





COUNTY: EVANS

I. GENERAL INSTRUCTIONS:

- 1. FORM 1 is required for **ALL** SDS submittals. Only one set of these forms should be submitted per county. The completed forms should clearly present the collective agreement reached by all cities and counties that were party to the service delivery strategy.
- List each local government and/or authority that provides services included in the service delivery strategy in Section II below.
- 3. List all services provided or primarily funded by each general purpose local government and authority within the county that are continuing *without change* in Section III, below. (It is acceptable to break a service into separate components if this will facilitate description of the service delivery strategy.)

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

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

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

II. LOCAL GOVERNMENTS INCLUDED IN THE SERVICE DELIVERY STRATEGY:

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

Evans County, City of Bellville, City of Claxton, City of Daisy, City of Hagan, Claxton-Evans Airport Authority, Evans County Hospital Authority, Claxton-Evans County Industrial Development Authority, Evans County Library Authority, Evans County Recreation Authority

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

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

Airport, Courts, E-911, Economic Development, Emergency Management, Emergency Medical Service, Garbage Pickup, Health Services, Hospital, Jail, Law Enforcement, Library, Natural Gas, Parks and Recreation, Recycling, Road Maintenance, Sewer, Wastewater Treatment Plant, Water

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

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

Fire Protection, Community Center, Elections, Tax Collection







FORM 2: Summary of Service Delivery Arrangements

Instructions:

	sted on FORM 1, Section III. Use exactly the same service names listed on FORM 1. sary. If the contact person for this service (listed at the bottom of the page) changes, this
COUNTY:EVANS	Service:Community Center
Check the box that best describes the agreed upor	
☐ Service will be provided countywide (i.e., including this box is checked, identify the government, authorized the countywide (i.e., including this box is checked, identify the government, authorized the countywide (i.e., including this box is checked, identify the government, authorized the countywide (i.e., including this box is checked, identify the government, authorized the countywide (i.e., including this box is checked, identify the government, authorized this box is checked, identify the government, authorized this box is checked.	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.):
Service will be provided only in the unincorporate checked, identify the government, authority or orga	ed portion of the county by a single service provider. (If this box is nization providing the service.):
One or more cities will provide this service only vin unincorporated areas. (If this box is checked, ide	within their incorporated boundaries, and the service will not be provided intify the government(s), authority or organization providing the service:
	vithin their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the Claxton, City of Daisy, City of Hagan
Other (If this box is checked, <u>attach a legible maidentify</u> the government, authority, or other organiza	ap delineating the service area of each service provider, and ation that will provide service within each service area.):
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
	entation as described, below)
If these conditions will continue under this strategy, <u>at</u> overlapping but higher levels of service (See O.C.G.A overlapping service areas or competition cannot be e	ttach an explanation for continuing the arrangement (i.e., a. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).
If these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.
	Page 1 of 2

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
Evans County	General Fund; User Fees
City of Bellville	General Fund; User Fees
City of Claxton	General Fund; User Fees
City of Daisy	General Fund; User Fees
City of Hagan	General Fund; User Fees

City of Bellville	General Fund	General Fund, Oser Fees		
City of Claxton	General Fund	General Fund; User Fees		
City of Daisy	General Fund	General Fund; User Fees		
City of Hagan	General Fund	General Fund; User Fees		
How will the strategy change	the previous arrangeme	ents for providing and/or fur	nding this se	ervice within the county?
Added service: Each governm	ent will provide its own o	community center.		
5. List any formal service delive this service:	ry agreements or intergo	overnmental contracts that	will be used	d to implement the strategy for
Agreement Name	Co	ntracting Parties		Effective and Ending Dates
6. What other mechanisms (if a acts of the General Assembly				, ordinances, resolutions, loca
None.				
7. Person completing form: Ne Phone number: (912)739-11 4		10/15/2014		
Is this the person who should projects are consistent with the person who should be a			/hether prop	posed local government
If not, provide designated cor	itact person(s) and phon	e number(s) below:		







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

model to the Department of Community / mailer		
COUNTY:EVANS	Service: Elections	
Check the box that best describes the agreed upon	n delivery arrangement for this service:	
Service will be provided countywide (i.e., including this box is checked, identify the government, authority	ing all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.):	
Service will be provided only in the unincorporate checked, identify the government, authority or organization.	ed portion of the county by a single service provider. (If this box is inization providing the service.):	
	within their incorporated boundaries, and the service will not be provided entify the government(s), authority or organization providing the service:	
	within their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the Claxton, City of Daisy, City of Hagan	
	ap delineating the service area of each service provider, and ation that will provide service within each service area.):	
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional docum	entation as described, below)	
⊠No		
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that eliminated).	
If these conditions will be eliminated under the strate, will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.	
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3.	List each government or authority that will help to pay for this service and indicate how the service will be funded (e.g.,
	enterprise funds, user fees, general funds, special service district revenues, hotel/motel taxes, franchise taxes, impact
	fees, bonded indebtedness, etc.).

Local Government or Authority	Funding Method	
Evans County	General Fund	
City of Bellville	General Fund	
City of Claxton	General Fund	
City of Daisy	General Fund	
City of Hagan	General Fund	

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

Added service: Each government provides for elections within their jurisdiction. The County provides for countywide voter registration and elections, as well as state and federal elections.

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 o	her mechanisms (if a	ny) will be used to	implement the	strategy for t	this service (e	.g., ordinances,	resolutions,	local
	he General Assembly							

None			

7. Person completing form: **Neal Hammack**

Phone number: (912)739-1141 Date completed: 10/15/2014

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:







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

COUNTY:EVANS	Service: Fire Protection
Check the box that best describes the agreed upor	n delivery arrangement for this service:
Service will be provided countywide (i.e., includi this box is checked, identify the government, author	ng all cities and unincorporated areas) by a single service provider. (If rity or organization providing the service.):
Service will be provided only in the unincorporate checked, identify the government, authority or organ	ed portion of the county by a single service provider. (If this box is nization providing the service.):
	within their incorporated boundaries, and the service will not be provided ntify the government(s), authority or organization providing the service:
One or more cities will provide this service only we service in unincorporated areas. (If this box is check service.):	vithin their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the
⊠Other (If this box is checked, attach a legible maidentify the government, authority, or other organization of Claxton	ap delineating the service area of each service provider, and ation that will provide service within each service area.): Evans County;
In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)
⊠No	
	ttach an explanation for continuing the arrangement (i.e., a. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).
If these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that 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
Evans County	General Fund; User Fees
City of Daisy	General Fund; User Fees
City of Hagan	General Fund; User Fees
City of Claxton	General Fund; SPLOST; User Fees
City of Bellville	General Fund

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

Previously the City of Claxton was the sole fire protection service provider in Evans County. Evans County will now provide fire protection services to the unincorporated areas of the County and to the cities of Daisy and Hagan. The City of Claxton will continue to provide fire protection services to an area within the cities of Claxton and Bellville.

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		
Fire Council	Evans County/City of Daisy/City of Hagan	July 1, 2014 - June 30, 2015		
Fire Protection Agreement	City of Claxton/City of Bellville	July 1, 2014 - June 30, 2015		
·				

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?

Evans County established a user fee for fire protection services that will assist in the implementation for this strategy. The City of Claxton charges its residents a user fee, and charges the City of Bellville a service fee that is paid out of the general fund. Evans County signs an annual agreement with the cities of Daisy and Hagan in order to provide fire protection services to those areas. The City of Claxton signs an annual agreement with the City of Bellville in order to provide fire protection services.

7. Person completing form: **Neal Hammack**

Phone number: (912)739-1141 Date completed: 10/15/2014

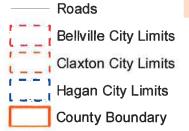
8. Is this the person who should be contacted by state agencies when evaluating whether proposed local government projects are consistent with the service delivery strategy? ⊠Yes □No

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

City of Claxton Service Delivery Strategy Fire Protection Areas



Legend



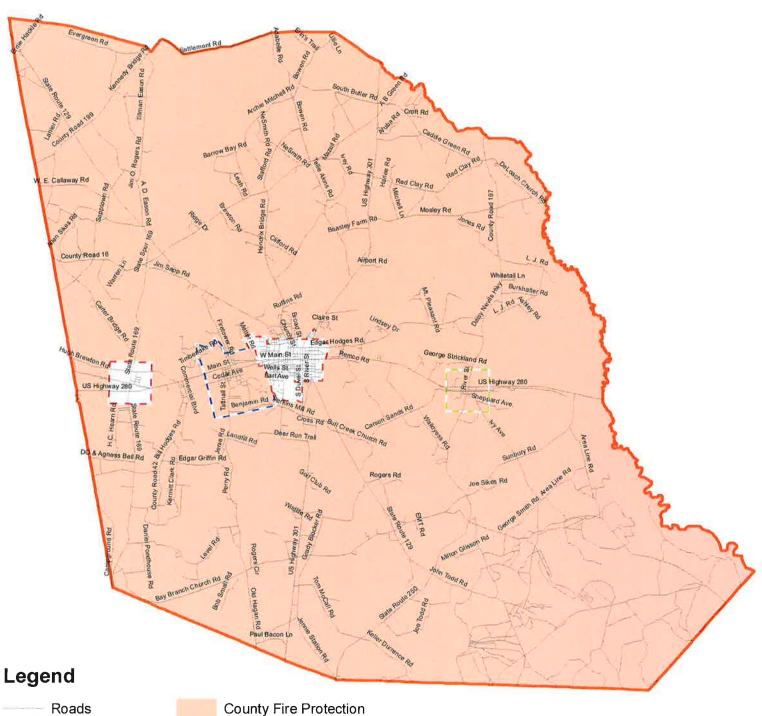


Claxton Fire Protection



Document Name: CityofClaxtonServiceDelivery

Evans County Service Delivery Strategy Fire Protection Areas









Date: 10/20/2014

Document Name: EvansCountyServiceDelivery







FORM 2: Summary of Service Delivery Arrangements

Instructions:

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

should be reported to the Department of Community Affairs.		
COUNTY:EVANS	Service: Tax Collection	
1. Check the box that best describes the agreed upon Service will be provided countywide (i.e., including this box is checked, identify the government, authority.)	ing all cities and unincorporated areas) by a single service provider. (If	
Service will be provided only in the unincorporate checked, identify the government, authority or organized	ed portion of the county by a single service provider. (If this box is nization providing the service.):	
	within their incorporated boundaries, and the service will not be provided intify the government(s), authority or organization providing the service:	
	vithin their incorporated boundaries, and the county will provide the ked, identify the government(s), authority or organization providing the Hagan	
Other (If this box is checked, attach a legible midentify the government, authority, or other organization)	ap delineating the service area of each service provider, and ation that will provide service within each service area.):	
2. In developing this strategy, were overlapping service identified?	ce areas, unnecessary competition and/or duplication of this service	
☐ Yes (if "Yes," you must attach additional docume	entation as described, below)	
⊠No		
	ttach an explanation for continuing the arrangement (i.e., A. 36-70-24(1)), overriding benefits of the duplication, or reasons that liminated).	
If these conditions will be eliminated under the strateg will be taken to eliminate them, the responsible party	gy, attach an implementation schedule listing each step or action that and the agreed upon deadline for completing it.	
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	r that will help to pay for this service and indicate ral funds, special service district revenues, hotel/r				
Local Government or Authorit	ty Funding N	Funding Method			
Evans County	General Fund				
City of Claxton	General Fund				
City of Hagan	General Fund				
4. How will the strategy change the	previous arrangements for providing and/or fundi	ng this service within the county?			
Added service: Evans County and Bellville and Daisy do not collect ta	the cities of Claxton and Hagan provide for their xes at this time.	individual tax collection. The cities of			
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			
	vill be used to implement the strategy for this sen e or fee changes, etc.), and when will they take e				

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







FORM 3: Summary of Land Use Agreements

Instructions:

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

Community Affairs.	for this service (listed at the bottom of this page) changes, this	should be reported to the Department of
COUNTY:EVANS		
What incompatibilities or conflicts be developing the service delivery strated None	etween the land use plans of local governments w	ere identified in the process of
☐ Amendments to existing comprehe ☐ Adoption of a joint comprehensive	plan rdinances, add environmental regulations, etc.)	NOTE: If the necessary plan amendments, regulations, ordinances, etc. have not yet been formally adopted, indicate when each of the affected local governments will adopt them.
authorities) to ensure that new extrate	processes have been established by local governmerritorial water and sewer service will be consistent on providing utilities to an area outside their respection the appropriate jurisdiction.	with all applicable land use plans
projects are consistent with the serv	Date completed: 10/15/2014 ntacted by state agencies when evaluating whether	er proposed local government







FORM 4: Certifications

instructions:

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

COUNTY: EVANS

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 (20); and
- 4. Our service delivery strategy ensures that the cost of any services the county government provides (including those jointly funded by the county and one or more municipalities) primarily for the benefit of the unincorporated area of the county are borne by the unincorporated area residents, individuals, and property owners who receive such service (O.C.G.A. 36-70-24 (3)).

JURISDICTION	TITLE	NAME	SIGNATURE	DATE
EVANS COUNTY	Chairman	Nea-L Hammack	Neal A. / bunch	10/16/14
CITY OF BELLVILLE	Mayor	Brad McCooey	BOR	0/16/14
CITY OF CLAXTON	Mayor	Luther Royal	Swell Roy Of	10/16/14
CITY OF DAISY	Mayor	Inman Brown, Jr.	Soman Brown E Owas	1020.19
CITY OF HAGAN	Mayor	Vernon Owens	Vormon & Owas	10/20
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