville, City of Fargo, City of Dupont, & City of Argyle**

- Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.):

2. In developing this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

- Yes** (If "Yes," you must attach additional documentation as described, below)

- No**

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Clinch County	General Fund
City of Homerville	General Fund
City of Fargo	General Fund
City of Dupont	General Fund
City of Argyle	General Fund

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

Clinch County enforces their Dangerous Dog Ordinance through the Sheriff's Office, Board of Health and Alapaha Animal Control Shelter. The City of Homerville enforces their Animal Control Ordinance through their Animal Control Officer.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>
Animal Control/Shelter	Alapaha Animal Control Shelter	1/9/2014 - Present

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?

County - Dangerous Dog Ordinance 2012-7-02A, Effective July 2, 2012.
 City of Homerville - Animal Control Ordinance, Effective November 18, 2004.

7. Person completing form: **Jaclyn James, County Administrator**
 Phone number: **912-487-2667** Date completed: 9/14/2015

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:

Alapaha Animal Control/Shelter

Chuck Jones

153 East Main St.

Lakeland, Ga. 31635

229-561-4188

229-482-8126 (fax)

January 7, 2014

RE: Animal Control/Shelter Contract for Clinch County

Alapaha Animal Control/Shelter will provide animal control services for Clinch County based on a per call basis. The terms for these services are as follows:

\$45.00 per call; \$45.00 per animal picked up; .48 per mile; and in an instance that an animal has to be quarantined for 10 days then there will be an extra \$45.00 charge added to the cost of an animal for boarding expense.

Alapaha Animal Control will be available for providing these services to Clinch County 24hrs per day 7 days per week. Also, Alapaha Animal Control will be responsible for the trapping, boarding, feeding, euthanizing, and proper disposal of the animals at the rate specified above.

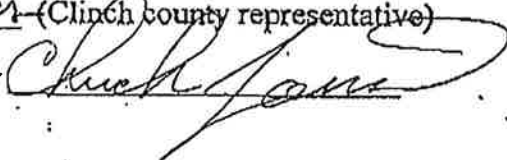
Alapaha Animal Control/Shelter will be in contract with Clinch County; therefore, all invoices will be sent to Clinch County and Clinch County will be liable for payment.

Authorized persons responsible for contact of Alapaha Animal Control/Shelter and contact information:

<u>Names:</u>	<u>Phone #:</u>
Lamar Lankford	912-599-0966
Crystal Lloyd	912-599-0212
Raymond Peterson	912-599-0947; 912-599-0963
Gary Allen	912-599-0965
Sheriff Winston Peterson	912-599-0968
Stanley Stalvey	912-599-0969
Donald Lee	912-599-0972
Tony Spradley	912-599-0973
Tom Bisdorf	229-316-3849
Sheriff's Office	912-487-5316

Signature Jaun F James (Clinch county representative)

Alapaha Animal Control/Shelter



Date 1/9/14



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

Make copies of this form and complete one for each service listed on FORM 1, Section III. Use exactly the same service names listed on FORM 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.

COUNTY: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.): **Clinch County, City of Homerville, & City of Fargo**

Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.):

2. In developing this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

Yes (if "Yes," you must attach additional documentation as described, below)

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Clinch County	User Fees
City of Homerville	User Fees
City of Fargo	User Fees

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

Clinch County, City of Homerville, and City of Fargo now contract service through an individual contractor.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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?

County - Comprehensive Zoning Ordinance, Effective January 4, 1988
 City of Homerville - Zoning Ordinance, Effective August 14, 1988

7. Person completing form: **Jaclyn James, County Administrator**
 Phone number: **912-487-2667** Date completed: 9/14/2015

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

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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COUNTY: CLINCH COUNTY

Service: Cemetery

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 this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

Yes (if "Yes," you must attach additional documentation as described, below)

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
City of Homerville	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:

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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: **Jaclyn James, County Administrator**
 Phone number: **912-487-2667** Date completed: 9/14/2015

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:

CEMETERY

The City of Homerville owns and maintains Pine Forest Cemetery, located within the city limits, for all Clinch County residents who would like to purchase burial plots and be placed there. The cost of maintaining Pine Forest Cemetery is paid from the City General Fund account.

There is no overlap or duplication of service and we agree to continue this service as is.



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

Make copies of this form and complete one for each service listed on FORM 1, Section III. Use exactly the same service names listed on FORM 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.

COUNTY:CLINCH COUNTY

Service:C.H.A.M.P.S.

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.): **Clinch County & Clinch County Board of Education**

2. In developing this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

- Yes** (if "Yes," you must attach additional documentation as described, below)
- No**

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Clinch County	General Fund
Clinch County Board of Education	General Fund

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

This program replaces the D.A.R.E. program.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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: **Jaclyn James, County Administrator**
 Phone number: **912-487-2667** Date completed: 9/14/2015

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:

C.H.A.M.P.S.

The Clinch County Board of Education provides Clinch County with funding to allow the Sheriff's Office to administer the CHAMPS program for all students in the Clinch County School System.



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

Make copies of this form and complete one for each service listed on FORM 1, Section III. Use exactly the same service names listed on FORM 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.

COUNTY:CLINCH COUNTY

Service:Development 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.):**Clinch County Development Authority**

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 this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

Yes (if "Yes," you must attach additional documentation as described, below)

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Clinch County Development Authority	Ad Valorem Taxes

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

The name Industrial Authority has changed to Development Authority.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>
Intergovernmental Agreement	Development Authority & City of Homerville	November 5, 2013 - Present

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: **Jaclyn James, County Administrator**
 Phone number: **912-487-2667** Date completed: 9/14/2015

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:

INTERGOVERNMENTAL CONTRACT

THIS INTERGOVERNMENTAL CONTRACT (the "Contract") is entered into as of the 5th day of September, 2013 by and between the CLINCH COUNTY DEVELOPMENT AUTHORITY (the "Authority"), a public corporation and a body corporate and politic of the State of Georgia, and the CITY OF HOMERVILLE, GEORGIA (the "City), a body corporate and politic of the State of Georgia,

WITNESSETH:

WHEREAS, the Authority was duly created and is validly existing as a development authority under a constitutional amendment to Georgia's constitution in 1964; and

WHEREAS, pursuant to Art. VII, Sec. V, Paragraph I of the Constitution, the Authority has, among others, the following powers:

- (a) "(5) To contract with Clinch County and other political subdivisions and with private person and corporations . . .;"
- (b) "(7) To encourage and promote the expansion of industry, agriculture, trade and commerce in Clinch County, and to make long range plans therefore;"
- (c) "(10) To do any and all acts and things necessary or convenient to accomplish the purpose and powers of the Authority as herein stated."

WHEREAS, the Authority desires to hire an executive director (the "Director"), and;

WHEREAS, if the City of Homerville and Clinch County are to continue with economic development and are to stay competitive with other cities and counties, it is essential that the Authority hire a Director, and;

WHEREAS, a Director will be essential to the attraction of industry and creation of jobs in the City of Homerville and Clinch County, and;

WHEREAS, the Authority and the City propose to enter into this Contract, pursuant to which the Authority will hire a Director and manage and otherwise be in control of the day to day activities and the Director shall be considered an employee of the City; and,

WHEREAS, Article IX, Section III, Paragraph 1(a) of the Georgia Constitution authorizes, among other things, any county, municipality or other political subdivision of the State to contract, for a period not exceeding fifty years, with another county, municipality or political subdivision or with any other public agency, public corporation or public authority for joint services, for the provision of services, or for the

provision or separate use of facilities or equipment, provided that such contract deals with activities, services or facilities which the contracting parties are authorized by law to undertake or to provide.

NOW, THEREFORE, in consideration of the premises and undertakings as hereinafter set forth and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties hereto agree as follows:

Section 1. Representations and Mutual Covenants.

(a) The Authority makes the following representations and warranties which may be specifically relied upon by all parties as a basis for entering this Contract:

(i) The Authority is duly authorized to execute, deliver and perform this Contract; and

(ii) This Contract is a valid, binding, and enforceable obligation of the Authority; and

(b) The City makes the following representations and warranties which may be specifically relied upon by all parties as a basis for entering this Contract:

(i) The governing authority of the City is duly authorized to execute, deliver and perform this Contract;

(ii) This Contract is a valid, binding, and enforceable obligation of the City;

(c) This Contract shall commence on November 1, 2013 and shall terminate on November 1, 2014.

(d) This agreement shall automatically renew for another calendar year on the same terms, unless one of the parties, no later than ten days before the end of the end of the annual contract period, gives written notice to the other that the contract will terminate at the end of the present yearly contract period.

Section 2. Employment of Director.

(a) The Authority shall have the sole authority in hiring, establishing duties, managing and firing a Director and the Director shall be an agent of the Authority when acting for the sole benefit of the Authority with the full power and authority of the office of Director. The Director shall act at the direction and under the supervision of the Authority.

(b) The Director shall report to the City on economic development in writing from time to time. Upon request from the City Council the Director shall give an in person report at a regular meeting of the City at least once annually.

(c) The Director shall be considered an employee of the City for all purposes except as otherwise provided for herein. The Director shall be eligible for all benefits afforded to a City employee in accordance with the City's policies. City shall be responsible for payment of wages, state and federal income tax withholding, social security, Medicare benefits, worker's compensation premiums and any other appropriate withholding. City shall be responsible for administering all benefits and worker's compensation claims.

(d) Authority shall reimburse City for one-hundred percent (100%) of all costs associated with this agreement. The approximate costs under this section are set forth on Exhibit A attached hereto, however actual costs shall control. The Authority shall pay the costs a month in advance. Authority shall be permitted to inspect and copy all records relating to the City's cost of the Director as set forth in this Agreement, so as to confirm the amount of the cost reimbursement provided herein.

(e) The Authority shall indemnify and hold the City harmless from and all claims, actions, demands for damages, indemnity, costs, interest, loss or injury of every nature and kind whatsoever arising from the City's employment of the Director and the City's performance of its obligations under this agreement, to the extent allowed by law, whether or not arising under any local, state or federal law or regulation, public policy or common law (including, but not limited to, the Age Discrimination in Employment Act, Title VII of the Civil Rights Act of 1964, the Americans with Disabilities Act, and the Old Workers Benefit Protection Act); or any state, federal or local statute, regulation, public policy, contract or tort principle in any way governing or regulating Director's employment, or termination, or terms of employment or Director's separation from employment (including, but not limited to, libel and slander, Workers' Compensation benefits under O.C.G.A. §34-9-1 et seq, and Unemployment benefits under O.C.G.A. §34-8-1 et seq.).

Section 3. Binding Effect.

This Contract shall inure to the benefit of and shall be binding upon the Authority, the City and their respective successors and assigns, subject, however, to the limitations contained in this Contract.

Section 4. Notices.

All notices, consents, waivers, directions, requests or other instruments or communications provided for under this Contract shall be deemed properly given when delivered personally or sent by registered or certified United States mail, postage prepaid, as follows:

Chairman, Clinch County Development Authority
P.O. Box 535
Homerville, Georgia 31634

Mayor, City of Homerville
City Hall
20 S. College Street, Suite A
P.O. Box 535
Homerville, Georgia 31634

Section 5. Entire Contract.

This Contract constitutes all of the understandings and agreements existing between the Authority and the City with respect to the Director. Furthermore, this Contract supersedes all prior Contracts, negotiations and communications of whatever type, whether written or oral, between the parties hereto with respect to the Project.

Section 6. Amendments.

This Contract shall not be amended or modified except by Contract in writing executed by the Authority and City.

Section 7. Governing Law.

This Contract shall be deemed to have been made and shall be construed and enforced in accordance with the laws of the State of Georgia.

Section 8. Severability.

Should any phrase, clause, sentence, or paragraph of this Contract be held invalid or unconstitutional, the remainder of the Contract shall remain in full force and effect as if such invalid or unconstitutional provision were not contained in the Contract unless the elimination of such provision detrimentally reduces the consideration that any party is to receive under this Contract or materially affects the operation of this Contract.

Exhibit A

Director's Salary	[REDACTED]
Medicare and FICA	[REDACTED]
Medical Insurance	[REDACTED]
Dental	[REDACTED]
Life Insurance	[REDACTED]
Retirement Contribution	[REDACTED]
Short-Term and Long-Term Disability	[REDACTED]
Total Estimated Yearly Cost	[REDACTED]
Total Estimated Monthly Cost	[REDACTED]

Section 9. No Consent to Breach.

No consent or waiver, express or implied, by any party to this Contract, to any breach of any covenant, condition or duty of another party shall be construed as a consent to or waiver of any future breach of the same.

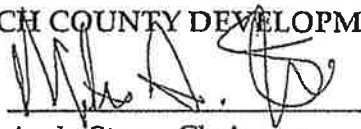
Section 10. Counterparts.

This Contract may be executed in several counterparts, each of which shall be an original and all of which shall constitute but one and the same instrument.

IN WITNESS WHEREOF, the Authority and the City acting through their duly authorized agents have caused this Contract to be signed, sealed and delivered on the date indicated herein.

CLINCH COUNTY DEVELOPMENT AUTHORITY:

By:


Andy Stone, Chairman


(Seal)

Attest:


Jeff Brown, Vice-Chairman


CITY OF HOMERVILLE, GEORGIA:

By:


Margaret Blitch, Mayor

(Seal)

Attest:


Shirley Teston, Clerk



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

Make copies of this form and complete one for each service listed on FORM 1, Section III. Use exactly the same service names listed on FORM 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.

COUNTY:CLINCH COUNTY

Service:Emergency Management

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.):**Clinch County**

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 this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

Yes (if "Yes," you must attach additional documentation as described, below)

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
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:

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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: **Jaclyn James, County Administrator**
 Phone number: **912-487-2667** Date completed: 9/14/2015

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

FORM 2: Summary of Service Delivery Arrangements

Instructions:

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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.): **Clinch County, City of Homerville, City of Fargo, City of Dupont, & City of Argyle**

Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.):

2. In developing this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

Yes (if "Yes," you must attach additional documentation as described, below)

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Clinch County	General Fund, SPLOST
City of Homerville	General Fund, SPLOST
City of Fargo	General Fund
City of Dupont	General Fund
City of Argyle	General Fund, SPLOST

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

The City of Argyle now has their own fire department.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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: **Jaclyn James, County Administrator**
 Phone number: **912-487-2667** Date completed: 9/14/2015

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

FORM 2: Summary of Service Delivery Arrangements

Instructions:

Make copies of this form and complete one for each service listed on FORM 1, Section III. Use exactly the same service names listed on FORM 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.

COUNTY: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.):**Clinch County**

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 this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

Yes (if "Yes," you must attach additional documentation as described, below)

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Clinch County Hospital Authority	Ad Valorem Taxes 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:

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>
Contract for Medical Services	Clinch County Board of Commissioners, Clinch County Hospital Authority	07-06-2015 to Present

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: **Jaelyn James, County Administrator**
 Phone number: **912-487-2667** Date completed: 9/14/2015

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, the provisions of which are expressly incorporated herein, do hereby agree and contract as follows:

1.

The **AUTHORITY** shall provide medical care and hospitalization services for the residents 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 of 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.

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 (2.6) tax mills annually. This amount is based on the anticipated costs to the **AUTHORITY** to provide medical care and hospital services as well as to make necessary purchases to improve the facilities. The (2.6) tax mills shall be paid out of general tax revenues from the County.

1.

6.

The term of this agreement shall be from July 1, 2015 until June 30, 2016. The parties shall commence negotiations for a new contract at least sixty (60) days prior to June 30, 2015.

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 6th day of July.

CLINCH COUNTY BOARD OF COMMISSIONERS (COUNTY)

CLINCH COUNTY HOSPITAL AUTHORITY (AUTHORITY)

BY: [Signature]
CHAIRMAN

BY: [Signature]
CHAIRMAN

ATTEST: [Signature]
SECRETARY

ATTEST: [Signature]
SECRETARY



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

Make copies of this form and complete one for each service listed on FORM 1, Section III. Use exactly the same service names listed on FORM 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.

COUNTY: 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.): **Clinch County**

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 this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

Yes (if "Yes," you must attach additional documentation as described, below)

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Clinch County	General Fund and User Fees
City of Homerville	General Fund

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

City of Homerville and County are in the process of entering into a new intergovernmental agreement.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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: **Jaclyn James, County Administrator**
 Phone number: **912-487-2667** Date completed: 9/14/2015

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

FORM 2: Summary of Service Delivery Arrangements

Instructions:

Make copies of this form and complete one for each service listed on FORM 1, Section III. Use exactly the same service names listed on FORM 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.

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

Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): **Type Name of Government, Authority or Organization Here**

One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service: **Type Name of Government, Authority or Organization Here**

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.): **Argyle, DuPont and Fargo (under contract with the County); Clinch County; Homerville**

Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.): **Type Name of Government, Authority or Organization Here**

2. In developing this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

Yes (if "Yes," you must attach additional documentation as described, below)

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Clinch County	General Funds and Fines
City of Homerville	General Funds and Fines
City of Argyle	General Funds and Fines
City of DuPont	General Funds and Fines
City of Fargo	General Funds and Fines

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

This form is being revised to correct a minor error in the previous document. Service Delivery arrangements, however, are not being changed.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>
Law Enforcement Contract	Clinch County, City of Argyle	Feb 6, 1994 - present
Law Enforcement Contract	Clinch County, City of DuPont	Feb. 6, 1994 - present
Law Enforcement Contract	Clinch County, City of Fargo	Feb. 6, 1994 - present

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: **Jaclyn James, County Administrator**

Phone number: **912-487-2667** Date completed: 10/9/2015

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

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

TYPE CONTACT NAME, TITLE & PHONE HERE

LAW ENFORCEMENT

Clinch County provides Law Enforcement coverage for all of the county.

The City of Homerville provides police coverage for the incorporated area of Homerville. The county deputies patrol the unincorporated areas and the city police cover the incorporated area of Homerville. The Clinch County Sheriff's 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 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.

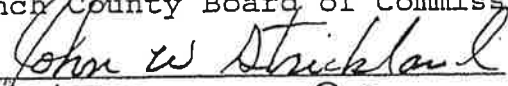
4. Cost paid by the city of Fargo, Georgia to the Clinch County Board of Commissioners shall be used for cost incurred by the Sheriff in providing these contract services, including, but not limited to, the compensation of deputy sheriffs and other personnel, the cost of funding retirement benefits, 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.

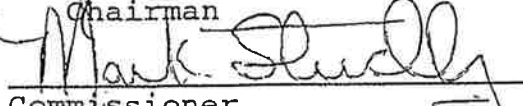
5. If the parties agree, the Sheriff of Clinch County Georgia is authorized to employ such additional deputies and personnel as the parties may agree upon in writing and purchase such automobiles, equipment, materials, supplies, and utilities as the parties may agree upon in writing, the compensation, 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.

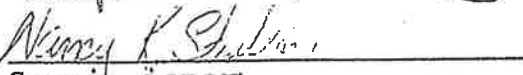
6. This agreement shall be in force for a period of one year from this date. This 6 day of February, 1994.

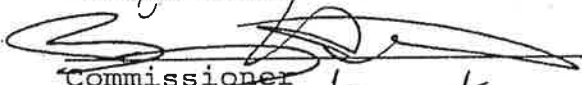

Sheriff, Clinch County Georgia

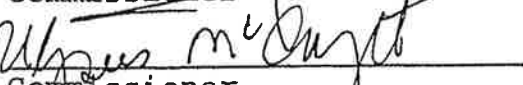
Clinch County Board of Commissioners

By: 
Chairman


Commissioner


Commissioner


Commissioner


Commissioner

City of Fargo, Georgia

By: Patricia C. Dettmeier

Mayor

William Houlihan
Council Member

Johnny Griffith
Council Member

Shirley Jones
Council Member

Deel Nighamit
Council Member



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

Make copies of this form and complete one for each service listed on FORM 1, Section III. Use exactly the same service names listed on FORM 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.

COUNTY: 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.): **Clinch County, City of Homerville, Clinch County Board of Education, & City of Fargo**

2. In developing this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

Yes (if "Yes," you must attach additional documentation as described, below)

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Clinch County	General Fund
City of Homerville	General Fund
Clinch County Board of Education	General Fund
City of Fargo	General Fund

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

Clinch County provides some funding to the public library in the City of Fargo.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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: **Jaclyn James, County Administrator**
 Phone number: **912-487-2667** Date completed: 9/14/2015

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 building. The City along with Clinch County and the Clinch County Board of Education share operating and maintenance expenses, which are submitted to the Okefenokee Regional Library System for administration.

The City of Fargo has a public library, which they own and operate. Clinch County provides some funding to the library on an annual basis.



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

Make copies of this form and complete one for each service listed on FORM 1, Section III. Use exactly the same service names listed on FORM 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.

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

Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.): **Type Name of Government, Authority or Organization Here**

One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service: **Type Name of Government, Authority or Organization Here**

One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.): **Type Name of Government, Authority or Organization Here**

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.): **Clinch County and Homerville - provided jointly for the entire county. See attached explanation of the service delivery arrangements. No map is necessary.**

2. In developing this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

Yes (if "Yes," you must attach additional documentation as described, below)

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Clinch County	General Fund, User Fees, and SPLOST
City of Homerville	General Fund, User Fees, and SPLOST

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

This form is being revised to more clearly reflect service delivery arrangements. The actual service delivery arrangements, however, are not being changed.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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: **Jaclyn James, County Administrator**
 Phone number: **912-487-2667** Date completed: 10/9/2015

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

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

PARKS AND RECREATION

Clinch County and the City of Homerville operate the Homerville/Clinch County Recreation Park on a joint basis. This facility is provided for the use of all residents of Clinch County.

Pea Ridge Park and Macey-Brance Park are owned and maintained by the City of Homerville and are provided for the use of all residents of Clinch County.

This provision of service strategy works well and there is no overlap or duplication of services, therefore, we will continue to provide this service as is.



SERVICE DELIVERY STRATEGY

FORM 2: Summary of Service Delivery Arrangements

Instructions:

Make copies of this form and complete one for each service listed on FORM 1, Section III. Use exactly the same service names listed on FORM 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.

COUNTY: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.): **Clinch County, City of Homerville, City of Fargo, City of Dupont, & City of Argyle**

Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.):

2. In developing this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

Yes (if "Yes," you must attach additional documentation as described, below)

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Clinch County	General Fund, SPLOST, and LMIG
City of Homerville	General Fund, SPLOST, and LMIG
City of Fargo	SPLOST and LMIG
City of Dupont	SPLOST
City of Argyle	SPLOST

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

The LARP program is no longer in existence. The Georgia Department of Transportation now offers the LMIG program to local governments.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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: **Jaclyn James, County Administrator**

Phone number: **912-487-2667** Date completed: 9/14/2015

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

FORM 2: Summary of Service Delivery Arrangements

Instructions:

Make copies of this form and complete one for each service listed on FORM 1, Section III. Use exactly the same service names listed on FORM 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.

COUNTY: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.): **Clinch County & City of Homerville**

Other (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.):

2. In developing this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

Yes (if "Yes," you must attach additional documentation as described, below)

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
Clinch County	General Fund, User Fees
City of Homerville	General Fund, User Fees

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

User Fees added to funding method.

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

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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?

Clinch County - Solid Waste Ordinance, effective February of 2002

7. Person completing form: **Jaelyn James, County Administrator**

Phone number: **912-487-2667** Date completed: 9/14/2015

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

FORM 2: Summary of Service Delivery Arrangements

Instructions:

Make copies of this form and complete one for each service listed on FORM 1, Section III. Use exactly the same service names listed on FORM 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.

COUNTY: 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.): **Clinch County**

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 this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

Yes (if "Yes," you must attach additional documentation as described, below)

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
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:

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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: **Jaclyn James, County Administrator**
 Phone number: **912-487-2667** Date completed: 9/14/2015

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

FORM 2: Summary of Service Delivery Arrangements

Instructions:

Make copies of this form and complete one for each service listed on FORM 1, Section III. Use exactly the same service names listed on FORM 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.

COUNTY: 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.): **City of Homerville, City of Argyle, City of Dupont, & City of Fargo**

2. In developing this strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?

Yes (if "Yes," you must attach additional documentation as described, below)

No

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

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

SDS FORM 2, continued

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

<i>Local Government or Authority</i>	<i>Funding Method</i>
City of Homerville	Enterprise Fund and User Fees
City of Argyle	Enterprise Fund and User Fees
City of Dupont	Enterprise Fund and User Fees
City of Fargo	Enterprise Fund 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:

<i>Agreement Name</i>	<i>Contracting Parties</i>	<i>Effective and Ending Dates</i>

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: **Jaclyn James, County Administrator**
 Phone number: **912-487-2667** Date completed: 9/14/2015

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 operates the water wells, water treatment/delivery system, sewer system and the waste water treatment plants serving the residents of the City of Homerville and also provides these services outside of the city limits to county residents in certain areas that are in close proximity. Our method of meter reading is manual which results in our cost for reading meters outside the city limits being higher due to the farther distance traveling to and between customers. The longer distances to the county customer locations is also a factor that contributes to additional costs to operate and maintain the systems. Due to these additional cost factors, the rates charged are higher for the county customers served than they are for the customers that are located inside the city limits. The current City of Homerville Water/Sewer Rate Structure is provided in conjunction with the relevant Service Delivery Arrangement form.

The City of Argyle, City of DuPont, and City of Fargo own and operate water systems in their respective boundaries.

There is no overlap or duplication of services and we will continue to provide as we have been.

**CITY OF HOMERVILLE
WATER & SEWER
RATE STRUCTURE
EFFECTIVE 07-01-2009 - #4**

RESIDENTIAL

GALLONS	WATER INSIDE	SEWER INSIDE	WATER OUTSIDE	SEWER OUTSIDE
0 - 2000	7.00	7.50	11.25	8.25
2001-5000	2.00	2.50	2.25	2.75
5001 - 10000	2.25	2.75	2.50	3.00
10001 - 15000	2.75	3.25	3.00	3.50
15001 - 20000	3.25	3.75	3.75	4.25
20001 - 25000	3.75	4.25	4.25	4.75
25001 - 30000	4.25	4.75	4.75	5.25
30001 - 35000	4.75	5.25	5.25	5.75
OVER 35001	5.50	6.00	5.75	6.25

COMMERCIAL

GALLONS	WATER INSIDE	SEWER INSIDE	WATER OUTSIDE	SEWER OUTSIDE
0 - 2000	8.75	9.25	12.00	12.00
2001-5000	2.75	3.25	3.00	3.50
5001 - 10000	3.00	3.50	3.25	3.75
10001 - 15000	3.50	3.75	3.75	4.00
15001 - 20000	4.00	4.25	4.25	4.50
20001 - 25000	4.50	4.75	4.75	5.00
25001 - 30000	5.00	5.25	5.25	5.50
30001 - 35000	5.50	5.75	5.75	6.00
OVER 35001	6.50	6.75	7.00	7.00

*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.*

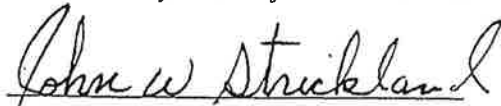
DATE: 5-28-99

ATTEST:



County Clerk

Clinch County Board of Commissioners:




Chairman

DATE: 5-20-99

ATTEST:

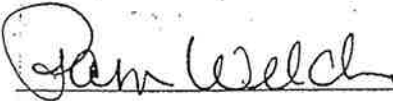

City Clerk

Mayor and Council, Homerville, Georgia

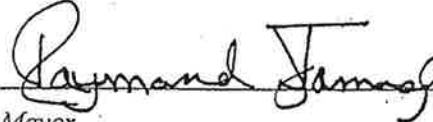

Mayor

DATE: 6-8-99

ATTEST:

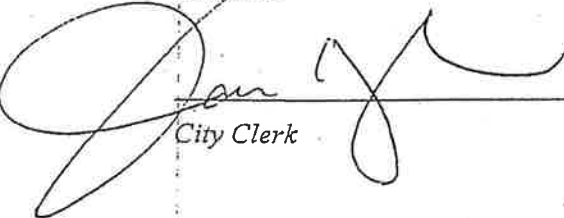

City Clerk

Mayor and Council, Argyle, Georgia

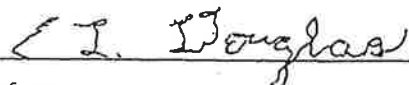

Mayor

DATE: 6-7-99

ATTEST:


City Clerk

Mayor and Council, Dupont, Georgia

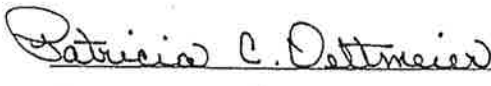

Mayor

DATE: 5-28-99

ATTEST:


City Clerk

Mayor and Council, Fargo, Georgia


Mayor



SERVICE DELIVERY STRATEGY

FORM 3: Summary of Land Use Agreements

Instructions:

Answer each question below, attaching additional pages as necessary. Please note that any changes to the answers provided will require an update of the service delivery strategy. If the contact person for this service (listed at the bottom of this page) changes, this should be reported to the Department of Community Affairs.

COUNTY: CLINCH COUNTY

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

None

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

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

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

Describe "Other" Measures Here

NOTE:

If the necessary plan amendments, regulations, ordinances, etc. have not yet been formally adopted, indicate when each of the affected local governments will adopt them.

3. What policies, procedures and/or processes have been established by local governments (and water and sewer authorities) to ensure that new extraterritorial water and sewer service will be consistent with all applicable land use plans and ordinances? Extraterritorial water and sewer resolution was adopted May 28, 1999.

4. Person completing form: **Jaelyn James, County Administrator**

Phone number: **912-487-2667** Date completed: 9/14/2015

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

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



SERVICE DELIVERY STRATEGY
FORM 4: Certifications


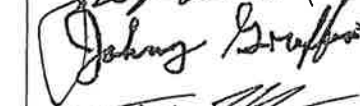



Instructions:

This form must, at a minimum, be signed by an authorized representative of the following governments: 1) the county; 2) the city serving as the county seat; 3) all cities having a 2000 population of over 9,000 residing within the county; and 4) no less than 50% of all other cities with a 2000 population of between 500 and 9,000 residing within the county. Cities with a 2000 population below 500 and local authorities providing services under the strategy are not required to sign this form, but are encouraged to do so.

COUNTY: 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)).

JURISDICTION	TITLE	NAME	SIGNATURE	DATE
<u>CITY OF ARGYLE</u>	Mayor	Tim King		9/24/15
<u>CITY OF DUPONT</u>	Mayor	James Rawls		9/28/15
<u>CITY OF FARGO</u>	Mayor	Johnny Griffis		9/29/15
<u>CITY OF HOMERVILLE</u>	Mayor	Tom Kennedy		9/17/15
<u>CLINCH COUNTY</u>	Chairman	Roger Metts		9/14/15