Instructions:			
Make copies of this form and complete one fo question below, attaching additional pages as reported to the Department of Community Ai	necessary. If the contact person for	on III. Use exactly the sa this service (listed at the	ame service names; listed on page 1. Answer each bottom of the page) changes, this should be
County: Columbia County	Service	e: 911 Services	
1. Check the box that best describes th	e agreed upon delivery arrange	ement for this service	e:
Service will be provided county is checked, identify the government	wide (i.e., including all cities at ent, authority or organization p	nd unincorporated ar providing the service	eas) by a single service provider. (If this bo
<ul> <li>Service will be provided only in identify the government, authori</li> </ul>	the unincorporated portion of t ty or organization providing th	the county by a single e service.)	e service provider. (If this box is checked,
☐ One or more cities will provide the unincorporated areas. (If this box is	nis service only within their inc checked, identify the governme	corporated boundarie ent(s), authority or o	es, and the service will not be provided in rganization providing the service.)
☐ One or more cities will provide the in unincorporated areas. (If this box	is service only within their inco is checked, identify the govern	orporated boundaries nment(s), authority o	s, and the county will provide the service or organization providing the service.)
☐ Other. (If this box is checked, att government, authority, or other org	ach a legible map delineating ganization that will provide ser	the service area of vice within each serv	each service provider, and identify the vice area.)
yes ⊠ no			nd/or duplication of this service identified?
If these conditions will continue under	the strategy, attach an explan 36-70-24(l)), overriding benef	ation for continuin its of the duplication	g the arrangement (i.e., overlapping but a, or reasons that overlapping service areas of
If these conditions will be eliminated utaken to eliminate them, the responsible	nder the strategy, attach an in e party and the agreed upon de	nplementation sche adline for completin	dule listing each step or action that will be g it.
3. List each government or authority funds, user fees, general funds, specia etc.)	hat will help to pay for this ser I service district revenues, hote	vice and indicate ho el/motel taxes, franch	w the service will be funded (e.g., enterprise nise taxes, impact fees, bonded indebtedness
	ding Method:	or bill by Couthern Bell (	agur Dall Couth)
Columbia County Us	er Fee - charges on individual telepho	ne on by Southern Ben (	now ben souny
How will the strategy change the previous ar No Change     List any formal service delivery agreements			he strategy for this service:
Agreement Name:	Contracting Parties:		Effective and Ending Dates:
Letter of Intent from Columbia County to Soi Bell for enhanced 911 Emergency Services (I A, C)		nem Bell	7/17/84-indefinite
*			
What other mechanisms (if any) we the General Assembly, rate or fee of None	ill be used to implement the str changes, etc.), and when will th	ategy for this service tey take effect?	e (e.g. ordinances, resolutions, local acts of
7. Person completing form: Phebe J. Phone Number: (706) 868		eted April 20, 199	9
8. Is this the person who should be consistent with the service delivery s	ontacted by state agencies when	n evaluating whether	proposed local government projects are
If not, provide designated contact per	son(s) and phone number(s) be	elow:	
	Cla		

Instructions: Make copies of this form and complete one question below, attaching additional pages reported to the Department of Community	as necessary. I	ce listed on page 1, Section III. Use exactly f the contact person for this service (listed	the same service names; listed on page 1. Answer each at the bottom of the page) changes, this should be
County: Columbia County		Service: 911 Services	
1. Check the box that best describes			
Service will be provided count is checked, identify the govern	ywide (i.e., ment, author	including all cities and unincorporal rity or organization providing the se	ted areas) by a single service provider. (If this box rvice.)
☐ Service will be provided only identify the government, authorized	n the uninco	orporated portion of the county by a nization providing the service.)	single service provider. (If this box is checked,
☐ One or more cities will provide unincorporated areas. (If this box i	this service s checked, i	only within their incorporated bour dentify the government(s), authority	ndaries, and the service will not be provided in or organization providing the service.)
☐ One or more cities will provide in unincorporated areas. (If this be	this service on is checked	only within their incorporated bound d, identify the government(s), autho	daries, and the county will provide the service rity or organization providing the service.)
☐ Other. (If this box is checked, a government, authority, or other of	ttach a legil organization	ble map delineating the service are that will provide service within each	ea of each service provider, and identify the h service area.)
2. In developing the strategy, were of the strategy were of the strategy were of the strategy. ■ no	verlapping s	service areas, unnecessary competiti	on and/or duplication of this service identified?
If these conditions will continue und	er the strateg A. 36-70-24(	gy, attach an explanation for conti (1)), overriding benefits of the duplic	inuing the arrangement (i.e., overlapping but cation, or reasons that overlapping service areas or
If these conditions will be eliminated taken to eliminate them, the responsi	I under the so	trategy, attach an implementation d the agreed upon deadline for comp	schedule listing each step or action that will be pleting it.
3. List each government or authority funds, user fees, general funds, specetc.)	y that will he ial service d	elp to pay for this service and indica listrict revenues, hotel/motel taxes, f	te how the service will be funded (e.g., enterprise franchise taxes, impact fees, bonded indebtedness,
	unding Method		Dall (com Dall South)
Columbia County	User Fee - char	ges on individual telephone bill by Southern	i Bell (now bell South)
How will the strategy change the previous     No Change			
5. List any formal service delivery agreemen Agreement Name:	ts or intergover C	nmental contracts that will be used to implet contracting Parties:	ment the strategy for this service:  Effective and Ending Dates:
Letter of Intent from Columbia County to S Bell for enhanced 911 Emergency Services A, C)	Southern Co	lumbia County and Southern Bell	7/17/84-indefinite
6. What other mechanisms (if any) the General Assembly, rate or fee None	will be used e changes, et	to implement the strategy for this so ic.), and when will they take effect?	ervice (e.g. ordinances, resolutions, local acts of
7. Person completing form: Phebe . Phone Number: (706) 86	I. Dent 8-3376	Completed April 20	), 1999
8. Is this the person who should be consistent with the service delivery	contacted by strategy?	y state agencies when evaluating wh yes ono	ether proposed local government projects are
If not, provide designated contact p	erson(s) and	i phone number(s) below:	•
If not, provide designated contact p	erson(s) and	i phone number(s) below:	

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nstructions: fake copies of this form and complete uestion below, attaching additional pa o the Department of Community Affai	ges as necessary. If the cont	n page 1, Section III. Use ext act person for this service (ii	actly the same service narnes; listed on page I. Answer each isted at the bottom of the page) changes, this should be reported
County: Columbia County		Service: Address	ing
1. Check the box that best descri	ribes the agreed upon d	elivery arrangement for	this service:
☐ Service will be provided of box is checked, identify the	countywide (i.e., includ	ing all cities and uninco	orporated areas) by a single service provider. (If this
☐ Service will be provided of identify the government, a	only in the unincorporate authority or organization	ted portion of the county n providing the service.	y by a single service provider. (If this box is checked,
One or more cities will pr unincorporated areas. (If	ovide this service only his box is checked, ide	within their incorporate ntify the government(s)	ed boundaries, and the service will not be provided in , authority or organization providing the service.)
	ovide this service only (If this box is checked,	within their incorporate identify the governmen	ed boundaries, and the county will provide the service tt(s), authority or organization providing the service.)
Other. (If this box is chec government, authority, or	ked, attach a legible m other organization that	ap delineating the ser will provide service wi	vice area of each service provider, and identify the thin each service area.)
□ ves ⊠no			mpetition and/or duplication of this service identified?
of these conditions will continue	C.G.A. 36-70-24(1)), ov	ach an explanation for erriding benefits of the	r continuing the arrangement (i.e., overlapping but duplication, or reasons that overlapping service areas
If these conditions will be elimitaken to eliminate them, the res	nated under the strateg	y, attach an implemen agreed upon deadline fo	tation schedule listing each step or action that will be or completing it.
enterprise funds, user fees, gen indebtedness, etc.)	eral funds, special serv	pay for this service and ice district revenues, ho	indicate how the service will be funded (e.g., otel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:		
Columbia County	General Fund		
City of Grovetown	General Fund		
City of Harlem	General Fund		
No change			or funding this service within the county?  s that will be used to implement the strategy for this
Agreement Name:	Contracting	Parties:	Effective and Ending Dates:
What other mechanisms (if the General Assembly, rate None	any) will be used to im or fee changes, etc.), a	plement the strategy fo nd when will they take	r this service (e.g. ordinances, resolutions, local acts of effect?
7. Person completing form: Pl	nebe J. Dent		
Phone Number: (70		Completed	April 20, 1999
	Id be contacted by state	res 🗆 no	ting whether proposed local government projects are

#### PAGE 2

## SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

Instructions: Make copies of this form and complete on question below, attaching additional page to the Department of Community Affairs.	s as necessary. If the contact p	ge 1, Section III. Use exactly berson for this service (listed a	the same service narnes; listed on page 1. Answer each at the bottom of the page) changes, this should be reported
County: Columbia County		Service: Addressing	
Check the box that best describ     Service will be provided combox is checked, identify the	untywide (i.e., including	all cities and unincorpor	rated areas) by a single service provider. (If this
<ul> <li>Service will be provided onlidentify the government, aud</li> </ul>	y in the unincorporated phority or organization pr	portion of the county by oviding the service.)	a single service provider. (If this box is checked,
☐ One or more cities will prov unincorporated areas. (If thi	ide this service only with s box is checked, identify	hin their incorporated bo y the government(s), aut	oundaries, and the service will not be provided in hority or organization providing the service.)
☑ One or more cities will proving unincorporated areas. (If  □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	ide this service only with this box is checked, iden	hin their incorporated bo ntify the government(s),	oundaries, and the county will provide the service authority or organization providing the service.)
Other. (If this box is checke government, authority, or ot	d, attach a legible map her organization that wil	delineating the service I provide service within	area of each service provider, and identify the each service area.)
☐ yes ⊗no	nder the strategy, attach G.A. 36-70-24(1)), overri	an explanation for con	ition and/or duplication of this service identified attinuing the arrangement (i.e., overlapping but lication, or reasons that overlapping service areas
	ited under the strategy, a	ttach an implementation and upon deadline for co	on schedule listing each step or action that will be impleting it.
2. List each government or autho	rity that will help to pay	for this service and indi	cate how the service will be funded (e.g., motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:		
Columbia County	General Fund		
City of Grovetown	General Fund		
City of Harlem	General Fund		
		C :4:4/a-6:	ading this carries within the county?
No change		•	inding this service within the county?  t will be used to implement the strategy for this
service: No Change	Contracting Part		Effective and Ending Dates:
Agreement Name:	Conducting Fact		
What other mechanisms (if ar the General Assembly, rate or None	ly) will be used to impler fee changes, etc.), and v	ment the strategy for this when will they take effect	s service (e.g. ordinances, resolutions, local acts of ct?
	La I Dani		
7. Person completing form: Phe	oe J. Dent	Completed April	1 20, 1999
Phone Number:(706	) 868-33/6	Completed	120, 133
<ul><li>8. Is this the person who should consistent with the service delivered if not, provide designated con</li></ul>	ery strategy? 🖾 yes	⊔ no	whether proposed local government projects are

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nstructions:  Make copies of this form and complete one question below, attaching additional pages o the Department of Community Affairs.	e for each services as necessary. If	ce listed on page 1, Section III. Use exactly the same service narnes; listed on page 1. Answer each if the contact person for this service (listed at the bottom of the page) changes, this should be report	h rted
County: Columbia County		Service: Animal Control	
Check the box that best describe     Service will be provided cou	ıntywide (i.e.	upon delivery arrangement for this service: ., including all cities and unincorporated areas) by a single service provider. (If the authority or organization providing the service.)	nis
☐ Service will be provided only identify the government, audi	y in the uninc hority or orga	corporated portion of the county by a single service provider. (If this box is check anization providing the service.)	ced,
One or more cities will provi	ide this services box is check	ce only within their incorporated boundaries, and the service will not be provided ked, identify the government(s), authority or organization providing the service.)	i in
One or more cities will provide in unincorporated areas. (If t	de this servic this box is ch	ee only within their incorporated boundaries, and the county will provide the service cked, identify the government(s), authority or organization providing the service	ice e.)
Other. (If this box is checked government, authority, or other	i, attach a le ier organizati	gible map delineating the service area of each service provider, and identify to the control of	he
- P	e eş	g service areas, unnecessary competition and/or duplication of this service identif	ied?
∏ves ⊠no			
If these conditions will continue ur	3.A. 36-70-24	egy, attach an explanation for continuing the arrangement (i.e., overlapping beaution), overriding benefits of the duplication, or reasons that overlapping service as	out reas
w	aut.	strategy, attach an implementation schedule listing each step or action that wi	ll be
taken to eliminate them, the respon	nsible party a	and the agreed upon deadline for completing it.	-
		to the service will be funded to a to	
enterprise funds, user fees, genera	nity that will l	help to pay for this service and indicate how the service will be funded (e.g., cial service district revenues, hotel/motel taxes, franchise taxes, impact fees, bond	led
enterprise funds, user fees, general indebtedness, etc.)	al funds, spec	cial service district revenues, hotel/motel taxes, franchise taxes, impact rees, bonc	led
enterprise funds, user fees, general indebtedness, etc.)  Local Government or Authority:	Funding Method	d:	led
enterprise funds, user fees, general indebtedness, etc.)	al funds, spec	d:	led
enterprise funds, user fees, general indebtedness, etc.)  Local Government or Authority:  Columbia County	Funding Method	d:	led
enterprise funds, user fees, general indebtedness, etc.)  Local Government or Authority:  Columbia County	Funding Method General Fund	d:	ied
enterprise funds, user fees, general indebtedness, etc.)  Local Government or Authority:  Columbia County  4. How will the strategy change the No change	Funding Method General Fund	rrangements for providing and/or funding this service within the county?	
enterprise funds, user fees, general indebtedness, etc.)  Local Government or Authority:  Columbia County  4. How will the strategy change the No change  5. List any formal service delivery	Funding Method General Fund	d:	
enterprise funds, user fees, general indebtedness, etc.)  Local Government or Authority:  Columbia County  4. How will the strategy change the No change  5. List any formal service delivery	Funding Method General Fund ne previous ar	rrangements for providing and/or funding this service within the county?	
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enterprise funds, user fees, general indebtedness, etc.)  Local Government or Authority:  Columbia County  4. How will the strategy change the No change  5. List any formal service delivery service: None Agreement Name:	Funding Method General Fund ne previous ar	rrangements for providing and/or funding this service within the county?  or intergovernmental contracts that will be used to implement the strategy for the	
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enterprise funds, user fees, general indebtedness, etc.)  Local Government or Authority:  Columbia County  4. How will the strategy change the No change  5. List any formal service delivery service: None Agreement Name:	Funding Method General Fund  e previous ar  agreements	rrangements for providing and/or funding this service within the county?  or intergovernmental contracts that will be used to implement the strategy for the ontracting Parties:  Effective and Ending Dates:	is
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enterprise funds, user fees, general indebtedness, etc.)  Local Government or Authority:  Columbia County  4. How will the strategy change the No change  5. List any formal service delivery service: None Agreement Name:  6. What other mechanisms (if any the General Assembly, rate or None	Funding Method General Fund e previous ar y agreements Co y) will be use fee changes,	rrangements for providing and/or funding this service within the county?  or intergovernmental contracts that will be used to implement the strategy for the ontracting Parties:  Effective and Ending Dates:	is
enterprise funds, user fees, general indebtedness, etc.)  Local Government or Authority:  Columbia County  4. How will the strategy change the No change  5. List any formal service delivery service: None Agreement Name:  6. What other mechanisms (if any the General Assembly, rate or	Funding Method General Fund  The previous are previous ar	rrangements for providing and/or funding this service within the county?  or intergovernmental contracts that will be used to implement the strategy for the outracting Parties:  Effective and Ending Dates:  ed to implement the strategy for this service (e.g. ordinances, resolutions, local action), and when will they take effect?	is
enterprise funds, user fees, general indebtedness, etc.)  Local Government or Authority:  Columbia County  4. How will the strategy change the No change  5. List any formal service delivery service: None Agreement Name:  6. What other mechanisms (if any the General Assembly, rate or None  7. Person completing form: Pheb Phone Number: (706)	Funding Method General Fund Re previous ar y agreements Co y) will be use fee changes, se J. Dent 868-3376	rrangements for providing and/or funding this service within the county?  or intergovernmental contracts that will be used to implement the strategy for the contracting Parties:  Effective and Ending Dates:  ed to implement the strategy for this service (e.g. ordinances, resolutions, local action), and when will they take effect?  Completed April 20, 1999	is cts of
enterprise funds, user fees, general indebtedness, etc.)  Local Government or Authority:  Columbia County  4. How will the strategy change the No change  5. List any formal service delivery service: None Agreement Name:  6. What other mechanisms (if any the General Assembly, rate or None  7. Person completing form: Pheb Phone Number: (706)	Funding Method General Fund  General Fund  Re previous ar  y agreements  Co  y) will be use fee changes,  he J. Dent  868-3376	cial service district revenues, hotel/motel taxes, franchise taxes, impact rees, bond discrete district revenues, hotel/motel taxes, franchise taxes, impact rees, bond discrete district revenues, hotel/motel taxes, franchise taxes, impact rees, bond discrete district revenues, franchise taxes, impact rees, bond district revenues, franchise taxes, franchise taxes, impact rees, bond district revenues, franchise taxes, franchise taxes, impact rees, bond district revenues, franchise taxes, franchi	is cts of
enterprise funds, user fees, general indebtedness, etc.)  Local Government or Authority:  Columbia County  4. How will the strategy change the No change  5. List any formal service delivery service: None Agreement Name:  6. What other mechanisms (if any the General Assembly, rate or None  7. Person completing form: Pheb Phone Number: (706)  8. Is this the person who should tonsistent with the service delivery	Funding Method General Fund  General Fund  Re previous ar  y agreements  Co  y) will be use fee changes,  the J. Dent  868-3376	rrangements for providing and/or funding this service within the county?  or intergovernmental contracts that will be used to implement the strategy for the contracting Parties:  Effective and Ending Dates:  ed to implement the strategy for this service (e.g. ordinances, resolutions, local act.), and when will they take effect?  Completed April 20, 1999  by state agencies when evaluating whether proposed local government projects a yes one	is cts of
enterprise funds, user fees, general indebtedness, etc.)  Local Government or Authority:  Columbia County  4. How will the strategy change the No change  5. List any formal service delivery service: None Agreement Name:  6. What other mechanisms (if any the General Assembly, rate or None  7. Person completing form: Pheb Phone Number: (706)	Funding Method General Fund  General Fund  Re previous ar  y agreements  Co  y) will be use fee changes,  the J. Dent  868-3376	rrangements for providing and/or funding this service within the county?  or intergovernmental contracts that will be used to implement the strategy for the contracting Parties:  Effective and Ending Dates:  ed to implement the strategy for this service (e.g. ordinances, resolutions, local act.), and when will they take effect?  Completed April 20, 1999  by state agencies when evaluating whether proposed local government projects a yes one	is cts of
enterprise funds, user fees, general indebtedness, etc.)  Local Government or Authority:  Columbia County  4. How will the strategy change the No change  5. List any formal service delivery service: None Agreement Name:  6. What other mechanisms (if any the General Assembly, rate or None  7. Person completing form: Pheb Phone Number: (706)  8. Is this the person who should tonsistent with the service delivery	Funding Method General Fund  General Fund  Re previous ar  y agreements  Co  y) will be use fee changes,  the J. Dent  868-3376	rrangements for providing and/or funding this service within the county?  or intergovernmental contracts that will be used to implement the strategy for the contracting Parties:  Effective and Ending Dates:  ed to implement the strategy for this service (e.g. ordinances, resolutions, local act.), and when will they take effect?  Completed April 20, 1999  by state agencies when evaluating whether proposed local government projects a yes one	is cts of

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nstructions: (ake copies of this form and complete one uestion below, attaching additional pages of the Department of Community Affairs.	for each service listed on page 1, Section III. Use exactly the same as necessary. If the contact person for this service (listed at the bot	service names; listed on page 1. Answer each tom of the page) changes, this should be reported
County: Columbia County	Service: Building Inspections	1
1. Check the box that best describe	s the agreed upon delivery arrangement for this service	:
☑ Service will be provided coun	ntywide (i.e., including all cities and unincorporated are overnment, authority or organization providing the serv	eas) by a single service provider. (If this
☐ Service will be provided only identify the government, auth	in the unincorporated portion of the county by a single ority or organization providing the service.)	service provider. (If this box is checked,
One or more cities will provid unincorporated areas. (If this	the this service only within their incorporated boundaries to be is checked, identify the government(s), authority or	s, and the service will not be provided in rorganization providing the service.)
One or more cities will provid	le this service only within their incorporated boundaries his box is checked, identify the government(s), authorise	s, and the county will provide the service ty or organization providing the service.)
Other. (If this box is checked, government, authority, or othe	attach a legible map delineating the service area of r organization that will provide service within each ser	each service provider, and identify the vice area.)
	overlapping service areas, unnecessary competition an	d/or duplication of this service identified?
yes one no fitnesses of these conditions will continue un higher levels of service (See O.C.Gor competition cannot be eliminated	der the strategy, attach an explanation for continuing A. 36-70-24(l)), overriding benefits of the duplication,	the arrangement (i.e., overlapping but, or reasons that overlapping service areas
aken to eliminate them, the respon  3. List each government or authori enterprise funds, user fees, general	ed under the strategy, attach an implementation sched sible party and the agreed upon deadline for completin ity that will help to pay for this service and indicate how I funds, special service district revenues, hotel/motel ta	g it. w the service will be funded (e.g.,
indebtedness, etc.)	runding Method:	·
Columbia County	Building Inspection Fees	
	:	
No Change	 e previous arrangements for providing and/or funding the	i i
5. List any formal service delivery service:	agreements or intergovernmental contracts that will be	
Agreement Name:	Conducting Factors	Effective and Ending Dates:
Agreement for building Inspection Service between Columbia County Georgia and th Grovetown (Exhibit D)	columbia County and City of Grovetown	April 20, 1999 - Indefinite
Agreement for building Inspection Service between Columbia County Georgia and th Harlem (Exhibit E)	e City of	April 20, 1999 - Indefinite
the General Assembly, rate or i	) will be used to implement the strategy for this service changes, etc.), and when will they take effect? rshall in and for Columbia County as the Fire Marshall in and for Columbia County as the Fire Marshall in and for Columbia County as the Fire Marshall	for the City of Grovetown (Exhibit F)
7. Person completing form: Phebe Phone Number: (706)	5 J. Dent 868-3376 Completed April 20, 19	99
8. Is this the person who should b consistent with the service deliver	e contacted by state agencies when evaluating whether y strategy?   yes   no	proposed local government projects are
If not, provide designated contact	person(s) and phone number(s) below:	1
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nstructions:			
Aske copies of this form and complete of uestion below, attaching additional page eported to the Department of Commun	ges as necessary. If the contact perso		ervice names; listed on page 1. Answer each m of the page) changes, this should be
County: Columbia County	Se	ervice: Building Plan Review	
1. Check the box that best describ	oes the agreed upon delivery ar	rangement for this service:	!
Service will be provided cou		ies and unincorporated areas) b	by a single service provider. (If this box
identify the government, au	ly in the unincorporated portio thority or organization providi		vice provider. (If this box is checked,
		=	the service will not be provided in anization providing the service.)
			I the county will provide the service organization providing the service.)
	ed, attach a legible map deline er organization that will provid	_	h service provider, and identify the rea.)
2. In developing the strategy, wer □ yes ⊠ no	e overlapping service areas, u	nnecessary competition and/or	duplication of this service identified?
f these conditions will continue u	G.A. 36-70-24(1)), overriding 1	planation for continuing the penefits of the duplication, or r	arrangement (i.e., overlapping but easons that overlapping service areas or
If these conditions will be elimina taken to eliminate them, the respo			listing each step or action that will be
3. List each government or authoriunds, user fees, general funds, setc.)	rity that will help to pay for the pecial service district revenues	is service and indicate how the , hotel/motel taxes, franchise to	e service will be funded (e.g., enterprise axes, impact fees, bonded indebtedness,
Local Government or Authority:	Funding Method:		
Columbia County	Plan Review Fees		!
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4. How will the strategy change to No Change	he previous arrangements for p	providing and/or funding this so	ervice within the county?
1 1			<b>)</b>
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5. List any formal service deliver service: Agreement Name:	y agreements or intergovernme		d to implement the strategy for this
service:			!
SETVICE: Agreement Name:			!
Service: Agreement Name:			Effective and Ending Dates:
Service: Agreement Name:	Contracting Parties:	he strategy for this service (e.g	Effective and Ending Dates:
6. What other mechanisms (if ar the General Assembly, rate or fe None	Contracting Parties:  ny) will be used to implement to e changes, etc.), and when will be J. Dent	he strategy for this service (e.g	Effective and Ending Dates:
6. What other mechanisms (if ar the General Assembly, rate or fe None  7. Person completing form: Phe Phone Number: (706)  8. Is this the person who should consistent with the service delivered.	ny) will be used to implement to e changes, etc.), and when will be J. Dent ) 868-3376  the contacted by state agencies ery strategy?	he strategy for this service (e.g. they take effect?  Completed April 20, 1999  s when evaluating whether prop	g. ordinances, resolutions, local acts of
6. What other mechanisms (if ar the General Assembly, rate or fe None  7. Person completing form: Phe Phone Number: (706)  8. Is this the person who should consistent with the service delivered.	ny) will be used to implement te changes, etc.), and when will be J. Dent ) 868-3376	he strategy for this service (e.g. they take effect?  Completed April 20, 1999  s when evaluating whether prop	g. ordinances, resolutions, local acts of

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County	: Columbia County	Service: Code Enforcement	
□ S	ervice will be provided cou	es the agreed upon delivery arrangement for this service: intywide (i.e., including all cities and unincorporated areas) by a single service progovernment, authority or organization providing the service.)	ovider. (If this
□ Se	ervice will be provided onl lentify the government, aut	y in the unincorporated portion of the county by a single service provider. (If this hority or organization providing the service.)	box is checked,
Unin	ne or more cities will provi acorporated areas. (If this be	de this service only within their incorporated boundaries, and the service will not ox is checked, identify the government(s), authority or organization providing the	be provided in service.)
in un	nincorporated areas. (If this	le this service only within their incorporated boundaries, and the county will providing to box is checked, identify the government(s), authority or organization providing	the service.)
gov	ernment, authority, or othe	attach a legible map delineating the service area of each service provider, are organization that will provide service within each service area.)	:
☐ y If these	yes ⊠ no conditions will continue u	e overlapping service areas, unnecessary competition and/or duplication of this se	overlapping but
or comp	petition cannot be eliminate		ļ
taken to	eliminate them, the respon	ed under the strategy, attach an implementation schedule listing each step or a sible party and the agreed upon deadline for completing it.	`. <sub>}</sub>
funds,	each government or author user fees, general funds, sp edness, etc.)	ity that will help to pay for this service and indicate how the service will be funde ecial service district revenues, hotel/motel taxes, franchise taxes, impact fees, both	nded
Local Go	vernment or Authority:	Funding Method:	Щ
Columb	bia County	General Fund (Sheriff's Department also - supplemented by fees, fines, etc.)	
. City of	Grovetown	General Fund	 
City of	Harlem	General Fund	
No Ch	ange ny formal service delivery agreem	us arrangements for providing and/or funding this service within the county?  ents or intergovernmental contracts that will be used to implement the strategy for this service:  Contracting Parties:  Effective and Ending Date	 
Agreeme	nt Name:	Contracting Parties: Effective and Ending Date	1
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the Cod	at other mechanisms (if any General Assembly, rate or le of Ordinances 2-16 Zoni other ordinances by Sherifi		ons, local acts of
7 Pers	son completing form: Pheb	e I Dent	
Pho	one Number: (706)	868-3376 Completed April 20, 1999	'i
8. Is the consist	his the person who should tent with the service deliver	be contacted by state agencies when evaluating whether proposed local governme y strategy? 🔯 yes 🗆 no	nt projects are
If not,	provide designated contac	t person(s) and phone number(s) below:	İ
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nstructions: Make copies of this form and complete	<u></u>			PAGE 2
uestion below, attaching additional p o the Department of Community Affa	ages as necess	service listed on page 1, Section III. Use exactly th ary. If the contact person for this service (listed at	e same service names; listed on pag the bottom of the page) changes, thi	e 1. Answer each is should be reported
County: Columbia County	ars.			<u> </u> 
in the second		· · ·	Burning Permitting and Monito	oring
1. Check the box that best desc	cribes the ag	reed upon delivery arrangement for this s	ervice:	Ĺ
Service will be provided box is checked, identify t	countywide he governm	(i.e., including all cities and unincorporal ent, authority or organization providing the control of the contro	ted areas) by a single service page service.)	provider. (If this
☐ F Service will be provided identify the government,	only in the u authority or	nincorporated portion of the county by a organization providing the service.)	single service provider. (If thi	s box is checked,
One of more cities will pr unincorporated areas. (If t	ovide this se his box is cl	ervice only within their incorporated bour necked, identify the government(s), autho	idaries, and the service will no rity or organization providing	t be provided in the service.)
		ervice only within their incorporated bour is checked, identify the government(s), at		
		a legible map delineating the service are zation that will provide service within eac		and identify the
w 1 = = =	vere overlap	ping service areas, unnecessary competiti	on and/or duplication of this s	ervice identified?
	C.G.A. 36-7	trategy, attach an explanation for conti 0-24(l)), overriding benefits of the duplic		
ken to eliminate them, the res List each government or aut enterprise funds, user fees, gen	ponsible par hority that w	the strategy, attach an implementation ty and the agreed upon deadline for comp will help to pay for this service and indica special service district revenues, hotel/mo	oleting it. te how the service will be fund	ied (e.g.,
ndebtedness, etc.)	: # · ·			1
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	Funding Me			
	Funding Me			
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ocal Government or Authority: Columbia County				
. How will the strategy change Columbia County Planning a burning of vegetative materiacity limits.	General F  the previou  al for the pu		ne permitting and site inspection air current destructor occurrent	on for all open ring within the
How will the strategy change Columbia County Planning a burning of vegetative materia city limits.  List any formal service delivervice:	General F  the previou  al for the pu	us arrangements for providing and/or fund ment Services Department will provide th rpose of commercial land clearing using a	ne permitting and site inspection air current destructor occurrent	on for all open ring within the
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How will the strategy change Columbia County Planning a burning of vegetative materiacity limits.  List any formal service delivervice: greement Name:  Agreement for Commercial Burn Reg Services between Columbia County of the City of Grovetown (Exhibit H)  Agreement for Commercial Burn Reg Services between Columbia County of County Coun	e the previous and Develops al for the pure erry agreement guitation deorgia and guitation	und  Is arrangements for providing and/or fund ment Services Department will provide the rpose of commercial land clearing using a ents or intergovernmental contracts that w  Contracting Parties:	ill be used to implement the s  Effective and Ending Dates:	on for all open ring within the trategy for this
How will the strategy change Columbia County Planning a burning of vegetative materiacity limits.  List any formal service delivervice:  Greement Name:  Agreement for Commercial Burn Reg Services between Columbia County of the City of Grovetown (Exhibit H)  Agreement for Commercial Burn Reg Services between Columbia County of the City of Harlem (Exhibit I)  What other mechanisms (if the General Assembly, rate Ordinance: Fire Protection a	e the previous and Develops al for the pure erry agreement error and error fee change and Preventi	us arrangements for providing and/or fundment Services Department will provide the prose of commercial land clearing using a cents or intergovernmental contracts that we contracting Parties:    Columbia County and City of Grovetown	ill be used to implement the st  Effective and Ending Dates:  April 20, 1999 - indefinite  April 20, 1999 - indefinite	on for all open ring within the trategy for this
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. How will the strategy change Columbia County Planning a burning of vegetative materia city limits.  . List any formal service delivervice: greement Name:  Agreement for Commercial Burn Reg Services between Columbia County of the City of Grovetown (Exhibit H)  Agreement for Commercial Burn Reg Services between Columbia County of the City of Harlem (Exhibit I)  5. What other mechanisms (if the General Assembly, rate Ordinance: Fire Protection and Phone Number:	c the previous and Develops al for the pure decry agreement and any) will be or fee changand Preventinebe J. Dent. 166) 868-3376 Id be contact	as arrangements for providing and/or fundment Services Department will provide the prose of commercial land clearing using a cents or intergovernmental contracts that we contracting Parties:  Columbia County and City of Grovetown  Columbia County and City of Harlem  used to implement the strategy for this seges, etc.), and when will they take effect? on Chapter 2-6 Commercial Burning with Completed April 20 ted by state agencies when evaluating where	ill be used to implement the si  Effective and Ending Dates:  April 20, 1999 - indefinite  April 20, 1999 - indefinite  ervice (e.g. ordinances, resolution Air Current Destructor	tions, local acts of
. How will the strategy change Columbia County Planning a burning of vegetative materia city limits.  . List any formal service delivervice:  Agreement Name:  Agreement for Commercial Burn Reg Services between Columbia County of the City of Grovetown (Exhibit H)  Agreement for Commercial Burn Reg Services between Columbia County of the City of Harlem (Exhibit I)  . What other mechanisms (if the General Assembly, rate Ordinance: Fire Protection a Condinance: Fire Protection and Phone Number: (70)  3. Is this the person who should consistent with the service deliverse.	gulation people and Preventing and P	as arrangements for providing and/or fundment Services Department will provide the prose of commercial land clearing using a cents or intergovernmental contracts that we contracting Parties:  Columbia County and City of Grovetown  Columbia County and City of Harlem  used to implement the strategy for this seges, etc.), and when will they take effect? on Chapter 2-6 Commercial Burning with Completed April 20 ted by state agencies when evaluating where	ill be used to implement the si  Effective and Ending Dates:  April 20, 1999 - indefinite  April 20, 1999 - indefinite  ervice (e.g. ordinances, resolution Air Current Destructor	trategy for this

#### SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

PAGE 2

Instru	ctio	ns:
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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.

e page)	changes, this should b	e reported to t	he Departmei	nt of Community Affairs.		
unty:	Columbia Cour	ity 💖		Service: Co	ooperative Extension Servic	e ¦
⊠ Se	rvice will be provided	countywide (i.e	., including all	arrangement for this service: cities and unincorporated are tion providing the service.)	as) by a single service provider. (If this be	ox is
	ervice will be provided e government, authority				service provider. (If this box is checked,	iden
					s, and the service will not be provided in or organization providing the service.)	!
					s, and the county will provide the service r organization providing the service.)	in
				lineating the service area of rovide service within each ser	each service provider, and identify the vice area.)	:
In deve	loping the strategy, wer	e overlapping s	service areas, i	innecessary competition and/o	or duplication of this service identified?	,
□ ye	es 🖾 no		i e			
ninated hese com ninate t	). nditions will be elimina hem, the responsible pa	ted under the starty and the agre	trategy, attach eed upon dead	an implementation schedul	e listing each step or action that will be ta	ken 1
List ea er fees,	general funds, special	service district	revenues, hote	I/motel taxes, franchise taxes,	impact fees, bonded indebtedness, etc.)	Tuito
cal Gov	ernment or Authority:	Fund	ling Method:			
olumb	oia County	General	Fund			
How wi No cha		ne previous arra	angements for	providing and/or funding this	service within the county?	
List any	formal service deliver	/ agreements or	r intergovernm	ental contracts that will be us	ed to implement the strategy for this servi	ce:
reemen	it Name:	. i k	Ŀ	Contracting Parties	Effective and Ending Dates	3:
Contra	r Extension Personn ct – Memorandum o standing (Exhibit NN	f ) , , , , , , , , , , , , , , , , , , ,	Regents-U Georgia S	County & Board of Iniversity System of ystem on Behalf o f ooperative Extension	7/1/01 until rescinded	
	d	nu) will be use		t the strategy for this service?	None	
		. 6		i and strategy for this solvinor.		
	n completing form: Pho		75-4-	: :1-44 • • • • • • • • • • • • • • • • •	21/01	
nh	a Number: (706) 868-	5376	Date	Completed 8/	Z1/U1	

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? Strategy: no If not, provide designated contact person(s) and phone number(s) below:

*	! · · · · · · · · · · · · · · · · · · ·			
Instructions: Make copies of this form and complete	one for each se	ervice listed on page 1, Section III. Use	exactly the same service narnes; listed on	page 1. Answer each
question below, attaching additional particle to the Department of Community Affair	ges as necessar	y. If the contact person for this service	(listed at the bottom of the page) change	s, this should be reported
County: Columbia County	. 1	Service: Coope	rative Extension Service	
1. Check the box that best descri	ibes the agre	eed upon delivery arrangement f	or this service:	<i>1</i> .
		i.e., including all cities and unin nt, authority or organization prov	corporated areas) by a single servividing the service.)	ice provider. (If this
		incorporated portion of the cour rganization providing the servic	nty by a single service provider. (I	f this box is checked,
<del>-</del>			ted boundaries, and the service wi	•
	at a	•	ed boundaries, and the county will nt(s), authority or organization pro	• .
		legible map delineating the se cation that will provide service w	rvice area of each service provio	ler, and identify the
	re overlappi	ing service areas, unnecessary co	ompetition and/or duplication of the	nis service identified?
☐ yes ❷no ♣  If these conditions will continue higher levels of service (See O.C or competition cannot be elimina	.G.A. 36-70	rategy, attach an explanation fe -24(l)), overriding benefits of th	or continuing the arrangement (i e duplication, or reasons that over	i.e., overlapping but lapping service areas
f these conditions will be elimin	ated under t	he strategy, attach an impleme	ntation schedule listing each step	or action that will be
aken to eliminate them, the resp	onsible party	y and the agreed upon deadline i	or completing it.	
3. List each government or author	ority that wi	Il help to pay for this service an	d indicate how the service will be	funded (e.g.,
	ral funds, sp	pecial service district revenues, h	notel/motel taxes, franchise taxes,	impact iees, bonded
indebtedness, etc.)	<b>                           </b>	( 1 10)		i
Local Government or Authority:	Funding Met	// D		
Columbia County	General Fur	Br		
s as the second second	-			
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	<u></u>	/	V. C I' this coming within the	country?
<ol> <li>How will the strategy change to No Change</li> </ol>	the previous	arrangements for providing and	or funding this service within the	County
16 a T		1		L
	ry agreemen	its or intergovernmental contract	ts that will be used to implement t	ne strategy for this
service: None Agreement Name:	1 1	Contracting Parties:	Effective and Ending Dates	<u>s:</u>
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/				1
6 What other mechanisms (if a	ny) will be t	sed to implement the strategy for	or this service (e.g. ordinances, res	solutions, local acts of
the General Assembly, rate o	r fee change	es, etc.), and when will they take	effect?	
None				!
i .	, ,			.1
	*			•!
7. Person completing form: Phe	he I Dent			
+ / - · · ·		Completed	April 20, 1999	
Phone Number: (706	ld be contac	ted by state agencies when evalu	nating whether proposed local gov	ernment projects are
consistent with the service deli	ivery strates	gy? ⊠ yes □ no		ļ
If not, provide designated cor	itact person(	(s) and phone number(s) below:		!
	1			d

### 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.

Coun	ty: Columbia Cou	nty		Service: Conv	ention and Tourism	
1. Che ⊠	Service will be provided	countywide (i.e	, including all	arrangement for this service: cities and unincorporated areas) b tion providing the service.)	y a single service provider. (If this box is	
	Service will be provided the government, authority	only in the unity or organization	ncorporated po on providing th	rtion of the county by a single serv e service.)	rice provider. (If this box is checked, identify	
0	One or more cities will prunincorporated areas. (If	ovide this servi	ice only within cked, identify	their incorporated boundaries, and the government(s), authority or org	I the service will not be provided in anization providing the service.)	
. 0	One or more cities will pr unincorporated areas. (If	ovide this servi	ice only within cked, identify t	their incorporated boundaries, and the government(s), authority or org	I the county will provide the service in anization providing the service.)	
				lineating the service area of each rovide service within each service	service provider, and identify the area.)	
	eveloping the strategy, were yes one	e overlapping s	service areas, u	innecessary competition and/or dup	plication of this service identified?	
If these of servi elimina	ce (See O.C.G.A. 36-70-24	nder the strateg	gy, attach an e g benefits of th	xplanation for continuing the ari e duplication, or reasons that overla	rangement (i.e., overlapping but higher levels apping service areas or competition cannot be	
elimina	te them, the responsible pa	rty and the agre	eed upon dead	line for completing it.	ing each step or action that will be taken to	
user fe	es, general funds, special	service district	revenues, hote	his service and indicate how the ser I/motel taxes, franchise taxes, impa	rvice will be funded (e.g., enterprise funds, act fees, bonded indebtedness, etc.)	
	mbia County	11	otel Tax		i i	_
No o	change		ų.	providing and/or funding this servi	.	
5. List	any formal service deliver			ental contracts that will be used to	implement the strategy for this service:	
Agreen	nent Name:	1	·	Contracting Parties	Effective and Ending Dates:	
Agre and	ement with Augusta C Visitors Bureau (Exhib	it LL)	Columbia	County & Augusta CVB	11/01/01 – yearly renewal; automatic per terms	
		i de la companya de l				
6. W	nat other mechanisms (if a	ny) will be used	d to implement	the strategy for this service? Non-	e ·	
	rson completing form: Phe		. 4	1	1	
	one Number: (706) 868-3			Completed <u>8/21/01</u>		
8. Is	this the person who shoul	d be contacted	by state agenci	ies when evaluating whether propo-	sed local government projects are consistent (s) and phone number(s) below:	

question below, attaching additional page	ne for each service listed on page 1, Section III. Use exactly as as necessary. If the contact person for this service (listed	the same service names; listed on page 1. Answer each at the bottom of the page) changes, this should be
reported to the Department of Communi	service: Convention at	and Tourism
County: Columbia County	Service: Convention at	nd Tourism
	es the agreed upon delivery arrangement for this se	
Service will be provided cou	ntywide (i.e., including all cities and unincorporat rument, authority or organization providing the set	rvice.)
· ·	og ef i	
Service will be provided only identify the government, auth	y in the unincorporated portion of the county by a nority or organization providing the service.)	single service provider. (If this box is checked,
	j	devices and the convices will not be provided in
unincorporated areas. (If this box	de this service only within their incorporated boun c is checked, identify the government(s), authority	or organization providing the service.)
One or more cities will provid	e this service only within their incorporated bound box is checked, identify the government(s), author	daries, and the county will provide the service rity of organization providing the service.)
r the	4	<i>J</i>
Other. (If this box is checked, government, authority, or other	attach a legible map delineating the service are organization that will provide service within each	a service area.)
	overlapping service areas, unnecessary competition	on and/or duplication of this service identified?
☐ yes ❷ no If these conditions will continue un	der the strategy, attach an explanation for conti	nuing the arrangement (i.e., overlapping but
higher levels of service (See O.C.C competition cannot be eliminated).	3.A. 36-70-24(1)), overriding benefits of the duplic	ation, or reasons that overlapping service areas or
If these conditions will be eliminat taken to eliminate them, the respon	ed under the strategy, attach an implementation sible party and the agreed upon deadline for comp	schedule listing each step or action that will be pleting it.
1 -	ity that will help to pay for this service and indicat	
3. List each government or author	ecial service district revenues, hotel/motel taxes, f	ranchise taxes, impact fees, bonded indebtedness,
etc.)	DE CAN DE	י
Local Government or Authority:	Funding Method:	
Columbia County	Hotel/Motel Tax	
- i i i i i i i i i i i i i i i i i i i		
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4. How will the strategy change the previo	us arrangements for providing and/or funding this service with the service	hin the county? vill not change the present arrangements for services between
	em. / ents or intergovernmental contracts that will be used to implement	ment the strategy for this service:
Agreement Name:	Contracting Parties:	
Agreement with Augusta Convention and Bureau	d Visitors   Columbia County and Augusta CVB	Currently under negotiation
/ / /		
6. What other mechanisms (if any	y) will be used to implement the strategy for this so fee changes, etc.), and when will they take effect?	ervice (e.g. ordinances, resolutions, local acts of
None II	oo orangos, very, and more	; ;
7. Person completing form: Pheb	e J. Dent	). 1999
Phone Number: (706)	•	•
8. Is this the person who should be consistent with the service deliver	pe contacted by state agencies when evaluating when strategy?	ether proposed local government projects are
If not, provide designated contac	t person(s) and phone number(s) below:	
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structions: lake copies of this form and complete o sestion below, attaching additional pag the Department of Community Affair	es as necessary. If the co			
ounty: Columbia County	, a	Service: Count	y Coroner	İ
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Check the box that best descri				vice provider (If this
box is checked, identify the	government, author	ity or organization prov	corporated areas) by a single ser iding the service.)	vice provider. (If this
Service will be provided on identify the government, at	ly in the unincorporation	ated portion of the coun on providing the service	ty by a single service provider. (e.)	(If this box is checked,
One or more cities will pro unincorporated areas. (If the	vide this service only s box is checked, ide	y within their incorporate the government(s	ed boundaries, and the service v ), authority or organization prov	will not be provided in iding the service.)
☐ One or more cities will prov in unincorporated areas. (If	ide this service only this box is checked,	within their incorporate, identify the government	ed boundaries, and the county wat(s), authority or organization p	ill provide the service roviding the service.)
Other. (If this box is check government, authority, or o	ed, attach a legible ther organization tha	map delineating the se It will provide service w	rvice area of each service prov ithin each service area.)	rider, and identify the
ir :	re overlapping servi	ce areas, unnecessary co	ompetition and/or duplication of	this service identified?
☐ yes ❷no these conditions will continue gher levels of service (See O.C competition cannot be elimina	.G.A. 36-70-24(1)), c	ttach an explanation for the overriding benefits of the	or continuing the arrangement e duplication, or reasons that ov	(i.e., overlapping but erlapping service areas
1 "	ated under the strate	gy, attach an impleme	ntation schedule listing each st	ep or action that will be
List each government or auth nterprise funds, user fees, gene ndebtedness, etc.)	ority that will help to ral funds, special ser	pay for this service an vice district revenues, l	d indicate how the service will to notel/motel taxes, franchise taxe	s, impact fees, bonded
ocal Government or Authority:	Funding Method:			!
Columbia County	General Fund			
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1 1 (2) k				i
How will the strategy change	the previous arrange	ments for providing and	l/or funding this service within	the county?
No Change  List any formal service delive	ry agreements or int	ergovernmental contrac	its that will be used to implemen	nt the strategy for this
ervice: None	+ <b>I</b>	ng Parties:	Effective and Ending D	· ·
greement Name:	Contractii	.b		
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ir i, <u>, , , ,</u>				
. What other mechanisms (if the General Assembly, rate	any) will be used to in or fee changes, etc.),	mplement the strategy and when will they tak	for this service (e.g. ordinances, e effect?	resolutions, local acts o
None			• .	! :
Fig. 1				<u> </u>
	ehe I Dent			
7. Person completing form: Ph		Completed	April 20, 1999	
Phone Number: (70	o) 808-33/0	state agencies when eva	luating whether proposed local	government projects are
8. Is this the person who sho consistent with the service de If not, provide designated co	livery strategy/ c	A AEZ CI TIO		i
*				1
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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: 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(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	1 :		

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

- 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? strategy? yes up no in the service delivery strategy?

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

Instructions: Make copies of this form and complete o question below, attaching additional pag reported to the Department of Communi	es as necessary.	ice listed on page 1, Section III. Use exactly the same If the contact person for this service (listed at the bo	e service names; listed on page I. Answer eachtom of the page) changes, this should be
County: Columbia County		Service: Cultural Programs	1
1. Check the box that best describ	es the agreed	upon delivery arrangement for this service:	
		including all cities and unincorporated areas	s) by a single service provider. (If this
		uthority or organization providing the service	
	v in the uninc	orporated portion of the county by a single so	ervice provider. (If this box is checked.
identify the government, aut	hority or orga	nization providing the service.)	
		e only within their incorporated boundaries, a identify the government(s), authority or org	
	st .		
		only within their incorporated boundaries, a ed, identify the government(s), authority or o	
		ble map delineating the service area of eac that will provide service within each service	
2 In developing the strategy, were	e overlanning	service areas, unnecessary competition and/o	or duplication of this service identified?
□ yes ⊠ no	i.		
If these conditions will continue un higher levels of service (See O.C.C	nder the strate 3.A. 36-70-24	gy, attach an explanation for continuing the (l)), overriding benefits of the duplication, or	he arrangement (i.e., overlapping but reasons that overlapping service areas
or competition cannot be eliminate			1
If these conditions will be eliminat	ted under the s	trategy, attach an implementation schedul	e listing each step or action that will be
taken to eliminate them, the respor	nsible party an	d the agreed upon deadline for completing it	<b>L</b> :
3. List each government or author	rity that will h	elp to pay for this service and indicate how the	he service will be funded (e.g., enterpris
funds, user fees, general funds, sp	ecial service	listrict revenues, hotel/motel taxes, franchise	e taxes, impact fees, bonded
indebtedness, etc.)	Í		'
Local Government or Authority:	Funding Method	UPDATED 2	2/0/
Columbia County	General Fund	! /	I
ed *	,		<u> </u>
		, /	
4. How will the strategy change the previo	us arrangements	for providing and/or funding this service within the cou	unty?
No Change	f		· · · · · · · · · · · · · · · · · · ·
<u> </u>	- /		<u> </u>
	ents or intergove	mmental contracts that will be used to implement the st	trategy for this service:  Effective and Ending Dates:
Agreement Name:  Agreement for Provision of Services to C	/	Contracting Parties:  Jumbia County and Arts Council	une 2, 1998-June 30, 1999
County, Georgia (Exhibit J)	Columbia	Significal County and This County	
1			
6. What other mechanisms (if any None	y) will be used	to implement the strategy for this service (e	.g. ordinances, resolutions, local acts of
7. Person completing form: Pheb	e J. Dent	•	1
Phone Number: (706)	868-3376	Completed April 20, 1999	
8 Is this the person who should h	e contacted b	y state agencies when evaluating whether pro	oposed local government projects are
consistent with the service deliver	ry strategy?	8 yes □ no	
	la į -		•
If not, provide designated contac	t person(s) an	d phone number(s) below:	
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Instructions: Make copies of this form and complete of question below, attaching additional pagreported to the Department of Commun		service listed on page 1, Section III. Use exactly the sary. If the contact person for this service (listed at t	same service names; listed on page I he bottom of the page) changes, this s	. Answer each
County: Columbia County	F	Service: Development Au	thority	1
1. Check the how that best describ	oa tha a	•	•	1
Service will be provided so	nes mé agi	eed upon delivery arrangement for this servi	ce:	
box is checked, identify the	governme	(i.e., including all cities and unincorporated and authority or organization providing the so	areas) by a single service provid ervice.)	er. (If this
☐ Service will be provided onlidentify the government, aud	ly in the u	nincorporated portion of the county by a sing organization providing the service.)	gle service provider. (If this box	is checked,
☐ One or more cities will provi unincorporated areas. (If this b	ide this ser ox is chec	rvice only within their incorporated boundari ked, identify the government(s), authority or	es, and the service will not be p organization providing the serv	rovided in
☐ One or more cities will provide in unincorporated areas. (If this	de this ser s box is ch	vice only within their incorporated boundarie lecked, identify the government(s), authority	es, and the county will provide the or organization providing the so	he service ervice.)
☐ Other. (If this box is checked government, authority, or other	, attach a r organiza	legible map delineating the service area of tion that will provide service within each ser	f each service provider, and idvice area.)	entify the
2. In developing the strategy, were  □ yes ⊗ no	e overlapp	ing service areas, unnecessary competition a	nd/or duplication of this service	identified?
If these conditions will continue ur	nder the st	rategy, attach an explanation for continuir	g the arrangement (i.e., overl	apping but
higher levels of service (See O.C.C or competition cannot be eliminate	3.A. 36-70	0-24(I)), overriding benefits of the duplication	n, or reasons that overlapping se	rvice areas
If these conditions will be eliminat taken to eliminate them, the respon	ed under t	he strategy, attach an implementation sche y and the agreed upon deadline for completin	dule listing each step or action ag it.	that will be
7 List such severment on outh		11 February 6 - Alice	4	
funds, user fees, general funds, sp indebtedness, etc.)	ecial servi	Il help to pay for this service and indicate ho ice district revenues, hotel/motel taxes, franc	hise taxes, impact fees, bonded	g., enterprise
indebtedness, etc.)	· .			Н
Local Government or Authority:	Funding Me	ethod:		Ji
Columbia County	General Fu	and Bonds		l
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	1		· · · · · · · · · · · · · · · · · · ·	-
4. How will the strategy change the previous No Change	us arrangeme	ents for providing and/or funding this service within the	county?	·I
	1.0			
5. List any formal service delivery agreeme Agreement Name:	ents or interg	overnmental contracts that will be used to implement to Contracting Parties:	he strategy for this service:  Effective and Ending Dates:	i il:
Resolution to Declare the need for a Deve	elopment	Columbia County and Development Authority	May 19, 1971, - Indefinite	i
Authority created for Columbia County, (Exhibit K)				
Resolution to Correct and Clarify Terms (Exhibit L)		Columbia County and Development Authority	December 31, 1999 - Indefinite	
Agreement for Industrial Activities (Exhi	bit M)	Columbia County and Development Authority	December 1, 1992 - Indefinite	!
		sed to implement the strategy for this service by the Development Authority of Columbi		ocal acts of
7. Person completing form: Phebe Phone Number: (706) 8		CompletedApril 20, 199	9	
				1
8. Is this the person who should be consistent with the service delivery		d by state agencies when evaluating whether  yes  o  no	proposed local government pro	jects are
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If not, provide designated contact		and phone number(s) below:		:
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### 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.

	ıty: Columbia Cou					ction Board Service	
1. Ch	eck the box that best descri	bes the agreed	d upon delivery	arrangement for t	his service:		1
⊠	Service will be provided checked, identify the gove	countywide (i	.e., including a	Il cities and uninco	rmorated areas	) by a single service provide	r. (If this box is
	Service will be provided the government, authority	only in the un or organizat	incorporated point ion providing the	ortion of the count he service.)	y by a single so	ervice provider. (If this box	is checked, identif
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	One or more cities will pr unincorporated areas. (If	ovide this ser this box is ch	vice only within ecked, identify	n their incorporate the government(s	d boundaries, a	and the county will provide to brganization providing the se	he service in
	Other. (If this box is check government, authority, or	ced, attach a other organiz	legible map de ation that will i	elineating the service wi	vice area of each	ch service provider, and ide ce area.)	entify the
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these imina	conditions will be eliminate them, the responsible part	ed under the ty and the ag	strategy, attach reed upon dead	an implementat	ion schedule li g it.	sting each step or action that	will be taken to
imina 5. List	te them, the responsible parties them, the responsible parties them.	ty and the ag	reed upon dead	line for completin	g it. licate how the s	sting each step or action that service will be funded (e.g., pact fees, bonded indebtedn	enterprise funds.
imina 3. List iser fe	te them, the responsible parties them, the responsible parties them.	ty and the ag ity that will hervice district Fund	reed upon dead telp to pay for to revenues, hote ding Method:	line for completin	g it. licate how the s	service will be funded (e.g.,	enterprise funds.
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imina  3. List user fe cocal C Colu	each government or authories, general funds, special s	ty and the ag ity that will hervice district Fund	reed upon dead uelp to pay for to revenues, hote ding Method:	line for completin	g it. licate how the s	service will be funded (e.g.,	enterprise funds.
imina 3. List user fe cocal C Colu City	each government or authories, general funds, special s Government or Authority:	ty and the agrity that will hervice district  Fun  Genera	reed upon dead telp to pay for to revenues, hote ding Method:	line for completin	g it. licate how the s	service will be funded (e.g.,	enterprise funds.
Jimina  3. List user for cocal Colu City City How	te them, the responsible particle each government or authorities, general funds, special subjections of Authority:  mbia County of Grovetown	ity and the agrity that will hervice district  Fundamental Genera  Genera  Genera	reed upon dead relp to pay for to revenues, hote ding Method: I Fund I Fund I Fund	line for completin	g it. licate how the s chise taxes, im	service will be funded (e.g., pact fees, bonded indebtedn	enterprise funds.
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imina  3. List aser fe  Cocal C  Colu  City  How  No c  List a  green  Cont  Grov	each government or authority: each government or authority: Government or Authority: mbia County of Grovetown of Harlem  will the strategy change the change any formal service delivery ment Name: cract for Election Service	ty and the agrity that will hervice district  Fund  Genera  Genera  Genera  agreements of the service agreements of the service agreements of the service agreements of the service agreements of the service agreements of the service agreements of the service agreements of the service agreements of the service agreements of the service agreements of the service agreements of the service agreements of the service agreements of the service agreements of the service agreements of the service agreements of the service agreements of the service agreement ag	reed upon dead telp to pay for to revenues, hote ding Method: I Fund I Fund angements for particular intergovernm Columbia Grovetown	his service and inclimatel taxes, fran  providing and/or frantal contracts tha  Contracting Part  County & City of	g it. licate how the schise taxes, impunding this servent will be used to ies	service will be funded (e.g., pact fees, bonded indebtedness) wice within the county?  o implement the strategy for Effective and Encounters.	enterprise funds, ess, etc.)
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imina 3. List user fe cocal C Colu City How No C List green Cont Grov Cont Harle	each government or authorizes, general funds, special second for Authority:  mbia County of Grovetown of Harlem  will the strategy change the change any formal service delivery ment Name: react for Election Service fetown (Exhibit N)  areact for Election Service for (Exhibit KK)	ty and the agrity that will hervice district  Fundamental General General General General agreements of the with the will be used.	reed upon dead ielp to pay for trevenues, hote ding Method: I Fund I Fund angements for r intergovernm Columbia ( Grovetown	providing and/or fental contracts that Contracting Part County & City of C	g it. licate how the schise taxes, impunding this services twill be used to lies  f Harlem	vice within the county?  o implement the strategy for  Effective and Enc  09/13/93 – indefinite	enterprise funds, ess, etc.)
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	s as necessary		exactly the same service names; listed on page (listed at the bottom of the page) changes, this	
County: Columbia County		Service: Election	on Board Services	
1. Check the box that best describ	es the agre	ed upon delivery arrangement f	or this service:	<i>7</i> ,
☐ Service will be provided con	ıntywide (i.		corporated areas) by a single service p	rovider. (If this
☐ Service will be provided onlidentify the government, au	y in the uni thority or or	incorporated portion of the cour rganization providing the servic	nty by a single service provider. (If this	s box is checked,
One or more cities will provi unincorporated areas. (If this	de this serv box is che	ice only within their incorporat cked, identify the government(s	ed boundaries, and the service will not	the provided in the service.)
⊠One or more cities will provide in unincorporated areas. (If the second secon	ie this servi his box is c	ce only within their incorporate thecked, identify the governmen	ed boundaries, and the county will provint(s), authority or organization providing	ride the service ng the service.)
Other. (If this box is checked government, authority, or other	l, attach a l ner organiza	legible map delineating the sertion that will provide service w	rvice area of each service provider, a rithin each service area.)	and identify the
П М то "			ompetition and/or duplication of this s	
To the anditions will continue u	G.A. 36-70	ategy, attach an explanation f -24(l)), overriding benefits of th	or continuing the arrangement (i.e., ne duplication, or reasons that overlapp	overlapping but ing service areas
If these conditions will be eliminate taken to eliminate them, the response	ited under to insible part	he strategy, attach an impleme y and the agreed upon deadline	entation schedule listing each step or a for completing it.	action that will be
3. List each government or author enterprise funds, user fees, gener indebtedness, etc.)	ority that wi al funds, sp	Il help to pay for this service arecial service district revenues,	nd indicate how the service will be fun hotel/motel taxes, franchise taxes, imp	ded (e.g., act fees, bonded
Local Government or Authority:	Funding Met	15417		
Columbia County	General Fu	nd ('G')		!
City of Harlem	General Fu	nd /		i
1 1 1 1 1 1	* 1	/		
	1	/		
City of Harlem will evaluate	having Colu	imbia County provide dus servi	d/or funding this service within the co- ce similar to agreement with the City	
service:	ry agreemen	nts or intergovernmental contractions of the Contractions Parties:	cts that will be used to implement the s Effective and Ending Dates:	
Agreement Name:  Contract for Election Services (Exhibit	N)	Columbia County	9/13/93 - indefinite	
		City of Grovetown		1
				1
What other mechanisms (if a	ny) will be	used to implement the strategy es, etc.), and when will they tak	for this service (e.g. ordinances, resolute effect?	ntions, local acts of
None	şi j	(3), (10.), and (11.01)		
7. Person completing form: Phe Phone Number: (706	oe J. Dent 6) 868-3376	Completed_	April 20, 1999	
	be contact	ed by state agencies when evalu	nating whether proposed local governm	nent projects are
If not, provide designated contr	act person(s	and phone number(s) below:		! !
an	1			<u> </u>
	5			1



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	r	Service: Emergency Management	1
		es and unincorporated areas) by a single service provider. (If this box is	checked,
Service will be provided only government, authority or orga	in the unincorporated portion anization providing the service	of the county by a single service provider. (If this box is checked, idente.)	tify the
		ir incorporated boundaries, and the service will not be provided in unin thority or organization providing the service.)	corporated
		r incorporated boundaries, and the county will provide the service in vernment(s), authority or organization providing the service.)	    
<ul> <li>Other. (If this box is checked, authority, or other organization</li> </ul>		ating the service area of each service provider, and identify the gover- nin each service area.)	mment,
2. In developing the strategy, were ov	verlapping service areas, unnec	cessary competition and/or duplication of this service identified?	İ
these conditions will continue under ervice (See O.C.G.A. 36-70-24(1)), o liminated).	the strategy, attach an expla verriding benefits of the duplic	nation for continuing the arrangement (i.e., overlapping but higher cation, or reasons that overlapping service areas or competition cannot	levels of be
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3. List each government or authority fees, general funds, special service d	that will help to pay for this se listrict revenues, hotel/motel ta	ervice and indicate how the service will be funded (e.g., enterprise fundaxes, franchise taxes, impact fees, bonded indebtedness, etc.)	ls, user
ocal Government or Authority:	Funding Method:		
Columbia County	General Fund		1 .
1	1 6		

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:
FY 02 Performance Partnership Agreement Georgia EMA and Columbia Cty (Exhibit O)	Columbia County, State of Georgia	2/02 – 2/03
Contract between the GEMA, State of Georgia, and Columbia County Local Emergency Planning Committee	GEMA, State of Georgia, Columbia County	10/1/02 – 9/30/02
GEMA Statewide Mutual Aid and Assistance Agreement with Columbia Cty.	GEMA, Columbia County	1/7/12
GEMA Statewide Mutual Aid and Assistance Agreement with Grovetown, GA	GEMA, City of Grovetown	1/7/12
GEMA Statewide Mutual Aid and Assistance Agreement with Harlem, GA	GEMA, City of Harlem	1/7/12
Letter of Concurrence RE Nomination of Emergency Management	City of Grovetown, City of Harlem, Columbia County	Until change in director
Letter of Appointment; re: Emergency Management	Columbia County	5/5/99 until change in director
Letter of Appt. RE: Emergency Mgmt. in Columbia Cty. GEMA approval	Georgia Emergency Mgmt. Agency, Columbia County	8/5/99 until change in director

- 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? Strategy? In no If not, provide designated contact person(s) and phone number(s) below:

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 diplication 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:		19/9/0	2
		,		

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 Renowal
Columbia County Resolution Relative to Emergency Management (Exhibit O) (G15.3 -6)	Columbia County, City of Grovetown and Cit y of Harlem	May 18, 1999 - Indefinite
Letter of Concurrence re Nomination of Emergency Management (Exhibit O) (G15.7-8)	Cit y 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 ()) (G15. 9)	Columbia County	May 5, 1999 - until change in Director
Letter of Appointment re Emergency Management in Columbia County GEMA	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?

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

PAGE Z

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Instructions:  Make copies of this form and complete one for each squestion below, attaching additional pages as necessareported to the Department of Community Affairs.	ry. If the contact person for this service (listed at th	ame service names; listed on page 1. Answer each e bottom of the page) changes, this should be
County: Columbia County	Service: Emergency Mana	gement
1. Check the box that best describes the agre	ed upon delivery arrangement for this service	e:
Service will be provided countywide (i	.e., including all cities and unincorporated a at, authority or organization providing the se	reas) by a single service provider. (If this
☐ Service will be provided only in the un identify the government, authority or o	incorporated portion of the county by a sing rganization providing the service.)	le service provider. (If this box is checked,
	vice only within their incorporated boundarion incorpo	
	ice only within their incorporated boundarie cked, identify the government(s), authority	
	egible map delineating the service area of ion that will provide service within each serv	
2. In developing the strategy, were overlappi  ☐ yes ❷ no	ng service areas, unnecessary competition as	nd/or duplication of this service identified?
If these conditions will continue under the str higher levels of service (See O.C.G.A. 36-70- or competition cannot be eliminated).	ategy, attach an explanation for continuin 24(I)), overriding benefits of the duplication	g the arrangement (i.e., overlapping but , or reasons that overlapping service areas
If these conditions will be eliminated under the taken to eliminate them, the responsible party	e strategy, attach an implementation sche and the agreed upon deadline for completin	dule listing each step or action that will be g it.
3. List each government or authority that will funds, user fees, general funds, special service indebtedness, etc.)	ce district revenues, hotel/motel taxes, franch	w the service will be funded (e.g., enterprise ise taxes, impact fees, bonded
Local Government or Authority: Funding Met	thod: UPDATES	2/01
Columbia County General Fu	nd /	!
	**	
		ï
4. How will the strategy change the previous arrangeme	ets for providing and/or funding this service within the	county?
	ncy Management is currently being amended and und	
5. List any formal service delivery agreements or interge	overnmental contracts that will be used to implement the	ne strategy for this service:  Effective and Ending Dates:
Agreement Name:  Performance Partnership Agreement between the Georgia EMA and Columbia County Government	Contracting Parties:  Columbia County and State of Georgia	February 18, 1997- Indefinite
(Exhibit O) (G15.1-4)  Columbia County Resolution Relative to	Columbia County, City of Grovetown and City of	April 23, 1992- Indefinite
Emergency Management (Exhibit O) (G15.5-10)  Letter of Concurrence re Nomination of	City of Grovetown and City of Harlem to	April 12, 1999 until change in Director
Emergency Management (Exhibit O) (G15.16-17)  Letter of Appointment re Emergency Management (Exhibit O) (G15.18)	Columbia County  Columbia County	May 4, 1999
6. What other mechanisms (if any) will be use Ordinance to amend code of Ordinances Organization, March 31, 1992 (Exhibit O)	City of Grovetown to provide for establishme	(e.g. ordinances, resolutions, local acts of int of Emergency Management
7. Person completing form: Phebe J. Dent Phone Number: (706) 868-3376	Completed April 20, 199	9
8. Is this the person who should be contacted consistent with the service delivery strategy.		proposed local government projects are
If not, provide designated contact person(s)	*1	

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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 rep Department of Community Affairs.	orted to the
County: Columbia County Service: — Emergency Medical and Non-emergenc	y Medical Services
<ul> <li>Check the box that best describes the agreed upon delivery arrangement for this service:</li> <li>Service will be provided countywide (i.e., including all cities and unincorporated area provider. (If this box is checked, identify the government, authority or organization provider will be provided only in the unincorporated portion of the county by a single so box is checked, identify the government, authority or organization providing the serul one or more cities will provide this service only within their incorporated boundaries,</li> </ul>	oviding the service.) ervice provider. (If this vice.)
be provided in unincorporated areas. (If this box is checked, identify the government(s organization providing the service.)	), authority or
<ul> <li>One or more cities will provide this service only within their incorporated boundaries, provide the service in unincorporated areas. (If this box is checked, identify the gover organization providing the service.)</li> <li>Other. (If this box is checked, attach a legible map delineating the service area of ear and identify the government, authority, or other organization that will provide service area.)</li> </ul>	nment(s), authority or ach service provider,
2. In developing the strategy, were overlapping service areas, unnecessary competition and/or d service identified?  図 yes 口 no	luplication of this
f these conditions will continue under the strategy, attach an explanation for continuing the appearance of the description of the description of the description of the description of the description of the description of the description of the description of these conditions will be eliminated under the strategy, attach an implementation schedule list ction that will be taken to eliminate them, the responsible party and the agreed upon deadline for the strategy of this service and indicate how funded (e.g., enterprise funds, user fees, general funds, special service district revenues franchise taxes, impact fees, bonded indebtedness, etc.)  4. Occal Government or Authority: Funding Method:	uplication, or reasons string each step or r completing it.
Columbia County General Fund/User Fees	j.
. How will the strategy change the previous arrangements for providing and/or funding this service.  List any formal service delivery agreements or intergovernmental contracts that will be used to strategy for this service:  Agreement Name:  Contracting Parties:	o implement the  Effective and
Ti A 1 Columbia County	Ending Dates: 05/26/01-6/30/05
First Amendment to Agreement for Ambulance and Emergency and Non- emergency Medical Services – Exhibit P  Columbia County  Gold Cross	03/20/01—0/30/03
6. What other mechanisms (if any) will be used to implement the strategy for this service (e.g. o ocal acts of the General Assembly rate or fee changes, etc.), and when will they take effect?  7. Person completing form: Phebe J. Dent	rdinances, resolutions,
Phone Number: (706) 868-3376 Date Completed: September	21, 2004
Is this the person who should be contacted by state agencies when evaluating whether proposi	Ì

projects are consistent with the service delivery strategy? <u>x</u> yes \_\_\_no. If not, provide designated contact person(s) and phone number(s) below:

### 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; disted 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.

the page) changes, this sh	ould be	reported to	o the Departme		contact person for this service (listed at the b	ottom
1.0		. ' F	ī l		Emergency Medical	
County: Columbia	Count	y		Service:	Emergency Medical	1
1. Check the box that hest	describe	s the arree	ار سینداداد مصور او		102	
Service will be pro	vided co	s uie agree iintvwide (	u upon delivery			1
checked, identify the	e govern	ment, auth	ority or organiz	ation providing the service.	e: areas) by a single service provider. (If this box	is
			1			·j
□ Service will be pro	vided on	ly in the u	nincorporated p	ortion of the county by a sir	ngle service provider. (If this box is checked, id	entify
the government, at	unority o	r organizai	tion providing t	he service.)		1
☐ One or more cities	will prov	ide this ser	rvice only withi	n their incorporated bounds	ries, and the service will not be provided in	1
unincorporated are	as. (If th	is box is cl	necked, identify	the government(s), authorit	y or organization providing the service.)	1
	1					1
One or more cities	will prov	ide this ser	vice only within	n their incorporated bounda	ries, and the county will provide the service in	1
unincorporated are	as. (11 un	2 00x 12 CI	iecked, identify	the government(s), authorit	y or organization providing the service.)	1
☐ Other. (If this box i	s checked	l, attach a	legible map de	lineating the service area	of each service provider, and identify the	: '1
government, author	ity, or ot	her organiz	zation that will p	provide service within each	service area.)	
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ves ⊠ no	y, were c	veriapping	g service areas,	unnecessary competition an	d/or duplication of this service identified?	:
•	. h. b		. I	i /		1
these conditions will cont	inue und	er the strate	egy, attach an e	xplanation for continuing	the arrangement (i.e., overlapping but higher	r levels
f service (See O.C.G.A. 36 liminated).	-70-24(1)	), ove <del>rri</del> dir	ng benefits of th	e duplication, or reasons th	at overlapping service areas or competition can	not be
miniated).			) :	1		
these conditions will be el	iminated	under the	strategy, attach	/ an implementation sched	ule listing each step or action that will be taker	. +0
iminate them, the responsi	ble party	and the ag	reed upon dead	line for completing it.	and hotally dutin stop of action that will be taken	1
List each government or	authorits	, that will b	ola to more for a			1
user fees, general funds, sp	ecial serv	ice distric	t revenues, hote	his service and indicate how	the service will be funded (e.g., enterprise funds, impact fees, bonded indebtedness, etc.)	ds,
	· 1	21 - A 1 - A 1		The state of the s	s, impact rees, bonded indebtedness, etc.)	4
ocal Government or Autho	rity:	Fun	ding Method:			
Columbia County	11	Generá	l Fund/Users	Fees		1
	le .	1 /	Prince Prince			
How will the strategy char	nge the p	revious arr	angements for i	providing and/or funding the	is service within the county?	1
No change					and to the same services of th	!
List anu famual assuiss de						·
List any formai service de	ivery ag	reements o	r intergovernm	ental contracts that will be u	sed to implement the strategy for this service:	1
greement Name:	/ i .		. h	Contracting Parties	Effective and Ending Dates:	i
/	, i					
Agreement for Ambula			Columbia (	County & Gold Cross	05/27/01 - 05/26/03	i
Emergency and Non-e	mergen	cy	r	, -		
Services (Exhibit/P)		. 6		i		i
		· · ·	<u> </u>	:		.4
What other mechanisms	(if any)	will be nee	d to implement	the strategy for this service	None	)
" nat outer incentainsins	(II ally)	. i use use	a to implement	the strategy for this service	( NOIIC	1
Person completing form	: Phebe J	. Dent	. 1	* •		Ì
Phone Number: (706) 8	368-33 <sup>'</sup> 76	· · · · · · · · · · · · · · · · · · ·	Date C	ompleted8	3/21/01	4
	r .					Ì
is this the person who s	nould be	contacted	by state agencie	s when evaluating whether	proposed local government projects are consist	ent

⊠:yes □ no If not, provide designated contact person(s) and phone number(s) below:

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 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?

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 / 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
(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?

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

o the Department of Community Affairs.	e for each service listed on page 1, Section III. Use exactly th s as necessary. If the contact person for this service (listed at	
County: Columbia County	Service: Emergency M	<b>fedical</b>
1. Check the box that best describe	es the agreed upon delivery arrangement for this s	service:
	atywide (i.e., including all cities and unincorporate	
	government, authority or organization providing the	
☐ Service will be provided only	y in the unincorporated portion of the county by a hority or organization providing the service.)	single service provider (If this box is checked,
☐ One or more cities will provid unincorporated areas. (If this	de this service only within their incorporated boun box is checked, identify the government(s), author	daries, and the service will not be provided in ority or organization providing the service.)
One or more cities will provi in unincorporated areas. (If	de this service only within their incorporated bour this box is checked, identify the government(s), a	ndaries, and the county will provide the service uthority or organization providing the service.)
☐ Other. (If this box is checked, government, authority, or other	, attach a legible map delineating the service ar er organization that will provide service within ea	rea of each service provider, and identify the chi service area.)
∏ ves ⊠ no	e overlapping service areas, unnecessary competiti	
f these conditions will continue up	nder the strategy, attach an explanation for conti G.A. 36-70-24(l)), overriding benefits of the duplic ed).	inuing the arrangement (i.e., overlapping but cation, or reasons that overlapping service areas
If these conditions will be eliminate them, the respon	ted under the strategy, attach an implementation nsible party and the agreed upon deadline for com	schedule listing each step or action that will be
2. List each government or author	rity that will help to pay for this service and indical funds, special service district revenues, hotel/mi	ate how the service will be funded (e.g., otel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	I /	707
Columbia County	General Fund and User Fees	
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		·
4. How will the strategy change th	ne previous arrangements for providing and/or fun	ding this service within the county?
No Change		1
No Change  5. List any formal service delivery service:	y agreements or intergovernmental contracts that t	7
No Change  5. List any formal service delivery service: Agreement Name:	Contracting Parties:	Effective and Ending Dates:
No Change  5. List any formal service delivery service:	Contracting Parties:	7
No Change  5. List any formal service delivery service: Agreement Name:  Agreement for Ambulance and Emergent	Contracting Parties:	Effective and Ending Dates:
No Change  5. List any formal service delivery service: Agreement Name:  Agreement for Ambulance and Emergency Non-Emergency Services (Exhibit P)	Contracting Parties:  cy and Columbia County and Atlanta South	Effective and Ending Dates: April 27, 1997 - April 26, 2001
No Change  5. List any formal service delivery service: Agreement Name:  Agreement for Ambulance and Emergency Non-Emergency Services (Exhibit P)  6. What other mechanisms (if any	Contracting Parties:	April 27, 1997 - April 26, 2001  April 26, 2001  Service (e.g. ordinances, resolutions, local acts of
No Change  5. List any formal service delivery service: Agreement Name:  Agreement for Ambulance and Emergency Non-Emergency Services (Exhibit P)  6. What other mechanisms (if any the General Assembly, rate or None  7. Person completing form: Pheb	cy and Columbia County and Atlanta South  Cy) will be used to implement the strategy for this fee changes, etc.), and when will they take effect the J. Dent	April 27, 1997 - April 26, 2001  April 27, 1997 - April 26, 2001  service (e.g. ordinances, resolutions, local acts of ?
No Change  5. List any formal service delivery service: Agreement Name:  Agreement for Ambulance and Emergency Non-Emergency Services (Exhibit P)  6. What other mechanisms (if any the General Assembly, rate or None  7. Person completing form: Pheb Phone Number: (706)	Contracting Parties:  cy and Columbia County and Atlanta South  y) will be used to implement the strategy for this served fee changes, etc.), and when will they take effect to be J. Dent  1868-3376 Completed April 2  be contacted by state agencies when evaluating with the strategy for this served feet and the strategy for this served feet changes, etc.)	April 27, 1997 - April 26, 2001  Service (e.g. ordinances, resolutions, local acts of ?
No Change  5. List any formal service delivery service: Agreement Name:  Agreement for Ambulance and Emergence Non-Emergency Services (Exhibit P)  6. What other mechanisms (if any the General Assembly, rate or None  7. Person completing form: Pheb Phone Number: (706)  8. Is this the person who should to consistent with the service delivery	Contracting Parties:  cy and Columbia County and Atlanta South  y) will be used to implement the strategy for this fee changes, etc.), and when will they take effect to J. Dent  868-3376 Completed April 2  be contacted by state agencies when evaluating way strategy? yes no	April 27, 1997 - April 26, 2001  Service (e.g. ordinances, resolutions, local acts of ?
No Change  5. List any formal service delivery service:  Agreement Name:  Agreement for Ambulance and Emergent Non-Emergency Services (Exhibit P)  6. What other mechanisms (if any the General Assembly, rate or None  7. Person completing form: Pheb Phone Number: (706)  8. Is this the person who should to consistent with the service delivery if not, provide designated contact	Contracting Parties:  cy and Columbia County and Atlanta South  y) will be used to implement the strategy for this see changes, etc.), and when will they take effect to be J. Dent  See J. Dent  See J. Dent  See Completed April 2  be contacted by state agencies when evaluating we strategy?  yes I no  ct person(s) and phone number(s) below:	April 27, 1997 - April 26, 2001  Service (e.g. ordinances, resolutions, local acts of ?
No Change  5. List any formal service delivery service: Agreement Name:  Agreement for Ambulance and Emergency Non-Emergency Services (Exhibit P)  6. What other mechanisms (if any the General Assembly, rate or None  7. Person completing form: Pheb Phone Number: (706)  8. Is this the person who should to consistent with the service delivery	Contracting Parties:  cy and Columbia County and Atlanta South  y) will be used to implement the strategy for this fee changes, etc.), and when will they take effect to J. Dent  868-3376 Completed April 2  be contacted by state agencies when evaluating way strategy? yes no	April 27, 1997 - April 26, 2001  Service (e.g. ordinances, resolutions, local acts of ?

Instructions: Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service of arnes; 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 services
- Service will be provided countywide (i.e., including all cities and unincorporated eas) by a single service provider. (If this box is checked, identify the government, authority or organization providing the s (vice.)
- Service will be provided only in the unincorporated portion of the county by a fingle 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), at thority 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, innecessary competition and/or duplication of this service identified?

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

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

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

ocal Government or Authority: General Fund/Volum Columbia 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:

Effective and Ending Dates: Agreement Name

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. Den

(706) 868-\$376 Completed April 20, 1999 Phone Number.

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? we yes one

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

PAGE 2

1

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Make questi	ctions: copies of this form and complete one f on below, attaching additional pages a Department of Community Affairs.	or each service listed on page 1, Section III. Use exactly the same service narnes; listed a necessary. If the contact person for this service (listed at the bottom of the page) chan	on page 1. Answer each
Cour	ty: Columbia County	Service: Emergency Rescue Team	
1. C	heck the box that best describes	the agreed upon delivery arrangement for this service:	
Ø		ywide (i.e., including all cities and unincorporated areas) by a single servernment, authority or organization providing the service.)	rvice provider. (If this
_		n the unincorporated portion of the county by a single service provider. rity or organization providing the service.)	(If this box is checked,
		this service only within their incorporated boundaries, and the service ox is checked, identify the government(s), authority or organization provides	
	in unincorporated areas. (If the	this service only within their incorporated boundaries, and the county vis box is checked, identify the government(s), authority or organization	providing the service.)
		attach a legible map delineating the service area of each service pro- organization that will provide service within each service area.)	vider, and identify the
	J ves ⊠no	verlapping service areas, unnecessary competition and/or duplication of	!
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ente	ist each government or authorit rprise funds, user fees, general btedness, etc.)	that will help to pay for this service and indicate how the service will tunds, special service district revenues, hotel/motel taxes, franchise taxe	s, impact fees, bonded
Local	Government or Authority: Fu	ading Method:	
Colu	mbia County C	eneral Fund/Volunteers	
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4. Ho No	ow will the strategy change the Change	revious arrangements for providing and/or funding this service within t	!
	st any formal service delivery a	greements or intergovernmental contracts that will be used to implemen	t the strategy for this
servi Agree	ment Name:	Contracting Parties: Effective and Ending Da	ites:
	. B	· · · · · · · · · · · · · · · · · · ·	4
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-			
6. V	What other mechanisms (if any)	will be used to implement the strategy for this service (e.g. ordinances, etc.), and when will they take effect?	resolutions, local acts of
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	erson completing form: Phebe 1		<del></del>
P	hone Number:(706) 86	8-3376 Completed April 20, 1999	r
		1	i
cons	istent with the service delivery	contacted by state agencies when evaluating whether proposed local governergy? So yes I no person(s) and phone number(s) below:	rernment projects are
ı	not, provide designated contact	personia, and phone numbers, octors.	<u> </u>

### SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

PAGE 2

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In	stri	ıcti	nne

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?

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:

Martinez-Evans Fire
Department, Columbia
County
Grovetown Fire Department
Harlem Fire Department
User Fees
User Fees
User Fees
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 Columbia County & City of 06/19/01 - 01/01/09 **Extrication Services between** Grovetown Columbia County and the City of Grovetown, Georgia, and City of Harlem, Georgia (Exhibit Q) **Intergovernmental Agreement for** 7/19/01 - 01/01/09 Extrication Services between **Columbia County and Martinez Fire** Columbia County and Martinez-Evans Department Fire Department (Exhibit R)

- 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

8/21/0

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

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question below, att	form and complete of aching additional pages	ges as necessa	ervice l ry. If ti	isted on page ne contact pers	1, Section III. U son for this serv	se exactly the sa	ame service names; listed on page 1. A bottom of the page) changes, this shou	nswer each
County: Colum		1	1	S	Service: Extri	cation Service	€	İ
1 Check the bo	x that best describ	en the ear	مط أيمه	م بحديثاما م	6	والمساء		
							eas) by a single service provider.	(Tf this
box is che	cked, identify the	governmer	it, auth	ority or orga	anization pro	viding the ser	vice.)	(11 this
☐ Service w identify th	ill be provided on ne government, au	ly in the un thority or o	incorp rganiz	orated portionation provid	on of the cour ling the service	nty by a single.)	e service provider. (If this box is o	checked,
One or mo	ore cities will prov ted areas. (If this b	ide this servox is check	vice or red, ide	nly within the	eir incorporativernment(s),	ed boundarie authority or o	s, and the service will not be provorganization providing the service	rided in
							s, and the county will provide the sor organization providing the serv	
							each service provider, and identice area.) (See Map H3.4)	ify the
_	1	e overlappi	ng ser	vice areas, u	nnecessary c	ompetition an	d/or duplication of this service id	entified?
	ns will continue u						g the arrangement (i.e., overlapp	
	service (See O.C.0 annot be eliminate		-24(I)) !	, overriding	benefits of th	e duplication	or reasons that overlapping servi	ce areas
	ns will be elimina te them, the respo						dule listing each step or action the	at will be
	s, general funds, sp						w the service will be funded (e.g., ise taxes, impact fees, bonded	enterprise
Local Government	or Authority:	Funding Me	thod:		<u> </u>			1
Martinez-Evans F Columbia County		User Fees		ŀ	the pull	/		1
Grovetown Fire D	epartment	User Fees			/_			<u>"</u>
	<u>.</u> ;				_/			<del></del>
4. How will the stra No Change	tegy change the previo	ous arrangeme	nts for p	oroviding and/o	or funding this se	rvice within the	county?	ļ:
	· · ·		a :					1
5. List any formal s Agreement Name:	ervice delivery agreem	ents or interg		ental contracts racting Parties:		to implement th	e strategy for this service: Effective and Ending Dates:	
	l Agreement for Extric	ation		7	d City of Grovet	own	January 5, 1999 - January 1, 2009	
	Columbia County and gia (Exhibit Q)							Ì
	I Agreement for Extric Columbia County and Exhibit R)		Colum	ibia County and	d Martinez Fire	Department	January 5, 1999 - January 1, 2009	!
		1	1					
6. What other n	nechanisms (if any	will be u	sed to	implement t	he strategy fo	r this service	(e.g. ordinances, resolutions, loca	al acts of
7. Person comm	leting form: Pheb	e J. Dent	. <u></u>	4 · · · · · · · · · · · · · · · · · · ·				_
	per:		i	с	completed	April 20, 1999	9	- !
8. Is this the pe	rson who should the service deliver	oe contacted y strategy	ibyst ?⊠	ate agencies yes □ no	when evalua	ting whether	proposed local government projec	ts are
· · /	/	g) ·	ł.,	ń.				.1
If not, provide	designated contac	t person(s)	and pl	one number	r(s) below:			
	in the second		\# }					1



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#### 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(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:	. 4	
		•	
Columbia County	General Fund		
	9	r	

- 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	Columbia County & Columbia County Family and Children	07/01/02 - 06/30/03	şir
Lieu of Rent in Public	Services		i
Buildings or Third Party			1
Leasing Arrangements (Exhibit II)			1

- 6. What other mechanisms (if any) will be used to implement the strategy for this service? None
- 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? E:yes no If not, provide designated contact person(s) and phone number(s) below:

### 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.

ne page) changes, this should be reported to the Departmer	nt of Community Affairs.
County: Columbia County	Service: Family and Children Services
<ol> <li>Check the box that best describes the agreed upon delivery a         Service will be provided countywide (i.e., including all checked, identify the government, authority or organiza     </li> </ol>	cities and unincorporated areas) by a single service provider. (If this box is
<ul> <li>Service will be provided only in the unincorporated po the government, authority or organization providing th</li> </ul>	rtion of the county by a single service provider. (If this box is checked, identify e service.)
One or more cities will provide this service only within unincorporated areas. (If this box is checked, identify t	their incorporated boundaries, and the service will not be provided in the government(s), authority or organization providing the service.)
One or more cities will provide this service only within unincorporated areas. (If this box is checked, identify t	their incorporated boundaries, and the county will provide the service in the government(s), authority or organization providing the service.)
Other. (If this box is checked, attach a legible map del government, authority, or other organization that will p	lineating the service area of each service provider, and identify the rovide service within each service area.)
2. In developing the strategy, were overlapping service areas, u  ☐ yes ☑ no	nnecessary competition and/or duplication of this service identified?
	xplanation for continuing the arrangement (i.e., overlapping but higher levels e duplication, or reasons that overlapping service areas or competition cannot be
liminate them, the responsible party and the agreed upon deadl	an implementation schedule listing each step or action that will be taken to line for completing it.
user fees, general funds, special service district revenues, hotel	/motel taxes, franchise taxes, impact fees, bonded indebtedness, etc.)
ocal Government or Authority: Funding Method!  Columbia County General Fund	11402
How will the strategy change the previous arrangements for p	
List any formal service delivery agreements or intergovernment	ental contracts that will be used to implement the strategy for this service:
greement Name:	Contracting Parties Effective and Ending Dates:
	County & Columbia County 07/01/01 – 06/30/02
Leasing Arrangements (Exhibit II)	
. What other mechanisms (if any) will be used to implement	the strategy for this service? None
Person completing form: Phebe J. Dent	<u>.</u>
	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? Strategy? In no If not, provide designated contact person(s) and phone number(s) below:

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nstructions:  Lake copies of this form and complete of useful complete of useful complete of useful complete of useful complete of useful complete of the Department of Communication.	ges as necessary. If the cont	n page 1, Section III. Use exac act person for this service (list	thy the same service names; led at the bottom of the page	listed on page 1. Answer each changes, this should be
County: Columbia County	<b>√</b>	Service: Family an	d Children Services	
1. Check the box that best describ	es the agreed upon deli	very arrangement for this	service:	
Service will be provided cou is checked, identify the gove	untywide (i.e., including	g all cities and unincorpor	ated areas) by a single s	ervice provider. (If this box
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Service will be provided on identify the government, au			a single service provide	r. (If this box is checked,
☐ One or more cities will provi unincorporated areas. (If this bo				
One or more cities will provi				
Other. (If this box is checke government, authority, or other				ovider, and identify the
<ol> <li>In developing the strategy, wer</li> <li>pes so no</li> </ol>	. 1			1
If these conditions will continue unigher levels of service (See O.C.) competition cannot be eliminated)	G.A. 36-70-24(1)), over	th an explanation for con riding benefits of the dup	ntinuing the arrangementication, or reasons that	ent (i.e., overlapping but overlapping service areas or
+				eten or action that will be
If these conditions will be elimina taken to eliminate them, the respo	nsible party and the ag	attach an implementation reed upon deadline for co	on schedule listing each mpleting it.	step or action that will be
3. List each government or author	ority that will help to pa	y for this service and indi	icate how the service wil	Il be funded (e.g., enterprise
funds, user fees, general funds, s		venues, hotel/motel taxes	s, franchise taxes, impac	t fees, bonded indebtedness,
etc.)	Par leto	y		1
Local Government or Authority:	Funding Method.			
Columbia County	General Fund			.!
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	1 1			<u>.</u> .
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4. How will the strategy change the	he previous arrangemen	nts for providing and/or fi	unding this service withi	n the county?
No Change		,		!
5. List any formal service deliver service:	y agreements or intergo	overnmental contracts that	t will be used to implem	ent the strategy for this
Agreement Name:	Contracting	g Parties:	Effective and	Ending Dates:
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is by	/			i
	<del></del>			
	1° 1			
6. What other mechanisms (if an the General Assembly, rate or fee None	ny) will be used to imple changes, etc.), and wh	ement the strategy for thingen will they take effect?	s service (e.g. ordinance	s, resolutions, local acts of
7. Person completing form: Phel	be J. Dent		·	<u> </u>
• •	) 868-3376	Completed <u>April</u>	20, 1999	<u></u>
8. Is this the person who should consistent with the service delive If not provide designated con	be contacted by state a	□ no	whether proposed local	government projects are
7 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	The state of the s			

Page 2

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Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same

service names; listed on page 1	. Answer each question below, att	aching additional pages as necessary. If the	
Department of Community A.	(listed at the bottom of the page) ch	nanges, this should be reported to the	
Department of Community Aff		y , , , , , , , , , , , , , , , , , , ,	
Safety and other Fire S	Junty Service: — Memorandum of U	Inderstanding Between City of Grovetown Public	
1 Check the how that heat descri	ervices within Columbia County		
1. Check the box that best descri	ibes the agreed upon delivery arrange	ement for this service:	
☐ Service will be provid	ed countywide (i.e., including all citi	es and unincorporated areas) by a single service	
provider. (If this box is	checked, identify the government, a	uthority or organization providing the service.)	
Service will be provide	d only in the unincorporated portion	of the county by a single service provider. (If this	
box is checked, identify	y the government, authority or organi	ization providing the service.)	
☐ One or more cities will	provide this service only within their	r incorporated boundaries, and the service will no	
be provided in unincorp	porated areas. (If this box is checked.	identify the government(s), authority or	
organization providing			
One or more cities will	provide this service only within their	r 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			
☑ Other. (If this box is cl	necked, <mark>attach a lègible map deline</mark> a	ating the service area of each service provider,	
and identify the govern	nment, authority, or other organization	n that will provide service within each service	
area.) (See Maps H3.5-	3.8)	•	
i de la companya di di di di di di di di di di di di di			
2. In developing the strategy, w	ere overlapping service areas, unnece	essary competition and/or duplication of this	
service identified?			
□ yes	🗷 no		
		ation for continuing the arrangement (i.e.,	
overlanning but higher levels of	service (See O.C.G.A. 36-70-24(1)) c	overriding benefits of the duplication, or reasons	
	competition cannot be eliminated).	verticing contents of the depredation, of reasons	
		plementation schedule listing each step or	
		he agreed upon deadline for completing it.	
action that will be taken to climin	late them, the responsible party and t	ne agreed upon deadrine for completing it.	
2 List each covernment or outle	with that will halp to now for this com	rice and indicate how the service will be funded	
		revenues, hotel/motel taxes, franchise taxes,	
I and Government or Authority			
Local Government or Authority:		· · · · · · · · · · · · · · · · · · ·	
City of Grovetown	General Fund		
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F			
4 11	· · · · · · · · · · · · · · · · · · ·		
		ling and/or funding this service within the county?	
	ry agreements or intergovernmental of	contracts that will be used to implement the	
strategy for this service:			
Agreement Name:	Contracting P		
· · · · · · · · · · · · · · · · · · ·		Ending Dates:	
Grovetown Department of	City of Grovetown with the	Augusta/Richmond 2/11/97	
Public Safety Mutual	following Fire Departments:	Fort Gordon 1/19/99	
Firefighting Assistance	Augusta/Richmond County, Fort	Martinez 4/11/99	
Agreements (Exhibit EE) Gordon, Martinez, (Appling,		Harlem 4/16/99	
	Leah, and Winfield were		
	consolidated into the North	(Appling, 4/16/96, Leah 3/10/98, and Winfield	
	Columbia County Fire	3/23/99 – consolidated into the North Columbia	
The second secon	Department.	County) Fire Department	
	11	Indefinite time period on each agreement.	
6. What other mechanisms (if an	y) will be used to implement the stra	tegy for this service (e.g. ordinances, resolutions,	
, ,	ly rate or fee changes, etc.), and when		
78	, -		
7. Person completing form: Phet			
Phone Number: (706) 868-3376	Da Da	ate Completed: September 21, 2004	
8. Is this the person who should	be contacted by state agencies when	evaluating whether proposed local government	

C-20

projects are consistent with the service delivery strategy?

and phone number(s) below:

 $\underline{x}$  yes \_\_\_no. If not, provide designated contact person(s)

Instructions:			· · · · · · · · · · · · · · · · · · ·			
Make copies of this form and complete question below, attaching additional pay reported to the Department of Commun County: Columbia County  1. Check the box that best describ	one for each serves as necessary. lity Affairs.	rice listed on page 1, Section If the contact person for th	III. Use exactly this service (listed at	e same servic tue bottom o	e names; listed on page 1. Answ f the page) changes, this should l	wer ez be
County: Columbia County		Service:	Fire Protectio	n	1 July	
1. Check the box that best describ	es the agreed	upon delivery arrangem	ent for this serv	iaa.	1 com	
☐ Service will be provided con is checked, identify the gove	untywide (i.e.,	including all cities and	unincompand		single service provider. (If	this
Service will be provided onlidentify the government, aut	ly in the uninc	Ornorated portion of the	county by a si-		provider. (If this box is che	xked
One or more cities will provi unincorporated areas. (If this box	n is charta, i	dentity the government	s), authority or	organizatio	n providing the service.)	
One or more cities will provid in unincorporated areas. (If this	OOM IS CHECKE	a, identity the governme	ent(s), authority	or organiza	ation providing the service.)	)
Other. (If this box is checked, government, authority, or other	o guinzation	mar win provide service	within each ser	vice area.)	(See Map H 3.5)	
2. In developing the strategy, were  ☐ yes ⊠ no  These conditions will continue up.	j - L					
these conditions will continue und gher levels of service (See O.C.G. competition cannot be eliminated).	.A. 36-70-24(1	y, attach an explanation )), overriding benefits of	n for continuin f the duplication	ng the arrai	ngement (i.e., overlapping s that overlapping service a	but ireas
these conditions will be eliminate ten to eliminate them, the respons List each government or authorit ands, user fees, general funds, spec c.)	ty that will had	n to now for this and	ie for completin	g it.		
tc.)	unding Method:	salet revenues, note/mo	itei taxes, franci	nse taxes, i	mpact fees, bonded indebted	dnes
	Subscription Fee	3				
	Subscription Fees					
	I b					
	- a at	· · · · · · · · · · · · · · · · · · ·				
low will the strategy change the previous to Change						
ist any formal service delivery agreements eement Name:	s or intergovernm Con	nental contracts that will be us tracting Parties:	ed to implement the	e strategy for t	this service:	
rovetown Department of Public Safety Mu	utual Grove	etown with the following fire	departments:	Leah 3/10/98	e and Ending Dates:	
refighting Assistance Agreements Exhib	oit EE   Leah	sta/Richmond		Augusta/Rich	hmond 2/11/97	
<b>/</b> :	Appli	ng	l	Appling 4/16 Winfield 3/23		
	Winfi	eld   Fordon		Fort Gordon	1/19/99	
	Martin			Martinez 4/11	1/99	_
	Harles			agreement	99 - indefinite time period on each	a
What other mechanisms (if any) we he General Assembly, rate or fee	vill be used to changes, etc.)	implement the strategy t	for this service (	e.g. ordinar	nces, resolutions, local acts	of
None Person completing form: Phebe J.	E :					
hone Number: (706) 868	-3376	Completed	April 20, 1999			
		·				
s this the person who should be consistent with the service delivery st	ontacted by state trategy?	ite agencies when evaluates of no	ting whether pr	oposed loca	al government projects are	
ot, provide designated contact per	son(s) and ph	one number(s) below:				
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luestion below, attaching additional page of the Department of Community Affairs.  County: Columbia County  1. Check the box that best describes Service will be provided contox is checked, identify the  □ Service will be provided only identify the government, auditional providentify the government, auditional providentify the government in unincorporated areas. (If this one or more cities will providentify the government in unincorporated areas.)  □ Other. (If this box is checked government, authority, or other.)	Service: Forestances the agreed upon delivery arrangement for untywide (i.e., including all cities and uning government, authority or organization provide the unincorporated portion of the counthority or organization provide this service only within their incorporate box is checked, identify the government(s), ride this service only within their incorporate this service only within their incorporate this service only within their incorporate this service only within their incorporate this service only within their incorporate this service only within their incorporate this service only within their incorporate this box is checked, identify the government of a service only within their incorporate this box is checked, identify the government of a service of the	for this service:  corporated areas) by a single service provider. (If this widing the service.)  and by a single service provider. (If this box is checked,
Check the box that best describes Service will be provided control box is checked, identify the     Service will be provided on identify the government, auditority the government, auditority the government, auditority one or more cities will proving unincorporated areas. (If this one or more cities will proving unincorporated areas.)  Other. (If this box is checked government, authority, or other.)	the agreed upon delivery arrangement for untywide (i.e., including all cities and uning government, authority or organization provide in the unincorporated portion of the counthority or organization providing the service de this service only within their incorporate box is checked, identify the government(s), ride this service only within their incorporate this box is checked, identify the government of this box is checked, identify the government of this box is checked, identify the government of this box is checked, identify the government of t	or this service: corporated areas) by a single service provider. (If this viding the service.)  ty by a single service provider. (If this box is checked, e.)  ed boundaries, and the service will not be provided in authority or organization providing the service.)  ted boundaries, and the county will provide the service
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in unincorporated areas. (If  Other. (If this box is checke government, authority, or ot	this box is checked, identify the government, attach a legible map delineating the se	ted boundaries, and the county will provide the service ent(s), authority or organization providing the service.)
government, authority, or ot	d, attach a legible map delineating the se	
	her organization that will provide service w	ervice area of each service provider, and identify the within each service area.)
	e overlapping service areas, unnecessary of	ompetition and/or duplication of this service identified?
☐ yes Sno If these conditions will continue u higher levels of service (See O.C. or competition cannot be eliminat	G.A. 36-70-24(1)), overriding benefits of th	or continuing the arrangement (i.e., overlapping but the duplication, or reasons that overlapping service areas
If these conditions will be elimina taken to eliminate them, the respo	ated under the strategy, attach an impleme nsible party and the agreed upon deadline t	ntation schedule listing each step or action that will be for completing it.
3. List each government or author enterprise funds, user fees, gener indebtedness, etc.)	rity that will help to pay for this service an al funds, special service district revenues, h	d indicate how the service will be funded (e.g., hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:	
Columbia County	General Fund	
No Change		l/or funding this service within the county?
<ol><li>List any formal service deliver service:</li></ol>	y agreements or intergovernmental contract	ts that will be used to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
<ol> <li>What other mechanisms (if an the General Assembly, rate or None</li> </ol>	y) will be used to implement the strategy for fee changes, etc.), and when will they take	or this service (e.g. ordinances, resolutions, local acts of effect?
7. Person completing form: Pheb	e I Dent	
Phone Number: (706)		April 20, 1999
1 none 1 annous		
8. Is this the person who should consistent with the service delive If not, provide designated cont	ry strategy? ⊠ yes □ no	ating whether proposed local government projects are

#### PAGE 2

# SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

nstructions: Make copies of this form and complete one juestion below, attaching additional pages o the Department of Community Affairs.	as necessary. If the contact person fo	ction III. Use exactly the same service narnes; listed on page 1. Answer each or this service (listed at the bottom of the page) changes, this should be reported
County: Columbia County	Serv	rice: GIS Mapping
<ol> <li>Check the box that best describe</li> <li>Service will be provided cou box is checked, identify the g</li> </ol>	es the agreed upon delivery arrantywide (i.e., including all citions overnment, authority or organic	es and unincorporated areas) by a single service provider. (If this
<ul> <li>Service will be provided only identify the government, auth</li> </ul>	v in the unincorporated portion nority or organization providing	of the county by a single service provider. (If this box is checked, g the service.)
☐ One or more cities will provide unincorporated areas. (If this b	le this service only within their ox is checked, identify the gov	r incorporated boundaries, and the service will not be provided in remment(s), authority or organization providing the service.)
One or more cities will provi in unincorporated areas. (If	de this service only within thei this box is checked, identify th	ir incorporated boundaries, and the county will provide the service government(s), authority or organization providing the service.)
Other. (If this box is checked government, authority, or oth	l, attach a legible map delines er organization that will provid	ating the service area of each service provider, and identify the de service within each service area.)
2. In developing the strategy, were	overlapping service areas, uni	necessary competition and/or duplication of this service identified
☐ yes ⊠no	nder the strategy, attach an exp G.A. 36-70-24(1)), overriding be	planation for continuing the arrangement (i.e., overlapping but enefits of the duplication, or reasons that overlapping service areas
If these conditions will be eliminat taken to eliminate them, the respon	ed under the strategy, attach a sible party and the agreed upo	an implementation schedule listing each step or action that will b on deadline for completing it.
3. List each government or author enterprise funds, user fees, general indebtedness, etc.)	ity that will help to pay for this Il funds, special service district	s service and indicate how the service will be funded (e.g., a revenues, hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:	
Columbia County	General Fund	
4. How will the strategy change th No Change	e previous arrangements for pr	roviding and/or funding this service within the county?
5. List any formal service delivery service:	agreements or intergovernmen	ntal contracts that will be used to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
6. What other mechanisms (if any the General Assembly, rate or None	y) will be used to implement the fee changes, etc.), and when w	te strategy for this service (e.g. ordinances, resolutions, local acts of the take effect?
7. Person completing form: Pheb	e J. Dent	
Phone Number: (706)		ompleted April 20, 1999
Is this the person who should be consistent with the service deliver If not, provide designated control.	ry strategy? 🖾 yes 🗆 no	when evaluating whether proposed local government projects are er(s) below:
		<u> </u>

#### SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

Page 2

Instructions

and phone number(s) below:

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 Def	fense	
provider. (If this box is	ded cou check	ntywide (i.e., including all coed, identify the government,	ities and unincorp authority or orga	oorated areas) by a nization providing	the service.)
box is checked, identif	y the go	in the unincorporated portion overnment, authority or organ	nization providin	g the service.)	•
	porated	the this service only within the areas. (If this box is checked vice.)			
One or more cities will provide the service in	l provid uninco	le this service only within the rporated areas. (If this box is			
	necked, nment,	vice.)  attach a legible map deline authority, or other organizat			
2. In developing the strategy, we service identified?		rlapping service areas, unne	cessary competiti	on and/or duplicat	on of this
If these conditions will continue overlapping but higher levels of that overlapping service areas or If these conditions will be elimit action that will be taken to elimit.  3. List each government or auth (e.g., enterprise funds, user fees,	service compenated un the the control of the contro	(See O.C.G.A. 36-70-24(1)), tition cannot be eliminated). der the strategy, attach an im, the responsible party and at will help to pay for this ser	overriding benef mplementation s the agreed upon rvice and indicate	Schedule listing ear deadline for comp	on, or reasons  ch step or leting it.
impact fees, bonded indebtednes Local Government or Authority:	. ,	unding Method:			
Columbia County		General Fund			
Augusta-Richmond County			` `	<del></del>	
Burke County					
<ul><li>4. How will the strategy change</li><li>5. List any formal service delive strategy for this service:</li></ul>					
Agreement Name:	• .	Contracting		E	fective and nding Dates:
Indigent Defense Agreement		nbia County	01/01/05 - Ind	efinite time period	
Judicial Circuit and the Governing Authorities of	_	sta-Richmond County			
Burke, Columbia, and	Burke	: County	}		
Augusta-Richmond County			,		
Exhibit LLL					
6. What other mechanisms (if a local acts of the General Assemb	ly rate	or fee changes, etc.), and wh			es, resolutions,
7. Person completing form: Phe			٠,		
Phone Number: (706) 868-337	5		Date Completed:	September 20, 2	005
8. Is this the person who should projects are consistent with the			n evaluating whe	ther proposed loca ovide designated c	government ontact person(s)

	·				
Instructions: Make copies of this form and complete of question below, attaching additional page to the Department of Community Affairs	es as necessary. If t				
County: Columbia County		Service:	Indigent Defense		
1. Check the box that best describ	es the agreed u	pon delivery arranger	nent for this servi	ice:	
Service will be provided co box is checked, identify the	-	-	_	·	provider. (If this
☐ Service will be provided on identify the government, au				gle service provider. (If the	nis box is checked,
☐ One or more cities will proviunincorporated areas. (If this					
<ul> <li>One or more cities will proving in unincorporated areas. (If</li> </ul>					
<ul> <li>Other. (If this box is checked government, authority, or ot</li> </ul>					, and identify the
2. In developing the strategy, wer  yes ⊗no  If these conditions will continue u higher levels of service (See O.C. or competition cannot be eliminat	inder the strateg G.A. 36-70-24(I	y, attach an explana	tion for continui	ng the arrangement (i.e.	., overlapping but
If these conditions will be eliminataken to eliminate them, the responsible acts and the second states of the seco	nsible party and rity that will he al funds, special	i the agreed upon dea lp to pay for this serv	dline for complet ice and indicate h	ing it. low the service will be fu	nded (e.g.,
Local Government or Authority:	Funding Method:	/ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
Columbia County	General Bund	<b>^\\</b>			
	7//	//			
(	6/0	) <b>`</b>			
	<u> </u>				
How will the strategy change to No Change     List any formal service delivery	,				
Service: Agreement Name:	Contr	acting Parties:		Effective and Ending Dates:	
		<u> </u>			
			· · · · · · · · · · · · · · · · · · ·		
6. What other mechanisms (if an the General Assembly, rate or None	y) will be used to fee changes, etc	to implement the strate.), and when will the	egy for this servi y take effect?	ce (e.g. ordinances, resolu	utions, local acts of
Person completing form: Pheb	e J. Dent				
Phone Number: (706)	868-3376	Comple	ted <u>April 20, 1</u>	999	
8. Is this the person who should be consistent with the service deliver If not, provide designated control of the control of t	ry strategy?	⊠ yes □ no		er proposed local governn	nent projects are

#### PAGE 2

# SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

Instructions: Make copies of this form and complete on question below, attaching additional page reported to the Department of Communit	s as necessary. If the contact person for this service	exactly the same service names; listed on page 1. Answer each e (listed at the bottom of the page) changes, this should be				
County: Columbia County	Service: Jail/De	tention Center				
☐ Service will be provided cour	es the agreed upon delivery arrangement for ntywide (i.e., including all cities and uninco rnment, authority or organization providing	rporated areas) by a single service provider. (If this box				
□ 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 provid in unincorporated areas. (If the second of the	le this service only within their incorporated his box is checked, identify the government	i boundaries, and the county will provide the service (s), authority or organization providing the service.)				
<ul> <li>Other. (If this box is checked government, authority, or other</li> </ul>	d, attach a legible map delineating the ser r organization that will provide service with	vice area of each service provider, and identify the in each service area.)				
□ yes ⊠ no		mpetition and/or duplication of this service identified?				
If these conditions will continue ur	G.A.~36-70-24(1), overriding benefits of the	r continuing the arrangement (i.e., overlapping but duplication, or reasons that overlapping service areas or				
If these conditions will be eliminate taken to eliminate them, the respon	ted under the strategy, attach an implement as is party and the agreed upon deadline for	tation schedule listing each step or action that will be or completing it.				
3. List each government or author funds, user fees, general funds, spetc.)	ity that will help to pay for this service and ecial service district revenues, hotel/motel	indicate how the service will be funded (e.g., enterprise taxes, franchise taxes, impact fees, bonded indebtedness,				
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 th No Change	e previous arrangements for providing and/	or funding this service within the county?				
5. List any formal service delivery service:	agreements or intergovernmental contracts	that will be used to implement the strategy for this				
Agreement Name:	Contracting Parties:	Effective and Ending Dates:				
6. What other mechanisms (if any the General Assembly, rate or fee None	y) will be used to implement the strategy for changes, etc.), and when will they take effe	r this service (e.g. ordinances, resolutions, local acts of ext?				
7. Person completing form: Pheb Phone Number: (706)		April 20, 1999				
consistent with the service deliver	oe contacted by state agencies when evaluat ry strategy?  yes  no act person(s) and phone number(s) below:	ing whether proposed local government projects are				

#### PAGE 2

### SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

Make copies of this form and complete or question below, attaching additional page reported to the Department of Communi	ne for each service listed on page 1, Section III. Use exactly the same service names; listed on page 1. Answer each es as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be ty Affairs.
County: Columbia County	Service: Judicial Court System
☐ Service will be provided cou	es the agreed upon delivery arrangement for this service: antywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this bearnment, authority or organization providing the service.)
	y in the unincorporated portion of the county by a single service provider. (If this box is checked, hority or organization providing the service.)
☐ One or more cities will proviounincorporated areas. (If this box	de this service only within their incorporated boundaries, and the service will not be provided in x is checked, identify the government(s), authority or organization providing the service.)
☑ One or more cities will provid in unincorporated areas. (If this	the this service only within their incorporated boundaries, and the county will provide the service box is checked, identify the government(s), authority or organization providing the service.)
☐ Other. (If this box is checked, government, authority, or other	, attach a legible map delineating the service area of each service provider, and identify the r organization that will provide service within each service area.)
☐ yes ❷ no If these conditions will continue ur	e overlapping service areas, unnecessary competition and/or duplication of this service identified? Inder the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but G.A. 36-70-24(l)), overriding benefits of the duplication, or reasons that overlapping service areas
If these conditions will be eliminat	ted under the strategy, attach an implementation schedule listing each step or action that will be asible party and the agreed upon deadline for completing it.
3. List each government or author funds, user fees, general funds, sp etc.)	rity that will help to pay for this service and indicate how the service will be funded (e.g., enterprisecial service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness
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
How will the strategy change the previous No Change	us arrangements for providing and/or funding this service within the county?
5. List any formal service delivery agreeme Agreement Name:	ents or intergovernmental contracts that will be used to implement the strategy for this service:  Contracting Parties:  Effective and Ending Dates:
6. What other mechanisms (if any the General Assembly, rate or f None	e) will be used to implement the strategy for this service (e.g. ordinances, resolutions, local acts of fee changes, etc.), and when will they take effect?
7. Person completing form: Phebe Phone Number: (706) 8	2 J. Dent 868-3376 Completed April 20, 1999
8. Is this the person who should b consistent with the service delivery	e contacted by state agencies when evaluating whether proposed local government projects are y strategy?
If not, provide designated contact	person(s) and phone number(s) below:
	- · · · · · · · · · · · · · · · · · · ·

PAGE 2

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(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 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?

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

Agreement Name:	Contracting Farties.	
Memorandum of Understanding between Columbia County Sheriff Office and Grovetown Police Department (Exhibit S) (G19 <sub>2</sub> 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		
7. 1 000011 0011111111111111111111111111		1000 (Carry syndoted February 5, 2001)
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:

Instructions: Make copies of this form and complete or question below, attaching additional page reported to the Department of Communit	s as necessa	ervice listed on page 1, Section III. Use exactly the sary. If the contact person for this service (listed at the	ame service names; listed on page 1. Answer each bottom of the page) changes, this should be			
County: Columbia County		Service: Law Enforcement				
		ed 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.)					
		incorporated portion of the county by a single rganization providing the service.)	e service provider. (If this box is checked,			
☐ One or more cities will provide unincorporated areas. (If this both	de this ser ox is check	vice only within their incorporated boundarie ted, identify the government(s), authority or o	es, and the service will not be provided in organization providing the service.)			
☑ One or more cities will provid in unincorporated areas. (If this	e this serv box is ch	ice only within their incorporated boundaries ecked, identify the government(s), authority of	s, and the county will provide the service or organization providing the service.)			
		legible map delineating the service area of ion that will provide service within each serv				
2. In developing the strategy, were  □ yes ⋈ no	overlappi	ing service areas, unnecessary competition an	d/or duplication of this service identified?			
If these conditions will continue un	.A. 36-70	ategy, attach an explanation for continuing -24(I)), overriding benefits of the duplication	g the arrangement (i.e., overlapping but , or reasons that overlapping service areas			
If these conditions will be eliminate taken to eliminate them, the respon	ed under t sible party	he strategy, attach an implementation sched v and the agreed upon deadline for completing	dule listing each step or action that will be g it.			
3. List each government or author funds, user fees, general funds, sp indebtedness, etc.)	ity that wi ecial servi	Il help to pay for this service and indicate how ce district revenues, hotel/motel taxes, franch	nise taxes, impact fees, bonded			
Local Government or Authority:	Funding Me	thod: UPDATED	2/0/			
Columbia County	General Fu	and /				
City of Harlem	General Fu	and /				
City of Grovetown	General Fu	and f				
No Change  5. List any formal service delivery agreements	,	ents for providing and/or funding this service within the	ne strategy for this service:			
Agreement Name:		Contracting Parties:	Effective and Ending Dates:			
Memorandum of Understanding between County Sheriff Department and Grovetov Department (Exhibit S)		Columbia County Sheriff and City of Grovetown	March 15, 1999 - Indefinite time			
Memorandum of Understanding between County Sheriff Department and Harlem F Department (Exhibit T)	Columbia Police	Columbia County Sheriff and City of Harlem	April 15, 1999			
6. What other mechanisms (if any None	) will be u	sed to implement the strategy for this service	(e.g. ordinances, resolutions, local acts of			
7. Person completing form: Phebe Phone Number: (706) 8		Completed April 20, 199	9			
8. Is this the person who should be consistent with the service delivery	e contacte y strategy	d by state agencies when evaluating whether ? ⊠ yes □ no	proposed local government projects are			
If not, provide designated contact	person(s)	and phone number(s) below:				

#### SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

Page 2

#### Instructions:

and phone number(s) below:

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	3				
provider. (If this box is checked, identify the govern box is checked, identify the govern One or more cities will provide this so be provided in unincorporated areas. (organization providing the service.)  One or more cities will provide this so provide the service in unincorporated organization providing the service.)  Other. (If this box is checked, attach	upon delivery arrangement for this service (i.e., including all cities and unincorporate tify the government, authority or organization innerporated portion of the county by a siment, authority or organization providing the cruice only within their incorporated bound of this box is checked, identify the government of the county within their incorporated bound areas. (If this box is checked, identify the a legible map delineating the service are try, or other organization that will provide service of the county of t	d areas) by a single service tion providing the service.) ngle service provider. (If this he service.) laries, and the service will not nent(s), authority or laries, and the county will government(s), authority or a of each service provider,				
2. In developing the strategy, were overlapping service identified?	g service areas, unnecessary competition as	nd/or duplication of this				
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 Gene	ral Fund					
4. How will the strategy change the previous as	rrangements for providing and/or funding t	his 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	Columbia County	1. 4/20/99 - Indefinite				
County and City of Grovetown	East Central Georgia Regional Library	2. 01/01/92 – 12/31/96				
Exhibit U	· · · · · · · · · · · · · · · · · · ·	with right to renew lease				
(2) Lease Agreement between Columbia		five separate five-year				
County and the City of Harlem for Use of		periods				
building and Library Services Exhibit V		3. 06/17/04 – continue				
(3) East Central Georgia Regional Library Agreement with Columbia County		annually				
Exhibit HHH						
6. What other mechanisms (if any) will be used local acts of the General Assembly rate or fee of	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: Sep	tember 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? <u>x</u> yesno. If not, provide designated contact person(s)						

C-27

Instru Make	t ctable form and complete	one for e	ach service listed on page 1, Section III. Use a additional pages as necessary. If the contact	exactly the same service	te names; listed on
page 1 of the	. Answer each question below, page) changes, this should be re	attacning ported to	the Department of Community Affairs.	<b>PC13011 101 11111 001</b> 1110	/راب
	nty: Columbia County		Service: Library	Services	11/04
1. Ch	Service will be provided county	wide (i.e.,	on delivery arrangement for this service: including all cities and unincorporated areas) by y or organization providing the service.)	a single service provi	der. (If this box is
0	Service will be provided only in government, authority or organi	the uninco	orporated portion of the county by a single servividing the service.)	ce provider. (If this box	is checked, identify the
0	One or more cities will provide unincorporated areas. (If this bo	this servic x is check	e only within their incorporated boundaries, and ed, identify the government(s), authority or	the service will not be organization provid	provided in ing the service.)
0	One or more cities will provide unincorporated, areas. (If this be	this servic ox is check	e only within their incorporated boundaries, and ted, identify the government(s), authority of org	the county will provid anization providing the	e the service in service.)
a	Other. (If this box is checked, a authority, or other organization	ttach a leg that will p	ible map delineating the service area of each tovide service within each service area.)	service provider, and	dentify the government,
2. In	developing the strategy, were ove	rlapping s	ervice areas, unnecessary compelition and/or du	plication of this service	identified?
of ser	se conditions will continue under vice (See O.C.G.A. 36-70-24(1)), nated).	the strategy overriding	y, attach an explanation for continuing the ar benefits of the duplication, or reasons that over	rangement (i.e., overk lapping service areas of	apping but higher levels competition cannot be
elimi	nate them, the responsible party a	nd the agre	rategy, attach an implementation schedule list ed upon deadline for completing it.		
3. L user	ist each government or authority t fees, general funds, special service	hat will he e district t	lp to pay for this service and indicate how the se evenues, hotel/motel taxes, franchise taxes, imp	ervice will be funded (e act fees, bonded indebt	.g., enterprise funds, edness, etc.)
Loca	Government or Authority:	Fund	ing Method:		
Co	lumbia County	General'F	und		<del></del>
N	o change	/	ngements for providing and/or funding this serv		•
5. Li Agre	st any formal service delivery agreement Name:	eements or	intergovernmental contracts that will be used to Contracting Parties:	implement the strateg Effective and E	y for this service: nding Dates:
Lil	orary Services between Columbia d City of Grovetown (Exhibit U) 21.1-5)	County	Columbia County and City of Grovetown	April 20, 1999 - Ind Amendment July 20	efinite , 1999- Indefinite
Co Bu	ase Agreement between Columbia ounty and the Cityof Harlem for U uilding and Library Services (Exhi 122.1 - 7)	se of	Columbia County and City of Harlem	January 1, 1992 - D right to renew lease periods	ecember 31, 1996 with five separate five-year
	What other mechanisms (if any) w	ill be used	to implement the strategy for this service and w	hen will the take effect	?
	Person completing form: Phebe J.	Dent			201)
	Phone Number: (706) 868-3376		Date Completed April 20, 1999 (Form		•
8. ]	s this the person who should be co	ontacted by	y state agencies when evaluating whether propos	sed local government p	rojects are consistent

nuestion below, attaching additional page of the Department of Community Affairs  County: Columbia County  1. Check the box that best described in the provided county box is checked, identify the service will be provided on identify the government, au one or more cities will provided areas. (If this one or more cities will provided on the provided areas.)	es as necessaries  oes the agr intywide (i governme  ly in the ui thority or o	y. If the contact person for this service (listed at Service: Library Service eed upon delivery arrangement for this s	service: led areas) by a single service provider. (If this the service.)
<ul> <li>☑ Service will be provided conbox is checked, identify the</li> <li>☐ Service will be provided on identify the government, au</li> <li>☐ One or more cities will proviunincorporated areas. (If this</li> <li>☐ One or more cities will province on more ci</li></ul>	intywide (i governme ly in the ui thority or c	eed upon delivery arrangement for this s  e., including all cities and unincorporat  nt, authority or organization providing the  nincorporated portion of the county by a	service: led areas) by a single service provider. (If this the service.)
<ul> <li>☑ Service will be provided conbox is checked, identify the</li> <li>☐ Service will be provided on identify the government, au</li> <li>☐ One or more cities will proviunincorporated areas. (If this</li> <li>☐ One or more cities will province on more ci</li></ul>	intywide (i governme ly in the ui thority or c	.e., including all cities and unincorporat nt, authority or organization providing the nincorporated portion of the county by a	ed areas) by a single service provider. (If this he service.)
□ Service will be provided on identify the government, au □ One or more cities will proviunincorporated areas. (If this	ly in the un thority or o	nincorporated portion of the county by a	
unincorporated areas. (If this			shighe service provider. (If this box is checked
☐ One or more cities will prov	s box is ch		ndaries, and the service will not be provided in ority or organization providing the service.)
in unincorporated areas. (I	ide this ser f this box i	vice only within their incorporated bour s checked, identify the government(s), a	ndaries, and the county will provide the service uthority or organization providing the service.
		legible map delineating the service ar ation that will provide service within ea	ea of each service provider, and identify the ich service area.)
☐ yes ☑ no If these conditions will continue u	ınder the st	rategy, attach an explanation for conti	ion and/or duplication of this service identified inuing the arrangement (i.e., overlapping but cation, or reasons that overlapping service area
or competition cannot be eliminat	ed).		
if these conditions will be elimina taken to eliminate them, the respo	ited under insible part	the strategy, attach an implementation y and the agreed upon deadline for com	schedule listing each step or action that will be pleting it.
3. List each government or authorenterprise funds, user fees, gener indebtedness, etc.)	ority that w al funds, s	ill help to pay/for this service and indica pecial service district revenues, hotel/mo	ate how the service will be funded (e.g., otel taxes, franchise taxes, impact fees, bonded
ocal Government or Authority:	Funding Me	7	)/
Columbia County	General Fu	ind.	
	-/		
	<del>  /-</del>		<u> </u>
	<u> </u>		
4. How will the strategy change d No Change	he previous	s arrangements for providing and/or fund	ding this service within the county?
5. List any formal service deliver service: Agreement Name:	y agreeme	nts or intergovernmental contracts that w Contracting Parties:	vill be used to implement the strategy for this  Effective and Ending Dates:
Library Services between Columbia Cou City of Grovetown (Exhibit U)	nty and	Columbia County and City of Grovetown	April 20, 1999 - indefinite
Lease Agreement between Columbia Co the City of Harlem for Use of Building a Services Æxhibit V)		Columbia County and City of Harlem	January 1, 1992 - December 31, 1996 with right to renew lease five separate five-year periods.
What other mechanisms (if an the General Assembly, rate or None	y) will be to fee change	used to implement the strategy for this sees, etc.), and when will they take effect?	ervice (e.g. ordinances, resolutions, local acts
7. Person completing form: Pheb	e J. Dent 868-3376	Completed April 20	0, 1999
Phone Number: (706)	be contacte	ed by state agencies when evaluating wh	nether proposed local government projects are

nstructions:  Aake copies of this form and complete on  uestion below, attaching additional pages  eported to the Department of Communit	s as necessary. If the contact person for this serv	ise exactly the same service names; listed on page 1. Answer each rice (listed at the bottom of the page) changes, this should be
County: Columbia County	Service: Occu	pation Tax
☐ Service will be provided cour	es the agreed upon delivery arrangement in tywide (i.e., including all cities and unir minent, authority or organization providi	corporated areas) by a single service provider. (If this box
	on the unincorporated portion of the countries or organization providing the servi	nty by a single service provider. (If this box is checked, ce.)
☐ One or more cities will provid unincorporated areas. (If this	e this service only within their incorpora box is checked, identify the government(	ted boundaries, and the service will not be provided in s), authority or organization providing the service.)
☑ One or more cities will provid in unincorporated areas. (If the state of th	e this service only within their incorpora his box is checked, identify the government	ted boundaries, and the county will provide the service ent(s), authority or organization providing the service.)
Other. (If this box is checked government, authority, or other	l, attach a legible map delineating the s organization that will provide service w	ervice area of each service provider, and identify the ithin each service area.)
□ ves ⊠ no	••	competition and/or duplication of this service identified?
If these conditions will continue un higher levels of service (See O.C.G competition cannot be eliminated).	3.A. 36-70-24(1)), overriding benefits of t	for continuing the arrangement (i.e., overlapping but he duplication, or reasons that overlapping service areas or
If these conditions will be eliminat taken to eliminate them, the respon	ed under the strategy, attach an implem sible party and the agreed upon deadline	entation schedule listing each step or action that will be for completing it.
3. List each government or author funds, user fees, general funds, sp etc.)	ity that will help to pay for this service a ecial service district revenues, hotel/mot	Indindicate how the service will be funded (e.g., enterprise el taxes, franchise taxes, impact fees, bonded indebtedness,
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 th	e previous arrangements for providing ar	nd/or funding this service within the county?
No Change		
5. List any formal service delivery service:	agreements or intergovernmental contra	cts that will be used to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
6. What other mechanisms (if any the General Assembly, rate or fee Code of Ordinances Section 2-10	changes, etc.), and when will they take e	for this service (e.g. ordinances, resolutions, local acts of ffect?
7. Person completing form: Pheb. Phone Number: (706)		April 20, 1999
8. Is this the person who should be consistent with the service deliver	pe contacted by state agencies when evalury strategy?   yes   no	uating whether proposed local government projects are
If not, provide designated contac	t person(s) and phone number(s) below:	

PAGE 2

Instruc

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?

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:

A greenent Name:

Contracting Parties:

Effective and Ending Dates

greement Name:		
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

	What other mechanisms (if any) will be used to implement the strategy for this service?	Resolutions for SPLOST (	Exhibit 2)
6.	What other mechanisms (if any) will be used to implement the second		

	*	
7. Person completing form: Phebe J. Dent		1-1-4 February 5, 2001)
Phone Number: (706) 868-3376	Date Completed April 20, 1999 (Form	updated reordary 3, 20017

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:

	es as necessi	service listed on page I, Section III. Use exactly the s ary. If the contact person for this service (listed at th			
County: Columbia County		Service: Parks and Recreat	ion		
Service will be provided could	ıntywide (	eed upon delivery arrangement for this servic i.e., including all cities and unincorporated a nt, authority or organization providing the se	reas) by a single service provider. (If this		
•		nincorporated portion of the county by a sing organization providing the service.)	le service provider (If this box is checked,		
		vice only within their incorporated boundarion ked, identify the government(s), authority or			
		vice only within their incorporated boundarie ecked, identify the government(s), authority			
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 nigher 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).					
		he strategy, attach an implementation sche y and the agreed upon deadline for completin			
		ill help to pay for this service and indicate ho ice district revenues, hotel/motel taxes, franci			
Local Government or Authority:	Funding Me		ATLO 2/0/		
Columbia County		and/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 agreeme Agreement Name:	ents or interg	covernmental contracts that will be used to implement the Contracting Parties:	he strategy for this service:  Effective and Ending Dates:		
Agreement for Recreation Services betwee Columbia County and the City of Grovet (Exhibit W)		Columbia County and City of Grovetown	4/20/99 - Indefinite		
Agreement for Recreation Services betwee Columbia County and the City of Harler (Exhibit X)		Columbia County and City of Harlem	4/20/99 - Indefinite		
Agreement for Distribution of certain pro the Special Option Sales Tax in Columbi (Exhibit Y)		Columbia County and City of Harlem and City of Grovetown	5/5/95 - 12/31/2000		
6. What other mechanisms (if any Resolutions for SPLOST (Exh		sed to implement the strategy for this service	e (e.g. ordinances, resolutions, local acts of		
7. Person completing form: Phebe J. Dent Phone Number: (706) 868-3376 Completed April 20, 1999					
8. Is this the person who should be consistent with the service delivery		d by state agencies when evaluating whether? ⊠ yes □ no	proposed local government projects are		
If not, provide designated contact	person(s)	and phone number(s) below:			

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.)  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.)  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 indi
<ol> <li>Check the box that best describes the agreed upon delivery arrangement for this service:         <ul> <li>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.)</li> <li>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.)</li> <li>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 in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)</li> <li>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.)</li> </ul> </li> <li>In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?         <ul> <li>yes</li> <li>no</li> <li>f 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.</li> </ul> </li> <li>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.</li> </ol>
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<ul> <li>identify the government, authority or organization providing the service.)</li> <li>□ 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 in unincorporated areas. (If this box is checked, identify the government(s), authority or organization providing the service.)</li> <li>□ 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.)</li> <li>2. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?</li> <li>□ yes ⊗ no</li> <li>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).</li> <li>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.</li> <li>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.)</li> <li>Local Government or Authority: Funding Method:</li> </ul>
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.)  1. In developing the strategy, were overlapping service areas, unnecessary competition and/or duplication of this service identified?    yes
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 8 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:
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:
☐ yes ❷ 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:
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a. 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:
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:

nstructions: Make copies of this form and complete question below, attaching additional pa o the Department of Community Affal	ges as necessary. I	ce listed on page 1, Section III. Use exact of the contact person for this service (liste	ly the same service narnes; listed on page 1. Answer eached at the bottom of the page) changes, this should be repor
County: Columbia County		Service: Public Hea	alth Services
Service will be provided c      Service will be prov	ountywide (i.e.	i upon delivery arrangement for the ,, including all cities and unincorp, authority or organization providing	orated areas) by a single service provider. (If the
☐ Service will be provided of identify the government, a	nly in the uning authority or org	corporated portion of the county by anization providing the service.)	by a single service provider. (If this box is check
☐ One or more cities will pro unincorporated areas. (If thi	vide this servic s box is checke	e only within their incorporated bed, identify the government(s), aut	ooundaries, and the service will not be provided thority or organization providing the service.)
☐ One or more cities will pro in unincorporated areas. (	vide this servic If this box is ch	e only within their incorporated backed, identify the government(s	oundaries, and the county will provide the servi o), authority or organization providing the servic
Other. (If this box is check government, authority, or	ced, attach a le other organizat	egible map delineating the service withi	ce area of each service provider, and identify in each service area.)
<ol> <li>In developing the strategy, w</li> <li>yes     □ yes</li> </ol>	ere overlapping	g service areas, unnecessary comp	etition and/or duplication of this service identif
f these conditions will continue	C.G.A. 36-70-2	egy, attach an explanation for c 4(l)), overriding benefits of the du	ontinuing the arrangement (i.e., overlapping taplication, or reasons that overlapping service a
If these conditions will be eliming	nated under the	e strategy, attach an implementat and the agreed upon deadline for c	tion schedule listing each step or action that wi
enterprise funds, user fees, gen indebtedness, etc.)	eral funds, spec	cial service district revenues, hote	dicate how the service will be funded (e.g., I/motel taxes, franchise taxes, impact fees, bond
ocal Government or Authority:  Columbia County	Funding Method		
Columbia County	Octional Tunion	, , , , , , , , , , , , , , , , , , , ,	
	_		
No Change			funding this service within the county?
5. List any formal service delive service:	ery agreements	or intergovernmental contracts th	nat will be used to implement the strategy for th
Agreement Name:	Co	ontracting Parties:	Effective and Ending Dates:
6. What other mechanisms (if the General Assembly, rate None	any) will be use or fee changes,	ed to implement the strategy for the contract of the contract	his service (e.g. ordinances, resolutions, local acfect?
7. Person completing form: Ph	ebe J. Dent		
Phone Number: (70	<u>6) 868-3376</u>	Completed Ap	ril 20, 1999
consistent with the service deli	very strategy?	by state agencies when evaluating	g whether proposed local government projects a

Instructions: Make copies of this form and complete o question below, attaching additional pag to the Department of Community Affairs	es as necessary. If the contact person	ection III. Use exactly the same service n for this service (listed at the bottom of th	arnes; listed on page 1. Answer each e page) changes, this should be reported
County: Columbia County	Sea	vice: Public Transit	
1. Check the box that best descri	bes the agreed upon delivery ar	rangement for this service:	
☑ Service will be provided co	untywide (i.e., including all ci	ies and unincorporated areas) by a nization providing the service.)	a single service provider. (If this
	aly in the unincorporated portion athority or organization providi		e provider. (If this box is checked,
☐ One or more cities will prov unincorporated areas. (If this	ide this service only within the box is checked, identify the go	ir incorporated boundaries, and th vernment(s), authority or organiz	e service will not be provided in ation providing the service.)
One or more cities will prov in unincorporated areas. (If	ide this service only within the this box is checked, identify t	ir incorporated boundaries, and the government(s), authority or org	e county will provide the service anization providing the service.)
Other. (If this box is checked government, authority, or of	ed, attach a legible map deline ther organization that will prov	eating the service area of each so ide service within each service ar	ervice provider, and identify the ea.)
□ yes ⊠ no			plication of this service identified?
If these conditions will continue thigher levels of service (See O.C. or competition cannot be eliminated)	.G.A. 36-70-24(1)), overriding t	planation for continuing the art penefits of the duplication, or reas	ons that overlapping service areas
If these conditions will be eliminate them, the response	ated under the strategy, attach onsible party and the agreed up	an implementation schedule list on deadline for completing it.	ing each step or action that will be
3. List each government or authorized enterprise funds, user fees, general indebtedness, etc.)	ority that will help to pay for the ral funds, special service distric	is service and indicate how the set revenues, hotel/motel taxes, fra	rvice will be funded (e.g., nchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:		
Columbia County	General Funds/User Fees		
			<u> </u>
4. How will the contemp change t	he previous arrangements for r	roviding and/or funding this servi	ce within the county?
No Change	ne previous arangements for p		•
5. List any formal service deliver	y agreements or intergovernme	ental contracts that will be used to	implement the strategy for this
Service: Agreement Name:	Contracting Parties:	Effective a	nd Ending Dates:
6. What other mechanisms (if as the General Assembly, rate of None	ny) will be used to implement to ree changes, etc.), and when to	he strategy for this service (e.g. or will they take effect?	rdinances, resolutions, local acts o
7. Person completing form: Phe	he J. Dent		
Phone Number: (706		Completed April 20, 1999	
consistent with the service deliv	be contacted by state agencies ery strategy? ⊠ yes □ no tact person(s) and phone numb		ed local government projects are

PAGE 2

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

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

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
Agreement for Distribution of Certain Proceeds to the Special Option Local Sales Tax (Exhibit Y) ((G25.1-9)	Columbia County, City of oto-to-	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 Date Completed April 20, 1999 (Form updated February 5, 2001) Phone Number: (706) 868-3376

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

Page 2

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Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names; listed on 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)

- 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.)
  - Some 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(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, Insurance Premium Tax, SPLOST, and General Obligation Bond
City of Grovetown	General Fund and SPLOST
City of Harlem	General Fund and SPLOST

- 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:

Agreement for Distribution of Certain Proceeds to the Special Option Local Sales Tax Exhibit Y and Z  Columbia County, Cit City of Harlem	ty of Grovetown, and 12/15/00-12/31/05

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? (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

· Page 2

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Ì	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.

(listed at the bottom of the page) changes, t	his should	be reported to the Department of Community Aft	fairs.
County: Columbia County		Services: - Roads and Bridge Ma	intenance, Buildings,
	de (i.e., inc	livery arrangement for this service: cluding all cities and unincorporated areas) by a singl authority or organization providing the service.)	e service provider. (If
<ul> <li>Service will be provided only inth</li> </ul>	e unincorp	orated portion of the county by a single service provior organization providing the service.)	der. (If this box is
One or more cities will provide the in unincorporated areas. (If this bo	s service o	nly within their incorporated boundaries, and the served, identify the government(s), authority or organization	
		only within their incorporated boundaries, and the cous checked, identify the government(s), authority or or	
Other. (If this box is checked, attac	ch a legible organizati	e map delineating the service area of each service ion that will provide service within each service area.	provider, and identify )
🗵 ves 🖯	no n	areas, unnecessary competition and/or duplication of	
If these conditions will continue under the stra higher levels of service (See O.C.G.A. 36-70- competition cannot be eliminated).	itegy, atta 24(1)), ove	ch an explanation for continuing the arrangement rriding benefits of the duplication, or reasons that over	(i.e., overlapping but erlapping service areas or
If these conditions will be eliminated under the taken to eliminate them, the responsible party	e strategy, and the ag	attach an implementation schedule listing each ste treed upon deadline for completing it.	p or action that will be
funds, user fees, general funds, special service etc.)	district re	by for this service and indicate how the service will be evenues, hotel/motel taxes, franchise taxes, impact fee	e funded (e.g., enterprise es, bonded indebtedness,
	Funding M	ietnod: ia – 2006-2010 SPLOST, Insurance Tax Premium, Go	eneral Obligation
Columbia County	Bond., a	nd General Fund	
City of Harlem	City of I	Harlem - 2006-2010 SPLOST/General Fund	
City of Grovetown	City of (	Grovetown 2006-2010 SPLOST/General Fund	
		ents for providing and/or funding this service within t governmental contracts that will be used to implement	
5. List any formal service delivery agreement service:	is or interg	governmental contracts that will be used to implement	
Agreement Name:		Contracting Parties:	Effective and Ending Dates:
(1) Intergovernmental Agreement for Capita Projects To Be Paid for From and Distribution Certain Proceeds From, the SPLOST in Colo County, Georgia (City of Grovetown)	on of	Columbia County City of Grovetown	2006-2010
(2) Intergovernmental Agreement for Capital Projects To Be Paid for From and Distributin Certain Proceeds From, the SPLOST in Collection County, Georgia (City of Harlem)	on of	Columbia County City of Harlem	
Exhibit Y and Z (Resolutions)			`
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 Fun 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	

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 governmentprojects are consistent with the service delivery strategy? x yes \_\_no. If not, provide designated contact person(s) and phone number(s) below:

C-33-b

7. Person completing form: Phebe J. Dent	
Phone Number: (706) 868-3376	Date Completed: April 20, 1999 (Form
- · · · · · · · · · · · · · · · · · · ·	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?  $\underline{x}$  yes \_\_\_\_no. If not, provide designated contact person(s) and phone number(s) below:

1999 (Form updated

C-33-a

			`		
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)					
identify the government, aut	nority or o	incorporated portion of the county by a single reganization providing the service.)			
unincorporated areas. (If this bo	x is check	vice only within their incorporated boundarie ed, identify the government(s), authority or o	organization providing the service.)		
in unincorporated areas. (If this	box is che	ice only within their incorporated boundaries toked, identify the government(s), authority of	or organization providing the service.)		
Other. (If this box is checked, government, authority, or other	attach a l organizat	egible map delineating the service area of ion that will provide service within each serv	each service provider, and identify the ice area.)		
∏ vac 191 no	•	ng service areas, unnecessary competition an			
If these conditions will continue un higher levels of service (See O.C.C or competition cannot be eliminate	i.A. 36-70-	ategy, attach an explanation for continuing 24(I)), overriding benefits of the duplication	g the arrangement (i.e., overlapping but , or reasons that overlapping service areas		
taken to eliminate them, the respon	sible party	ne strategy, attach an implementation sched and the agreed upon deadline for completing	g it.		
3. List each government or author funds, user fees, general funds, sp indebtedness, etc.)	ity that wil ecial servi	Il help to pay for this service and indicate how be district revenues, hotel/motel taxes, franch	w the service will be funded (e.g., enterprise ise taxes, impact fees, bonded		
Local Government or Authority:	Funding Me	thod:			
Columbia County	General Fu	nd/Once Cent Sales Tax			
City of Grovetown	General Fu	nd/Ope Cent Sales Tax			
City of Harlem	General Fu	nd/One Cent Sales Tax			
Columbia County (only)	Insurance I	emium Tax			
No Change		nts for providing and/or funding this service within the			
5. List any formal service delivery agreement Name:	ents or interg	overnmental contracts that will be used to implement the Contracting Parties:	e strategy for this service: Effective and Ending Dates:		
Agreement for Distribution of certain pro the Special Option Sales Tax (Exhibit Y)	cceds to	Columbia County and City of Grovetown and City of Harlem	May 5, 1995 - December 31, 2000		
6. What other mechanisms (if any Ordinance to County Code: 2.6	) will be us	sed to implement the strategy for this service amage Prevention and Storm-Water Manager	(e.g. ordinances, resolutions, local acts of nent.(Exhibit,GG)		
7. Person completing form: Phebe Phone Number: (706)	368-3376	Completed April 20, 199			
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?					
If not, provide designated contact	person(s)	and phone number(s) below:			
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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: Roads and Bridges	Maintenance	
	<ol> <li>Check the box that best describes the agreed upon delivery arrangement for this service:</li> <li>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.)</li> </ol>				
			incorporated portion of the county by a single rganization providing the service.)	e service provider. (If this box is checked,	
4	I unincorporated areas (If this b		vice only within their incorporated boundarie ted, identify the government(s), authority or o		
3	One or more cities will provide		ice only within their incorporated boundaries ecked, identify the government(s), authority		
	☐ Other. (If this box is checked, government, authority, or other	, attach a r organizat	legible map delineating the service area of ion that will provide service within each serv	each service provider, and identify the ice area.)	
	☐ yes ❷ no If these conditions will continue ur	nder the str 3.A. 36-70	ng service areas, unnecessary competition an ategy, attach an explanation for continuing 24(l)), overriding benefits of the duplication	g the arrangement (i.e., overlapping but	
	If these conditions will be eliminat taken to eliminate them, the respon	ed under t sible party	ne strategy, attach an implementation scher v and the agreed upon deadline for completing	dule listing each step or action that will be g it.	
	3. List each government or author funds, user fees, general funds, sp indebtedness, etc.)	rity that wi ecial servi	Il help to pay for this service and indicate how ce district revenues, hotel/motel taxes, franch	ise taxes, impact fees, bonded	
	Local Government or Authority:	Funding Me	thod: Sea NEVISU	PAC	
İ	Columbia County	General Fu	ind/One Cent/Sales Tax		
	City of Grovetown	General Fu	ind/One Cent Sales Tax		
l	City of Harlem	General Fu	and/One Cent Sales Tax		
	Columbia County	Insurance	Premium Tax		
	No Change		Ints for providing and/or funding this service within the overmmental contracts that will be used to implement the		
l	Agreement Name:	/	Contracting Parties:	Effective and Ending Dates:	
	Agreement for Distribution of certain protein the Special Option Sales Tax (Exhibit Y		Columbia County and City of Grovetown and City of Harlem	May 5, 1995 - December 31, 2000	
	L/				
	Resolutions for SPLOST (Exl	nibit Z)	sed to implement the strategy for this service	(e.g. ordinances, resolutions, local acts of	
l	7. Person completing form: Phebe J. Dent Phone Number: (706) 868-3376 Completed April 20, 1999				
	/	e contacte	d by state agencies when evaluating whether		
	If not, provide designated contact person(s) and phone number(s) below:				
Ļ	If not, provide designated contact	t person(s)	and phone number(s) below:		

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#### PAGE 2

### SERVICE DELIVERY STRATEGY SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

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	ges as necessary. If		Use exactly the same service names; listed on page 1. Answer each rvice (listed at the bottom of the page) changes, this should be
County: Columbia County		Service: Sen	ior Citizens Center
1. Check the box that best descri	bes the agreed up	pon delivery arrangemen	for this service:
Service will be provided co is checked, identify the gov		-	incorporated areas) by a single service provider. (If this box ling the service.)
☐ Service will be provided on identify the government, au			ounty by a single service provider. (If this box is checked, vice.)
			ated boundaries, and the service will not be provided in t(s), authority or organization providing the service.)
			ated boundaries, and the county will provide the service nent(s), authority or organization providing the service.)
<ul> <li>Other. (If this box is checked government, authority, or oth</li> </ul>			service area of each service provider, and identify the within each service area.)
□ yes ⊠ no	* *		competition and/or duplication of this service identified?
If these conditions will continue thigher levels of service (See O.C. competition cannot be eliminated	.G.A. 36-70-24(I	y, attach an explanation l)), overriding benefits of	for continuing the arrangement (i.e., overlapping but the duplication, or reasons that overlapping service areas or
If these conditions will be eliminate them, the response			nentation schedule listing each step or action that will be e for completing it.
			and indicate how the service will be funded (e.g., enterprise tel taxes, franchise taxes, impact fees, bonded indebtedness,
Local Government or Authority:	Funding Method:	:	
Columbia County	General Fund, R	Regional Development Center,	and user fees
4. How will the strategy change to No Change	he previous arra	ingements for providing a	and/or funding this service within the county?
5. List any formal service deliver service:	y agreements or	: intergovernmental contra	acts that will be used to implement the strategy for this
Agreement Name:	C	ontracting Parties:	Effective and Ending Dates:
	6.		
6. What other mechanisms (if ar the General Assembly, rate or fe None	y) will be used to changes, etc.),	to implement the strategy and when will they take	for this service (e.g. ordinances, resolutions, local acts of effect?
7. Person completing form: Phe Phone Number: (706		Completed_	April 20, 1999
8. Is this the person who should consistent with the service deliver	be contacted by	state agencies when eval	uating whether proposed local government projects are
If not, provide designated conta	ct person(s) and	phone number(s) below:	

#### SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

Page 2

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Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names; listed on 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	Ser	vice: – Sewage Services	
provider. (If this box is Service will be provide box is checked, identif One or more cities will be provided in unincor organization providing One or more cities will provide the service in organization providing Other. (If this box is c	ed countywide (i.e., including a checked, identify the government of only in the unincorporated poy the government, authority or of provide this service only within porated areas. (If this box is chethe service.)  I provide this service only within unincorporated areas. (If this bothe service.)  hecked, attach a legible map dement, authority, or other organ	Il cities and unincorporate ent, authority or organization tion of the county by a significant providing the natheir incorporated bound ocked, identify the government their incorporated bound ox is checked, identify the elineating the service are	d areas) by a single service on providing the service.) ngle service provider. (If this service.) aries, and the service will not nent(s), authority or aries, and the county will government(s), authority or a of each service provider,
2. In developing the strategy, w service identified?	ere overlapping service areas, u	nnecessary competition ar	d/or duplication of this
yes If these conditions will continue overlapping but higher levels of that overlapping service areas or If these conditions will be elimin action that will be taken to elimin 3. List each government or author (e.g., enterprise funds, user fees, impact fees, bonded indebtednes.	under the strategy, attach an ex- service (See O.C.G.A. 36-70-24 competition cannot be eliminate atted under the strategy, attach a nate them, the responsible party pority that will help to pay for thi general funds, special service des, etc.)	(1)), overriding benefits of ed).  an implementation sched and the agreed upon dead service and indicate how	the duplication, or reasons  ule listing each step or line for completing it.  the service will be funded
Local Government or Authority: Columbia County	Funding Method:  Enterprise Fund		
City of Grovetown	Enterprise Fund		
<ol> <li>How will the strategy change</li> <li>List any formal service delive strategy for this service:</li> <li>Agreement Name:</li> </ol>	ry agreements or intergovernme		
Grovetown/Columbia County	Columbia County	12/7/2004 - 12/7/2	
Sewage Agreement	City of Grovetown		
Exhibit AA			/ 1° 1 1°
<ol><li>What other mechanisms (if ar local acts of the General Assemb</li></ol>	y) will be used to implement the ly rate or fee changes, etc.), and	e strategy for this service I when will they take effec	t? Yes,
7. Person completing form: Phe	be J. Dent		
Phone Number: (706) 868-3376	<u>,                                      </u>	Date Completed: Septe	ember 20, 2005
8. Is this the person who should projects are consistent with the s person(s) and phone number(s) b	ervice delivery strategy? 🗵 y	when evaluating whether presno. If not, provid	proposed local government e designated contact

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 provide (If this box is checked, identify the government, authority or organization providing the service.)
- D Service will be provided only in the unincorporated portion of the county by a single service provider. (If this pox 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 organization providing the service.) unincorporated areas. (If this box is checked, identify the government(s), authority or
- 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.)
  - 20 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
- Suplication of this service identified? 2. In developing the strategy, were overlapping service areas, unnecessary competition and/organic □ 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/meter taxes, franchise taxes, impact fees, bonded indebtedness, etc.)

Local Government or Authority:	Funding Method
Columbia County	Enterprise Fund Q
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:

  Fifective and Ending Dates

5. List any formal service delivery agreement	Contracting Parties:	Effective and Ending Dates
Agreement Name:	Columbia County and City of Grovetown	12/31/2005
Grovetown and Columbia County	Columbia County and City of City	
Sewerage agreement (Exhibit AA)		
		<u> </u>

- (if any) will be used to implement the strategy for this service? None 6. What other mechanism
- 7. Person completing f Date Completed April 20, 1999 (706) 868-337<u>6</u> Phone Number:
- son who should be contacted by state agencies when evaluating whether proposed local government projects are consistent 8. Is this the per with the service delivery strategy? 2 yes ono

bvide designated contact person(s) and phone number(s) below:

			/
Instructions: Make copies of this form and complete question below, attaching additional pa reported to the Department of Commun	ges as necess:	service listed on page 1, Section III. Use exactly the ary. If the contact person for this service (listed at t	same service names; listed on page 1. Answer each he bottom of the page) changes, this should be
County: Columbia County		Service: Sewer Services	
	_	ed upon delivery arrangement for this servi	<b>a</b>
		i.e., including all cities and unincorporated authority or organization providing the service	areas) by a single service provider. (If this box e.)
		nincorporated portion of the county by a sing organization providing the service.)	gle service provider (If this box is checked,
☐ One or more cities will provunincorporated areas. (If this bo	ide this ser ox is check	vice only within their incorporated boundar ed, identify the government(s), authority or	ies, and the service will not be provided in organization providing the service.)
☐ One or more cities will provi in unincorporated areas. (If thi	de this serv s box is che	vice only within their incorporated boundari ecked, identify the government(s), authority	es, and the county will provide the service or organization providing the service.)
Other. (If this box is checked government, authority, or oth users outside city limits. (See	er organiza		f each service provider, and identify the vice area.) The cities charge higher rates for
2. In developing the strategy, wer  □ yes ⊠ no	e overlapp	ing service areas, unnecessary competition a	and/or duplication of this service identified?
If these conditions will continue un higher levels of service (See O.C. competition cannot be eliminated)	G.A. 36-70	rategy, attach an explanation for continui -24(1)), overriding benefits of the duplication	ng the arrangement (i.e., overlapping but on, or reasons that overlapping service areas or
If these conditions will be elimina taken to eliminate them, the respo	ted under t	he strategy, attach an implementation sch y and the agreed upon deadline for completi	edule listing each step or action that will be ng it.
3. List each government or authoriunds, user fees, general funds, s etc.)	rity that w	ice district revenues, hotel/motel taxes, franc	ow the service will be funded (e.g., enterprise chise taxes, impact fees, bonded indebtedness,
Local Government or Authority:	Funding M	ethod:   UPDATED 2	707
Columbia County	Enterprise	Fund	
City of Harlem	Enterprise	Fund	
City of Grovetown	Enterprise	Fund	
How will the strategy change the previous No Change	ous arrangem	ents for providing and/or funding this service within the	ne county?
	nents or inter	covernmental contracts that will be used to implement Contracting Parties:	the strategy for this service: Effective and Ending Dates:
Agreement Name:  Grovetown and Columbia County Sewe Agreement (Exhibit AA)	rage	Columbia County and City of Grovetown	11/28/94-12/31/99
	1		
	1		
6. What other mechanisms (if an the General Assembly, rate or None	y) will be u fee change	used to implement the strategy for this services, etc.), and when will they take effect?	te (e.g. ordinances, resolutions, local acts of
7. Person completing form: Pheb Phone Number: (706)	e J. Dent 868-3376	Completed April 20, 19	99
8. Is this the person who should consistent with the service delive		d by state agencies when evaluating whether?	r proposed local government projects are
If not, provide designated contact	t person(s)	and phone number(s) below:	
			_
			<b>.</b>
/		•	

	e for each service listed on page 1, Section III. Use exactly the same service names; listed on page 1. Answer each s as necessary. If the contact person for this service (listed at the bottom of the page) changes, this should be y Affairs.
County: Columbia County	Service: Site Plan Review
1. Check the box that best describe	s the agreed upon delivery arrangement for this service:
	ntywide (i.e., including all cities and unincorporated areas) by a single service provider. (If this box rument, authority or organization providing the service.)
	v in the unincorporated portion of the county by a single service provider. (If this box is checked, nority or organization providing the service.)
	this service only within their incorporated boundaries, and the service will not be provided in box is checked, identify the government(s), authority or organization providing the service.)
☑ One or more cities will provid in unincorporated areas. (If the	e this service only within their incorporated boundaries, and the county will provide the service his box is checked, identify the government(s), authority or organization providing the service.)
<ul> <li>Other. (If this box is checked government, authority, or other</li> </ul>	, attach a legible map delineating the service area of each service provider, and identify the organization that will provide service within each service area.)
2. In developing the strategy, were	overlapping service areas, unnecessary competition and/or duplication of this service identified?
If these conditions will continue un	der the strategy, attach an explanation for continuing the arrangement (i.e., overlapping but i.A. 36-70-24(l)), overriding benefits of the duplication, or reasons that overlapping service areas or
	ed under the strategy, attach an implementation schedule listing each step or action that will be sible party and the agreed upon deadline for completing it.
<ol> <li>List each government or author funds, user fees, general funds, sp etc.)</li> </ol>	ity that will help to pay for this service and indicate how the service will be funded (e.g., enterprise ecial service district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness,
Local Government or Authority:	Funding Method:
Columbia County	User Fees
City of Grovetown	User Fees
City of Harlem	User Fees
How will the strategy change the No Change	e previous arrangements for providing and/or funding this service within the county?
	agreements or intergovernmental contracts that will be used to implement the strategy for this
SETVICE: Agreement Name:	Contracting Parties: Effective and Ending Dates:
6. What other mechanisms (if any the General Assembly, rate or fee None	e) will be used to implement the strategy for this service (e.g. ordinances, resolutions, local acts of changes, etc.), and when will they take effect?
7. Person completing form: Pheber Phone Number: (706)	
8. Is this the person who should be consistent with the service deliver	be contacted by state agencies when evaluating whether proposed local government projects are y strategy?   y contacted by state agencies when evaluating whether proposed local government projects are
If not, provide designated contact	t person(s) and phone number(s) below:

nstructions: Make copies of this form and complete on question below, attaching additional pages eported to the Department of Communit	s as necessary. If the contact person for t	on III. Use exactly the same service names; listed on page 1. Answer es this service (listed at the bottom of the page) changes, this should be	acb
County: Columbia County	Service	e: Solid Waste Management (Disposal)	
1. Check the box that best describe	s the agreed upon delivery arrange	ement for this service:	
☐ Service will be provided coun		nd unincorporated areas) by a single service provider. (If this	box
	v in the unincorporated portion of the cority or organization providing the	the county by a single service provider. (If this box is checked e service.)	d,
		corporated boundaries, and the service will not be provided in nment(s), authority or organization providing the service.)	i
		orporated boundaries, and the county will provide the service vernment(s), authority or organization providing the service.)	
Other. (If this box is checked government, authority, or other	, attach a legible map delineating organization that will provide serv	g the service area of each service provider, and identify the vice within each service area.)	8
□ yes ⊠ no		essary competition and/or duplication of this service identified	
If these conditions will continue un higher levels of service (See O.C.G competition cannot be eliminated).	A. 36-70-24(l)), overriding benef	nation for continuing the arrangement (i.e., overlapping bu fits of the duplication, or reasons that overlapping service are	it as or
taken to eliminate them, the respon	sible party and the agreed upon de	mplementation schedule listing each step or action that will be addine for completing it.  rvice and indicate how the service will be funded (e.g., enterpression).	
funds, user fees, general funds, sp etc.)	ecial service district revenues, hote	el/motel taxes, franchise taxes, impact fees, bonded indebted	ness,
Local Government or Authority:	Funding Method:		
Columbia County	Enterprise Funds, User fees		
City of Harlem	City General Fund		
City of Grovetown	City General Fund		
No Change		ding and/or funding this service within the county?	
service:		contracts that will be used to implement the strategy for this	
Agreement Name:	Contracting Parties:	Effective and Ending Dates:	
6. What other mechanisms (if any the General Assembly, rate or fee None	<ul> <li>will be used to implement the str changes, etc.), and when will they</li> </ul>	rategy for this service (e.g. ordinances, resolutions, local acts take effect?	of
7. Person completing form: Phebo Phone Number: (706)	e J. Dent 868-3376 Compl	leted April 20, 1999	
consistent with the service deliver	ne contacted by state agencies when my strategy?  myes  mun no more number(s) more number(s)	en evaluating whether proposed local government projects are	•

PAGE 2

S	UNIVIART OF SERVICE DELIVERT ARRANGEMENTS	I AGE 2			
	ne for each service listed on page 1, Section III. Use exactly the same service names; lists as necessary. If the contact person for this service (listed at the bottom of the page) ty Affairs.				
County: Columbia County Service: Storm Water Management					
☐ Service will be provided cou	<ol> <li>Check the box that best describes the agreed upon delivery arrangement for this service:</li> <li>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.)</li> </ol>				
	y in the unincorporated portion of the county by a single service provider hority or organization providing the service.)	. (If this box is checked,			
	de this service only within their incorporated boundaries, and the service ox is checked, identify the government(s), authority or organization proving the control of the				
☑ One or more cities will provid in unincorporated areas. (If this (See Map H 3.3)	e this service only within their incorporated boundaries, and the county of box is checked, identify the government(s), authority or organization pr	will provide the service oviding the service.)			
Other. (If this box is checked,	attach a legible map delineating the service area of each service pro- rorganization that will provide service within each service area.)	vider, and identify the			
☐ yes ⊠ no	e overlapping service areas, unnecessary competition and/or duplication of overlapping service areas, unnecessary competition and/or duplication of overlapping service areas, unnecessary competition and/or duplication of				
higher levels of service (See O.C.G or competition cannot be eliminate	3.A. 36-70-24(I)), overriding benefits of the duplication, or reasons that of	verlapping service areas			
	ed under the strategy, attach an implementation schedule listing each sible party and the agreed upon deadline for completing it.	step or action that will be			
3. List each government or author funds, user fees, general funds, sp indebtedness, etc.)	ity that will help to pay for this service and indicate how the service will ecial service district revenues, hotel/motel taxes, franchise taxes, impact	be funded (e.g., enterprise fees, bonded			
Local Government or Authority:	Funding Method:				
Columbia County /	Storm Water Utility /				
City of Grovetown	General Fund (				
City of Harlem /	General Fund				
How will the strategy change the previous No Change	us arrangements for providing and/or funding this service within the county?				
5. List any formal service delivery agreemed Agreement Name:	ents or intergovernmental contracts that will be used to implement the strategy for this ser  Contracting Parties: Effective and E	vice: nding Dates:			
6. What other mechanisms (if any Ordinance to County Code: 2.6	) will be used to implement the strategy for this service (e.g. ordinances, 1 Flood Damage Prevention and Storm Water Management (Exhibit GG	resolutions, local acts of )			
7. Person completing form: Phebe					
	868-3376 Completed April 20, 1999	<del>-</del> <del>-</del>			
8. Is this the person who should be consistent with the service delivery	e contacted by state agencies when evaluating whether proposed local go y strategy?   yes   no	vernment projects are			
If not, provide designated contact	person(s) and phone number(s) below:				
		<del></del>			

the state of the

		· · · · · · · · · · · · · · · · · · ·		
Instructions: Make copies of this form and complete o question below, attaching additional pag to the Department of Community Affair	es as necessary. If the co	on page 1, Section III. Use exactly ntact person for this service (listed	y the same service narnes; listed on page 1. Answer ea d at the bottom of the page) changes, this should be rep	ch orted
County: Columbia County		Service: Street Ligh	ts	
	untywide (i.e., inclu		rated areas) by a single service provider. (If the	uis
☐ Service will be provided or identify the government, as			y a single service provider. (If this box is chec	ked,
☐ One or more cities will provunincorporated areas. (If this	vide this service only s box is checked, iden	within their incorporated bo ntify the government(s), auti	oundaries, and the service will not be provided nority or organization providing the service.)	l in
One or more cities will pro in unincorporated areas. ()	vide this service only If this box is checked	y within their incorporated b i, identify the government(s)	oundaries, and the county will provide the ser ), authority or organization providing the servi	vice ce.)
☐ Other. (If this box is checked government, authority, or of	ed, attach a legible nather organization that	nap delineating the service t will provide service within	area of each service provider, and identify each service area.)	he
☐ yes ⊠ no If these conditions will continue	under the strategy, a C.G.A. 36-70-24(1)), c	ttach an explanation for co	etition and/or duplication of this service identi ontinuing the arrangement (i.e., overlapping plication, or reasons that overlapping service	but
-	ated under the strate	gy, attach an implementati agreed upon deadline for c	ion schedule listing each step or action that w ompleting it.	ill be
enterprise funds, user fees, gene indebtedness, etc.)	eral funds, special ser	rvice district revenues, hotel	licate how the service will be funded (e.g., /motel taxes, franchise taxes, impact fees, bor	.ded
Local Government or Authority:  Columbia County /	Funding Method: User Fees			
City of Harlem	General Fund			
City of Grovetown	General Fund			
City of Grovetown	Contract			
No Change			funding this service within the county?  at will be used to implement the strategy for the	uis
service:				
Agreement Name:	Contractin	g Parties:	Effective and Ending Dates:	
What other mechanisms (if a the General Assembly, rate o None	ny) will be used to in or fee changes, etc.),	mplement the strategy for th and when will they take effe	is service (e.g. ordinances, resolutions, local a ect?	cts o
7. Person completing form: Phe	ebe J. Dent			_
Phone Number: (706		Completed Apr	il 20, 1999	
8. Is this the person who should consistent with the service deliv If not, provide designated con	very strategy?	yes 🗆 no	whether proposed local government projects	are
				_

nstructions: Make copies of this form and complete on uestion below, attaching additional pages o the Department of Community Affairs.	for each service listed on page 1, Section III. U as necessary. If the contact person for this serv	ise exactly the same service narnes; listed on page 1. Answer each rice (listed at the bottom of the page) changes, this should be reported
County: Columbia County	Service: Tax	Appraisals
I. Check the box that best describe	es the agreed upon delivery arrangemen	at for this service:
⊠Service will be provided count		acorporated areas) by a single service provider. (If this
☐ Service will be provided only identify the government, aut	y in the unincorporated portion of the control of the control of the servicity or organization providing the service.	ounty by a single service provider. (If this box is checked, vice.)
☐ One or more cities will provide unincorporated areas. (If this b	le this service only within their incorpo ox is checked, identify the government	rated boundaries, and the service will not be provided in (s), authority or organization providing the service.)
☐ One or more cities will provi in unincorporated areas. (If	de this service only within their incorpo this box is checked, identify the govern	orated boundaries, and the county will provide the service ument(s), authority or organization providing the service.)
Other. (If this box is checked government, authority, or oth	, attach a legible map delineating the er organization that will provide service	service area of each service provider, and identify the e within each service area.)
□ ves ⊠ no		y competition and/or duplication of this service identified?
f these conditions will continue un higher levels of service (See O.C.Cor competition cannot be eliminate	3.A.~36-70-24(1)), overriding benefits of	n for continuing the arrangement (i.e., overlapping but f the duplication, or reasons that overlapping service areas
f these conditions will be eliminal aken to eliminate them, the respon	ed under the strategy, attach an imple asible party and the agreed upon deadli	mentation schedule listing each step or action that will be ne for completing it.
3. List each government or author enterprise funds, user fees, general indebtedness, etc.)	ity that will help to pay for this service Il funds, special service district revenue	and indicate how the service will be funded (e.g., s., hotel/motel taxes, franchise taxes, impact fees, bonded
Local Government or Authority:	Funding Method:	
Columbia County	General Fund	
No Change		and/or funding this service within the county?
	agreements or intergovernmental cont	racts that will be used to implement the strategy for this
service: Agreement Name:	Contracting Parties:	Effective and Ending Dates:
<ol> <li>What other mechanisms (if any the General Assembly, rate or None</li> </ol>	y) will be used to implement the strateg fee changes, etc.), and when will they t	y for this service (e.g. ordinances, resolutions, local acts of ake effect?
<ol><li>Person completing form: <u>Pheb</u></li></ol>		
Phone Number: (706)	868-3376 Completed	1 April 20, 1999
consistent with the service delive	ne contacted by state agencies when every strategy?  yes  no no act person(s) and phone number(s) belo	aluating whether proposed local government projects are

PAGE 2

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? □ ves ⊠ 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.)

Funding Method: Local Government or Authority: General Fund (Taxes) Columbia County 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: Effective and Ending Dates Contracting Parties: Agreement Name: 1998 - Indefinite Columbia County and City of Grovetown Agreement between Columbia County Board of Commissioners and City of Grovetown for Collection of Taxes by Tax Commissioner (Exhibit BB) (G28.1-2) September 15, 1999 - indefinite Columbia County and City of Harlem 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)

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

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

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? 2 yes 0 no

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

			/	
nstructions: Make copies of this form and complete one question below, attaching additional pages reported to the Department of Community	as necessary.	rice listed on page 1, Section III. Use exactly the san If the contact person for this service (listed at the b	ne service names; listed on page 1. Answer each nottom of the page) changes, this should be	
County: Columbia County Service: Tax Collection				
Service will be provided coun is checked, identify the govern	tywide (i.e. iment, auth	ority or organization providing the service.	as) by a single service provider. (If this box	
☐ Service will be provided only identify the government, authorized authorized identify the government.	in the unin- ority or org	corporated portion of the county by a single anization providing the service.)	service provider. (If this box is checked,	
☐ One or more cities will provid unincorporated areas. (If this box	e this servious checked,	ce only within their incorporated boundaries identify the government(s), authority or or	s, and the service will not be provided in ganization providing the service.)	
☐ One or more cities will provide in unincorporated areas. (If this b	this servic	e only within their incorporated boundaries, ted, identify the government(s), authority or	and the county will provide the service organization providing the service.)	
☐ Other. (If this box is checked, government, authority, or other	attach a le organizatio	gible map delineating the service area of on that will provide service within each service.	each service provider, and identify the ice area.)	
	overlappin	g service areas, unnecessary competition an	d/or duplication of this service identified?	
☐ yes ☑ no  If these conditions will continue unhigher levels of service (See O.C.G competition cannot be eliminated).	der the strat .A. 36-70-2	tegy, attach an explanation for continuing (4(1)), overriding benefits of the duplication,	the arrangement (i.e., overlapping but or reasons that overlapping service areas or	
taken to eliminate them, the respons	sible party a	e strategy, attach an implementation sched and the agreed upon deadline for completing help to pay for this service and indicate how	w the service will be funded (e.g., enterprise	
funds, user fees, general funds, speetc.)	ecial service	e district revenues, hotel/motel taxes, franch	ise taxes, impact fees, bonded indebtedness,	
	Funding Meth General Fun			
Columbia County	Concidi Cul			
		/		
4. How will the strategy change the previous No Change	is arrangemen	ts/for providing and/or funding this service within the	county?	
5. List any formal service delivery agreeme Agreement Name:	ents or intergo	vernmental contracts that will be used to implement the Contracting Parties:	Effective and Ending Dates.	
Agreement between Columbia County Te Commissioner and City of Grovetown fo Collection of Taxes (Exhibit BB)	ax /	Columbia County and City of Grovetown	August 29, 1998 - December 31, 1999	
Agreement between Columbia County F Commissioner and City of Harlem for Co Taxes (Exhibit FF)	ax ollection of	Columbia County and City of Harlem	September 15, 1999 - indefinite	
6. What other mechanisms (if any the General Assembly, rate or f	) will be us ee changes	ted to implement the strategy for this service, etc.), and when will they take effect?	e (e.g. ordinances, resolutions, local acts of	
7. Person completing form: Phebe Phone Number: (706)	e J. Dent 868-3376	Completed April 20, 199	9	
8. Is this the person who should be consistent with the service deliver	e contacted y strategy?	l by state agencies when evaluating whether  ✓ 🗷 yes 🗆 no	proposed local government projects are	
If not, provide designated contact	person(s)	and phone number(s) below:		
1				

Instructions: Make copies of this form and complete or question below, attaching additional page reported to the Department of Communications.	es as necessa	service listed on page 1, Section III. Use exactly the arry. If the contact person for this service (listed at the	same service names; listed on page 1. Answer each the bottom of the page) changes, this should be
County: Columbia County  1. Check the box that best describe	es the agre	Service: Water Supply Dis red upon delivery arrangement for this service	
☐ Service will be provided cou	ntywide (		reas) by a single service provider. (If this box
		nincorporated portion of the county by a sing organization providing the service.)	gle service provider. (If this box is checked,
		vice only within their incorporated boundaried, identify the government(s), authority or	
		vice only within their incorporated boundaries exked, identify the government(s), authority	
	r organiza	legible map delineating the service area o tion that will provide service within each ser and Map H 3.2)	
2. In developing the strategy, were  □ yes ⊠ no	e overlapp	ing service areas, unnecessary competition a	nd/or duplication of this service identified?
If these conditions will continue un	3.A. 36-70	rategy, attach an explanation for continuing the continuing benefits of the duplication	ng the arrangement (i.e., overlapping but n, or reasons that overlapping service areas or
		he strategy, attach an implementation schoy and the agreed upon deadline for completing	
			ow the service will be funded (e.g., enterprise hise taxes, impact fees, bonded indebtedness,
Local Government or Authority:	Funding Me	ethod:	
Columbia County [	Enterprise	Fund	
City of Harlem	Enterprise	Fund	
City of Grovetown	Enterprise	Fund	
How will the strategy change the previous No Change	is arrangeme	ents for providing and/or funding this service within th	e county?
5. List any formal service delivery agreeme Agreement Name:	ents or interg	overnmental contracts that will be used to implement to Contracting Parties:	he strategy for this service:  Effective and Ending Dates:
Agreement between Columbia County an	d the City	Columbia County and City of Grovetown	5/15/84 - 2024
of Grovetown to furnish potable water (ECC)		Conditions County and City of Chorecown	3/13/04 - 2024
Agreement between Columbia County an of Harlem to furnish potable water (Exhib		Columbia County and City of Harlem	12/08 - 12/31/2020
		sed to implement the strategy for this services, etc.), and when will they take effect?	e (e.g. ordinances, resolutions, local acts of
7. Person completing form: Phebe Phone Number: (706) 8		Completed April 20, 199	9
8. Is this the person who should be consistent with the service delivery		1 by state agencies when evaluating whether? ⊠ yes □ no	proposed local government projects are
If not, provide designated contact	person(s)	and phone number(s) below:	

-						
In	str	116	• • •	n	m	•

	Columbia County		Service: - Fleet Services Pr					
			oon delivery arrangement for this service					
X	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.)							
0	Service will be provided only i		ncorporated portion of the county by a si ent, authority or organization providing t					
	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							
a	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 are or other organization that will provide s					
2. In de	service identified?	lapping s	service areas, unnecessary competition at	nd/or duplication of this				
verlapp hat over f these c	onditions will continue under the ing but higher levels of service ( lapping service areas or competion onditions will be eliminated under	e strateg (See O.C ition can der the st	rategy, attach an implementation sched	the duplication, or reasons tule listing each step or				
ction th	at will be taken to eliminate ther	n, the res	sponsible party and the agreed upon dead	line for completing it.				
3.	funded (e.g., enterprise funds, franchise taxes, impact fees, bo	user fees, onded ind						
	vernment or Authority: Fu	nding M Genera						
City o	f Harlem	Genera	Fund					
strateg	ny formal service delivery agree y for this service: nt Name:	ements or	intergovernmental contracts that will be Contracting Parties:	used to implement the  Effective and Ending Dates:				
Coopera Progran	ative Agreement Fleet Services  Exhibit JJ		Columbia County and City of Harlem	06/01/04 - 05/31/07				
			o implement the strategy for this service nges, etc.), and when will they take effect					
7. Perso	n completing form: Phebe J. De	<u>nt</u>						
Phone N	umber: (706) 868-3376		Date Completed: Sept	ember 21, 2004				
rojects	s the person who should be contare consistent with the service d and phone number(s) below:	acted by elivery s	state agencies when evaluating whether parategy? 🗵 yesno. If not, provid	proposed local government e designated contact				
	F : : : : : : : : : : : : : : : : : : :		C-43					

# RECEIVED

SEP = 9 2002

# SERVICE DELIVERY STRATEGY

### SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

PAGE:

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(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
City of Harlem

General Fund
General Fund

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

  No change
- 5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:

Agreement Name:

Contracting Parties

Effective and Ending Dates:

Cooperative Agreement Fleet
Services Program (Exhibit JJ)

Columbia County & City of Harlem

05/01/02 - 05/01/03

- 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\_\_

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?

### SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

PAGE 2

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Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names; listed on 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.

pu	o page, oranges, vine another to the 2-partition of Community, manual						
Coun	ty: Columbia County		Service: Flee	et Services Program			
1. Che ⊠			s and unincorporated areas)	) by a single service provider. (If this box is			
	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.)						
0	Other. (If this box is checked government, authority, or oth	, attach a legible map delinea er organization that will provid	ting the service area of each	ch service provider, and identify the ce area.)			
	eveloping the strategy, were o	verlapping service areas, unnec	essary competition and/or d	duplication of this service identified?			
f these f servi	ice (See O.C.G.A. 36-70-24(1))	r the strategy, attach an expla , overriding benefits of the dup	nation for continuing the a dication, or reasons that ove	arrangement (i.e., overlapping but higher levels erlapping service areas or competition cannot be			
limina 3. List	te them, the responsible party teach government or authority	and the agreed upon deadline f that will help to pay for this so ice district revenues, hotel/mot	or completing it.  rvice and indicate how the sel taxes, franchise taxes, im	isting each step or action that will be taken to service will be funded (e.g., enterprise funds, apact fees, bonded indebtedness, etc.)			
ocal C	Sovernment or Authority:		1/1/02				
Colu	mbia County	General Fund					
	of Harlem	General Fund					
. How No o	will the strategy change the pr change	revious arrangements for provi	ding and/or funding this ser	vice within the county?			
. List a	any formal service delivery agr	reements or intergovernmental	contracts that will be used to	to implement the strategy for this service:			
	nent Name:		tracting Parties	Effective and Ending Dates:			
	perative Agreement Fleet ices Program (Exhibit JJ)	Columbia Cour	ity & City of Harlem	05/01/01 - 05/01/02			
	Columbia County, Georgia Services to Harlem by Col	a Approving an Agreement Bet umbia County", and (2) Resolu m and Columbia County for Pr	ween Columbia County and attion of the City of Harlem of	"Resolution of the Board of Commissioners of d the City of Harlem for the Providing of Fleet of Harlem, Georgia Approving an Agreement b Harlem by Columbia County"			

Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent

8/21/01

Date Completed

with the service delivery strategy? Sieges on If not, provide designated contact person(s) and phone number(s) below:

# 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.

Cour	ty: Columbia County			Service: Clinical	Nursing Services – Senior Center
1. Ch	eck the box that best describes the Service will be provided county identify the government, authorit	wide (i.e., i	ncluding all cities and uni	ncorporated areas) by a	a single service provider. (If this box is checked,
⊠	Service will be provided only in government, authority or organization	the uninco	orporated portion of the co	unty by a single service	e provider. (If this box is checked, identify the
	One or more cities will provide t areas. (If this box is checked, id-	his service entify the p	only within their incorporgovernment(s), authority o	ated boundaries, and the organization providing	the service will not be provided in unincorporated ag the service.)
0	One or more cities will provide to areas. (If this box is checked, id-	his service entify the g	only within their incorporgovernment(s), authority o	ated boundaries, and the organization providing	ne county will provide the service in unincorporated ag the service.)
	Other. (If this box is checked, at authority, or other organization to	tach a legi hat will pro	ble map delineating the sovide service within each	ervice area of each se ervice area.)	ervice provider, and identify the government,
	leveloping the strategy, were overl ☐ yes ❷ no	apping ser	vice areas, unnecessary co	mpetition and/or dupli	cation of this service identified?
If these service elimina	(See O.C.G.A. 36-70-24(1)), oven	e strategy, riding bene	attach an explanation fo efits of the duplication, or	r continuing the arranees	ngement (i.e., overlapping but higher levels of a service areas or competition cannot be
3. Lis	he responsible party and the agreed	d upon dea t will help	dline for completing it.  to pay for this service and	indicate how the servi	g each step or action that will be taken to eliminate ce will be funded (e.g., enterprise funds, user fees, led indebtedness etc.)
	Government or Authority:		Method:	,,	
	ledical College of Georgia	<u>_</u>	of Nursing		
No	will the strategy change the previous				within the county?  plement the strategy for this service:
	nent Name:	nones of m			
R M	enewal letter of Agreement of lemorandum of Understandin oncerning Affiliation of Stude linical Training (Exhibit MM)	g	Contracting F Columbia County & Regents-University S College of Georgia S	Board of System-Medical	Effective and Ending Dates:  7/13/01 - 712/04
6. WI	nat other mechanisms (if any) will	be used to	implement the strategy for	this service? None	
7. Pe	rson completing form: Phebe J. De	nt.			
	one Number: (706) 868-3376		Date Completed	8/21/01	
8. Is	this the person who should be con-	tacted by s	tate agencies when evalua	ting 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

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.

Coun	ty: Columbia County	<b>/</b>		Service: Eme	rgency Evacuation Dam Failure Plans		
1. Che ⊠	Service will be provided cou	ıntywide (i.	upon delivery arrangement for e., including all cities and unin rity or organization providing	corporated areas)	by a single service provider. (If this box is		
	Service will be provided only the government, authority of	ly in the uni r organizati	incorporated portion of the cou on providing the service.)	nty by a single ser	vice provider. (If this box is checked, identify		
	One or more cities will provi unincorporated areas. (If thi	ide this serv is box is che	vice only within their incorpora ecked, identify the government	ited boundaries, and (s), authority or or	nd the service will not be provided in ganization 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.)						
	eveloping the strategy, were of yes ⊠ no	overlapping	service areas, unnecessary cor	npetition and/or du	uplication of this service identified?		
If these of servi elimina	ce (See O.C.G.A. 36-70-24(1)	er the strate ), overridin	gy, attach an explanation for g benefits of the duplication, o	continuing the ar	rrangement (i.e., overlapping but higher levels lapping service areas or competition cannot be		
If these elimina	conditions will be eliminated te them, the responsible party	under the s	strategy, attach an implement reed upon deadline for complet	ation schedule listing it.	ting each step or action that will be taken to		
3. List user fe	each government or authority ees, general funds, special serv	that will h	elp to pay for this service and revenues, hotel/motel taxes, fr	indicate how the se anchise taxes, imp	ervice will be funded (e.g., enterprise funds, act fees, bonded indebtedness, etc.)		
Local G	overnment or Authority:	Func	ling Method:				
Colu	mbia County	Genera	l Fund				
4. How No c	will the strategy change the p hange	revious arra	angements for providing and/o	r funding this serv	ice within the county?		
5. List a	ny formal service delivery ag	reements or	r intergovernmental contracts t	hat will be used to	implement the strategy for this service:		
Agreem	ent Name:		Contracting Pa	arties	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. Wh	at other mechanisms (if any)	will be used	to implement the strategy for	this service? Non	e ·		
7. Per	son completing form: Phebe J	. Dent					
Pho	one Number: (706) 868-3376	<u> </u>	Date Completed	8/21/01			
8. Is t	. 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?  $\square$ : yes  $\square$  no If not, provide designated contact person(s) and phone number(s) below:

9-9-02 18

# SERVICE DELIVERY STRATEGY

# SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

PAGE 2

with

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?

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.)

Funding Method: Local Government or Authority: **General Fund Columbia County** Donations - Funneled through General Fund City of Harlem

- 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:

Effective and Ending Dates: Contracting Parties Agreement Name: Completion of Phase 1 Project Agreement for Provisions to **Columbia County Completion of Phase 2 Project** Columbia County, Georgia (Exhibit PP)

- 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

August 13, 2002 Date Completed

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent If not, provide designated contact person(s) and phone number(s) below: the service delivery strategy? ⊠:yes

### SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

PAGE 2

Instructions:

7.

with the service delivery strategy? ⊠:yes □ no

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.

Coun	ty: Columbia County	· . · . ·	Service: Libra	ry Services Construction/Renovation				
1. Che ⊠	Service will be provided cour	tywide (i.e	upon delivery arrangement for this service: a., including all cities and unincorporated areas) rity or organization providing the service.)	by a single service provider. (If this box is				
0	Service will be provided only in the unincorporated portion of the county by a single service provider. (If this box is checked, identify 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 provid unincorporated areas. (If this	le this serv box is che	ice only within their incorporated boundaries, arcked, identify the government(s), authority or or	d the county will provide the service in ganization providing the service.)				
	Other. (If this box is checked, authority, or other organization	attach a l n that will	egible map delineating the service area of each provide service within each service area.)	h service provider, and identify the government,				
2. In d	eveloping the strategy, were over yes one no	erlapping	service areas, unnecessary competition and/or du	plication of this service identified?				
If these service elimina	(See O.C.G.A. 30-70-24(1)), 01	the stratesteriding b	gy, attach an explanation for continuing the an enefits of the duplication, of reasons that overlap	rangement (i.e., overlapping but higher levels oping service areas or competition cannot be				
3. List	each government or authority	nd the agr	lues, hotel/motel taxes, franchise taxes, impact fe	ruice will be finded to a contemple for the				
Local G	overnment or Authority:	Fund	ing Method: 9/9/62					
Col	umbia County	Gener	al Fund					
City	of Harlem	Donati	ions – Funneled through General Fu	nd				
No c	nange		ngements for providing and/or funding this servi					
	· /	cincins of	•	•				
	ent Name: eement for Provisions 1		Contracting Parties	Effective and Ending Dates:				
Col	umbia County, Georgia nibit PP)		Columbia County	Completion of Phase 1 Project				
6. Wh	at other mechanisms (if any) w	ill be used	to implement the strategy for this service? None	•				
7. Pers	son completing form: Phebe J.	Dent						
	ne Number: (706) 868-3376		Date Completed August	a 21, 2001				
8. Is t	his the person who should be c	ontacted b	y state agencies when evaluating whether propos	ed local government projects are consistent				

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

# 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**

Local Government or Authority:

**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

Funding Method:

**General Fund** 

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.)

<ol> <li>How will the strategy change the previous a No change</li> </ol>	rrangements for providing and/or funding	g this service within the county?
5. List any formal service delivery agreements	or intergovernmental contracts that will l	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
5. What other mechanisms (if any) will be us	sed to implement the strategy for this serv	rice? None
. Person completing form: Phebe J. Dent		•
Phone Number: (706) 868-3376	Date Completed	October 24, 2001
Is this the person who should be contacted the service delivery strategy? ⊠:yes	the distance of the designated states of the designated states of the designated states of the designated states of the designated states of the designated states of the designated states of the designated states of the designation of the de	ner proposed local government projects are consistent t person(s) and phone number(s) below:

_			
I'n	stru	otio	nc.

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
---------	----------	--------

County: Columbia County		Service: - Athletic Field L	ighting/Message Board			
<ul> <li>Check the box that best describes the agreed upon delivery arrangement for this service:</li> <li>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.)</li> <li>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.)</li> <li>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.)</li> <li>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.)</li> <li>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.)</li> </ul>						
If these conditions will continue under the overlapping but higher levels of service (that overlapping service areas or competed these conditions will be eliminated und action that will be taken to eliminate them.  3. List each government or authority that (e.g., enterprise funds, user fees, general impact fees, bonded indebtedness, etc.)  Local Government or Authority:	Ino e strategy See O.C. tion cann ler the str n, the res t will help funds, sp nding Me	r, attach an explanation for continuin G.A. 36-70-24(1)), overriding benefits of the eliminated). ategy, attach an implementation scheponsible party and the agreed upon dead to to pay for this service and indicate hoseial service district revenues, hotel/mosthod:	g the arrangement (i.e., of the duplication, or reasons dule listing each step or dline for completing it.  w the service will be funded			
Columbia County	SPLOS	Γ 2001-2005 funds				
Columbia County Board of Education	General	Fund (Continual Maintenance)				
<ul><li>4. How will the strategy change the prev</li><li>5. List any formal service delivery agree strategy for this service:</li><li>Agreement Name:</li></ul>			•			
Intergovernmental Agreement for Light	ing	Columbia County	1. 11/15/0 - 11/15/21			
Athletic Field at: (1) Harlem High Scho		Columbia County Board of	2. 7/01/03-6/30/33			

Intergovernmental Agreement for Lighting	Columbia County	1. 11/15/0 - 11/15/21	
Athletic Field at: (1) Harlem High School (2)	Columbia County Board of	2. 7/01/03-6/30/33	1 1. 5114
Evans High School, and (3) Lakeside High	Education	3. 7/01/03-6/30/93 - 6/30	/2033 (see Exhibit
School, (4) Greenbrier High School/Message Board Exhibit WW		4. 9/01/03-8/31/33	""" 2)
Board Exhibit WW		<u> </u>	<u> </u>

6.	What other mechanisms (if any) will be used to implement the strategy for this service (e.g.	ordinances,	resolutions,
lo	cal 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?  $\underline{x}$  yes \_\_no. If not, provide designated contact person(s) and phone number(s) below:

# SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

PAGE 2

			•	
Answe		ng addition	al pages as necessary. If the contact pers	se exactly the same service names; listed on page 1. on for this service (listed at the bottom of the page)
Coun	ty: Columbia County	•	Service: Att	nletic Field Lighting
1. Che	ck the box that best describes the Service will be provided county identify the government, authorit	wide (i.e., i	on delivery arrangement for this service: ncluding all cities and unincorporated areas) zation providing the service.)	by a single service provider. (If this box is checked,
	Service will be provided only in government, authority or organi	the uninco zation prov	rporated portion of the county by a single se iding the service.)	rvice provider. (If this box is checked, identify the
	One or more cities will provide areas. (If this box is checked, ide	this service ntify the go	only within their incorporated boundaries, a overnment(s), authority or organization provi	and the service will not be provided in unincorporated ding the service.)
0	One or more cities will provide tunincorporated areas. (If this box	this service is checked	only within their incorporated boundaries, a l, identify the government(s), authority or or	nd the county will provide the service in ganization providing the service.)
	Other. (If this box is checked, at authority, or other organization t	ttach a legi hat will pro	ble map delineating the service area of ea	ch service provider, and identify the government,
	leveloping the strategy, were over	lapping ser	vice areas, unnecessary competition and/or o	duplication of this service identified?
If these service elimina	e (See O.C.G.A. 36-70-24(1)), ove	he strategy, rriding ben	attach an explanation for continuing the efits of the duplication, or reasons that overl	arrangement (i.e., overlapping but higher levels of apping service areas or competition cannot be
If these	e conditions will be eliminated un the responsible party and the agre	der the stra	tegy, attach an implementation schedule adline for completing it.	isting each step or action that will be taken to eliminat
3. Lis	st each government or authority the general funds, special service dis	at will help trict revenu	to pay for this service and indicate how the es, hotel/motel taxes, franchise taxes, impac	service will be funded (e.g., enterprise funds, user t fees, bonded indebtedness, etc.)
Local	Government or Authority:	Fundi	ng Method:	
Co	olumbia County	SPLO	ST Funds	
Bo	oard of Education	Gener	al Fund (Continual Maintenan	ce)
	w will the strategy change the pre	vious arran	gements for providing and/or funding this se	rvice within the county?
5. List	t any formal service delivery agre	ements or i	ntergovernmental contracts that will be used	to implement the strategy for this service:
Agree	ment Name:		Contracting Parties	Effective and Ending Dates:
In	tergovernmental Ágre	ement	Columbia County	11/15/2001 – 11/15/2021
	r Lighting Athletic Fie		Columbia County Board of	
	arlem High School (Ex W)	hibit	Education	
6. V		rill be used .), and whe	to implement the strategy for this service (e. n will they take effect? None	g., ordinances, resolutions, local acts of the General
	Person completing form: Phebe Phone Number: (706) 868-3370		Date Completed	July 02, 2002
8. J		ontacted by	state agencies when evaluating whether pro If not, provide designated contact person(s)	posed local government projects are consistent with th and phone number(s) below:
/ S	ervice delivery strategy? M:yes	- HO	IT HOP PLOAIGE GOVERNMENT COMMENT PRINCES	



# SEP - 9 200 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.

Columbia	

Service: Hazardous Material Response

Effective and Ending Dates:

- 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.)

Columbia County
City of Grovetown
City of Harlem

Columbia County
City of Harlem

Columbia County
City of Harlem

Funding Method:

No compensation will occur or become due.
Use of Equipment and City/County personnel

- 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 Efforing Dates.
Intergovernmental Agreement for Hazardous Material Response	Columbia County City of Grovetown	Eff. 2/12/02 – Grovetown
Services Between Col. County, GA and the City of Grovetown, GA	City of Harlem	Eff. 12/4/01 – Harlem thru Indefinite
Intergovernmental City of Harlem (Exhibits RR & SS)		

- 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? Strategy? In no If not, provide designated contact person(s) and phone number(s) below:

# **ZUUZ 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 Cor	nmunity Atlants.		
County: Columbia County	•	Service: Information	Technology Resource Sharing	
Check the box that best describes     Service will be provided of checked, identify the gove	ountywide (i.e., includir	arrangement for this service:  ng all cities and unincorporated areas) by a sinuncation providing the service.)	ngle service provider. (If this box is	
☐ Service will be provided of government, authority or	nly in the unincorporate organization providing the	d portion of the county by a single service pro the service.)	wider. (If this box is checked, identify the	
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 chec authority, or other organiz	ked, attach a legible ma zation that will provide s	ap delineating the service area of each servervice within each service area.)	ice provider, and identify the government,	
2. In developing the strategy, were of ☐yes ⊠ no	verlapping service areas	, unnecessary competition and/or duplication	of this service identified?	
If these conditions will continue undeservice (See O.C.G.A. 36-70-24(l)), eliminated).	er the strategy, attach as overriding benefits of th	explanation for continuing the arrangemed duplication, or reasons that overlapping services.	ent (i.e., overlapping but higher levels of vice areas or competition cannot be	
If these conditions will be eliminated them, the responsible party and the a	l under the strategy, atta greed upon deadline for	ch an implementation schedule listing each completing it.	step or action that will be taken to eliminate	
3. List each government or authorit fees, general funds, special service	y that will help to pay fo district revenues, hotel/r	r this service and indicate how the service will notel taxes, franchise taxes, impact fees, bond	ll be funded (e.g., enterprise funds, user ded indebtedness, etc.)	
Local Government or Authority:	Funding Method	1:		
Columbia County Board of Education	No costs incur	red.		
No change		or providing and/or funding this service within		
5. List any formal service delivery a	greements or intergovern	nmental contracts that will be used to implem	ent the strategy for this service:	
Agreement Name:		Contracting Parties	Effective and Ending Dates:	
Intergovernmental Ag	reement	Board of Commissioners	Eff. 3/19/02 – one year	
between Columbia Co	ounty Board of	Board of Education		
Commissioners and C	Columbia	·		
County Board of Educ	cation			
(Exhibit UU)	(Exhibit UU)			

- 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 If not, provide designated contact person(s) and phone number(s) below: service delivery strategy? ⊠:yes □ no

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 Se	ervice: – Law Enforcement Service	s – J. Strom Thurmond Lake			
<ol> <li>Check the box that best describes the agreed uportion of the provided countywide (in provider. (If this box is checked, identified Service will be provided only in the unit box is checked, identify the governm.</li> <li>One or more cities will provide this service provided in unincorporated areas. (If organization providing the service.)</li> <li>One or more cities will provide this service provide the service in unincorporated organization providing the service.)</li> <li>Other. (If this box is checked, attach a and identify the government, authority area.)</li> </ol>	e., including all cities and unincorpor fy the government, authority or organ ncorporated portion of the county by ent, authority or organization providir vice only within their incorporated boat this box is checked, identify the gove vice only within their incorporated boareas. (If this box is checked, identify legible map delineating the service	rated areas) by a single service ization providing the service.) a single service provider. (If this ag the service.) undaries, and the service will not ernment(s), authority or undaries, and the county will the government(s), authority or area of each service provider,			
2. In developing the strategy, were overlapping service identified?  yes In no  If these conditions will continue under the strateg overlapping but higher levels of service (See O.C that overlapping service areas or competition can If these conditions will be eliminated under the strateging these conditions will be eliminated under the strateging these conditions will be eliminated under the strateging these conditions will be eliminated under the strateging these conditions will be eliminate them, the result of the strateging the strateging that will be seen general funds, specifically continued to the strateging that will be strateging the strateging that will be strateging the strateging that will be strateging the strateging that will be strateging the strateging that will be strateging the strateging that will be strateging the strateging that will be strateging the strateging that will be strateging the strateging that will be strateging that will be strateging the strateging that will be strateging the strateging that will be strateging the strateging that will be strateging the strateging that will be strateging the strateging that will be strateging the strateging that will be strateging that will be strateging the strateging that will be strateging that will be strateging the strateging that will be strateging that wil	cy, attach an explanation for continue. G.A. 36-70-24(1)), overriding benefit not be eliminated). trategy, attach an implementation se sponsible party and the agreed upon d lp to pay for this service and indicate pecial service district revenues, hotel/	sing the arrangement (i.e., is of the duplication, or reasons hedule listing each step or eadline for completing it.			
Local Government or Authority: Funding M Corps of Engineers Genera	al Fund				
<ul> <li>4. How will the strategy change the previous arrangements for providing and/or funding this service within the county?</li> <li>5. List any formal service delivery agreements or intergovernmental contracts that will be used to implement the strategy for this service:</li> </ul>					
Agreement Name:  Cooperative Agreement Plan of Operation -	Contracting Parties:  Columbia County Sheriff's	Effective and Ending Dates: 01/20/041/20/05			
Increased Law Enforcement Services Performed at J. Strom Thurmond Lake Exhibit XX	Office Corps of Engineers				
<ul><li>6. What other mechanisms (if any) will be used local acts of the General Assembly rate or fee ch</li><li>7. Person completing form: Phebe J. Dent</li></ul>	to implement the strategy for this serv anges, etc.), and when will they take of	rice (e.g. ordinances, resolutions, effect?			
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? <u>x</u> yesno. If not, provide designated contact person(s) and phone number(s) below:					

C-51



### 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.

" Department		
ounty: Columbia County	Service: Law Enforcement Se	ervices - J. Strom Thurmond Lake
. Check the box that best describes the agreed upo	n delivery arrangement for this service:	levised 11/04
Service will be provided countywide (i.e., inclidentify the government, authority or organization)	luding all cities and unincorporated areas) by a sation providing the service.)	ingle service provider. (If this box is checked,
Service will be provided only in the unincorpor government, authority or organization providing		ovider. (If this box is checked, identify the
One or more cities will provide this service or unincorporated areas. (If this box is checked,	nly within their incorporated boundaries, and the identify the government(s), authority or organize	service will not be provided in tion providing the service.)
One or more cities will provide this service of unincorporated areas. (If this box is checked,	nly within their incorporated boundaries, and the identify the government(s), authority or organization	county will provide the service in ation providing the service.)
Other. (If this box is checked, attach a legibl authority, or other organization that will prov	e map delineating the service area of each ser ide service within each service area.)	vice provider, and identify the government,
<ol> <li>In developing the strategy, were overlapping services</li> <li>         □ yes □ no     </li> </ol>	areas, unnecessary competition and/or duplicati	on of this service identified?
these conditions will continue under the strategy, attactive (See O.C.G.A. 36-70-24(1)), overriding benefits liminated).	ach an explanation for continuing the arranges of the duplication, or reasons that overlapping s	ement (i.e., overlapping but higher levels of service areas or competition cannot be
f these conditions will be eliminated under the strategy nem, the responsible party and the agreed upon deadling	v, attach an implementation schedule listing ea ne for completing it.	ch step or action that will be taken to eliminate
<ol> <li>List each government or authority that will help to p fees, general funds, special service district revenues, b</li> </ol>	notel/motel taxes, franchise taxes, impact fees, b	will be funded (e.g., enterprise funds, user onded indebtedness, etc.)
ocal Government or Authority: Funding N	Method:	
Columbia County General Fu	nd	
6. How will the strategy change the previous arrangem No change		
5. List any formal service delivery agreements or interp		
Agreement Name:	Contracting Parties	Effective and Ending Dates:  Eff. 3/19/02 – one year
Cooperative Agreement Plan of Operation – Increased Law Enforcement Services performed J. Strom Thurmond Lake (Exhibit XX)	Columbia County Corp of Engineers at	E11. 3/19/02 – One year
6. What other mechanisms (if any) will be used to in Assembly rate or fee changes, etc.), and when we	mplement the strategy for this service (e.g., ording they take effect? None	nances, resolutions, local acts of the General
7. Person completing form: Phebe J. Dent		
Phone Number: (706) 868-3376	Date Completed July 2.	•
8. Is this the person who should be contacted by star service delivery strategy? ⊠:yes ☐ no If 1	te agencies when evaluating whether proposed lonor, provide designated contact person(s) and phonon	ocal government projects are consistent with thone number(s) below:



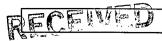
# SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

PAGE 2

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.

Charle the how that have decombed	•	Service: Passive Recreation	n Facility
<ul> <li>Check the box that best describes</li> <li>Service will be provided cour identify the government, auth</li> </ul>	ntywide (i.e., including a	arrangement for this service: Il cities and unincorporated areas) by a significant the service.)	ngle service provider. (If this box is checked,
Service will be provided only government, authority or or	y in the unincorporated preganization providing the	ortion of the county by a single service preservice.)	rovider. (If this box is checked, identify the
One or more cities will provide areas. (If this box is checken	de this service only with	in their incorporated boundaries, and the ent(s), authority or organization providing	service will not be provided in unincorporate the service.)
One or more cities will pro- unincorporated areas. (If the	vide this service only wi is box is checked, identi	thin their incorporated boundaries, and the fy the government(s), authority or organization	e county will provide the service in ration providing the service.)
Other. (If this box is checked authority, or other organiza	l, attach a legible map	delineating the service area of each service within each service area.)	vice provider, and identify the government,
<ul> <li>In developing the strategy, were o</li> <li>□ yes ☑ no</li> </ul>	verlapping service areas	, unnecessary competition and/or duplicat	ion of this service identified?
ervice (See O.C.G.A. 36-70-24(l)), o liminated).	overriding benefits of th	e duplication, or reasons that overlapping	
f these conditions will be eliminated nem, the responsible party and the a	l under the strategy, atta greed upon deadline for	ch an implementation schedule listing e completing it.	ach step or action that will be taken to elimina
3. List each government or authority fees, general funds, special service	y that will help to pay fo district revenues, hotel/r	r this service and indicate how the service notel taxes, franchise taxes, impact fees, I	will be funded (e.g., enterprise funds, user conded indebtedness, etc.)
ocal Government or Authority:	Funding Method	l:	
Columbia County City of Harlem	SPLOST General Fund	•	
No change		or providing and/or funding this service w	
5. List any formal service delivery a	greements or intergover	nmental contracts that will be used to imp	
Agreement Name:		Contracting Parties	Effective and Ending Dates:
Intergovernmental Ag	reement for a	Columbia County BOC	Eff. 6/4/02 thru Project
i intergovernmental Ag	t for a Passive	City of Harlem	Completion
Capital Outlay Project	be Paid for		·
Capital Outlay Project Recreation Facility to			<b>,</b>
Capital Outlay Project Recreation Facility to From Proceeds of the	Special		
Capital Outlay Project Recreation Facility to From Proceeds of the Purpose Local Option	n Sales Tax in		
Capital Outlay Project Recreation Facility to From Proceeds of the Purpose Local Option Columbia County, Ge	n Sales Tax in		
Capital Outlay Project Recreation Facility to From Proceeds of the Purpose Local Option Columbia County, Ge VV)	n Sales Tax in corgia (Exhibit	nent the strategy for this service (e.g., ord y take effect? None	inances, resolutions, local acts of the General
Capital Outlay Project Recreation Facility to From Proceeds of the Purpose Local Option Columbia County, Ge VV)  6. What other mechanisms (if any Assembly, rate or fee changes,	orgia (Exhibit  y) will be used to impler t, etc.), and when will the	y take effect: None	inances, resolutions, local acts of the General
Capital Outlay Project Recreation Facility to From Proceeds of the Purpose Local Option Columbia County, Ge VV)  6. What other mechanisms (if any Assembly, rate or fee changes, 7. Person completing form: Phet Phone Number: (706) 868-3	y) will be used to impler etc.), and when will the	Date CompletedJuly 2	inances, resolutions, local acts of the General  2002  local government projects are consistent with

service delivery strategy? ⊠:yes □ no



SEP - 9 2002

SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

PAGE 2

Effective and Ending Dates

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.

### Sarvice: Vehicle Registration Renewal Via Internet

ounty: Columbia County	Service: Venicle Registration Renewal Via Internet
Check the box that best describes the agreed upo     Service will be provided countywide (i.e., ir identify the government, authority or organi	acluding all cities and unincorporated areas) by a single service provider. (If this box is checked,
Service will be provided only in the unincorgovernment, authority or organization pro	rporated portion of the county by a single service provider. (If this box is checked, identify the viding the service.)
One or more cities will provide this service areas. (If this box is checked, identify the	only within their incorporated boundaries, and the service will not be provided in unincorporated government(s), authority or organization providing the service.)
One or more cities will provide this servic unincorporated areas. (If this box is check	te only within their incorporated boundaries, and the county will provide the service in ted, identify the government(s), authority or organization providing the service.)
Other. (If this box is checked, attach a legi authority, or other organization that will p	ible map delineating the service area of each service provider, and identify the government, provide service within each service area.)
2. In developing the strategy, were overlapping ser ☐ yes ☒ no	vice areas, unnecessary competition and/or duplication of this service identified?
If these conditions will continue under the strategy, service (See O.C.G.A. 36-70-24(1)), overriding beneficiated).	attach an explanation for continuing the arrangement (i.e., overlapping but higher levels of efits of the duplication, or reasons that overlapping service areas or competition cannot be
If these conditions will be eliminated under the strathem, the responsible party and the agreed upon dea	tegy, attach an implementation schedule listing each step or action that will be taken to eliminate adline for completing it.
3. List each government or authority that will help fees, general funds, special service district revenue	to pay for this service and indicate how the service will be funded (e.g., enterprise funds, user es, 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
A Transmill the strategy change the provious arrange	rements 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	Lifective and Lifeting Dates.
Agreement to Fnable Georgia	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
Ψ.	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 If not, provide designated contact person(s) and phone number(s) below: 

Page 2

Ins	tru	cti	Λı	ne:

County: Columbia County			on Sales Tax Distribution			
Check the box that best describes the     Service will be provided countywide	e agree	d upon delivery arrangeme luding all cities and unincorporate	nt for this service:  d areas) by a single service provider. (If			
this box is checked, identify the govern	nment, a	authority or organization providing	g the service.)			
Service will be provided only in the ur	nincorpo	orated portion of the county by a si	ingle service provider. (If this box is			
One or more cities will provide this service only within their incorporated boundaries, and the service will not be pr 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 se service in unincorporated areas. (If thi	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 the government, authority, or other or	a legible ganizati	map delineating the service are	a of each service provider, and identify each service area.)			
2. In developing the strategy, were overlapping	service					
☐ yes ☐ If these conditions will continue under the strateg	rv attac	h an explanation for continuing	the arrangement (i.e., overlapping but			
higher levels of service (See O.C.G.A. 36-70-24) competition cannot be eliminated).	(1)), ove	riding benefits of the duplication,	or reasons that overlapping service areas o			
<del>-</del>			- Listing cosh step or action that will be			
If these conditions will be eliminated under the staken to eliminate them, the responsible party and	trategy, d the ag	attach an implementation sched reed upon deadline for completing	tile fisting each step of action that will be			
3. List each government or authority that will he	ln to na	v for this service and indicate how	the service will be funded (e.g., enterprise			
funds, user fees; general funds, special service di	istrict re	venues, hotel/motel taxes, franchis	se taxes, impact fees, bonded indebtedness,			
etc.)			•			
	nding M	ethod:				
Columbia County, City of Grovetown, City of Harlem	ocal Op	otion Sales Tax (LOST)				
1						
4. How will the strategy change the previous arr	rangeme	ents for providing and/or funding t	his service within the county?			
5. List any formal service delivery agreements of	or interg	overnmental contracts that will be	used to implement the strategy for this			
service: Agreement Name:		Contracting Parties:	Effective and Ending Dates:			
Intergovernmental Agreement for the		Columbia County	1/01/03 - 12/31/12			
Distribution of the proceeds of the Local Optio	n	City of Grovetown				
Sales Tax for the period from January 1, 2003 period December 31, 2012	until	City of Harlem				
2. Amendment to the Intergovernmental Agree	ment					
for the Distribution of the Proceeds of Local O Sales Tax Exhibit YY	ption					
6. What other mechanisms (if any) will be used the General Assembly rate or fee changes, etc.), Commissioners of Columbia County, Georgia, the Proceeds of the Local Option Sales Tax for	,anciwn Approvi	ing and authorizing the Intergover	nmental Agreement for the Distribution of			
7. Person completing form: Phebe J. Dent						
Phone Number: (706) 868-3376	_	Date Completed: Ser	otember 21, 2004			
	-					
8. Is this the person who should be contacted b consistent with the service delivery strategy?	y state a	agencies when evaluating whetherno. If not, provide designated	i contact person(s) and phone number(s)			
below:		0.64				

# RECEIVED

### SERVICE DELIVERY STRATEGY

SEP - 9 2002

# SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

PAGE 2

т	<u></u>	_	tr	 _	42	_	 _	_

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

u/o

- 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?

  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:

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.

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

Page 2

Ĭ'n	ctru	etio	ma
JΠ	STFII	CTIO	ne

and phone number(s) below:

Department of Community At	lairs.			
County: Columbia County		Service: -	- Fire Service Protection – 6	City of Grovetown
provider. (If this box i Service will be provid box is checked, identif One or more cities wil be provided in unincor organization providing One or more cities wil provide the service in organization providing Other. (If this box is of	ded countywide (i.e., inches checked, identify the good only in the unincorporty the government, authorall provide this service only reported areas. (If this bood the service.) Il provide this service only unincorporated areas. (I gethe service.) The this service.) The checked, attach a legible rement, authority, or other	luding all ci overnment, rated portion rity or organ by within the is checken by within the ff this box is	gement for this service: ties and unincorporated area authority or organization pr n of the county by a single s nization providing the service ir incorporated boundaries, d, identify the government(s eir incorporated boundaries, s checked, identify the gove eating the service area of a ion that will provide service	oviding the service.) service provider. (If this ce.) and the service will not s), authority or and the county will rnment(s), authority or
<ol> <li>In developing the strategy, w service identified?</li> <li>yes</li> </ol>	ere overlapping service a	reas, unnec	essary competition and/or d	uplication of this
If these conditions will continue overlapping but higher levels of that overlapping service areas or If these conditions will be eliminaction that will be taken to eliminaction that will be taken to elimination. List each government or auth (e.g., enterprise funds, user fees, impact fees, bonded indebtedness Local Government or Authority:	under the strategy, attack service (See O.C.G.A. 36 competition cannot be el nated under the strategy, a nate them, the responsible sority that will help to pay general funds, special seess, etc.)	6-70-24(1)), liminated). attach an is le party and y for this ser	overriding benefits of the d mplementation schedule li the agreed upon deadline for rvice and indicate how the s	sting each step or completing it.
City of Grovetown	City Property			
Columbia County			ovetown outside city limits -	- CC General Fund
<ul><li>4. How will the strategy change</li><li>5. List any formal service deliverstrategy for this service:</li></ul>	the previous arrangemen	nts for prov	iding and/or funding this ser	vice within the county?
Agreement Name:	C	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 Intergovernmental Mutual Aid Agreement, City of Grovetown, Georgia, and Columbia County,	Columbia County City of Grovetown		01/01/05 - 12/31/06 01/01/05 - 12/31/06	
Exhibit AAA-1				
6. What other mechanisms (if a local acts of the General Assemble				
7. Person completing form: Phe	be J. Dent			
Phone Number: (706) 868-337	6		Date Completed: September	20, 2005
8. Is this the person who should projects are consistent with the			n evaluating whether propos no. If not, provide desig	

Page 2

In	str	uc	tio	ns

below:

Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names;

isted on page 1. Answer each question belon listed at the bottom of the page) changes, the	ow, attach is should	ing additional pages as necessar be reported to the Department (	y. If the contact person for this service of Community Affairs.
County: Columbia County  1. Check the box that best describes to		Fire Service Protection City of ed upon delivery arrangeme	
Service will be provided countywi this box is checked, identify the go	de (i.e., inovemment,	cluding all cities and unincorporat authority or organization providing	ed areas) by a single service provider, (If ng the service.)
Service will be provided only in the checked, identify the government,	unincorpo authority	orated portion of the county by a s or organization providing the serv	ingle service provider. (If this box is ice.)
One or more cities will provide this in unincorporated areas. (If this be service.)	service or ox is check	nly within their incorporated bounded, identify the government(s), au	daries, and the service will not be provided thority or organization providing the
One or more cities will provide this so in unincorporated areas. (If this box is c	ervice only hecked, id	within their incorporated bounda entify the government(s), authorit	ries, and the county will provide the service y or organization providing the service.)
XIOther. (If this box is checked, attach government, authority, or other organization)	a legible ation that v	map delineating the service area will provide service within each se	of each service provider, and identify the rvice area.)
2. In developing the strategy, were overlappin ⊠ yes □	ng service Ino	areas, unnecessary competition ar	nd/or duplication of this service identified?
If these conditions will continue under the stra higher levels of service (See O.C.G.A. 36-70-2 competition cannot be eliminated).  If these conditions will be eliminated under the taken to eliminate them, the responsible party  3. List each government or authority that will funds, user fees, general funds, special service etc.)	e strategy, and the ag help to pa district re	attach an implementation sched reed upon deadline for completing y for this service and indicate how venues, hatel/motel taxes, franchis	or reasons that overlapping service areas of the listing each step or action that will be state.
Local Government or Authority:  City of Grovetown	Funding M City Pro	perty Taxes	
Columbia County		call to City of Grovetown outside	city limits - CC General Fund
4. How will the strategy change the previous Fire protection services in the City of Grov limits will be reimbursed per call to the Cit 5. List any formal service delivery agreement service:	vetown will v of Grove	I continue to be funded by subscri	e used to implement the strategy for this
Agreement Name:		Contracting Parties:	Effective and Ending Dates: 01/01/04 - 12/31/04
Interim Agreement between the City of Grov and Columbia County	etown	Columbia County City of Grovetown	01/01/04 12/31/04
Exhibit AAA, Map H 3.5		City of Glovetown	
6. What other mechanisms (if any) will be us the General Assembly rate or fee changes, etc	ed to impl c.), and wh	ement the strategy for this service en will they take effect?	(e.g. ordinances, resolutions, local acts of
7. Person completing form: Phebe J. Dent Phone Number: (706) 868-3376	_	Date Completed Sept	ember 21, 2004_
8. Is this the person who should be contacted	by state a	gencies when evaluating whether	proposed local governmentprojects are

OCT 1 2 2005
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.

anty: Columbia County	Service: Fire Protection Services with City of Har
inty: Columbia County	Service: Fire Protection Services with City of

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?

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:

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 he 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.

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	City of Harlem and Columbia County	02/01/05 – 12/31/05
Мар Н 3.6		,

<sup>6.</sup> 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? <u>x</u> yes \_\_no. If not, provide designated contact person(s) and phone number(s) below:

Page 2

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Instru	ctto	ns:

below:

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, thi	s 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	he agreed upon delivery arrangement for this service:
	le (i.e., including all cities and unincorporated areas) by a single service provider. (If vemment, authority or organization providing the service.)
	unincorporated portion of the county by a single service provider. (If this box is authority or organization providing the service.)
One or more cities will provide this in unincorporated areas. (If this box service.)	service only within their incorporated boundaries, and the service will not be provided is checked, identify the government(s), authority or organization providing the
One or more cities will provide this service in unincorporated areas. (If t service.)	service only within their incorporated boundaries, and the county will provide the his box is checked, identify the government(s), authority or organization providing the
the government, authority, or other	a legible map delineating the service afea of each service provider, and identify organization that will provide service within each service area.)
(T)	g service areas, unnecessary competition and/or Juplication of this service identified
If these conditions will continue under the strat	egy, attach an explanation for continuing the arrangement (i.e., overlapping but 4(1)), overriding benefits of the duplication, or reasons that overlapping service areas
taken to eliminate them, the responsible party a	strategy, attach an implementation schedule listing each step or action that will be and the agreed epon deadline for completing it.  help to pay for this service and indicate how the service will be funded (e.g., enterprise district revenues, hotel/motel taxes, franchise taxes, impact fees, bonded indebtedness.
Local Government or Authority: F  City of Harlem	unding Mettfod: City property taxes
Columbia County	Pay per call outside the incorporated area by Columbia County from the General Fund
services were previously funded by subscription subscription fees for fire services within the in Columbia County through the General Fund.	frangements for providing and/or funding this service within the county? All fire in fees. With this new agreement, the City of Harlem will continue to collect the corporated area of the County, but will be paid per call to the City of Harlem by sor intergovernmental contracts that will be used to implement the strategy for this
service:	
Agreement Name: Interim Intergovernmental Agreement Betwee City of Harlem and Columbia County Exhib	en the   City of Harlem and Columbia County   01/01/04 - 12/31/04
Мар Н 3.6	
6. What other mechanisms (if any) will be use the General Assembly rate or fee changes, etc.	ed to implement the strategy for this service (e.g. ordinances, resolutions, local acts or ), and when will they take effect?
7. Person completing form: Phebe J. Dent	Date Completed: September 21, 2004
Phone Number. (706) 868-3376	-
8. Is this the person who should be contacted consistent with the service delivery strategy?	by state agencies when evaluating whether proposed local government projects are <u>x</u> yesno. If not, provide designated contact person(s) and phone number(s)

OCT 12 2005 Page 2

# 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; liste (lis

(listed at	page 1. Answer each question be the bottom of the page) changes,	elow, attac this should	hing additional pages as necessary. If the learn of Control of Control to the Department of Control	he contact person for this serving munity Affairs.	ice
County:	Columbia County	Service: -	North Columbia Fire and Rescue Serv	vices	
		s the agre	ed upon delivery arrangement for	r this service:	
0	Service will be provided countyve this box is checked, identify the	wide (i.e., i govemmen	ncluding all cities and unincorporated area t, authority or organization providing the	as) by a single service provider. service.)	(lf
×	Service will be provided only in checked, identify the government	the unincor , authority (	porated portion of the county by a single or organization providing the service.)	service provider. (If this box is	
	One or more cities will provide the in unincorporated areas. (If this beservice.)	is service of oox is check	only within their incorporated boundaries, and identify the government(s), authority	and the service will not be provor or organization providing the	ided
in u	One or more cities will provide this unincorporated areas. (If this box is	service onl checked, ic	y within their incorporated boundaries, and tentify the government(s), authority or or	nd the county will provide the se ganization providing the service	rvic .)
Oth	ner. (If this box is checked, attach a ternment, authority, or other organi	l legible m zation that	ap delineating the service area of each s will provide service within each service a	service provider, and identify the area.)	he
2. In dev	eloping the strategy, were overlapp	ing service	areas, unnecessary competition and/or du	uplication of this service identifi	ed?
higher lev	onditions will continue under the str	9 no ategy, atta -24(1)), ove	nch an explanation for continuing the an explanation for duplication, or reas	rrangement (i.e., overlapping b sons that overlapping service are	ut as o
			attach an implementation schedule list reed upon deadline for completing it.	ting each step or action that will	be
			y for this service and indicate how the servenues, hotel/motel taxes, franchise taxes		
,	ernment or Authority:	Funding M	ethod:		
	bia County	Ad Valo	rem Tax in the unincorporated area o	f the County	
North (	Columbia Fire Department				
			ents for providing and/or funding this serv ription fees in the unincorporated area of		wer
service	:	ts or interg	overnmental contracts that will be used to	-	
Agreemen			Contracting Parties:	Effective and Ending I	
between and Colo from Jar	ent for Fire Protection Services North Columbia Fire and Resc umbia County, Georgia for the F nuary 1, 2005 through Decembe thibit CCC, Map H. 3.7a-b	eriod	Columbia County North Columbia Fire and Rescue Services	01/01/05 – 12/31/0	6
Protection Fire and	endment to Agreement for Fire on Services between North Colu Rescue, Inc., and Columbia Co Exhibit CCC-1, Map H. 3.7a-	ounty,		01/01/05 - 12/31/00	3
6. What of	other mechanisms (if any) will be used Assembly rate or fee changes, et	sed to imple c.), and wh	ement the strategy for this service (e.g. or en will they take effect? Ordinance 04-06	dinances, resolutions, local acts "Ordinance of Board of	of

6. 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 governmentprojects are
consistent with the service delivery strategy?	X yesno. If not, provide designated contact person(s) and phone number(s
below:	

Page 2

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Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names; listed on 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?

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 diplication, or reasons that overlapping service areas or competition cannot be eliminated).

If these conditions will be eliminated under the strategy, attact 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,

Local Government or Authority: Funding Methods

Columbia County Ad Valorent 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

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 Agreeme Protection Services Between North C Fire and Rescue, Inc., and Columbia Exhibit CCC, Map H. 3.7	ont for Fire North Columbia Fire and Rescu Columbia Services	le

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, 200

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local governmentprojects are consistent with the service delivery strategy? Xyes \_\_\_no. If not, provide designated contact person(s) and phone number(s) below:

# OCT 1 2 2005 Page 2

### SUMMARY OF SERVICE DELIVERY ARRANGEMENTS

Instructions.

below:

	ervice: - Fire and Rescue Services Mai	
1. Check the box that best describes		
	overnment, authority or organization prov	orated areas) by a single service provider. (If iding the service.)
	e unincorporated portion of the county by authority or organization providing the ser	
	s service only within their incorporated box is checked, identify the government(s),	undaries, and the service will not be provided authority or organization providing the
One or more cities will provide this s in unincorporated areas. (If this box is constitutions)	ervice only within their incorporated bour checked, identify the government(s), author	ndaries, and the county will provide the service ority or organization providing the service.)
government, authority, or other organiz	ation that will provide service within each	of each service provider, and identify the service area.)
2. In developing the strategy, were overlappi		and/or duplication of this service identified?
If these conditions will continue under the stra	no tegy, attach an explanation for continu (24(1)), overriding benefits of the duplication	ing the arrangement (i.e., overlapping but on, or reasons that overlapping service areas o
If these conditions will be eliminated under the caken to eliminate them, the responsible party	e strategy, <b>attach an implementation sch</b> and the agreed upon deadline for complet	nedule listing each step or action that will be ing it.
3. List each government or authority that will	heln to nay for this service and indicate h	ow the service will be funded (e.g., enterprise
funds, user fees, general funds, special service	district revenues, hotel/motel taxes, franc	hise taxes, impact fees, bonded indebtedness,
etc.) Local Government or Authority: F	Sanding Mark at	
Columbia County	unding Method: Ad Valorem Tax in the unincorporate	ed area of the County
Martinez Fire and Rescue Services		a died of the obtain,
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 fee		
<ol> <li>List any formal service delivery agreement service:</li> </ol>	s or intergovernmental contracts that will	be used to implement the strategy for this
Agreement Name:	Contracting Parties:	Effective and Ending Dates:
Agreement for Fire Protection Services	Columbia County	01/01/2005 - 12/31/2006
Between Martinez Volunteer Fire Departi	nent, Martinez Fire Department	
Inc., and Columbia County, Georgia, for Period from January 1, 2005 through Dec		•
31, 2005.	zmbe.	
Exhibit DDD, Map H 3.8a-3.8b		
		<u> </u>
6. What other mechanisms (if any) will be use the General Assembly rate or fee changes, etc Commissioners of Columbia County Georgia Services to Provide for an Effective Date and	), and when will they take effect? Ordinal Creating a Special Service District within	nce 04-06 "Ordinance of Board of which Columbia will Provide Fire Protection
7. Person completing form: Phebe J. Dent		
Phone Number: (706) 868-3376	Date Completed: Se	ptember 20, 2005
	<u> </u>	
8. Is this the person who should be contacted consistent with the service delivery strategy?		

Page 2

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Make copies of this form and complete one for each service listed on page 1, Section III. Use exactly the same service names; listed on 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.

listed on page 1. Answer each question beld (listed at the bottom of the page) changes, the	ow, attacr nis should	be reported to the Department	of Community Affairs.
1. Check the box that best describes	the agre	cluding all cities and unincorpora	ent for this service: ted areas) by a single service provider. (If
Service will be provided only in the checked, identify the government,	ne unincor authority o	porated portion of the county by a or organization providing the servi	single service provider. (If this box is ce.)
<ul> <li>One or more cities will provide the in unincorporated areas. (If this be service.)</li> </ul>	s service o ox is check	nly within their incorporated bour ked, identify the government(s), a	ndaries, and the service will not be provided uthority or organization providing the
One or more cities will provide this s in unincorporated areas. (If this box is o	ervice onl checked, ic	y within their incorporated boundarientify the government(s), authori	aries, and the county will provide the service ty or organization providing the service.)
government, authority, or other organiz 2. In developing the strategy, were overlapping	ation that	will provide service within each's	f each service provider, and identify the ervice area.) na/or dup/Cation of this service identified?
If these conditions will continue under the strahigher levels of service (See O.C.G.A. 36-70-competition cannot be eliminated).	itegy, atta	nch an explanation for continuing miding benefits of the duplication	g the altrangement (i.e., overlapping but , or reasons that overlapping service areas o
If these conditions will be eliminated under the taken to eliminate them, the responsible party	e strategy, and the ag	attach an implementation sche reed upon deadline for completin	dule listing each step or action that will be g it.
3. List each government or authority that will funds, user fees, general funds, special service etc.)—.	help to pa	y for this service/and indicate how evenues, hotel/motel taxes, franchi	v the service will be funded (e.g., enterprise se taxes, impact fees, bonded indebtedness,
	unding M		
Columbia County	Ad Valo	rem Tax in the unincorporated	area of the County
Martinez Fire and Rescue Services			
4. How will the strategy change the previous were previously supported by subscription fee			
5. List any formal service delivery agreement service:	s or interg		
Agreement Name:	_/	Contracting Parties:	Effective and Ending Dates:
Interim Agreement for Fire Protection Se	Ar .	Columbia County	01/01/04-12/31/04
First Amendment to Interim Agreement for Protection Services Between Martinez Volunteer Fire Department, Inc., and Colunty		Martinez Fire Department	
Agreement for Capital Equipment to Sup		,	

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	

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

Date Completed: September 21, 2004

8. Is this the person who should be contacted by state agencies when evaluating whether proposed local governmentprojects are consistent with the service delivery strategy? <u>x</u> yes \_\_\_no. If not, provide designated contact person(s) and phone number(s) below:

Page 2

Instructi	ΛĦ	ıs:

(instea at the bottom of the p	age) changes, this should	be reported to the Departin	car of Community Amaris.	
this box is checked  Service will be prochecked, identify the One or more cities in unincorporated a service.)  One or more cities service in unincorporated and the or more cities service in unincorporate.)  Other. (If this box in thi	ovided countywide (i.e., in l, identify the government, ivided only in the unincorp the government, authority ( will provide this service of areas. (If this box is checked will provide this service of oorated areas. (If this box is is checked, attach a legible in the country i	ed upon delivery arrang cluding all cities and unincorp authority or organization proported portion of the county be or organization providing the solly within their incorporated led, identify the government(s) only within their incorporated schecked, identify the government solutions.	porated areas) by a single service provider. (viding the service.)  by a single service provider. (If this box is service.)  boundaries, and the service will not be provide, authority or organization providing the boundaries, and the county will provide the sment(s), authority or organization providing the area of each service provider, and identity	ided g the
-	•	•	on and/or duplication of this service identifi	ed?
	no ue under the strategy, atta D.C.G.A. 36-70-24(I)), ove	ch an explanation for contin	uing the arrangement (i.e., overlapping button, or reasons that overlapping service are	ıt
If these conditions will be elir taken to eliminate them, the re			chedule listing each step or action that will eting it.	be
funds, user fees, general fundetc.)	s, special service district re	evenues, hotel/motel taxes, fra	how the service will be funded (e.g., enterp nchise taxes, impact fees, bonded indebtedn	
Local Government or Authori Columbia County	ty: Funding M General			
City of Lincolnton	General		· · · · · · · · · · · · · · · · · · ·	
City of Emconiton	General	runa		
5. List any formal service del			ing this service within the county?  If be used to implement the strategy for this	i
service: Agreement Name:		Contracting Parties:	Effective and Ending Dates:	
Receipt of Stray animals Ag	reement Between City	Columbia County	09/01/04-08/31/05	
of Lincolnton and Columbia and Control Exhibit FFF	County Animal Care	City of Lincolnton	<u> </u>	
6. What other mechanisms (if the General Assembly rate or			vice (e.g. ordinances, resolutions, local acts	of
7. Person completing form: P	hebe J. Dent			
Phone Number: (706) 868-3		Date Completed:	September 21, 2004	
8. Is this the person who show consistent with the service debelow:	ald be contacted by state appropriate strategy? <u>x</u> yes	gencies when evaluating whet no. If not, provide designation	her proposed local governmentprojects are ated contact person(s) and phone number(s)	

Page 2

Inetrii	ctions:

and phone number(s) below:

Department of Community Actions.					
County: Columbia County	Service: - Pedesterian Sidewa Grovetown Middle School, Hai	rlem-Grovetown Road			
1. Check the box that best describes the agreed	upon delivery arrangement for this	service:			
Service will be provided countywide provider. (If this box is checked, iden	(i.e., including all cities and uninco	orporated areas) by a single service			
☐ Service will be provided only in the u	nincorporated portion of the county	by a single service provider. (If this			
box is checked, identify the govern	nent, authority or organization pro	viding the service.)			
One or more cities will provide this set be provided in unincorporated areas.	vice only within their incorporated (If this box is checked, identify the	e government(s), authority or			
organization providing the service.)					
One or more cities will provide this provide the service in unincorporated	service only within their incorporat I areas. (If this box is checked, ider	ted boundaries, and the county will ntify the government(s), authority or			
organization providing the service.)	- Iihla wan dalinaating the com	wise area of each service provider.			
Other. (If this box is checked, attach and identify the government, authorited the control of th	y, or other organization that will pro-	rovide service within each service			
area.)  2. In developing the strategy, were overlapping	g service areas, unnecessary compe	etition and/or duplication of this			
service identified?  yes  no					
If these conditions will continue under the strate	gy, attach an explanation for co	ntinuing the arrangement (i.e.,			
overlapping but higher levels of service (See O.	C.G.A. 36-70-24(1)), overriding be	enefits of the duplication, or reasons			
that overlapping service areas or competition ca	nnot be eliminated).	•			
		an achadula listing each sten or			
If these conditions will be eliminated under the action that will be taken to eliminate them, the	strategy, attach an implementation	on deadline for completing it.			
action that will be taken to entitlinate them, the	esponsible party and the agreed ap	ion doubline for complexing in			
3. List each government or authority that will h	elp to pay for this service and indi-	cate how the service will be funded			
(e.g., enterprise funds, user fees, general funds,	special service district revenues, h	otel/motel taxes, franchise taxes,			
impact fees, bonded indebtedness, etc.)	Marah - di				
Local Government or Authority: Funding Columbia County 2001	-2005 SPLOST Funds				
	-2005 SPLOST Funds				
	ral Fund				
1		i li di amia sithin the county?			
4. How will the strategy change the previous a	rangements for providing and/or f	unding this service within the county?			
5. List any formal service delivery agreements strategy for this service:	or intergovernmental contracts tha	at will be used to implement the			
Agreement Name:	Contracting Parties:	Effective and Ending Dates:			
Intergovernmental Agreement for Construction		May 6, 2003 – (completion of			
of sidewalks for the Pedestrian Approach to	Columbia County Board of	project)			
Grovetown Middle School on Harlem-	Education				
Grovetown Road Exhibit EEE City of Grovetown					
6. What other mechanisms (if any) will be use	d to implement the strategy for this	s service (e.g. ordinances, resolutions,			
local acts of the General Assembly rate or fee of	hanges, etc.), and when will they t	ake effect? None			
7. Person completing form: Phebe J. Dent					
Phone Number: (706) 868-3376	Date Complet	ed: September 21, 2004			
8. Is this the person who should be contacted by	y state agencies when evaluating v	whether proposed local government , provide designated contact person(s)			
projects are consistent with the service deliver	strategy? x yesno. If not	, provide designated contact person(s)			

T	-4	_4:		
ı'n	stru	CLI	on	IS.

and phone number(s) below:

Department of Community Affairs.							
County: Columbia County		Service: - Recreational Facilities	Usage				
1. Check the box that best describes the	agreed up	on 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	e this serv	ice only within their incorporated boundaries, a	nd the service will not				
be provided in unincorporated organization providing the serv	areas. (If vice.)	this box is checked, identify the government(s),	authority or				
One or more cities will provid	e this serv	vice only within their incorporated boundaries, a					
provide the service in uninco organization providing the ser-		reas. (If this box is checked, identify the govern	ment(s), authority or				
Other (If this box is checked.	attach a l	legible map delineating the service area of ea	ch service provider,				
		or other organization that will provide service v					
·	rlapping s	ervice areas, unnecessary competition and/or du	plication of this				
service identified?	• • •						
<del></del>	⊠ no		mangamant (i a				
overlanging but higher levels of service	ne strategy (See O.C.	y, attach an explanation for continuing the ar G.A. 36-70-24(1)), overriding benefits of the du	nlication, or reasons				
that overlapping service areas or compet			p, 01 1000011				
If these conditions will be eliminated un	der the str	rategy, attach an implementation schedule list					
action that will be taken to eliminate the	m, the res	ponsible party and the agreed upon deadline for	completing it.				
3 List each government or authority the	at will heli	p to pay for this service and indicate how the se	rvice will be funded				
(e.g., enterprise funds, user fees, general	l funds, sp	ecial service district revenues, hotel/motel taxes	s, franchise taxes,				
impact fees, bonded indebtedness, etc.)	, ,	•					
	unding Me						
Columbia County	1	T 2001-2006 and General Fund					
Columbia County Board of	General	l Fund					
Education	<u> </u>						
4. How will the strategy change the pre	vious arra	ngements for providing and/or funding this serv	rice within the county?				
5. List any formal service delivery agre strategy for this service:	ements or	intergovernmental contracts that will be used to	implement the				
Agreement Name:		Contracting Parties:	Effective and Ending Dates:				
Intergovernmental Agreement for the U	Jse of	Columbia County	01/01/04-12/31/13				
Recreational Facilities within the Colum	mbia	Columbia County Board of Education					
County School District and Columbia	County,	<b>,</b>					
Georgia Exhibit III	eight						
Intergovernmental Agreement for a Weight Training Facility at Harlem High School  09/01/04—08/31/34							
Exhibit.JJJ.							
		o implement the strategy for this service (e.g. or unges, etc.), and when will they take effect?	rdinances, resolutions,				
7. Person completing form: Phebe J. De							
Phone Number: (706) 868-3376		Date Completed: September	21, 2004				
8. Is this the person who should be con projects are consistent with the service	tacted by delivery st	state agencies when evaluating whether propose trategy? <u>x</u> yesno. If not, provide design	ed local government nated contact person(s)				

Page 2

str			

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.

Department of Community Affairs.			
County: Columbia County		Service: - Electronic Voting Equi	pment
provider. (If this box is checked,  Service will be provided only in to box is checked, identify the goven one or more cities will provide the provided in unincorporated are organization providing the service.  One or more cities will provide the provide the service in unincorporate organization providing the service.  Other. (If this box is checked, att	wide (i identify the uning the uning the uning the control of the	oon delivery arrangement for this service: .e., including all cities and unincorporated areas y the government, authority or organization pro necorporated portion of the county by a single se , authority or organization providing the service ice only within their incorporated boundaries, a this box is checked, identify the government(s) vice only within their incorporated boundaries, a reas. (If this box is checked, identify the govern legible map delineating the service area of ea or other organization that will provide service	viding the service.) rvice provider. (If this e.) and the service will not authority or and the county will nment(s), authority or ch service provider,
2. In developing the strategy, were overlap service identified?   yes	•	ervice areas, unnecessary competition and/or de	uplication of this
overlapping but higher levels of service (Se that overlapping service areas or competition. If these conditions will be eliminated under action that will be taken to eliminate them,  3. List each government or authority that we (e.g., enterprise funds, user fees, general fur impact fees, bonded indebtedness, etc.)  Local Government or Authority: Funds	ee O.C. on cannot the street the responsibility will help ands, spansible means.	rategy, attach an implementation schedule list ponsible party and the agreed upon deadline for p to pay for this service and indicate how the se ecial service district revenues, hotel/motel taxe ethod:	ting each step or completing it.
	General	Fund (Staffing Board of Elections)	
Secretary of State, Georgia	Grant F	unds (electronic voting equipment)	
		intergovernmental contracts that will be used to Contracting Parties:	-
Intergovernmental Agreement Between the	ie	Columbia County	04/02/02 - Grant
Secretary of State to Furnish a Uniform System of Direct Electronic Voting Equip and Certain Services and Grant Funds to Columbia County Exhibit KKK	ment	Secretary of State, Georgia	funds expended
6. What other mechanisms (if any) will be local acts of the General Assembly rate or f 7. Person completing form: Phebe J. Dent Phone Number: (706) 868-3376	fee cha	o implement the strategy for this service (e.g. or nges, etc.), and when will they take effect?	

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?  $\underline{x}$  yes \_\_\_no. If not, provide designated contact person(s) and phone number(s) below:

Instructions:

Page 2

Make copies of this form and complete one listed on page 1. Answer each question bel (listed at the bottom of the page) changes, the contract of the page of the p	ow, attach	ing additional pages as necessary	. If the contact person for this service
County: Columbia County		iervice: - Greenspace Acquisitio	
1. Check the box that best describes	the agre	ed upon delivery arrangemen	nt for this service:
Service will be provided countywid this box is checked, identify the go	le (i.e., incl	luding all cities and unincorporated	areas) by a single service provider. (If
Service will be provided only inth checked, identify the government,	e unincorp	orated portion of the county by a si	ngle service provider. (If this box is
One or more cities will provide the in unincorporated areas. (If this bo service.)	s service o	nly within their incorporated bound	aries, and the service will not be provided
<ul> <li>One or more cities will provide this service in unincorporated areas. (If</li> </ul>	s service of this box is	only within their incorporated bound s checked, identify the government	aries, and the county will provide the s), authority or organization providing the
service.)  Other. (If this box is checked, attaction the government, authority, or other	ch a legibl r organizati	e map delineating the service area	of each service provider, and identify each service area.)
2. In developing the strategy, were overlappi	ing service	areas, unnecessary competition and	l/or duplication of this service identified?
If these conditions will continue under the strahigher levels of service (See O.C.G.A. 36-70-competition cannot be eliminated).	ategy, atta 24(l)), ove	ch an explanation for continuing rriding benefits of the duplication, o	the arrangement (i.e., overlapping but or reasons that overlapping service areas or
If these conditions will be eliminated under the taken to eliminate them, the responsible party			
3. List each government or authority that will funds, user fees, general funds, special service etc.).			
•	Funding M	ethod:	•
Columbia County		ace Grant funds	
4. How will the strategy change he previous	arrangeme	ents for providing and/or funding th	s service within the county?
5. List any formal service delivery agreement service:	ts or interg	overnmental contracts that will be u	ised to implement the strategy for this
Agreement Name:		Contracting Parties:	Effective and Ending Dates:
Intergovernmental Agreement for Greenspace	æ	Columbia County	June 1, 2004 –indefinite
Acquisition Project Exhibit GGG		City of Harlem	
6. What other mechanisms (if any) will be us the General Assembly rate or fee changes, etc	ed to imple	ement the strategy for this service (or will they take effect? None	e.g. ordinances, resolutions, local acts of
7. Person completing form: Phebe J. Dent			
Phone Number: (706) 868-3376	<del>_</del>	Date Completed: Septe	mber 21, 2004
8. Is this the person who should be contacted consistent with the service delivery strategy? below:	by state as	gencies when evaluating whether pr no. If not, provide designated c	oposed local governmentprojects are ontact person(s) and phone number(s)
		C-63	

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: Fire Service Protection – MOU – w/Fort Gordon, Martinez Fire Department, and North Columbia Fire Department

□ Service will be provided provider. (If this box is consider of this box is checked, iden of this box is checked, iden of this box is checked, iden of this box is checked, iden of this box is checked, iden of this box is checked, iden of this box is checked, iden of this box is checked, iden of this box is checked, iden of this box is checked.  □ One or more cities will provide the service in un organization providing the other. (If this box is checked.)	rovide this service only within their incorporated incorporated areas. (If this box is checked, identified the control of the	porated areas) by a single service ganization providing the service.) by a single service provider. (If oviding the service.) boundaries, and the service will no government(s), authority or boundaries, and the county will fy the government(s), authority or ice area of each service provider,
service identified?	ere overlapping service areas, unnecessary compe	tition and/or duplication of this
If these conditions will continue un overlapping but higher levels of ser that overlapping service areas or co	⊠no der the strategy, attach an explanation for cont vice (See O.C.G.A. 36-70-24(1)), overriding benompetition cannot be eliminated).	inuing the arrangement (i.e., efits of the duplication, or reasons
If these conditions will be eliminate action that will be taken to eliminate	ed under the strategy, attach an implementation te them, the responsible party and the agreed upon	schedule listing each step or a deadline for completing it.
funded (e.g., enterprise fu	authority that will help to pay for this service and ands, user fees, general funds, special service dist es, bonded indebtedness, etc.) Funding Method:	
Martinez Fire Department and North Columbia Fire Department, Columbia County	Ad Valorem Tax	
???	e previous arrangements for providing and/or fur	
	elivery agreements or intergovernmental contract	s that will be used to implement the
strategy for this service: Agreement Name:	Contracting Parties:	Effective and Ending Dates:
Mutual Aid Agreement Between Secretary of the Army and Martin Fire Department and North Colur Fire Department – Exhibit ZZ	nez Columbia Fire Department and Fort Gordon, U.S. Army	08/03/04 – Indefinite
local acts of the General Assembly Interim Agreements with North Co	) will be used to implement the strategy for this s rate or fee changes, etc.), and when will they tak slumbia Fire and Rescue Services and Columbia at, and Harlem Fire Department effective January	e effect? County, Martinez Fire Department,
7. Person completing form: Phebe	<u>J. Dent</u> Phone Number: <u>(706) 868-3376</u> Da	te Completed September 21, 2004
8. Is this the person who should be projects are consistent with the ser person(s) and phone number(s) belongers.	e contacted by state agencies when evaluating who vice delivery strategy? X yesno If no low:  C-64	ether proposed local government t, provide designated contact

### SERVICE DELIVERY STRATEGY SUMMARY OF LAND USE AGREEMENTS

PAGE 3

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 flumeipal boundari and low density single family residential development.	ies of Harrent is designed exclusively for agriculture, forestry,
It was determined by all three jurisdictions that no significant inco comprehensive plans and Columbia County's Growth Management F	ompatibilities or conflicts exist between either of the two cities'
<ol> <li>Check the boxes indicating how these incompatibilities or conflict amendments to existing comprehensive plans</li> <li>adoption of a joint comprehensive plan</li> <li>other measures (amend zoning ordinances,</li> </ol>	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.
add environmental regulations, etc.)  If "other measures" was checked, describe these measures:  N/A	
<ol> <li>Summarize the process that will be used to resolve disputes when for areas to be annexed into a city. If the conflict resolution process.</li> </ol>	a a county disagrees with the proposed land use classifications(s) ess will vary for different cities in the county, summarize each
(1) Negotiation to explore revisions to proposed action which wil land uses. Buffers, screening, setbacks, landscaping and design requetc. should all be considered during negotiation. (2) Mediation (3) A	irements, building height restrictions, storm water management,
What policies, procedures and/or processes have been establishe ensure that new extraterritorial water and sewer service will be confident to Resolve Extraterritorial Water and Sewer service.	ed by local governments (and water and sewer authorities) to onsistent with all applicable land use plans and ordinances? ice 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

PAGE 4

### 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 thecounty. 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:

- We have executed agreements for implementation of our service delivery strategy and the attached forms provide an accurate depiction of our agreed upon strategy (O.C.G.A. 36-70-21);
- Our service delivery strategy promotes the delivery of local government services in the most efficient, effective, and responsive manner (O.C.G.A. 36-70-24 (1));
- 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));
  - 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 countyare borne by the unincorporated area residents, individuals, and property owners who receive such service (O.C.G.A. 3670-24 (3)); and
- 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
Har l. Cran	Ron C. Cross	Chairman	Columbia County	9/20/05
James Thud	Dennis Trudeau	Mayor	City of Grovetown	
Scoth	Scott Dean	Mayor	City of Harlem	

### SERVICE DELIVERY STRATEGY CERTIFICATIONS

PAGE 4

### 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
Ran C. Com	Ron C. Cross	Chairman	Columbia County	9/21/04
Jennis O Trus	dece Dennis Trudeau	Mayor	City of Grovetown	
amplean	Scott Dean	Mayor	City of Harlem	
		100		

REED 1/8/01

### SERVICE DELIVERY STRATEGY CERTIFICATIONS

Instructions:11is 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));
- 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
Bary A. Keny	Barry A. Fleming	Chairman	Columbia County	8/21/01
Separe o I Muden	Dennis Trudeau	Mayor	City of Grovetown	
Jol 7. Bents	John Bentley	Mayor	City of Harlem	

### SERVICE DELIVERY STRATEGY CERTIFICATIONS

PAGE 4

Instructions: 11 is 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 between 9,000 residing within the county; and 4) no less than 50% of all 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 representative of the jurisdictions listed below, certify that:

1. We have executed agreements for implementation of our service delivery strategy and the attached forms provide and 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 the 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-

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)).

NAME (Please print or type)	TITLE	JURISDICTION:	DATE
Barry A. Fleming	Chairman	Columbia County	2/20/01
Dennis Trudeau	Mayor	City of Grovetown	02-16-01
John Bentley	Mayor	City of Harlem	07-16-01
		SDS UPDATE	
		WITH COMPREHEN	USIVE
		PLAN CITY	T
	(Please print or type)  Barry A. Fleming  Dennis Trudeau	(Please print or type)  Barry A. Fleming Chairman  Dennis Trudeau Mayor  John Bentley Mayor	(Please print or type)  Barry A. Fleming Chairman Columbia County  Dennis Trudeau Mayor City of Grovetown

### SERVICE DELIVERY STRATEGY CERTIFICATIONS

Instructions: 11 is 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:

 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
James & Street bearl	James L. Whitehead	Chairman	Columbia County	7-16-02
Janus o Theiden	Dennis Trudeau	Mayor	City of Grovetown	08-28-02
Jahr. South	John Bentley	Mayor	City of Harlem	E)2=/07

# SERVICE DELIVERY STRATEGY CERTIFICATIONS

PAGE 4

Instructions: 11 is 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:

- 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));
- 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)).

SIGNATURE	NAME (Please print or type)	TITLE	JURISDICTION:	DATE
HAJUN KINV	James L. Whitehead, Sr.	Chairman	Columbia County	4/20/99
Jenn Mudion	Dennis Trudeau	Mayor	City of Grovetown	4/20/99 5-4-99 5-6-99
Jenne Mudion Miley Tanbersle	Shirley Tankersley	Мауог	City of Harlem	5-6-99
				1

### **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.

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

Mayor

Attest: Thile Bearley

[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

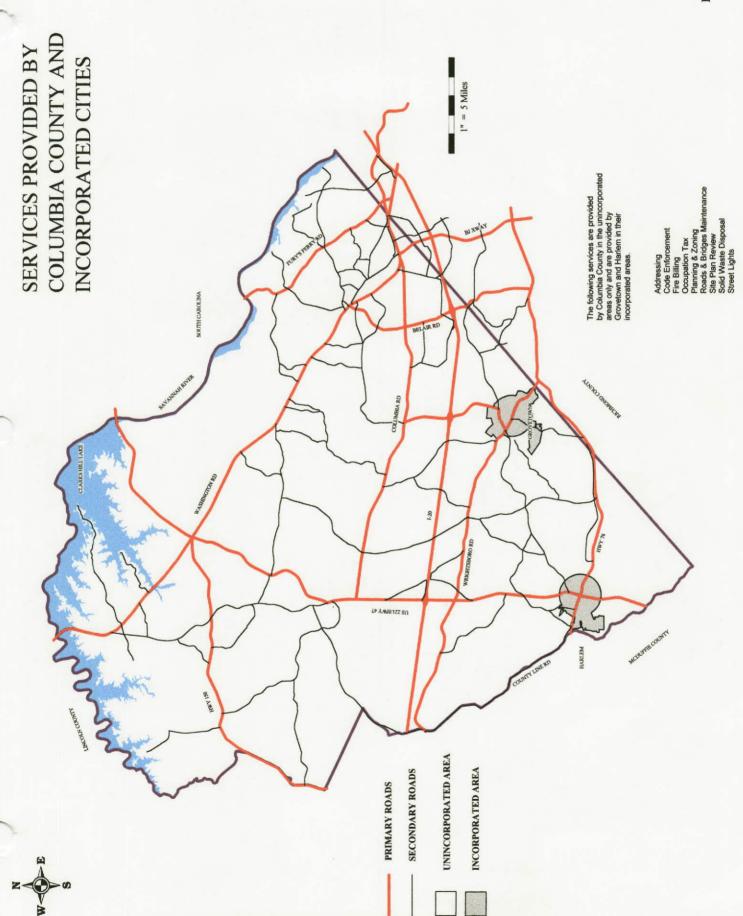
CITY COUNCIL OF HARLEM, GEORGIA

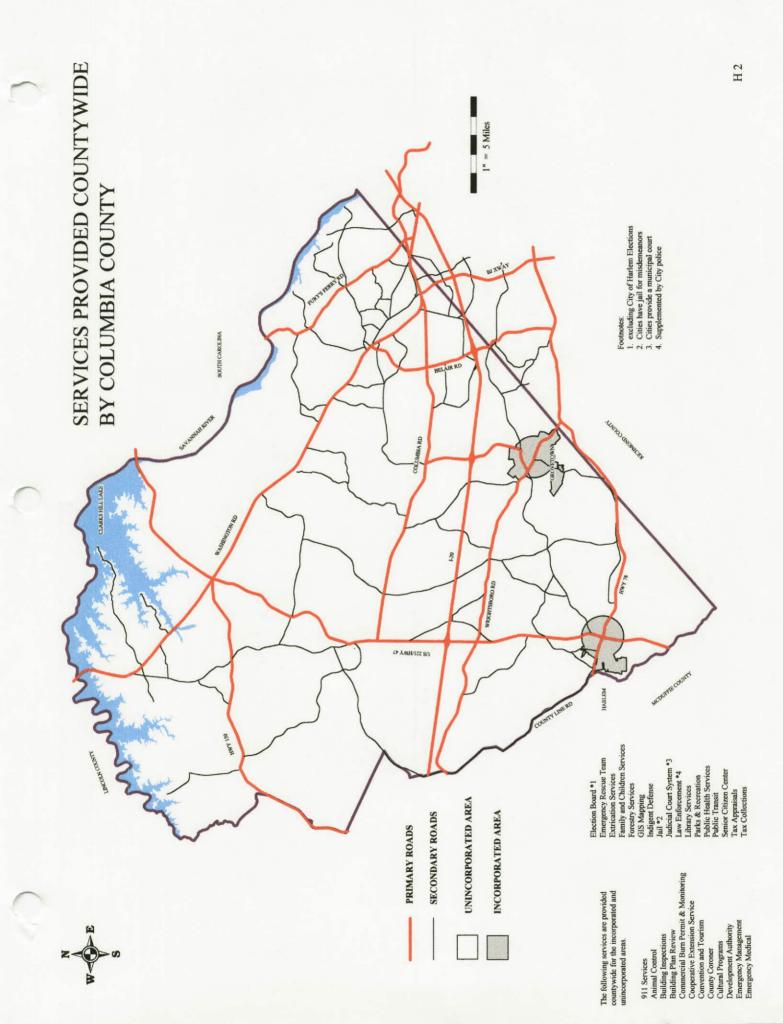
By: Shirley W. Lankersley
Its Mayor

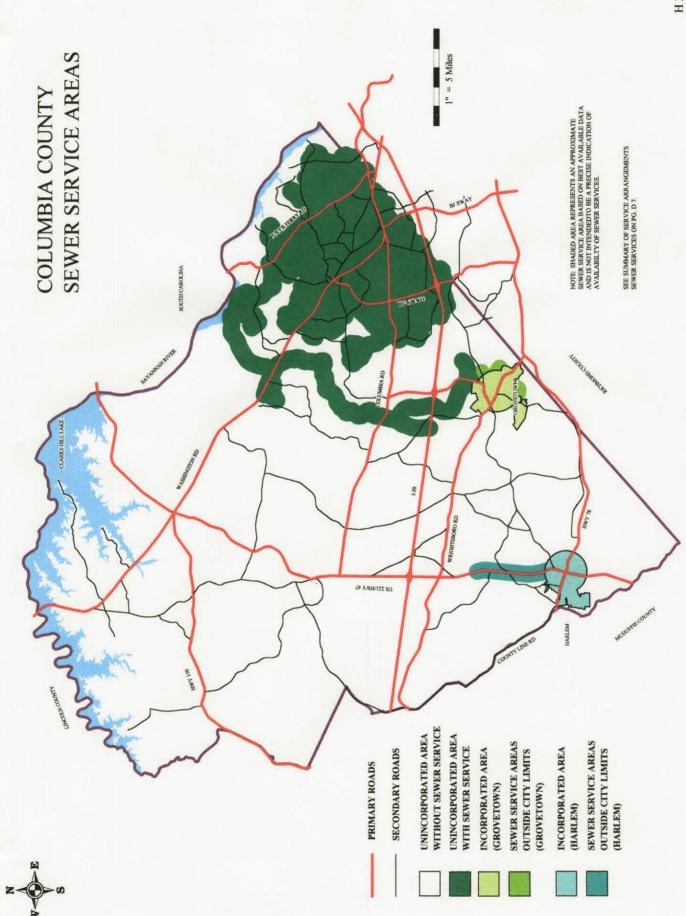
Attest: San & Dave Clerk

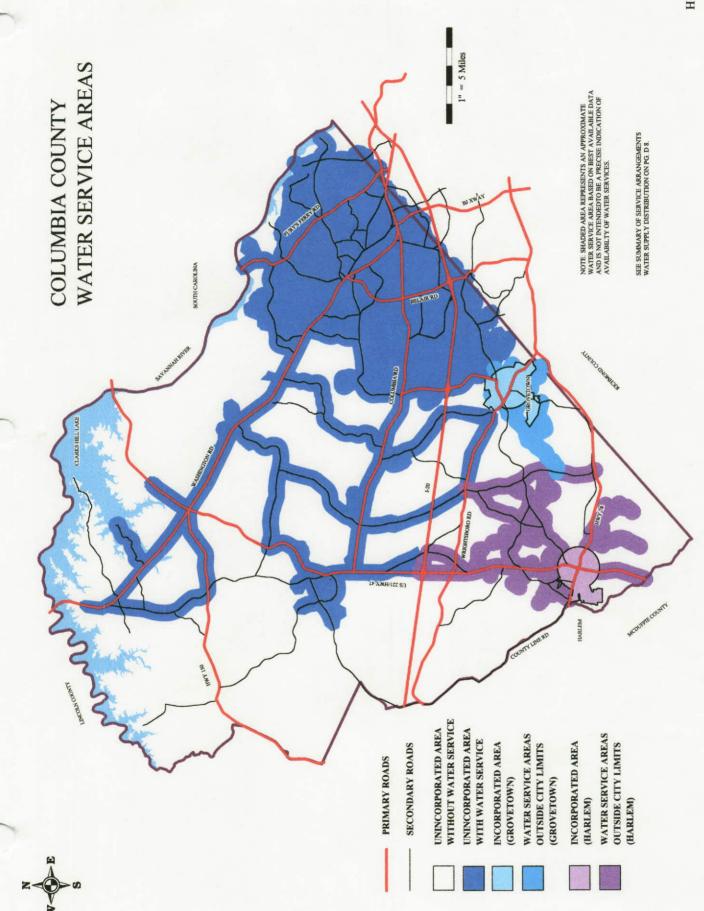
[City Seal]

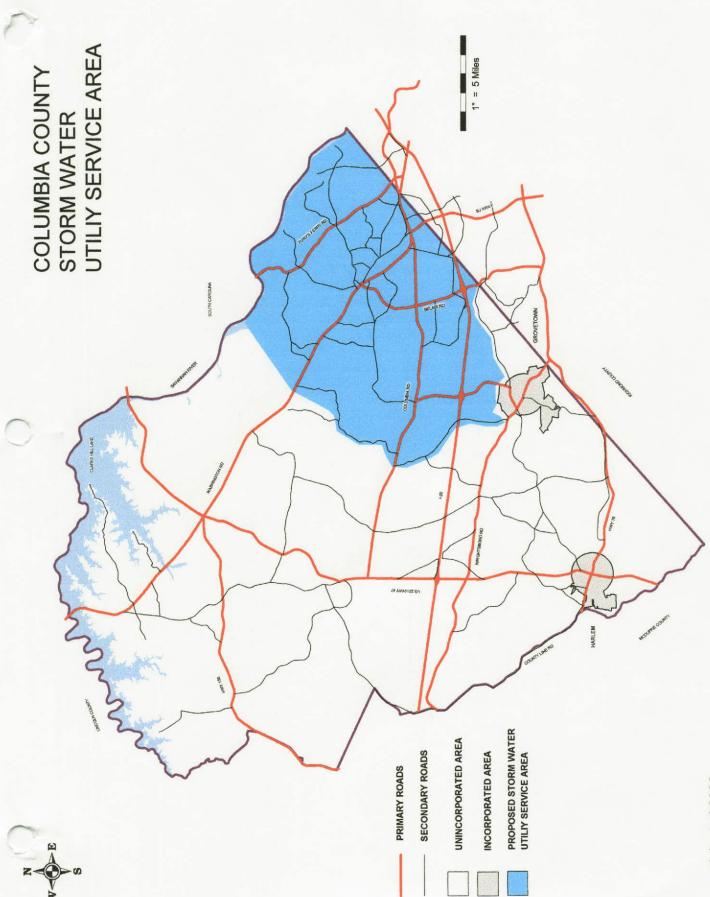
ALL THE MAPS WERE CREATED
BY THE
COLUMBIA COUNTY, GEORGIA
PLANNING AND DEVELOPMENT SERVICES DEPARTMENT
630 Washington West Drive
Evans, GA. 30809
www.inkweb.com/plandev
enforce@mail.columbiacountyga.org



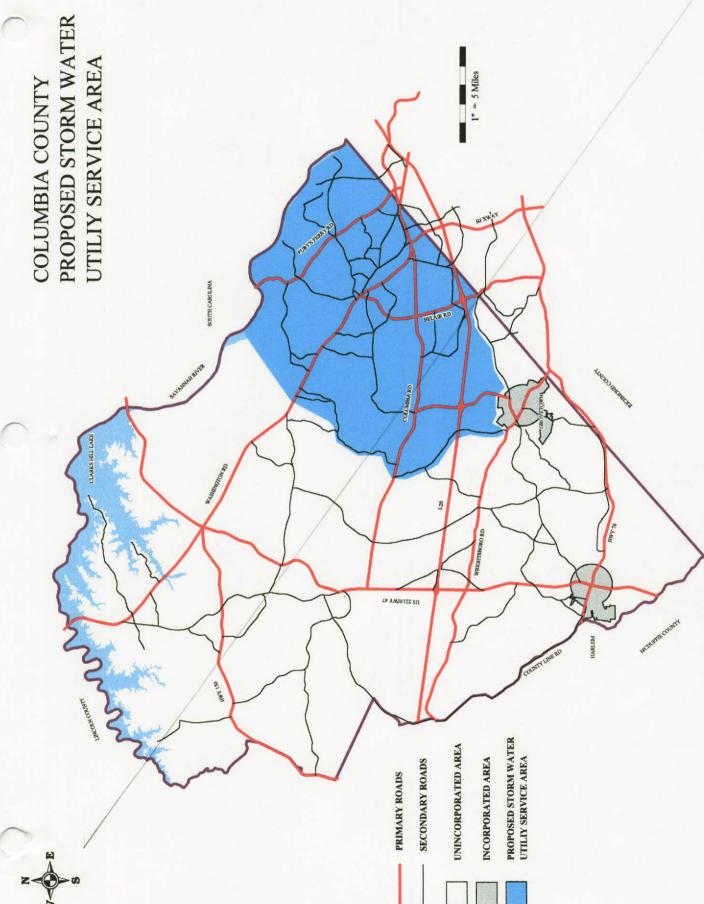




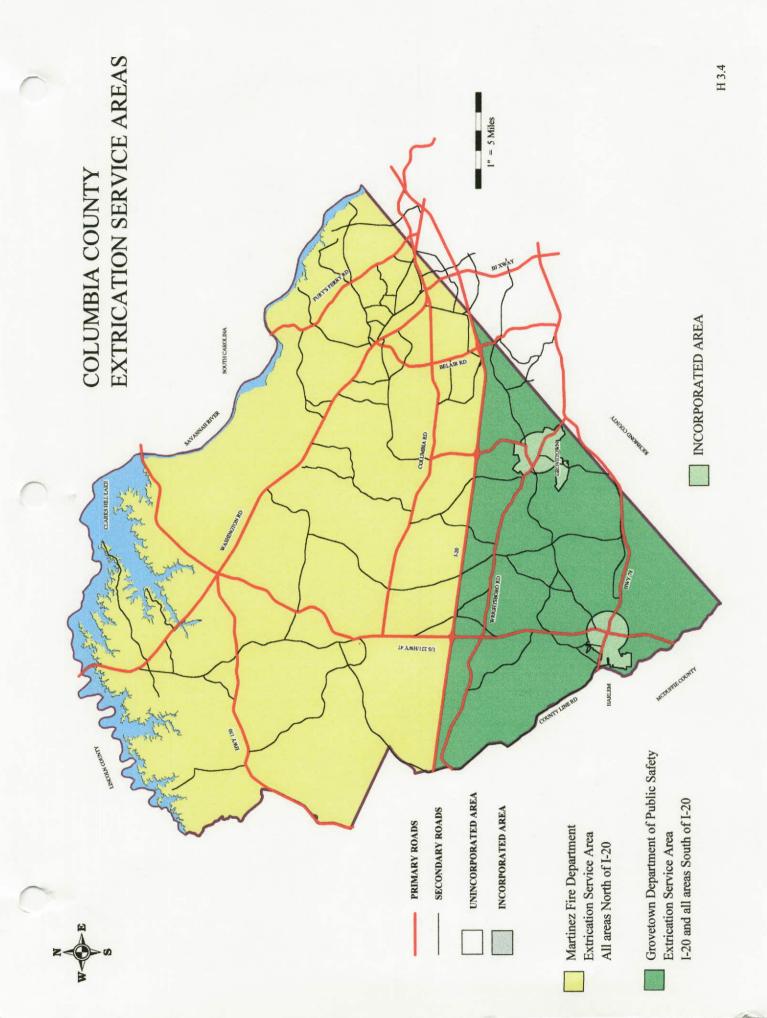


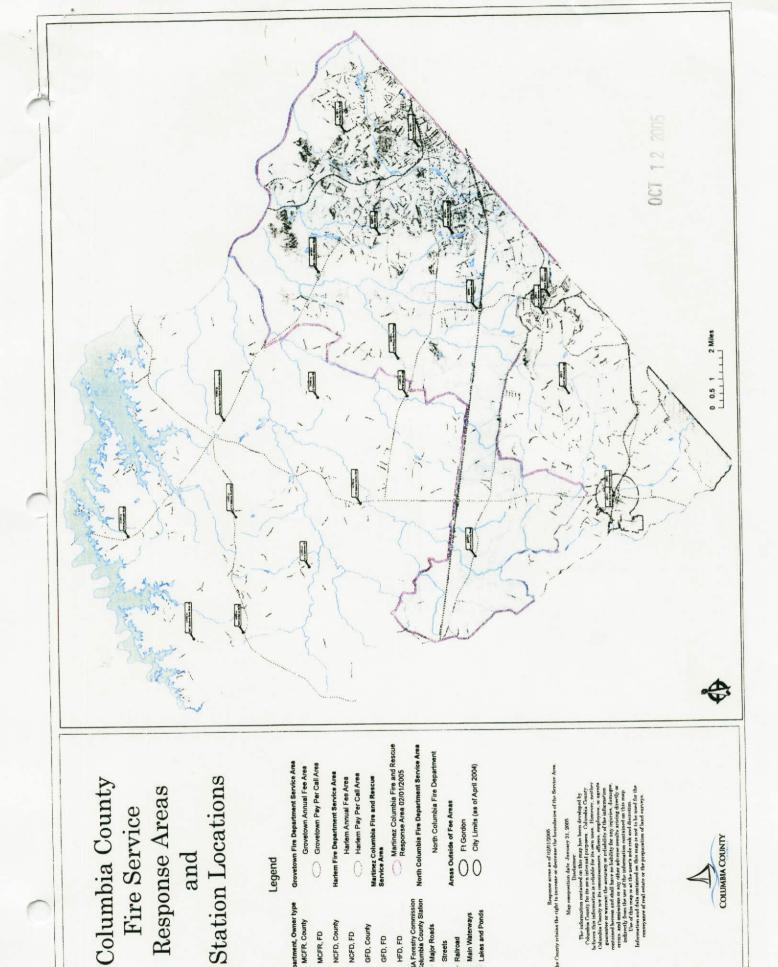


Adopted 2000.



This proposed Storm Water Utility Service Area is under review. Anticpate adoption October 1999.



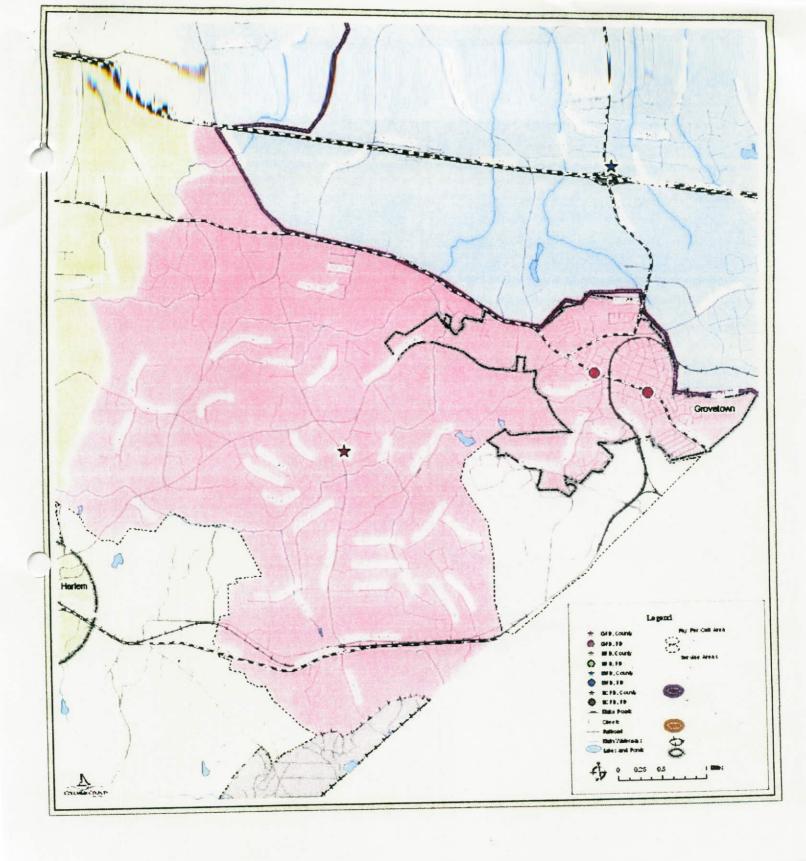


O HFD, FD

and

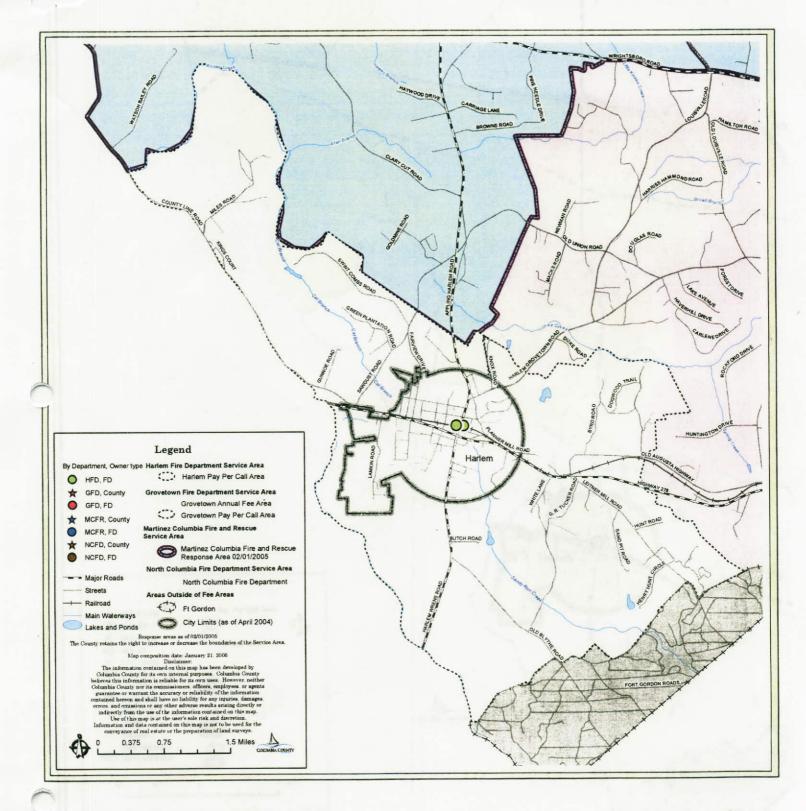
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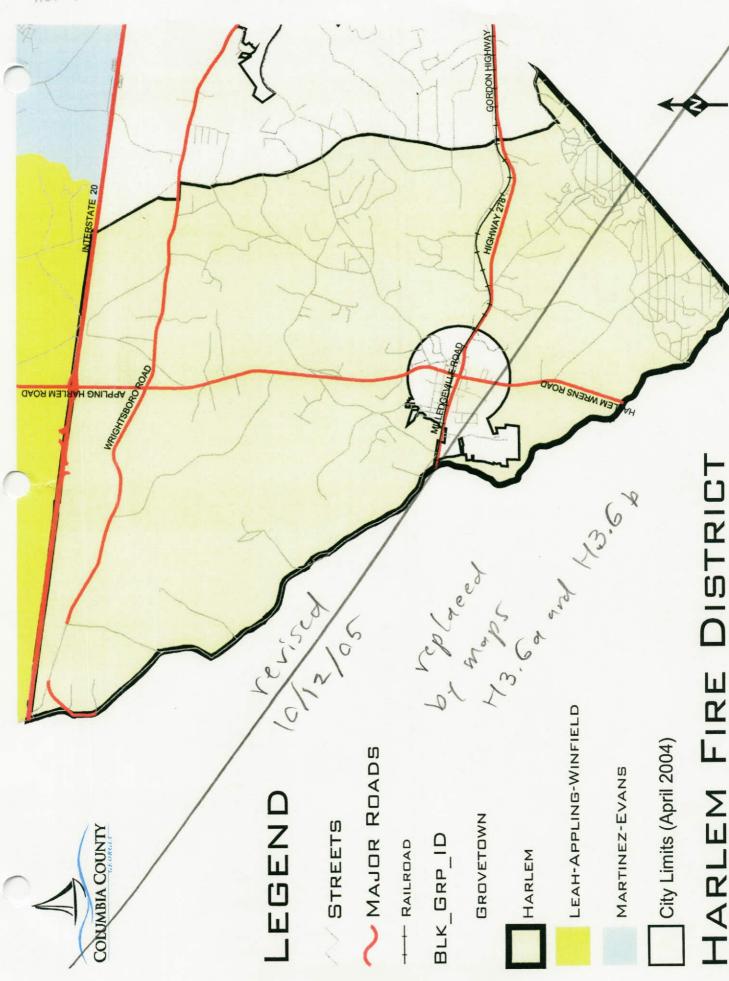
H3.5a



OCT 1 2 2005

H3.5





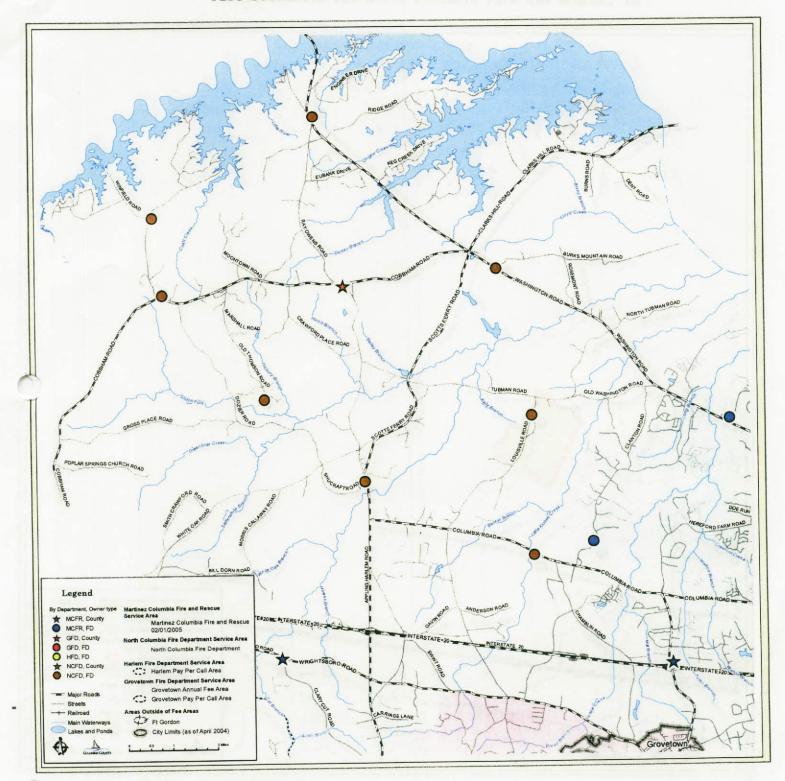
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1 INCH EQUALS 7,000 FEET

2004 COLUMBIA COUNTY PLANNING AND DEVELOPMENT SERVICES DIVISION

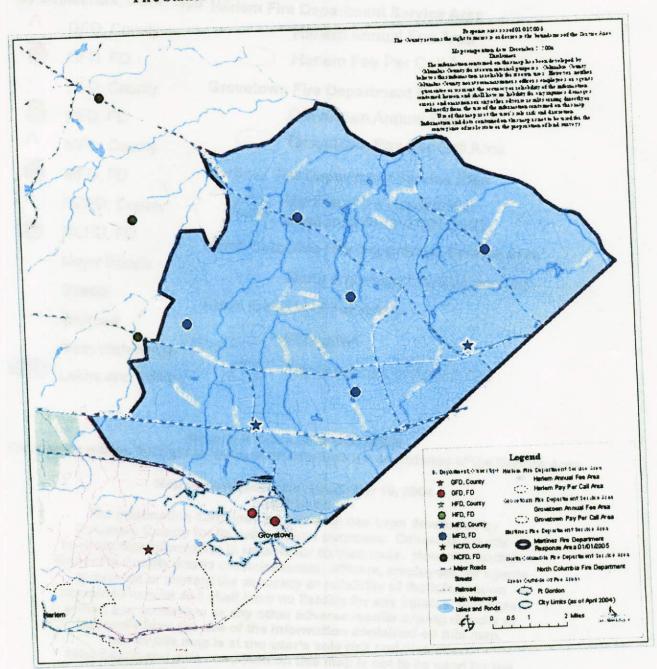
Exhibit B-1

Map of Service Area Prior to Completion of the Phinzy Headquarters Fire Station for North Columbia Fire and Rescue, Inc.



### Exhibit B-1

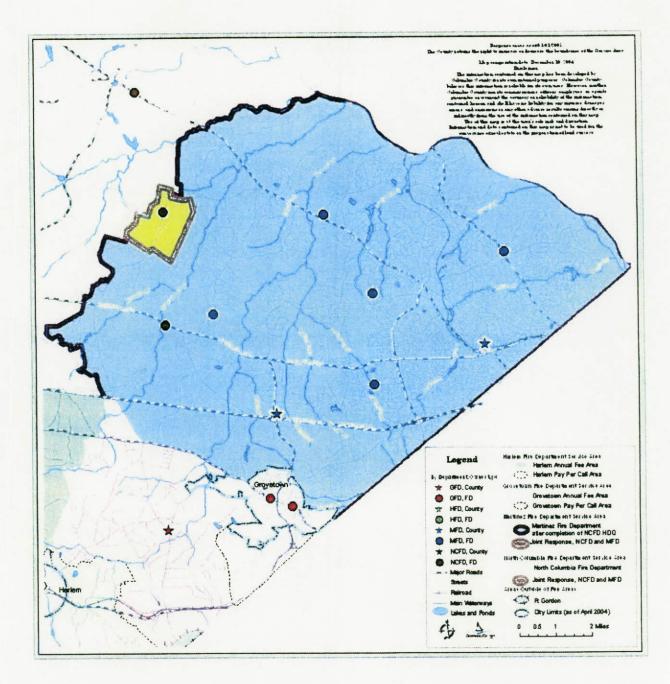
## Map of Service Area Prior to Completion of the Phinizy Headquarters Fire Station For North Columbia Fire and Rescue, Inc.



OCT 1 2 2005

Exhibit B-2

### Map of Service Area After Completion of the Phinizy Headquarters Fire Station For North Columbia Fire and Rescue, Inc.



### Legend Harlem Fire Department Service Area Harlem Annual Fee Area By Department, Owner type Harlem Pay Per Call Area GFD, County Grovetown Fire Department Service Area GFD, FD Grovetown Annual Fee Area HFD, County Grovetown Pay Per Call Area HFD, FD Martinez Fire Department Service Area MFD, County Martinez Fire Department MFD, FD after completion of NCFD HDQ NCFD, County Joint Response, NCFD and MFD NCFD, FD North Columbia Fire Department Service Area Major Roads North Columbia Fire Department Streets Joint Response, NCFD and MFD Railroad Areas Outside of Fee Areas Main Waterways Ft Gordon Lakes and Ponds 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:

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 commissioners, officers, employees, or agents guarantee or warrant the accuracy or reliability of the information contained hereon 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.

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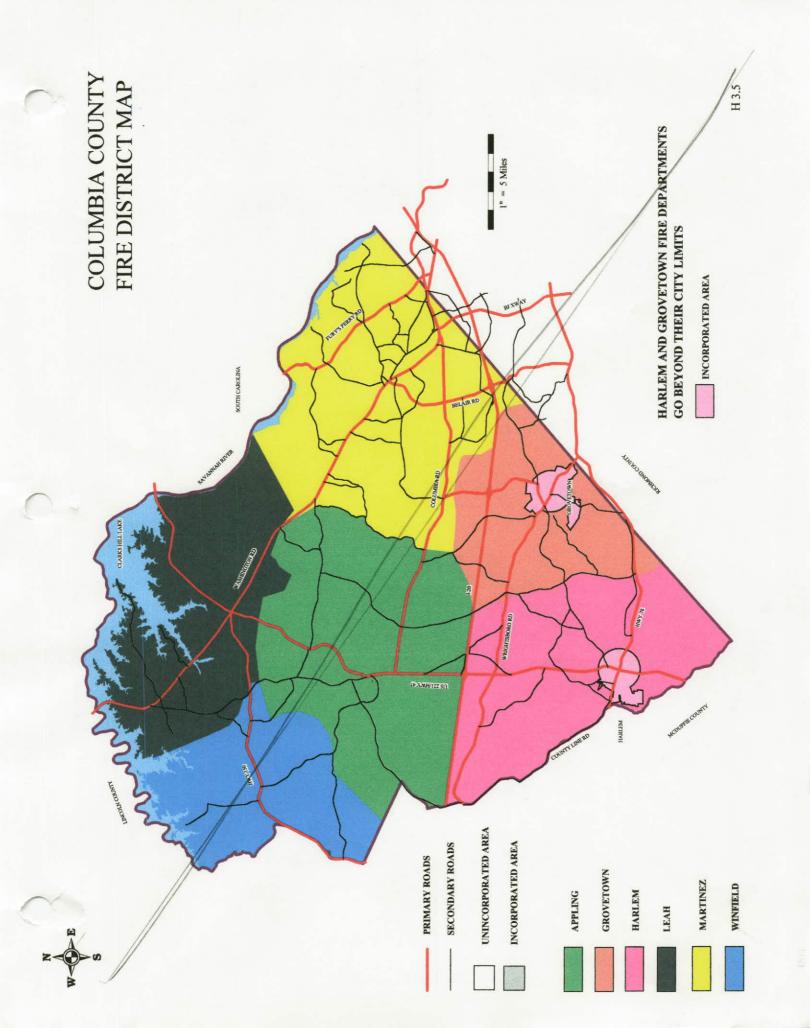


Exhibit B-2

Map of Service Area After Completion of the Phinizy Headquarters Fire Station for North Columbia Fire and Rescue, Inc.

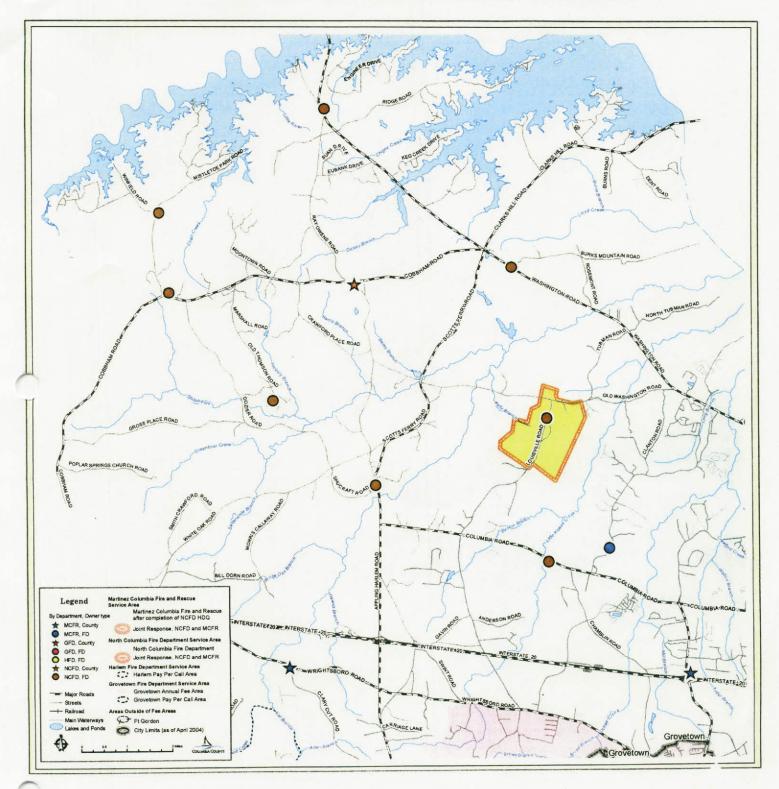
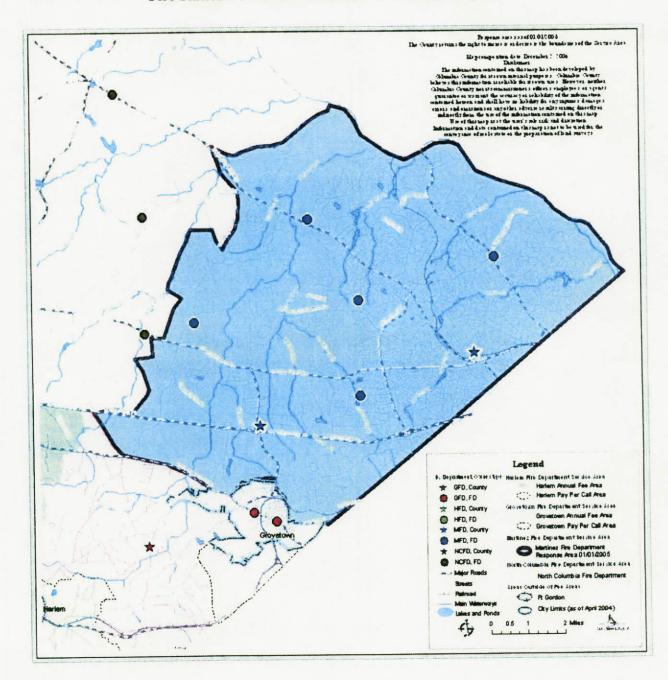


Exhibit B-1

### Map of Service Area Prior to Completion of the Phinizy Headquarters Fire Station For North Columbia Fire and Rescue, Inc.



OCT 1 2 2005

### Legend

By Deb	partment, Owner type	Harlem Fir	e Department Service Area
٨	GFD, County		Harlem Annual Fee Area
	GFD, FD		Harlem Pay Per Call Area
$\wedge$	HFD, County	Grovetown	Fire Department Service Area
0	HFD, FD		Grovetown Annual Fee Area
٨	MFD, County	$\bigcirc$	Grovetown Pay Per Call Area
	MFD, FD	Martinez F	ire Department Service Area
٨	NCFD, County		Martinez Fire Department Response Area 01/01/2005
	NCFD, FD	North Colu	ımbia Fire Department Service Area
	Major Roads		North Columbia Fire Department
	Streets	Areas Out	side of Fee Areas
	Railroad		
	Main Waterways		Ft Gordon
	Lakes and Ponds		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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OCT 1 2 2005