

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

Instructions:

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

County: Columbia County

Service: 911 Services

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

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

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

- yes no

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

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

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

Local Government or Authority:	Funding Method:
Columbia County	User Fee - charges on individual telephone bill by Southern Bell (now Bell South)

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?
No Change

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

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
Letter of Intent from Columbia County to Southern Bell for enhanced 911 Emergency Services (Exhibit A, C)	Columbia County and Southern Bell	7/17/84-indefinite

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: Phebe J. Dent
Phone Number: (706) 868-3376 Completed April 20, 1999

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

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

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County: Columbia County

Service: 911 Services

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Local Government or Authority:	Funding Method:
Columbia County	User Fee - charges on individual telephone bill by Southern Bell (now Bell South)

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?
No Change

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Agreement Name:	Contracting Parties:	Effective and Ending Dates:
Letter of Intent from Columbia County to Southern Bell for enhanced 911 Emergency Services (Exhibit A, C)	Columbia County and Southern Bell	7/17/84-indefinite

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

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Phone Number: (706) 868-3376 Completed April 20, 1999

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

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THE UNIVERSITY OF CHICAGO
DEPARTMENT OF CHEMISTRY
5800 S. UNIVERSITY AVENUE
CHICAGO, ILLINOIS 60637

RECEIVED
JAN 15 1964

FROM: [Illegible]
TO: [Illegible]

SUBJECT: [Illegible]

[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]

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County: Columbia County

Service: Addressing

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

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

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

- yes no

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

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

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

Local Government or Authority:	Funding Method:
Columbia County	General Fund
City of Grovetown	General Fund
City of Harlem	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: No Change

Agreement Name:	Contracting Parties:	Effective and Ending Dates:

6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g. ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?
 None

7. Person completing form: Phebe J. Dent

Phone Number: (706) 868-3376 Completed April 20, 1999

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

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

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County: Columbia County

Service: Addressing

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Local Government or Authority:

Funding Method:

Columbia County	General Fund
City of Grovetown	General Fund
City of Harlem	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: No Change

Agreement Name:	Contracting Parties:	Effective and Ending Dates:

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

None

7. Person completing form: Phebe J. Dent

Phone Number: (706) 868-3376 Completed April 20, 1999

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1847

The first part of the document discusses the general principles of the system, and the second part describes the details of the implementation. The system is designed to be flexible and adaptable to various circumstances. It is based on a solid foundation of theory and practice, and it has been tested extensively in a variety of settings. The results of these tests are encouraging, and they suggest that the system has the potential to be a valuable tool for many different types of organizations.

The system is designed to be easy to use and understand, and it is intended to be a practical and effective way of addressing the challenges that many organizations face. It is based on a number of key principles, and it is designed to be flexible and adaptable to various circumstances. The system is designed to be easy to use and understand, and it is intended to be a practical and effective way of addressing the challenges that many organizations face.

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County: Columbia County

Service: Animal Control

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

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- 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.)
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yes no

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

Local Government or Authority:

Funding Method:

Columbia 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: None

Agreement Name:

Contracting Parties:

Effective and Ending Dates:

Agreement Name:	Contracting Parties:	Effective and Ending Dates:

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

None

7. Person completing form: Phebe J. Dent

Phone Number: (706) 868-3376 Completed April 20, 1999

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

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County: Columbia County

Service: Building Inspections

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

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

Local Government or Authority:	Funding Method:
Columbia County	Building Inspection Fees

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?
 No Change

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

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
Agreement for building Inspection Services between Columbia County Georgia and the City of Grovetown (Exhibit D)	Columbia County and City of Grovetown	April 20, 1999 - Indefinite
Agreement for building Inspection Services between Columbia County Georgia and the City of Harlem (Exhibit E)	Columbia County and City of Harlem	April 20, 1999 - Indefinite

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?
 Resolution Appointing Fire Marshall in and for Columbia County as the Fire Marshall for the City of Grovetown (Exhibit F)
 Resolution Appointing Fire Marshall in and for Columbia County as the Fire Marshall for the City of Harlem (Exhibit G)

7. Person completing form: Phebe J. Dent

Phone Number: (706) 868-3376 Completed April 20, 1999

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

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County: Columbia County

Service: Building Plan Review

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

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

- yes no

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

Local Government or Authority:	Funding Method:
Columbia County	Plan Review Fees

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?
No Change

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

Agreement Name:	Contracting Parties:	Effective and Ending Dates:

6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g. ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?
None

7. Person completing form: Phebe J. Dent
Phone Number: (706) 868-3376 Completed April 20, 1999

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County: Columbia County

Service: Code Enforcement

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

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Local Government or Authority:	Funding Method:
Columbia County	General Fund (Sheriff's Department also - supplemented by fees, fines, etc.)
City of Grovetown	General Fund
City of Harlem	General Fund

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?
No Change

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

Agreement Name:	Contracting Parties:	Effective and Ending Dates:

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?

Code of Ordinances 2-16 Zoning
All other ordinances by Sheriff's Office

7. Person completing form: Phebe J. Dent

Phone Number: (706) 868-3376 Completed April 20, 1999

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County: Columbia County

Service: Commercial Burning Permitting and Monitoring

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.)
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Local Government or Authority:	Funding Method:
Columbia County	General Fund

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

Columbia County Planning and Development Services Department will provide the permitting and site inspection for all open burning of vegetative material for the purpose of commercial land clearing using an air current destructor occurring within the city limits.

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

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
Agreement for Commercial Burn Regulation Services between Columbia County Georgia and the City of Grovetown (Exhibit H)	Columbia County and City of Grovetown	April 20, 1999 - indefinite
Agreement for Commercial Burn Regulation Services between Columbia County Georgia and the City of Harlem (Exhibit I)	Columbia County and City of Harlem	April 20, 1999 - indefinite

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?

Ordinance: Fire Protection and Prevention Chapter 2-6 Commercial Burning with Air Current Destructor

7. Person completing form: Phebe J. Dent

Phone Number: (706) 868-3376 Completed April 20, 1999

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

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

SERVICE DELIVERY STRATEGY

SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

PAGE 2

Instructions:

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

County: Columbia County

Service: Cooperative Extension Service

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

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

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

- yes no

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

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

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

Local Government or Authority:

Funding Method:

Columbia County	General Fund
------------------------	---------------------

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

No change

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

Agreement Name:	Contracting Parties	Effective and Ending Dates:
County Extension Personnel Contract – Memorandum of Understanding (Exhibit NN)	Columbia County & Board of Regents-University System of Georgia System on Behalf of Georgia Cooperative Extension Service	7/1/01 until rescinded

6. What other mechanisms (if any) will be used to implement the strategy for this service? None

7. Person completing form: Phébe J. Dent

Phone Number: (706) 868-3376

Date Completed 8/21/01

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

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

Instructions:

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

County: Columbia County

Service: Cooperative Extension Service

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

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

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

yes no

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

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

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

Local Government or Authority:	Funding Method:
Columbia 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: None

Agreement Name:	Contracting Parties:	Effective and Ending Dates:

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

None

7. Person completing form: Phebe J. Dent

Phone Number: (706) 868-3376 Completed April 20, 1999

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

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

SERVICE DELIVERY STRATEGY

SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

PAGE 2

Instructions:

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

County: **Columbia County**

Service: **Convention and Tourism**

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

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

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

- yes no

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

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

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

Local Government or Authority:

Funding Method:

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

No change

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

Agreement Name:	Contracting Parties	Effective and Ending Dates:
Agreement with Augusta Convention and Visitors Bureau (Exhibit LL)	Columbia County & Augusta CVB	11/01/01 – yearly renewal; automatic per terms

6. What other mechanisms (if any) will be used to implement the strategy for this service? None

7. Person completing form: Phebe J. Dent

Phone Number: (706) 868-3376

Date Completed 8/21/01

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

SERVICE DELIVERY STRATEGY
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

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

County: Columbia County

Service: Convention and Tourism

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

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

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

- yes no

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

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

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

Local Government or Authority:	Funding Method:
Columbia County	Hotel/Motel Tax

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?
 The Agreement with the Augusta Convention and Visitors Bureau is currently being amended, but it will not change the present arrangements for services between Columbia County, Grovetown, and Harlem.

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

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
Agreement with Augusta Convention and Visitors Bureau	Columbia County and Augusta CVB	Currently under negotiation

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: Phebe J. Dent
 Phone Number: (706) 868-3376 Completed April 20, 1999

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

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

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

Instructions:

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

County: Columbia County

Service: County Coroner

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

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

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

yes no

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

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

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

Local Government or Authority:	Funding Method:
Columbia 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: None

Agreement Name:	Contracting Parties:	Effective and Ending Dates:

6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g. ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?
None

7. Person completing form: Phebe J. Dent

Phone Number: (706) 868-3376 Completed April 20, 1999

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

SERVICE DELIVERY STRATEGY
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

Instructions:

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

County: Columbia County

Service: Greater Augusta Arts Council
 (Cultural Arts Program)

1. Check the box that best describes the agreed upon delivery arrangement for this service:
- Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
 - Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
 - One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
 - One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
 - Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)
2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
 yes no

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

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

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

Local Government or Authority:	Funding Method:
Columbia County	General Fund

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?
 No change

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

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
Agreement for Provision of Services to Columbia County, GA(Exhibit J) (G10.1-10.3)	Columbia County and Arts Council	June 2, 1998-Renewed Annually

6. What other mechanisms (if any) will be used to implement the strategy for this service? None

7. Person completing form: Phebe J. Dent
 Phone Number: (706) 868-3376 Date Completed April 20, 1999 (Form updated February 5, 2001)

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

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

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

Instructions:

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

County: Columbia County

Service: Cultural Programs

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.)
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- One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)

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

- yes no

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

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

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

Local Government or Authority:	Funding Method:
Columbia County	General Fund

UPDATED 2/01

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?
No Change

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

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
Agreement for Provision of Services to Columbia County, Georgia (Exhibit J)	Columbia County and Arts Council	June 2, 1998-June 30, 1999

6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g. ordinances, resolutions, local acts of None

7. Person completing form: Phebe J. Dent
Phone Number: (706) 868-3376 Completed April 20, 1999

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

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

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

Instructions:

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

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

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

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

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

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

Local Government or Authority:	Funding Method:
Columbia County	General Fund and Bonds

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?
No Change

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

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
Resolution to Declare the need for a Development Authority created for Columbia County, Georgia (Exhibit K)	Columbia County and Development Authority	May 19, 1971, - Indefinite
Resolution to Correct and Clarify Terms (Exhibit L)	Columbia County and Development Authority	December 31, 1999 - Indefinite
Agreement for Industrial Activities (Exhibit M)	Columbia County and Development Authority	December 1, 1992 - Indefinite

6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g. ordinances, resolutions, local acts of Resolution Approving Revenue Bond Issue by the Development Authority of Columbia County (Exhibit MM)

7. Person completing form: Phebe J. Dent
Phone Number: (706) 868-3376 Completed April 20, 1999

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

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

SERVICE DELIVERY STRATEGY

SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

PAGE 2

Instructions:

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

County: Columbia County

Service: Election Board Services

1. Check the box that best describes the agreed upon delivery arrangement for this service:
 - Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
 - Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
 - One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
 - One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
 - Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)
2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
 - yes no

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

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

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

Local Government or Authority: Funding Method:

Columbia County	General Fund
City of Grovetown	General Fund
City of Harlem	General Fund

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?
No change

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

Agreement Name:	Contracting Parties	Effective and Ending Dates:
Contract for Election Services with Grovetown (Exhibit N)	Columbia County & City of Grovetown	09/13/93 – indefinite
Contract for Election Services with Harlem (Exhibit KK)	Columbia County & City of Harlem	04/17/01 - indefinite

6. What other mechanisms (if any) will be used to implement the strategy for this service? None
7. Person completing form: Phebe J. Dent
Phone Number: (706) 868-3376 Date Completed 8/21/01
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? :yes no If not, provide designated contact person(s) and phone number(s) below:

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

Instructions:

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

County: Columbia County

Service: Election Board Services

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

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

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

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

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

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

Local Government or Authority:	Funding Method:
Columbia County	General Fund
City of Harlem	General Fund

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?
 City of Harlem will evaluate having Columbia County provide this service similar to agreement with the City of Grovetown.

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

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
Contract for Election Services (Exhibit N)	Columbia County	9/13/93 - indefinite
	City of Grovetown	

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: Phebe J. Dent
 Phone Number: (706) 868-3376 Completed April 20, 1999

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

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

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SEP 9 2002

SERVICE DELIVERY STRATEGY

SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

PAGE 2

Instructions:

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

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

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

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

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

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

Local Government or Authority:

Funding Method:

Columbia County

General Fund

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?
No change

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

Table with 3 columns: Agreement Name, Contracting Parties, Effective and Ending Dates. Rows include: FY 02 Performance Partnership Agreement Georgia EMA and Columbia Cty (Exhibit O), Contract between the GEMA, State of Georgia, and Columbia County Local Emergency Planning Committee, GEMA Statewide Mutual Aid and Assistance Agreement with Columbia Cty., GEMA Statewide Mutual Aid and Assistance Agreement with Grovetown, GA, GEMA Statewide Mutual Aid and Assistance Agreement with Harlem, GA, Letter of Concurrence RE Nomination of Emergency Management, Letter of Appointment; re: Emergency Management, Letter of Appt. RE: Emergency Mgmt. in Columbia Cty. GEMA approval.

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? Col. Cty. Resolution Relative to Emergency Management (G15.3)

7. Person completing form: Phebe J. Dent ; Phone Number: (706) 868-3376 Date Completed July 02, 2002

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

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

Instructions:

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

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

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

yes no

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

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

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

Local Government or Authority:

Funding Method:

UPDATED
12/19/02

Columbia County

General Fund

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

No change

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

Agreement Name:	Contracting Parties:	Effective and Ending Dates
FFY 2000 Performance Partnership Agreement between the Georgia EMA and Columbia County Government (Exhibit O) (G15.1-2)	Columbia County and State of Georgia	March 21, 2000 - Annual Renewal
Columbia County Resolution Relative to Emergency Management (Exhibit O) (G15.3-6)	Columbia County, City of Grovetown and City of Harlem	May 18, 1999 - Indefinite
Letter of Concurrence re Nomination of Emergency Management (Exhibit O) (G15.7-8)	City of Grovetown and City of Harlem to Columbia County	April 12 and April 13 - until change in Director
Letter of Appointment re Emergency Management (Exhibit O) (G15.9)	Columbia County	May 5, 1999 - until change in Director
Letter of Appointment re Emergency Management in Columbia County GEMA approval (Exhibit O) (G15.10-11)	Georgia Emergency Management Agency Columbia County	August 5, 1999 - until change in Director

6. What other mechanisms (if any) will be used to implement the strategy for this service? Ordinance to amend Code of Ordinances City of Grovetown to provide for establishment of Emergency Management Organization, March 31, 1992 (Exhibit O) (G15. 11-15)

7. Person completing form: Phebe J. Dent

Phone Number: (706) 868-3376

Date Completed April 20, 1999 (Form updated February 5, 2001)

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

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

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

Instructions:

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

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

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

- yes no

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

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

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

Local Government or Authority:

Funding Method:

UPDATED 2/01

Columbia County	General Fund

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

The Columbia County Resolution Relative to Emergency Management is currently being amended and updated, but it will not change the present Emergency Management arrangements between Columbia County, Grovetown, and Harlem.

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

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
Performance Partnership Agreement between the Georgia EMA and Columbia County Government (Exhibit O) (G15.1-4)	Columbia County and State of Georgia	February 18, 1997- Indefinite
Columbia County Resolution Relative to Emergency Management (Exhibit O) (G15.5-10)	Columbia County, City of Grovetown and City of Harlem	April 23, 1992- Indefinite
Letter of Concurrence re Nomination of Emergency Management (Exhibit O) (G15.16-17)	City of Grovetown and City of Harlem to Columbia County	April 12, 1999 until change in Director
Letter of Appointment re Emergency Management (Exhibit O) (G15.18)	Columbia County	May 4, 1999

6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g. ordinances, resolutions, local acts of Ordinance to amend Code of Ordinances City of Grovetown to provide for establishment of Emergency Management Organization, March 31, 1992 (Exhibit O) (G15.11-15)

7. Person completing form: Phebe J. Dent
Phone Number: (706) 868-3376 Completed April 20, 1999

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:

SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

Instructions:

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

County: Columbia County Service: – Emergency Medical and Non-emergency Medical Services

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

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

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

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

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

4.

Local Government or Authority:	Funding Method:
Columbia County	General Fund/User Fees

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

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

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
First Amendment to Agreement for Ambulance and Emergency and Non-emergency Medical Services – Exhibit P	Columbia County Gold Cross	05/26/01– 6/30/05

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?

7. Person completing form: Phebe J. Dent

Phone Number: (706) 868-3376

Date Completed: September 21, 2004

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

SERVICE DELIVERY STRATEGY
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

Instructions:

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

County: **Columbia County**

Service: **Emergency Medical**

11/22/01

1. Check the box that best describes the agreed upon delivery arrangement for this service:
- Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
 - Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
 - One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
 - One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
 - Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)
2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
 yes no

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

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

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

Local Government or Authority:	Funding Method:
Columbia County	General Fund/Users Fees

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?
 No change

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

Agreement Name:	Contracting Parties	Effective and Ending Dates:
Agreement for Ambulance and Emergency and Non-emergency Services (Exhibit P)	Columbia County & Gold Cross	05/27/01 - 05/26/03

6. What other mechanisms (if any) will be used to implement the strategy for this service? None

7. Person completing form: Phebe J. Dent

Phone Number: (706) 868-3376

Date Completed 8/21/01

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

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

Instructions:

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

County: Columbia County

Service: Emergency Medical

1. Check the box that best describes the agreed upon delivery arrangement for this service:
- Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
 - Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
 - One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
 - One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
 - Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)
2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
 yes no

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

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

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

Local Government or Authority:	Funding Method:
Columbia County	General Fund / User Fees

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?
 No Change

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

Agreement Name:	Contracting Parties:	Effective and Ending Dates
Agreement for Ambulance and Emergency and Non-emergency Services (Exhibit P)	Columbia County and Atlanta South	April 27, 1997 - April 26, 2001 (RFP currently being written)

6. What other mechanisms (if any) will be used to implement the strategy for this service?
 None

7. Person completing form: Phebe J. Dent
 Phone Number: (706) 868-3376 Date Completed: April 20, 1999 (Form updated February 5, 2001)

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

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

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

Instructions:

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

County: Columbia County

Service: Emergency Medical

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

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

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

- yes no

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

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

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

Local Government or Authority:

Funding Method:

UPDATED 2/01

Columbia County	General 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:

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
Agreement for Ambulance and Emergency and Non-Emergency Services (Exhibit P)	Columbia County and Atlanta South	April 27, 1997 - April 26, 2001

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: Phebe J. Dent

Phone Number: (706) 868-3376

Completed April 20, 1999

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

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

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

Instructions:

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

County: Columbia County

Service: Emergency Rescue Team

Service Deleted

OCT 12 2005

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

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

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

- yes no

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

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

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

Local Government or Authority:	Funding Method:
Columbia County	General Fund/Volunteers

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?
No Change

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

Agreement Name:	Contracting Parties:	Effective and Ending Dates:

6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g. ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?
None

7. Person completing form: Phebe J. Dent

Phone Number: (706) 868-3376 Completed April 20, 1999

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

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

Instructions:

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

County: Columbia County

Service: Emergency Rescue Team

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

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

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

- yes no

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

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

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

Local Government or Authority:	Funding Method:
Columbia County	General Fund/Volunteers

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

No Change

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

Agreement Name:	Contracting Parties:	Effective and Ending Dates:

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

None

7. Person completing form: Phebe J. Dent

Phone Number: (706) 868-3376 Completed April 20, 1999

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

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

SERVICE DELIVERY STRATEGY
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

Instructions:

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

County: **Columbia County**

Service: **Extrication Services**

1. Check the box that best describes the agreed upon delivery arrangement for this service:
 - Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
 - Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
 - One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
 - One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
 - Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)
2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
 - yes. no

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

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

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

Local Government or Authority:	Funding Method:
Martinez-Evans Fire Department, Columbia County	User Fees
Grovetown Fire Department	User Fees
Harlem Fire Department	User Fees

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?
 No change

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

Agreement Name:	Contracting Parties	Effective and Ending Dates:
Intergovernmental Agreement for Extrication Services between Columbia County and the City of Grovetown, Georgia, and City of Harlem, Georgia (Exhibit Q)	Columbia County & City of Grovetown	06/19/01 - 01/01/09
Intergovernmental Agreement for Extrication Services between Columbia County and Martinez-Evans Fire Department (Exhibit R)	Columbia County and Martinez Fire Department	7/19/01 - 01/01/09

6. What other mechanisms (if any) will be used to implement the strategy for this service? None

7. Person completing form: Phebe J. Dent

Phone Number: (706) 868-3376

Date Completed

8/21/01

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

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

Instructions:

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

County: Columbia County

Service: Extrication Service

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

- Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.) (See Map H3.4)

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

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

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

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

Local Government or Authority:	Funding Method:
Martinez-Evans Fire Department, Columbia County	User Fees
Grovetown Fire Department	User Fees

Reviewed 8/21/01

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?
 No Change

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

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
Intergovernmental Agreement for Extrication Services between Columbia County and the City of Grovetown, Georgia (Exhibit Q)	Columbia County and City of Grovetown	January 5, 1999 - January 1, 2009
Intergovernmental Agreement for Extrication Services between Columbia County and Martinez Fire Department (Exhibit R)	Columbia County and Martinez Fire Department	January 5, 1999 - January 1, 2009

6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g. ordinances, resolutions, local acts of None

7. Person completing form: Phebe J. Dent
 Phone Number: (706) 868-3376 Completed April 20, 1999

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

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

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SEP 9 2002

SERVICE DELIVERY STRATEGY

SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

PAGE 2

Instructions:

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

County: Columbia County

Service: Family and Children Services

- 1. Check the box that best describes the agreed upon delivery arrangement for this service:
 - Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
 - Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)

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

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

 - Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)
- 2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
 - yes no

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

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

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

Local Government or Authority:

Funding Method:

Columbia County	General Fund
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- 4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?
 - No change

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

Agreement Name:	Contracting Parties	Effective and Ending Dates:
Local Statement of Service and Maintenance Costs in Lieu of Rent in Public Buildings or Third Party Leasing Arrangements (Exhibit II)	Columbia County & Columbia County Family and Children Services	07/01/02 – 06/30/03

- 6. What other mechanisms (if any) will be used to implement the strategy for this service? None

7. Person completing form: Phebe J. Dent

Phone Number: (706) 868-3376

Date Completed 7/02/02

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

SERVICE DELIVERY STRATEGY

SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

PAGE 2

Instructions:

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

County: **Columbia County**

Service: **Family and Children Services**

1. Check the box that best describes the agreed upon delivery arrangement for this service:
 - Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
 - Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
 - One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
 - One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
 - Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)
2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
 - yes no

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

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

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

Local Government or Authority:

Funding Method:

*UPDATED
9/9/02*

Columbia County	General Fund
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4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?
 - No change

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

Agreement Name:

Contracting Parties

Effective and Ending Dates:

Local Statement of Service and Maintenance Costs in Lieu of Rent in Public Buildings or Third Party Leasing Arrangements (Exhibit II)	Columbia County & Columbia County Family and Children Services	07/01/01 – 06/30/02
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6. What other mechanisms (if any) will be used to implement the strategy for this service? None
7. Person completing form: Phebe J. Dent
 Phone Number: (706) 868-3376 Date Completed 8/21/01
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? yes no If not, provide designated contact person(s) and phone number(s) below:

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

Instructions:

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

County: Columbia County

Service: Family and Children Services

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

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

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

- yes no

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

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

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

Local Government or Authority:	Funding Method:
Columbia County	General Fund

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

No Change

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

Agreement Name:	Contracting Parties:	Effective and Ending Dates:

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: Phebe J. Dent

Phone Number: (706) 868-3376 Completed April 20, 1999

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:

SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

Instructions:

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

County: **Columbia County Service:** — Memorandum of Understanding Between City of Grovetown Public Safety and other Fire Services within Columbia County

- Check the box that best describes the agreed upon delivery arrangement for this service:
 - Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
 - Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
 - One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
 - One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
 - Other. (If this box is checked, **attach a legible map delineating the service area of each service provider**, and identify the government, authority, or other organization that will provide service within each service area.) (See Maps H3.5-3.8)
- In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
 - yes
 - no

If these conditions will continue under the strategy, **attach an explanation for continuing the arrangement** (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(l)), 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.

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

Local Government or Authority: Funding Method:

City of Grovetown	General Fund

- How will the strategy change the previous arrangements for providing and/or funding this service within the county?
- List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:

Agreement Name: Contracting Parties: Effective and Ending Dates:

Grovetown Department of Public Safety Mutual Firefighting Assistance Agreements (Exhibit EE)	City of Grovetown with the following Fire Departments: Augusta/Richmond County, Fort Gordon, Martinez, (Appling, Leah, and Winfield were consolidated into the North Columbia County Fire Department.	Augusta/Richmond 2/11/97 Fort Gordon 1/19/99 Martinez 4/11/99 Harlem 4/16/99 (Appling, 4/16/96, Leah 3/10/98, and Winfield 3/23/99 – consolidated into the North Columbia County) Fire Department Indefinite time period on each agreement.
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- 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? Yes,

7. Person completing form: Phebe J. Dent

Phone Number: (706) 868-3376

Date Completed: September 21, 2004

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

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

Instructions:

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

County: Columbia County

Service: Fire Protection

Update 11/99

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

- Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.) (See Map H 3.5)

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

- yes no

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

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

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

Local Government or Authority:	Funding Method:
City of Harlem	Subscription Fees
City of Grovetown	Subscription Fees

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?
No Change

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

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
Grovetown Department of Public Safety Mutual Firefighting Assistance Agreements Exhibit EE	Grovetown with the following fire departments: Leah Augusta/Richmond Appling Winfield Fort Gordon Martinez Harlem	Leah 3/10/98 Augusta/Richmond 2/11/97 Appling 4/16/96 Winfield 3/23/99 Fort Gordon 1/19/99 Martinez 4/11/99 Harlem 4/16/99 - indefinite time period on each agreement

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: Phebe J. Dent
Phone Number: (706) 868-3376 Completed April 20, 1999

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

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

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

Instructions:

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

County: Columbia County

Service: Forestry Services

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

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

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

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

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

Local Government or Authority:	Funding Method:
Columbia County	General Fund

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?
- No Change

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

Agreement Name:	Contracting Parties:	Effective and Ending Dates:

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: Phebe J. Dent

Phone Number: (706) 868-3376 Completed April 20, 1999

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

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

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

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

County: Columbia County

Service: GIS Mapping

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

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

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

yes no

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

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

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

Local Government or Authority:	Funding Method:
Columbia County	General Fund

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?
No Change

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

Agreement Name:	Contracting Parties:	Effective and Ending Dates:

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: Phebe J. Dent

Phone Number: (706) 868-3376 Completed April 20, 1999

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

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

Instructions:

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

County: Columbia County

Service: Indigent Defense

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

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

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

yes no

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

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

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

Local Government or Authority:	Funding Method:
Columbia County	General Fund

RECEIVED
10/12/05

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

No Change

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

Agreement Name:	Contracting Parties:	Effective and Ending Dates:

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

None

7. Person completing form: Phebe J. Dent

Phone Number: (706) 868-3376 Completed April 20, 1999

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

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

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

Instructions:

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

County: Columbia County

Service: Jail/Detention Center

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

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

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

- yes no

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

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

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

Local Government or Authority:	Funding Method:
Columbia County	General Fund
City of Harlem	City General Fund
City of Grovetown	City General Fund

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

No Change

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

Agreement Name:	Contracting Parties:	Effective and Ending Dates:

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: Phebe J. Dent

Phone Number: (706) 868-3376 Completed April 20, 1999

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

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

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

Instructions:

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

County: Columbia County

Service: Judicial Court System

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

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

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

- yes no

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

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

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

Local Government or Authority:	Funding Method:
Columbia County	User Fees/General Fund
City of Harlem Municipal and Traffic Courts	User Fees/General Fund
City of Grovetown Municipal and Traffic Courts	User Fees/General Fund

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

No Change

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

Agreement Name:	Contracting Parties:	Effective and Ending Dates:

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: Phebe J. Dent

Phone Number: (706) 868-3376 Completed April 20, 1999

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

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

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

Instructions:

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

County: Columbia County

Service: Law Enforcement

1. Check the box that best describes the agreed upon delivery arrangement for this service:
- Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
 - Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
 - One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
 - One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
 - Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)
2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
 yes no

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

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

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

Local Government or Authority:	Funding Method:
Columbia County	General Fund
City of Grovetown	General Fund
City of Harlem	General Fund

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?
 No change

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

Agreement Name:	Contracting Parties:	Effective and Ending Dates
Memorandum of Understanding between Columbia County Sheriff Office and Grovetown Police Department (Exhibit S) (G19.1-2)	Columbia County Sheriff and City of Grovetown	March 15, 1999 - Indefinite
Memorandum of Understanding between Columbia County Sheriff Office and Harlem Police Department (Exhibit T) (G20.1-2)	Columbia County Sheriff and City of Harlem	April 15, 1999 - Indefinite

6. What other mechanisms (if any) will be used to implement the strategy for this service? None

7. Person completing form: Phebe J. Dent
 Phone Number: (706) 868-3376 Date Completed: April 20, 1999 (Form updated February 5, 2001)

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

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

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

Instructions:

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

County: Columbia County

Service: Law Enforcement

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

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

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

- yes no

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

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

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

Local Government or Authority:	Funding Method:
Columbia County	General Fund
City of Harlem	General Fund
City of Grovetown	General Fund

UPDATED 2/01

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?
No Change

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

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
Memorandum of Understanding between Columbia County Sheriff Department and Grovetown Police Department (Exhibit S)	Columbia County Sheriff and City of Grovetown	March 15, 1999 - Indefinite time
Memorandum of Understanding between Columbia County Sheriff Department and Harlem Police Department (Exhibit T)	Columbia County Sheriff and City of Harlem	April 15, 1999

6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g. ordinances, resolutions, local acts of None

7. Person completing form: Phebe J. Dent
Phone Number: (706) 868-3376 Completed April 20, 1999

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:

SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

Instructions:

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

County: Columbia County

Service: - Library Services

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

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

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

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

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

Local Government or Authority: Funding Method:

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

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

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
(1) Library Services between Columbia County and City of Grovetown Exhibit U	Columbia County East Central Georgia Regional Library	1. 4/20/99 - Indefinite 2. 01/01/92 - 12/31/96 with right to renew lease five separate five-year periods 3. 06/17/04 - continue annually
(2) Lease Agreement between Columbia County and the City of Harlem for Use of building and Library Services Exhibit V		
(3) East Central Georgia Regional Library Agreement with Columbia County Exhibit HHH		

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?

7. Person completing form: Phebe J. Dent

Phone Number: (706) 868-3376

Date Completed: September 21, 2004

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

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

PAGE 2

Instructions:

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

County: Columbia County

Service: Library Services

11/04

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

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

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

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

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

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

Local Government or Authority: Funding Method:

Columbia County	General Fund
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4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?
 No change

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

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
Library Services between Columbia County and City of Grovetown (Exhibit U) (G21.1-5)	Columbia County and City of Grovetown	April 20, 1999 - Indefinite Amendment July 20, 1999- Indefinite
Lease Agreement between Columbia County and the City of Harlem for Use of Building and Library Services (Exhibit V) (G22.1 - 7)	Columbia County and City of Harlem	January 1, 1992 - December 31, 1996 with right to renew lease five separate five-year periods

6. What other mechanisms (if any) will be used to implement the strategy for this service and when will the take effect?
 None

7. Person completing form: Phebe J. Dent
 Phone Number: (706) 868-3376 Date Completed April 20, 1999 (Form updated February 5, 2001)

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

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

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

Instructions:

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

County: Columbia County

Service: Library Service

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

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

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

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

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

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

Local Government or Authority:	Funding Method:
Columbia County	General Fund

UPDATED 2/01

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?
 No Change

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

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
Library Services between Columbia County and City of Grovetown (Exhibit U)	Columbia County and City of Grovetown	April 20, 1999 - indefinite
Lease Agreement between Columbia County and the City of Harlem for Use of Building and Library Services (Exhibit V)	Columbia County and City of Harlem	January 1, 1992 - December 31, 1996 with right to renew lease five separate five-year periods.

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: Phebe J. Dent
 Phone Number: (706) 868-3376 Completed April 20, 1999

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

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

SERVICE DELIVERY STRATEGY
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

Instructions:

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

County: Columbia County

Service: Occupation Tax

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

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

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

- yes no

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

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

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

Local Government or Authority:	Funding Method:
Columbia County	General Fund
City of Harlem	General Fund
City of Grovetown	General Fund

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

No Change

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

Agreement Name:	Contracting Parties:	Effective and Ending Dates:

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?
 Code of Ordinances Section 2-10 Occupational Tax and Licenses

7. Person completing form: Phebe J. Dent
 Phone Number: (706) 868-3376 Completed April 20, 1999

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

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

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

Instructions:

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

County: Columbia County

Service: Parks and Recreation

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

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

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

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

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

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

Local Government or Authority:	Funding Method:
Columbia County	General Fund/User Fees/SPLOST
City of Grovetown	General Fund (Maintenance of facility when used by County)

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?
 No change

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

Agreement Name:	Contracting Parties:	Effective and Ending Dates
Agreement for Recreation Services between Columbia County and the City of Grovetown (Exhibit W) (G23.1-4)	Columbia County and City of Grovetown	April 20, 1999 - Indefinite
Agreement for Recreation Services between Columbia County and the City of Harlem (Exhibit X) (G24.1-3)	Columbia County and City of Harlem	April 20, 1999 - Indefinite
Agreement for Distribution of certain proceeds of the Special Option Sales Tax in Columbia County (Exhibit Y) (G25.1-5)	Columbia County and City of Harlem and City of Grovetown	March 15, 2000 - December 31, 2005

6. What other mechanisms (if any) will be used to implement the strategy for this service? Resolutions for SPLOST (Exhibit Z)

7. Person completing form: Phebe J. Dent

Phone Number: (706) 868-3376

Date Completed April 20, 1999 (Form updated February 5, 2001)

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

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

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

Instructions:

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

County: Columbia County

Service: Parks and Recreation

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

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

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

- yes no

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

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

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

Local Government or Authority:	Funding Method:
Columbia County	General Fund/User Fees, SPLOST
City of Grovetown	General Fund (Maintenance of facility when used by County)

UPDATED 2/01

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

No Change

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

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
Agreement for Recreation Services between Columbia County and the City of Grovetown (Exhibit W)	Columbia County and City of Grovetown	4/20/99 - Indefinite
Agreement for Recreation Services between Columbia County and the City of Harlem (Exhibit X)	Columbia County and City of Harlem	4/20/99 - Indefinite
Agreement for Distribution of certain proceeds of the Special Option Sales Tax in Columbia County (Exhibit Y)	Columbia County and City of Harlem and City of Grovetown	5/5/95 - 12/31/2000

6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g. ordinances, resolutions, local acts of Resolutions for SPLOST (Exhibit Z)

7. Person completing form: Phebe J. Dent

Phone Number: (706) 868-3376 Completed April 20, 1999

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

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

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

Instructions:

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

County: Columbia County

Service: Planning and Zoning

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

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

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

- yes no

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

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

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

Local Government or Authority:	Funding Method:
Columbia County	General Fund
City of Harlem	City General Fund
City of Grovetown	City General Fund

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?
No Change

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

Agreement Name:	Contracting Parties:	Effective and Ending Dates:

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?
Code of Ordinances Section 2-10 Occupational Tax and Licenses

7. Person completing form: Phebe J. Dent
Phone Number: (706) 868-3376 Completed April 20, 1999

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

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

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

Instructions:

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

County: Columbia County

Service: Public Health Services

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

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

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

- yes no

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

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

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

Local Government or Authority:	Funding Method:
Columbia County	General Funds/User Fees

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?
No Change

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

Agreement Name:	Contracting Parties:	Effective and Ending Dates:

6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g. ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?
None

7. Person completing form: Phebe J. Dent

Phone Number: (706) 868-3376 Completed April 20, 1999

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

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

Instructions:

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

County: Columbia County

Service: Public Transit

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

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

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

- yes no

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

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

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

Local Government or Authority:

Funding Method:

Columbia County	General Funds/User Fees

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

No Change

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

Agreement Name:

Contracting Parties:

Effective and Ending Dates:

Agreement Name:	Contracting Parties:	Effective and Ending Dates:

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

None

7. Person completing form: Phebe J. Dent

Phone Number: (706) 868-3376 Completed April 20, 1999

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

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

SERVICE DELIVERY STRATEGY

SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

Instructions:

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

County: Columbia County

Service: Roads and Bridges Maintenance

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

- Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
(See Map H 3.3)
- Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)

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

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

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

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

Local Government or Authority:	Funding Method:
Columbia County	General Fund/ SPLOST
City of Grovetown	General Fund/SPLOST
City of Harlem	General Fund/SPLOST
Columbia County (only)	Insurance Premium Tax

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?
 No Change

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

Agreement Name:	Contracting Parties:	Effective and Ending Dates
Agreement for Distribution of Certain Proceeds to the Special Option Local Sales Tax (Exhibit Y) ((G25.1-9)	Columbia County, City of Grovetown and City of Harlem	May 15, 2000 - December 31, 2005

6. What other mechanisms (if any) will be used to implement the strategy for this service?
 Ordinance amending Chapter 2-6.1 Flood damage Prevention and Storm Water Management (Exhibit GG) (G33.1-11)

7. Person completing form: Phebe J. Dent
 Phone Number: (706) 868-3376 Date Completed April 20, 1999 (Form updated February 5, 2001)

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:

SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

Instructions:

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

County: Columbia County

Service: – Road and Bridges Maintenance County Buildings (Still in effect through 2005)

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

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

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

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

Local Government or Authority: Funding Method:

Columbia County	General Fund, Insurance Premium Tax, SPLOST, and General Obligation Bond
City of Grovetown	General Fund and SPLOST
City of Harlem	General Fund and SPLOST

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

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

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
Agreement for Distribution of Certain Proceeds to the Special Option Local Sales Tax Exhibit Y and Z	Columbia County, City of Grovetown, and City of Harlem	12/15/00-12/31/05

- 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? **(This section amended to reflect the correct information.)** Yes. A Resolution of the Board of Commissioners of Columbia county, Georgia, Imposing a Special 1 percent Sales and Use Tax in Columbia County as provided for in Section 48-8-110 Et. Seq. official code of Georgia Annotated (The "Act") Subject to Referendum Approval and Other Requirements of the Act; To set Forth the Purposes for Which the Proceeds of This Tax are To Be Used; to State the Maximum Length of Time This Tax is To Be Imposed and the Maximum Costs of the Projects Which Will Be Funded from the Proceeds of The Tax; To Authorize Notification to the United States Department of Justice for the Purpose of Obtaining Preclearance of the Referendum; To Authorize Notification to the Columbia County Board of Elections and Direct It To Call the Referendum as Required By The Act; and for Other Purposes. (

SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

Instructions:

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

County: **Columbia County**

Services: - **Roads and Bridge Maintenance, Buildings,**

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

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

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

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

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

Local Government or Authority:	Funding Method:
Columbia County	Columbia - 2006-2010 SPLOST, Insurance Tax Premium, General Obligation Bond., and General Fund
City of Harlem	City of Harlem - 2006-2010 SPLOST/General Fund
City of Grovetown	City of Grovetown 2006-2010 SPLOST/General Fund

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

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

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
(1) Intergovernmental Agreement for Capital Outlay Projects To Be Paid for From and Distribution of Certain Proceeds From, the SPLOST in Columbia County, Georgia (City of Grovetown)	Columbia County City of Grovetown	2006-2010
(2) Intergovernmental Agreement for Capital Outlay Projects To Be Paid for From and Distribution of Certain Proceeds From, the SPLOST in Columbia County, Georgia (City of Harlem) Exhibit Y and Z (Resolutions)	Columbia County City of Harlem	

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? Exhibit Z (1) Resolution 04-408R Resolution of the BOC Imposing a Special 1 Percent Sales and Use Tax in Columbia County... (2) Resolution 04-420R Authorizing Advance of Funds To Pay Costs of Certain Projects to be Paid for from Proceeds of the SPLOST that begins January 1, 2006...(3) Resolution of the Columbia County Board of Elections to Regulate and Provide the Calling of an Election to Determine Issuance of 1% Sales Tax and Issuance of General Obligation Bonds

7. Person completing form: Phebe J. Dent

Phone Number: (706) 868-3376

Date Completed: September 21, 2004

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

7. Person completing form: Phebe J. Dent

Phone Number: (706) 868-3376

Date Completed: April 20, 1999 (Form updated
September 21, 2004)

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-33-a

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

*Revised
11/04*

Instructions:

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

County: Columbia County

Service: Roads and Bridges 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.)
- Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
- One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.) (See Map H 3.3)
- Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)

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

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

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

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

Local Government or Authority:	Funding Method:
Columbia County	General Fund/Once Cent Sales Tax
City of Grovetown	General Fund/One Cent Sales Tax
City of Harlem	General Fund/One Cent Sales Tax
Columbia County (only)	Insurance Premium Tax

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?
No Change

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

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
Agreement for Distribution of certain proceeds to the Special Option Sales Tax (Exhibit Y)	Columbia County and City of Grovetown and City of Harlem	May 5, 1995 - December 31, 2000

6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g. ordinances, resolutions, local acts of Ordinance to County Code: 2.61 Flood Damage Prevention and Storm-Water Management.(Exhibit GG)

7. Person completing form: Phebe J. Dent
Phone Number: (706) 868-3376 Completed April 20, 1999

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

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

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

Instructions:

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

County: Columbia County

Service: Roads and Bridges Maintenance

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.)

*error
revised
6/13*

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

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

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

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

Local Government or Authority:	Funding Method:
Columbia County	General Fund/One Cent Sales Tax
City of Grovetown	General Fund/One Cent Sales Tax
City of Harlem	General Fund/One Cent Sales Tax
Columbia County	Insurance Premium Tax

*See
REVISED PAGE*

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?
No Change

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

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
Agreement for Distribution of certain proceeds to the Special Option Sales Tax (Exhibit Y)	Columbia County and City of Grovetown and City of Harlem	May 5, 1995 - December 31, 2000

6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g. ordinances, resolutions, local acts of Resolutions for SPLOST (Exhibit Z)

7. Person completing form: Phebe J. Dent
Phone Number: (706) 868-3376 Completed April 20, 1999

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

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

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

Instructions:

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

County: Columbia County

Service: Senior Citizens Center

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

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

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

- yes no

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

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

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

Local Government or Authority:

Funding Method:

Columbia County	General Fund, Regional Development Center, and user fees

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

No Change

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

Agreement Name:	Contracting Parties:	Effective and Ending Dates:

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

None

7. Person completing form: Phebe J. Dent

Phone Number: (706) 868-3376 Completed April 20, 1999

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:

SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

OCT 12 2005

Instructions:

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

County: Columbia County

Service: – Sewage Services

1. Check the box that best describes the agreed upon delivery arrangement for this service:
 - Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
 - Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
 - One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
 - One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
 - Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.) (See Maps H3.5-3.8)

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

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

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

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

Local Government or Authority: Funding Method:

Columbia County	Enterprise Fund
City of Grovetown	Enterprise Fund

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?
5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:

Agreement Name: Contracting Parties: Effective and Ending Dates:

Grovetown/Columbia County Sewage Agreement Exhibit AA	Columbia County City of Grovetown	12/7/2004 – 12/7/2014
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6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g. ordinances, resolutions, local acts of the General Assembly rate or fee changes, etc.), and when will they take effect? Yes,

7. Person completing form: Phebe J. Dent

Phone Number: (706) 868-3376

Date Completed: September 20, 2005

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

SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

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

County: Columbia County

Service: Sewer Services

1. Check the box that best describes the agreed upon delivery arrangement for this service:
- Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
 - Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
 - One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
 - One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
 - Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)
2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
 yes no

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

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

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

Local Government or Authority:	Funding Method:
Columbia County	Enterprise Fund
City of Grovetown	Enterprise Fund
City of Harlem	Enterprise Fund

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?
 No change

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

Agreement Name:	Contracting Parties:	Effective and Ending Dates
Grovetown and Columbia County Sewerage agreement (Exhibit A)	Columbia County and City of Grovetown	12/31/2005

6. What other mechanisms (if any) will be used to implement the strategy for this service? None

7. Person completing form: Phebe J. Dent

Phone Number: (706) 868-3376 Date Completed April 20, 1999

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

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

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

Instructions:

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

County: Columbia County

Service: Sewer Services

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.) The cities charge higher rates for users outside city limits. (See Summary and Map H 3.1)

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

- yes no

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

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

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

Local Government or Authority:	Funding Method:
Columbia County	Enterprise Fund
City of Harlem	Enterprise Fund
City of Grovetown	Enterprise Fund

UPDATED 2/01

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?
No Change

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

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
Grovetown and Columbia County Sewerage Agreement (Exhibit AA)	Columbia County and City of Grovetown	11/28/94-12/31/99

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: Phebe J. Dent
Phone Number: (706) 868-3376 Completed April 20, 1999

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

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

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

Instructions:

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

County: Columbia County

Service: Site Plan Review

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

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

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

- yes no

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

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

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

Local Government or Authority:	Funding Method:
Columbia County	User Fees
City of Grovetown	User Fees
City of Harlem	User Fees

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?
No Change

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

Agreement Name:	Contracting Parties:	Effective and Ending Dates:

6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g. ordinances, resolutions, local acts of the General Assembly, rate or fee changes, etc.), and when will they take effect?
None

7. Person completing form: Phebe J. Dent
Phone Number: (706) 868-3376 Completed April 20, 1999

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

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

SERVICE DELIVERY STRATEGY
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

Instructions:

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

County: Columbia County

Service: Solid Waste Management (Disposal)

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

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

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

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

- yes no

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

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

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

Local Government or Authority:	Funding Method:
Columbia County	Enterprise Funds, User fees
City of Harlem	City General Fund
City of Grovetown	City General Fund

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

No Change

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

Agreement Name:	Contracting Parties:	Effective and Ending Dates:

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: Phebe J. Dent

Phone Number: (706) 868-3376 Completed April 20, 1999

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

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

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

Instructions:

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

County: Columbia County

Service: Storm Water 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.)
 - Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
 - One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
 - One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.) (See Map H 3.3)
 - Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)

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

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

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

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

Local Government or Authority:	Funding Method:
Columbia County /	Storm Water Utility /
City of Grovetown /	General Fund /
City of Harlem /	General Fund /

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?
 No Change

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

Agreement Name:	Contracting Parties:	Effective and Ending Dates:

6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g. ordinances, resolutions, local acts of Ordinance to County Code: 2.61 Flood Damage Prevention and Storm Water Management (Exhibit GG)

7. Person completing form: Phebe J. Dent
 Phone Number: (706) 868-3376 Completed April 20, 1999

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

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

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

Instructions:

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

County: Columbia County

Service: Street Lights

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

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

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

- yes no

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

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

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

Local Government or Authority:	Funding Method:
Columbia County /	User Fees
City of Harlem /	General Fund
City of Grovetown /	General Fund

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?
No Change

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

Agreement Name:	Contracting Parties:	Effective and Ending Dates:

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: Phebe J. Dent

Phone Number: (706) 868-3376 Completed April 20, 1999

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

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

Instructions:

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

County: Columbia County

Service: Tax Appraisals

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

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

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

- yes no

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

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

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

Local Government or Authority:	Funding Method:
Columbia County	General Fund

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

No Change

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

Agreement Name:	Contracting Parties:	Effective and Ending Dates:

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: Phebe J. Dent

Phone Number: (706) 868-3376 Completed April 20, 1999

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

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

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

Instructions:

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

County: Columbia County

Service: Tax Collection

1. Check the box that best describes the agreed upon delivery arrangement for this service:
- Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
 - Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
 - One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
 - One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
 - Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)
2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
 yes no

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

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

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

Local Government or Authority: Funding Method:

Columbia County	General Fund (Taxes)
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4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?
 No Change

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

Agreement Name:	Contracting Parties:	Effective and Ending Dates
Agreement between Columbia County Board of Commissioners and City of Grovetown for Collection of Taxes by Tax Commissioner (Exhibit BB) (G28.1-2)	Columbia County and City of Grovetown	1998 - Indefinite
Agreement between Columbia County Board of Commissioners and City of Harlem for Collection of Taxes by Columbia County Tax Commissioner (Exhibit FF) (G32.1-2)	Columbia County and City of Harlem	September 15, 1999 - indefinite

6. What other mechanisms (if any) will be used to implement the strategy for this service?
 None
7. Person completing form: Phebe J. Dent
 Phone Number: (706) 868-3376 Date Completed April 20, 1999 (Form updated February 5, 2001)
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? yes no

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

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

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

County: Columbia County

Service: Tax Collection

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

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

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

yes no

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

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

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

Local Government or Authority:	Funding Method:
Columbia County	General Fund (taxes)

UPDATED 2/01

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?
No Change

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

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
Agreement between Columbia County Tax Commissioner and City of Grovetown for Collection of Taxes (Exhibit BB)	Columbia County and City of Grovetown	August 29, 1998 - December 31, 1999
Agreement between Columbia County Tax Commissioner and City of Harlem for Collection of Taxes (Exhibit FF)	Columbia County and City of Harlem	September 15, 1999 - indefinite

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: Phebe J. Dent
Phone Number: (706) 868-3376 Completed April 20, 1999

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:

SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

Instructions:

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

County: **Columbia County**

Service: **- Fleet Services Program**

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

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

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

- yes no

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

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

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

Local Government or Authority: Funding Method:

Columbia County	General Fund
City of Harlem	General Fund

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

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
Cooperative Agreement Fleet Services Program Exhibit JJ	Columbia County and City of Harlem	06/01/04 - 05/31/07

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?

7. Person completing form: Phebe J. Dent

Phone Number: (706) 868-3376

Date Completed: September 21, 2004

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:

RECEIVED

SEP - 9 2002

SERVICE DELIVERY STRATEGY

SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

PAGE 2

Instructions:

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

County: Columbia County

Service: Fleet Services Program

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

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

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

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

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

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

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

yes [X] no

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

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

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

Local Government or Authority:

Funding Method:

Columbia County	General Fund
City of Harlem	General Fund

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

No change

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

Agreement Name:

Contracting Parties

Effective and Ending Dates:

Cooperative Agreement Fleet Services Program (Exhibit JJ)	Columbia County & City of Harlem	05/01/02 - 05/01/03
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6. What other mechanisms (if any) will be used to implement the strategy for this service? (1) "Resolution of the Board of Commissioners of Columbia County, Georgia Approving an Agreement Between Columbia County and the City of Harlem for the Providing of Fleet Services to Harlem by Columbia County", and (2) Resolution of the City of Harlem of Harlem, Georgia Approving an Agreement Between the City of Harlem and Columbia County for Providing of Fleet Services to Harlem by Columbia County"

7. Person completing form: Phebe J. Dent

Phone Number: (706) 868-3376

Date Completed 7/02/02

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

SERVICE DELIVERY STRATEGY

SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

PAGE 2

Instructions:

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

County: **Columbia County**

Service: **Fleet Services Program**

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

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

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

- yes no

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

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

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

Local Government or Authority:

Funding Method:

UPDATED
9/9/02

Columbia County City of Harlem	General Fund General Fund
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4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?

No change

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

Agreement Name:

Contracting Parties

Effective and Ending Dates:

Cooperative Agreement Fleet Services Program (Exhibit JJ)	Columbia County & City of Harlem	05/01/01 - 05/01/02
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6. What other mechanisms (if any) will be used to implement the strategy for this service? (1) "Resolution of the Board of Commissioners of Columbia County, Georgia Approving an Agreement Between Columbia County and the City of Harlem for the Providing of Fleet Services to Harlem by Columbia County", and (2) Resolution of the City of Harlem of Harlem, Georgia Approving an Agreement Between the City of Harlem and Columbia County for Providing of Fleet Services to Harlem by Columbia County"

7. Person completing form: Phebe J. Dent

Phone Number: (706) 868-3376

Date Completed

8/21/01

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

SERVICE DELIVERY STRATEGY

SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

PAGE 2

Instructions:

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

County: **Columbia County**

Service: **Clinical Nursing Services – Senior Center**

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

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

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

- yes no

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

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

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

Local Government or Authority:

Funding Method:

Medical College of Georgia

School of Nursing

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

No change

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

Agreement Name:

Contracting Parties

Effective and Ending Dates:

Renewal letter of Agreement of Memorandum of Understanding concerning Affiliation of Students for Clinical Training (Exhibit MM)

Columbia County & Board of Regents-University System-Medical College of Georgia School of Nursing

7/13/01 – 7/12/04

6. What other mechanisms (if any) will be used to implement the strategy for this service? None

7. Person completing form: Phebe J. Dent

Phone Number: (706) 868-3376

Date Completed 8/21/01

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

SERVICE DELIVERY STRATEGY

SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

Instructions:

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

County: **Columbia County**

Service: **Emergency Evacuation Dam Failure Plans**

1. Check the box that best describes the agreed upon delivery arrangement for this service:
- Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
 - Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
 - One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
 - One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
 - Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)
2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
- yes no

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

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

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

Local Government or Authority: Funding Method:

Columbia County	General Fund
------------------------	---------------------

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?
- No change

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

Agreement Name:	Contracting Parties	Effective and Ending Dates:
Emergency Evacuation Plan for Dam and Flooding – Savannah River Dams (Exhibit OO)	Columbia County & Cities of Grovetown Harlem	06/19/01 – Reviewed Annually

6. What other mechanisms (if any) will be used to implement the strategy for this service? None

7. Person completing form: Phebe J. Dent

Phone Number: (706) 868-3376 Date Completed 8/21/01

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:

RACD
9-9-02 DS

SERVICE DELIVERY STRATEGY
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS **PAGE 2**

Instructions:

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

County: Columbia County

Service: Library Services Construction/Renovation

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

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

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

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

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

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

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

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

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

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

Local Government or Authority:

Funding Method:

Columbia County	General Fund
City of Harlem	Donations - Funneled through General Fund

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?
No change

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

Agreement Name:

Contracting Parties

Effective and Ending Dates:

Agreement for Provisions to Columbia County, Georgia (Exhibit PP)	Columbia County	Completion of Phase 1 Project Completion of Phase 2 Project
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6. What other mechanisms (if any) will be used to implement the strategy for this service? None

7. Person completing form: Phebe J. Dent

Phone Number: (706) 868-3376

Date Completed

August 13, 2002

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

SERVICE DELIVERY STRATEGY

SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

PAGE 2

Instructions:

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

County: **Columbia County**

Service: **Library Services Construction/Renovation**

1. Check the box that best describes the agreed upon delivery arrangement for this service:
- Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
 - Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
 - One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
 - One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
 - Other. (If this box is checked, attach a legible map delineating the service area of each service provider, and identify the government, authority, or other organization that will provide service within each service area.)
2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
- yes no

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

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

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

Local Government or Authority:

Funding Method:

*UPD AT FD
9/2/02*

Columbia County	General Fund
City of Harlem	Donations – Funneled through General Fund

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?
- No change

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

Agreement Name:

Contracting Parties

Effective and Ending Dates:

Agreement for Provisions to Columbia County, Georgia (Exhibit PP)	Columbia County	Completion of Phase 1 Project
--	------------------------	--------------------------------------

6. What other mechanisms (if any) will be used to implement the strategy for this service? None

7. Person completing form: **Phebe J. Dent**

Phone Number: (706) 868-3376

Date Completed

Augusta 21, 2001

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

SERVICE DELIVERY STRATEGY
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

Instructions:

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

County: **Columbia County**

Service: **Hazard Mitigation Plan**

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

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

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

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

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

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

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

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

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

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

Local Government or Authority:

Funding Method:

Columbia County	General Fund
------------------------	---------------------

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?
 No change

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

Agreement Name:

Contracting Parties

Effective and Ending Dates:

Columbia County Hazard Mitigation Plan (Exhibit QQ)	Columbia County	August, 2001 – indefinite
--	------------------------	----------------------------------

6. What other mechanisms (if any) will be used to implement the strategy for this service? None

7. Person completing form: Phebe J. Dent

Phone Number: (706) 868-3376

Date Completed

October 24, 2001

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:

SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

Instructions:

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

County: Columbia County

Service: - Athletic Field Lighting/Message Board

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

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

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

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

Local Government or Authority: Funding Method:

Columbia County	SPLOST 2001-2005 funds
Columbia County Board of Education	General Fund (Continual Maintenance)

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

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

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
Intergovernmental Agreement for Lighting Athletic Field at : (1) Harlem High School (2) Evans High School, and (3) Lakeside High School , (4) Greenbrier High School/Message Board Exhibit WW	Columbia County	1. 11/15/0 - 11/15/21
	Columbia County Board of Education	2. 7/01/03-6/30/33
		3. 7/01/03-6/30/03 - 6/30/2033 (see Exhibit WW 2)
		4. 9/01/03-8/31/33

- 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?

7. Person completing form: Phebe J. Dent

Phone Number: (706) 868-3376

Date Completed: September 21, 2004

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

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9-9-02

SERVICE DELIVERY STRATEGY
SUMMARY OF SERVICE DELIVERY ARRANGEMENTS **PAGE 2**

Instructions:

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

County: **Columbia County**

Service: **Athletic Field Lighting**

Revised 11/04

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

If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(l)), 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.

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

Local Government or Authority:	Funding Method:
Columbia County	SPLOST Funds
Board of Education	General Fund (Continual Maintenance)

- How will the strategy change the previous arrangements for providing and/or funding this service within the county?
No change

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

Agreement Name:	Contracting Parties	Effective and Ending Dates:
Intergovernmental Agreement for Lighting Athletic Field at Harlem High School (Exhibit WW)	Columbia County Columbia County Board of Education	11/15/2001 – 11/15/2021

- 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
- Person completing form: **Phebe J. Dent**
Phone Number: **(706) 868-3376** Date Completed: **July 02, 2002**
- Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? :yes no If not, provide designated contact person(s) and phone number(s) below:

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SERVICE DELIVERY STRATEGY

SEP - 9 2002 SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

Instructions:

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

County: **Columbia County**

Service: **Hazardous Material Response**

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

If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(l)), 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.

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

Local Government or Authority:	Funding Method:
Columbia County City of Grovetown City of Harlem	No compensation will occur or become due. Use of Equipment and City/County personnel

- How will the strategy change the previous arrangements for providing and/or funding this service within the county?
 - No change
- List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:

Agreement Name:	Contracting Parties	Effective and Ending Dates:
Intergovernmental Agreement for Hazardous Material Response Services Between Col. County, GA and the City of Grovetown, GA	Columbia County City of Grovetown City of Harlem	Eff. 2/12/02 – Grovetown
Intergovernmental ... City of Harlem (Exhibits RR & SS)		Eff. 12/4/01 – Harlem thru Indefinite

- 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
- Person completing form: **Phebe J. Dent**
Phone Number: **(706) 868-3376** Date Completed **July 2, 2002**
- Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? yes no If not, provide designated contact person(s) and phone number(s) below:

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9-9-02 JS

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SERVICE DELIVERY STRATEGY

SEP - 9 2002 SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

PAGE 2

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County: **Columbia County**

Service: **Information Technology Resource Sharing**

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

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

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

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

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

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

Local Government or Authority:	Funding Method:
Columbia County Board of Education	No costs incurred.

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?
No change

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

Agreement Name:	Contracting Parties	Effective and Ending Dates:
Intergovernmental Agreement between Columbia County Board of Commissioners and Columbia County Board of Education (Exhibit UU)	Board of Commissioners Board of Education	Eff. 3/19/02 - one year

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: Phebe J. Dent
Phone Number: (706) 868-3376 Date Completed June 27, 2002

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:

SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

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

County: Columbia County

Service: – Law Enforcement Services – J. Strom Thurmond Lake

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

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

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

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

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

Local Government or Authority: Funding Method:

Corps of Engineers	General Fund
--------------------	--------------

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

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

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
Cooperative Agreement Plan of Operation – Increased Law Enforcement Services Performed at J. Strom Thurmond Lake Exhibit XX	Columbia County Sheriff's Office Corps of Engineers	01/20/04 - -1/20/05

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?

7. Person completing form: Phebe J. Dent

Phone Number: (706) 868-3376

Date Completed: September 21, 2004

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

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SERVICE DELIVERY STRATEGY

SEP - 9 2002

SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

PAGE 2

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County: Columbia County

Service: Law Enforcement Services - J. Strom Thurmond Lake

revised 11/04

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

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

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

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

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

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

Table with 2 columns: Local Government or Authority, Funding Method. Row 1: Columbia County Sheriff's Department, 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:

Table with 3 columns: Agreement Name, Contracting Parties, Effective and Ending Dates. Row 1: Cooperative Agreement Plan of Operation - Increased Law Enforcement Services performed at J. Strom Thurmond Lake (Exhibit XX), Columbia County Corp of Engineers, Eff. 3/19/02 - one year

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: Phebe J. Dent
Phone Number: (706) 868-3376 Date Completed July 2, 2002

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

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SERVICE DELIVERY STRATEGY

SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

Instructions:

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

County: Columbia County

Service: Passive Recreation Facility

- 1. Check the box that best describes the agreed upon delivery arrangement for this service:
[X] Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider.
[] Service will be provided only in the unincorporated portion of the county by a single service provider.
[] One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas.
[] One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas.
[] Other.
2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
[] yes [X] no

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

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

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

Table with 2 columns: Local Government or Authority, Funding Method. Row 1: Columbia County City of Harlem, SPLOST 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:

Table with 3 columns: Agreement Name, Contracting Parties, Effective and Ending Dates. Row 1: Intergovernmental Agreement for a Capital Outlay Project for a Passive Recreation Facility to be Paid for From Proceeds of the Special Purpose Local Option Sales Tax in Columbia County, Georgia (Exhibit VV), Columbia County BOC City of Harlem, Eff. 6/4/02 thru Project Completion

- 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: Phebe J. Dent
Phone Number: (706) 868-3376 Date Completed July 2, 2002

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

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SERVICE DELIVERY STRATEGY

SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

SEP - 9 2002

Instructions:

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

County: Columbia County

Service: Vehicle Registration Renewal Via Internet

- 1. Check the box that best describes the agreed upon delivery arrangement for this service:
[] Service will be provided countywide...
[] Service will be provided only in the unincorporated portion...
[] One or more cities will provide this service only within their incorporated boundaries...
[] One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas...
[] Other...
2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
[] yes [x] no

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

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

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

Local Government or Authority:

Funding Method:

Columbia County
Georgia Dept. of Motor Vehicles

No Cost to County

- 4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?
No change

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

Agreement Name:

Contracting Parties

Effective and Ending Dates:

Agreement to Enable Georgia Citizens to Renew Vehicle Registrations via Internet Between Georgia Dept. of Motor Vehicles and Columbia County (Exhibit TT)

Columbia County BOC
Georgia Dept. of Motor Vehicles

Eff. 6/4/02

- 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: Phebe J. Dent

Phone Number: (706) 868-3376

Date Completed June 27, 2002

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

SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

Instructions:

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

County: **Columbia County**

Service: - **Local Option Sales Tax Distribution**

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

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

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

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

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

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

Local Government or Authority:	Funding Method:
Columbia County, City of Grovetown, City of Harlem	Local Option Sales Tax (LOST)

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

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

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
1. Intergovernmental Agreement for the Distribution of the proceeds of the Local Option Sales Tax for the period from January 1, 2003 until December 31, 2012	Columbia County City of Grovetown City of Harlem	1/01/03 - 12/31/12
2. Amendment to the Intergovernmental Agreement for the Distribution of the Proceeds of Local Option Sales Tax Exhibit YY		

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? Resolution 02-264R "Resolution of the Board of Commissioners of Columbia County, Georgia, Approving and authorizing the Intergovernmental Agreement for the Distribution of the Proceeds of the Local Option Sales Tax for the Period from January 1, 2003 until December 31, 2012.

7. Person completing form: Phebe J. Dent

Phone Number: (706) 868-3376

Date Completed: September 21, 2004

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:

RECEIVED

SERVICE DELIVERY STRATEGY

SEP - 9 2002

SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

PAGE 2

Instructions:

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

County: Columbia County

Service: Local Option Sales Tax (LOST) Distribution

Revised 11/04

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

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

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

yes no

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

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

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

Local Government or Authority:

Funding Method:

Table with 2 columns: Local Government or Authority (Columbia County, City of Grovetown, City of Harlem) and Funding Method (Local Option Sales Tax (LOST))

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

No change

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

Agreement Name:

Contracting Parties

Effective and Ending Dates:

Table with 3 columns: Agreement Name (Intergovernmental Agreement for the Distribution of the Proceeds of the Local Option Sales Tax for the Period from January 1, 2003 until December 31, 2012 (Exhibit YY)), Contracting Parties (Columbia County, City of Grovetown, City of Harlem), Effective and Ending Dates (Eff. 1/01/03 - 12/31/12)

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? Resolution No. 02-264R-Resolution of the Board of Commissioners of Columbia County, Georgia approving and authorizing the intergovernmental agreement for the distribution of the proceeds of the local option sales tax for the period from January 1, 2003 until December 31, 2012.

7. Person completing form: Phebe J. Dent

Phone Number: (706) 868-3376

Date Completed July 2, 2002

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:

SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

OCT 12 2005

Instructions:

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

County: Columbia County

Service: - Fire Service Protection - City of Grovetown

- Check the box that best describes the agreed upon delivery arrangement for this service:
 - Service will be provided countywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
 - Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify the government, authority or organization providing the service.)
 - One or more cities will provide this service only within their incorporated boundaries, and the service will not be provided in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
 - One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)
 - Other. (If this box is checked, **attach a legible map delineating the service area of each service provider**, and identify the government, authority, or other organization that will provide service within each service area.) (See Maps H3.5-3.8)

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

If these conditions will continue under the strategy, **attach an explanation for continuing the arrangement** (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(l)), 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.

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

Local Government or Authority: Funding Method:

City of Grovetown	City Property Taxes
Columbia County	Pay per call to City of Grovetown outside city limits - CC General Fund

- How will the strategy change the previous arrangements for providing and/or funding this service within the county?
- List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:

Agreement Name: Contracting Parties: Effective and Ending Dates:

Intergovernmental Agreement for Fire Protection Services between City of Grovetown and Columbia County, Exhibit AAA, Map H3.5a-b	Columbia County	01/01/05 - 12/31/06
	City of Grovetown	
Intergovernmental Mutual Aid Agreement, City of Grovetown, Georgia, and Columbia County, Exhibit AAA-1		01/01/05 - 12/31/06

- 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? Yes,

7. Person completing form: Phebe J. Dent

Phone Number: (706) 868-3376

Date Completed: September 20, 2005

- 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:

SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

Instructions:

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

County: Columbia County Service: Fire Service Protection City of Grovetown

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

- Service will be provided countywide...
Service will be provided only in the unincorporated portion...
One or more cities will provide this service only within their incorporated boundaries...
One or more cities will provide this service only within their incorporated boundaries, and the county will provide the service...
Other. (If this box is checked, attach a legible map delineating the service area...)

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

If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service...)

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...

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.)

Table with 2 columns: Local Government or Authority, Funding Method. Rows include City of Grovetown (City Property Taxes) and Columbia County (Pay per call to City of Grovetown outside city limits - CC General Fund).

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?
Fire protection services in the City of Grovetown will continue to be funded by subscription services. Calls taken outside the city limits will be reimbursed per call to the City of Grovetown by Columbia County

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

Table with 3 columns: Agreement Name, Contracting Parties, Effective and Ending Dates. Row: Interim Agreement between the City of Grovetown and Columbia County, Exhibit AAA, Map H 3.5; Columbia County, City of Grovetown; 01/01/04 - 12/31/04

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?

7. Person completing form: Phebe J. Dent

Phone Number: (706) 868-3376

Date Completed September 21, 2004

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

SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

OCT 12 2005

Instructions:

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

County: Columbia County

Service: Fire Protection Services with City of Harlem

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

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

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
 yes 9 no

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

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

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

Local Government or Authority:	Funding Method:
City of Harlem	City property taxes
Columbia County	Pay per call outside the incorporated area by Columbia County from the General Fund

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county? All fire services were previously funded by subscription fees. With this new agreement, the City of Harlem will continue to collect the subscription fees for fire services within the incorporated area of the County, but will be paid per call to the City of Harlem by Columbia County through the General Fund.

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

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
Interim Intergovernmental Agreement Between the City of Harlem and Columbia County Exhibit BBB	City of Harlem and Columbia County	01/01/04 – 12/31/04 (Terms still in effect with extension)
Extension of Interim Intergovernmental Agreement for Fire Protection Services between the City of Harlem and Columbia County Exhibit BBB-1 Map H 3.6	City of Harlem and Columbia County	02/01/05 – 12/31/05

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?

7. Person completing form: Phebe J. Dent

Phone Number: (706) 868-3376

Date Completed: September 20, 2005

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:

SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

Instructions:

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

County: Columbia County

Service: Fire Protection Services with City of Harlem

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

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

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

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

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

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

Local Government or Authority:	Funding Method:
City of Harlem	City property taxes
Columbia County	Pay per call outside the incorporated area by Columbia County from the General Fund

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county? All fire services were previously funded by subscription fees. With this new agreement, the City of Harlem will continue to collect the subscription fees for fire services within the incorporated area of the County, but will be paid per call to the City of Harlem by Columbia County through the General Fund.

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

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
Interim Intergovernmental Agreement Between the City of Harlem and Columbia County Exhibit BBB Map H 3.6	City of Harlem and Columbia County	01/01/04 – 12/31/04

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?

7. Person completing form: Phebe J. Dent

Phone Number: (706) 868-3376

Date Completed: September 21, 2004

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:

SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

OCT 12 2005

Instructions:

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

County: **Columbia County** Service: **– North Columbia Fire and Rescue Services**

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

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

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

2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
 yes 9 no

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

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

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

Local Government or Authority:	Funding Method:
Columbia County	Ad Valorem Tax in the unincorporated area of the County
North Columbia Fire Department	

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county? Services were provided by independent fire departments through subscription fees in the unincorporated area of the County.

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

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
Agreement for Fire Protection Services between North Columbia Fire and Rescue, Inc., and Columbia County, Georgia for the Period from January 1, 2005 through December 31, 2006 Exhibit CCC, Map H. 3.7a-b	Columbia County North Columbia Fire and Rescue Services	01/01/05 – 12/31/06
First Amendment to Agreement for Fire Protection Services between North Columbia Fire and Rescue, Inc., and Columbia County, Georgia Exhibit CCC-1, Map H. 3.7a-b		01/01/05 - 12/31/06

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? Ordinance 04-06 "Ordinance of Board of Commissioners of Columbia County Georgia Creating a Special Service District within which Columbia will Provide Fire Protection Services to Provide for an Effective Date and To Repeal any conflicting Ordinances or Resolutions"

7. Person completing form: Phebe J. Dent

Phone Number: (706) 868-3376

Date Completed: September 20, 2005

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:

SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

Instructions:

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

County: Columbia County Service: – North Columbia Fire and Rescue Services

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

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

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

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

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

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

Local Government or Authority:	Funding Method:
Columbia County	Ad Valorem Tax in the unincorporated area of the County
North Columbia Fire Department	

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county? Services were provided by independent fire departments through subscription fees in the unincorporated area of the County.

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

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
Interim Agreement for Fire Services	Columbia County	01/01/04 – 12/31/04
First Amendment to Interim Agreement for Fire Protection Services Between North Columbia Fire and Rescue, Inc., and Columbia County Exhibit CCC, Map H. 3.7	North Columbia Fire and Rescue Services	

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? Ordinance 04-06 "Ordinance of Board of Commissioners of Columbia County Georgia Creating a Special Service District within which Columbia will Provide Fire Protection Services to Provide for an Effective Date and To Repeal any conflicting Ordinances or Resolutions"

7. Person completing form: Phebe J. Dent

Phone Number: (706) 868-3376

Date Completed: September 21, 2004

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:

SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

OCT 12 2005

Instructions:

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

County: **Columbia County** Service: **– Fire and Rescue Services Martinez 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.)

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

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

yes 9 no

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

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

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

Local Government or Authority:	Funding Method:
Columbia County	Ad Valorem Tax in the unincorporated area of the County
Martinez Fire and Rescue Services	

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county? Fire services were previously supported by subscription fees through the Martinez Fire Department and other local fire departments.

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

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
Agreement for Fire Protection Services Between Martinez Volunteer Fire Department, Inc., and Columbia County, Georgia, for the Period from January 1, 2005 through December 31, 2005. Exhibit DDD, Map H 3.8a-3.8b	Columbia County Martinez Fire Department	01/01/2005 – 12/31/2006

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? Ordinance 04-06 "Ordinance of Board of Commissioners of Columbia County Georgia Creating a Special Service District within which Columbia will Provide Fire Protection Services to Provide for an Effective Date and To Repeal any conflicting Ordinances or Resolutions"

7. Person completing form: Phebe J. Dent

Phone Number: (706) 868-3376

Date Completed: September 20, 2005

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:

SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

Instructions:

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

County: **Columbia County**

Service: **– Fire and Rescue Services Martinez 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.)

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

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

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

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

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

Local Government or Authority:

Funding Method:

Columbia County	Ad Valorem Tax in the unincorporated area of the County
Martinez Fire and Rescue Services	

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county? Fire services were previously supported by subscription fees through the Martinez Fire Department and other local fire departments.

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

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
Interim Agreement for Fire Protection Services First Amendment to Interim Agreement for Fire Protection Services Between Martinez Volunteer Fire Department, Inc., and Columbia County Agreement for Capital Equipment to Support the Fire Protection Services Provided by Martinez Volunteer Fire Department, Inc., and Amendment to Agreement for Capital Equipment to Support the Fire Protection Services Provided by Martinez Volunteer Fire Department, Inc. Exhibit DDD, Map H 3.8	Columbia County Martinez Fire Department	01/01/04-12/31/04

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? Ordinance 04-06 "Ordinance of Board of Commissioners of Columbia County Georgia Creating a Special Service District within which Columbia will Provide Fire Protection Services to Provide for an Effective Date and To Repeal any conflicting Ordinances or Resolutions."

7. Person completing form: Phebe J. Dent

Phone Number: (706) 868-3376

Date Completed: September 21, 2004

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:

SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

Instructions:

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

County: **Columbia County**

Service: **- Stray Animals Agreement**

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

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

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

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

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

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

Local Government or Authority:	Funding Method:
Columbia County	General Fund
City of Lincolnton	General Fund

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

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

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
Receipt of Stray animals Agreement Between City of Lincolnton and Columbia County Animal Care and Control Exhibit FFF	Columbia County City of Lincolnton	09/01/04-08/31/05

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?

7. Person completing form: Phebe J. Dent

Phone Number: (706) 868-3376

Date Completed: September 21, 2004

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:

SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

Instructions:

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

County: Columbia County

Service: – Pedestrian Sidewalks to City of Grovetown, Grovetown Middle School, Harlem-Grovetown Road

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

If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(l)), 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.

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

Local Government or Authority: Funding Method:

Columbia County	2001-2005 SPLOST Funds
City of Grovetown	2001-2005 SPLOST Funds
Columbia Co. Board of Education	General Fund

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

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

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
Intergovernmental Agreement for Construction of sidewalks for the Pedestrian Approach to Grovetown Middle School on Harlem-Grovetown Road Exhibit EEE	Columbia County Columbia County Board of Education City of Grovetown	May 6, 2003 – (completion of project)

- 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: Phebe J. Dent

Phone Number: (706) 868-3376

Date Completed: September 21, 2004

- 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:

SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

Instructions:

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County: **Columbia County**

Service: -- **Recreational Facilities Usage**

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

If these conditions will continue under the strategy, **attach an explanation for continuing the arrangement** (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(l)), 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.

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

Local Government or Authority: Funding Method:

Columbia County	SPLOST 2001-2006 and General Fund
Columbia County Board of Education	General Fund

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

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

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
Intergovernmental Agreement for the Use of Recreational Facilities within the Columbia County School District and Columbia County, Georgia Exhibit III	Columbia County Columbia County Board of Education	01/01/04-12/31/13
Intergovernmental Agreement for a Weight Training Facility at Harlem High School Exhibit JJJ		09/01/04- 08/31/34

- 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?

7. Person completing form: Phebe J. Dent

Phone Number: (706) 868-3376

Date Completed: September 21, 2004

- 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:

SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

Instructions:

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County: Columbia County

Service: - Electronic Voting Equipment

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

If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(l)), 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.

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

Local Government or Authority: Funding Method:

Columbia County	General Fund (Staffing Board of Elections)
Secretary of State, Georgia	Grant Funds (electronic voting equipment)

- How will the strategy change the previous arrangements for providing and/or funding this service within the county?
- List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
Intergovernmental Agreement Between the Secretary of State to Furnish a Uniform System of Direct Electronic Voting Equipment and Certain Services and Grant Funds to Columbia County Exhibit KKK	Columbia County Secretary of State, Georgia	04/02/02 - Grant funds expended

- 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?

7. Person completing form: Phebe J. Dent

Phone Number: (706) 868-3376

Date Completed: September 21, 2004

- 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:

SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

Instructions:

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

County: Columbia County

Service: - Greenspace Acquisition Project - City of Harlem

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

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

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

If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(l)), overriding benefits of the duplication, or reasons that overlapping service areas or competition cannot be eliminated).

If these conditions will be eliminated under the strategy, attach an implementation schedule listing each step or action that will be taken to eliminate them, the responsible party and the agreed upon deadline for completing it.

3. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.)

Local Government or Authority:	Funding Method:
Columbia County	Greenspace Grant funds

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?

5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
Intergovernmental Agreement for Greenspace Acquisition Project Exhibit GGG	Columbia County City of Harlem	June 1, 2004 -indefinite

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: Phebe J. Dent

Phone Number: (706) 868-3376

Date Completed: September 21, 2004

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:

SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

Instructions:

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names; listed on page 1. Answer each question below, attaching additional pages as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be reported to the Department of Community Affairs.

County: Columbia County Service: Fire Service Protection – MOU – w/Fort Gordon, Martinez Fire Department, and North Columbia 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.)
 - 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.)

8. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?
- yes no

If these conditions will continue under the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of service (See O.C.G.A. 36-70-24(l)), 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.

8. List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.)

Local Government or Authority: Funding Method:

Martinez Fire Department and North Columbia Fire Department, Columbia County	Ad Valorem Tax
--	----------------

4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?
???

8. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:

Agreement Name:	Contracting Parties:	Effective and Ending Dates:
Mutual Aid Agreement Between the Secretary of the Army and Martinez Fire Department and North Columbia Fire Department – Exhibit ZZ	Martinez Fire Department, North Columbia Fire Department and Fort Gordon, U.S. Army	08/03/04 – Indefinite

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?
Interim Agreements with North Columbia Fire and Rescue Services and Columbia County, Martinez Fire Department, City of Grovetown Fire Department, and Harlem Fire Department effective January 1, 2004 – December 31, 2004.

7. Person completing form: Phebe J. Dent Phone Number: (706) 868-3376 Date Completed September 21, 2004

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? yes no If not, provide designated contact person(s) and phone number(s) below:

**SERVICE DELIVERY STRATEGY
SUMMARY OF LAND USE AGREEMENTS**

PAGE 3

Instructions:

Answer each question below, attaching additional pages as necessary. Please note that any changes to the answers provided will require updating of the service delivery strategy. If the contact person for this service (listed at the bottom of this page) changes, this should be reported to the Department of Community Affairs.

County: Columbia 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?

During the process of developing the service delivery strategy a thorough review of the Columbia County Growth management Plan, the city of Grovetown's Comprehensive Plan and the city of Harlem's Comprehensive Plan was conducted. In 1994, Columbia County revised the Growth Management Plan. During that process, both cities' future land use maps were incorporated into the overall future land use map for the County.

Generally, all of the unincorporated area of county adjacent to the Grovetown municipal boundaries is designated for high and medium density single family residential development. Both jurisdictions recognize the industrial development that is occurring and expected to continue just north of the Grovetown municipal boundaries of Harlem is designed exclusively for agriculture, forestry, and low density single family residential development.

It was determined by all three jurisdictions that no significant incompatibilities or conflicts exist between either of the two cities' comprehensive plans and Columbia County's Growth Management Plan.

2. Check the boxes indicating how these incompatibilities or conflicts are addressed:

- amendments to existing comprehensive plans
- adoption of a joint comprehensive plan
- other measures (amend zoning ordinances, add environmental regulations, etc.)

Note: If the necessary plan amendments, regulations ordinances, etc. have not yet been formally adopted, indicate when each of the affected local governments will adopt them.

If "other measures" was checked, describe these measures:

N/A

3. Summarize the process that will be used to resolve disputes when a county disagrees with the proposed land use classifications(s) for areas to be annexed into a city. If the conflict resolution process will vary for different cities in the county, summarize each process.

(1) Negotiation to explore revisions to proposed action which will resolve the conflict and eliminate the possibility of incompatible land uses. Buffers, screening, setbacks, landscaping and design requirements, building height restrictions, storm water management, etc. should all be considered during negotiation. (2) Mediation (3) Arbitration (see attached agreement)

4. What policies, procedures and/or processes have been established by local governments (and water and sewer authorities) to ensure that new extraterritorial water and sewer service will be consistent with all applicable land use plans and ordinances?

An Agreement to Resolve Extraterritorial Water and Sewer service has been executed between Columbia County and the Cities of Harlem and Grovetown. (See attached Agreement)

5. Person completing form: Phebe Dent, County Clerk
Phone Number (706) 868-3376 Date Completed _____

6. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with land use plans of applicable jurisdictions? yes no

If not, provide designated contact person(s) and phone number(s) below:

Planning and Development Director Kendal Jones (706) 868-3400

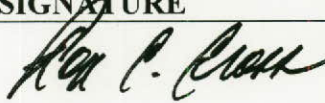


Instructions:

This page must, at a minimum, be signed by an authorized representative of the following governments: 1) the county; 2) the city serving as the county seat; 3) all cities having 1990 populations of over 9,000 residing within the county; and 4) no less than 50% of all other cities with a 1990 population of between 500 and 9,000 residing within the county. Cities with 1990 populations below 500 and authorities providing services under the strategy are not required to sign this form, but are encouraged to do so. Attach additional copies of this page as necessary.

SERVICE DELIVERY STRATEGY FOR 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));
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)); and
5. The process(es) for resolving land use disputes arising over annexation were established by the July 1, 1998 deadline (O.C.G.A. 36-70-24(4)).

SIGNATURE	NAME	TITLE	JURISDICTION	DATE
	Ron C. Cross	Chairman	Columbia County	9/20/05
	Dennis Trudeau	Mayor	City of Grovetown	
	Scott Dean	Mayor	City of Harlem	

SERVICE DELIVERY STRATEGY CERTIFICATIONS

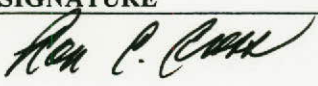


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SERVICE DELIVERY STRATEGY FOR COUNTY

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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));
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)); and
5. The process(es) for resolving land use disputes arising over annexation were established by the July 1, 1998 deadline (O.C.G.A. 36-70-24(4)).

SIGNATURE	NAME	TITLE	JURISDICTION	DATE
	Ron C. Cross	Chairman	Columbia County	9/21/04
	Dennis Trudeau	Mayor	City of Grovetown	
	Scott Dean	Mayor	City of Harlem	

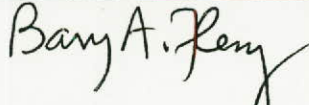
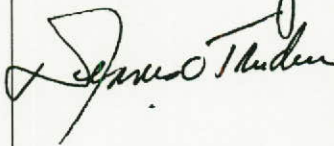
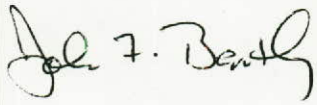
SERVICE DELIVERY STRATEGY CERTIFICATIONS

Instructions: This page must, at a minimum, be signed by an authorized representative of the following governments: 1) the county; 2) the city serving as the county seat; 3) all cities having 1990 populations of over 9,000 residing within the county; and 4) no less than 50% of all other cities with a 1990 population of between 500 and 9,000 residing within the county. Cities with 1990 populations below 500 and authorities providing services under the strategy are not required to sign this form, but are encouraged to do so. Attach additional copies of this page as necessary.

SERVICE DELIVERY STRATEGY FOR COLUMBIA 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));
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)); and
5. The process (es) for resolving land use disputes arising over annexation were established by the July 1, 1998 deadline (O.C.G.A. 36-70-24(4)).

SIGNATURE	NAME	TITLE	JURISDICTION	DATE
	Barry A. Fleming	Chairman	Columbia County	8/21/01
	Dennis Trudeau	Mayor	City of Grovetown	
	John Bentley	Mayor	City of Harlem	

**SERVICE DELIVERY STRATEGY
CERTIFICATIONS**

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SIGNATURE	NAME (Please print or type)	TITLE	JURISDICTION:	DATE
<i>Barry A. Fleming</i>	Barry A. Fleming	Chairman	Columbia County	2/20/01
<i>Dennis Trudeau</i>	Dennis Trudeau	Mayor	City of Grovetown	02-16-01
<i>John F. Bentley</i>	John Bentley	Mayor	City of Harlem	02-16-01

SDS UPDATE
IN CONJUNCTION
WITH COMPREHENSIVE
PLAN UPDATE


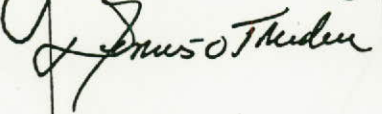

SERVICE DELIVERY STRATEGY CERTIFICATIONS

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5. The process (es) for resolving land use disputes arising over annexation were established by the July 1, 1998 deadline (O.C.G.A. 36-70-24(4)).

SIGNATURE	NAME	TITLE	JURISDICTION	DATE
	James L. Whitehead	Chairman	Columbia County	7-16-02
	Dennis Trudeau	Mayor	City of Grovetown	08-28-02
	John Bentley	Mayor	City of Harlem	8/28/02

RECEIVED

SEP - 9 2002

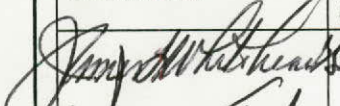
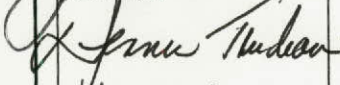

**SERVICE DELIVERY STRATEGY
CERTIFICATIONS**

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SIGNATURE	NAME <small>(Please print or type)</small>	TITLE	JURISDICTION:	DATE
	James L. Whitehead, Sr.	Chairman	Columbia County	4/20/99
	Dennis Trudeau	Mayor	City of Grovetown	5-4-99
	Shirley Tankersley	Mayor	City of Harlem	5-6-99

RESOLUTION NO. 99-59R

**RESOLUTION OF THE BOARD OF COMMISSIONERS
OF COLUMBIA COUNTY, GEORGIA
RESOLVE TO AUTHORIZE
THE CHAIRMAN OF THE BOARD OF COMMISSIONERS
TO SIGN THE SERVICE DELIVERY STRATEGY CERTIFICATION
BETWEEN COLUMBIA COUNTY AND THE CITY OF GROVETOWN AND THE
CITY OF HARLEM ON BEHALF OF THE BOARD OF COMMISSIONERS**

THIS RESOLUTION adopted by the Board of Commissioners of Columbia County, Georgia;

WHEREAS, the Columbia County Board of Commissioners in response to the requirements of House bill 489, notified the City of Grovetown and the City of Harlem by letter dated October 2, 1997 initiating the process to develop a local government service delivery strategy to the governing bodies of all municipalities located wholly or partially within the county or providing services within the county,

WHEREAS, the Columbia County Planning and Development Department initiated the process with the City of Grovetown and the City Harlem from February 1998 through May of 1998 to develop the Agreement to Resolve Land Use Classification Disputes which was approved on June 8, 1998 by the Columbia County Board of Commissioners and the City of Grovetown and City of Harlem.

WHEREAS, the Columbia County staff, on behalf of the Board of Commissioners, met on numerous occasions with the Mayors, Council Members and the City Clerks from the City of Grovetown and the City of Harlem to discuss and develop the service delivery strategy between the municipalities and the county from January 13, 1999 through April 6, 1999,

NOW THEREFORE BE IT RESOLVED, the Columbia County Board of Commissioners authorize the Chairman of the Board of Commissioners to sign the Service Delivery Strategy Certification between the Columbia County Board of Commissioners upon final review by the County Attorney and the City of Grovetown and the City of Harlem and forward the same document to the Georgia Department of Community Affairs as required by House Bill 489.

Adopted and approved by the unanimous vote of all members present constituting a quorum on April 20, 1999.

APPROVED:

**BOARD OF COMMISSIONERS
OF COLUMBIA COUNTY, GEORGIA**


Chairman Board of Commissioners

(SEAL)

ATTEST:


Clerk, Board of Commissioners

CLERK'S CERTIFICATE

I, Phebe Dent, Clerk of the Board of Commissioners of Columbia County, Georgia, (the "Board) **DO HEREBY CERTIFY** that the foregoing pages of typewritten matter constitute a true and correct copy of a resolution, passed by the Board of Commissioners at a regular meeting of the Board of Commissioners duly held on April 20, 1999 at 6:30 p.m., open to the public and in which a quorum was present and acting throughout, and that the original of said Resolution appears of record in the Resolution Book of the Board and has been placed onto a CD Rom, which is in my custody and control. It will also be microfilmed as part of the Board of Commissioners minutes.

Given under my hand and seal of the Board, this 20th day of April, 1999.

Phebe A. Dent
**CLERK, BOARD OF COMMISSIONERS
OF COLUMBIA COUNTY, GEORGIA**



**RESOLUTION OF THE CITY COUNCIL
OF GROVETOWN, GEORGIA APPROVING THE
SERVICE DELIVERY STRATEGY WITH
THE CITY OF HARLEM AND COLUMBIA COUNTY
AND TO AUTHORIZE THE MAYOR OF THE
GROVETOWN CITY COUNCIL TO SIGN THE
SERVICE DELIVERY STRATEGY CERTIFICATION**

THIS RESOLUTION adopted by the City Council of Grovetown, Georgia;

WHEREAS, the Columbia County Board of Commissioners in response to the requirements of House Bill 489, notified the City of Grovetown and the City Harlem by letter dated October 2, 1997 initiating the process to develop a local government service delivery strategy with the governing bodies of all municipalities located wholly or partially within the county or providing services within the County; and

WHEREAS, the Columbia County Planning and Development Department engaged in the process with the City of Grovetown and the City of Harlem from February 1998 through May of 1998 to develop the agreement to Resolve Land use classification Disputes which was approved on June 8, 1998 by the Columbia County Board of Commissioners and the City of Grovetown and the City of Harlem; and

WHEREAS, the Columbia County staff, on behalf of the Board of Commissioners, met on numerous occasions with the Mayors, Council Members, City Clerk and staff from the City of Grovetown and the City of Harlem to discuss and develop the service delivery strategy between the municipalities and the County from January 13, 1999 through April 6, 1999,

NOW THEREFORE BE IT RESOLVED, the City Council of Grovetown, Georgia, approves the Service Delivery Strategy with the City of Harlem and Columbia County

form presented to this meeting, subject to such minor insertions, deletions, corrections or changes as may be approved by the Mayor of the City of Grovetown, whose signature thereon shall be conclusive evidence of such approval, and authorizes the Mayor of the City of Grovetown to sign the Service Delivery Strategy Certification on behalf of the Grovetown City Council upon final review by the City Attorney and execution thereof by the City of Harlem and Columbia County and forward the same document to the Georgia Department of Community Affairs as required by House Bill 489.

Adopted and approved by (majority/all) vote of members present constituting a quorum on April 12, 1999.

CITY COUNCIL OF GROVETOWN, GEORGIA

By: *Jimmie O. Thurston*
Its _____ Mayor

Attest: *Shirley Beasley*
Its _____ Clerk



[City Seal]

**RESOLUTION OF THE CITY COUNCIL
OF HARLEM, GEORGIA APPROVING THE
SERVICE DELIVERY STRATEGY WITH
THE CITY OF GROVETOWN AND COLUMBIA COUNTY
AND TO AUTHORIZE THE MAYOR OF THE
HARLEM CITY COUNCIL TO SIGN THE
SERVICE DELIVERY STRATEGY CERTIFICATION**

THIS RESOLUTION adopted by the City Council of Harlem, Georgia;

WHEREAS, the Columbia County Board of Commissioners in response to the requirements of House Bill 489, notified the City of Harlem and the City of Grovetown by letter dated October 2, 1997 initiating the process to develop a local government service delivery strategy with the governing bodies of all municipalities located wholly or partially within the County or providing services within the County; and

WHEREAS, the Columbia County Planning and Development Department engaged in the process with the City of Harlem and the City of Grovetown from February 1998 through May of 1998 to develop the Agreement to Resolve Land Use Classification Disputes which was approved on June 8, 1998 by the Columbia County Board of Commissioners and the City of Harlem and the City of Grovetown; and

WHEREAS, the Columbia County staff, on behalf of the Board of Commissioners, met on numerous occasions with the Mayors, Council Members, City Clerk and staff from the City of Harlem and the City of Grovetown to discuss and develop the service delivery strategy between the municipalities and the County from January 13, 1999 through April 6, 1999,

NOW THEREFORE BE IT RESOLVED, the City Council of Harlem, Georgia, approves the Service Delivery Strategy with the City of Grovetown and Columbia County in the form presented to this meeting, subject to such minor insertions, deletions, corrections or changes as may be approved by the Mayor of the City of Harlem, whose signature thereon shall be conclusive evidence of such approval, and authorizes the Mayor of the City of Harlem to sign the Service Delivery Strategy Certification on behalf of the Harlem City Council upon final review by the City Attorney and execution thereof by the City of Grovetown and Columbia County and forward the same document to the Georgia Department of Community Affairs as required by House Bill 489.

Adopted and approved by (majority/all) vote of members present constituting a quorum on May 6, 1999.

CITY COUNCIL OF HARLEM, GEORGIA

By: Shirley W. Tankersley
Its Mayor

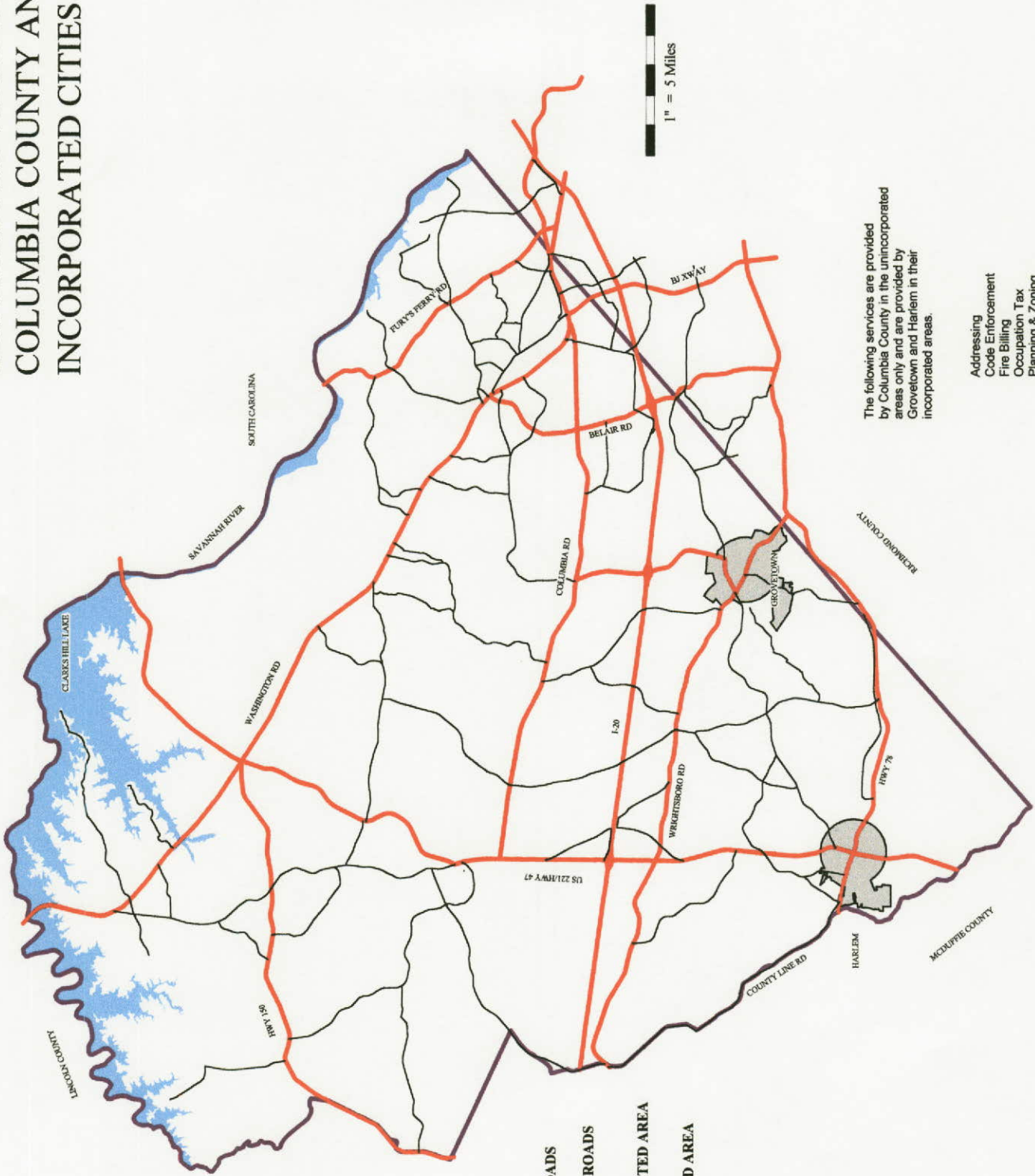
Attest: Jan Q. Dore
Its Clerk

[City Seal]



**ALL THE MAPS WERE CREATED
BY THE
COLUMBIA COUNTY, GEORGIA
PLANNING AND DEVELOPMENT SERVICES DEPARTMENT
630 Washington West Drive
Evans, GA. 30809
www.inkweb.com/plandev
enforce@mail.columbiacountyga.org**

SERVICES PROVIDED BY COLUMBIA COUNTY AND INCORPORATED CITIES



- PRIMARY ROADS
- SECONDARY ROADS
- UNINCORPORATED AREA
- INCORPORATED AREA

The following services are provided by Columbia County in the unincorporated areas only and are provided by Grovetown and Harlem in their incorporated areas.

- Addressing
- Code Enforcement
- Fire Billing
- Occupation Tax
- Planning & Zoning
- Roads & Bridges Maintenance
- Site Plan Review
- Solid Waste Disposal
- Street Lights

SERVICES PROVIDED COUNTYWIDE BY COLUMBIA COUNTY

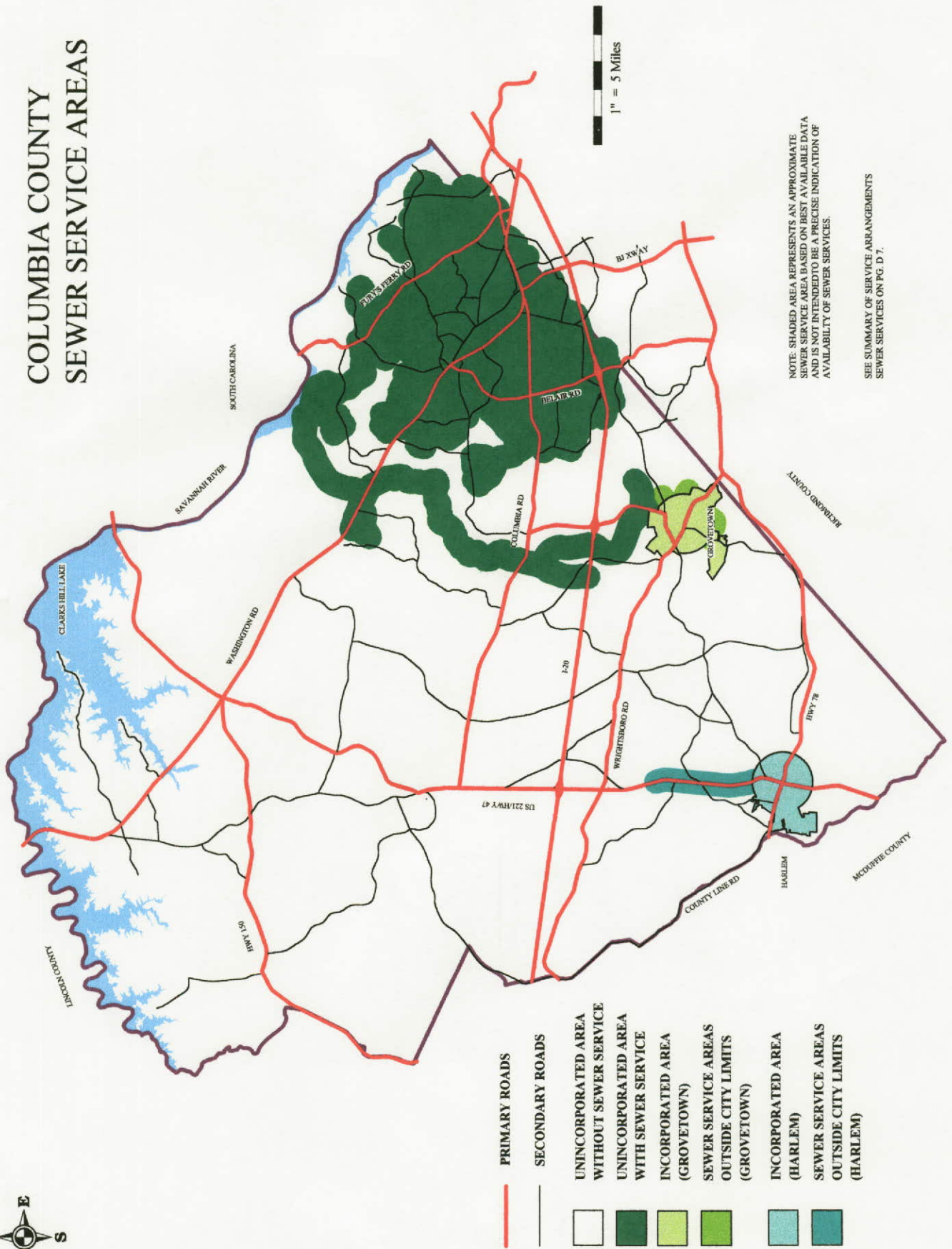


1" = 5 Miles

- The following services are provided countywide for the incorporated and unincorporated areas.
- 911 Services
 - Animal Control
 - Building Inspections
 - Building Plan Review
 - Commercial Burn Permit & Monitoring
 - Cooperative Extension Service
 - Convention and Tourism
 - County Coroner
 - Cultural Programs
 - Development Authority
 - Emergency Management
 - Emergency Medical
 - Election Board #1
 - Emergency Rescue Team
 - Extrication Services
 - Family and Children Services
 - Forestry Services
 - GIS Mapping
 - Indigent Defense
 - Jail #2
 - Judicial Court System #3
 - Law Enforcement #4
 - Library Services
 - Parks & Recreation
 - Public Health Services
 - Public Transit
 - Senior Citizen Center
 - Tax Appraisals
 - Tax Collections

- Footnotes:
1. excluding City of Harlem Elections
 2. Cities have jail for misdemeanors
 3. Cities provide a municipal court
 4. Supplemented by City police

COLUMBIA COUNTY SEWER SERVICE AREAS



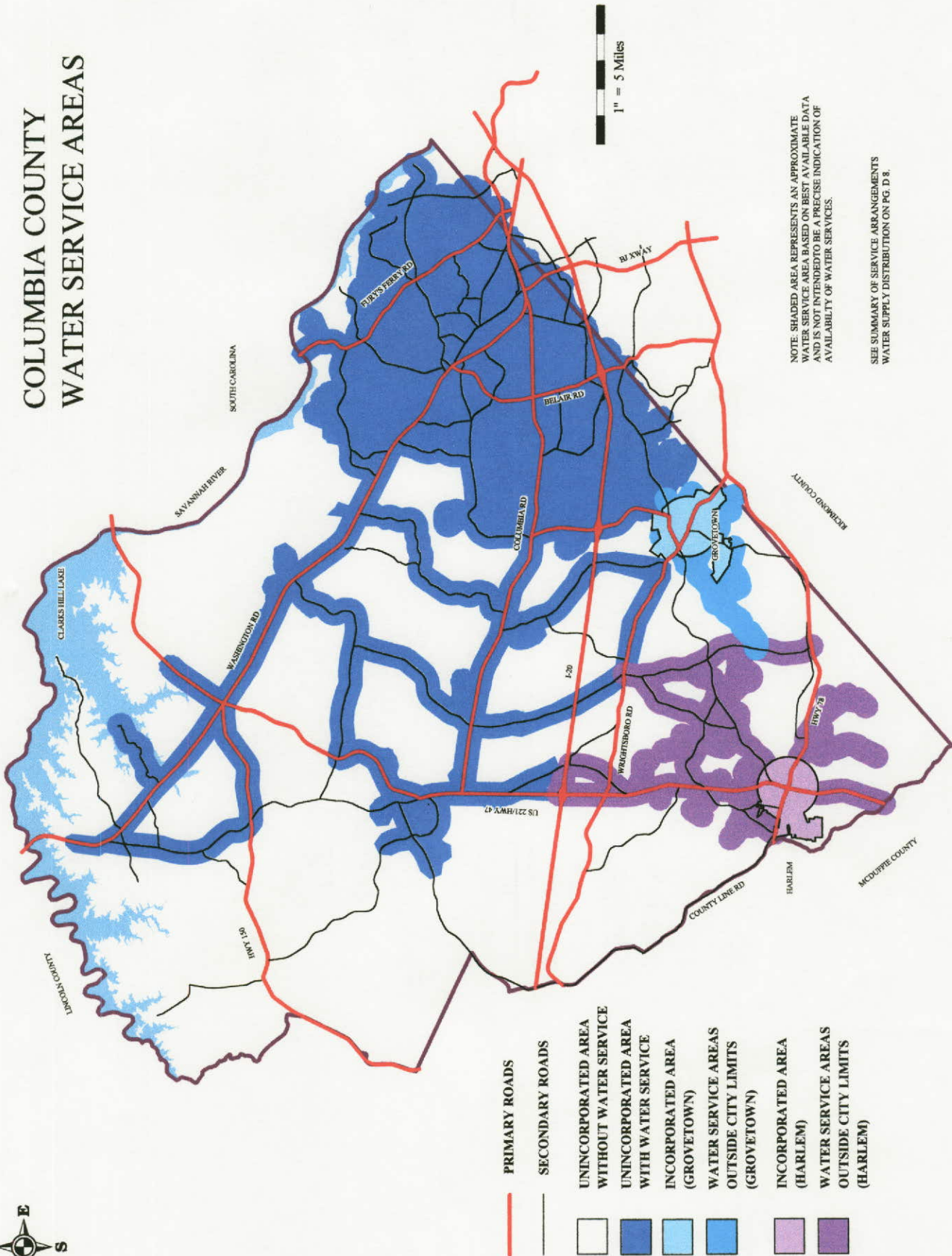
1" = 5 Miles

NOTE: SHADED AREA REPRESENTS AN APPROXIMATE SEWER SERVICE AREA BASED ON BEST AVAILABLE DATA AND IS NOT INTENDED TO BE A PRECISE INDICATION OF AVAILABILITY OF SEWER SERVICES.

SEE SUMMARY OF SERVICE ARRANGEMENTS SEWER SERVICES ON PG. D 7.

- PRIMARY ROADS
- SECONDARY ROADS
- UNINCORPORATED AREA WITHOUT SEWER SERVICE
- UNINCORPORATED AREA WITH SEWER SERVICE
- INCORPORATED AREA (GROVETOWN)
- SEWER SERVICE AREAS OUTSIDE CITY LIMITS (GROVETOWN)
- INCORPORATED AREA (HARLEM)
- SEWER SERVICE AREAS OUTSIDE CITY LIMITS (HARLEM)

COLUMBIA COUNTY WATER SERVICE AREAS



PRIMARY ROADS

SECONDARY ROADS

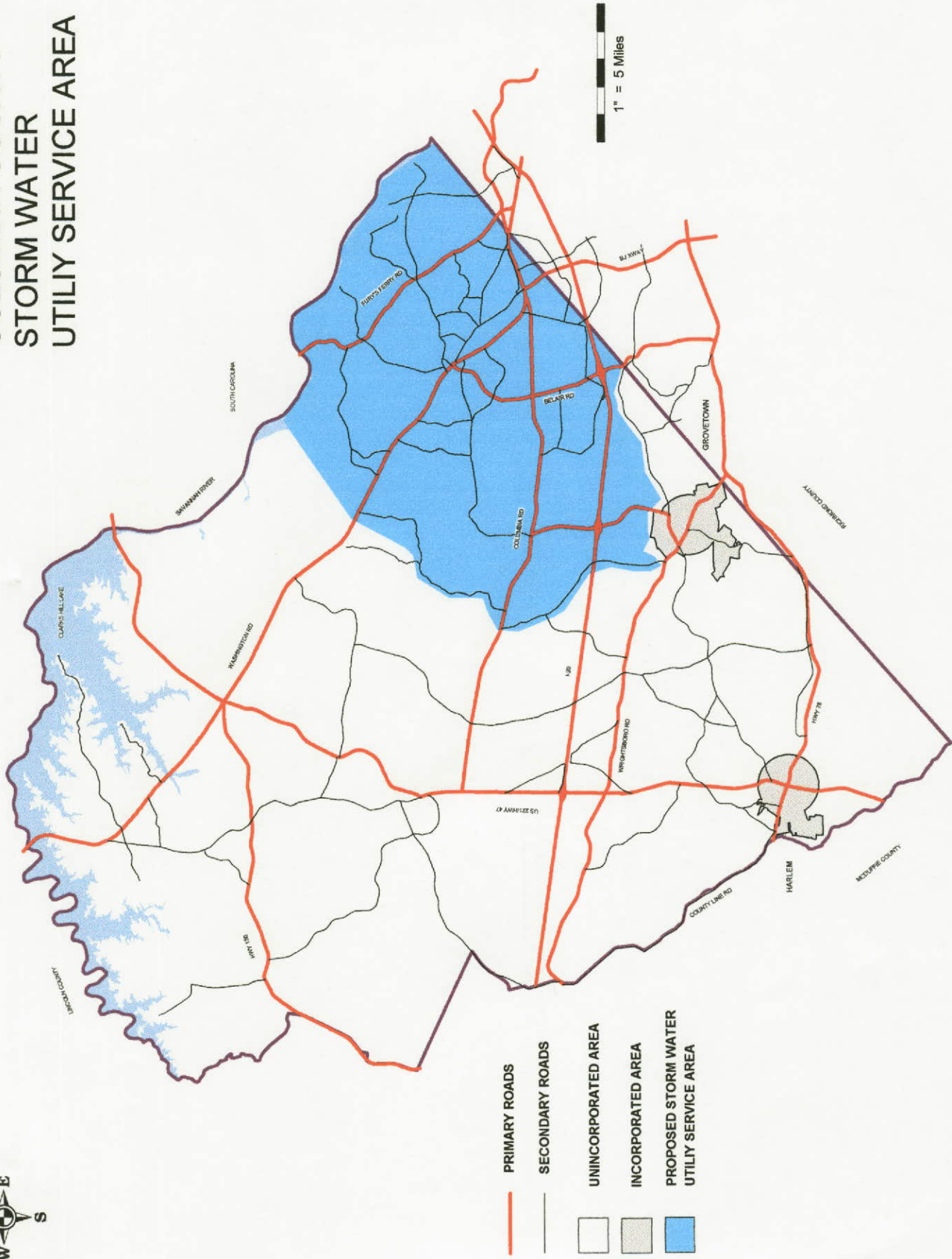
- UNINCORPORATED AREA WITHOUT WATER SERVICE
- UNINCORPORATED AREA WITH WATER SERVICE
- INCORPORATED AREA (GROVETOWN)
- WATER SERVICE AREAS OUTSIDE CITY LIMITS (GROVETOWN)
- INCORPORATED AREA (HARLEM)
- WATER SERVICE AREAS OUTSIDE CITY LIMITS (HARLEM)

NOTE: SHADED AREA REPRESENTS AN APPROXIMATE WATER SERVICE AREA BASED ON BEST AVAILABLE DATA AND IS NOT INTENDED TO BE A PRECISE INDICATION OF AVAILABILITY OF WATER SERVICES.

SEE SUMMARY OF SERVICE ARRANGEMENTS WATER SUPPLY DISTRIBUTION ON PG. D 8.

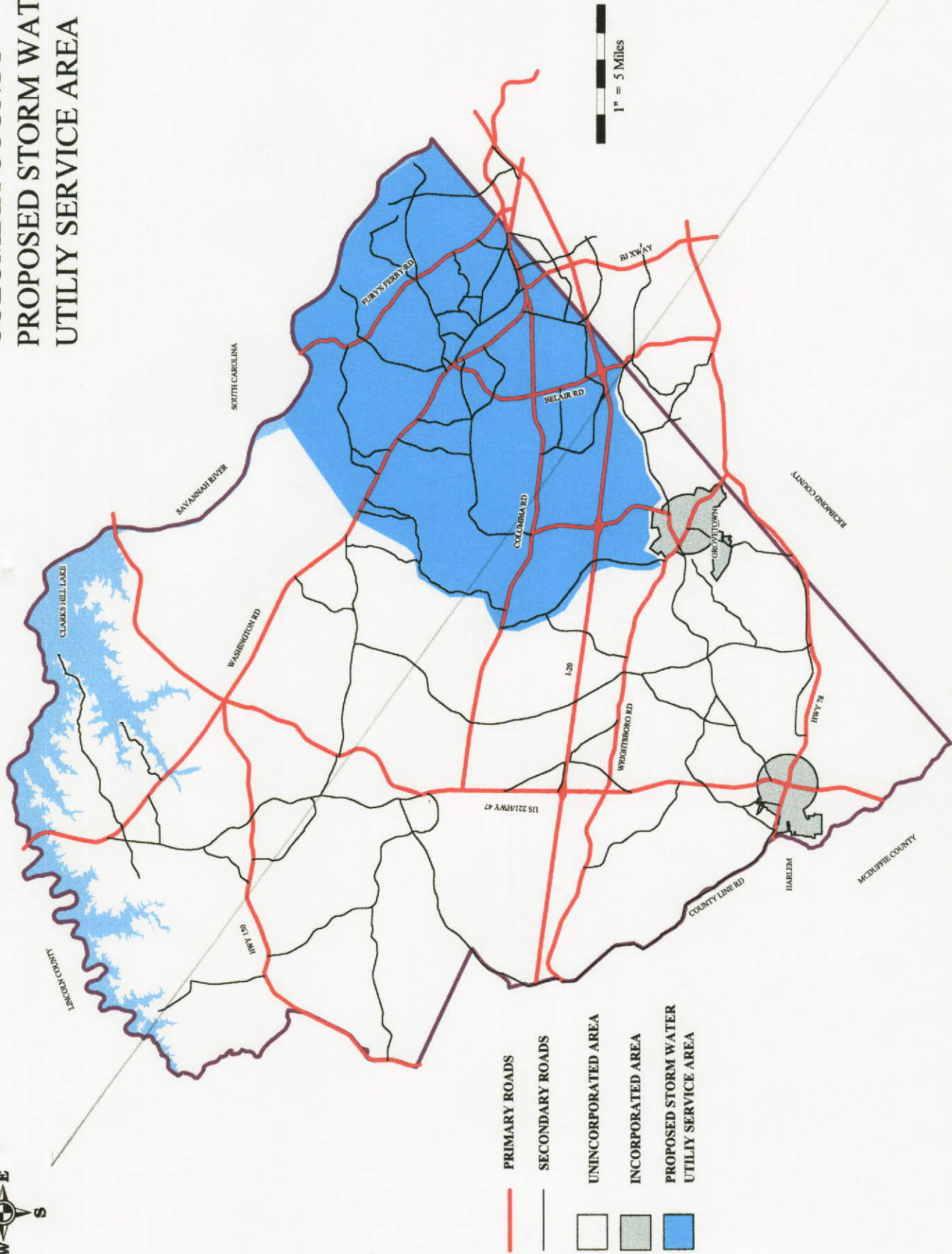
1" = 5 Miles

COLUMBIA COUNTY STORM WATER UTILITY SERVICE AREA



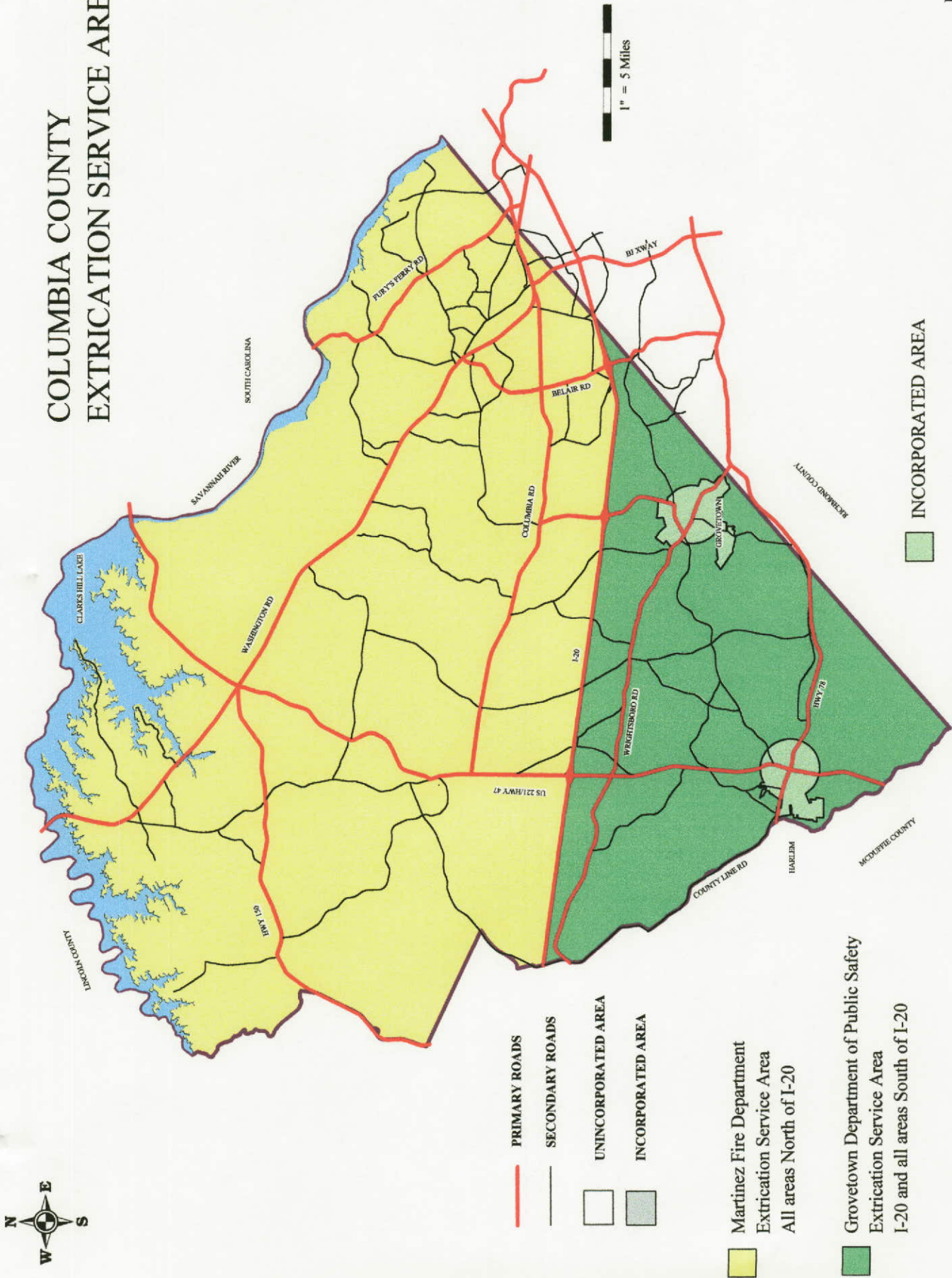
Adopted 2000.

COLUMBIA COUNTY PROPOSED STORM WATER UTILITY SERVICE AREA



This proposed Storm Water Utility Service Area is under review. Anticipate adoption October 1999.

COLUMBIA COUNTY EXTRICATION SERVICE AREAS



Columbia County Fire Service Response Areas and Station Locations

- Legend**
- By Department, Owner type
 - ★ MCFR, County
 - MCFR, FD
 - ★ NCFD, County
 - NCFD, FD
 - ★ GFD, County
 - GFD, FD
 - HFD, FD
 - Grovetown Fire Department Service Area
 - Grovetown Annual Fee Area
 - Grovetown Pay Per Call Area
 - Harlem Fire Department Service Area
 - Harlem Annual Fee Area
 - Harlem Pay Per Call Area
 - Martinez Columbia Fire and Rescue Service Area
 - Martinez Columbia Fire and Rescue Response Area 02/01/2005
 - North Columbia Fire Department Service Area
 - North Columbia Fire Department
 - Areas Outside of Fee Areas
 - Ft Gordon
 - City Limits (as of April 2004)
 - GA Forestry Commission
Columbia County Station
 - Major Roads
 - Streets
 - Railroad
 - Main Waterways
 - Lakes and Ponds

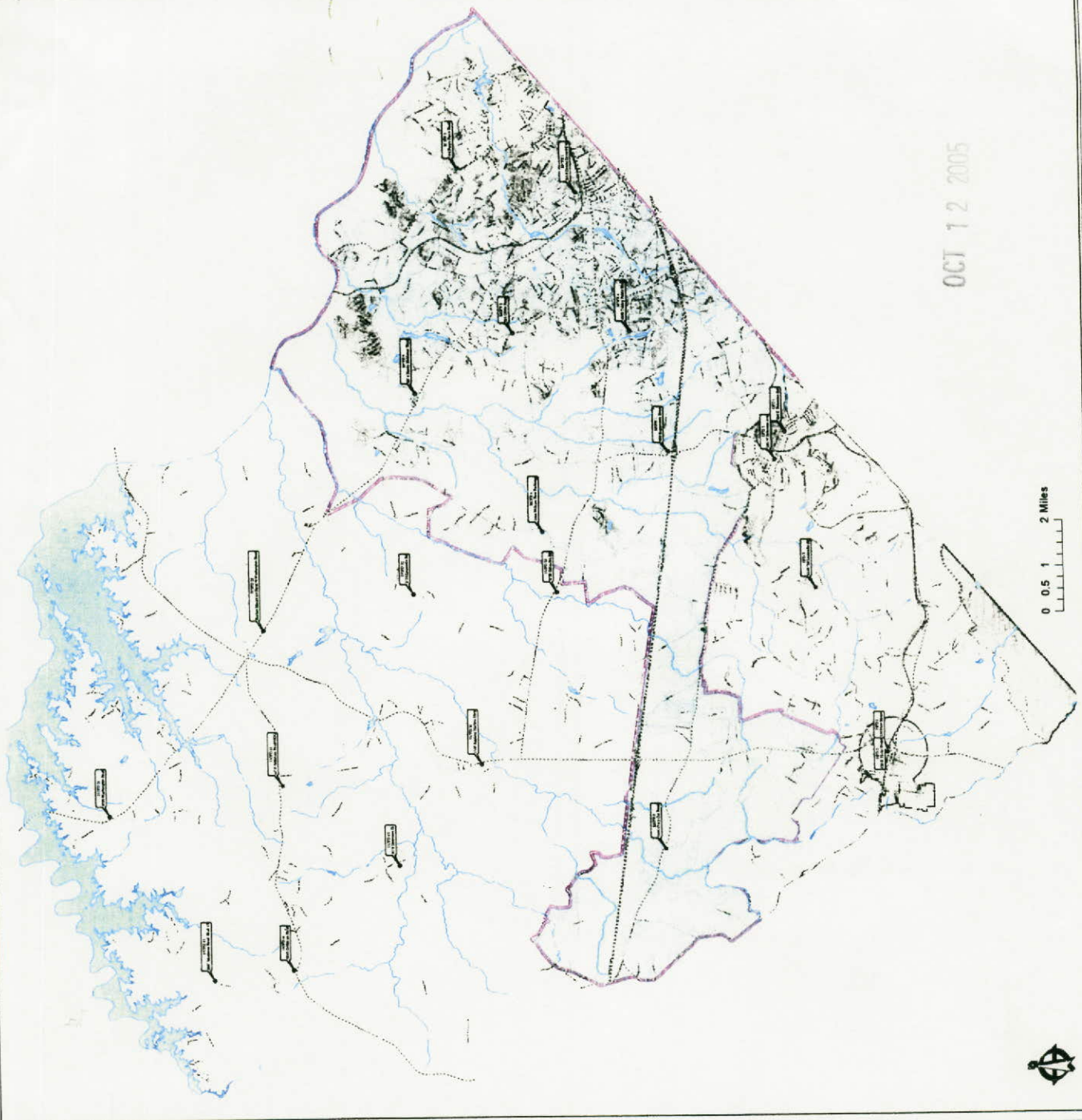
Response areas as of 02/01/2005
The County retains the right to increase or decrease the boundaries of the Service Area.

Map compilation date: January 21, 2005

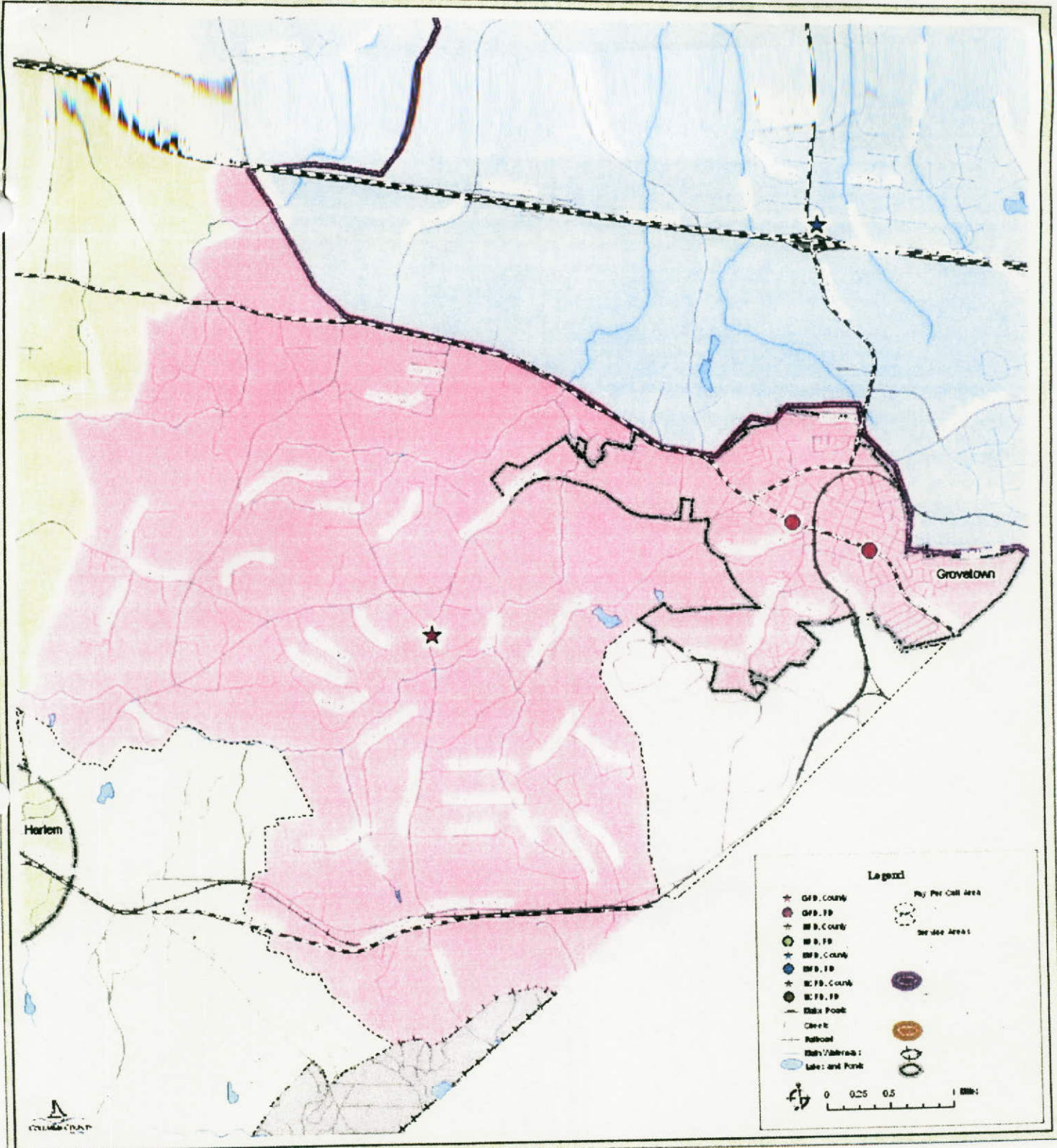
The information contained on this map has been developed by Columbia County for its own internal purposes. Columbia County believes this information is reliable for its own uses. However, neither Columbia County nor its commission or any of its employees, agents, contractors, or subcontractors, make any warranty, express or implied, as to the accuracy, completeness, or reliability of the information contained herein and shall have no liability for any injuries, damages, errors, and omissions or any other adverse results arising directly or indirectly from the use of the information contained on this map. Use of this map is at the user's own risk. Columbia County shall not be held responsible for any errors or omissions on this map or for the consequences of real estate or the preparation of land surveys.



H3.5a

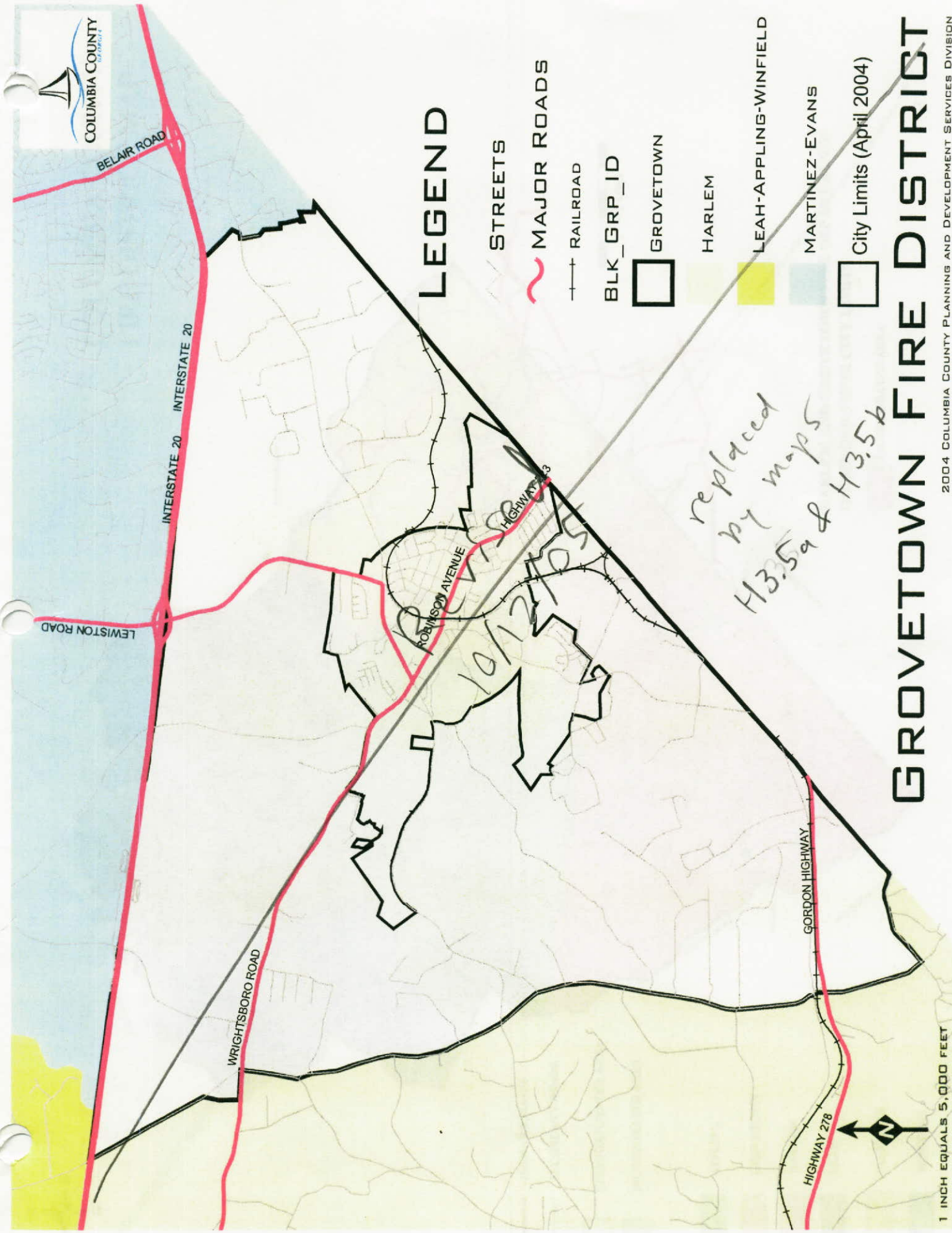


OCT 12 2005



OCT 12 2005

H3.5b



LEWISTON ROAD

INTERSTATE 20 INTERSTATE 20

BELAIR ROAD

WRIGHTSBORO ROAD

ROBINSON AVENUE

HIGHWAY 278

GORDON HIGHWAY

HIGHWAY 278

LEGEND

STREETS

MAJOR ROADS

RAILROAD

BLK_GRP_ID

GROVETOWN

HARLEM

LEAH-APPLING-WINFIELD

MARTINEZ-EVANS

City Limits (April 2004)

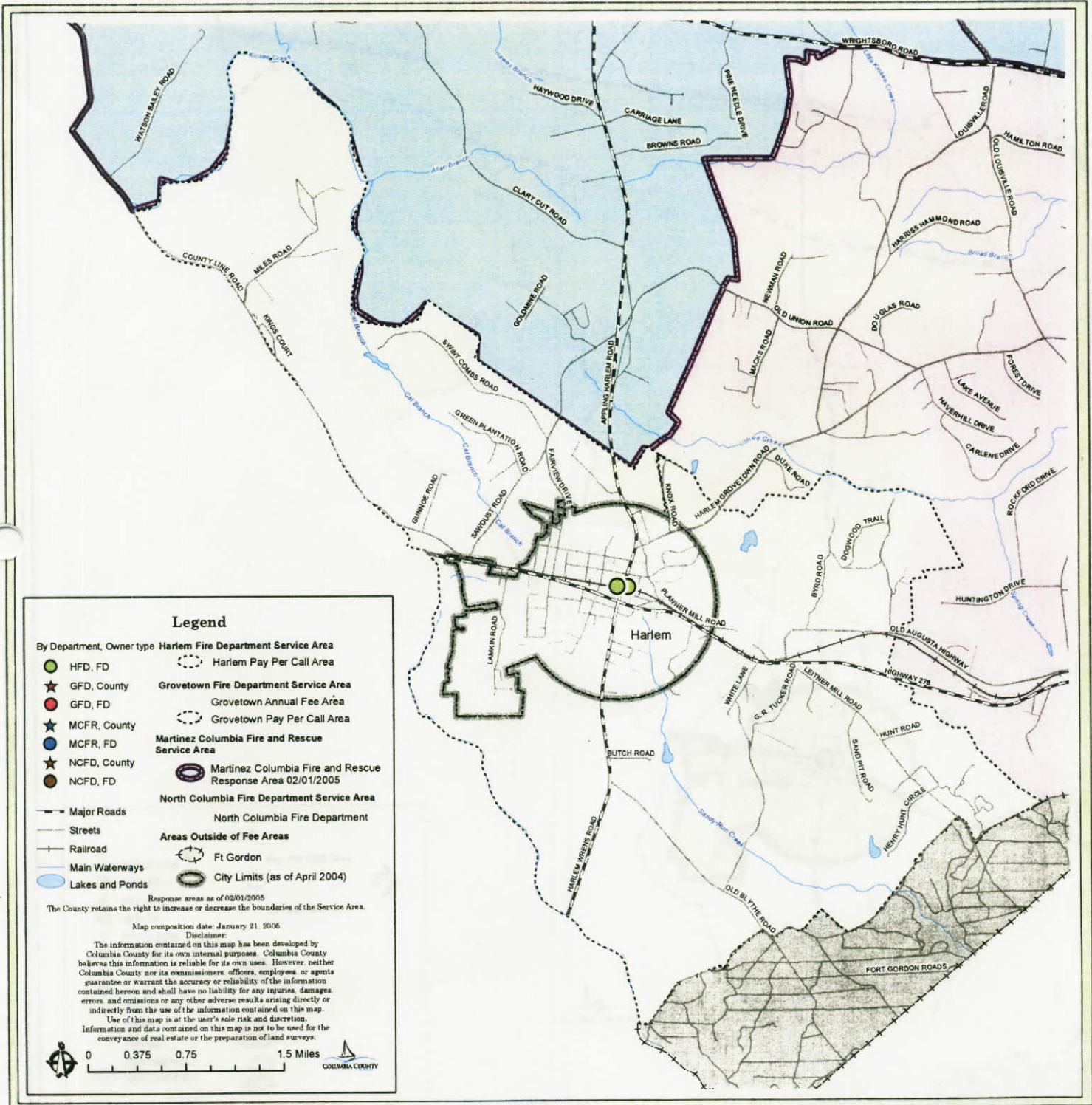
*replaced
by maps
H3.5a & H3.5b*

GROVETOWN FIRE DISTRICT

1 INCH EQUALS 5,000 FEET

2004 COLUMBIA COUNTY PLANNING AND DEVELOPMENT SERVICES DIVISION





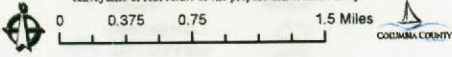
Legend

- By Department, Owner type Harlem Fire Department Service Area
- HFD, FD
- ★ GFD, County
- ★ GFD, FD
- ★ MCFR, County
- ★ MCFR, FD
- ★ NCFD, County
- ★ NCFD, FD
- Harlem Pay Per Call Area
- Grovetown Fire Department Service Area
- Grovetown Annual Fee Area
- Grovetown Pay Per Call Area
- Martinez Columbia Fire and Rescue Service Area
- Martinez Columbia Fire and Rescue Response Area 02/01/2005
- North Columbia Fire Department Service Area
- North Columbia Fire Department
- Areas Outside of Fee Areas
- Ft Gordon
- City Limits (as of April 2004)
- Major Roads
- Streets
- Railroad
- Main Waterways
- Lakes and Ponds

Response areas as of 02/01/2005
 The County retains the right to increase or decrease the boundaries of the Service Area.

Map composition date: January 21, 2006

Disclaimer:
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OCT 12 2005



LEGEND

STREETS

MAJOR ROADS

RAILROAD

BLK_GRP_ID

GROVETOWN



HARLEM



LEAH-APPLING-WINFIELD



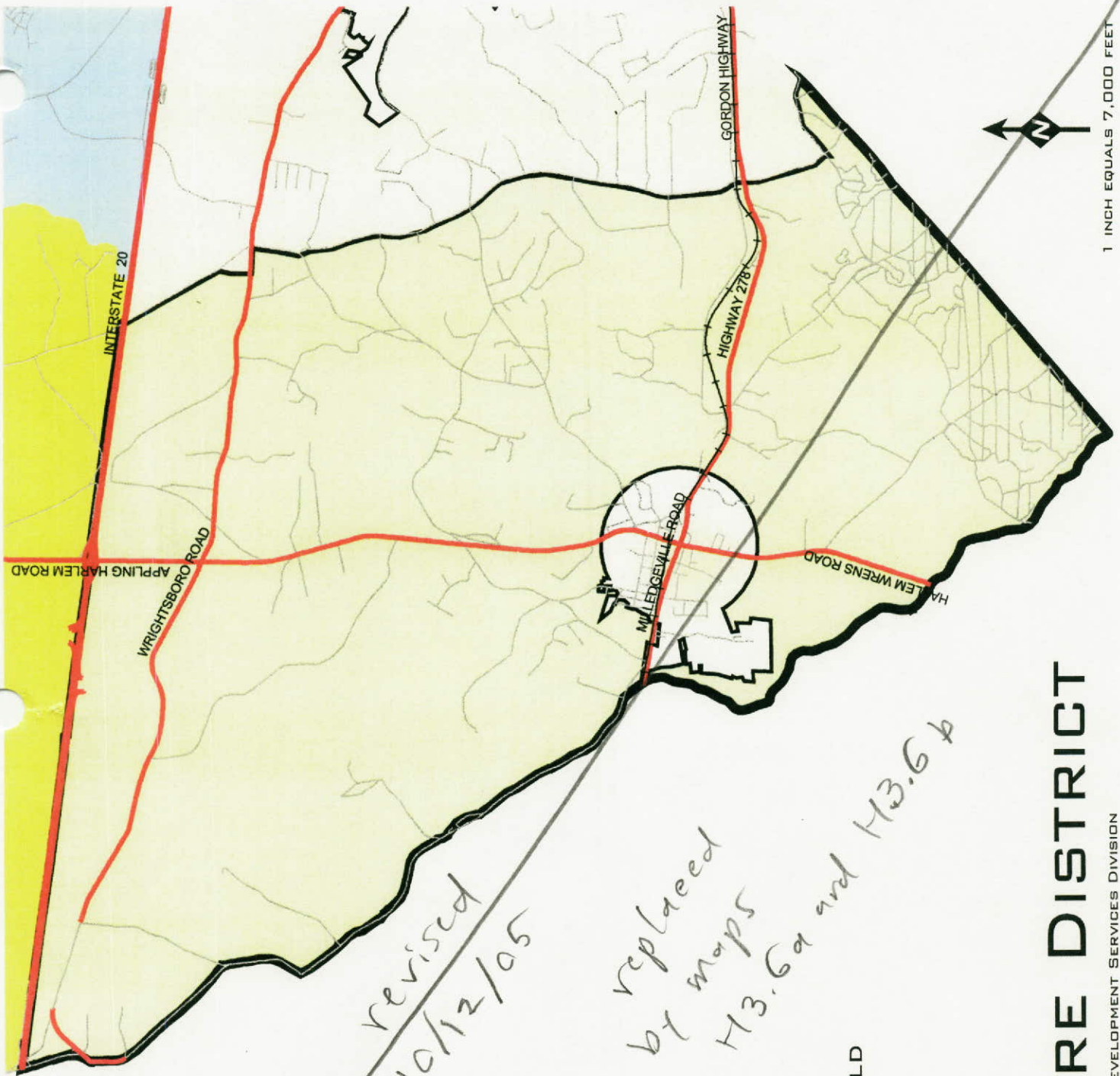
MARTINEZ-EVANS



City Limits (April 2004)

revised 10/12/05

replaced by maps H3.6a and H3.6b



1 INCH EQUALS 7,000 FEET

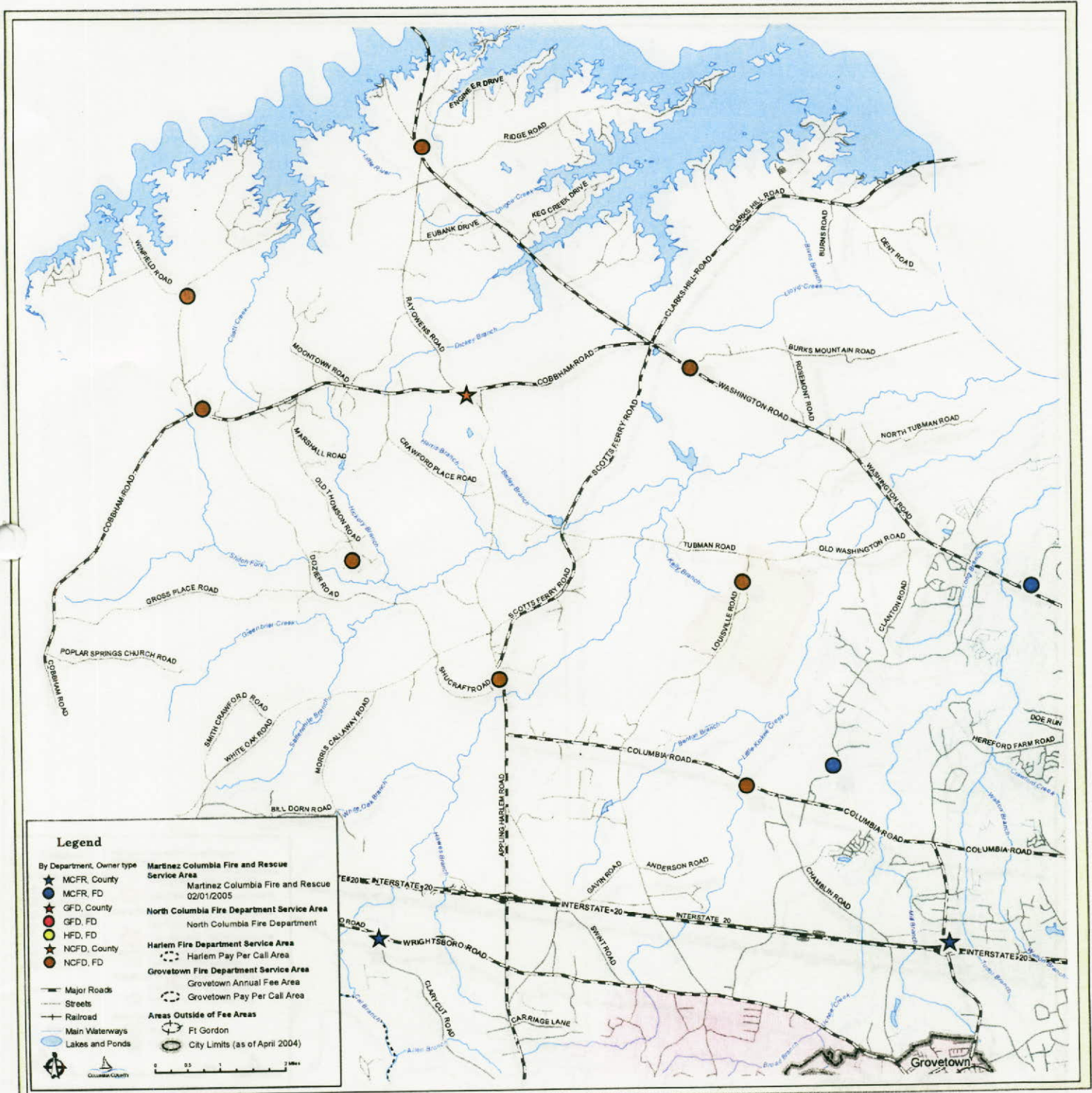
H3.6

HARLEM FIRE DISTRICT

2004 COLUMBIA COUNTY PLANNING AND DEVELOPMENT SERVICES DIVISION

Exhibit B-1

Map of Service Area Prior to
Completion of the Phinzy Headquarters
Fire Station for North Columbia Fire and Rescue, Inc.



OCT 12 2005

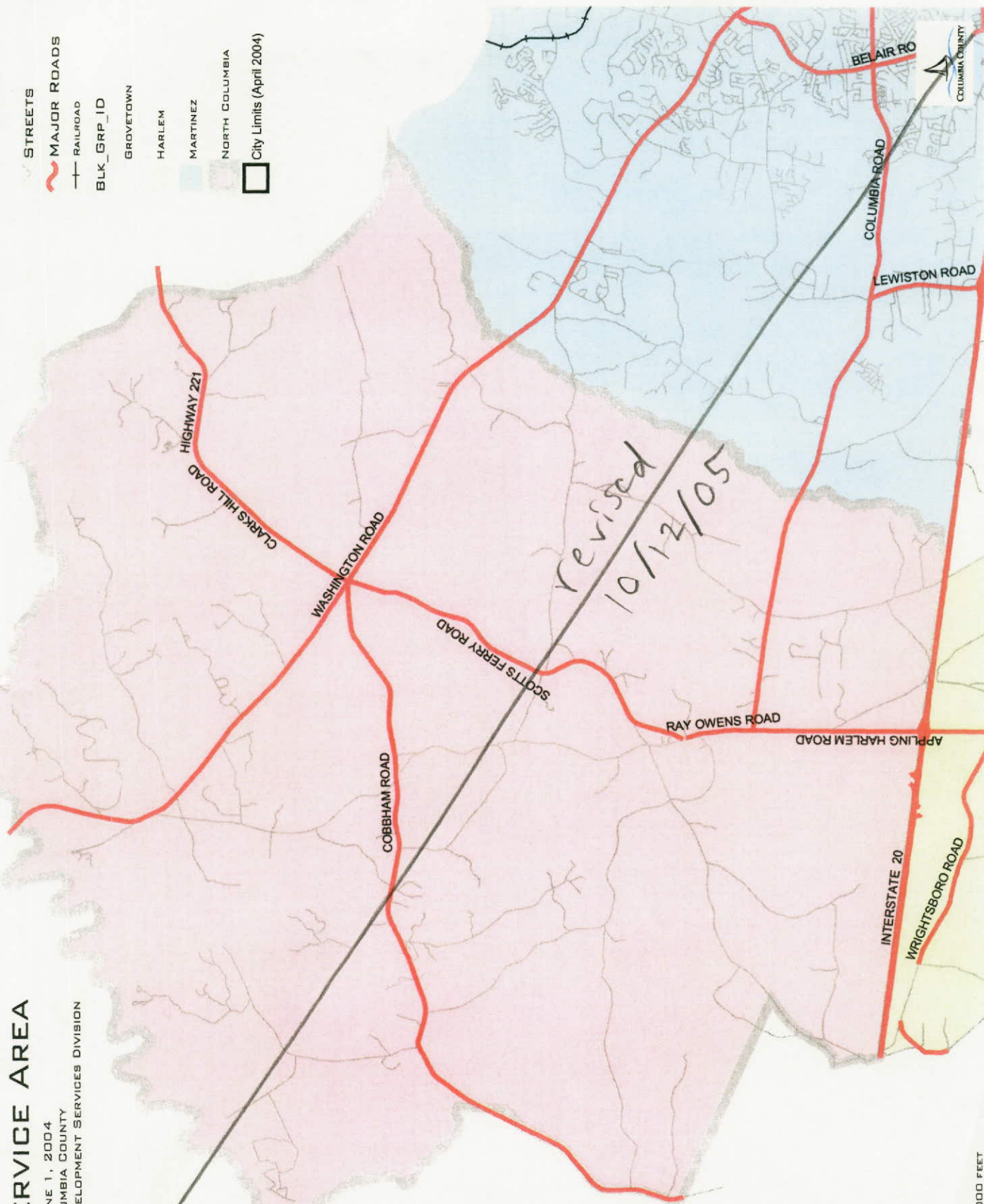
H3.7a

NORTH COLUMBIA FIRE SERVICE AREA

JUNE 1, 2004
COLUMBIA COUNTY
PLANNING AND DEVELOPMENT SERVICES DIVISION

LEGEND

- STREETS
- MAJOR ROADS
- RAILROAD
- BLK_GRP_ID
- GROVETOWN
- HARLEM
- MARTINEZ
- NORTH COLUMBIA
- City Limits (April 2004)



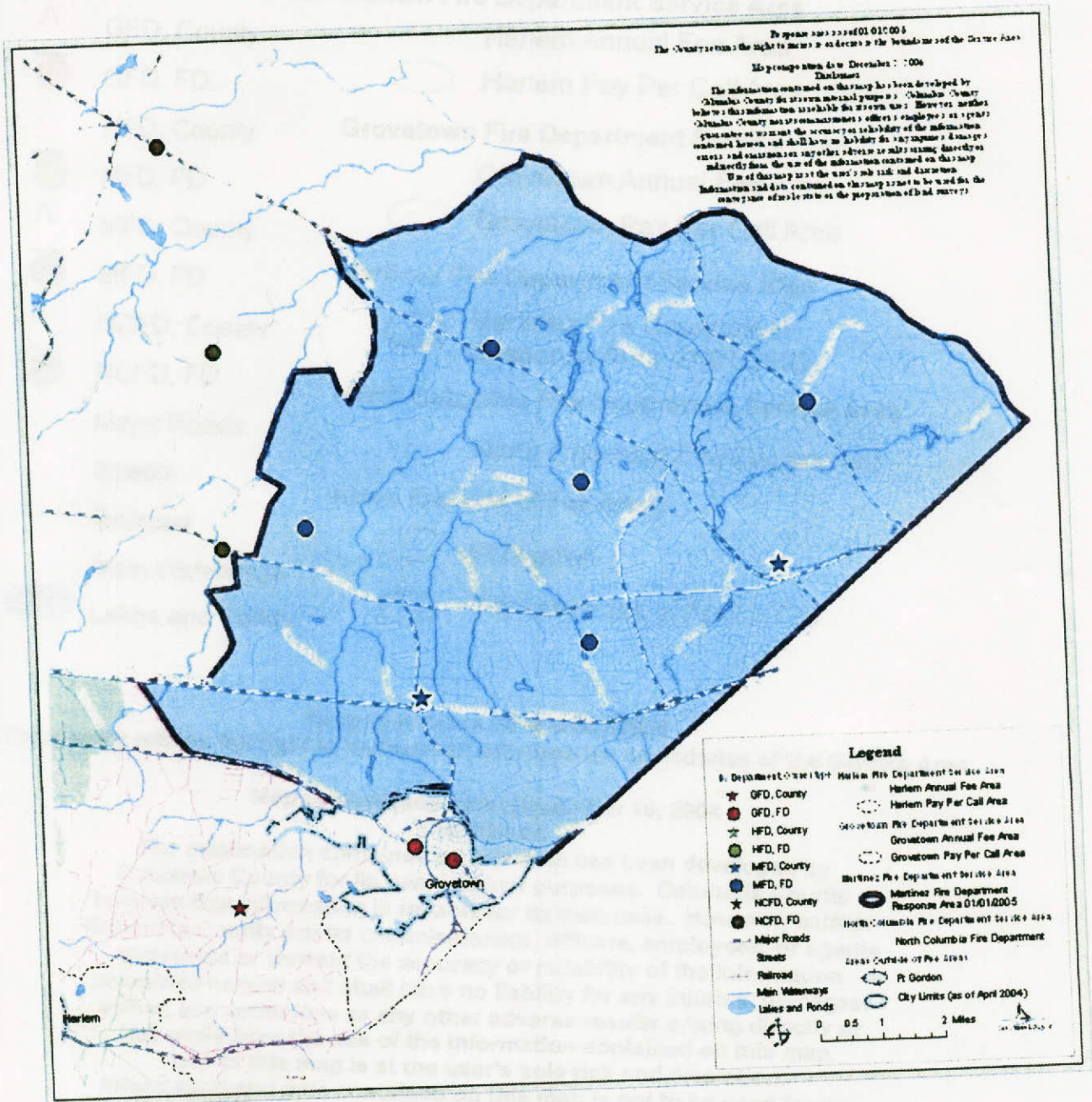
replaced by
maps H3.7a and H3.7b



1 INCH EQUALS 10,000 FEET

Exhibit B-1

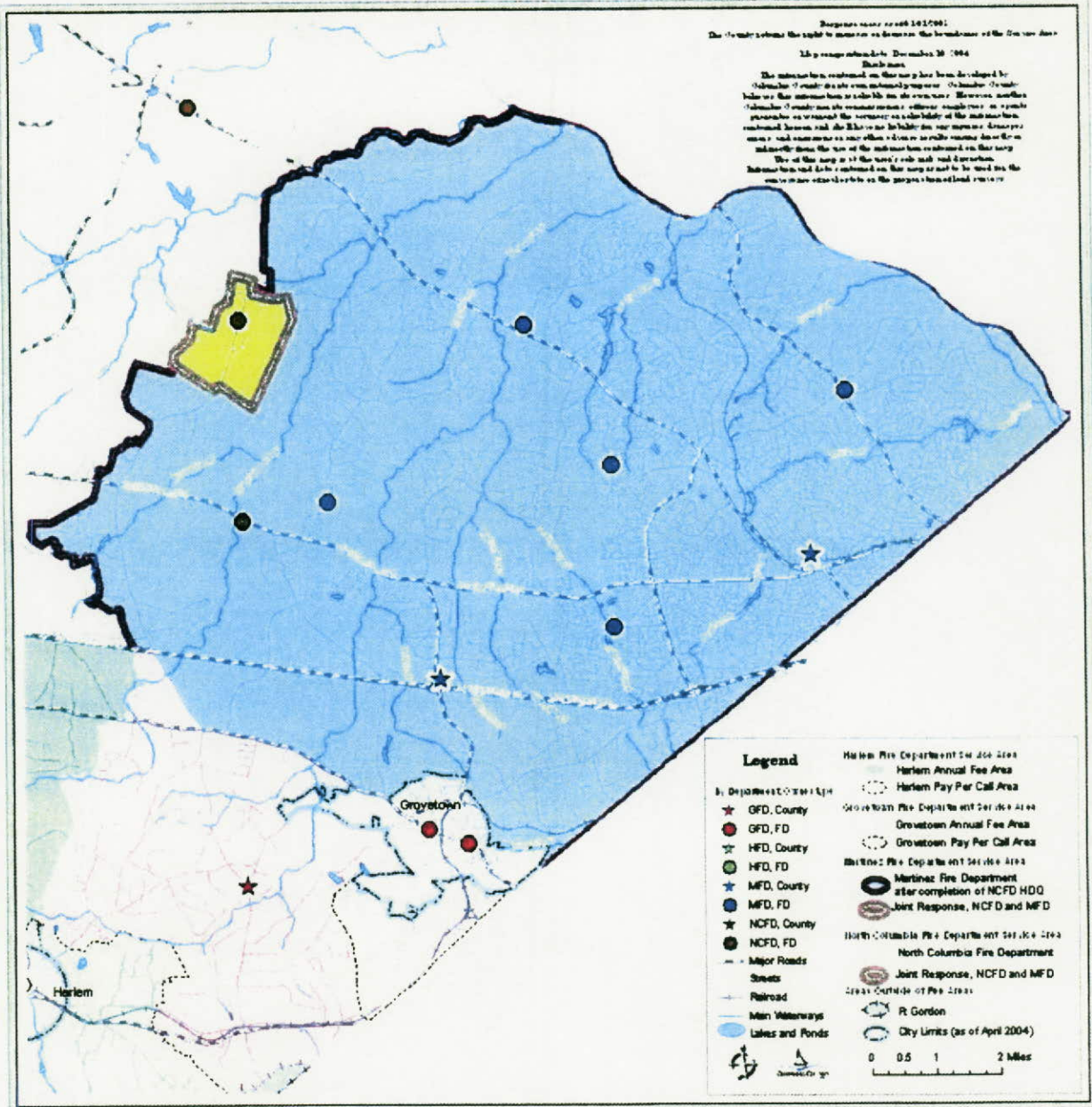
Map of Service Area Prior to
Completion of the Phinizy Headquarters
Fire Station For North Columbia Fire and Rescue, Inc.



OCT 12 2005

Exhibit B-2

























Map of Service Area After
Completion of the Phinizy Headquarters
Fire Station For North Columbia Fire and Rescue, Inc.



OCT 12 2005

Map Legend, after the completion of NCFD HDQ Station 11

Legend

By Department, Owner type		Harlem Fire Department Service Area	
	GFD, County		Harlem Annual Fee Area
	GFD, FD		Harlem Pay Per Call Area
	HFD, County	Grovetown Fire Department Service Area	
	HFD, FD		Grovetown Annual Fee Area
	MFD, County		Grovetown Pay Per Call Area
	MFD, FD	Martinez Fire Department Service Area	
	NCFD, County		Martinez Fire Department after completion of NCFD HDQ
	NCFD, FD		Joint Response, NCFD and MFD
	Major Roads	North Columbia Fire Department Service Area	
	Streets		North Columbia Fire Department
	Railroad		Joint Response, NCFD and MFD
	Main Waterways	Areas Outside of Fee Areas	
	Lakes and Ponds		Ft Gordon
			City Limits (as of April 2004)

Response areas as of 01/01/2005

The County retains the right to increase or decrease the boundaries of the Service Area.

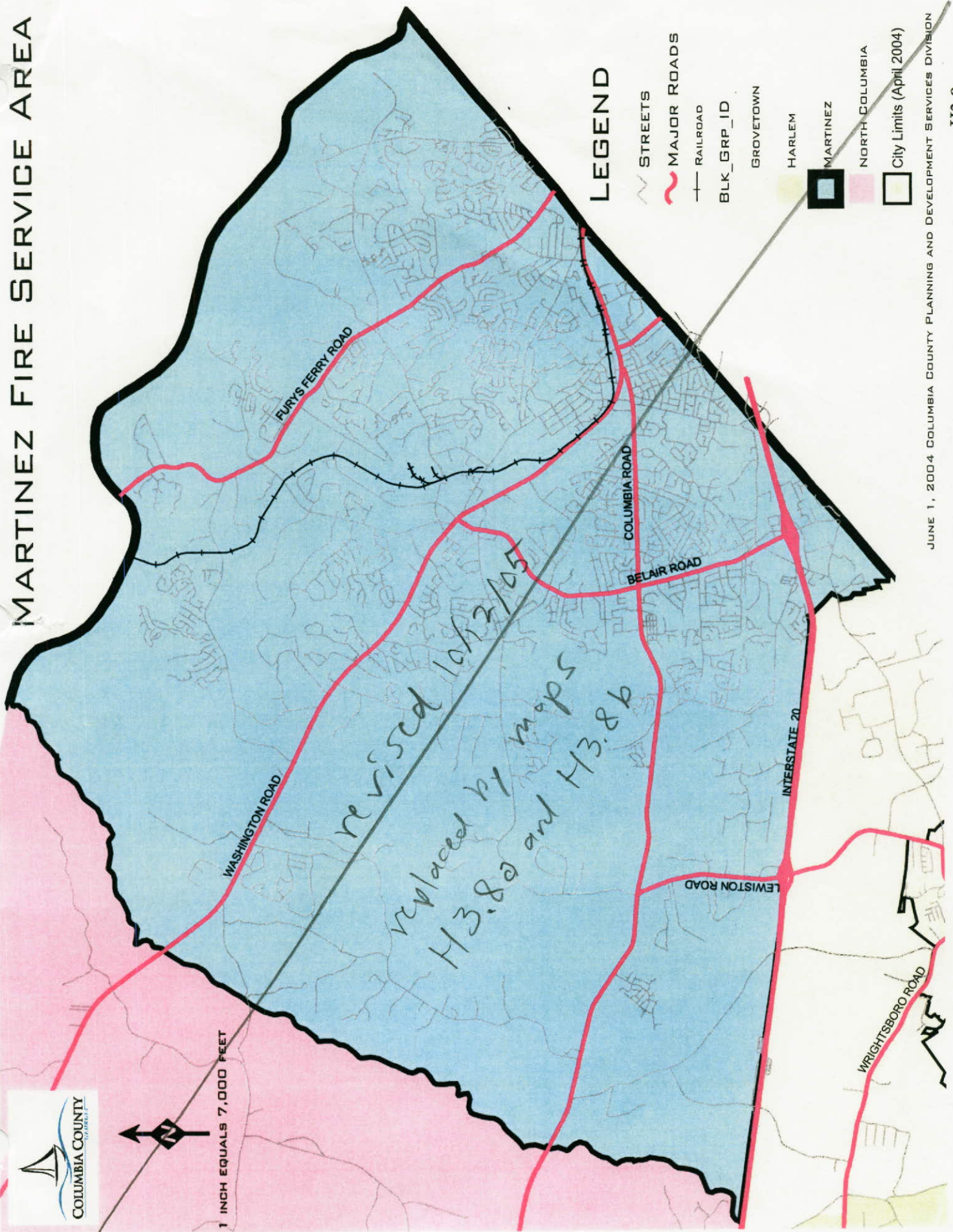
Map composition date: December 10, 2004

Disclaimer:

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MARTINEZ FIRE SERVICE AREA



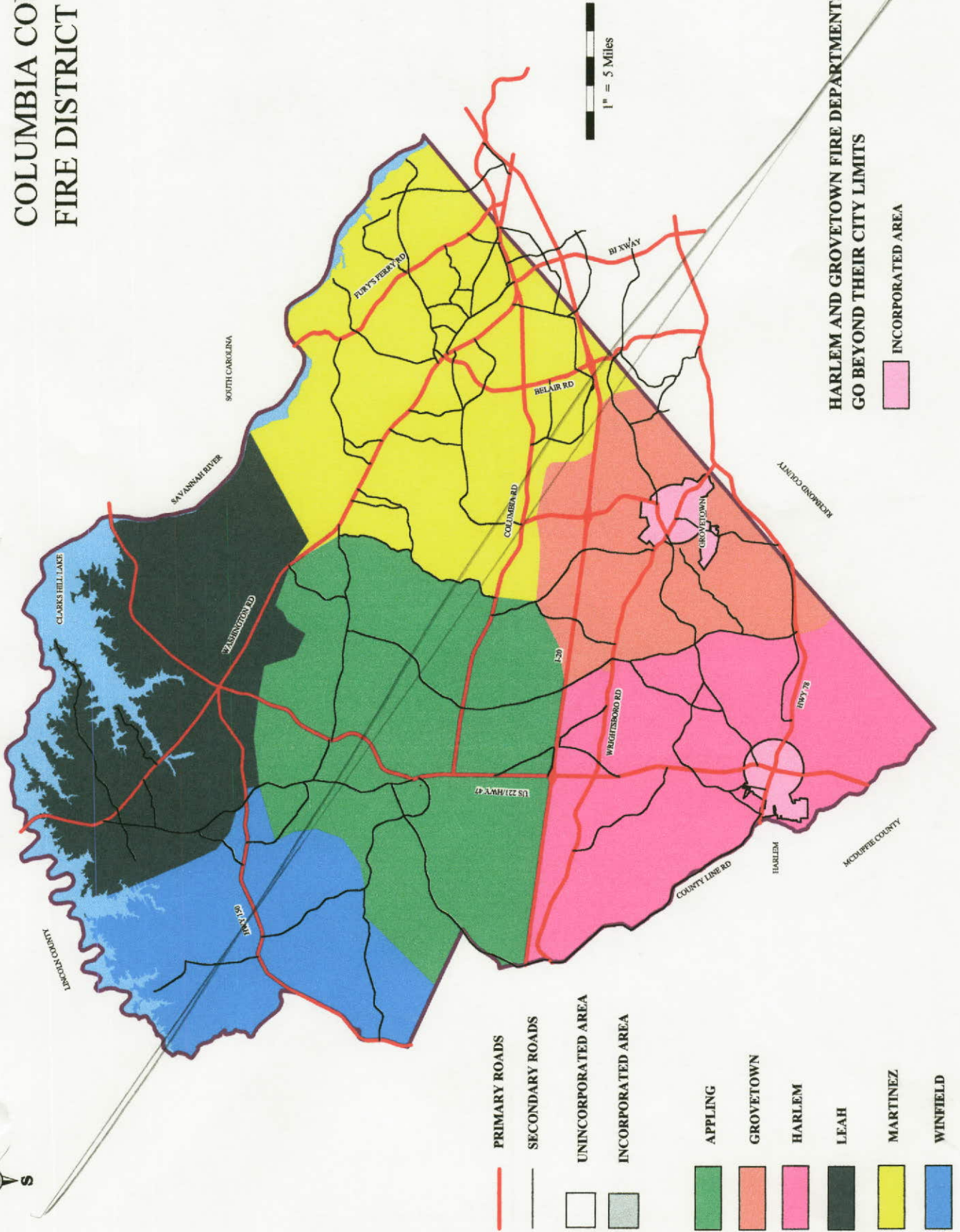
LEGEND

- STREETS
- MAJOR ROADS
- RAILROAD
- BLK_GRP_ID
- GROVETOWN
- HARLEM
- MARTINEZ
- NORTH COLUMBIA
- City Limits (April 2004)



1 INCH EQUALS 7,000 FEET

COLUMBIA COUNTY FIRE DISTRICT MAP



1" = 5 Miles

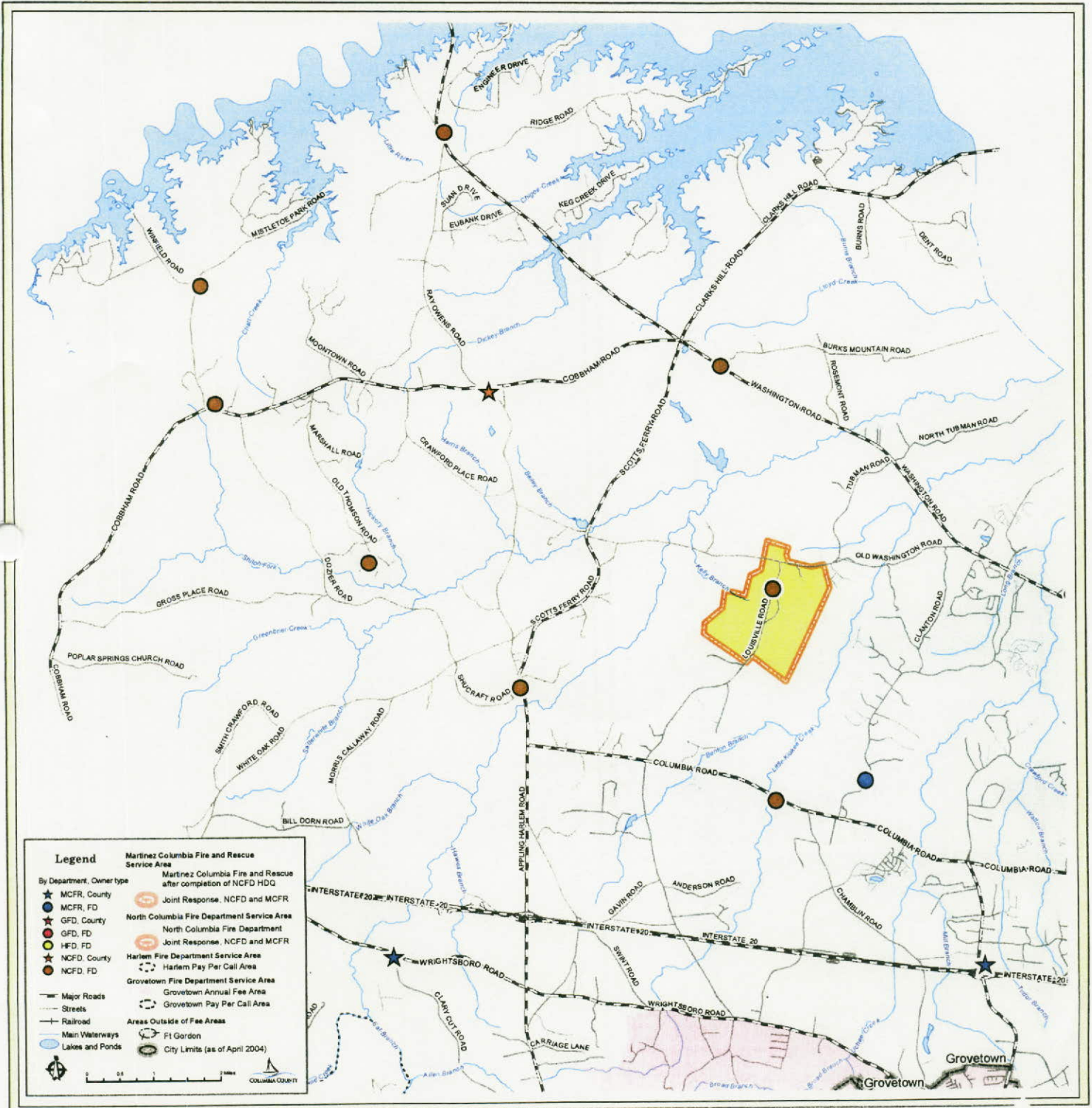
**HARLEM AND GROVETOWN FIRE DEPARTMENTS
GO BEYOND THEIR CITY LIMITS**

INCORPORATED AREA

- PRIMARY ROADS
- SECONDARY ROADS
- UNINCORPORATED AREA
- INCORPORATED AREA
- APPLING
- GROVETOWN
- HARLEM
- LEAH
- MARTINEZ
- WINFIELD

Exhibit B-2

Map of Service Area
 After Completion of the Phinizy Headquarters
 Fire Station for North Columbia Fire and Rescue, Inc.

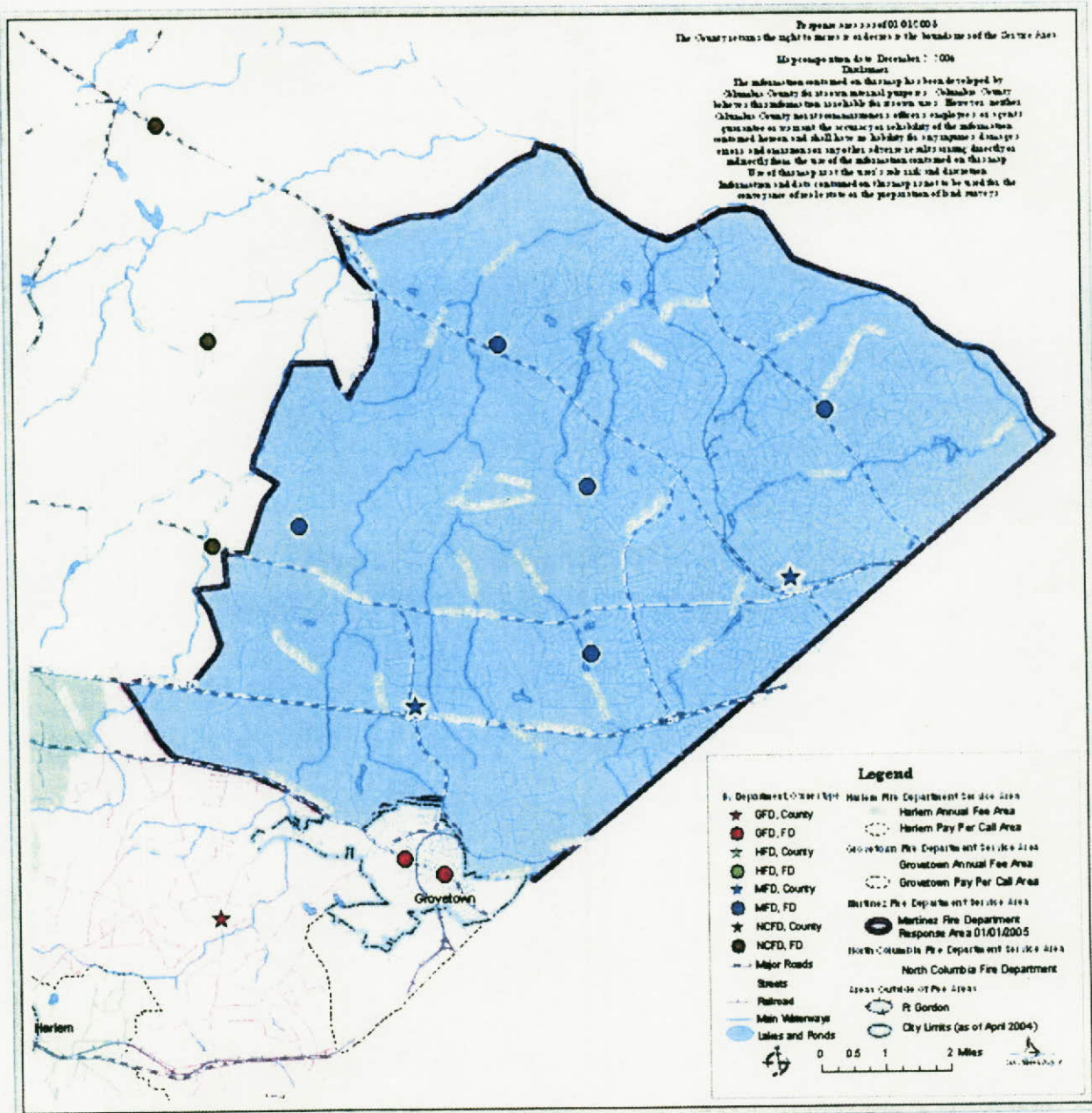


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H3.7b

Exhibit B-1

Map of Service Area Prior to Completion of the Phinizy Headquarters Fire Station For North Columbia Fire and Rescue, Inc.





Legend



By Department, Owner type

-  GFD, County
-  GFD, FD
-  HFD, County
-  HFD, FD
-  MFD, County
-  MFD, FD
-  NCFD, County
-  NCFD, FD
-  Major Roads
-  Streets
-  Railroad
-  Main Waterways
-  Lakes and Ponds

Harlem Fire Department Service Area

-  Harlem Annual Fee Area
-  Harlem Pay Per Call Area

Grovetown Fire Department Service Area

-  Grovetown Annual Fee Area
-  Grovetown Pay Per Call Area



Martinez Fire Department Service Area

-  Martinez Fire Department Response Area 01/01/2005

North Columbia Fire Department Service Area

North Columbia Fire Department

Areas Outside of Fee Areas

-  Ft Gordon
-  City Limits (as of April 2004)

Response areas as of 01/01/2005

The County retains the right to increase or decrease the boundaries of the Service Area.

Map composition date: December 10, 2004

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